United States Department of Labor
Employees' Compensation Appeals Board

G.L., Appellant	)	
and	)	**Docket No. 18-1057**
	)	**Issued: April 14, 2020**
U.S. POSTAL SERVICE, POST OFFICE, Milwaukee, WI, Employer	)	

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
CHRISTOPHER J. GODFREY, Deputy Chief Judge
JANICE B. ASKIN, Judge
PATRICIA H. FITZGERALD, Alternate Judge

JURISDICTION

On April 26, 2018 appellant filed a timely appeal from a January 23, 2018 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUE

The issue is whether appellant has met her burden of proof to establish a right knee condition causally related to the accepted December 3, 2016 employment incident.

[1] 5 U.S.C. § 8101 *et seq*.

FACTUAL HISTORY

On December 5, 2016 appellant, then a 44-year-old city carrier, filed a traumatic injury claim (Form CA-1) alleging that on December 3, 2016 she experienced right knee pain when descending steps while in the performance of duty. She did not stop work.

The employing establishment controverted the claim by letter dated December 9, 2016, asserting that appellant had not provided medical evidence explaining how descending steps at work resulted in a right knee injury.

In a development letter dated December 9, 2016, OWCP advised appellant of the deficiencies of her claim. It requested additional factual and medical information and provided a questionnaire for her completion. OWCP afforded appellant 30 days to submit the necessary evidence.

Thereafter, appellant submitted x-rays of her right knee taken on December 5, 2016 which were interpreted by Dr. Daniel P. Malone, a Board-certified diagnostic radiologist, as normal.

A December 15, 2016 magnetic resonance imaging (MRI) scan of appellant's right knee revealed patellar chondromalacia, possible mild quadriceps suprapatellar impingement syndrome, possible minimal patellofemoral tracking disorder with reactive edema changes, and mild-to-moderate knee joint fluid.[2]

By decision dated January 9, 2017, OWCP denied appellant's traumatic injury claim. It found that the medical evidence of record was insufficient to establish causal relationship between the accepted December 3, 2016 employment incident and a diagnosed condition.

On February 8, 2017 appellant requested reconsideration of OWCP's January 9, 2017 decision. With her request, she provided reports dated December 8, 2016 through January 19, 2017 from Dr. Scott Dresden, a Board-certified family practitioner.

On December 8, 2016 Dr. Dresden evaluated appellant for complaints of right knee pain that began on December 3, 2016 when she twisted her knee inward when descending stairs at work. On physical examination, he found moderate tenderness to the suprapatellar and medial region with normal range of motion, as well as positive Thessaly and McMurray tests. Dr. Dresden diagnosed sprain of a right knee ligament. He opined that the injury was work related and that appellant could return to work with restrictions.

In a follow-up report dated December 20, 2016, Dr. Dresden reviewed the December 15, 2016 MRI scan and diagnosed sprain of a ligament of the right knee and right patellofemoral disorder. He again opined that the injury was work related and provided work restrictions. Dr. Dresden provided similar reports on January 3 and 19, 2017.

[2] The December 15, 2016 MRI scan was interpreted by Dr. Brain J. Laundre, a Board-certified diagnostic radiologist.

Appellant submitted physical therapy notes dated January 3 through 26, 2017.

A February 7, 2017 MRI scan of appellant's right knee revealed high-grade cartilage fissuring in the median ridge of the patella with subtle subchondral bone marrow signal changes in the medial facet of the patella (grade 3/4 chondromalacia); mild periligamentous edema surrounding the medial collateral ligament, which could represent a grade 1 medial collateral ligament sprain; and no meniscal tear.[3]

In a progress note dated December 21, 2016, Dr. Todd Barnhardt, a Board-certified orthopedic surgeon, evaluated appellant for complaints of right knee pain. He obtained a history of her walking down a step on December 3, 2016 and feeling sharp pain in the medial aspect of the right knee. Dr. Barnhardt noted that x-rays and a right knee MRI scan had demonstrated no medial meniscus tear, but a small area of chondromalacia of the central ridge of the patella with some subchondral bone edema. On examination, he found: palpable, but painless medial parapatellar plica; pain at the posterior median joint line and along the distal hamstring to the pes insertion; full extension and flexion to 130 degrees; and a positive McMurray test. Dr. Barnhardt diagnosed right medial knee pain and ruled out a medial meniscal tear missed on diagnostic testing, painful plica, or a painful distal hamstring insertion. He opined that the patellofemoral findings on the MRI scan were incidental.

On December 28, 2016 Dr. Barnhardt diagnosed persistent medial right knee pain, noting that the symptoms were most compatible with pes insertional tendinitis. On January 25, 2017 he diagnosed persistent right knee pain.

On February 3, 2017 Dr. Dresden diagnosed right knee sprain and acute right knee pain and indicated that the conditions were employment related.

In a progress note dated February 9, 2017, Dr. Dresden noted that appellant's pain had improved significantly "after [appellant] felt a rip while carrying her route." He diagnosed sprain of the medial collateral ligament of the right knee and advised that her injury was work related. Dr. Dresden found that appellant's work-related sprain was improving and that she had preexisting chondromalacia.

On February 16, 2017 Dr. Barnhardt indicated that appellant had experienced a new right knee injury when she was "walking at work and had a sudden searing pain in the medial aspect of the right knee." He noted that a February 7, 2017 MRI scan had revealed no effusion, but chondral abnormalities of the patella with a small amount of bone marrow edema were unchanged from the prior MRI scan. Dr. Barnhardt diagnosed persistent medial right knee pain and recommended arthroscopy. He opined that it was unlikely that appellant had a meniscal tear given the imaging studies.

In a February 23, 2017 progress report, Dr. Dresden reviewed appellant's history of an employment injury on December 3, 2016 and provided findings on examination. He diagnosed a sprain of the medial collateral ligament of the right knee and patellofemoral disorder. Dr. Dresden

[3] The February 7, 2017 MRI scan was interpreted by Dr. Leandro Espinosa, a Board-certified diagnostic radiologist.

advised that appellant had two issues, an improving employment-related sprain and preexisting chondromalacia.

By decision dated May 5, 2017, OWCP denied modification of its January 9, 2017 decision. It noted that pain is a symptom, not a diagnosis of a condition. OWCP found that appellant had not submitted sufficient rationalized medical evidence to establish causal relationship between the incident of December 3, 2016 and her diagnosed conditions.

Subsequently, appellant submitted a December 5, 2016 report from Dr. Dresden, who evaluated her for complaints of right knee pain that began on December 3, 2016 when she was delivering a parcel and felt pain while stepping off stairs. On examination of the right knee, Dr. Dresden noted mild tenderness to the suprapatellar and medial region. He diagnosed acute pain of the right knee and right patellofemoral disorder. Dr. Dresden advised that appellant's condition was employment related and opined that she could return to work with restrictions.

Appellant submitted certificates of return to work from Dr. Barnhardt dated from March 23 through August 9, 2017, which indicated that she had been seen in his office and could return to light work with restrictions.

On October 24, 2017 appellant requested reconsideration of OWCP's May 5, 2017 decision. With her request, she submitted an October 3, 2017 letter from Dr. Barnhardt who noted that he was treating her for a right knee injury causally related to her federal employment. Dr. Barnhardt discussed appellant's history of right knee pain on December 3, 2016 after descending a step. He advised that in his initial report that he had diagnosed possible meniscus pathology or painful plica syndrome. Dr. Barnhardt noted that appellant improved after an excision of entrapping medial parpatellar plica found in a diagnostic arthroscopy. He indicated that she had been consistent in relating the history of injury. Dr. Barnhardt disagreed with OWCP's finding that pain was not a diagnosis, noting that at the time "the exact structural reason for [appellant's] pain was not known" and that the "reason for appellant's pain was identified at the time of arthroscopy when the entrapping medial parapatellar plica was identified and excised." He opined that appellant's work injury caused pain within the previously existing medial parapatellar plica.

By decision dated January 23, 2018, OWCP denied modification of its May 5, 2017 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA[4] 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 of FECA,[5] that an injury was sustained while in the performance of duty as alleged, and

[4] *Supra* note 1.

[5] *S.C.*, Docket No. 18-1242 (issued March 13, 2019); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

that any disability or specific condition for which compensation is claimed is causally related to the employment injury.[6] 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.[7]

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.[8] 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.[9] The second component is whether the employment incident caused a personal injury.[10]

Causal relationship is a medical issue and the medical evidence required to establish causal relationship is rationalized medical opinion evidence. 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.[11]

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a right knee condition causally related to the accepted December 3, 2016 employment incident.

On October 3, 2017 Dr. Barnhardt advised that he was treating appellant for a right knee injury sustained as a result of her federal employment. He provided a history of her experiencing sharp right medial knee pain on December 3, 2016 walking down a step. Dr. Barnhardt opined that appellant's employment injury caused her pain in her preexisting medial parapatellar plica. However, while he found that the accepted incident of December 3, 2016 had aggravated her entrapping medial parapatellar plica, he failed to provide medical reasoning regarding how and why the accepted employment incident would cause or contribute to the diagnosed condition.[12] Without explaining, physiologically, how the specific employment incident caused or aggravated the diagnosed condition, his opinion on causal relationship is insufficient to meet appellant's burden of proof.[13]

[6] *T.H.*, Docket No. 18-1736 (issued March 13, 2019); *R.C.*, 59 ECAB 427 (2008).

[7] *T.E.*, Docket No. 18-1595 (issued March 13, 2019); *Delores C. Ellyett*, 41 ECAB 992 (1990).

[8] *S.S.*, Docket No. 18-1488 (issued March 11, 2019); *T.H.*, 59 ECAB 388 (2008).

[9] *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Bonnie A. Contreras*, 57 ECAB 364 (2006).

[10] *Id*.

[11] *See S.S.*, *supra* note 8; *H.B.*, Docket No. 18-0781 (issued September 5, 2018).

[12] *P.K.*, Docket No. 17-0151 (issued December 12, 2018).

[13] *A.S.*, Docket No. 18-1684 (issued January 23, 2020).

In a series of reports from December 5, 2016 through February 23, 2017, Dr. Dresden diagnosed a right knee sprain and acute right knee pain. He noted that appellant had twisted her right knee at work on December 3, 2016 when descending stairs. Dr. Dresden opined that her injury was employment related. On December 5, 2016 he diagnosed acute right knee pain and right patellofemoral disorder and advised that the injury was related to work. In reports dated December 20, 2016 and January 3 and 19, 2017, Dr. Dresden diagnosed a right knee ligament sprain and right patellofemoral disorder and asserted that the injury was related to employment. On February 3, 2017 he diagnosed a right knee sprain and acute right knee pain due to an employment injury. While Dr. Dresden opined in these reports that appellant's right knee condition was work related, he failed to elaborate on that opinion. As noted above, without explaining, physiologically, how the specific employment incident caused or aggravated the diagnosed condition, his opinion on causal relationship is of limited probative value and insufficient to meet her burden of proof.[14]

On December 21, 2016 Dr. Barnhardt noted that appellant had experienced right knee pain beginning December 3, 2016 when she descended a step. He diagnosed right medial knee pain and ruled out a medial meniscal tear, painful plica, or a painful distal hamstring insertion. On December 28, 2016 Dr. Barnhardt again diagnosed right knee medial pain and noted that appellant's symptoms were compatible with pes insertional tendinitis. In a January 25, 2017 progress report, he diagnosed persistent right knee pain. In the three reports Dr. Barnhardt limited his diagnosis to right knee but, pain is a symptom and not a compensable medical diagnosis.[15] Regardless, he failed to address causal relationship in his reports. The Board has held that medical evidence that does not offer an opinion regarding the cause of a diagnosed condition is of no probative value on the issue of causal relationship.[16] Therefore, these reports are insufficient to establish appellant's claim.[17]

On February 16, 2017 Dr. Barnhardt evaluated appellant for a new knee injury that had occurred when she was walking at work. He diagnosed persistent right knee medial pain. As noted, the Board has held that pain is a symptom and not a compensable medical diagnosis.[18] Further, Dr. Barnhardt failed to provide an opinion as to the cause of this pain.[19] Consequently, this report is also insufficient to satisfy appellant's burden of proof.

[14] *Id*.

[15] *See G.C.*, Docket No. 17-0537 (issued July 20, 2017).

[16] *J.M.*, Docket No. 18-0853 (issued March 9, 2020); *A.D.*, 58 ECAB 149 (2006).

[17] *Id*.

[18] *T.G.*, Docket No. 19-0904 (issued November 25, 2019).

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

Appellant submitted return to work certificates dated March 17 through August 9, 2017 from Dr. Barnhardt. In these certificates Dr. Barnhardt did not address causation and thus his findings are of no probative value on the issue of causal relationship.[20]

OWCP also received physical therapy reports, but physical therapists are not considered "physician[s]" as defined under FECA.[21] As such, these reports lack probative value and are insufficient to establish appellant's claim.[22]

The record also contains numerous x-rays and MRI scan reports of appellant's right knee, as interpreted by diagnostic radiologists. The Board has held that diagnostic tests standing alone lack probative value on the issue of causal relationship as they do not address whether the employment incident caused a diagnosed condition.[23]

As the medical evidence of record does not contain a rationalized opinion establishing causal relationship, the Board finds that appellant has not met her burden of proof.[24]

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 right knee condition causally related to the accepted December 3, 2016 employment incident.

[20] *See P.S.*, Docket No. 17-0939 (issued June 15, 2018).

[21] *See* 5 U.S.C. § 8101(2) (this subsection defines a physician as surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law); 20 C.F.R. § 10.5(t); *T.G.*, Docket No. 19-0904 (issued November 25, 2019); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006).

[22] *R.G.*, Docket No. 18-0236 (issued December 17, 2019).

[23] *See V.Y.*, Docket No. 18-0610 (issued March 6, 2020).

[24] *J.M., supra* note 16.

ORDER

IT IS HEREBY ORDERED THAT the January 23, 2018 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: April 14, 2020
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

Patricia H. Fitzgerald, Alternate Judge
Employees' Compensation Appeals Board