

Dr. Robert B. Allaire, a Board-certified orthopedic surgeon, examined appellant on November 27, 2012. He noted that appellant had a remote history of a right knee dislocation years ago, but basically recovered without difficulties. Appellant occasionally had knee pain, but nothing very significant until recently, when he was at work crawling around on his hands and knees. Since then, appellant had a lot of pain and swelling in his right knee and was walking with a limp, which was new for him.

Dr. Allaire described his findings on physical examination. Previous x-rays showed bone-on-bone arthritis medially. Dr. Allaire found that appellant had end-stage primary medial compartment osteoarthritis, “and it was exacerbated at work.” There was no question the condition was preexisting, but appellant was not having much difficulty until this recent event. Dr. Allaire considered appellant a good candidate for an unicompartmental knee arthroplasty.

Appellant underwent the procedure on March 21, 2013.

In a decision dated October 9, 2014, OWCP denied appellant’s traumatic injury claim. It found that the November 15, 2012 work incident occurred as alleged, but the medical opinion evidence was insufficient to establish that his right knee osteoarthritis was causally related to the incident.

Appellant notes on appeal that all available documentation relating to the injury has been submitted.

LEGAL PRECEDENT

FECA provides compensation for the disability of an employee resulting from a personal injury sustained while in the performance of duty.² An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim. When an employee claims that he or she sustained an injury in the performance of duty, he or she must submit sufficient evidence to establish that he or she experienced a specific event, incident, or exposure occurring at the time, place, and in the manner alleged. He or she must also establish that such event, incident, or exposure caused an injury.³

Causal relationship is a medical issue,⁴ and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. The opinion of the physician must be based on a complete factual and medical background of the claimant,⁵ must be one of reasonable medical certainty,⁶ and must be supported by medical rationale explaining the

² *Id.* at § 8102(a).

³ *John J. Carlone*, 41 ECAB 354 (1989).

⁴ *Mary J. Briggs*, 37 ECAB 578 (1986).

⁵ *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

⁶ *See Morris Scanlon*, 11 ECAB 384, 385 (1960).

nature of the relationship between the diagnosed condition and the established incident or factor of employment.⁷

ANALYSIS

OWCP does not dispute that appellant crawled on his hands and knees in the course of his employment on November 15, 2012. Appellant has met his burden to establish that he experienced a specific event, incident, or exposure occurring at the time, place, and in the manner alleged. The primary issue presented on appeal is whether this work activity caused a right knee injury.

Dr. Allaire, the orthopedic surgeon, noted that appellant had recently crawled around on his hands and knees at work. Appellant had a remote history of a right knee dislocation years ago, but Dr. Allaire did not find another dislocation on November 15, 2012. Instead, Dr. Allaire found that appellant's end-stage primary medial compartment osteoarthritis was exacerbated at work. He reasoned that appellant was not having much difficulty with his right knee until this recent event, following which appellant had a lot of pain and swelling and walked with a limp.

This opinion offers some support for appellant's traumatic injury claim, but it is not particularly well reasoned. Dr. Allaire did not discuss how crawling around on one's hands and knees can exacerbate end-stage primary medial compartment osteoarthritis. He did not discuss what findings, either on physical examination or on x-ray review, confirmed an exacerbation, or whether he was basing his opinion instead on the history appellant related.⁸

The Board finds that, while Dr. Allaire's opinion is supportive, it lacks sufficient medical rationale to establish the critical element of causal relationship. The Board will therefore affirm OWCP's October 9, 2014 decision.

Appellant notes that all available documentation relating to the injury has been submitted. However as explained above, his claim lacks medical opinion explaining, with sound medical reasoning, how crawling on November 15, 2012 exacerbated the diagnosed medial compartment osteoarthritis, and what objective evidence exists to document the exacerbation found.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has not met his burden to establish that the November 15, 2012 work incident caused a right knee injury.

⁷ See *William E. Enright*, 31 ECAB 426, 430 (1980).

⁸ *Id.*

ORDER

IT IS HEREBY ORDERED THAT the October 9, 2014 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 23, 2015
Washington, DC

Christopher J. Godfrey, Chief Judge
Employees' Compensation Appeals Board

Patricia Howard Fitzgerald, Judge
Employees' Compensation Appeals Board

James A. Haynes, Alternate Judge
Employees' Compensation Appeals Board