

FACTUAL HISTORY

On March 16, 2020 appellant, then a 61-year-old city carrier assistant, filed an occupational disease claim (Form CA-2) alleging that he sustained a knee fracture due to factors of his federal employment. He indicated that he first became aware of his condition on February 27, 2020 and realized it was caused or aggravated by his federal employment on March 2, 2020. On the reverse side of the claim form, appellant's supervisor indicated that appellant reported for work on February 27, 2020 already in pain. He did not stop work.

In a March 16, 2020 development letter, OWCP informed appellant that it had received no evidence in support of his occupational disease claim. It asked him to complete a questionnaire to provide further details regarding the circumstances of his claimed injury and requested a narrative medical report from his treating physician, which contained a detailed description of findings and diagnoses, explaining how his work activities caused, contributed to, or aggravated his medical conditions. OWCP afforded appellant 30 days to respond.

In medical notes dated from February 27 to March 7, 2020, Dr. Nabeel Toma, a Board-certified pediatrician, Dr. Rana Burek, Board-certified in emergency medicine, and Dr. Karishma Walvekar, Board-certified in family medicine, recommended that appellant remain off work until March 11, 2020.

In a March 2, 2020 after visit summary, Dr. Burek diagnosed right knee pain and provided treatment instructions.

Dr. Maria Crumes, a Board-certified diagnostic radiologist, in a March 7, 2020 diagnostic report, indicated that she had performed an x-ray scan of appellant's right knee. She found soft tissue swelling, a possible tiny avulsion fracture of the anterior patella and degenerative arthritis.

In a March 10, 2020 medical note, Dr. Toma diagnosed a tiny avulsion of the right patella and indicated that he referred appellant to the orthopedic clinic. He advised that appellant remain out of work through March 17, 2020.

Appellant explained, in a March 10, 2020 statement, that on February 27, 2020 he felt pain in his right leg during work and informed his supervisor that he was unable to do his job. He then left work and went to his family doctor who suggested that he take two days off from work. Appellant returned to work on March 2, 2020 and again felt pain that prevented him from delivering mail to the point where he could not lift his foot to walk. After taking additional days off, he then went to an urgent care center, where an x-ray scan of his right knee revealed a fracture.

In a letter of even date, the employing establishment controverted appellant's claim, asserting that he did not report that he fell or that he was involved in an accident at any time. It contended that he arrived to work on February 27, 2020 already in pain and requested to leave.

Dr. Labeed Nouri, a Board-certified orthopedic surgeon, indicated, in a March 13, 2020 letter, that he was treating appellant due to right knee pain and swelling and recommended light-duty work restrictions through March 30, 2020.

In a March 18, 2020 medical report, Dr. Walvekar indicated that an x-ray of appellant's right knee showed a patella fracture. In a medical note of even date, she recommended that he remain out of work through March 30, 2020.

In a March 23, 2020 response to OWCP's development questionnaire, appellant indicated that he felt pain in his right knee on February 27, 2020 and requested to leave and go to the doctor that day. When he returned to work his pain returned and he attributed the pain to walking three to four miles. By 2:00 p.m., appellant indicated that he was screaming and crying due to the pain and his daughter eventually took him to the emergency room. He described his symptoms and asserted that he had no previous right knee conditions. When describing his work duties, appellant explained that he walked about 10 miles a day and that he had fallen multiple times as well as slipped on ice. On March 2, 2020, as he was delivering mail to a house, he felt something rupture in his right leg as if something "broke or moved from its place." Appellant stated that he did not report any of his previous falls or slipping on ice because he thought everyone fell during mail delivery.

In a March 30, 2020 medical note, Dr. Walvekar recommended that appellant remain off work through April 17, 2020.

Dr. Marnix Van Holsbeeck, a Board-certified radiologist, in an April 22, 2020 diagnostic report, indicated that he performed a magnetic resonance imaging (MRI) scan of appellant's right knee, finding early signs of tricompartmental right knee osteoarthritic disease. He also noted findings at the posterior horn of the medial meniscus that likely represented an acute meniscal root tear.

On April 27, 2020 OWCP requested a narrative medical report from Dr. Nouri concerning appellant's avulsion fracture and the factors of his federal employment. It provided him with a statement of accepted facts (SOAF) and requested that he provide medical reasons as to whether or not he believed appellant's condition was caused by factors of his federal employment. OWCP allotted Dr. Nouri 30 days to respond. No response was received.

By decision dated June 8, 2020, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish a right knee condition causally related to the accepted factors of his 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,³ 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

³ *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

to the employment injury.⁴ 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.⁵

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant 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 identified employment factors.⁶

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁷ A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.⁸ 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 factor(s).⁹

ANALYSIS

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

In Dr. Walvekar's March 18, 2020 medical report, she indicated that an x-ray of appellant's right knee showed a patella fracture. 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.¹⁰ For this reason, Dr. Walvekar's March 18, 2020 medical report is insufficient to meet appellant's burden of proof.

Dr. Nouri indicated in his March 13, 2020 letter that he was treating appellant due to right knee pain and swelling and recommended light-duty work restrictions through March 30, 2020.

⁴ *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁵ *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).

⁶ *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).

⁷ *T.H.*, 59 ECAB 388, 393 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

⁸ *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

⁹ *Id.*; *Victor J. Woodhams*, *supra* note 6.

¹⁰ *S.J.*, Docket No. 19-0696 (issued August 23, 2019); *M.C.*, Docket No. 18-0951 (issued January 7, 2019); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

Similarly, in Dr. Burek's March 2, 2020 after visit summary, she diagnosed right knee pain and provided treatment instructions. The Board has consistently held that a diagnosis of "pain" does not constitute the basis for payment of compensation, as pain is a symptom not a specific diagnosis.¹¹ As Drs. Nouri and Burek did not offer a valid medical diagnosis, their medical reports are insufficient to establish appellant's claim.

Appellant also submitted multiple medical notes dated from February 27 to March 30, 2020 where Drs. Burek, Walvekar, and Toma recommended that appellant remain off work for varying lengths of time. As stated previously, 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.¹² For this reason, these medical notes are insufficient to establish appellant's claim.

The remaining medical evidence consists of diagnostic reports from Drs. Crumes and Van Holsbeeck dated March 7 and April 22, 2020, respectively. The Board has held that diagnostic tests standing alone lack probative value on the issue of causal relationship as they do not address the relationship between the accepted employment factors and a diagnosed condition.¹³ For this reason, Drs. Crumes and Van Holsbeeck's diagnostic reports are also insufficient to meet appellant's burden of proof.

As appellant has not submitted rationalized medical evidence establishing that his right knee fracture is causally related to the accepted factors of his federal employment, the Board finds that he has not met his burden of proof to establish his claim.

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 factors of his federal employment.

¹¹ *T.S.*, Docket No. 20-0343 (issued July 15, 2020); *D.H.*, Docket No. 19-0931 (issued October 2, 2019); *R.R.*, Docket No. 18-1093 (issued December 18, 2018); *A.C.*, Docket No. 16-1587 (issued December 27, 2016); *Robert Broome*, 55 ECAB 339 (2004).

¹² *Supra* note 10.

¹³ *See W.M.*, Docket No. 19-1853 (issued May 13, 2020); *L.F.*, Docket No. 19-1905 (issued April 10, 2020).

ORDER

IT IS HEREBY ORDERED THAT the June 8, 2020 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: January 29, 2021
Washington, DC

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

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

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board