

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of BARBARA J. WILSON and U.S. POSTAL SERVICE,
BULK MAIL CENTER, Forest Park, IL

*Docket No. 98-647; Submitted on the Record;
Issued December 6, 1999*

DECISION and ORDER

Before DAVID S. GERSON, WILLIE T.C. THOMAS,
A. PETER KANJORSKI

The issue is whether appellant sustained bilateral knee arthritis due to factors of her federal employment.

On October 9, 1996 appellant, then a 55-year-old forklift operator, filed an occupational disease claim alleging that she sustained arthritis in both knees due to factors of her employment. She attributed her condition to her job which required her to sit in a crouched posture with her knees bent. Appellant also stated that she was exposed to extremely cold temperatures and that her job factors caused stiffness in both of her knees.

By decision dated February 7, 1997, the Office of Workers' Compensation Programs denied appellant's claim on the grounds that the evidence of record failed to establish that she had sustained an injury in the performance of duty causally related to factors of her employment.

By letter dated February 18, 1997, appellant requested an oral hearing before an Office hearing representative.

In notes dated April 7, 1997, Dr. William J. Hopkinson, a Board-certified orthopedic surgeon of professorial rank, related that appellant complained of bilateral knee pain, worked as a forklift operator and reported increasing anterior knee pain with activities. Dr. Hopkinson noted a family history of arthritis. He provided findings on examination and diagnosed osteoarthritis of both knees. Dr. Hopkinson indicated that appellant could perform her regular duties but should begin an exercise program to lose weight.

In a report dated August 27, 1997, Dr. James P. Ahstrom, Jr., a Board-certified orthopedic surgeon, related that appellant had been treated for arthritis in the right knee and

noted that she had worked as a forklift operator in very cold temperatures for many years and her job also required a rather cramped posture of the knees. Dr. Ahstrom stated:

“It really cannot be said that extreme cold or persistent cold will cause arthritis but it could be said that if there is some arthritis, being exposed persistently to very cold environments, [it] can cause the process to progress more rapidly than it might have progressed otherwise. In other words, the coldness can aggravate situations.”

In notes dated September 3, 1997, Dr. Hopkinson related that appellant continued to complain of bilateral anterior patellofemoral pain in her knees. He provided findings on examination and stated, “I feel [appellant] has work-aggravated osteoarthritis at bilaterally knees (sic) which are causing increasing disability.”

In a report dated September 4, 1997, Dr. Jeffrey M. Smith, a chiropractor, diagnosed degenerative joint disease of both knees and stated his opinion that appellant’s condition was causally related to her employment.

In a report dated September 19, 1997, Dr. Mehroo M. Patel, a Board-certified family practitioner, related that appellant had been a patient of his since April 1984 and he diagnosed mild osteoarthritis of the knees which had progressed over time. Dr. Patel stated:

“[Appellant] claims that her occupation as a forklift operator over the past 20 years requires her to operate machinery in a sitting position with both knees bent in a ‘45 degree angle’ while continuously maneuvering the acceleration and brake pedals with applied pressure from the foot and knee joint. The performance of her duties are carried out in staging or dock areas exposing her to extremely cold temperatures during winter months and air conditioned (sic) during summer months. [Appellant] claims that this environment has further contributed to her condition as well as caused her to overcompensate with the left knee and requires ongoing medical treatment to relieve her from the pain and discomfort in both knees.”

On September 24, 1997 a hearing was held before an Office hearing representative at which time appellant testified.

By decision dated November 26, 1997, the Office hearing representative affirmed the Office’s February 7, 1997 decision.

The Board finds that appellant has failed to meet her burden of proof to establish that she sustained an injury causally related to factors of her employment.

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit the following: (1) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; (2) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; and (3) medical evidence establishing that the

employment factors identified by the claimant were the proximate cause of the condition for which compensation is claimed or, stated differently, medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant.¹ The medical evidence required to establish a causal relationship, generally, is rationalized medical opinion evidence.² Rationalized medical opinion evidence is medical evidence which includes a physician's rationalized opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the claimant,³ must be one of reasonable medical certainty,⁴ and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.⁵

In this case, appellant claimed that she sustained arthritis in both knees due to sitting with her knees bent in her job as a forklift operator and to being exposed to cold temperatures.

In notes dated April 7, 1997, Dr. Hopkinson, a Board-certified orthopedic surgeon of professorial rank, related that appellant complained of bilateral knee pain, worked as a forklift operator and reported increasing anterior knee pain with activities. He noted a family history of arthritis. Dr. Hopkinson provided findings on examination and diagnosed osteoarthritis of both knees. In notes dated September 3, 1997, he provided findings on examination and stated, "I feel [appellant] has work-aggravated osteoarthritis at bilaterally knees (sic) which are causing increasing disability." However, he did not address the two work factors which appellant had implicated in her claim and he provided no medical rationale in support of his opinion that her job had aggravated her arthritis condition. Therefore, his notes are not sufficient to establish that appellant sustained an employment-related knee condition.

In a report dated August 27, 1997, Dr. Ahstrom, a Board-certified orthopedic surgeon, related that appellant had been treated for arthritis in the right knee and noted that she had worked as a forklift operator in very cold temperatures for many years and her job also required a rather cramped posture of the knees. He stated that cold temperatures could aggravate an arthritis condition. However, Dr. Ahstrom did not address appellant's specific work factors such as the temperatures to which she was exposed and the length of the exposure. He provided insufficient medical rationale to explain how appellant's arthritis condition was aggravated by her work factors and, therefore, his report is not sufficient to discharge appellant's burden of proof.

¹ See *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

² The Board has held that in certain cases, where the causal connection is so obvious, expert medical testimony may not be necessary; see *Naomi A. Lilly*, 10 ECAB 560, 572-73 (1959). The instant case, however, is not a case of obvious causal connection.

³ *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

⁴ See *Morris Scanlon*, 11 ECAB 384, 385 (1960).

⁵ See *James D. Carter*, 43 ECAB 113, 123 (1991); *George A. Ross*, 43 ECAB 346, 351 (1991).

In a report dated September 4, 1997, Dr. Smith, a chiropractor, diagnosed degenerative joint disease of both knees and stated his opinion that appellant's condition was causally related to her employment. However, under section 8101(2) of the Federal Employees' Compensation Act, chiropractors are only considered physicians, and their reports considered medical evidence, to the extent that they treat spinal subluxations as demonstrated by x-ray to exist.⁶ As Dr. Smith did not treat appellant for a subluxation, his reports have no probative value on the issue of whether appellant sustained an employment-related injury.

In a report dated September 19, 1997, Dr. Patel, a Board-certified family practitioner, related that appellant had been a patient of his since April 1984 and he diagnosed mild osteoarthritis of the knees which had progressed over time. He related appellant's belief that her arthritis condition was caused or aggravated by working in a sitting position and being exposed to cold temperatures. However, Dr. Patel provided no opinion of his own, supported by medical rationale, explaining how appellant's arthritis was caused or aggravated by her job factors. Therefore, this report is insufficient to establish that appellant's arthritis was caused or aggravated by her employment.

The decisions of the Office of Workers' Compensation Programs dated November 26 and February 7, 1997 are affirmed.

Dated, Washington, D.C.
December 6, 1999

David S. Gerson
Member

Willie T.C. Thomas
Alternate Member

A. Peter Kanjorski
Alternate Member

⁶ 5 U.S.C. § 8101(2); *see Jack B. Wood*, 40 ECAB 95, 109 (1988).