

right knee when he fell from atop a desk while closing air conditioning vents. He did not stop work.

Appellant submitted a medical reimbursement claim form in the total amount of \$1,344.25. He also provided various invoices for medication, x-ray testing, and medical examinations and copies of the currency conversion between Singapore and U.S. dollars.

In an August 22, 2014 report, Dr. Kevin Yip, an orthopedic surgeon, stated that appellant had cartilage damage to his right knee. He indicated that he gave appellant an injection and prescribed celebrex.

On January 4, 2015 appellant faxed a statement to OWCP. He reported that his injury had not improved and that the pain was fairly constant. Appellant stated that his doctor recommended a partial knee replacement, but he needed a magnetic resonance imaging scan before proceeding with any surgery. He explained that he was able to work, but had been working with pain since July 2014. Appellant noted that he was including a doctor's statement and copies of two x-rays.

In a November 26, 2014 report, Dr. Yung W.Y. Ambrose, an orthopedist specializing in knee replacement surgery, examined appellant for persistent right knee pain. He reported that clinical examination and x-ray of appellant's right knee suggested that he suffered from right knee medial compartment grade 4 osteoarthritis. Dr. Ambrose stated that although appellant received conservative medical treatment he had progressively severe knee pain symptoms. He recommended that appellant undergo right knee replacement surgery. Dr. Ambrose provided copies of x-rays of appellant's right knee.

By letter dated January 6, 2015, OWCP advised appellant that the evidence submitted was insufficient to establish his traumatic injury claim. It requested additional medical evidence that explained how his right knee condition was causally related to the July 10, 2014 employment incident.

On January 7, 2015 appellant submitted a January 7, 2015 report by Dr. Ambrose who noted that he had treated appellant for his right knee problem since his July 10, 2014 employment injury when he fell in his office. Dr. Ambrose reported that clinical examination and x-ray of the right knee showed that appellant suffered from an acute right knee chondral injury with background of medial compartment osteoarthritis. He stated that conservative management and physical therapy had been used for the past five months, but appellant's symptoms and disability persisted. Dr. Ambrose noted that appellant was asymptomatic in his right knee before the July 10, 2014 injury. He opined that appellant "acutely injured his right knee cartilage during the fall." Dr. Ambrose stated that he had discussed surgical management options with appellant and reported that unicompartamental knee replacement was a better option for appellant.

In a January 23, 2015 statement, appellant explained that on July 10, 2014 at approximately 1500 hours he adjusted the air-conditioning vent above his desk cubical by climbing onto the desk. He slipped on the desk top and fell, landing on the concrete floor. Appellant stated that he struck his left arm, causing pain and bruising and sprained his right knee,

causing pain, swelling, and bruising. When the knee pain and swelling continued, he made an appointment with an orthopedic clinic. Appellant reported that prior to the accident he did not have any pain or swelling of the knee or difficulties walking. He noted that the incident was witnessed by a Transportation Security Specialist and reported to his supervisor and manager. Appellant stated that on July 30, 2014 he prepared the Form CA-1, TSA First Notice of Injury Call-In Sheet, TSA Form 1178, and TSA Form 2401 as required by TSA.

By decision dated February 18, 2015, OWCP denied appellant's traumatic injury claim. It accepted that the July 10, 2014 employment incident occurred as alleged and that he sustained a diagnosed right knee condition, but denied the claim finding insufficient medical evidence to demonstrate that his right knee condition was causally related to the accepted incident.

LEGAL PRECEDENT

An employee seeking benefits under FECA² has the burden of proof to establish the essential elements of his or her claim by the weight of the reliable, probative, and substantial evidence³ including that he or she sustained an injury in the performance of duty and that any specific condition or disability for work for which he or she claims compensation is causally related to that employment injury.⁴

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it first must be determined whether "fact of injury" has been established.⁵ There are two components involved in establishing the fact of injury. First, the employee must submit sufficient evidence to establish that he actually experienced the employment incident at the time, place, and in the manner alleged.⁶ Second, the employee must submit evidence, generally only in the form of probative medical evidence, to establish that the employment incident caused a personal injury.⁷ An employee may establish that the employment incident occurred as alleged, but fail to show that his or her disability or condition relates to the employment incident.⁸

Whether an employee sustained an injury in the performance of duty requires the submission of rationalized medical opinion evidence.⁹ The opinion of the physician must be based on a complete factual and medical background of the employee, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the

² 5 U.S.C. §§ 8101-8193.

³ *J.P.*, 59 ECAB 178 (2007); *Joseph M. Whelan*, 20 ECAB 55, 58 (1968).

⁴ *G.T.*, 59 ECAB 447 (2008); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

⁵ *S.P.*, 59 ECAB 184 (2007); *Alvin V. Gadd*, 57 ECAB 172 (2005).

⁶ *Bonnie A. Contreras*, 57 ECAB 364 (2006); *Edward C. Lawrence*, 19 ECAB 442 (1968).

⁷ *David Apgar*, 57 ECAB 137 (2005); *John J. Carlone*, 41 ECAB 354 (1989).

⁸ *T.H.*, 59 ECAB 388 (2008); *see also Roma A. Mortenson-Kindschi*, 57 ECAB 418 (2006).

⁹ *See J.Z.*, 58 ECAB 529 (2007); *Paul E. Thams*, 56 ECAB 503 (2005).

relationship between the diagnosed condition and the specific employment factors identified by the employee.¹⁰ The weight of the 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.¹¹

ANALYSIS

Appellant alleged that on July 10, 2014 he sustained a left arm and right knee injury when he fell off his desk in the performance of duty.¹² OWCP accepted that the incident occurred as alleged and that he had been diagnosed with a right knee chondral injury. It denied appellant's traumatic injury claim finding insufficient medical evidence to establish that his right knee condition was causally related to the accepted incident. The Board finds that he did not meet his burden of proof to demonstrate that his right knee condition resulted from the July 10, 2014 employment incident.

In support of his claim, appellant submitted reports from Dr. Ambrose dated November 26, 2014 and January 7, 2015, which discussed his right knee condition. Dr. Ambrose noted that he had treated appellant for a right knee problem since a July 10, 2014 employment injury when he fell down in his office. He reported that clinical examination and x-ray of the right knee showed that appellant suffered from an acute right knee chondral injury with background of medial compartment osteoarthritis. Dr. Ambrose stated that appellant received conservative management and physical therapy treatment, but his symptoms persisted. He recommended that appellant undergo right knee unicompartamental replacement surgery and provided copies of x-rays of appellant's right knee. Dr. Ambrose noted that appellant was asymptomatic in his right knee before the July 10, 2014 injury. He opined that appellant "acutely injured his right knee cartilage during the fall."

Dr. Ambrose accurately described the July 10, 2014 employment incident, provided findings on examination, and diagnosed a right knee chondral injury with osteoarthritis. The Board finds that he did not provide sufficient medical rationale explaining how appellant's fall at work caused or contributed to his right knee condition.¹³ The only explanation provided was that appellant was asymptomatic before the July 10, 2014 fall at work. The Board has held that an opinion that a condition is causally related because the employee was asymptomatic before the injury is insufficient, without sufficient rationale, to establish causal relationship.¹⁴ Accordingly, Dr. Ambrose's reports are insufficient to establish appellant's claim.

¹⁰ *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 465 (2005).

¹¹ *James Mack*, 43 ECAB 321 (1991).

¹² The Board notes that appellant did not submit any medical evidence pertaining to his left arm.

¹³ Medical evidence that states a conclusion but does not offer any rationalized medical explanation regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship. *See J.F.*, Docket No. 09-1061 (issued November 17, 2009); *A.D.*, 58 ECAB 149 (2006).

¹⁴ *T.M.*, Docket No. 08-975 (issued February 6, 2009); *Michael S. Mina*, 57 ECAB 379 (2006).

Appellant also received treatment from Dr. Yip, who in an August 22, 2014 report, stated that appellant had cartilage damage to his right knee. Dr. Yip indicated that he gave appellant an injection and prescribed celebrex. The Board notes that, although he provided a right knee diagnosis, he does not provide any opinion on the cause of appellant's right knee injury. The Board has held that medical evidence that does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.¹⁵ Dr. Yip's report, therefore, is insufficient to establish causal relationship.

On appeal appellant submitted a copy of the February 18, 2015 OWCP denial decision and highlighted the portion regarding Dr. Ambrose's January 7, 2015 medical report. The Board finds that this evidence is insufficient to establish appellant's traumatic injury claim. As explained above, Dr. Ambrose's June 7, 2015 report is insufficient to establish appellant's traumatic injury claim.

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 did not meet his burden of proof to establish that his right knee condition was causally related to the July 10, 2014 employment incident.

¹⁵ *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *J.F.*, Docket No. 09-1061 (issued November 17, 2009); *A.D.*, *supra* note 13.

ORDER

IT IS HEREBY ORDERED THAT the February 18, 2015 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: September 2, 2015
Washington, DC

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

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

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