

² 5 U.S.C. § 8101 *et seq.*

ISSUE

The issue is whether appellant has met his burden of proof to establish a right knee condition causally related to the accepted April 19, 2023 employment incident.

FACTUAL HISTORY

On May 11, 2023 appellant, then a 58-year-old senior city delivery specialist, filed a traumatic injury claim (Form CA-1) alleging that on April 19, 2023 he injured his right knee when he repetitively twisted it a while exiting the postal vehicle in the performance of duty. He stopped work on April 20, 2023 and returned to work on May 10, 2023. On the reverse side of the form, the employing establishment controverted the claim asserting that appellant had not injured himself at work.

In a development letter dated May 18, 2023, OWCP informed appellant of the deficiencies of his claim and requested additional medical evidence. It afforded him 60 days to respond.

OWCP subsequently received a May 16, 2023 operative report from Dr. Richard D. Reitman, a Board-certified orthopedic surgeon, relating that he performed an unauthorized right unicompartmental knee replacement due to advanced osteoarthritis of the medial compartment of the right knee. On May 31, 2023 Dr. Reitman opined that appellant was totally disabled through June 30, 2023.

In a follow-up development dated June 26, 2023, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish his claim. It noted that he had 60 days from the May 18, 2023 letter to submit the 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.

In a June 27, 2023 note, Dr. Ravi B. Patel, a Board-certified internist, related that appellant sustained injuries to his right knee on April 19, 2023 while exiting his postal vehicle and twisting his right knee. He further noted appellant had previously experienced knee problems, and listed his right knee surgery. Dr. Patel diagnosed osteoarthritis of the knee and opined that he was disabled from work.

On June 29, 2023 Dr. Reitman reported that he was providing appellant with treatment.

Edwin Shivers, a physician assistant, provided therapy commencing July 1, 2023.

On July 11, 2023 Dr. Patel completed an attending physician's report (Form CA-20) and related that appellant twisted his knee inside the postal vehicle when his foot became caught on the brake pedal. He diagnosed torn meniscus and osteoarthritis of the right knee as related to the employment activity. Dr. Patel indicated by checking a box marked "Yes" that the condition was caused or aggravated by an employment activity. In a treatment note of even date, he described the April 19, 2023 employment incident and reviewed the medical records. Dr. Patel diagnosed osteoarthritis of the right knee.

In a July 18, 2023 report, Dr. Patel related that appellant sustained a work-related traumatic injury on June 27, 2023. He explained that he twisted his right knee exiting his postal vehicle. Dr. Patel reviewed a right knee magnetic resonance imaging (MRI) scan which demonstrated medial and patellofemoral compartmental degenerative changes, meniscus tear of the posterior horn, moderate joint effusion, and soft tissue edema and the resulting right unicompartmental knee replacement on May 16, 2023. He diagnosed osteoarthritis and tear of the medial meniscus of the right knee. Dr. Patel opined that appellant sustained work-related injuries to his right knee and that the physiological forces placed on the right knee as it twisted would have been significant enough to have caused the diagnosed injuries.

By decision dated August 8, 2023, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish causal relationship between his diagnosed right knee condition and the accepted April 19, 2023 employment incident.

On August 15, 2023 Dr. Russell Skinner, a physiatrist, completed a Form CA-20 and related that appellant injured his right knee while delivering mail. He diagnosed effusion of the right knee, chondromalacia patella, internal derangement, and osteoarthritis of the right knee. Dr. Skinner indicated by checking a box marked "Yes" that the diagnosed conditions were caused or aggravated by employment activity. He opined that appellant experienced a work-related injury and that Dr. Reitman had performed surgery on May 16, 2023. Dr. Skinner completed a work capacity evaluation (Form OWCP-5c) of even date finding that he was totally disabled.

On August 18, 2023 appellant requested reconsideration. OWCP subsequently received an April 25, 2023 MRI scan.

By decision dated November 28, 2023, OWCP denied modification.

In a July 18, 2024 letter to his congressman, appellant asserted that he had provided the necessary evidence to establish his traumatic injury claim.

On November 4, 2024 appellant requested reconsideration.

By decision dated January 28, 2025, OWCP denied modification.

LEGAL PRECEDENT

An employee seeking benefits under FECA³ 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,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 the

³ *Id.*

⁴ *S.J.*, Docket No. 25-0359 (issued April 15, 2025); *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).

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. 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. Second, the employee must submit sufficient evidence to establish that the employment incident caused an injury.⁷

The medical evidence required to establish causal relationship is rationalized medical opinion evidence.⁸ 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 specific employment incident identified by the employee.⁹

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a right knee condition causally related to the accepted April 19, 2023 employment incident.

In a June 27, 2023 note, Dr. Patel related that appellant sustained injuries on April 19, 2023 when he twisted his right knee while exiting his postal vehicle. Appellant noted that he had previously experienced knee problems and was previously diagnosed with osteoarthritis of the knee.

In a July 18, 2023 report, Dr. Patel again related that appellant twisted his right knee while exiting his postal vehicle. He diagnosed osteoarthritis and tear of the medial meniscus of the right knee. Dr. Patel opined that appellant's right knee injury was work related as physiological forces placed on the right knee as it twisted would have been significant enough to have caused the diagnosed injuries. However, he did not provide medical rationale explaining, physiologically, how his diagnosed conditions were caused or aggravated by the accepted

⁵ *S.J., id.*; *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).

⁶ *S.J., id.*; *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).

⁷ *J.P.*, Docket No. 25-0507 (issued June 10, 2025); *T.J.*, Docket No. 19-0461 (issued August 11, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

⁸ *See C.M.*, Docket No. 25-0408 (issued April 16, 2025); *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).

⁹ *See C.M., id.*; *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, 352 (1989).

April 19, 2023 employment incident.¹⁰ As he merely offered a conclusory opinion without supporting medical rationale, this evidence is insufficient to establish appellant's claim.

Dr. Patel, on July 22, 2023, and Dr. Skinner, on August 15, 2023, indicated by checking boxes marked "Yes" that the employment injury was the competent medical cause of the diagnosed conditions, and that appellant's history of injury was consistent with objective findings. The Board has held, however, that an affirmative check mark, without more by way of medical rationale regarding causal relationship is insufficient to establish the claim.¹¹

OWCP received Dr. Reitman's May 16, 2023 surgical report diagnosing advanced osteoarthritis of the medial compartment of the right knee. However, Dr. Reitman did not provide an opinion regarding causal relationship between appellant's diagnosed right knee conditions and the accepted April 19, 2023 employment incident. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition or disability is of no probative value on the issue of causal relationship.¹² Therefore, this evidence is insufficient to establish appellant's claim.

OWCP also received evidence signed solely by a physician assistant. However, certain healthcare providers such as physician assistants are not considered physicians as defined under FECA.¹³ Thus, this evidence is of no probative value and is insufficient to establish appellant's claim.

The remainder of the evidence of record consists of diagnostic study reports. However, diagnostic studies, standing alone, lack probative value on causal relationship as they do not address whether employment factors caused the diagnosed condition.¹⁴

¹⁰ See *S.S.*, Docket No. 23-0391 (issued October 24, 2023); *F.H.*, Docket No. 18-1238 (issued January 18, 2019); *J.R.*, Docket No. 18-0206 (issued October 15, 2018).

¹¹ See *F.M.*, Docket No. 23-0977 (issued February 6, 2024); *J.H.*, Docket No. 23-0159 (issued August 1, 2023); *C.S.*, Docket No. 18-1633 (issued December 30, 2019); *D.S.*, Docket No. 17-1566 (issued December 31, 2018); *Lillian M. Jones*, 34 ECAB 379, 381 (1982).

¹² See *J.B.*, Docket No. 24-0946 (issued November 4, 2024); *F.S.*, Docket No. 23-0112 (issued April 26, 2023); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹³ Section 8101(2) of FECA provides that medical opinions can only be given by a qualified physician. This section defines a physician as surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by state law. 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). See Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (May 2023); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA). See also *A.C.*, Docket No. 24-0661 (issued September 11, 2024); medical reports signed solely by a nurse, physician assistant, or physical therapist are of no probative value, as such healthcare providers are not considered physicians as defined under FECA and, therefore, are not competent to provide a medical opinion); *M.F.*, Docket No. 19-1573 (issued March 16, 2020) (medical reports signed solely by a physician assistant or a nurse practitioner are of no probative value as these care providers are not considered physicians as defined under FECA).

¹⁴ See *A.J.*, Docket No. 25-0250 (issued May 27, 2025); *T.Y.*, Docket No. 25-0255 (issued April 2, 2025); *B.O.*, Docket No. 25-0049 (issued January 10, 2025); *A.D.*, Docket No. 24-0770 (issued October 22, 2024); *T.L.*, Docket No. 22-0881 (issued July 17, 2024); *C.S.*, Docket No. 19-1279 (issued December 30, 2019).

As the medical evidence of record is insufficient to establish a right knee condition causally related to the accepted April 19, 2023 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 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 April 19, 2023 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the January 28, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: September 4, 2025
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