

FACTUAL HISTORY

This case has previously been before the Board.³ The facts and circumstances as set forth in the Board's prior decision are incorporated herein by reference. The relevant facts are as follows.

On October 31, 2016 appellant, then a 34-year-old mechanic, filed an occupational disease claim (Form CA-2) alleging that he sustained a left knee condition due to factors of his federal employment. He explained that, as he was performing his usual daily work duties, including cleaning up bays, he slipped on a wet floor and injured his left knee. Appellant asserted that he experienced a burning sensation in his left knee that caused it to become swollen and weak. He noted that he first became aware of his condition and realized its relation to his federal employment on August 9, 2016. Appellant did not stop work.

In support of his claim, appellant submitted an October 27, 2016 sworn narrative statement asserting that on August 9, 2016 he was working in the wash rack rinsing the bays and restocking soap when he slipped and turned on metal grating, injuring his left knee. He noted that he originally injured his left knee in 2010 while working in Iraq.

In an October 25, 2016 form report, Dr. Christopher R. Mann, an osteopath, diagnosed left knee internal derangement and left knee meniscus tear.

On November 10, 2016 appellant underwent a left knee magnetic resonance imaging (MRI) scan which demonstrated a linear posterior horn medial meniscal tear with superior and inferior articular surface extension, stage II chondromalacia throughout the knee, knee effusion, and bone edema and acute irritation within the medial femoral condyle.

By decision dated December 19, 2016, OWCP denied appellant's claim. It found that the August 9, 2016 employment incident occurred as alleged, but denied the claim finding that the medical evidence of record was insufficient to establish a medical diagnosis in connection with the accepted incident. OWCP concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

OWCP continued to receive medical evidence.

On October 25, 2016 Dr. Mann examined appellant due to left knee swelling, weakness, and locking up. He noted that appellant reported that appellant was performing his regular duties on August 9, 2016 when his left knee "gave-way." Dr. Mann indicated that appellant had been stepping over or around the frame of a large vehicle when appellant twisted his left knee. He further noted that appellant had a previous knee injury on July 18, 2010 while working in Iraq. Dr. Mann opined that appellant's current condition was an aggravation of a preexisting condition, and that he received no treatment at the time of the original injury in 2010. He diagnosed left knee internal derangement and left knee meniscus tear. In a note dated December 13, 2016, Dr. Mann repeated his prior diagnoses.

³ Docket No. 19-1499 (issued January 27, 2020).

On May 8, 2017 appellant requested reconsideration of the December 19, 2016 decision.

By decision dated June 13, 2017, OWCP denied modification of the December 19, 2016 decision.⁴

On January 23, 2018 appellant requested reconsideration of the June 13, 2017 decision. He submitted a December 20, 2017 report from Dr. Mann, who indicated that he was aware that appellant was working in the wash rack and that appellant slipped on the wet floor while walking around the large vehicle, which he worked on as a mechanic. Dr. Mann noted that appellant was getting up and down and twisting his left knee. He opined that appellant sustained a significant left knee injury while performing his regular job at the employing establishment on August 9, 2016. Dr. Mann found that appellant had sustained significant injury to the structures of the left knee that he did not have prior to this incident. He also noted that this was an aggravation of a preexisting injury that appellant first sustained at work on July 19, 2010.

By decision dated March 30, 2018, OWCP denied modification of the June 13, 2017 decision.

On September 20, 2018 appellant requested reconsideration of the March 30, 2018 OWCP decision. He provided April 30 and May 2, 2018 witness statements from coworkers who asserted that his July 2010 injury was to his left knee. Both noted that, when appellant returned to work, he drove heavy vehicles with a brace on his left knee.

In an August 22, 2018 report, Dr. Mann asserted that appellant sustained an acute injury on August 9, 2016. He again asserted that appellant sustained an acute traumatic “slip and twist” at work on August 9, 2016 that resulted in left knee meniscus tear and left knee internal derangement. Dr. Mann noted that following the July 2010 injury appellant was allowed to drive with a brace on his left knee and that the contemporaneous medical records inaccurately referenced his right knee.

By decision dated December 20, 2018, OWCP modified the March 30, 2018 decision to find that appellant had established a diagnosed medical condition in connection with the accepted employment incident; however, the claim remained denied as the medical evidence of record was insufficient to establish causal relationship between the diagnosed left knee condition and the accepted August 9, 2016 employment incident.

On March 13, 2019 appellant requested reconsideration of the December 20, 2018 OWCP decision and submitted additional evidence. In a January 3, 2019 report, Dr. Mann repeated that appellant’s left knee “gave way” during a slip and twist injury at work. He opined that the diagnosed condition was due to the accepted employment incident.

By decision dated March 20, 2019, OWCP modified the prior decision to again find that appellant had not established that the employment incident occurred in the performance of duty on

⁴ OWCP noted that appellant’s claim had been adjudicated as a traumatic injury rather than an occupational disease, as he had described a single incident instead of a condition that developed over a period of time.

August 9, 2016 as alleged. Thus, it concluded that the requirements had not been met to establish an injury as defined by FECA.

On July 3, 2019 appellant appealed to the Board. By decision dated January 27, 2020, the Board found that he had established that the August 9, 2016 employment incident actually occurred and remanded the case for consideration of the medical evidence. The Board directed OWCP to issue a *de novo* decision addressing whether appellant has met his burden of proof to establish a medical condition causally related to the accepted August 9, 2016 employment incident.⁵

By decision dated May 18, 2020, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish that the diagnosed medical condition was causally related to the accepted employment incident.⁶

On November 25, 2020 appellant requested reconsideration.

In support of this request, appellant submitted a November 2, 2020 note, wherein Dr. Mann asserted that his prior reports were sufficient to meet appellant's burden of proof to establish a traumatic left knee injury.

By decision dated February 4, 2021, OWCP denied modification of its prior decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA⁷ has the burden of proof to establish the essential elements of his or her claim, including 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 of FECA,⁸ 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.⁹ 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.¹⁰

⁵ *Id.*

⁶ By decision dated July 13, 2020, OWCP revised and reissued the May 18, 2020 decision as it was mailed to an incorrect address.

⁷ *Supra* note 2.

⁸ *See J.K.*, Docket No. 20-0527 (issued May 24, 2022); *J.C.*, Docket No. 20-0882 (issued June 23, 2021); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁹ *J.K., id.*; *J.C., id.*; *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

¹⁰ *R.R.*, Docket No. 19-0048 (issued April 25, 2019); *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).

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, OWCP must first determine whether fact of injury has been established.¹¹ There are two components involved in establishing fact of injury. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time, place, and in the manner alleged.¹² Second, the employee must submit evidence, in the form of probative medical evidence, to establish that the employment incident caused a personal injury.¹³

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve.¹⁴ The opinion of the physician must be based on a complete factual and medical background of the employee, 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 factor(s) identified by the employee.¹⁵ The weight of the 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.¹⁶

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a left knee condition causally related to the accepted August 9, 2016 employment incident.

In his December 20, 2017, August 22, 2018 and January 3, 2019 reports, Dr. Mann noted that appellant's left knee injury occurred when appellant was working in the wash rack and slipped on the wet floor and twisted his left knee while walking around a large vehicle. He diagnosed left knee meniscus tear and internal derangement. Although Dr. Mann generally supported causal relationship in his reports, he did not provide medical rationale explaining how the accepted August 9, 2016 employment incident caused or contributed to the diagnosed left knee conditions. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how an employment activity could have caused or aggravated a medical condition.¹⁷ Therefore, these reports are insufficient to establish appellant's traumatic injury claim.

¹¹ *D.B.*, Docket No. 18-1348 (issued January 4, 2019); *S.P.*, 59 ECAB 184 (2007).

¹² *D.S.*, Docket No. 17-1422 (issued November 9, 2017); *Bonnie A. Contreras*, 57 ECAB 364 (2006).

¹³ *B.M.*, Docket No. 17-0796 (issued July 5, 2018); *David Apgar*, 57 ECAB 137 (2005); *John J. Carlone*, 41 ECAB 354 (1989).

¹⁴ *See J.K.*, *supra* note 8; *S.A.*, Docket No. 18-0399 (issued October 16, 2018); *see also Robert G. Morris*, 48 ECAB 238 (1996).

¹⁵ *M.V.*, Docket No. 18-0884 (issued December 28, 2018); *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

¹⁶ *J.K.*, *supra* note 8; *J.C.*, *supra* note 8; *James Mack*, 43 ECAB 321 (1991).

¹⁷ *J.D.*, Docket No. 21-1422 (issued May 24, 2022); *Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

In an October 25, 2016 report, Dr. Mann provided a history of a previous left knee injury on July 18, 2010 while working in Iraq. He found that appellant's current condition was an aggravation of a preexisting condition, and that he received no treatment at the time of the original injury in 2010. However, this report is of limited probative value as it provided an inaccurate history of injury¹⁸ and lacked a rationalized explanation of causal relationship. The Board notes that the record supports appellant's prior knee injury was to the right knee, not the left.

In notes dated October 25 and December 13, 2016, Dr. Mann diagnosed left knee internal derangement and meniscus tear. However, he did not offer an opinion on causal relationship. 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.¹⁹ For this reason, this medical evidence is insufficient to meet appellant's burden of proof.

Appellant also submitted a November 10, 2016 MRI scan. The Board has held that diagnostic studies, standing alone, lack probative value on the issue of causal relationship, as they do not provide an opinion as to whether the employment incident caused any of the diagnosed conditions.²⁰

As appellant has not submitted rationalized medical evidence establishing that his diagnosed left knee condition is causally related to the accepted August 9, 2016 employment incident, 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 left knee condition causally related to the accepted August 9, 2016 employment incident.

¹⁸ *D.W.*, Docket No. 22-0109 (issued May 17, 2022).

¹⁹ *J.D.*, *supra* note 17; *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).

²⁰ *See L.B.*, Docket No. 21-0353 (issued May 23, 2022); *K.C.*, Docket No. 20-1325 (issued May 5, 2021); *C.B.*, Docket No. 20-0464 (issued July 21, 2020).

ORDER

IT IS HEREBY ORDERED THAT the February 4, 2021 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 22, 2022
Washington, DC

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

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board