



on that date.<sup>2</sup> Appellant stopped work on February 11, 2017 and received continuation of pay beginning on that date.

In a February 10, 2017 report, Dr. Robert M. Hartley, an attending Board-certified internist and rheumatologist, indicated that appellant presented with knee pain on that date. He listed her vital signs and ordered a magnetic resonance imaging (MRI) scan of her left knee.

In a February 10, 2014 duty status report (Form CA-17), Dr. Hartley listed the date of injury as January 18, 2017 and the mechanism of injury as “left knee popped while splitting mail.” He listed the clinical findings as acute pain and contracture of the left knee and diagnosed acute left knee pain due to injury. Dr. Hartley indicated that appellant could not return to her regular work.

A February 18, 2017 MRI scan of appellant’s left knee contained an impression of large unstable osteochondral defect of the lateral aspect of the central/posterior weightbearing aspect of the medial femoral condyle.

Appellant also submitted a February 22, 2017 report in which Courtney Van Arsdale, an attending physician assistant, discussed her left knee condition. In reports dated February 28 and March 8, 2017, Eric Getkin, an attending physical therapist, detailed the physical therapy sessions appellant underwent for her left knee condition on those dates.

In a March 22, 2017 letter, OWCP requested that appellant submit additional medical evidence in support of her claim, including a physician’s opinion supported by a medical explanation as to whether and specifically how the alleged work incident on January 18, 2017 caused or aggravated a medical condition. It asked appellant to complete and return a claim development questionnaire which posed questions about how the claimed injury occurred and why she delayed in reporting it to the employing establishment.

On April 10, 2017 OWCP received appellant’s responses to the questionnaire sent on March 22, 2017. Appellant indicated that the task of splitting mail she performed on January 18, 2017 involved scanning and sorting sacks and trays of mail. She explained that the task required kneeling and walking back and forth while carrying mail, and indicated that she felt a pop in her left knee when she was walking and carrying a tray of mail on January 18, 2017. Appellant noted that she did not immediately report the January 18, 2017 injury because it initially was not severe in nature and she felt that it could be addressed through home treatment and wearing a knee brace. She noted that she reported the claimed injury after her left knee became swollen.

In a February 22, 2017 attending physician’s report (Form CA-20), Dr. Andreas Gomoll, an attending Board-certified orthopedic surgeon, listed the date of injury as January 18, 2017 and diagnosed osteochondral defect of the left knee. He checked a box marked “Yes” in response to a question regarding whether the diagnosed condition was caused or aggravated by an employment activity. Dr. Gomoll indicated that appellant was totally disabled from February 22, 2017 until an undetermined date.

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<sup>2</sup> Appellant submitted a February 4, 2017 statement in which she provided a similar account of her claimed January 18, 2017 employment injury.

In several reports dated between March 13 and May 1, 2017, Michelle Marino, an attending physical therapist, detailed physical therapy sessions appellant underwent for her left knee condition.

In a May 18, 2017 decision, OWCP denied appellant's claim for a January 18, 2017 employment injury. It accepted the employment incident, in the form of performing mail sorting duties, including walking while carrying mail on January 18, 2017, but found that appellant did not submit sufficient medical evidence to establish a diagnosed medical condition causally related to the accepted employment incident.

### **LEGAL PRECEDENT**

A claimant seeking benefits under FECA<sup>3</sup> has the burden of proof to establish the essential elements of his or her claim by the weight of the reliable, probative, and substantial evidence, including that an injury was sustained in the performance of duty as alleged and that any specific condition or disability claimed is causally related to the employment injury.<sup>4</sup>

To determine if 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 in conjunction with one another. The first component is whether the employee actually experienced the employment incident that is alleged to have occurred.<sup>5</sup> The second component is whether the employment incident caused a personal injury.<sup>6</sup> An employee may establish that an injury occurred in the performance of duty as alleged, but fail to establish that the disability or specific condition for which compensation is being claimed is causally related to the injury.<sup>7</sup>

Certain health care providers such as physician assistants, nurse practitioners, physical therapists, and social workers are not considered "physician[s]" as defined under FECA.<sup>8</sup> Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits.<sup>9</sup>

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<sup>3</sup> See *supra* note 1.

<sup>4</sup> 20 C.F.R. § 10.115(e), (f); see *Jacquelyn L. Oliver*, 48 ECAB 232, 235-36 (1996).

<sup>5</sup> *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>6</sup> *John J. Carlone*, 41 ECAB 354 (1989). Causal relationship is a medical question that generally requires rationalized medical opinion evidence to resolve the issue. *Robert G. Morris*, 48 ECAB 238 (1996). A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background. *Victor J. Woodhams*, 41 ECAB 345, 352 (1989). Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s). *Id.*

<sup>7</sup> *Shirley A. Temple*, 48 ECAB 404, 407 (1997).

<sup>8</sup> 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t).

<sup>9</sup> *K.W.*, 59 ECAB 271, 279 (2007); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006).

## ANALYSIS

Appellant alleged that on January 18, 2017 she sustained a left knee injury at work. She indicated that she felt a pop in her left knee while she was sorting mail on that date. In a May 18, 2017 decision, OWCP denied appellant's claim for a January 18, 2017 employment injury. It accepted the occurrence of an employment incident on January 18, 2017, in the form of performing mail sorting duties, including walking while carrying mail, but found that appellant did not submit sufficient medical evidence to establish that she sustained a diagnosed medical condition causally related to the accepted employment incident.

The Board finds that appellant has not met her burden of proof to establish a left knee injury causally related to the accepted employment incident.

Appellant submitted a February 10, 2014 duty status report in which Dr. Hartley, an attending physician, listed the date of injury as January 18, 2017 and the mechanism of injury as "left knee popped while splitting mail." Dr. Hartley listed the clinical findings as acute pain and contracture of the left knee diagnosed acute left knee pain. He indicated that appellant could not return to her regular work. The Board finds that this report is of limited probative value on the issue of causation because Dr. Hartley did not provide adequate medical rationale in support of his conclusion. Dr. Hartley did not describe the January 18, 2017 employment incident in any detail or provide a comprehensive description of appellant's left knee condition, nor did he explain how the January 18, 2017 employment incident caused or aggravated appellant's left knee 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.<sup>10</sup>

In a February 22, 2017 Form CA-20, Dr. Gomoll, an attending physician, listed the date of injury as January 18, 2017 and diagnosed osteochondral defect of the left knee.<sup>11</sup> He checked a box marked "Yes" in response to a question regarding whether the diagnosed condition was caused or aggravated by an employment activity.<sup>12</sup> The Board has held that when a physician's opinion on causal relationship consists only of checking "Yes" to a form question, without more by the way of medical rationale, that opinion has little probative value and is insufficient to establish causal relationship.<sup>13</sup> Appellant's burden of proof includes the necessity of furnishing an affirmative opinion from a physician who supports his or her conclusion with sound medical reasoning.<sup>14</sup> As Dr. Gomoll did no more than check "Yes" to a form question, his opinion on causal relationship is of little probative value and is insufficient to discharge appellant's burden of proof. He did not describe the January 18, 2017 employment incident in any detail or explain how

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<sup>10</sup> *C.M.*, Docket No. 14-88 (issued April 18, 2014).

<sup>11</sup> The record contains a February 18, 2017 MRI scan of appellant's left knee which showed a large unstable osteochondral defect of the lateral aspect of the central/posterior weightbearing aspect of the medial femoral condyle.

<sup>12</sup> Dr. Gomoll indicated that appellant was totally disabled from February 22, 2017 until an undetermined date.

<sup>13</sup> *Lillian M. Jones*, 34 ECAB 379, 381 (1982).

<sup>14</sup> *Id.*

it would have been competent to cause or aggravate the observed left knee osteochondral defect. Dr. Gomoll's report is of limited probative value on the relevant issue of this case because he did not provide medical rationale explaining how the January 18, 2017 employment incident could have caused or aggravated this left knee osteochondral defect.<sup>15</sup>

In a February 22, 2017 report, Ms. Van Arsdale, an attending physician assistant, discussed appellant's left knee condition. In several reports dated between February and May 2017, Mr. Getkin and Ms. Marino, attending physical therapists, detailed physical therapy sessions appellant underwent for her left knee condition. The Board notes that these reports are of no probative value with respect to appellant's claim for a January 18, 2017 employment injury because physician assistants<sup>16</sup> and physical therapists<sup>17</sup> are not considered physicians under FECA and their reports do not constitute probative medical evidence.<sup>18</sup>

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 has not met her burden of proof to establish a left knee injury due to the accepted January 18, 2017 employment incident.

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<sup>15</sup> *Y.D.*, Docket No. 16-1896 (issued February 10, 2017); *D.R.*, Docket No. 16-0528 (issued August 24, 2016).

<sup>16</sup> *N.L.*, Docket No. 17-1202 (issued August 25, 2017) (physician assistants are not considered physicians under FECA).

<sup>17</sup> *S.T.*, Docket No. 17-0913 (issued June 23, 2017) (physical therapists are not considered physicians under FECA).

<sup>18</sup> On appeal appellant contends that an attending physician advised her that all relevant medical evidence had been submitted to the record. The Board notes that it has explained why the submitted medical evidence is not sufficient to establish appellant's claim for a January 18, 2017 employment injury.

**ORDER**

**IT IS HEREBY ORDERED THAT** the May 18, 2017 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: November 2, 2017  
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