



the back door on a long-life vehicle while in the performance of duty. She stopped work on the date of injury.

In support of her claim, appellant submitted medical evidence from Dr. Jocelyn De Guzman, Board-certified in emergency medicine. In a July 16, 2022 letter, Dr. De Guzman noted that appellant was treated in a hospital emergency department on that date. She advised that appellant may return to work on July 23, 2022, with no weight-bearing on her left leg until cleared by an orthopedic specialist.

In an after-visit summary also dated July 16, 2022, Dr. De Guzman noted that appellant was seen for knee pain and trauma. She diagnosed acute left knee pain.

OWCP, by development letter dated September 6, 2022, informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed and provided a questionnaire for her completion. In a separate development letter of even date, OWCP requested that the employing establishment provide information regarding the location and time of appellant's injury. It afforded both parties 30 days to respond.

OWCP thereafter received medical evidence from Dr. Brett Sanders, an attending Board-certified orthopedic surgeon. In an August 23, 2022 order, Dr. Sanders diagnosed unspecified injury of the left lower leg, initial encounter. He placed appellant off work pending further diagnostic tests.

In a September 13, 2022 order, Dr. Sanders diagnosed pain and left knee unilateral primary osteoarthritis. He placed appellant off work for two weeks and advised that she could return to light-duty work with a lifting restriction.

Dr. Sanders, in Part B of an authorization for examination and/or treatment (Form CA-16), attending physician's report, dated September 21, 2022, provided a history of injury that appellant experienced a painful pop in her knee while making a delivery. He again diagnosed left knee pain. Dr. Sanders also checked a box marked "Yes" indicating that the diagnosed condition was caused or aggravated by the described employment activity. He advised that appellant was totally disabled from work for the period August 23 through September 28, 2022. Dr. Sanders further advised that she could return to light-duty work with a lifting restriction beginning September 28, 2022.

On September 22, 2022 appellant submitted additional medical evidence from Dr. Sanders in response to OWCP's development letter. In an August 23, 2022 report, Dr. Sanders noted appellant's history of injury on July 15, 2022 and her medical treatment including, arthroscopic left knee surgery and reconstruction performed on July 2, 2014 and June 10, 2015. He reported his examination findings and reviewed diagnostic test results. Dr. Sanders provided an assessment of July 15, 2022 left knee injury. He ordered a magnetic resonance imaging scan of the left knee to rule out cartilage and assess the graft because appellant had a history of two left knee arthroscopies. Dr. Sanders placed appellant off work.

In a September 13, 2022 report, Dr. Sanders continued to note appellant's history of injury on July 15, 2022 and his findings on examination. He restated his prior diagnosis of left

knee unilateral primary osteoarthritis and opinion on appellant's work capacity and work restriction.

Dr. Sanders, in a September 21, 2022 duty status report (Form CA-17), diagnosed left knee pain and early osteoarthritis due to injury. He also restated his prior opinion on appellant's work capacity and work restriction.

In a September 22, 2022 attending physician's report (Form CA-20), Dr. Sanders again checked a box marked "Yes" indicating that his diagnosis of left knee pain was caused or aggravated by the employment activity on July 15, 2022, and advised that appellant could return to light-duty work with a lifting restriction beginning September 28, 2022.

Appellant also submitted an August 31, 2022 left knee MRI scan report from Dr. Travis Hillen, a diagnostic radiologist, who provided impressions of intact but thickened medial patellofemoral retinaculum reconstruction; no evidence of recurrent tear; mild distal quadriceps tendinosis; severe patellar and mild trochlear chondral thinning with mild patellar subchondral marrow edema; intact menisci; small knee effusion; and small popliteal cyst.

OWCP, by decision dated October 10, 2022, accepted that the July 15, 2022 employment incident occurred, as alleged. However, it denied appellant's traumatic injury claim, finding that the medical evidence of record was insufficient to establish causal relationship between her diagnosis of left knee osteoarthritis and the accepted employment incident.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>2</sup> 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,<sup>3</sup> 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.<sup>4</sup> 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.<sup>5</sup>

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it first must be determined whether fact of injury has been established. There are two components involved in establishing fact of injury. The first component to be established is that the employee actually experienced the employment incident at the time and

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<sup>2</sup> *Id.*

<sup>3</sup> *F.H.*, Docket No. 18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued April 26, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>4</sup> *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *J.H.*, Docket No. 18-1637 (issued January 29, 2020); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

<sup>5</sup> *P.A.*, Docket No. 18-0559 (issued January 29, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *Delores C. Ellyett*, 41 ECAB 992 (1990).

place, and in the manner alleged. The second component is whether the employment incident caused a personal injury and can be established only by medical evidence.<sup>6</sup>

To establish causal relationship between the condition, as well as any attendant disability claimed and the employment event or incident, the employee must submit rationalized medical opinion evidence.<sup>7</sup> 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 incident identified by the employee.<sup>8</sup>

### ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a left knee condition causally related to the accepted July 15, 2022 employment incident.

In support of her claim, appellant submitted medical evidence from her attending physician, Dr. Sanders. In attending physician reports dated September 21 and 22, 2022, respectively, Dr. Sanders diagnosed left knee pain and checked a box marked “Yes” indicating that the diagnosed condition was caused or aggravated by the July 15, 2022 employment incident. He advised that appellant was totally disabled from work for the period August 23 through September 28, 2022 and that she could return to light-duty work with a lifting restriction beginning September 28, 2022. The Board has held that pain is a symptom and not a compensable medical diagnosis.<sup>9</sup> Moreover, the Board has held that an opinion on causal relationship, which consists of a physician checking a box in response to a form question, without supporting medical rationale explaining how the employment activity caused the diagnosed condition, is of little probative value.<sup>10</sup> Therefore, for these reasons, Dr. Sanders’ reports are insufficient to establish appellant’s burden of proof.

In a Form CA-17 dated September 21, 2022, Dr. Sanders diagnosed left knee pain and early osteoarthritis and provided work restrictions. He, however, did not address causation in these reports. The Board has held that evidence that does not offer an opinion regarding the

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<sup>6</sup> *T.H.*, Docket No. 19-0599 (issued January 28, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

<sup>7</sup> *J.C.*, Docket No. 22-1029 (issued November 29, 2022); *S.S.*, Docket No. 19-0688 (issued January 24, 2020); *S.A.*, Docket No. 18-0399 (issued October 16, 2018); *see also Robert G. Morris*, 48 ECAB 238 (1996).

<sup>8</sup> *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *Y.S.*, Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams*, 41 ECAB 345 (1989).

<sup>9</sup> *K.B.*, Docket No. 21-0953 (issued October 12, 2022); *G.L.*, Docket No. 18-1057 (issued April 14, 2020); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, *supra* note 3.

<sup>10</sup> *See E.H.*, Docket No. 19-0365 (issued March 17, 2021); *B.C.*, Docket No. 16-1404 (issued April 14, 2017); *James A. Long*, 40 ECAB 538 (1989).

cause of an employee's condition is of no probative value on the issue of causal relationship.<sup>11</sup> Therefore, Dr. Sanders' report is insufficient to establish appellant's traumatic injury claim.

Dr. Sanders' remaining orders and reports dated August 23 and September 13, 2022 do not provide an opinion on causal relationship. He diagnosed unspecified injury of the left lower leg, initial encounter; and left knee unilateral primary osteoarthritis, placed appellant off work for two weeks, and subsequently released her to return to light duty with restriction. Dr. Sanders did not offer an opinion as to whether appellant's diagnosed left knee conditions and disability status were causally related to the July 15, 2022 employment incident.<sup>12</sup> Thus, this evidence is insufficient to meet appellant's burden of proof.

Appellant also submitted Dr. De Guzman's July 16, 2022 after-visit summary in which she diagnosed left knee pain. However, as previously noted, the Board has held that pain is a symptom and not a compensable medical diagnosis.<sup>13</sup> Dr. De Guzman's remaining letter of even date, addressed appellant's work capacity and work restriction. However, she did not provide a history of injury, a firm medical diagnosis, or an opinion as to whether the July 15, 2022 employment incident caused a diagnosed medical condition.<sup>14</sup> For these reasons, Dr. De Guzman's reports are insufficient to meet appellant's burden of proof.

Additionally, appellant submitted Dr. Hillen's August 31, 2022 MRI scan of the left knee. The Board has held, however, that diagnostic studies, standing alone, lack probative value as they do not address whether the employment incident caused any of the diagnosed conditions.<sup>15</sup> For this reason, Dr. Hillen's MRI scan report is insufficient to establish appellant's burden of proof.

As appellant has not submitted rationalized medical evidence establishing a left knee condition causally related to the accepted July 15, 2022 employment incident, the Board finds that she has not met her burden of proof to establish her 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.

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<sup>11</sup> *B.W.*, Docket No. 20-1032 (issued November 17, 2020); *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).

<sup>12</sup> *Supra* note 11.

<sup>13</sup> *Supra* note 9.

<sup>14</sup> *See S.D.*, Docket No. 22-0405 (issued October 5, 2022); *D.L.*, Docket No. 19-1053 (issued January 8, 2020); *C.C.*, Docket No. 18-1099 (issued December 21, 2018); *Deborah L. Beatty*, 54 ECAB 340 (2003).

<sup>15</sup> *A.O.*, Docket No. 21-0968 (issued March 18, 2022); *M.B.*, Docket No. 19-1638 (issued July 17, 2020); *T.S.*, Docket No. 18-0150 (issued April 12, 2019).

**CONCLUSION**

The Board finds that appellant has not met her burden of proof to establish a left knee condition causally related to the accepted July 15, 2022 employment incident.

**ORDER**

**IT IS HEREBY ORDERED THAT** the October 10, 2022 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 10, 2023  
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