

subject when he fell on his knees and right elbow. He noted knee and right elbow abrasions. Appellant did not stop work. No medical evidence was submitted with the claim.

In a development letter dated March 1, 2016, OWCP requested that appellant provide factual and medical evidence in support of his claim. Appellant was provided 30 days to submit the requested information.

On March 7, 2016 discharge instructions and patient education material from Martin Health Systems, TMC Emergency room dated were received.

By decision dated April 6, 2016, OWCP denied appellant's claim as the medical component of fact of injury had not been established. It found that he had not established a medical diagnosis causally related to the accepted employment incident.

On April 25, 2016 OWCP received appellant's April 19, 2016 request for reconsideration.

In a March 7, 2016 Martin Health Systems provider report, Dr. Jonathan J. Polhemus, a Board-certified family practitioner, noted appellant's history of injury at work two weeks prior and that he had experienced increasing right knee pain over the weekend while playing with his children. Dr. Polhemus explained that appellant had not sustained any new injury since the employment incident. Appellant's physical examination findings were noted including right knee tenderness to inferior bursa and mild tenderness to lateral collateral inferior insertion site "but no[t] obviously with this injury." X-rays of appellant's right knee revealed no acute fracture, dislocation or focal bone lesion. A right knee strain was diagnosed and a follow-up with an orthopedist was recommended. A copy of the March 7, 2016 x-ray report was provided.

By decision dated July 27, 2016, OWCP modified the prior decision to reflect that appellant had established a medical diagnosis, but denied the claim as the medical evidence of record was insufficient to establish causal relationship between the diagnosed right knee condition and the accepted employment incident.

LEGAL PRECEDENT

An employee seeking benefits under FECA² 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 each and every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.⁴

² *Id.*

³ *Joe D. Cameron*, 41 ECAB 153 (1989).

⁴ *See Irene St. John*, 50 ECAB 521 (1999); *Michael E. Smith*, 50 ECAB 313 (1999).

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 he actually experienced the employment incident at the time, place, and in the manner alleged. Second, the employee must submit medical evidence to establish that the employment incident caused a personal injury.⁵

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 incident. 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 incident identified by the claimant.⁶

ANALYSIS

The Board finds that appellant has not established that his right knee strain was causally related to the accepted February 22, 2016 employment incident.

OWCP accepted that the February 22, 2016 work incident occurred as alleged and that appellant has been diagnosed with a right knee strain. It denied the claim, however, as the medical evidence of record failed to establish causal relationship between the February 22, 2016 employment incident and the right knee condition.

In a March 7, 2016 medical report, Dr. Polhemus provided a history of injury similar to appellant's account of the work incident. He noted examination and x-ray findings and diagnosed right knee strain. Dr. Polhemus however failed to provide a rationalized medical statement explaining how appellant's fall on February 22, 2016 physiologically caused his diagnosed condition.⁷ This is important in light of the fact that appellant did not seek medical care for two weeks after the incident and only sought medical care after experiencing increasing knee pain while playing with his children. The Board has held that 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.⁸ Accordingly, Dr. Polhemus' March 7, 2016 medical report is of limited probative value.

⁵ *T.H.*, 59 ECAB 388 (2008).

⁶ *See E.B.*, Docket No. 17-1862 (issued January 12, 2018).

⁷ *C.S.*, Docket No. 17-1267 (issued December 18, 2017).

⁸ *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *J.F.*, Docket No. 09-1061 (issued November 17, 2009); *A.D.*, 58 ECAB 149 (2006).

The diagnostic testing of record is of diminished probative value as this report does not contain a physician's opinion specifically addressing whether appellant's employment incident caused or aggravated a diagnosed medical condition.⁹

The other evidence of record, such as the discharge instructions and patient education materials are of limited probative value as they are general in nature and not specific to appellant.¹⁰

An award of compensation may not be based on surmise, conjecture, speculation, or on the employee's own belief of causal relationship.¹¹ Appellant's honest belief that the February 22, 2016 employment incident caused a right knee injury, however sincerely held, does not constitute medical evidence necessary to establish causal relationship.¹² As appellant has failed to provide a rationalized medical opinion sufficient to establish causal relationship between his diagnosed condition and the accepted February 22, 2016 employment incident, he has failed to meet 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 that his right knee condition was causally related to the accepted February 22, 2016 employment incident.

⁹ S.A., Docket No. 16-1128 (issued November 24, 2017).

¹⁰ C.S., Docket No. 16-0880 (issued March 6, 2017).

¹¹ D.D., 57 ECAB 734 (2006).

¹² S.H., Docket No. 17-1447 (issued January 11, 2018).

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated July 27, 2016 is affirmed.

Issued: March 20, 2018
Washington, DC

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

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

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