



## **FACTUAL HISTORY**

In this case, the Office accepted that on February 6, 1993 appellant, then a 45-year-old letter carrier, sustained a right posterior horn meniscus knee tear when he fell from a porch due to faulty steps. Appellant underwent a right knee arthroscopy to repair the torn meniscus in March 1993, had a right total knee replacement in 1995, a total revision of the right knee in 2000 and a revision to the custom made prosthesis in 2001. Appellant currently works four hours per day in a limited-duty capacity.

In an April 5, 2002 report, Dr. Nigel Watt, a Board-certified orthopedic surgeon and appellant's treating physician, noted that appellant has had left knee problems over the last few years and stated that, at that time, it was felt likely that the left knee problems were secondary to appellant's abnormal gait and increased strain on the left knee. As appellant's left knee problems have continued, Dr. Watt recommended synvisc injections. By letter dated April 22, 2002, the Office approved synvisc injections for management of appellant's left knee symptoms.

In a May 28, 2002 report, Dr. Watt recommended a left total knee replacement. On July 2, 2002 the Office medical adviser reviewed the medical evidence of record and recommended that the Office deny the proposed left total knee replacement surgical request. This was based on the fact that the left knee was not an accepted condition and that appellant's right knee problems did not cause any problems with his left knee, especially when he weighed 375 plus pounds.

In a July 8, 2002 letter, the Office advised appellant that they were deferring surgery approval on the left knee. In an August 14, 2002 letter, the Office referred appellant, together with the medical record, a statement of accepted facts and a list of questions to be resolved, to a second opinion examination with Dr. Robert W. Moore, a Board-certified orthopedic surgeon.

In a September 3, 2002 report, Dr. Moore diagnosed status post right total knee arthroplasty, severe osteoarthritis of the left knee and morbid obesity. Dr. Moore opined that there was no causal relationship between the osteoarthritis in appellant's left knee and the February 6, 1993 work injury as there was no documentation of any injury to the left knee sustained at the time of the February 6, 1993 work injury nor were there any documented complaints of left knee symptoms until June 2001. Dr. Moore opined that appellant's left knee condition was a result of the natural progression of osteoarthritis in his left knee, unrelated to any specific injury and exacerbated by his morbid obesity.

By decision dated September 26, 2002, the Office denied authorization for the proposed left total knee replacement as appellant had not established a causal connection between his left knee condition and his work injury of February 6, 1993.

In a letter dated October 8, 2002, appellant requested an oral hearing, which was held on June 25, 2003. Appellant submitted a June 17, 2003 progress report from Dr. Watt, copies of bills for treatment of his left knee condition, which the Office had paid, and duplicate copies of previously submitted progress reports from Dr. Watt. By decision dated September 12, 2003, an Office hearing representative affirmed the Office's previous decision of September 26, 2002.

## LEGAL PRECEDENT

To be entitled to reimbursement for medical expenses, a claimant must establish that the expenditures were incurred for treatment of the effects of an employment-related injury.<sup>2</sup> Proof of causal relation in a case such as this must include supporting rationalized medical evidence.<sup>3</sup> Therefore, to prove that a total left knee replacement is warranted, appellant must submit evidence to show that the surgical request is for a condition causally related to the employment injury and that the surgery is medically warranted. Both of these criteria must be met for the Office to authorize payment.

## ANALYSIS

The medical and factual evidence submitted in support of this claim confirm that appellant's total left knee replacement surgery is medically warranted. However, there is no evidence of record which contains a well-rationalized opinion causally relating the need for a total left knee replacement to the effects of appellant's February 6, 1993 work injury. None of Dr. Watts' reports address the relationship between appellant's left knee complaints and his accepted right knee condition. Although his April 5, 2002 report noted that it was likely that appellant's left knee problems were secondary to appellant's abnormal gait and increased strain on the left knee, the physician did not provide a definitive opinion, supported by medical rationale, on the cause of appellant's left knee problems.<sup>4</sup> Furthermore, neither Dr. Watt nor any other physician of record has opined that appellant's left knee complaints were causally related to his accepted right knee condition or to factors of his federal employment. Both the Office medical adviser and the second opinion physician have opined that the proposed surgery is most likely due to appellant's underlying osteoarthritis and exacerbated by his obesity. Because appellant did not provide any rationalized medical evidence describing or explaining how the February 6, 1993 work injury caused or contributed to his need for a total left knee replacement, the Board finds that the Office properly denied authorization of such surgery. The Office, therefore, did not abuse its discretion.<sup>5</sup>

## CONCLUSION

The Board finds that the Office did not abuse its discretion in denying appellant's claim for authorization of a left total knee replacement surgery.

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<sup>2</sup> See 5 U.S.C. § 8103(a) (the United States shall furnish to an employee who is injured while in the performance of duty the services, appliances and supplies, prescribed or recommended by a qualified physician, that the Office considers likely to cure, give relief, reduce the degree or the period of disability or aid in lessening the amount of any monthly compensation); *Carolyn F. Allen*, 47 ECAB 240 (1995).

<sup>3</sup> See *Debra S. King*, 44 ECAB 203 (1992); *Bertha L. Arnold*, 38 ECAB 282 (1986).

<sup>4</sup> See *Roger Williams*, 52 ECAB 468 (2001).

<sup>5</sup> See generally *Stella M. Bohlig*, 53 ECAB \_\_\_\_ (Docket No. 00-749, issued February 8, 2002).

**ORDER**

**IT IS HEREBY ORDERED THAT** the September 12, 2003 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 26, 2004  
Washington, DC

David S. Gerson  
Alternate Member

Willie T.C. Thomas  
Alternate Member

A. Peter Kanjorski  
Alternate Member