

onto a flatbed dolly at work. His claim was initially allowed for payment of limited medical expenses without formal adjudication.²

Appellant had filed prior claims for employment-related injuries, including a claim for a May 12, 2005 traumatic injury (File No. xxxxxx682) accepted for right knee medial meniscus tear; a claim for a January 9, 2007 traumatic injury (File No. xxxxxx519) accepted for left knee medial meniscus tear; and a claim for a December 15, 2010 traumatic injury (File No. xxxxxx780) accepted for neck sprain, right shoulder calcifying tendinitis, and left shoulder rotator cuff rupture. He underwent right knee surgery in 2004 and left knee surgery in 2007.³

In a November 8, 2013 report, Dr. Louis C. Redix, Jr., an attending Board-certified orthopedic surgeon, provided a history that on October 31, 2013 appellant felt a pop in his left knee while lifting a washing machine and while putting it down he hyperextended his right knee. He noted that appellant denied any prior knee injuries, but referenced the right knee surgery in 2004 and left knee surgery in 2007. Dr. Redix reported that November 5, 2013 x-ray testing of appellant's left knee showed an undisplaced small area of fracture on the superior tip of the patella. Appellant did not complain of swelling, locking, instability, or pain on pivoting in either knee, but physical examination revealed tenderness in the medial and lateral joint lines of both knees. Dr. Redix diagnosed internal derangement of both knees.

By letter dated December 31, 2013, OWCP advised appellant of deficiencies in the evidence he had submitted to establish his claim and requested that he provide additional factual and medical evidence within 30 days.

In a December 17, 2013 report, Dr. Redix detailed the findings of the physical examination he conducted on that date. These findings were similar to those he reported on November 8, 2013. Dr. Redix noted that the findings of a December 11, 2013 magnetic resonance imaging scan of appellant's right knee showed mild tri-compartmental degenerative changes, high-grade partial-thickness cartilage loss along the medial femoral condyle and femoral trochlea, mild partial-thickness cartilage fissuring along the median ridge of the patella, old low-grade sprain of the medial collateral ligament without focal discontinuity, mild degenerative changes within the anterior cruciate ligament without focal high-grade tear, small knee effusion, and evidence of prior arthroscopic surgery. The findings of the left knee revealed focal for the high-grade cartilage defect along the medial femoral condyle, partial-thickness cartilage fissuring along the femoral trochlea, mild cartilage loss along the median ridge of the patella, old low-grade proximal medial collateral ligament sprain without focal discontinuity, evidence of prior arthroscopic surgery, mild degenerative changes, and small knee effusion. Dr. Redix indicated that appellant was temporarily disabled from his regular work.⁴

² On December 30, 2013 appellant filed a claim for compensation (Form CA-7) alleging wage-loss compensation for work stoppage beginning December 29, 2013.

³ The evidence of record shows that OWCP authorized the 2007 left knee surgery, synovectomy and chondroplasty with microfracturing, but it is unclear whether OWCP authorized the right knee surgery in 2004.

⁴ In a January 14, 2014 report, Dr. Redix again diagnosed internal derangement of both knees and indicated that appellant was temporarily disabled from his regular work.

On February 3, 2014 OWCP received an undated State of California workers' compensation report completed by a healthcare provider with an illegible signature. The report noted that appellant reported being injured by moving a washing machine off a flatbed cart. The provider diagnosed lumbar and bilateral knee sprains and indicated that appellant could return to modified work on November 5, 2013.

By decision dated February 3, 2014, OWCP denied appellant's claim as the medical evidence did not establish that the diagnosed conditions were causally related to the October 31, 2013 work incident.

In a February 7, 2014 report, Dr. Redix again diagnosed internal derangement of both knees and indicated that these conditions were characterized as contusions of the bone resulting in intraosseous edema, which could result in full-blown fractures if not carefully treated. He found appellant to be temporarily disabled from his regular work and noted:

"These lesions are felt to be the direct result of [appellant's] injury sustained on October 31, 2013. There is no need for any apportionment in this case. [Appellant] did not have any antecedent injury to either knee and was in employable condition prior to his injury."

Appellant disagreed with OWCP's February 3, 2014 decision and, in a form received on February 21, 2014, requested a review of the written record by an OWCP hearing representative.

In March 7, April 4, and May 23, 2014 reports, Dr. Redix again opined that appellant's condition was the direct result of the October 31, 2013 work injury. He continued to indicate that appellant had no antecedent injury to either knee. In a July 8, 2014 report, Dr. Redix noted that appellant's condition was the direct result of the October 31, 2013 work incident and that he had no antecedent injury to either knee, but added that the new left knee symptoms were the result of imbalance caused by the injury to the knee. He found that appellant was temporarily disabled from his regular work.

By decision dated August 5, 2014, the hearing representative affirmed OWCP's February 3, 2014 decision denying appellant's claim for an October 31, 2013 work injury. She found that the causal relationship opinion of Dr. Redix was not well rationalized as his opinion was not based on a complete and accurate factual and medical history.

Appellant, through counsel, requested reconsideration in a letter received on May 4, 2015. He submitted a February 24, 2015 report in which Dr. Redix reiterated that appellant, while lifting a washing machine on October 31, 2013, he sustained a popping sensation in the left knee that caused it to collapse and thereby placed all the pressure and weight on his right knee. Appellant indicated that his right knee was hyperextended, causing him to fall backward, and that the washing machine fell on both of his knees. Dr. Redix noted that previous injuries had necessitated right knee surgery in 2004 and left knee surgery in 2007, and that appellant was completely asymptomatic prior to October 31, 2013. He reviewed diagnostic testing which reflected degenerative changes in both knees and prior knee surgeries in September and December 2014.⁵ Dr. Redix noted that appellant now reported that he was

⁵ The Board notes that these surgical procedures were not authorized by OWCP.

asymptomatic in both knees and he diagnosed resolved internal derangement of the left knee effective February 24, 2015 and resolved internal derangement of the right knee effective November 18, 2014. He found that appellant could return to his regular work and noted:

“The events described and documented for October 31, 2013 are consistent with the pathology for which [appellant] received treatment. There is no need for apportionment in this patient’s case as prior to the above-documented injury the patient returned to all normal activities without restriction. [Appellant] was under no active care and was receiving no active treatment. Previous surgeries in 2004 and 2007 had no impact on [his] proneness to injury or predisposed [him] to that injury.”

By decision dated July 30, 2015, OWCP affirmed its August 5, 2014 decision denying appellant’s claim for an October 31, 2013 work injury. It found that Dr. Redix had not provided a sufficiently rationalized medical opinion on causal relationship between the October 31, 2013 work incident and appellant’s medical condition.

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 timely filed within the applicable time limitation period of FECA, that an injury was sustained in the performance of duty as alleged, and that any disability and/or specific condition for which compensation is claimed are causally related to the employment injury.⁶ These are the essential elements of each compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.⁷

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it first must be determined whether the fact of injury has been established. There are two components involved in establishing the fact of injury. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time, place, and in the manner alleged.⁸ Second, the employee must submit evidence, in the form of medical evidence, to establish that the employment incident caused a personal injury.⁹

Causal relationship is a medical issue and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. The opinion of the

⁶ C.S., Docket No. 08-1585 (issued March 3, 2009); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁷ *S.P.*, 59 ECAB 184 (2007); *Victor J. Woodhams*, 41 ECAB 345 (1989). A traumatic injury refers to injury caused by a specific event or incident or series of incidents occurring within a single workday or work shift whereas an occupational disease refers to an injury produced by employment factors which occur or are present over a period longer than a single workday or work shift. 20 C.F.R. §§ 10.5 (q), (ee); *Brady L. Fowler*, 44 ECAB 343, 351 (1992).

⁸ *Julie B. Hawkins*, 38 ECAB 393 (1987).

⁹ *John J. Carlone*, 41 ECAB 354 (1989).

physician must be based on a complete factual and medical background of appellant, 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 appellant.¹⁰

ANALYSIS

On November 7, 2013 appellant filed a traumatic injury claim alleging back and bilateral knee injuries on October 31, 2013, including a fractured left knee cap, due to lifting a washer onto a flatbed dolly at work. His claim was initially allowed for payment of limited medical expenses without formal adjudication.¹¹ Appellant previously had undergone right knee surgery in 2004 and left knee surgery in 2007.¹²

The Board finds that appellant did not submit sufficient medical evidence to establish an employment injury on October 31, 2013.

In the November 8, 2013 report, Dr. Redix provided a history that on October 31, 2013 appellant felt a pop in his left knee while lifting a washing machine and hyperextended his right knee while putting it down. He noted that appellant denied any prior knee injuries, but referenced the right knee surgery in 2004 and left knee surgery in 2007. In March 7, April 4, and May 23, 2014 reports, Dr. Redix opined that appellant's condition was the direct result of the October 31, 2013 work injury and indicated that he had no antecedent injury to either knee. In a July 8, 2014 report, he noted that appellant's condition was the direct result of the October 31, 2013 work incident and that he had no antecedent injury to either knee, but added that the new left knee symptoms were the result of imbalance caused by the injury to the knee. In all these reports, Dr. Redix found that appellant was temporarily disabled from his regular work.

The Board finds that these reports do not establish appellant's claim for an October 31, 2013 work injury because they do not contain adequate medical rationale in support of their opinion on causal relationship.¹³ Dr. Redix did not describe the October 31, 2013 work incident in any detail or explain how it could have been competent to cause internal derangement in both knees. Diagnostic testing from December 2013 showed degenerative changes in both of appellant's knees and Dr. Redix did not explain why appellant's symptoms were not entirely due to such a nonwork-related preexisting condition. These reports are of limited probative value for the further reason that they are not based on a complete and accurate factual and medical history. Dr. Redix indicated that appellant did not have any prior injury to his knees. However, the record reflects that appellant did in fact have prior injuries to both knees. The Board has held

¹⁰ See *I.J.*, 59 ECAB 408 (2008); *Donna Faye Cardwell*, 41 ECAB 730 (1990).

¹¹ *Supra* note 2.

¹² Appellant filed prior claims for employment-related injuries, including a claim for a May 12, 2005 traumatic injury accepted for right knee medial meniscus tear; a claim for a January 9, 2007 traumatic injury accepted for left knee medial meniscus tear; and a claim for a December 15, 2010 traumatic injury accepted for neck sprain, right shoulder calcifying tendinitis, and left shoulder rotator cuff rupture.

¹³ See *supra* note 10.

that a claimant must submit a rationalized medical opinion in order to establish a causal connection between the current disabling condition and the employment incident, and that this medical opinion must be based on a complete and accurate factual and medical history.¹⁴

In the February 24, 2015 report, Dr. Redix noted that appellant reported lifting a washing machine on October 31, 2013 when he sustained a popping sensation in the left knee that caused it to collapse and thereby placed all the pressure and weight on his right knee. For the first time in any of his reports, he indicated that appellant reported that he fell backwards on October 31, 2013 and that the washing machine fell on both of his knees. Dr. Redix indicated, without elaboration, that appellant had previous injuries necessitating right knee surgery in 2004 and left knee surgery in 2007, and reported that appellant was completely asymptomatic prior to October 31, 2013. He noted that appellant had undergone right knee surgery in September 2014 and left knee surgery in December 2014.¹⁵ Dr. Redix diagnosed resolved internal derangement of the left knee effective February 24, 2015 and resolved internal derangement of the right knee effective November 18, 2014, and found that appellant could return to his regular work.

The Board finds that the February 24, 2015 report of Dr. Redix does not establish appellant's claim for an October 31, 2013 employment injury. Although Dr. Redix noted that, the events described and documented for October 31, 2013 were consistent with the pathology for which appellant received treatment, he did not provide any medical explanation for why he felt that the employment incident was competent to cause appellant's observed bilateral knee condition, internal derangement. He noted that appellant had returned to regular work prior to October 31, 2013 and indicated that he was free of symptoms prior to October 31, 2013. Thereby, Dr. Redix suggested that appellant's reported symptom history prior to October 31, 2013 establishes the occurrence of an employment injury on October 31, 2013. However, the Board has held that the mere fact that a condition manifests itself or worsens during a period of employment¹⁶ or that work activities produce symptoms revelatory of an underlying condition¹⁷ does not raise an inference of causal relationship between a claimed condition and employment factors. Dr. Redix did not explain why appellant's continuing knee problems were not due to preexisting degenerative changes in both of his knees or some other nonwork-related condition.

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 an employment injury on October 31, 2013.

¹⁴ *E.R.*, Docket No. 15-1046 (issued November 12, 2015).

¹⁵ These surgeries have not been accepted by OWCP as employment related.

¹⁶ *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

¹⁷ *Richard B. Cissel*, 32 ECAB 1910, 1917 (1981).

ORDER

IT IS HEREBY ORDERED THAT the July 30, 2015 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: February 24, 2016
Washington, DC

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

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

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board