

**United States Department of Labor
Employees' Compensation Appeals Board**

R.M., Appellant)	
)	
and)	Docket No. 20-0452
)	Issued: March 4, 2021
U.S. POSTAL SERVICE, POST OFFICE,)	
City of Industry, CA, Employer)	
)	

Appearances:
Alan J. Shapiro, Esq., for the appellant¹
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
JANICE B. ASKIN, Judge
PATRICIA H. FITZGERALD, Alternate Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On December 26, 2019 appellant, through counsel, filed a timely appeal from a November 5, 2019 merit decision of the Office of Workers' Compensation Programs (OWCP).²

¹ In all cases in which a representative has been authorized in a matter before the Board, no claim for a fee for legal or other service performed on appeal before the Board is valid unless approved by the Board. 20 C.F.R. § 501.9(e). No contract for a stipulated fee or on a contingent fee basis will be approved by the Board. *Id.* An attorney or representative's collection of a fee without the Board's approval may constitute a misdemeanor, subject to fine or imprisonment for up to one year or both. *Id.*; *see also* 18 U.S.C. § 292. Demands for payment of fees to a representative, prior to approval by the Board, may be reported to appropriate authorities for investigation.

² On November 20, 2019 OWCP also issued an overpayment decision. As appellant, through counsel, has not appealed from this decision, the Board will not review OWCP's November 20, 2019 overpayment decision. *See* 20 C.F.R. § 501.3.

Pursuant to the Federal Employees' Compensation Act³ (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.⁴

ISSUES

The issues are: (1) whether appellant has met her burden of proof to expand the acceptance of her claim to include left knee conditions as causally related to her accepted September 22, 2017 employment injury; (2) whether OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective May 30, 2019; and (3) whether appellant has met her burden of proof to establish continuing residuals or employment-related disability on or after May 30, 2019.

FACTUAL HISTORY

On September 22, 2017 appellant, then a 58-year-old mail clerk, filed a traumatic injury claim (Form CA-1) alleging that, on that date, she sustained injuries when she tripped and fell on her knees while in the performance of duty. OWCP accepted the claim for right knee contusion, right knee sprain, complex tear of medial meniscus, right knee, and right shoulder strain. Appellant did not stop work, but worked two to three hours modified duty per day. OWCP paid her on its supplemental rolls as of November 4, 2017 and on the periodic rolls as of July 22, 2018.

Appellant was initially treated on September 22, 2017 by Dr. Brent Harris, an osteopathic physician specializing in family medicine. Dr. Brent related that appellant presented with a history that she had fallen on both knees and had injured her right knee. He noted appellant's physical examination findings that pertinent to her right knee complaints. Appellant's right knee examination revealed tenderness at the right medial joint line, patella, medial and lateral pouches, proximal tibia, popliteal fossa, and mildly limited range of motion of the right knee. Regarding the left knee, Dr. Harris related that appellant's left knee had been examined for comparison and that her left knee was not tender at the left medial joint line or the left lateral joint line. Appellant's left patella was not subluxed and was not tender. No joint effusion was seen and the popliteal fossa was not tender. Dr. Harris concluded that appellant had sustained a right knee contusion and strain due to her fall at work.

In a November 10, 2017 report, Dr. Christopher P. DeCarlo, a physiatrist, diagnosed right shoulder bursitis and sprain, right knee contusion with medial meniscal tear, left knee medial meniscal tear. He opined that appellant's bilateral knee injuries and right shoulder pain were due to the September 22, 2017 employment injury. Dr. DeCarlo also completed a duty status report (Form CA-17) on November 10, 2017 and opined that appellant was capable of working with restrictions.

³ 5 U.S.C. § 8101 *et seq.*

⁴ The Board notes that following the November 5, 2019 decision, OWCP received additional evidence. However, the Board's *Rules of Procedure* provides: "The Board's review of a case is limited to the evidence in the case record that was before OWCP at the time of its final decision. Evidence not before OWCP will not be considered by the Board for the first time on appeal." 20 C.F.R. § 501.2(c)(1). Thus, the Board is precluded from reviewing this additional evidence for the first time on appeal. *Id.*

OWCP referred appellant, a statement of accepted facts (SOAF), and a list of questions to Dr. Jacob Rabinovich, a Board-certified orthopedic surgeon, for a second opinion evaluation to determine the nature and extent of the employment injury.

In a November 27, 2017 report, Dr. Rabinovich related appellant's history of injury and noted that appellant had returned to modified work with limited standing or walking and no kneeling or squatting, and no lifting over 35 pounds; however, as appellant worked her neck, right shoulder, left knee and right hip increased. Appellant's current complaints were recounted, which included right-sided neck stiffness, difficulty turning the neck with sharp pain, and occasionally some pain radiating into the right shoulder and forearm. Muscle spasm was noted in appellant's right shoulder rotator cuff area, with locking of the shoulder when raising above her head, limited range of motion of the right shoulder, tenderness over the right rotator cuff, and right biceps pain were noted. Burning sensation was noted in appellant's right hip. Appellant's knees were both noted to have pain with pins and needles sensation, painful range of motion, buckling, and popping and cracking. Dr. Rabinovich reviewed appellant's medical record and diagnostic studies and opined that appellant continued to suffer residuals from the accepted right knee conditions. He opined, however, that the left knee diagnosis was not related to the September 22, 2017 employment injury. Dr. Rabinovich noted that the left knee, on initial examination following the employment injury, was cited as being nontender and within normal limits. He opined that appellant could perform modified-duty work with restrictions.

In a November 30, 2017 report, Dr. Charles Herring, a Board-certified orthopedic surgeon, diagnosed left knee contusions and medial meniscus tear, right knee meniscus tear, right shoulder strain, impingement syndrome, and subacromial bursitis. He opined that the accepted fall caused appellant's contusions and meniscus tears. Dr. Herring also noted that her shoulder bursitis was a traumatic bursitis, and that the accepted injury had aggravated her subacromial impingement. He also suggested surgical intervention for appellant's knee conditions, he did not specify which knee.

In a February 14, 2018 report, Dr. DeCarlo reviewed Dr. Rabinovich's second opinion report. He related that while Dr. Rabinovich noted a history of prior industrial injury in 2013 or 2014 involving appellant's neck and right shoulder, however, this did not preclude appellant's right shoulder bursitis from being caused by the September 22, 2017 employment injury. Dr. DeCarlo also explained that he had noted in his October 19, 2017 initial examination report and in his narrative report dated November 21, 2017 that appellant's left knee did in fact show mild tenderness to palpation over the patellar tendon, with positive patellar compression. He explained that when appellant attempted to prevent herself from falling on September 22, 2017 most probably there was a torqueing motion applied to both knees thereby causing the meniscal tears in not only the right knee, but the left knee as well, therefore the left knee meniscal tear should be accepted as well. Dr. DeCarlo related that he disagreed with Dr. Rabinovich's work restrictions in so far as he did not place restrictions on appellant's twisting, bending and stooping activities. He concluded that he would recommend a functional capacity evaluation (FCE) to determine appellant's current work restrictions.

On November 28, 2018 OWCP referred appellant for an impartial medical examination with Dr. Hose Kim, a Board-certified orthopedic surgeon selected as an impartial medical examiner (IME), to resolve the conflict of medical opinion between Drs. DeCarlo and Rabinovich regarding appellant's continuing employment-related disability and medical residuals, and

whether her left knee medial meniscus condition was related to the September 22, 2017 employment injury. A June 6, 2018 statement of accepted facts (SOAFs) noted appellant's accepted conditions and that she had been working two to three hours per day, modified duty since November 2017.

On June 11, 2018 appellant underwent an OWCP-approved right knee arthroscopy for her medial and lateral meniscus tears, which Dr. Herring performed.

In a January 22, 2019 report, Dr. Kim reviewed appellant's history of injury, medical records, and the June 6, 2018 SOAF. He noted that appellant was taken off work at the time of her June 11, 2018 right knee surgery and remained off work. Dr. Kim also noted that appellant had nonindustrial mild degenerative joint disease affecting the right knee prior to the employment injury. He reported physical examination findings, including that of the shoulders and upper arms, and diagnosed status post right knee arthroscopy, partial medial and lateral meniscectomies/synovectomy/chrondroplasty, right shoulder strain and subjective complaints of left knee pain. Dr. Kim opined that no residuals remained with regards to the June 11, 2018 right knee arthroscopic procedure and appellant's right shoulder strain, which were the accepted conditions causally related to the employment-related fall of September 22, 2017. He noted an essentially normal shoulder examination, which included range of motion findings. Dr. Kim also indicated that sufficient time had passed for appellant to recover from both the employment injury and the June 11, 2018 surgical procedure. He explained that she had done well with the right knee arthroscopy and that the examination revealed no evidence of swelling or effusion and the McMurray's sign was negative.

Dr. Kim opined that appellant's left knee condition was not causally related to the September 22, 2017 employment injury. He noted that the medical records clearly indicated that when her left knee was examined by Dr. Harris on September 22, 2017, there was no swelling, ecchymosis or joint line tenderness and demonstrated normal range of motion. Dr. Kim also noted that the October 21, 2017 left knee magnetic resonance imaging (MRI) scan found no evidence of bony edema or contusion, which would be expected if she had sustained a left knee contusion. He reported that there were no objective findings on examination to substantiate her subjective complaints and she did not give her best effort with the examination.

Dr. Kim further found that appellant's complaints of limited range of motion of her knees had no specific abnormal examination findings. This was also supported by Dr. Rabinovich's examination, which took place prior to her surgery, and revealed full range of motion of both knees. For the right knee, Dr. Kim opined that there was no need for further medical treatment, there was no basis for specific physical limitations and she could resume eight-hour shifts. With regard to the left knee, he indicated that physical examination was unremarkable and that the October 21, 2017 left knee MRI scan was equivocal regarding the possibility of a tear. Dr. Kim found that there was no basis for any specific physical limitations and recommended a course of physical therapy on a nonindustrial basis. For the right shoulder, he indicated that appellant could do home exercises for stretching and strengthening. In a work capacity evaluation (Form OWCP-5c) dated February 5, 2019, Dr. Kim opined that appellant was capable of performing her usual job without restrictions.

In a letter dated April 30, 2019, OWCP proposed to terminate appellant's wage-loss compensation and medical benefits based on Dr. Kim's report. It afforded her 30 days to respond in writing if she disagreed with the proposed termination. In an undated letter, received by OWCP on May 13, 2019, appellant noted her disagreement with OWCP's proposed termination.

Appellant returned to part-time work on May 14, 2019 and full-time work on May 15, 2019.

On May 30, 2019 OWCP received the results of a March 12, 2019 FCE, performed by an occupational therapist. The FCE revealed that, while appellant was limited with her overall postures, she maintained the ability to perform full-time sedentary work with restrictions. OWCP also received, on May 30, 2019, Dr. DeCarlo's May 6, 2019 Form CA-17, which indicated that appellant could return to full-time work within the March 12, 2019 FCE restrictions and within the above parameters listed. Physical therapy notes and work status notes were also received.

By decision dated June 11, 2019, OWCP terminated appellant's wage-loss compensation and medical benefits, effective May 30, 2019, based on the special weight accorded to Dr. Kim as the IME.

On June 18, 2019 appellant, through counsel, requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review.

In a June 4, 2019 letter, Dr. DeCarlo indicated that appellant was status post right knee arthroscopic meniscal repair of June 11, 2018 and had a right ankle sprain compensatory to altered gait due to her knee injuries. He indicated that on appellant's May 6, 2019 visit she had, objectively, an antalgic gait and used her cane to ambulate. Dr. DeCarlo indicated that the right knee had full extension, but she could only flex to about 120 degrees, and she had mild quadriceps atrophy, but negative orthopedic testing. At the right ankle, there was tenderness to palpation. Dr. DeCarlo also noted that her orthotics fit appropriately, but there was tenderness along the plantar surface of the right foot. He opined that the employment-related conditions had not resolved as appellant was still within the postoperative period. Dr. DeCarlo noted that she followed-up with Dr. Herring for her postoperative visits, but he did not have Dr. Herring's May 30, 2019 report for review. He indicated that appellant still experienced pain and weakness of the right knee which necessitated the use of her cane for ambulation and balance. Dr. DeCarlo opined that appellant could return to modified work per the March 12, 2019 FCE.

On July 9, 2019 OWCP received Dr. Herring's May 30, 2019 report. Dr. Herring opined that appellant's right knee was better after the right knee partial medial meniscectomy, a right knee partial lateral meniscectomy, and synovectomy surgery. He indicated that she has mild meniscus problem and degenerative changes within the knee, which were hastened by her employment-related fall. Dr. Herring indicated that his examination revealed mild medial and lateral joint line tenderness, full extension to 0 degrees and flexion to 120 degrees without pain. Some quadriceps atrophy was noted on the right side with no patellofemoral crepitus and no instability detected. Dr. Herring recommended further aquatherapy and strengthening exercises to continue strengthening her legs. He indicated that appellant's work status should be per FCE.

In a July 30, 2019 report, Dr. DeCarlo indicated that he disagreed with Dr. Kim's opinion that appellant was capable of performing her usual job duties without restrictions. He indicated that appellant could work an eight-hour day within parameters set forth in the March 12, 2019 FCE.

A telephonic hearing was held on October 1, 2019. Appellant testified that she was working full duty. She indicated that she still had symptoms in her right knee because she had to bear more weight on the right knee to compensate for her left knee problems.

By decision dated November 5, 2019, an OWCP hearing representative affirmed the June 11, 2019 decision.

LEGAL PRECEDENT -- ISSUE 1

When an employee claims that a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.⁵

To establish causal relationship, the employee must submit rationalized medical opinion evidence.⁶ 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 accepted employment injury.⁷ The weight of medical evidence is determined by its reliability, its probative value, its convincing quality, the care of analysis manifested, and the medical rationale expressed in support of the physician's opinion.⁸

Section 8123(a) of FECA provides, in pertinent part: "If there is disagreement between the physician making the examination for the United States and the physician of the employee, the Secretary shall appoint a third physician who shall make an examination."⁹ When there are opposing reports of virtually equal weight and rationale, the case must be referred to an impartial medical specialist, pursuant to section 8123(a) of FECA, to resolve the conflict in the medical evidence.¹⁰

⁵ *D.T.*, Docket No. 20-0234 (issued January 8, 2021); *see T.E.*, Docket No. 18-1595 (issued March 13, 2019); *T.F.*, Docket No. 17-0645 (issued August 15, 2018); *Jaja K. Asaramo*, 55 ECAB 200 (2004).

⁶ *D.T.*, *id.*; *T.K.*, Docket No. 18-1239 (issued May 29, 2019); *M.W.*, 57 ECAB 710 (2006); *John D. Jackson*, 55 ECAB 465 (2004).

⁷ *D.S.*, Docket No. 18-0353 (issued February 18, 2020); *T.K.*, *id.*; *I.J.* 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁸ *Id.*

⁹ 5 U.S.C. § 8123(a).

¹⁰ *D.B.*, Docket No. 19-0663 (issued August 27, 2020).

ANALYSIS -- ISSUE 1

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include her left knee conditions as causally related to her accepted September 22, 2017 employment injury.

Dr. DeCarlo, in his November 10, 2017 and February 14, 2018 reports, diagnosed a left knee medial meniscal tear which he opined was due to the September 22, 2017 employment injury. OWCP referred appellant to Dr. Rabinovich, a Board-certified orthopedic surgeon, for a second opinion evaluation to determine the nature and extent of the employment injury. It specifically requested that Dr. Rabinovich determine whether her claim should include any current diagnosed condition, if any, which are medically connected to the September 22, 2017 employment injury. In his November 27, 2017 report, Dr. Rabinovich indicated that the left knee medial meniscus tear was not related to the September 22, 2017 employment injury as the left knee examination carried out as a comparison on September 22, 2017 was reported as nontender and the examination was within normal limits. Thus, OWCP properly determined that a conflict in medical opinion existed between Dr. DeCarlo and Dr. Rabinovich as to whether appellant's left knee meniscus tear was due to her September 22, 2017 employment injury and referred appellant to Dr. Kim for an impartial medical examination to resolve the conflict in medical evidence, pursuant to 5 U.S.C. § 8123(a).

In a January 22, 2019 report, Dr. Kim reviewed appellant's history of injury, medical records, and the June 6, 2018 SOAF. He opined that appellant's left knee condition was not causally related to the September 22, 2017 employment injury. Dr. Kim noted that the medical records clearly indicated that on September 22, 2017, when Dr. Harris examined her left knee, there was no swelling, ecchymosis or joint line tenderness and there was normal range of motion. He also noted that the October 21, 2017 left knee MRI scan found no evidence of bony edema or contusion, which would be expected if she had sustained a left knee contusion. Dr. Kim reported that the physical examination of the left knee was unremarkable with no objective findings to substantiate appellant's subjective complaints. He also noted that the October 21, 2017 left knee MRI scan was equivocal regarding the possibility of a tear. Dr. Kim concluded that there was no basis for any specific physical limitations and recommended a course of physical therapy on a nonindustrial basis.

Dr. Kim provided an accurate history of the September 22, 2017 employment injury and reviewed her medical records, noting that the October 21, 2017 left knee MRI scan was equivocal regarding the possibility of a tear and the medical record on the date of injury was essentially normal. He also performed a thorough clinical examination and indicated that her physical examination was unremarkable. Thus, based on lack of objective findings, Dr. Kim found that there was no basis for any specific physical limitations and that any medical treatment such as physical therapy would be on a nonindustrial basis. The Board finds that Dr. Kim provided a well-rationalized opinion based on a complete factual background, a review of the medical record and physical examination findings.¹¹ Dr. Kim's opinion that appellant's left knee condition and any

¹¹ See *D.G.*, Docket No. 19-1259 (issued January 29, 2020); see also *D.T.*, Docket No. 10-2258 (issued August 1, 2011); *Gloria J. Godfrey*, 52 ECAB 486 (2001).

medical treatment is not causally related to the accepted employment injury is entitled to special weight of the weight of the evidence.¹² No further evidence pertaining to a left knee condition was received following Dr. Kim's evaluation.

As appellant has not submitted rationalized medical evidence establishing a causal relationship between her diagnosed left knee condition and the accepted September 22, 2017 employment injury, she has not met her 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.

LEGAL PRECEDENT -- ISSUE 2

Once OWCP accepts a claim and pays compensation, it has the burden of proof to justify modification or termination of an employee's benefits.¹³ After it has determined that, an employee has disability causally related to his or her federal employment, OWCP may not terminate compensation without establishing that the disability has ceased or that it is no longer related to the employment.¹⁴ Its burden of proof includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.¹⁵

The right to medical benefits for an accepted condition is not limited to the period of entitlement for disability.¹⁶ To terminate authorization for medical treatment, OWCP must establish that appellant no longer has residuals of an employment-related condition, which would require further medical treatment.¹⁷

Section 8123(a) provides that, if there is disagreement between the physician making the examination for the United States and the physician of the employee, the Secretary shall appoint a third physician who shall make an examination.¹⁸ When there are opposing reports of virtually

¹² See *D.S.*, Docket No. 19-1698 (issued June 18, 2020).

¹³ *D.B.*, Docket No. 19-0663 (issued August 27, 2020); *D.W.*, Docket No. 18-0123 (issued October 4, 2018); *S.F.*, 59 ECAB 642 (2008); *Kelly Y. Simpson*, 57 ECAB 197 (2005); *Paul L. Stewart*, 54 ECAB 824 (2003).

¹⁴ *A.G.*, Docket No. 19-0220 (issued August 1, 2019); *I.J.*, 59 ECAB 408 (2008); *Elsie L. Price*, 54 ECAB 734 (2003).

¹⁵ *G.H.*, Docket No. 18-0414 (issued November 14, 2018); *Del K. Rykert*, 40 ECAB 294, 295-96 (1988).

¹⁶ *L.W.*, Docket No. 18-1372 (issued February 27, 2019); *Furman G. Peake*, 41 ECAB 361, 364 (1990).

¹⁷ *R.P.*, Docket No. 18-0900 (issued February 5, 2019); *Calvin S. Mays*, 39 ECAB 993 (1988).

¹⁸ 5 U.S.C. § 8123(a); *L.T.*, Docket No. 18-0797 (issued March 14, 2019); *Shirley L. Steib*, 46 ECAB 309, 317 (1994).

equal weight and rationale, the case must be referred to an impartial medical specialist, pursuant to section 8123(a) of FECA, to resolve the conflict in the medical evidence.¹⁹

ANALYSIS -- ISSUE 2

The Board finds that OWCP did not meet its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective May 30, 2019.

OWCP accepted appellant's claim for right knee contusion, right knee sprain, complex tear of medial meniscus, right knee, and right shoulder strain. It determined that a conflict in medical opinion had been created between Dr. DeCarlo, appellant's treating physician, and Dr. Rabinovich, an OWCP second opinion physician, and referred appellant to Dr. Kim, an IME. However, at the time of the referral, a conflict in medical opinion did not exist with regard to appellant's accepted right knee and right shoulder conditions. Dr. DeCarlo had opined that appellant continued to suffer from residuals from her accepted employment-related conditions and that she could work with restrictions. Dr. Rabinovich also found that appellant continued to suffer residuals of her employment injury and he related subjective and objective findings regarding the right knee and right shoulder. While he did not specifically list appellant's current diagnoses related to her accepted right shoulder conditions, he did find that she had residual findings on examination of the right shoulder. Dr. Rabinovich also opined that she could not return to full-duty work, but rather that she could work with restrictions. The referral to Dr. Kim is therefore considered to be for a second opinion evaluation.²⁰ Appellant subsequently underwent an OWCP-approved right knee arthroscopy for her medial and lateral meniscus tears, which Dr. Herring performed.

In his January 22, 2019 report, Dr. Kim noted his review of the SOAF and the medical record, including the June 11, 2018 right knee surgery. He noted that appellant had nonindustrial preexisting mild degenerative joint disease of the right knee. Upon examination of appellant's right knee, Dr. Kim observed no evidence of swelling or effusion and the McMurray's sign was negative on examination. He indicated that appellant had done well with the right knee arthroscopy. Dr. Kim also found that appellant's complaints of limited range of motion of her knees had no specific abnormal examination findings. He concluded that there was no need for further medical treatment of appellant's right knee, there was no basis for specific physical limitations and she could resume eight-hour shifts. For the right shoulder, Dr. Kim indicated that appellant could do home exercises for stretching and strengthening. Thus, he opined, in a Form OWCP-5c, that appellant was capable of performing her usual job without restrictions.

The Board finds that OWCP has not met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective May 30, 2019, as there remains an unresolved

¹⁹ *D.B.*, *supra* note 13.

²⁰ *See S.M.*, Docket No. 19-0397 (issued August 7, 2019) (the Board found that at the time of the referral for an IME there was no conflict in medical opinion evidence; therefore, the referral was for a second opinion examination); *see also Cleopatra McDougal-Saddler*, 47 ECAB 480 (1996) (the Board found that, as there was no conflict in medical opinion evidence, the report of the physician designated as the IME was not afforded the special weight of the evidence, but instead considered for its own intrinsic value as he was a second opinion specialist).

conflict in medical evidence.²¹ Specifically, a conflict of medical opinion exists between Dr. DeCarlo and Dr. Kim with regard to the residuals and disability of appellant's accepted right knee and right shoulder conditions. As there remains an unresolved conflict in the medical evidence regarding the residuals and disability with respect to the accepted right knee and right shoulder conditions, OWCP did not meet its burden of proof to terminate appellant's wage-loss and medical benefits for her accepted conditions.

CONCLUSION

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include her left knee conditions as causally related to her accepted September 22, 2017 employment injury. The Board further finds that OWCP did not meet its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective May 30, 2019.²²

ORDER

IT IS HEREBY ORDERED THAT the November 5, 2019 decision of the Office of Workers' Compensation Programs is affirmed in part and reversed in part.

Issued: March 4, 2021
Washington, DC

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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

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

²¹ See *C.R.*, Docket No. 19-1132 (issued October 1, 2020).

²² In light of the Board's disposition of Issue 2, Issue 3 is rendered moot.