United States Department of Labor
Employees' Compensation Appeals Board

B.S., Appellant	)	
and	)	**Docket No. 17-1575**
	)	**Issued: December 5, 2017**
U.S. POSTAL SERVICE, POST OFFICE, Kalamazoo, MI, Employer	)	

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
CHRISTOPHER J. GODFREY, Chief Judge
COLLEEN DUFFY KIKO, Judge
ALEC J. KOROMILAS, Alternate Judge

JURISDICTION

On July 12, 2017 appellant filed a timely appeal from an April 6, 2017 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUE

The issue is whether appellant met her burden of proof to establish a left knee condition due to an accepted September 19, 2016 employment incident.

FACTUAL HISTORY

On September 19, 2016 appellant, then a 51-year-old rural carrier, filed a traumatic injury claim (Form CA-1) alleging that she sprained her left knee earlier that day due to "improper climbing." She did not stop work.

[1] 5 U.S.C. § 8101 *et seq.*

A September 21, 2016 duty status report (Form CA-17) from Dr. Daniel Bouwman, an attending Board-certified preventive medicine physician, listed the date of injury as September 19, 2016 and provided an illegible handwritten notation in the history of injury section of the form. He noted findings of a dysfunctional left knee and signs of mechanical injury, and he listed the diagnosis "due to injury" as internal derangement of the left knee. Dr. Bouwman provided work restrictions, including walking for less than an hour per day and no standing, and noted that appellant could perform "sit down work only."

In a September 21, 2016 form report, Dr. Bouwman listed the date of injury as September 19, 2016 and provided a diagnosis of left knee pain and internal derangement of the left knee. He provided work restrictions, including no continuous standing and minimal walking, and indicated that appellant could perform "sit down office work only."

In an October 4, 2016 letter, OWCP requested that appellant submit additional factual and medical evidence in support of her claim. It asked her to complete and return a questionnaire which posed various questions regarding the circumstances of her claimed September 19, 2016 employment injury. OWCP also requested that appellant submit a physician's opinion supported by a medical explanation as to how the reported work incident caused or aggravated a medical condition.

In an October 10, 2016 statement, appellant indicated that on September 19, 2016 she was climbing out of the back of her employing establishment long life vehicle (LLV) after retrieving a package and, as she stepped out with her left leg, she twisted her left knee.

Appellant submitted a September 21, 2016 report, in which Dr. Bouwman related that appellant reported that when she was moving around the inside of her employing establishment vehicle she bumped her left knee a little bit. She also reported that, as she stepped out of the vehicle, her left knee twisted and sort of buckled under her with immediate onset of pain and dysfunction of the left knee. Dr. Bouwman reported the findings of his physical examination noting that appellant's left knee effusion was difficult to assess due to obesity, although it was likely that there was small joint effusion. Appellant exhibited a very antalgic gait. Upon Apley compression and decompression test, she reported some discomfort in her left knee, but there was no palpable clicking or grinding. Dr. Bouwman indicated that the left lateral ligaments appeared intact and that the Lachman drawer and Anterior drawer were both normal. Appellant had quite a bit of tenderness to palpation at the left medial joint line and there was some tenderness to palpation over the course of the left medial collateral ligament. In the assessment portion of the report, Dr. Bouwman indicated that there were significant mechanical findings and posited that something was interfering with the function of her left knee, especially flexion motion. He noted that the differential diagnoses included loose body, chondral cartilage injury, or meniscal tear. Dr. Bouwman recommended a left knee magnetic resonance imaging (MRI) scan and placed appellant on light-duty work.

In an October 21, 2016 report, Dr. Bouwman noted that on physical examination appellant had either no joint effusion or very small joint effusion of her left knee. Appellant exhibited slightly better range of left knee motion compared to the prior examination. Dr. Bouwman diagnosed acute pain and internal derangement of the left knee.

In an October 21, 2016 duty status report, Dr. Bouwman listed the date of injury as September 19, 2016 and the history of injury as "knee." He noted findings of dysfunctional left knee and listed the diagnosis "due to injury" as internal derangement of the left knee. Dr. Bouwman provided work restrictions, including walking for less than an hour per day and no standing, and noted that appellant could perform "sit down work only." In an October 21, 2016 form report, he listed a date of injury of September 19, 2016 and provided a diagnosis of left knee pain and probable internal derangement of the left knee. Dr. Bouwman provided work restrictions, including no lifting more than 10 pounds.

In a November 14, 2016 decision, OWCP denied appellant's claim for a September 19, 2016 work injury. It accepted the occurrence of the September 19, 2016 employment incident as alleged, *i.e.*, she was climbing out of the back of her LLV where she was retrieving a package, and when she stepped out with her left leg, she twisted her knee. However, OWCP found that appellant had failed to submit sufficient medical evidence to establish a diagnosed condition due to the accepted September 19, 2016 employment injury.

On February 7, 2017 appellant requested reconsideration of OWCP's November 14, 2016 decision.

Appellant submitted a November 8, 2016 MRI scan of her left knee. It was noted in the MRI scan report that she provided a history of a twisting-type injury "[two] days ago…." The impression section noted a possible short segment radial tear of the posterior horn medial meniscus, subtle signal change of the anterior horn lateral meniscus which was equivocal for degenerative signal versus a short segment ill-defined tear, grade 3 chondromalacia of the central to posterior weight-bearing medial femoral condyle, trace joint effusion, and small popliteal cyst.

In a November 11, 2016 narrative report, Dr. Lisa W. Forrest, an attending Board-certified emergency medicine physician, noted that she had reviewed a recent MRI scan of appellant's left knee. She specifically indicated that she had not examined appellant and, in the assessment portion of her report, she wrote "medial and lateral meniscus tears, left knee" and "no diagnosis found."

In a November 11, 2016 duty status report, Dr. Forrest listed the date of injury as September 19, 2016, provided a diagnosis "due to injury" of meniscus tears of the left knee, and recommended work restrictions, including lifting no more than 10 pounds. In a November 11, 2016 form report, she listed the date of injury as September 19, 2016, provided a diagnosis of meniscus tears of the left knee, and indicated that appellant could return to restricted duty.

In a November 28, 2016 report, Dr. Robert L. Highhouse, an attending Board-certified orthopedic surgeon, indicated that appellant reported to work on September 19, 2016 and that she misstepped with her left leg and twisted her left knee. He reported the findings of his physical examination on that date and diagnosed acute pain of the left knee. In the "studies reviewed" portion of the report, Dr. Highhouse noted that appellant might have a very minor left meniscus injury, grade 3 chondromalacia in the left medial femoral condyle, and a new left knee sprain.

In a December 9, 2016 report, Dr. Bouwman indicated that appellant reported that she injured her left knee during the course of her duties as a letter carrier. He noted that the injury

was caused by bumping her knee inside her work vehicle and twisting the knee as she stepped out of the vehicle, causing the knee to buckle under her. Dr. Bouwman reported that he did a complete left knee evaluation on September 22, 2016 and found significant mechanical findings. He indicated that a November 10, 2016 MRI scan showed joint effusion, small popliteal cyst, short segment radial tearing of the posterior horn of the medial meniscus, and short ill-defined tearing of the anterior horn lateral meniscus. Dr. Bouwman concluded that appellant's physical examination and MRI scan findings were both consistent with her injury and diagnosis.

In a January 16, 2017 report, Dr. Highhouse reported the findings of his physical examination on that date noting that appellant walked normally and exhibited no tenderness to palpation of her left knee. There was no ligament instability and appellant was able to straight raise her left leg without palpable gaps in the extensor mechanism. Dr. Highhouse provided a diagnosis of acute pain of the left knee.

In an April 6, 2017 decision, OWCP denied modification of its November 14, 2016 decision. It noted that the occurrence of the September 19, 2016 employment incident had been accepted, but found that appellant had failed to submit sufficient medical evidence to establish a diagnosed condition due to the accepted September 19, 2016 employment incident. OWCP noted that the reports of Dr. Bouwman failed to provide a rationalized medical opinion on causal relationship and were not based on a complete and accurate factual history.

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 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.[2] These are the essential elements of each compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.[3]

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. There are two components involved in establishing fact of injury. First, the employee must submit sufficient evidence to establish that she actually experienced the employment incident at

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

[3] *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).

the time, place, and in the manner alleged.[4] Second, the employee must submit evidence, in the form of medical evidence, to establish that the employment incident caused a personal injury.[5]

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 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.[6]

ANALYSIS

Appellant filed a traumatic injury claim alleging that on September 19, 2016 she sustained a left knee injury at work. She alleged that on September 19, 2016 she was climbing out of the back of her postal vehicle after retrieving a package and noted that, as she climbed out, she twisted her left knee. In November 14, 2016 and April 6, 2017 decisions, OWCP denied appellant's claim for a September 19, 2016 work injury. It accepted the occurrence of the September 19, 2016 employment incident as alleged, and that a medical condition had been diagnosed, but found that appellant failed to submit sufficient medical evidence to establish that the diagnosed left knee condition was causally related to the accepted September 19, 2016 employment incident.

The Board finds that appellant failed to meet her burden of proof to establish causal relationship.

Appellant submitted a September 21, 2016 report in which Dr. Bouwman, an attending physician, reported the findings of his physical examination on that date. Dr. Bouwman noted that she had reported that, as she stepped out of her postal vehicle, her left knee twisted and buckled under her. In the assessment portion of his report, he indicated that there were significant mechanical findings and he posited that something was interfering with the function of appellant's left knee, especially flexion motion. Dr. Bouwman noted that the differential diagnoses included loose body, chondral cartilage injury, or meniscal tear.

The Board finds that this report is of limited probative value regarding appellant's claimed September 19, 2016 injury because Dr. Bouwman did not clearly identify the cause of her left knee condition or otherwise provide an opinion that her left knee condition was work related. The Board has held that medical evidence which does not offer a clear opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.[7]

[4] *Julie B. Hawkins*, 38 ECAB 393 (1987).

[5] *John J. Carlone*, 41 ECAB 354 (1989).

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

[7] *See Charles H. Tomaszewski*, 39 ECAB 461 (1988).

In a separate September 21, 2016 duty status report, Dr. Bouwman listed the date of injury as September 19, 2016 and provided a handwritten notation in the history of injury section of the form which is illegible. He noted findings of dysfunctional left knee and signs of mechanical injury, and he listed the diagnosis "due to injury" as internal derangement of the left knee. Dr. Bouwman provided work restrictions, including walking for less than an hour per day and no standing, and noted that appellant could perform "sit down work only." Although he identified internal derangement of the left knee as the diagnosis due to a September 19, 2016 injury, his report is of limited probative value on the relevant issue of the case because he did not explain his opinion on causal relationship. 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.[8] In his September 21, 2016 duty status report, Dr. Bouwman did not provide any description of the September 19, 2016 event or explain how it could have caused internal derangement of the left knee.

In the October 21, 2016 duty status report, Dr. Bouwman listed the date of injury as September 19, 2016 and the history of injury as "knee." He noted findings of dysfunctional left knee, listed the diagnosis "due to injury" as internal derangement of the left knee, and provided work restrictions. This report also is of limited probative value on the relevant issue of the case because Dr. Bouwman did not explain his opinion on causal relationship.[9]

Dr. Forrest, an attending physician's November 11, 2016 duty status report, listed the date of injury as September 19, 2016, provided a diagnosis "due to injury" of meniscus tears of the left knee, and recommended work restrictions. However, her report is of limited probative value regarding appellant's claimed September 19, 2016 injury because she did not explain her opinion on causal relationship. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how an employment activity could have caused or aggravated a medical condition.[10]

In his November 28, 2016 report, Dr. Highhouse indicated that appellant reported that at work on September 19, 2016 she misstepped with her left leg and twisted her left knee. He reported the findings of his physical examination on that date and diagnosed acute pain of the left

[8] *C.M.*, Docket No. 14-0088 (issued April 18, 2014).

[9] *See Y.D.*, Docket No. 16-1896 (issued February 10, 2017) (finding that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how an employment activity could have caused or aggravated a medical condition). In the October 21, 2016 narrative report, Dr. Bouwman reported the findings of his physical examination on that date and diagnosed acute pain and internal derangement of the left knee. In an October 21, 2016 form report, he listed the date of injury as September 19, 2016 and provided a diagnosis of left knee pain and probable internal derangement of the left knee. Dr. Bouwman provided work restrictions, including no lifting more than 10 pounds. However, these reports are of limited probative value regarding appellant's claimed September 19, 2016 injury because Dr. Bouwman did not identify the cause of her left knee condition or partial disability. *See supra* note 7.

[10] *See D.R.*, Docket No. 16-0528 (issued August 24, 2016). Appellant submitted other reports of Dr. Forrest, but they did not contain any opinion on causal relationship.

knee.[11] In his January 16, 2017 report, Dr. Highhouse reported the findings of his physical examination on that date and provided a diagnosis of acute pain of the left knee.

The Board notes that, although Dr. Highhouse described the September 19, 2016 incident and identified left knee conditions, these reports are of limited probative value regarding appellant's claimed September 19, 2016 injury because he did not clearly identify the cause of her left knee condition. As noted above, the Board has held that medical evidence which does not offer a clear opinion regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.[12]

Dr. Bouwman also noted in his December 9, 2016 report that appellant reported that she had injured her left knee during the course of her duties as a letter carrier. He noted that the injury was caused by bumping her knee inside her work vehicle and twisting it as she stepped out of the vehicle, causing it to buckle under her. Dr. Bouwman reported that he did a complete left knee evaluation on September 22, 2016 and found significant mechanical findings. He advised that a November 10, 2016 MRI scan showed joint effusion, small popliteal cyst, short segment radial tearing of the posterior horn of the medial meniscus, and short ill-defined tearing of the anterior horn lateral meniscus. Dr. Bouwman concluded that appellant's physical examination and MRI scan findings were both consistent with her injury and diagnosis.

In this report, Dr. Bouwman related appellant's left knee findings from a September 22, 2016 physical examination and a November 10, 2016 MRI scan to the September 19, 2016 incident. He did not, however, provide any medical explanation for his opinion in this regard. Dr. Bouwman simply reported his conclusion on causal relationship without any elaboration. His report is of limited probative value with respect to appellant's claimed September 19, 2016 left knee injury because he has provided a mere conclusory opinion without the necessary rationale explaining how and why the September 19, 2016 incident was sufficient to result in the diagnosed medical condition.[13] Dr. Bouwman did not explain the medical process through which the September 19, 2016 incident could have caused the findings observed on physical examination and diagnostic testing.

Based on the foregoing analysis of the medical evidence, the Board finds that appellant failed to meet her burden of proof to establish causal relationship. Accordingly, OWCP properly denied her 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.

[11] In the "studies reviewed" portion of the report, Dr. Highhouse noted that appellant might have a very minor left meniscus injury. He also indicated that she had grade 3 chrondromalacia in the left medial femoral condyle and a new left knee sprain.

[12] *See supra* note 7. On appeal appellant argues that the reports of attending physicians establish her claim for a September 19, 2016 employment injury, but the Board has explained why these reports do not establish her claim.

[13] *J.D.*, Docket No. 14-2061 (issued February 27, 2015).

CONCLUSION

The Board finds that appellant did not meet her burden of proof to establish that she sustained a left knee condition due to a September 19, 2016 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the April 6, 2017 merit decision of the Office of Workers' Compensation Programs is affirmed.

Issued: December 5, 2017
Washington, DC

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

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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