

³ The Board notes that, following the July 22, 2020 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.*

ISSUES

The issues are: (1) whether appellant has met her burden of proof to establish that the acceptance of her claim should be expanded to include bilateral knee osteoarthritis, chondromalacia, and meniscal tears as causally related to the accepted June 25, 2013 employment injury; (2) whether OWCP properly denied authorization for right knee arthroscopic surgery performed on April 4, 2014; and (3) whether appellant met her burden of proof to establish disability from work during the period April 16 through May 2, 2014, causally related to the accepted June 25, 2013 employment injury.

FACTUAL HISTORY

This case has previously been before the Board.⁴ The facts and circumstances set forth in the Board's prior decision and order are incorporated herein by reference. The relevant facts are as follows.

On September 6, 2013 appellant, then a 41-year-old information technology specialist, filed a traumatic injury claim (Form CA-1) alleging that she sustained injuries to her head, neck, knees, and left ankle on June 25, 2013 when she fell as she was walking to her vehicle while in the performance of duty. She stopped work on June 26, 2013 and returned to work on July 3, 2013.

In support of her claim, appellant submitted reports dated July 1 through September 11, 2013 from Dr. Rishi Bhatnagar, a Board-certified orthopedic surgeon. In his July 1, 2013 report, Dr. Bhatnagar related that appellant injured her left ankle and right knee when she fell one week prior. In the July 17, 2013 report, he again noted her history of right knee injury and related that x-rays of her knees revealed bilateral mild osteoarthritis. In his September 11, 2013 report, Dr. Bhatnagar diagnosed left ankle sprain and bilateral knee meniscal tears.

By decision dated November 14, 2013, OWCP denied the claim, finding that appellant's injury on June 25, 2013 did not arise in the performance of duty. It found that her fall on June 25, 2013 was idiopathic, noting that the fall was due to syncope and that the evidence of record was insufficient to establish that she struck an intervening object prior to landing on the ground.

By decision dated May 29, 2014, OWCP denied modification of the November 14, 2013 decision.

In a July 14, 2014 report, Dr. Scott Adams, a Board-certified orthopedic surgeon, noted that appellant was three-to-four months status post bilateral knee arthroscopy. He listed diagnoses of lateral meniscus tear, knee joint pain, and knee chondromalacia.

On August 1, 2014 OWCP received an April 4, 2014 surgical report, which related that appellant had undergone right knee arthroscopic surgery with partial lateral meniscectomy, lateral tibial plateau chondroplasty, patella and femoral trochlea, and plica excision/partial synovectomy.

On November 13, 2014 appellant, through counsel, appealed to the Board. By decision dated April 1, 2015, the Board set aside the June 25, 2013 decision, finding that OWCP improperly determined that appellant's June 25, 2013 fall was idiopathic in nature. Thus, the Board remanded

⁴ *Order Dismissing Appeal*, Docket No 15-1154 (issued October 1, 2015); Docket No. 15-255 (issued April 1, 2015).

the case for further development of the evidence, to be followed by a *de novo* decision regarding whether her fall on June 25, 2013 was sustained in the performance of duty and, if so, the nature and extent of any injury or disability that resulted.

On April 4, 2016 OWCP referred appellant, along with a statement of accepted facts (SOAF), the medical record, and a series of questions to Dr. Taghi Kimyai-Asadi, a Board-certified neurologist, for a second-opinion evaluation regarding whether appellant's June 25, 2013 fall was due to a nonoccupational injury.

In April 21 and June 21, 2016 reports, Dr. Kimyai-Asadi noted appellant's physical examination findings and indicated that she sustained a left ankle fracture due to the fall, but he also indicated that he was unable to determine the effect of the fall on her bilateral knee pathologies, as her knees became symptomatic later on.

By decision dated July 15, 2016, OWCP accepted the claim for left ankle ligament sprain. On February 7, 2017 it expanded the acceptance of the claim to include displaced avulsion fracture of the left ilium.

On March 6, 2017 OWCP received additional evidence. In a November 25, 2013 report, Dr. Michael J. Wallace, a Board-certified orthopedic surgeon, noted that appellant slipped and fell on her knees on June 25, 2013 and thereafter experienced bilateral knee symptoms. He noted that the injury occurred at work, but advised that some documents that she provided indicated that her bilateral knee conditions were likely preexisting. Dr. Wallace related that appellant reported bilateral knee pain, which was worse on the left. A review of appellant's bilateral knee magnetic resonance imaging (MRI) scans revealed bilateral knee posterior horn lateral meniscus tears and chondromalacia patellae.

In an April 1, 2014 note, Dr. Wallace explained that appellant was unable to work until further notice due to recent left knee surgery and due to her right knee surgery which was scheduled for April 2, 2014. He released her to return to work on June 2, 2014.

On April 28, 2017 appellant, through counsel, requested expansion of the acceptance of appellant's claim to include bilateral knee meniscal tears based on the April 21, 2016 reports of Dr. Kimyai-Asadi.

On May 3, 2017 appellant filed a claim for compensation (Form CA-7) for disability from work during the period April 16 through May 2, 2014.

In a June 6, 2018 letter, OWCP informed appellant of the deficiencies of her claim for expansion. It advised her of the type of additional medical evidence required to establish her claim and afforded her 30 days to provide the necessary evidence.

In a letter dated August 16, 2018, OWCP informed appellant of the deficiencies of her claim for wage-loss compensation. It advised her of the type of medical evidence required and afforded her 30 days to provide the necessary evidence. No further evidence was received.

By decision dated October 4, 2018, OWCP denied appellant's claim for wage-loss compensation for disability from work during the period April 16 through May 2, 2014.

On October 11, 2018 appellant, through counsel, requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review.

OWCP subsequently received a September 19, 2018 report from Dr. Wallace diagnosing bilateral knee chondromalacia patellae. Dr. Wallace related that he first evaluated appellant on November 25, 2013 at which time she related a June 25, 2013 work injury where she fell onto her knees and felt immediate bilateral knee pain. According to appellant, she had no knee conditions or symptoms prior to her June 25, 2013 fall. Her MRI scans revealed bilateral knee lateral meniscal tears, which Dr. Wallace opined were likely a direct result of the June 25, 2013 work trauma. Appellant underwent surgery for the lateral meniscal tears as conservative treatment had failed. Dr. Wallace explained that she was off work for a period of time due to her inability to perform her work duties and her inability to drive.

On November 2, 2018 OWCP referred appellant, together with a SOAF, the medical record, and series of questions, to Dr. Willie E. Thompson, a Board-certified orthopedic surgeon, for a second opinion evaluation with regard to her work-related conditions, need for surgery, and resultant disability.

Following a preliminary review, by decision dated December 28, 2018, OWCP's hearing representative set aside the October 4, 2018 decision and remanded the case for further development of the evidence with regard to whether the acceptance of the claim should be expanded to include bilateral knee osteoarthritis, chondromalacia, and meniscus tears. The hearing representative noted that if OWCP determined that expansion of the acceptance of the claim was warranted, it must then consider whether the April 4, 2014 surgery was medically necessary due to an accepted employment condition, and whether the accepted conditions caused any additional periods of disability.

In a report dated December 7, 2018, Dr. Thompson noted appellant's history of injury and medical treatment. He noted that she related that her condition had improved, but that she continued to have right knee and left ankle pain and swelling. Dr. Thompson reported examination findings for both knees demonstrated full bilateral range of motion, no joint line tenderness, no joint effusion, negative Lachman's and McMurray tests, negative posterior and anterior drawer signs, and well healed bilateral knee arthroscopic wounds. His review of the hospital emergency triage note dated June 27, 2013 indicated a right knee contusion while the recorded history contained no mention of any right knee complaint. Based on examination findings and record review, Dr. Thompson concluded that there was insufficient documentation to support any right or left knee injury due to the June 25, 2013 fall. He determined that there was no need for any additional treatment for the left ankle or bilateral knee conditions. Dr. Thompson also opined that there was no aggravation of a preexisting condition as the record was devoid of any evidence supporting the existence of a preexisting condition. He opined that there was no evidence that the diagnosed right knee meniscal tear and resulting surgery and bilateral knee chondromalacia and osteoarthritis had been caused or aggravated by the accepted June 25, 2013 employment injury. Additionally, Dr. Thompson found no evidence of any work-related disability and concluded that appellant was capable of returning to work without restrictions.

By decision dated January 30, 2019, OWCP denied appellant's request for expansion of her claim to include bilateral knee patellae chondromalacia and right knee lateral meniscal tear. It also denied authorization for right arthroscopic knee surgery performed on April 4, 2014 and resulting disability for the period April 16 through May 2, 2014.

On February 7, 2019 appellant, through counsel, requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review, which was held on June 6, 2019.

By decision dated August 20, 2019, OWCP's hearing representative set aside the January 30, 2019 decision, finding that a conflict in medical opinion existed between Dr. Wallace, appellant's treating physician, and Dr. Thompson, OWCP's second opinion physician, regarding whether appellant sustained bilateral knee conditions causally related to the June 25, 2019 employment injury, whether surgery was necessitated, and whether any resultant disability should be compensated. The case was therefore remanded for referral for an impartial medical examination to resolve the conflict.

On September 12, 2019 OWCP referred appellant, together with a SOAF, the medical record, and series of questions, to Dr. Richard H. Conant, a Board-certified orthopedic surgeon serving as the impartial medical examiner (IME), for resolution of the conflict in the medical opinion evidence.

In a report dated October 21, 2019, Dr. Conant noted his review of the SOAF and appellant's medical records. He described the June 25, 2013 employment injury and noted that she was unable to recall any prior knee conditions. Dr. Conant recounted appellant's medical history, reviewed diagnostic reports, and provided findings on physical examination. Examination of appellant's extremities revealed a nonantalgic gait pattern, standing bilateral genu valgum, and bilateral knee anteromedial and anterolateral joint line tenderness with no effusion, patellofemoral crepitus, or instability. Bilateral knee range of motion was 110 degrees left knee flexion and 100 degrees right knee flexion. Dr. Conant opined that the June 25, 2013 injury did not cause or aggravate any meniscal tears and did not aggravate or accelerate or contribute in any progression to appellant's preexisting osteoarthritis, chondromalacia patellae, or any bilateral knee degenerative condition. He attributed the bilateral meniscal tears to the natural progression of her preexisting bilateral knee osteoarthritis. Thus, Dr. Conant concluded that there was no medical necessity for any surgical procedure or any future medical treatment for bilateral knee conditions. In support of his conclusion, he noted that there was no mention of any left knee complaints and right knee examination findings revealed 90 degrees of motion and a small abrasion during the June 25 and 27, 2013 emergency room visits. In addition, the first mention of left knee degenerative joint narrowing was first noted on August 14, 2013 and left knee medial meniscal tear on August 28, 2013. Dr. Conant further explained that the lateral meniscal findings in the operative notes of March 21 and April 1, 2014, and April 25, 2019 clearly demonstrated preexisting arthritic findings, which Dr. Wallace referenced in his report. He opined that appellant was not disabled from work due to the accepted conditions.

By decision dated December 20, 2019, OWCP denied expansion of the acceptance of appellant's claim to include bilateral knee chondromalacia patellae, osteoarthritis, and meniscal tears. It also denied authorization for right arthroscopic knee surgery performed on April 4, 2014 and resulting disability for the period April 16 through May 2, 2014.

On January 6, 2020 appellant, through counsel, requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review, which was held on May 18, 2020.

By decision dated July 22, 2020, OWCP's hearing representative affirmed the December 20, 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 which provides that, if there is disagreement between the physician making the examination for the United States and the physician of the employee, OWCP shall appoint a third physician (known as a referee physician or impartial medical specialist) who shall make an examination.⁹ This is called a referee examination and OWCP will select a physician who is qualified in the appropriate specialty and who has no prior connection with the case.¹⁰ When there exist opposing medical reports of virtually equal weight and rationale and the case is referred to an IME for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based upon a proper factual background, must be given special weight.¹¹

ANALYSIS -- ISSUE 1

The Board finds that appellant has not met her burden of proof to establish that the acceptance of her claim should be expanded to include bilateral knee chondromalacia patellae, osteoarthritis, and meniscal tears as causally related to her accepted June 25, 2013 employment injury.

OWCP properly determined that, a conflict in medical evidence existed between appellant's treating physician, Dr. Wallace, who opined that the diagnosed bilateral knee conditions were employment related, and Dr. Thompson, who determined that the diagnosed bilateral knee conditions were nonwork related. It properly referred appellant to Dr. Conant for an impartial medical examination to resolve the conflict, pursuant to 5 U.S.C. § 8123(a).

⁵ *D.H.*, Docket No. 19-9687 (issued March 31, 2021); *J.R.*, Docket No. 20-0292 (issued June 26, 2020); *Jaja K. Asaramo*, 55 ECAB 200 (2004).

⁶ *D.H.*, *id.*; *E.W.*, Docket No. 20-0338 (issued October 9, 2020).

⁷ *D.H.*, *id.*; *L.P.*, Docket No. 20-0609 (issued October 15, 2020); *Leslie C. Moore*, 52 ECAB 132 (2000).

⁸ *D.H.*, *id.*; *J.L.*, Docket No. 20-0717 (issued October 15, 2020); *James Mack*, 43 ECAB 321 (1991).

⁹ 5 U.S.C. § 8123(a); *L.S.*, Docket No. 19-1730 (issued August 26, 2020); *M.S.*, 58 ECAB 328 (2007).

¹⁰ 20 C.F.R. § 10.321; *P.B.*, Docket No. 20-0984 (issued November 25, 2020); *R.C.*, 58 ECAB 238 (2006).

¹¹ *See Y.I.*, Docket No. 20-0263 (issued November 30, 2020); *Darlene R. Kennedy*, 57 ECAB 414 (2006).

In an October 21, 2019 report, Dr. Conant described the June 25, 2013 work injury and noted that appellant denied the existence of any preexisting knee conditions. He attributed her bilateral meniscal tears to the natural progression of her preexisting bilateral knee osteoarthritis. Dr. Conant explained that the record was devoid of any left knee complaints during the June 25 and 27, 2013 emergency room visit and that the lateral meniscal findings in the operative notes of March 21 and April 1, 2014, and April 25, 2019 clearly demonstrated preexisting arthritic findings as referenced by Dr. Wallace in his report. Thus, he concluded that there was no evidence of bilateral knee conditions causally related to the accepted June 25, 2013 employment injury.

The Board finds that Dr. Conant accurately described the accepted employment injury and noted his review of the medical record. Dr. Conant performed a thorough clinical examination and provided detailed findings. He provided a rationalized opinion regarding whether appellant's claim should be expanded, finding that there was no evidence to find causal relationship between bilateral knee conditions and the accepted employment injury.¹² Dr. Conant's opinion, as set forth in his October 21, 2019 report, constitutes probative and reliable evidence. The Board, therefore, finds that his opinion is entitled to the special weight accorded to an IME with regard to the issue of whether acceptance of appellant's claim should be expanded to include additional bilateral knee conditions.¹³ Consequently, appellant has not met her burden of proof to expand the acceptance of her claim.

LEGAL PRECEDENT -- ISSUE 2

Section 8103(a) of FECA provides for the furnishing of services, appliances, and supplies prescribed or recommended by a qualified physician which OWCP, under authority delegated by the Secretary, considers likely to cure, give relief, reduce the degree or the period of disability, or aid in lessening the amount of monthly compensation.¹⁴ In interpreting section 8103(a), the Board has recognized that OWCP has broad discretion in approving services provided under FECA to ensure that an employee recovers from his or her injury to the fullest extent possible in the shortest amount of time.¹⁵ OWCP has administrative discretion in choosing the means to achieve this goal and the only limitation on OWCP's authority is that of reasonableness. Abuse of discretion is generally shown through proof of manifest error, clearly unreasonable exercise of judgment, or actions taken which are contrary to both logic and probable deductions from established facts. It is not enough to merely show that the evidence could be construed so as to produce a contrary factual conclusion.¹⁶

While OWCP is obligated to pay for treatment of employment-related conditions, a claimant has the burden of proof to establish that the expenditure is incurred for treatment of the

¹² See *F.A.*, Docket No. 20-1652 (issued May 21, 2021); *R.R.*, Docket No. 19-0086 (issued February 10, 2021); see also *D.S.*, Docket No. 18-0353 (issued February 18, 2020).

¹³ *F.A.*, *id.*; *W.C.*, Docket No. 19-1740 (issued June 4, 2020); *M.M.*, Docket No. 16-1655 (issued April 4, 2018).

¹⁴ 5 U.S.C. § 8103(a); see *A.N.*, Docket No. 20-0320 (issued March 31, 2021); *M.P.*, Docket No. 19-1557 (issued February 24, 2020); *M.B.*, 58 ECAB 588 (2007).

¹⁵ *Id.* at § 8103.

¹⁶ *A.N.*, *supra* note 14; *E.L.*, Docket No. 17-1445 (issued December 18, 2018); *L.W.*, 59 ECAB 471 (2008); *P.P.*, 58 ECAB 673 (2007); *Daniel J. Perea*, 42 ECAB 214 (1990).

effects of an employment-related injury or condition.¹⁷ Causal relationship requires supporting rationalized medical evidence.¹⁸ Therefore, in order to prove that, a procedure is warranted, a claimant must establish that the procedure was for a condition causally related to the employment injury and that the procedure was medically warranted. Both of these criteria must be met in order for OWCP to authorize payment.¹⁹

ANALYSIS -- ISSUE 2

The Board finds that OWCP properly denied authorization for the right arthroscopic knee surgery performed on April 4, 2014.

As found above, OWCP properly found a conflict in the medical opinion evidence relating to whether appellant's claim should be expanded to include bilateral knee patellae chondromalacia and right knee lateral meniscal tear. In his October 21, 2019 report, Dr. Conant, the IME, opined that the acceptance of her claim should not be expanded to include bilateral knee conditions causally related to her accepted employment injury and that right knee arthroscopic surgery was not necessary or appropriate to treat her accepted work-related conditions. His opinion is entitled to the special weight accorded to an IME with regard to the issue of authorization for the right arthroscopic knee surgery performed on April 4, 2014.²⁰ As the conditions for which surgery was requested are not employment related, the procedure was not medically warranted.²¹ Thus, the Board finds that OWCP has not abused its discretion by denying appellant authorization for the April 4, 2014 right arthroscopic knee surgery.

LEGAL PRECEDENT -- ISSUE 3

An employee seeking benefits under FECA²² has the burden of proof to establish the essential elements of his or her claim, including that any disability or specific condition for which compensation is claimed is causally related to the employment injury.²³ The term disability is defined as the incapacity, because of an employment injury, to earn the wages the employee was receiving at the time of the injury.²⁴ For each period of disability claimed, the employee has the

¹⁷ See *A.N., id.*; *L.S.*, Docket No. 18-1746 (issued April 9, 2019); *Kennett O. Collins, Jr.*, 55 ECAB 648, 654 (2004).

¹⁸ *A.N., id.*; *K.W.*, Docket No. 18-1523 (issued May 22, 2019).

¹⁹ *Id.*

²⁰ *Supra* note 11.

²¹ *Id.*

²² *Supra* note 2.

²³ See *C.B.*, Docket No. 20-0629 (issued May 26, 2021); *D.S.*, Docket No. 20-0638 (issued November 17, 2020); *F.H.*, Docket No. 18-0160 (issued August 23, 2019); *C.R.*, Docket No. 18-1805 (issued May 10, 2019); *Kathryn Haggerty*, 45 ECAB 383 (1994); *Elaine Pendleton*, 40 ECAB 1143 (1989); see also *Amelia S. Jefferson*, 57 ECAB 183 (2005); *Nathaniel Milton*, 37 ECAB 712 (1986).

²⁴ 20 C.F.R. § 10.5(f); *A.N.*, *supra* note 14; *S.T.*, Docket No. 18-0412 (issued October 22, 2018); *Cheryl L. Decavitch*, 50 ECAB 397 (1999).

burden of proof to establish that he or she was disabled from work as a result of the accepted employment injury.²⁵

Whether a particular injury causes an employee to become disabled from work, and the duration of that disability, are medical issues that must be proven by a preponderance of the reliable, probative, and substantial medical evidence. The Board will not require OWCP to pay compensation for disability in the absence of medical evidence directly addressing the specific dates of disability for which compensation is claimed. To do so would essentially allow an employee to self-certify his or her disability and entitlement to compensation.²⁶

ANALYSIS -- ISSUE 3

The Board finds that appellant has not met her burden of proof to establish entitlement to disability from work during the period April 16 through May 2, 2014, causally related to the accepted June 25, 2013 employment injury.

On May 3, 2017 appellant filed a claim for compensation (Form CA-7) for disability from work during the period April 16 through May 2, 2014. OWCP's hearing representative, in the August 20, 2019 decision, properly determined that a conflict in medical opinion existed between Dr. Wallace, appellant's treating physician, and Dr. Thompson, OWCP's second opinion physician, regarding whether appellant sustained bilateral knee conditions causally related to the June 25, 2013 employment injury, whether surgery was necessitated, and whether any resultant disability should be compensated. On September 12, 2019 OWCP properly referred appellant, together with a SOAF, the medical record, and series of questions, to Dr. Conant for resolution of the conflict in the medical opinion evidence.

In a report dated October 21, 2019, Dr. Conant noted his review of the SOAF and medical record, and opined that the June 25, 2013 injury did not cause or aggravate any meniscal tears and did not aggravate or accelerate or contribute in any progression to appellant's preexisting osteoarthritis, chondromalacia patellae, or any bilateral knee degenerative condition. Rather, he attributed the bilateral meniscal tears to the natural progression of her preexisting bilateral knee osteoarthritis. Dr. Conant, therefore, opined that there was no need for surgery and no disability due to the accepted employment injury. 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.²⁷ Therefore, Dr. Conant's opinion constitutes the special weight of the medical evidence.

The case record contains an April 1, 2014 note, wherein Dr. Wallace explained that appellant was unable to work until further notice due to recent left knee surgery and due to her right knee surgery which was scheduled for April 2, 2014. He released her to return to work on June 2, 2014. In a September 19, 2018 report, Dr. Wallace diagnosed bilateral knee chondromalacia patellae. He noted that appellant related having no knee conditions or symptoms prior to her June 25, 2013 fall. Dr. Wallace explained that she underwent surgery for lateral meniscal tears and was off work for a period of time due to her inability to perform her work duties

²⁵ See *A.N.*, *supra* note 14; *D.G.*, Docket No. 18-0597 (issued October 3, 2018); *Amelia S. Jefferson*, *supra* note 23.

²⁶ *W.C.*, Docket No. 19-1740 (issued June 4, 2020); *J.B.*, Docket No. 19-0715 (issued September 12, 2019).

²⁷ *James Mack*, 43 ECAB 321 (1991).

and her inability to drive. He, however, did not provide sufficient rationale explaining causal relationship between the claimed disability during the period April 16 through May 2, 2014 and the accepted employment injury. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain sufficient medical rationale explaining how the claimed disability was causally related to the accepted employment injury.²⁸ Dr. Wallace's September 19, 2018 report is, therefore, of diminished probative value and insufficient to meet appellant's burden of proof.

As the medical evidence of record is insufficient to establish disability from work during the period April 16 through May 2, 2014 causally related to the accepted employment injury, the Board finds that appellant 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.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish that the acceptance of her claim should be expanded to include bilateral knee osteoarthritis, chondromalacia, and meniscal tears as causally related to the accepted June 25, 2013 employment injury. The Board further finds that OWCP properly denied her authorization for an April 4, 2014 right knee arthroscopic surgery. The Board also finds that appellant has not met her burden of proof to establish disability from work during the period April 16 through May 2, 2014 causally related to the accepted June 25, 2013 employment injury.

²⁸ See *Y.D.*, Docket No. 16-1896 (issued February 10, 2017) (finding that a report is of limited probative value regarding causal relationship if it does not contain medical rationale describing the relation between work factors and a diagnosed condition/disability).

ORDER

IT IS HEREBY ORDERED THAT the July 22, 2020 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: February 17, 2023
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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