

FACTUAL HISTORY

On May 2, 2017 appellant, then a 44-year-old lead library technician, filed a traumatic injury claim (Form CA-1) alleging that on April 25, 2017 he sustained a right knee condition when pulling/pushing a tub of 407 books while in the performance of duty. He stopped work that day and returned to work on May 1, 2017.

In a development letter dated May 4, 2017, OWCP informed appellant that the evidence of record was insufficient to establish his claim. It advised him of the medical and factual evidence required to establish his claim. Appellant was afforded 30 days to submit the requested information.

In an April 25, 2017 emergency room report, Dr. Natasha Yvonne Powell, a Board-certified emergency room physician, provided physical findings, noted appellant's subjective complaints, and diagnosed "right knee injury."

A duty status report (Form CA-17) dated April 26, 2017 diagnosed a right knee strain and noted an injury date of April 25, 2017.³

An April 26, 2017 x-ray of appellant's right knee found no dislocation or fracture, no joint effusion, and no suspicious radio densities.

An April 27, 2017 note, signed by Y. Taylor, a nurse practitioner, indicated that appellant was seen that day, and related that he would be disabled from work until April 30, 2017.

By decision dated June 5, 2017, OWCP denied appellant's traumatic injury claim finding that the evidence of record was insufficient to establish that the employment incident occurred as alleged. It further found that the medical evidence of record was insufficient to establish a medical diagnosis in connection with the alleged incident.

On June 20, 2017 appellant requested reconsideration.

By decision dated July 26, 2017, OWCP affirmed the June 5, 2017 decision, as modified. It found that the evidence at the time of the May 4, 2017 development letter was in fact sufficient to establish that the April 25, 2017 incident had occurred as alleged. However, OWCP noted that pain was not a diagnosis and the record contained no diagnosis of a medical condition in connection with the accepted April 25, 2017 incident.

In a report dated October 16, 2017, Dr. Steven C. Saddler, Board-certified in orthopedic surgery and sports medicine, diagnosed right knee patella chondromalacia.

On April 18, 2018 appellant, through counsel, requested reconsideration.

In support of the reconsideration request, appellant submitted an April 10, 2018 report by Dr. Saddler who noted that he had treated appellant for a right knee injury since May 9, 2017. He described this injury as occurring on April 25, 2017 while he was at work and "pushing a child." Physical examination findings from May 9, 2017 included right knee medial joint line tenderness,

³ The signature on the form is illegible.

mild effusion, and positive McMurray sign. A review of an x-ray interpretation revealed some mild patellar tilting. A magnetic resonance imaging (MRI) scan was performed as appellant continued to have right knee swelling, pain, and catching and locking. Dr. Saddler reviewed the MRI scan which showed some patellofemoral chondrosis and lateral patellar tracking. He noted that appellant's chondrosis and patella maltracking were preexisting conditions, which he opined had been exacerbated by the April 25, 2017 employment incident.

By decision dated June 28, 2018, OWCP denied modification of the July 26, 2017 decision finding that Dr. Saddler's opinion was insufficient to establish causal relationship as it was based on an inaccurate factual history.

On August 22, 2018 appellant, through counsel, requested reconsideration. In support of the request, counsel submitted Dr. Saddler's April 10, 2018 report, which had been revised to describe the incident as pushing a tub at work instead of pushing a child at work. The remainder of the report remained unchanged. Dr. Saddler again opined that the April 25, 2017 employment incident exacerbated appellant's preexisting right knee chondrosis and patella maltracking.

By decision dated August 29, 2018, OWCP denied reconsideration of the merits of the claim.

On October 22, 2018 appellant, through counsel, again requested reconsideration. In support his request, counsel resubmitted Dr. Saddler's revised April 10, 2018 report. He asserted OWCP erred in its August 29, 2018 decision as it had not properly reviewed the corrected April 10, 2018 report from Dr. Saddler.

By decision dated November 14, 2018, OWCP denied modification finding that, while Dr. Saddler's corrected April 10, 2018 report was new and relevant evidence, he had not provided sufficient medical rationale explaining how the accepted April 25, 2017 employment incident had caused or aggravated the diagnosed medical condition.

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,⁴ that an injury was sustained in the performance of duty as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.⁵ These are the essential elements of each and every compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.⁶

⁴ *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁵ *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁶ *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

To determine if an employee has sustained a traumatic injury in the performance of duty, OWCP begins with an analysis of whether fact of injury has been established. 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 allegedly occurred.⁷ The second component is whether the employment incident caused a personal injury.⁸

Causal relationship is a medical issue, and the medical evidence required to establish causal relationship is rationalized medical evidence.⁹ The opinion of the physician must be based on a complete factual and medical background, 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.¹⁰

In any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship therefore involves aggravation, acceleration or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.¹¹

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a right knee condition causally related to the accepted April 25, 2017 employment incident.

The record contains an April 10, 2018 report from Dr. Saddler diagnosing right knee patella maltracking and chondrosis. This report, however, provided an inaccurate history of injury. Dr. Saddler reported that the condition resulted from appellant pushing a child while at work, but OWCP had accepted that appellant was pulling/pushing a tub of 407 books on April 25, 2017, as he noted on his CA-1 form. The Board has held that medical reports must be based on a complete and accurate factual and medical background. Medical opinions based on an incomplete or inaccurate history are of limited probative value.¹² Therefore, this report from Dr. Saddler is insufficient to establish causal relationship.

In a revised report dated April 25, 2018, Dr. Saddler noted an accurate history of the accepted incident, relating that appellant pushed a tub at work. The remainder of the report was unchanged. Dr. Saddler again diagnosed preexisting right knee chondrosis and patella maltracking, which he opined had been exacerbated or aggravated by the accepted April 25, 2017 employment incident. However, his mere recitation of appellant's history is insufficient to establish a causal relationship between an accepted employment incident and the diagnosed

⁷ *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁸ *M.H.*, Docket No. 18-1737 (issued March 13, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

⁹ *G.N.*, Docket No. 18-0403 (issued September 13, 2018); *Jacqueline M. Nixon-Steward*, 52 ECAB 140 (2000).

¹⁰ *S.S.*, Docket No. 18-1488 (issued March 11, 2019).

¹¹ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3(e) (January 2013).

¹² *A.W.*, Docket No. 17-0285 (issued May 25, 2018); *C.L.*, Docket No. 14-1585 (issued December 16, 2014); *Douglas M. McQuaid*, 52 ECAB 382 (2001).

conditions.¹³ Without explaining how, physiologically, the accepted employment incident caused or contributed to the diagnosed conditions, Dr. Saddler's report is of limited probative value.¹⁴ This is especially important because he diagnosed preexisting right knee conditions.¹⁵ Therefore, this revised report of Dr. Saddler is insufficient to establish appellant's claim.

Dr. Saddler, in an October 16, 2017 report, diagnosed right knee patella chondromalacia, but provided no opinion on causal relationship. In an April 25, 2017 report, Dr. Powell diagnosed a right knee strain without addressing causal relationship. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.¹⁶ These reports therefore are insufficient to establish appellant's claim.

Appellant also submitted diagnostic studies to the record. However, diagnostic studies lack probative value as they do not address whether an employment incident caused the diagnosed condition.¹⁷

The record also contains April 26, 2017 duty status report (Form CA-17) containing an illegible signature and an April 27, 2017 note from a physician assistant. These reports are insufficient to establish the claim. A report that is unsigned or bears an illegible signature lacks proper identification and cannot be considered probative medical evidence as the author cannot be identified as a physician.¹⁸ Furthermore, a report from a physician assistant has no probative medical value in establishing a claim because such a healthcare provider is not considered a "physician" as defined under FECA.¹⁹ Consequently, these medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits.²⁰

As appellant has not submitted a rationalized medical opinion establishing that his diagnosed condition is causally related to the accepted April 25, 2017 employment incident, the Board finds that he has not met his burden of proof to establish an employment-related traumatic injury.

On appeal counsel asserts that OWCP failed to properly adjudicate the causation issue. In addition, he also asserts that OWCP failed to defer to findings from appellant's treating physician.

¹³ *N.W.*, Docket No. 19-0167 (issued June 21, 2019); *J.G.*, Docket No. 17-1382 (issued October 18, 2017).

¹⁴ *N.W.*, *id.* *A.B.*, Docket No. 16-1163 (issued September 8, 2017).

¹⁵ *See supra* note 11; *M.C.*, Docket No. 18-0361 (issued August 15, 2018); *S.D.*, Docket No. 16-0999 (issued October 16, 2017).

¹⁶ *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹⁷ *F.S.*, Docket No. 19-0205 (issued June 19, 2019).

¹⁸ *K.C.*, Docket No. 18-1330 (issued March 11, 2019); *Thomas L. Agee*, 56 ECAB 465 (2005).

¹⁹ 5 U.S.C. § 8101(2). This subsection defines a physician as surgeons, podiatrist, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law.

²⁰ *Supra* note 11 at Chapter 2.805.3a(1) (January 2013); *see S.Y.*, Docket No. 18-1814 (issued April 18, 2019); *M.F.*, Docket No. 17-1973 (issued December 31, 2018). *K.W.*, 59 ECAB 271, 279 (2007); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006).

Contrary to counsel's assertions, OWCP properly found Dr. Saddler's reports insufficient to establish appellant's claim as he had not provided a rationalized medical opinion, based upon a proper factual and medical background, establishing causal relationship.

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 a right knee condition causally related to the accepted April 25, 2017 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the November 14, 2018 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: September 9, 2019
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