

knee as a result of repetitively standing, stooping, twisting, and overcompensating that was required in her job. She became aware of her condition on October 2, 2013 and realized it was causally related to her employment on September 15, 2014. Appellant did not stop work.

Appellant submitted a statement dated December 5, 2014 noting that in October 2013 she began having pain in her left hip and cracking in the left knee. She noted that she was a clerk and her job required her to repeatedly stand and twist. Appellant reported having a right hip and knee condition which required her to overcompensate on the left side.

Appellant submitted a report from Dr. Michael M. Taba, a Board-certified orthopedist, dated December 1, 2014, who treated appellant on October 3, 2013 for left hip pain and left knee locking, catching, and instability. Dr. Taba noted that as months passed appellant's symptoms worsened. He indicated that appellant was being treated for a right knee and hip condition at the time and was overcompensating on the left side. Dr. Taba noted findings on examination of left hip of tenderness to palpation over the trochanteric bursa, pain with range of motion, no deformity, and intact strength. With regard to the left knee he noted there was no incision, scars or deformity, tenderness to palpation over the patellofemoral joint, no effusion, intact motor and sensory examination, some crepitation of the patellofemoral joint, and intact reflexes. Dr. Taba indicated that diagnostic testing and x-rays revealed no obvious pathology. He diagnosed left hip trochanteric bursitis, left hip strain, and left knee patellofemoral joint chondromalacia tendinitis. Dr. Taba opined that appellant's left hip bursitis and tendinitis and left knee chondromalacia patella were aggravated and exacerbated by work-related injuries.

By letter dated January 22, 2015, OWCP advised appellant of the type of evidence needed to establish her claim, particularly requesting that she submit a physician's reasoned opinion addressing the relationship of her claimed condition and specific employment factors. Appellant did not respond within the time allotted.

In a decision dated February 25, 2015, OWCP denied appellant's claim for compensation because she failed to submit sufficient medical evidence to establish a diagnosed medical condition causally related to the claimed event or work factors.

In a statement dated July 30, 2015, appellant requested reconsideration and noted all documents had been submitted, including a doctor's narrative and a magnetic resonance imaging (MRI) scan. She submitted a July 15, 2015 report from Dr. Taba who noted treating appellant for left knee and left hip pain in October 2013. Dr. Taba indicated that appellant performed repetitive lifting, pushing, pulling, and standing multiple hours a day and as a result injured her left knee and hip. He noted that she had problems with weight bearing, standing, and stair climbing. On examination appellant had tenderness to palpation of the knee joint, pain with range of motion and crepitation with range of motion. A left hip MRI scan revealed tendinitis and bursitis of the hip joint while a left knee MRI scan showed grade three to four chondromalacia of the patella femoral joint as well as an abnormal signal of the lateral meniscus. Dr. Taba diagnosed post-traumatic arthrosis of the left knee and left hip bursitis. He opined that appellant's left knee and left hip findings were directly a result of her work-related repetitive lifting, twisting, pushing, and pulling activities over the years. Dr. Taba noted that appellant was treated conservatively but remained symptomatic.

In a decision dated December 31, 2015, OWCP denied modification, finding that the medical evidence did not provide sufficient medical rationale to support that the conditions identified were causally related to specific work factors.

LEGAL PRECEDENT

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. Appellant must also establish that such event, incident or exposure caused an injury.²

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant. 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.³

ANALYSIS

It is not disputed that appellant's work duties as a sales and service associate included repetitively lifting, pulling, pushing, and standing multiple hours each day. It is also not disputed that she was diagnosed with left hip trochanteric bursitis, left hip strain, and left knee patellofemoral joint chondromalacia tendinitis. The Board finds, however, appellant has not submitted sufficient rationalized medical evidence to establish that her diagnosed conditions are causally related to specific employment factors.

Appellant submitted a December 1, 2014 report from Dr. Taba, who treated her on October 3, 2013 for worsening left hip pain and left knee locking, catching and instability.

² See *Walter D. Morehead*, 31 ECAB 188, 194 (1979) (occupational disease or illness); *Max Haber*, 19 ECAB 243, 247 (1967) (traumatic injury). See generally *John J. Carlone*, 41 ECAB 354 (1989); *Elaine Pendleton*, 40 ECAB 1143 (1989).

³ *Solomon Polen*, 51 ECAB 341 (2000).

Dr. Taba indicated that appellant was being treated for a right knee and hip condition at the time and was overcompensating on the left side. Diagnostic testing and x-rays revealed no obvious pathology. Dr. Taba opined that appellant's left hip bursitis, tendinitis, and left knee chondromalacia patella were aggravated and exacerbated by her work-related injuries. Similarly, in a July 15, 2015 report, he indicated that appellant's job required repetitive lifting, pushing, pulling, and standing multiple hours a day causing left knee and hip conditions. Dr. Taba noted MRI scan findings and offered diagnoses. He opined that appellant's left knee and left hip findings were directly a result of her work-related repetitive lifting, twisting, pushing, and pulling activities over the years. The Board finds that although Dr. Taba supported causal relationship, noting that her left knee and left hip conditions resulted from her repetitive work duties, he did not provide medical rationale explaining the basis of his conclusory opinion regarding the causal relationship.⁴ Dr. Taba did not explain the process by which repetitive lifting, twisting, pushing, and pulling activities over the years would cause the diagnosed condition. Therefore, these reports are insufficient to meet appellant's burden of proof.

The remainder of the medical evidence fails to provide an opinion on the causal relationship between appellant's job and her diagnosed left hip trochanteric bursitis, left hip strain, and left knee patellofemoral joint chondromalacia tendinitis. For this reason, this evidence is insufficient to meet appellant's burden of proof.⁵

On appeal appellant asserts that the medical evidence submitted in support of her claim was sufficient to establish her claim. As found above, the medical evidence fails to establish that her diagnosed conditions are causally related to her employment. Appellant has not submitted a physician's report, which explains how particular work activities caused or aggravated her left hip trochanteric bursitis, left hip strain, and left knee patellofemoral joint chondromalacia tendinitis.

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 causally related to factors of her employment.

⁴ See *T.M.*, Docket No. 08-975 (issued February 6, 2009) (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).

⁵ *A.D.*, 58 ECAB 149 (2006) (medical evidence which does not offer any opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship).

ORDER

IT IS HEREBY ORDERED THAT the December 31, 2015 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 26, 2016
Washington, DC

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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

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