



aware of his condition and first realized that it was caused or aggravated by factors of his federal employment on January 30, 2019. On the reverse side of the claim form the employing establishment indicated that appellant stopped work on March 26, 2019.

A March 27, 2019 verification of treatment note signed by Dr. Jeremy Michalke, Board-certified in emergency medicine, noted that appellant was seen for left knee pain on January 30, February 11, 15, and 20, and March 12, 2019.

In an April 2, 2019 narrative statement, appellant's supervisor indicated that on March 26, 2019 appellant related that he could not continue to deliver mail because of his knee pain. Appellant indicated that his knee had been bothering him, since January 2019, and he believed his knee condition was due to years of walking and climbing. Appellant's supervisor noted that appellant's statements about where and how the injury occurred had changed multiple times.

In an April 12, 2019 development letter, OWCP informed appellant that additional factual and medical evidence were required to support his claim. It advised him of the type of factual and medical evidence necessary to establish his claim and attached a questionnaire for his completion. OWCP afforded appellant 30 days to submit the requested evidence.

In a separate development letter to the employing establishment of even date, OWCP indicated that it required additional information to determine whether appellant was eligible for FECA benefits. It listed the information needed and noted that, in the absence of a full reply, it may accept appellant's allegations as factual. OWCP afforded the employing establishment 30 days to submit the requested evidence.

An April 1, 2019 verification of treatment note signed by Dr. Alexander Choo, an orthopedic hand and upper extremity surgery specialist, indicated that appellant received medical treatment on that day. Dr. Choo opined that his left knee pain was related to his occupation as a mail carrier and he recommended holding appellant off work for two weeks.

In an April 25, 2019 attending physician's report (Form CA-20), Dr. Jerry Varghese, Board-certified in internal medicine, noted appellant's complaints of left knee pain. He noted that he was unaware if appellant had a history of a preexisting condition or injury. Appellant's current physical examination findings included tenderness along the left knee with crepitus, an x-ray of the left knee revealed arthritis, and a magnetic resonance imaging (MRI) scan revealed a meniscus tear. Dr. Varghese diagnosed left knee arthritis and left knee medial meniscus tear. He checked a box marked "yes" in response to the question whether the diagnosed conditions were caused or aggravated by an employment injury and responded that appellant's arthritis was "possibly" aggravated by walking. Dr. Varghese treated appellant with anti-inflammatories and administered a left knee injection. He noted that he treated appellant on January 30, February 11 and 20, and March 17, 2019. Dr. Varghese related that appellant's period of total disability was from April 1 to 15, 2019 and that he could resume light-duty work on April 26, 2019 with the restriction of no walking for over three hours daily.

On May 7, 2019 OWCP received an undated narrative statement from another employing establishment manager. The employing manager noted that he disagreed with appellant's allegations because appellant's statements about when and how the incident occurred and his

required work restrictions were inconsistent. The supervisor also listed appellant's required duties, which included kneeling, bending, walking, and climbing for up to six hours a day for five days a week.

On May 9, 2019 appellant completed the OWCP questionnaire. He indicated that his work-related injury occurred in December 2018 when he stood up while delivering mail and his knee locked. While he did not realize he was injured at the time, appellant noticed it later that month while delivering Christmas packages. He related that 30 days after his injury his knee began to swell, and the swelling had not dissipated. Appellant's other symptoms included excruciating pain and difficulty bending his knee. Walking up and down stairs exacerbated his symptoms while pain medication and staying off of his knee alleviated them. Appellant noted that he had no prior or similar disability or injury. He listed the employment factors of walking, delivering packages, and excessive twisting and turning of his knee as the cause of his left knee injury, and he related that he performed those activities for eight hours a day and five days a week.

By decision dated June 20, 2019, OWCP denied appellant's occupational disease claim, finding that the evidence of record failed to establish that his diagnosed conditions were causally related to his accepted factors of federal employment.

### **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,<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup>

To establish that an injury was sustained in the performance of duty in an occupational disease claim, an employee must submit the following: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.<sup>5</sup>

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<sup>2</sup> *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>3</sup> *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

<sup>4</sup> *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).

<sup>5</sup> *R.G.*, Docket No. 19-0233 (issued July 16, 2019). See also *Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994); *Victor J. Woodhams*, 41 ECAB 345 (1989).

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.<sup>6</sup> A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factors must be based on a complete factual and medical background.<sup>7</sup> 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 factors.<sup>8</sup>

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.<sup>9</sup>

### ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a left knee condition causally related to the accepted factors of his federal employment.

In support of his claim, appellant submitted a March 27, 2019 verification of treatment notes from Dr. Michalke, which listed the dates appellant was seen for left knee pain. The Board has held that pain is a symptom and not a compensable medical diagnosis.<sup>10</sup> Furthermore, Dr. Michalke offered no opinion regarding causal relationship. Medical evidence which does not offer an opinion regarding the cause of an employee's conditions is of no probative value.<sup>11</sup>

Appellant also submitted an April 1, 2019 verification of a treatment notes from Dr. Choo which indicated that he received medical treatment on that day and that his left knee pain was related to his occupation as a mail carrier. As previously noted, pain is not a compensable medical diagnosis.<sup>12</sup> Additionally, while Dr. Choo indicated, in his April 1, 2019 report, that appellant's knee pain was related to his occupation, he failed to identify specific factors of his federal employment responsible for appellant's claimed injury. To be of probative value, a physician's

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<sup>6</sup> *T.H.*, 59 ECAB 388, 393 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

<sup>7</sup> *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

<sup>8</sup> *Id.*; *Victor J. Woodhams*, *supra* note 5.

<sup>9</sup> Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013). *See R.D.*, Docket No. 18-1551 (issued March 1, 2019).

<sup>10</sup> *T.G.*, Docket No. 19-0904 (issued November 25, 2019).

<sup>11</sup> *T.K.*, 19-0055 (issued May 2, 2019); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

<sup>12</sup> *Supra* note 10.

opinion must explain the nature of the relationship between a diagnosed medical condition and appellant's specific employment factors.<sup>13</sup>

Dr. Varghese diagnosed left knee arthritis and left knee medial meniscus tear in his April 25, 2019 attending physician's report. He checked a box marked "yes" in response to the question as to whether the conditions found were caused or aggravated by employment activity, and he noted that appellant's arthritis was possibly aggravated by walking. The Board has held that when a physician's opinion on causal relationship consists only of checking "yes" to a form question, without explanation or rationale, that opinion is of diminished probative value and is insufficient to establish a claim.<sup>14</sup> A physician's opinion as to whether there was causal relationship between the diagnosed condition and the implicated employment factors must be based on a complete factual and medical background.<sup>15</sup> A medical opinion must provide an explanation of how the specific employment factors physiologically caused or aggravated the diagnosed conditions.<sup>16</sup>

As appellant has not submitted the rationalized medical evidence necessary to establish that he sustained a left knee condition causally related to the accepted factors of his federal employment, 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 a left knee condition causally related to the accepted factors of his federal employment.

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<sup>13</sup> See *supra* note 8.

<sup>14</sup> *K.G.*, Docket No. 18-1598 (issued January 7, 2020).

<sup>15</sup> *Supra* note 7.

<sup>16</sup> *T.L.*, Docket No. 18-0778 (issued January 22, 2020).

**ORDER**

**IT IS HEREBY ORDERED THAT** the June 20, 2019 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 26, 2020  
Washington, DC

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

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

Janice B. Askin, Judge  
Employees' Compensation Appeals Board