

putting eggs away, slipped, and tried to catch them. She notified her supervisor on September 23, 2014. Appellant's supervisor controverted the claim stating that she failed to notify the employing establishment within 30 days of the injury.

By letter dated September 30, 2014, OWCP informed appellant that the evidence of record was insufficient to support her claim. Appellant was advised of the medical and factual evidence needed and was directed to submit it within 30 days.

In an October 7, 2014 narrative statement, appellant reported that on January 31, 2014 she was putting eggs away in the refrigerator when they slipped, causing her to jerk her left knee to catch the eggs. She reported feeling a snapping sensation in her knee. Appellant informed her supervisor, Ronald Beauchamp, about her injury that same date, and also informed her fellow coworkers. She reported that she took Aleve for the pain which provided her with temporary relief. Appellant first sought medical treatment on April 24, 2014 after the pain continued to worsen over time. Upon receiving medical treatment, she was informed that she sustained a left knee meniscus tear which required surgery.

Appellant submitted medical reports dated April 29 through October 11, 2014 from Dr. Rhett Kendall Hallows, a Board-certified orthopedic surgeon, in support of her claim. In his April 29, 2014 report, Dr. Hallows reported that appellant was referred by her primary physician for evaluation of left knee pain. Appellant complained of knee pain which had been present for three months and began during or immediately following a twisting motion to the left knee where she felt a pop in her knee and related pain. Dr. Hallows reviewed imaging studies of the left knee, provided findings on physical examination, and diagnosed left knee pain, left medial meniscus tear, and arthritis of the knee. He recommended a knee cortisone injection and a magnetic resonance imaging (MRI) scan to further delineate between the meniscus tear and medial compartment arthritis.

By report dated August 28, 2014, Dr. Hallows provided findings on physical examination and diagnosed arthritis of the knee and medial meniscus tear, unspecified laterality, subsequent encounter. He determined that an MRI scan of the right knee was needed to identify the extent of any meniscal injury as well as cartilage wear.

In a September 19, 2014 report, Dr. Hallows provided findings pertaining to an MRI scan of the knee and diagnosed arthritis of the knee. He noted that it was unclear if arthroscopy would be beneficial due to degenerative disease in her medial compartment. Appellant elected to proceed with partial knee replacement.

Dr. Hallows, in an October 10, 2014 report, provided findings on physical examination and diagnosed arthritis of the knee and right medial meniscus tear, subsequent encounter. He opined that appellant likely had underlying arthritis in her knee and the injury did not cause her arthritis, but likely caused it to become painful for the first time.

By decision dated November 6, 2014, OWCP denied appellant's claim finding that the evidence of record failed to establish that her diagnosed conditions were causally related to the accepted January 31, 2014 employment incident.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of establishing the essential elements of his or her claim, including the fact that the individual is an “employee of the United States” within the meaning of FECA; that the claim was filed within the applicable time limitation, that an injury was sustained while in the performance of duty as alleged, and that any disability or specific condition for which compensation is claimed are causally related to the employment injury.² These are the essential elements of each and every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.³

In order to determine whether an employee actually sustained an injury in the performance of duty, OWCP begins with an analysis of whether fact of injury has been established. Generally, fact of injury consists of two components which must be considered in conjunction with one another. The first component to be established is that the employee actually experienced the employment incident which is alleged to have occurred.⁴ The second component is whether the employment incident caused a personal injury and generally can be established only by medical evidence.

To establish a causal relationship between the condition, as well as any attendant disability claimed and the employment event or incident, the employee must submit rationalized medical opinion evidence supporting such a causal relationship.⁵ The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant. This medical opinion must include an accurate history of the employee’s employment injury and must explain how the condition is related to the injury. The weight of medical evidence is determined by its reliability, its probative value, its convincing quality, the care of analysis manifested, and the medical rationale expressed in support of the physician’s opinion.⁶

ANALYSIS

OWCP accepted that the January 31, 2014 employment incident occurred as alleged. The issue is whether appellant established that the incident caused a left knee injury. The Board finds that she did not submit sufficient medical evidence to support that her left knee injury is causally related to the January 31, 2014 employment incident.⁷

² *Gary J. Watling*, 52 ECAB 278 (2001); *Elaine Pendleton*, 40 ECAB 1143, 1154 (1989).

³ *Michael E. Smith*, 50 ECAB 313 (1999).

⁴ *Supra* note 2.

⁵ *See* 20 C.F.R. § 10.110(a); *John M. Tornello*, 35 ECAB 234 (1983).

⁶ *James Mack*, 43 ECAB 321 (1991).

⁷ *See Robert Broome*, 55 ECAB 339 (2004).

In an April 29, 2014 report, Dr. Hallows noted complaints of knee pain which had been present for three months and began during or immediately following a twisting motion to the left knee where she felt a pop in her knee and related pain. He diagnosed left knee pain, left medial meniscus tear, and arthritis of the knee. Dr. Hallows' report lacks a detailed history of the employment incident. He noted pain for the past three months and a twisting motion to the left knee yet failed to identify the date of incident or explain where this incident occurred and in what capacity. The Board has found that a physician must provide a narrative description of the identified employment incident and a reasoned opinion on whether the employment incident described caused or contributed to the diagnosed medical condition.⁸ As Dr. Hallows' report is unclear regarding whether this incident occurred at work on January 31, 2014 or at a time which was unrelated to appellant's employment, his opinion is of limited probative value.

In his August 28, 2014 report, Dr. Hallows diagnosed arthritis of the knee and medial meniscus tear, unspecified laterality. He determined that an MRI scan of the right knee was needed to identify the extent of any meniscal injury and cartilage wear. In a September 19, 2014 report, Dr. Hallows provided findings pertaining to the MRI scan of the knee and diagnosed arthritis of knee. Appellant elected to proceed with partial knee replacement. In an October 10, 2014 report, Dr. Hallows diagnosed arthritis of the knee and right medial meniscus tear, subsequent encounter. He opined that appellant likely had underlying arthritis in her knee and the injury did not cause her arthritis, but likely caused it to become painful for the first time.

The Board finds that the opinion of Dr. Hallows is still not well rationalized. The Board notes that Dr. Hallows' April 29, 2014 report established that he examined appellant for left knee pain. Dr. Hallows' August 28, 2014 report recommended an MRI scan of the right knee. The September 19, 2014 report provided diagnostic findings of the knee, yet he failed to specify whether these findings pertained to the right or left knee. Dr. Hallows further stated that appellant elected to proceed with partial knee replacement yet also failed to specify whether this procedure was being performed on the right, left, or both. The Board notes that appellant has alleged a left knee injury as a result of the January 31, 2014 employment incident. Her narrative statements do not indicate any complaints related to the right knee. Dr. Hallows' lack of distinction is further obscured as his October 10, 2014 medical report provides a diagnosis of right medial meniscus tear whereas his April 29, 2014 report diagnosed left knee medial meniscus tear. Moreover, his consistent diagnosis of arthritis of the knee also fails to identify which knee he is referring to. As such, Dr. Hallows' findings are speculative and vague, his reports are insufficient to meet appellant's burden of proof.⁹

The Board further notes that Dr. Hallows has indicated that appellant's arthritis of the knee and degenerative disease were preexisting conditions. Dr. Hallows failed, however, to discuss how these preexisting conditions had progressed beyond what might be expected from the natural progression of that condition.¹⁰ Furthermore, as noted above, he diagnosed both left and right knee medial meniscus tear. As appellant has only alleged a work-related traumatic

⁸ *John W. Montoya*, 54 ECAB 306 (2003).

⁹ *C.B.*, Docket No. 08-1583 (issued December 9, 2008).

¹⁰ *R.E.*, Docket No. 14-868 (issued September 24, 2014).

injury to her left knee, the identical diagnoses are particularly important as they seem to provide support for a preexisting nonindustrial injury. A well-rationalized opinion is particularly warranted in this case due to appellant's history of preexisting conditions.¹¹

Dr. Hallows' statement that the injury caused appellant's arthritis to become painful for the first time is highly speculative as he is attributing symptoms to the employment incident and not her diagnosed conditions.¹² The Board has held that an opinion that a condition is causally related because the employee was asymptomatic before the injury is insufficient, without adequate rationale, to establish causal relationship.¹³ Thus, the Board finds that Dr. Hallows' statement on causation fails to provide a sufficient explanation as to the mechanism of injury and did not adequately explain how the January 31, 2014 employment incident would cause or aggravate her preexisting injuries other than generally noting the development of pain. Dr. Hallows further failed to explain how the employment incident would cause or aggravate the left knee medial meniscus tear, a matter of significant importance given the identical diagnosis of right knee medial meniscus tear. Medical reports without adequate rationale on causal relationship are of diminished probative value and do not meet an employee's burden of proof.¹⁴ The opinion of a physician supporting causal relationship must rest on a complete factual and medical background supported by affirmative evidence, address the specific factual and medical evidence of record, and provide medical rationale explaining the relationship between the diagnosed condition and the established incident or factor of employment.¹⁵ Without explaining how physiologically the movements involved in the employment incident caused or contributed to the diagnosed conditions, Dr. Hallows' opinion is of limited probative value and insufficient to meet appellant's burden of proof.¹⁶

Appellant's honest belief that the January 31, 2014 employment incident caused her left knee injury is not in question, but that belief, however sincerely held, does not constitute the medical evidence necessary to establish causal relationship. Any medical opinion evidence appellant may submit to support her claim should reflect a correct history and offer a medically sound explanation by the physician of how the specific employment incident, in particular physiologically, caused or aggravated her left knee injury.¹⁷ In the instant case, the record lacks rationalized medical evidence establishing a causal relationship between the January 31, 2014 employment incident and appellant's left knee injury. Thus, appellant has failed to meet her burden of proof.

¹¹ *K.P.*, Docket No. 14-1330 (issued October 17, 2014).

¹² *M.R.*, Docket No. 14-11 (issued August 27, 2014).

¹³ *T.M.*, Docket No. 08-975 (issued February 6, 2009); *Michael S. Mina*, 57 ECAB 379 (2006).

¹⁴ *Ceferino L. Gonzales*, 32 ECAB 1591 (1981).

¹⁵ See *Lee R. Haywood*, 48 ECAB 145 (1996).

¹⁶ See *L.M.*, Docket No. 14-973 (issued August 25, 2014); *R.G.*, Docket No. 14-113 (issued April 25, 2014); *K.M.*, Docket No. 13-1459 (issued December 5, 2013); *A.J.*, Docket No. 12-548 (issued November 16, 2012).

¹⁷ *T.G.*, Docket No. 14-751 (issued October 20, 2014).

Appellant may submit additional evidence, together with a written request for reconsideration, to OWCP within one year of the Board's merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 and 10.607.

CONCLUSION

The Board finds that appellant did not meet her burden of proof to establish that she sustained a left knee injury in the performance of duty on January 31, 2014.

ORDER

IT IS HEREBY ORDERED THAT the Office of Workers' Compensation Programs' decision dated November 6, 2014 is affirmed.

Issued: May 18, 2015
Washington, DC

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

Alec J. Koromilas, Alternate Judge
Employees' Compensation Appeals Board

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