



injured his right knee when he rotated his knee while sitting at his desk during a videoconference in the performance of duty. He indicated hearing a snap/crackle/pop sound when rotating his leg and then experienced pain throughout the knee. On the reverse side of the claim form, appellant's supervisor acknowledged that appellant was injured in the performance of duty. The form indicated that appellant stopped work on June 28, 2022.

On June 23, 2022 appellant was seen by Dr. Derek L. West, an osteopathic Board-certified orthopedic surgeon, for right knee pain. He related that he was repositioning himself at his desk and his knee caved inward. Appellant's physical examination reflected tenderness in the lateral joint line and fibular head. Dr. West reviewed an x-ray of appellant's right knee, which showed no acute fracture or pathology. He related that appellant had sustained a work injury and diagnosed acute lateral meniscus tear of the right knee and right knee pain. Appellant was allowed to return to work without restrictions. An unsigned x-ray report of the right knee of even date indicated no acute fracture or pathology.

OWCP received a work capacity evaluation (Form OWCP-5c) dated March 17, 2022 signed by Dr. West. Dr. West indicated that appellant could work full duty.

A magnetic resonance imaging (MRI) scan report of appellant's right knee dated July 5, 2022 and signed by Dr. Jason Pack, a Board-certified radiologist, found high-grade partial to essentially full-thickness tear of the fibular collateral ligament at the level of the joint line and fibular head insertion, as well as a high-grade partial thickness tearing involving the biceps femoris at the level of the conjoined tendon insertion onto the fibular head.

On July 19, 2022 appellant was seen by Dr. West. Appellant's physical examination continued to indicate tenderness in the lateral joint line of appellant's right knee. Appellant's MRI scan report was reviewed and he was diagnosed with a tear of lateral collateral ligament of the right knee.

OWCP received a work capacity evaluation (Form OWCP-5c) dated July 19, 2022 from Dr. West. Dr. West indicated that appellant was temporarily totally disabled and could not return to work until he underwent surgical treatment. OWCP received a subsequent Form OWCP-5c dated August 2, 2022 signed by Dr. West who continued to indicate appellant was temporarily totally disabled pending surgery.

Appellant submitted a narrative statement dated August 12, 2022. He reiterated the history of his alleged employment injury. Appellant indicated that his office setup at the training location at the time of the injury was different from his regular-duty location set up. He further described how he twisted his knee while repositioning himself at his desk during the videoconference. Appellant indicated that he lifted himself out of the chair a bit, but did not stand, while doing so the heel of his right foot turned slightly inward with a bent knee, his right knee twisted and bent inward, and he felt a snap/crackle/pop sound.

By development letter dated August 16, 2022, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence needed and afforded him 30 days to respond.

On August 18, 2022 appellant was seen for a follow-up with Dr. West. Appellant's physical examination continued to indicate tenderness in the lateral joint line of appellant's right knee. Dr. West related that appellant reported a history of rising from a seated position at his desk and that there was some twisting motion involved with this as well. Appellant had no prior knee pain. He felt something pop in his knee and then had significant pain and instability in the knee. This correlated with appellant's MRI scan. Dr. West concluded that appellant's twisting mechanism could account for the injury. Appellant was diagnosed with tear of lateral collateral ligament of right knee.

By decision dated September 30, 2022, OWCP accepted that the June 16, 2022 employment incident occurred as alleged and that a medical condition was diagnosed in connection with the incident. However, it denied appellant's claim, finding that the medical evidence of record was insufficient to establish causal relationship between his diagnosed conditions and the accepted June 16, 2022 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, 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>3</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>4</sup>

To determine whether an employee sustained a traumatic injury in the performance of duty, it must first be determined whether fact of injury has been established. There are two components involved in establishing fact of injury. The first component is whether the employee actually experienced the employment incident that allegedly occurred. The second component is whether the employment incident caused a personal injury. An employee may establish that an injury occurred in the performance of duty as alleged, but fail to establish that the disability or specific condition for which compensation is being claimed is causally related to the injury.<sup>5</sup>

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.<sup>6</sup> A physician's opinion on whether there is a causal relationship between the diagnosed condition and the employment injury must be based on a complete factual

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

<sup>3</sup> *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

<sup>4</sup> *B.H.*, Docket No. 20-0777 (issued October 21, 2020); *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).

<sup>5</sup> *M.H.*, Docket No. 18-1737 (issued March 13, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

<sup>6</sup> *R.P.*, Docket No. 21-1189 (issued July 29, 2022); *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

and medical background.<sup>7</sup> Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and appellant's employment injury.<sup>8</sup> Neither the mere fact that a disease or condition manifests itself during a period of employment, nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.<sup>9</sup>

### ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a right knee condition causally related to the accepted June 16, 2022 employment incident.

Appellant submitted progress notes dated June 23, and July 19, 2022 from Dr. West. He was initially diagnosed with acute lateral meniscus tear of the right knee. On July 19, 2022 appellant was diagnosed with a tear of lateral collateral ligament of the right knee. Dr. West did not however provide an opinion regarding causal relationship between the diagnosed conditions and the June 16, 2022 accepted employment incident. The Board has held that medical evidence that does not offer an opinion on causal relationship is of no probative value.<sup>10</sup> These progress notes are, therefore, insufficient to establish appellant's claim.

Appellant submitted Form OWCP-5c work capacity evaluations dated March 17, July 19, and August 2, 2022 signed by Dr. West. However, as Dr. West did not provide an opinion regarding causal relationship, these form reports are of no probative value.<sup>11</sup>

In his August 18, 2022 progress note, Dr. West diagnosed tear of lateral collateral ligament of right knee. He related that appellant reported a history of rising from a seated position at his desk with some twisting motion. Dr. West noted that while appellant had no prior knee pain, he felt something pop in his knee and then had significant pain and instability in the knee. He concluded that appellant's twisting mechanism could account for the injury. The Board has held that the fact that a condition manifests itself during a period of employment is insufficient to establish causal relationship. Temporal relationship alone will not suffice.<sup>12</sup> Further, the Board has held that, an opinion supporting causal relationship must be one of reasonable medical certainty and not speculative or equivocal in character.<sup>13</sup> Dr. West merely

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<sup>7</sup> *R.P., id.*; *F.A.*, Docket No. 20-1652 (issued May 21, 2021); *M.V.*, Docket No. 18-0884 (issued December 28, 2018); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

<sup>8</sup> *Id.*

<sup>9</sup> *T.M.*, Docket No. 22-0220 (issued July 29, 2022); *S.S.*, Docket No. 18-1488 (issued March 11, 2019); *see also J.L.*, Docket No. 18-1804 (issued April 12, 2019).

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

<sup>11</sup> *Id.*

<sup>12</sup> *S.S.*, Docket No. 19-0675 (issued August 22, 2019); *M.H.*, Docket No. 18-1737 (issued March 13, 2019); *Daniel O. Vasquez*, 57 ECAB 559 (2006).

<sup>13</sup> *A.S.*, Docket No. 19-1955 (issued April 9, 2020); *C.H.*, Docket No. 19-0409 (issued August 5, 2019).

speculated that the twisting motion could account for appellant's injury; however, he offered no physiologic explanation explaining how the diagnosed condition was caused by this mechanism. As such, this progress note is insufficient to establish causal relationship.

In an unsigned x-ray report of the right knee dated June 23, 2022, no acute fracture or pathology was indicated. An MRI scan report of the right knee dated July 5, 2022 and signed by Dr. Pack found high-grade partial to essentially full-thickness tear of the fibular collateral ligament at the level of the joint line and fibular head insertion, as well as a high-grade partial thickness tearing involving the biceps femoris at the level of the conjoined tendon insertion onto the fibular head. 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>14</sup>

As the medical evidence of record is insufficient to establish causal relationship between the diagnosed right knee conditions and the accepted June 16, 2022 employment incident, the Board finds that appellant has not met his 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 his burden of proof to establish a right knee condition causally related to the accepted June 16, 2022 employment incident.

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<sup>14</sup> *A.O.*, Docket No. 21-0968 (issued March 18, 2022); *see M.S.*, Docket No. 19-0587 (issued July 22, 2019).

**ORDER**

**IT IS HEREBY ORDERED THAT** the September 30, 2022 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 20, 2023  
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