



while placing his gear in the back of a van, the driver of the van placed the van in reverse and the van struck his legs. He stopped work on May 13, 2016.

In support of his claim appellant submitted a position description and personnel action form (Form SF-50) dated January 10, 2016.

By letter dated June 7, 2016, OWCP informed appellant that the evidence of record was insufficient to establish his claim. It advised him of the medical and factual evidence necessary to establish his traumatic injury claim and afforded him 30 days to provide this information.

OWCP received additional evidence from appellant in response to its request, including a May 27, 2016 magnetic resonance imaging (MRI) scan which diagnosed a right knee lateral fracture.

In a June 8, 2016 visit summary, Dr. Manish A. Patel, a treating Board-certified orthopedic surgeon, diagnosed bilateral knee pain, right initial lateral condyle fracture, and subsequent right lateral condyle fracture. In a disability note of the same date, he related that appellant would be disabled from work until a follow-up appointment on July 1, 2016.

By decision dated July 8, 2016, OWCP denied appellant's claim. It found that the May 13, 2016 incident occurred as alleged, but that no medical condition had been diagnosed as causally related to the accepted work incident.

On July 29, 2016 OWCP received appellant's July 25, 2016 request for a telephonic hearing before an OWCP hearing representative. The hearing was held on March 14, 2017. The request was postmarked July 26, 2016.

On March 15, 2017 OWCP received a June 8, 2016 report of Dr. Patel noting that appellant had been seen for bilateral knee complaints. He reviewed the MRI scan results, provided physical examination findings, and diagnosed right initial lateral condyle fracture and right knee lateral tibial plateau fracture.

By decision dated May 2, 2017, OWCP's hearing representative affirmed the July 8, 2016 decision. She found that the record of evidence was devoid of any medical evidence establishing that the diagnosed knee conditions were causally related to the accepted May 13, 2016 work incident.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>2</sup> 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

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<sup>2</sup> *Id.*

employment injury.<sup>3</sup> 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.<sup>4</sup>

To determine whether a federal employee has sustained a traumatic injury in the performance of duty it must first be determined whether fact of injury has been established.<sup>5</sup> First, the employee must submit sufficient evidence to establish that he actually experienced the employment incident at the time, place, and in the manner alleged.<sup>6</sup> 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.<sup>7</sup>

Causal relationship is a medical issue and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence.<sup>8</sup> Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on whether there is a causal relationship between the employee's diagnosed condition and the compensable employment factors.<sup>9</sup> The opinion of the physician must be based on a complete factual and medical background of the employee, 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 employee.<sup>10</sup>

### ANALYSIS

OWCP accepted that the May 13, 2016 work incident occurred as alleged. It denied appellant's claim, however, as he failed to establish that his diagnosed knee conditions are casually related to the accepted employment incident.

The Board finds that appellant has failed to establish diagnosed knee conditions causally related to the accepted May 13, 2016 employment incident.

In a June 8, 2016 report, Dr. Patel detailed physical examination findings, reviewed the right knee MRI scan, and diagnosed right initial lateral condyle fracture and right knee with lateral tibial plateau fracture. However, the report contained no history of injury or opinion on causation. Dr. Patel's report is insufficient to establish the claim as he did not provide a history

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<sup>3</sup> C.S., Docket No. 08-1585 (issued March 3, 2009); *Bonnie A. Contreras*, 57 ECAB 364 (2006).

<sup>4</sup> S.P., 59 ECAB 184 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>5</sup> B.F., Docket No. 09-60 (issued March 17, 2009); *Bonnie A. Contreras*, *supra* note 3.

<sup>6</sup> D.B., 58 ECAB 464 (2007); *David Apgar*, 57 ECAB 137 (2005).

<sup>7</sup> C.B., Docket No. 08-1583 (issued December 9, 2008); *D.G.*, 59 ECAB 734 (2008); *Bonnie A. Contreras*, *supra* note 3.

<sup>8</sup> Y.J., Docket No. 08-1167 (issued October 7, 2008); *A.D.*, 58 ECAB 149 (2006); *D'Wayne Avila*, 57 ECAB 642 (2006).

<sup>9</sup> J.J., Docket No. 09-0027 (issued February 10, 2009); *Michael S. Mina*, 57 ECAB 379 (2006).

<sup>10</sup> I.J., 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

of injury,<sup>11</sup> nor did he specifically address whether the accepted employment incident had caused or aggravated the diagnosed medical condition.<sup>12</sup>

The record also contains Dr. Patel's June 8, 2016 disability certificate finding appellant totally disabled and his June 8, 2016 office visit summary which diagnosed bilateral knee pain, right initial lateral condyle fracture, and subsequent right lateral condyle fracture. However, again Dr. Patel offered no medical explanation regarding the cause of these diagnosed conditions. The Board has found that a physician must provide a narrative description of the identified employment incident and a reasoned opinion as to whether the incident caused or contributed to the diagnosed medical conditions.<sup>13</sup> Lacking a proper medical explanation of causal relationship, Dr. Patel's reports are of limited probative value and insufficient to meet appellant's burden of proof.<sup>14</sup>

The record also contains a May 27, 2016 MRI scan of appellant's right knee. However, diagnostic test results are of limited probative value as they fail to provide an opinion addressing whether the diagnosed conditions were caused or aggravated by the accepted employment incident.<sup>15</sup>

As there is no probative, rationalized medical evidence addressing how appellant's claimed knee conditions were caused or aggravated by the accepted May 13, 2016 employment incident, he has not met his burden of proof.

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 his burden of proof to establish knee injuries causally related to the accepted May 13, 2016 employment incident.

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<sup>11</sup> *L.G.*, Docket No. 09-1692 (issued August 11, 2010); *James R. Taylor*, 56 ECAB 537 (2005) (medical opinions based on an incomplete history or which are speculative or equivocal in character have little probative value).

<sup>12</sup> *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *A.D.*, 58 ECAB 149 (2006); *Ellen L. Noble*, 55 ECAB 530 (2004) (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).

<sup>13</sup> See *B.D.*, Docket No. 17-0402 (issued June 12, 2017).

<sup>14</sup> *Franklin D. Haislah*, 52 ECAB 457 (2001); *Jimmie H. Duckett*, 52 ECAB 332 (2001) (medical reports not containing rationale on causal relationship are entitled to little probative value).

<sup>15</sup> *R.E.*, Docket No. 10-0679 (issued November 16, 2010); *K.W.*, 59 ECAB 271 (2007); *Jaja K. Asaramo*, 55 ECAB 200 (2004).

**ORDER**

**IT IS HEREBY ORDERED THAT** the decision of the Office of Workers' Compensation Programs dated May 2, 2017 is affirmed.

Issued: October 19, 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