

Dr. Ira Evans, an orthopedic surgeon, provided a March 19, 2015 return to work note which diagnosed “right knee” and a March 19, 2015 therapy prescription.

By letter dated May 22, 2015, OWCP advised appellant of the deficiencies in her claim. It afforded her 30 days to submit additional evidence. In a separate letter also dated May 22, 2015, OWCP requested that the employing establishment provide information regarding appellant’s work duties.

In a June 5, 2015 letter, Kenneth M. Bransfield, Marblehead Postmaster, stated that when appellant filed her claim she had just returned from left ankle surgery and was working with restrictions. He advised that they were going through a very snowy winter and conditions would change with the snow melting and then turning to ice overnight. Mr. Bransfield noted that the route appellant covered had very restrictive parking which caused her to have to exit and enter the vehicle by climbing into snowbanks. A copy of a position description for city carrier was provided.

By decision dated June 22, 2015, OWCP evaluated the claim as a claim for traumatic injury, but denied the claim finding that the medical component of fact of injury was not established. It explained that the medical evidence was insufficient to establish a diagnosed medical condition “in connection” with the claimed event.

On July 7, 2015 OWCP received appellant’s June 29, 2015 request for an oral hearing before an OWCP hearing representative. An oral hearing was held on November 18, 2015, during which appellant testified. Appellant indicated that she worked on very narrow streets in Marblehead, MA and it had snowed a couple of feet on February 11, 2015, so she was jumping out in snowbanks all day. She indicated that her knee was swollen and her physician had to drain fluid out. Appellant stated that she had “park and loop” and so she parked her mail truck, got out of the truck to deliver mail for a couple relays or a couple streets, and then repeated the process. She indicated that in 2001 she had anterior cruciate ligament (ACL) reconstruction surgery in the right knee and had been back to full-time work. Appellant indicated that she was out of work for 13 weeks with ankle surgery and had returned to work on February 2, 2015.

A March 9, 2015 magnetic resonance imaging (MRI) scan report indicated status post ACL graft reconstruction changes, mild chronic thickening of the medial collateral ligament, mild tricompartmental degenerative chondromalacia, and moderate joint effusion. Diagnostic imaging of the knee dated November 18, 2015 was also received.

In a June 19, 2015 letter, Dr. Evans indicated that appellant has had persistent right knee pain secondary to an injury sustained at work. He noted that she has had ACL reconstruction in that knee in the past and a right knee MRI scan demonstrated degenerative chondromalacia. Dr. Evans indicated that appellant has had significant exacerbation of her knee pain secondary to the snow that she had to climb over during the recent winter months. He noted an exacerbation of preexisting osteoarthritis and status post ACL reconstruction due to increased workload at work. Dr. Evans also provided a June 11, 2015 duty status report and a June 11, 2015 work note containing a diagnosis of right knee injury.

In a January 7, 2016 letter, Dr. Evans indicated that appellant injured her right knee while delivering mail through snowbanks and on shoveled walkways. He noted that she had recurrent pain and effusion in her right knee since her injury during the winter of 2015.

By decision dated February 1, 2016, the OWCP hearing representative modified the prior decision to reflect that fact of injury had been established, but denied the claim because causal relationship had not been established.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of proof to establish 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 and/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 sustained a traumatic 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 that must be considered conjunctively. First, the employee must submit sufficient evidence to establish that he actually experienced the employment incident that is alleged to have occurred.⁴ An employee has not met his burden of proof of establishing the occurrence of an injury when there are such inconsistencies in the evidence as to cast serious doubt upon the validity of the claim.⁵ Second, the employee must submit sufficient evidence, generally only in the form of medical evidence, to establish that the employment incident caused a personal injury.⁶

The medical evidence required to establish causal relationship is generally rationalized medical opinion evidence. Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. 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.⁷ Neither the fact that a disease or condition manifests itself during a period of employment nor the belief that the disease or

² *Joe D. Cameron*, 41 ECAB 153 (1989).

³ *See Irene St. John*, 50 ECAB 521 (1999); *Michael E. Smith*, 50 ECAB 313 (1999).

⁴ *Gary J. Watling*, 52 ECAB 278 (2001).

⁵ *S.N.*, Docket No. 12-1222 (issued August 23, 2013); *Tia L. Love*, 40 ECAB 586, 590 (1989).

⁶ *Deborah L. Beatty*, 54 ECAB 340 (2003).

⁷ *Solomon Polen*, 51 ECAB 341 (2000).

condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.⁸

ANALYSIS

OWCP accepted that the February 11, 2015 work incident occurred as alleged and a medical diagnosis was established, but denied the claim as the medical evidence of record did not establish a causal relationship between the February 11, 2015 work incident and the diagnosed right knee conditions. The Board agrees.

Appellant submitted several reports from Dr. Evans in which he diagnosed appellant with osteoarthritis, chondromalacia, and effusion of the right knee. Dr. Evans indicated that appellant has had significant exacerbation of her knee pain secondary to all the snow that she had to climb over during the recent winter months. He noted an exacerbation of preexisting osteoarthritis and status post ACL reconstruction due to increased workload at work. Dr. Evans also indicated that appellant injured her right knee while delivering mail through snowbanks and on shoveled walkways and that she had recurrent pain and effusion in her right knee since her injury during the winter of 2015. However, he failed to provide a medical opinion as to how the reported work incident caused or aggravated a medical condition. The Board has held that a medical report is of limited probative value on the issue of causal relationship if it contains a conclusion regarding causal relationship which is unsupported by medical rationale.⁹ Dr. Evans simply did not explain the medical process as to how appellant's work activities physiologically caused her knee condition.¹⁰ Accordingly, his reports are of limited probative value.

The diagnostic testing reports of record are also of diminished probative value and are insufficient to establish appellant's claim as none of the physicians provided any opinion on the cause of appellant's diagnosed conditions.¹¹

Causal relationship is a medical question that must be established by probative medical opinion from a physician.¹² In this case, the Board finds that none of the medical evidence appellant submitted constitutes rationalized medical evidence which based upon a specific and accurate history of employment events, substantiates causal relationship.¹³ Accordingly, the Board finds that OWCP properly denied her claim because she has not established a causal relationship between the work incident and her diagnosed conditions.

⁸ *Dennis M. Mascarenas*, 49 ECAB 215 (1997).

⁹ *T.M.*, Docket No. 08-975 (issued February 6, 2009); *S.E.*, Docket No. 08-2214 (issued May 6, 2009).

¹⁰ *D.B.*, Docket No. 14-0295 (April 25, 2014).

¹¹ *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *S.E.*, *supra* note 9.

¹² *W.W.*, Docket No. 09-1619 (issued June 2010); *David Apgar*, 57 ECAB 137 (2005).

¹³ *Patricia J. Bolleter*, 40 ECAB 373 (1988).

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 her burden of proof to establish an injury on February 11, 2015 causally related to the accepted employment incident.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated February 1, 2016 is affirmed.

Issued: July 22, 2016
Washington, DC

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

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

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board