

and an inability to completely bear weight on the left leg by the end of her shift. Appellant noted that she first became aware of her condition on February 15, 2022 and its relation to her federal employment on March 22, 2022. She stopped work on March 24, 2022.

In an attached statement dated April 11, 2022, appellant explained that she began experiencing pain in her left knee in February 2022, and while working on March 22, 2022 the pain in her knee worsened to the point that she was unable to bear weight. She noted that she visited the emergency room that day, was prescribed a knee brace and crutches, and was given restrictions of no weight-bearing activities until she was cleared by a physician. Appellant asserted that her work duties are historically associated with knee injuries. She noted that she worked 8 to 10 hours a day, standing and walking on concrete floors. A left knee magnetic resonance imaging (MRI) scan of even date revealed a radial tear of the medial meniscus and mild-to-moderate tricompartmental osteoarthritis.

In an April 12, 2022 development letter, OWCP informed appellant of the deficiencies of her claim. Specifically, it advised her of the type of factual and medical evidence needed to establish her claim and provided a factual questionnaire for her completion. In a separate development letter of even date, OWCP requested that the employing establishment provide comments from a knowledgeable supervisor regarding the accuracy of her allegations. It afforded both parties 30 days to respond.

A March 22, 2022 note by Dr. Peter Samuel, a Board-certified emergency medicine specialist, indicated that appellant could return to work with restrictions of no weight-bearing on the left knee until evaluated by a doctor.

In a statement dated March 23, 2022, appellant noted that there was no specific incident that caused her injury. She asserted that she began experiencing pain and swelling while working in February 2022, which progressed until she was eventually treated at the emergency room on March 22, 2022.

OWCP also received a duplicate copy of the April 11, 2022 left knee MRI scan.

In a May 3, 2022 response to OWCP's development questionnaire, the employing establishment asserted that appellant had not reported her claimed injury or any related employment incidents prior to March 24, 2022. It contended that she provided a statement wherein she was unable to describe the alleged injury or incident and had not established causation. The employing establishment concluded that appellant had been trained on proper safety protocol and the use of ergonomic devices and, thus, had not substantiated her claim.

By decision dated May 13, 2022, OWCP denied appellant's occupational disease claim, finding that the evidence of record did not establish a causal relationship between the accepted factors of her federal employment and her diagnosed left knee condition.

LEGAL PRECEDENT

An employee seeking benefits under FECA² 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, that an injury was sustained while in the performance of duty as alleged, and that any disability and/or specific condition for which compensation is claimed are causally related to the employment injury.³ 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.⁴

An occupational disease is defined as a condition produced by the work environment over a period longer than a single workday or shift.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 employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant.⁶

Causal relationship is a medical issue, and the medical evidence required to establish causal relationship is rationalized medical opinion evidence.⁷ Rationalized medical opinion evidence is medical evidence which includes a physician’s rationalized opinion on the issue of whether there is a causal relationship between the claimant’s diagnosed condition and the implicated employment factors.⁸ 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 factors identified by the claimant.⁹

² *Supra* note 1.

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

⁴ *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).

⁵ 20 C.F.R. § 10.5(q).

⁶ *Solomon Polen*, 51 ECAB 341 (2000).

⁷ *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *T.H.*, 59 ECAB 388, 393 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

⁸ *Supra* note 6

⁹ *M.V.*, Docket No. 18-0884 (issued December 28, 2018); *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

ANALYSIS

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

In support of her claim, appellant submitted a March 23, 2022 note by Dr. Samuel providing work restrictions. The Board has held that a report that does not address causal relationship is of no probative value.¹⁰ Thus, Dr. Samuel's medical note is insufficient to establish appellant's claim.

Appellant also submitted an April 11, 2022 MRI scan of her left knee. The Board has held that diagnostic studies, standing alone, lack probative value and are insufficient to establish the claim.¹¹ Consequently, this evidence is also insufficient to establish appellant's claim.

CONCLUSION

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

¹⁰ *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹¹ *See B.R.*, Docket No. 21-1109 (issued December 28, 2021); *J.K.*, Docket No. 20-0591 (issued August 12, 2020); *A.B.*, Docket No. 17-0301 (issued May 19, 2017).

ORDER

IT IS HEREBY ORDERED THAT the May 13, 2022 merit decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 22, 2022
Washington, DC

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

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

James D. McGinley, Alternate Judge
Employees' Compensation Appeals Board