

FACTUAL HISTORY

On February 24, 2016 appellant, then a 64-year-old rural carrier, filed an occupational disease claim (Form CA-2) alleging that she sustained osteoarthritis of the left knee as a result of bending and pulling heavy objects in the course of her federal employment. She first became aware of her condition and its relationship to her employment on January 21, 2016. Appellant did not stop work.

In a written statement, appellant explained that the use of her knees was an integral part of her duties, which consisted of standing and casing mail for four to five hours per day depending on the volume of mail, loading mail into trays and carts, pushing the carts to the dock, and loading the trays of mail onto a truck. She noted that performing these duties required bending and twisting of the knees.

In a progress note dated June 8, 2012, Dr. Michael Kellis, Board-certified in sports medicine, noted that appellant visited his office for evaluation of her left knee. Appellant told Dr. Kellis that she had bumped her left knee on a bin and had begun to experience pain and swelling of the left knee. She denied any other trauma or injury. Dr. Kellis diagnosed her with osteoarthritic changes of the left knee, aggravated at the time of impact.

On September 9, 2013 Dr. Kellis noted that appellant had returned for evaluation of her left knee condition, which she had been dealing with for many years. He noted that her knee was “bone-on-bone” and would eventually require knee replacement.

In a progress note dated November 11, 2013, Dr. Kellis noted that appellant had been experiencing pain in her left knee, and that she had recently tripped over a dog biscuit on the floor, which tweaked and sprained the knee. He noted that he was concerned about additional trauma, and would schedule a Supartz injection.

In an operative report dated November 21, 2016, Dr. Kellis recorded an infrapatellar Supartz injection to appellant’s left knee. He noted that prior injections had resulted in substantial improvement.

In a report dated January 21, 2016, Dr. Kellis examined appellant and diagnosed her with unilateral primary osteoarthritis of the left knee. He noted that appellant’s knee needed to be replaced. Dr. Kellis noted no acute trauma, but noted that appellant had fractured her patella many years before the visit.

By letter dated April 8, 2016, OWCP informed appellant that she had not submitted sufficient documentation to support her claim. It noted that she had not submitted medical reports establishing that her diagnosed left knee osteoarthritis was caused or aggravated by duties of her federal employment. OWCP asked appellant to respond to a questionnaire. Appellant was afforded 30 days to submit the additional evidence.

On May 10, 2016 appellant responded to the questionnaire. She detailed the duties her federal employment she alleged had aggravated her left knee condition, including standing while casing mail, putting cased mail into trays, loading the trays onto carts, pushing carts out to a loading dock, and loading the mail delivery truck. Appellant further explained the delivery

process itself, particularly the cramped conditions of her delivery truck. She noted that she attended football games, but did not play any sports or participate in strenuous activities because she was too tired after work. Appellant explained that the date of injury she reported was the date that she found out that her knee had to be replaced.

By letter dated April 25, 2016, Dr. Kellis noted that appellant had osteoarthritic changes of the left knee and had worked for the Federal Government as a rural mail carrier for 29 years. He explained, “[appellant] has had a contusion of the patella in the past, as well as various other over-use syndromes related to her employment. She has been climbing in and out of the mail truck for many years, and her knee is in a very precarious position while driving the mail truck. It puts her at an angle that causes a lot of pressure to be placed onto the patella, as well as onto the medial joint surface.” Dr. Kellis opined:

“I do believe that [appellant’s] condition of osteoarthritis was caused and/or aggravated by factors of her employment. I believe her duties as a rural mail carrier caused the problem *versus* any natural aging process. It is important to note that this has been the knee that has been repetitively stressed on the job and that her opposite knee is pristine. There has never been a significant problem or aggravation of the opposite knee.”

Dr. Kellis noted that he had reviewed appellant’s employment, as well as pictures and videos of her mail truck. He concluded, “There is no question in my mind that this patient’s osteoarthritic changes were a direct and proximate result of her employment.”

By decision dated May 23, 2016, OWCP denied appellant’s claim. It found that although Dr. Kellis had rendered a medical opinion on the cause and/or aggravation of appellant’s left knee condition, his report was insufficient because he failed to opine whether the condition was actually caused by duties of her employment, or merely aggravated. OWCP determined that because Dr. Kellis had not sufficiently discussed how past trauma to her left knee could have resulted in her current condition, his opinion on the cause or aggravation of the condition was not well rationalized.

On June 6, 2016 appellant, through counsel, requested a telephonic hearing before an OWCP hearing representative.

By letter dated September 27, 2016, the employing establishment notified OWCP that appellant planned to retire effective November 10, 2016.

The hearing was held on January 23, 2017. At the hearing, appellant noted that when she first began working at the employing establishment, she used her own vehicle for mail delivery. She stated that she had to straddle the seat for about 15 years, while she drove on the wrong side of the car, using her left knee as the accelerator and the gas. For seven years, she had used a truck supplied by the employing establishment, which she stated was very small, and required her to bend to enter the vehicle and to load it, and that all of her duties required using her knee. Appellant stated that Dr. Kellis had told her that her problem was work related, and that duties of her employment had caused an aggravation of osteoarthritis. Counsel argued that Dr. Kellis’ April 25, 2016 report had been improperly rejected as not establishing appellant’s claim because

even if it was not fully rationalized, it was the only medical evidence of record and it, therefore, established a *prima facie* claim requiring OWCP to further develop the medical evidence. He requested that OWCP direct appellant to a second opinion examination and further develop the medical evidence.

By decision dated February 27, 2017, the hearing representative affirmed OWCP's May 23, 2016 decision. She found that because Dr. Kellis' report of April 25, 2016 did not mention appellant tripping at home or striking her knee against a bin, it did not suffice to establish causal relationship. The hearing representative explained that omitting appellant's history of tripping at home or striking her knee against the bin amounted to "not giv[ing] a rationalized opinion based upon a complete 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 filed within the applicable time limitation, that an injury was sustained while in the performance of duty as alleged, and that any disability or specific condition for which compensation is claimed is causally related to the employment injury.³ These are the essential elements of every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.⁴

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) a 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 claimant has the burden of establishing by the weight of reliable, probative, and substantial evidence that the condition for which compensation is sought is causally related to a specific employment incident or to specific conditions of employment.⁵ An award of compensation may not be based on appellant's belief of causal relationship. Neither the mere fact that a disease or condition manifests itself during a period of employment nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish a causal relationship.⁶

³ Gary J. Watling, 52 ECAB 278, 279 (2001); Elaine Pendleton, 40 ECAB 1143, 1145 (1989).

⁴ Michael E. Smith, 50 ECAB 313, 315 (1999).

⁵ Roma A. Mortenson-Kindschi, 57 ECAB 418, 428 n.37 (2006); Katherine J. Friday, 47 ECAB 591, 594 (1996).

⁶ P.K., Docket No. 08-2551 (issued June 2, 2009); Dennis M. Mascarenas, 49 ECAB 215, 218 (1997).

Causal relationship is a medical issue and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence.⁷ Rationalized medical opinion evidence is medical evidence which includes a physician's reasoned opinion on whether there is a causal relationship between the claimant's diagnosed condition and the compensable 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.⁸ The weight of 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.⁹

ANALYSIS

Appellant alleged that she sustained osteoarthritis of the left knee as a result of factors of her federal employment. OWCP denied her claim finding that she had not submitted sufficient medical evidence to establish a causal relationship between her claimed condition and factors of her federal employment.

The Board finds that appellant has not submitted sufficient evidence to establish that her left knee osteoarthritic condition was caused or aggravated by factors of her federal employment.

By letter dated April 25, 2016, Dr. Kellis noted that appellant had osteoarthritic changes of the left knee and had worked for the Federal Government as a rural mail carrier for 29 years. He explained that appellant had over-use symptoms related to her employment, and noted that she had previously had a contusion of her patella. Dr. Kellis noted that, when she was driving her mail truck, it put her knee in a very precarious position, placing pressure on her patella and medial joint surface. He opined:

“I do believe that [appellant's] condition of osteoarthritis was caused and/or aggravated by factors of her employment. I believe her duties as a rural mail carrier caused the problem *versus* any natural aging process. It is important to note that this has been the knee that has been repetitively stressed on the job and that her opposite knee is pristine. There has never been a significant problem or aggravation of the opposite knee.”

Dr. Kellis noted that he had reviewed appellant's employment, as well as pictures and videos of her mail truck. He concluded, “There is no question in my mind that this patient's osteoarthritic changes were a direct and proximate result of her employment.”

Appellant also submitted an operative report and office notes from Dr. Kellis from 2012 through 2016. In these notes, Dr. Kellis recounts that she visited him on June 8, 2012 due to

⁷ *Elizabeth H. Kramm (Leonard O. Kramm)*, 57 ECAB 117, 123 (2005).

⁸ *Leslie C. Moore*, 52 ECAB 132, 134 (2000).

⁹ *Jennifer Atkerson*, 55 ECAB 317, 319 (2004); *Naomi A. Lilly*, 10 ECAB 560, 573 (1959).

knee pain after she bumped her knee on a bin; and that she visited him on November 11, 2013 after she tripped on a dog biscuit, resulting in knee sprain and “tweaking.”

The Board finds that Dr. Kellis’ April 25, 2016 report does not provide a complete history of injury, and is, therefore, of limited probative value regarding the issue of causal relationship. The Board has explained that a medical opinion regarding causal relationship must be based on a complete, accurate factual and medical history. Therefore the opinion cannot omit discussion of other factors that affect appellant’s condition.¹⁰ Dr. Kellis’ April 25, 2016 report did not contain a discussion of any prior traumatic injuries to the same bodily member, despite at least two prior injuries being documented in his earlier reports. While, in his June 8, 2012 report, Dr. Kellis related that appellant had osteoarthritic changes which were aggravated when she bumped her knee on a bin, and in September 2013 he related that appellant’s knee was bone-on-bone, he did not explain why appellant’s prior knee condition did not relate to her current left knee condition. A well-rationalized opinion is particularly warranted when there is a history of preexisting condition.¹¹

Dr. Kellis also did not provide a biomechanical explanation of how appellant’s federal employment duties resulted in her left knee condition, either by direct causation or aggravation. Without explaining how physiologically the movements involved in appellant’s employment duties caused or contributed to her diagnosed condition, his opinion on causal relationship is equivocal in nature and of limited probative value.¹² His reports therefore did not provide the necessary medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.¹³

As appellant has not submitted any rationalized medical evidence to support her claim for compensation for left knee osteoarthritis, she has not met her burden of proof to establish a 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 failed to meet her burden of proof to establish that her left knee osteoarthritis is causally related to factors of her federal employment.

¹⁰ See *J.S.*, Docket No. 15-0619 (issued July 17, 2015).

¹¹ See *D.M.*, Docket No. 16-0346 (issued June 15, 2017).

¹² See *S.C.*, Docket No. 17-0103 (issued May 2, 2017).

¹³ *Supra* note 8.

ORDER

IT IS HEREBY ORDERED THAT the February 27, 2017 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: November 1, 2017
Washington, DC

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

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

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