

FACTUAL HISTORY

On November 10, 2024 appellant, then a 65-year-old rural carrier, filed a traumatic injury claim (Form CA-1) alleging that on November 6, 2024 she sustained a tear of a ligament in the right leg when she ascended stairs to deliver a package while in the performance of duty. She stopped work on November 6, 2024.

On November 4, 2024 Dr. John G. Burvant, a Board-certified orthopedic surgeon, treated appellant for right knee pain that began five days earlier. Examination of the right knee revealed evidence of a Baker's cyst posteriorly, mild patella femoral crepitus, and medial tenderness. X-rays of right knee revealed decrease of the medial joint space. Dr. Burvant administered an intraarticular injection.

On November 6, 2024 Jill A. Adams, a nurse practitioner, treated appellant in the emergency department. She noted that appellant could return to work after being cleared by a physician.

Dr. Nicholas J. Buffin, a Board-certified emergency department physician, treated appellant on November 6, 2024, and diagnosed pain in the right lower leg. He provided discharge instructions for muscle and bone pain.

In a December 9, 2024 development letter, OWCP 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. OWCP afforded appellant 60 days to respond. No additional evidence was received.

In a follow-up letter dated January 2, 2025, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish her claim. It noted that she had 60 days from the December 9, 2024 letter to submit the requested necessary evidence. OWCP further advised that if the evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

OWCP received additional evidence. In a note dated December 2, 2024, Dr. Burvant treated appellant for lateral knee pain. Appellant reported that on November 6, 2024 she experienced sudden lateral knee pain while carrying a package. She was treated in the emergency department and placed in an immobilizer with crutches. Dr. Burvant held appellant off work. In a duty status report (Form CA-17) of even date, he noted a date of injury of November 6, 2024 and diagnosis of lateral meniscus tear. Dr. Burvant held appellant off work. On February 13, 2025 he treated appellant in follow up for persistent right knee pain. Dr. Burvant reviewed a magnetic resonance imaging (MRI) scan, which demonstrated a medial meniscal tear, medial femoral bone bruise, and grade IV chondromalacia of the medial compartment. He observed a slight effusion and tenderness medially and laterally of the right knee and administered an intraarticular injection.

By decision dated February 12, 2025, OWCP accepted that the November 6, 2024 employment incident occurred as alleged, but denied appellant's traumatic injury claim finding that the medical evidence of record did not contain a medical diagnosis in connection with the

accepted employment incident. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

LEGAL PRECEDENT

An employee seeking benefits under FECA³ 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 timely filed within the applicable time limitation period of FECA,⁴ 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 that employment injury.⁵ 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.⁶

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.⁷ 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 and place, and in the manner alleged.⁸ Second, the employee must submit evidence to establish that the employment incident caused an injury.⁹

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.¹⁰ 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

³ *Id.*

⁴ *S.S.*, Docket No. 19-1815 (issued June 26, 2020); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁵ *M.H.*, Docket No. 19-0930 (issued June 17, 2020); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁶ *S.A.*, Docket No. 19-1221 (issued June 9, 2020); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

⁷ *S.P.*, 59 ECAB 184 (2007); *Alvin V. Gadd*, 57 ECAB 172 (2005).

⁸ *R.K.*, Docket No. 19-0904 (issued April 10, 2020); *Bonnie A. Contreras*, 57 ECAB 364 (2006); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

⁹ *Y.D.*, Docket No. 19-1200 (issued April 6, 2020); *David Apgar*, 57 ECAB 137 (2005); *John J. Carlone*, 41 ECAB 354 (1989).

¹⁰ *S.S.*, Docket No. 19-0688 (issued January 24, 2020); *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

nature of the relationship between the diagnosed condition and specific employment factors identified by the employee.¹¹

ANALYSIS

The Board finds that appellant has established a diagnosis of lateral meniscus tear in connection with the accepted November 6, 2024 employment incident.

In a Form CA-17 dated December 2, 2024, Dr. Burvant noted a date of injury of November 6, 2024 and diagnosis of lateral meniscus tear. The evidence of record also contains a February 13, 2025 note by Dr. Burvant who diagnosed lateral meniscus tear. The Board finds, therefore, that the reports by Dr. Burvant are sufficient to establish a diagnosis of lateral meniscus tear.¹²

As the medical evidence of record establishes a diagnosed medical condition, the case must be remanded for consideration of the medical evidence with regard to the issue of causal relationship.¹³ Following this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

CONCLUSION

The Board finds that appellant has met her burden of proof to establish a diagnosis of lateral meniscus tear in connection with the accepted November 6, 2024 employment incident.

¹¹ *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *D.M.*, Docket No. 20-0386 (issued August 10, 2020); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

¹² *See E.T.*, Docket No. 22-1085 (issued January 18, 2023); *E.L.*, Docket No. 21-0587 (issued July 6, 2022); *see also T.C.*, Docket No. 17-0624 (issued December 19, 2017).

¹³ *See S.R.*, Docket No. 22-0453 (issued March 2, 2023); *S.A.*, Docket No. 20-1498 (issued March 11, 2021).

ORDER

IT IS HEREBY ORDERED THAT the February 12, 2025 decision of the Office of Workers' Compensation Programs is reversed and the case is remanded for further proceedings consistent with this decision of the Board.

Issued: April 7, 2025
Washington, DC

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

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

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