

On appeal appellant contends that the evidence of record is sufficient to support her claim.

FACTUAL HISTORY

On January 8, 2015 appellant, then a 45-year-old distribution clerk, filed an occupational disease claim (Form-CA-2) alleging bilateral knee degenerative arthritis and would need bilateral knee replacement surgery. She alleged that this condition was caused by her federal employment, noting that her job consisted of distribution and sorting of mail and parcels, pushing/pulling equipment, lifting, bending, and a great deal of walking. Appellant also noted that she previously carried mail for eight years.

By letter dated January 14, 2015, OWCP informed appellant that further evidence was necessary to support her claim, and afforded her 30 days to submit this information.

In a May 20, 2014 medical report, Dr. John L. Ochsner, Jr., a Board-certified orthopedic surgeon, noted that appellant presented with bilateral knee pain of severe intensity with a duration of six months. He diagnosed bone-on-bone degenerative arthritis in the medial compartment of both knees. Dr. Ochsner performed knee arthrocentesis with injection on both of appellant's knees. He noted that appellant could need knee replacements at some point. In a June 9, 2014 note, Dr. Ochsner noted that appellant had severe osteoarthritis of the knees and that he had advised her not to do heavy lifting, pushing, or pulling. He also noted that appellant would have to limit the amount of time she stands and walks and that, if she continued to stress her knees, the arthritis would progress faster. Dr. Ochsner further noted that appellant would require further medical treatment and most likely would need knee surgery.

At Dr. Ochsner's request, appellant had x-rays of both knees on May 20, 2014, which were interpreted by Dr. Matthew LaFleur, a Board-certified radiologist, as evincing no radiographic evidence of acute osseous, articular, or soft tissue abnormality, and mild-to-moderate joint space loss in the medial tibiofemoral compartment. Dr. LaFleur also noted that small patellofemoral marginal osteophytes were present.

By decision dated April 15, 2015, OWCP denied appellant's claim as appellant had failed to establish that her bilateral knee condition was causally related to the accepted employment factors.

OWCP received additional medical evidence. In a September 2, 2014 progress note, Dr. Ochsner noted that he had aspirated appellant's knee three and one-half months ago and she did well for at least two months. He again conducted bilateral knee arthrocentesis with injection on that date and repeated this procedure on December 16, 2014. In his December 16, 2014 progress note, Dr. Ochsner noted that appellant's knee pain was worse on the left, that it increased with activity, and that it interfered with activities of daily living. He noted that appellant decided to proceed with bilateral knee replacement. On March 23, 2015 Dr. Ochsner performed bilateral total knee arthroplasties for treatment of appellant's bilateral knee osteoarthritis.

X-rays taken on March 23, 2015 were interpreted by Dr. Nancy Diethelm, a Board-certified radiologist, as showing bilateral total knee arthroplasties with posterior resurfacing of the patella and prosthetic components in satisfactory position and alignment.

In an April 14, 2015 report, Dr. Ochsner noted that appellant's symptoms of bilateral knee pain started several years ago and that appellant noted significant problems on August 18, 2013. He indicated that appellant lifted and transported mail which caused significant pain and discomfort. Dr. Ochsner noted that radiographs showed severe degenerative arthritis of both knees. He noted that appellant was initially treated with arthritis medication and rest, but unfortunately the arthritis progressed and appellant required bilateral knee replacements. Dr. Ochsner noted that lifting, standing and moving mail caused significant aggravation of appellant's arthritis, and that the arthritis progressed to the point where appellant required surgery. He opined that the physical activities of working for the employing establishment aggravated her knee conditions to progress to the point where she required surgery and that appellant's x-rays showed severe deformity and destruction of the joint surface which required knee surgery. Dr. Ochsner summarized by stating that appellant "worked standing and moving mail which caused severe osteoarthritis of her knees."

On April 24, 2015 appellant requested review of the written record before an OWCP hearing representative.

By decision dated September 10, 2015, the hearing representative affirmed the April 15, 2015 decision. He found that appellant had not established that her diagnosed bilateral knee condition was causally related to the accepted factors of her federal employment.

LEGAL PRECEDENT

An employee seeking compensation under FECA³ has the burden of proof to establish the essential elements of his or her claim by the weight of the reliable, probative, and substantial evidence,⁴ including that he or she is an "employee" within the meaning of FECA⁵ and that he or she filed his or her claim within the applicable time limitation.⁶ The employee must also establish that she sustained an injury in the performance of duty as alleged and that her disability for work, if any, was causally related to the employment injury.⁷ These are the essential elements of each and every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.⁸

³ *Supra* note 2.

⁴ *J.P.*, 59 ECAB 178 (2007); *Joseph M. Whelan*, 20 ECAB 55, 57 (1968).

⁵ *See M.H.*, 59 ECAB 461 (2008); *see also* 5 U.S.C. § 8101(1).

⁶ *R.C.*, 59 ECAB 427 (2008); *Kathryn A. O'Donnell*, 7 ECAB 227, 231 (1954); *see* 5 U.S.C. § 8122.

⁷ *G.T.*, 59 ECAB 447 (2008); *Elaine Pendleton*, 40 ECAB 1143, 1145 (1989).

⁸ *See Irene St. John*, 50 ECAB 521 (1999); *Michael E. Smith*, 50 ECAB 313 (1999).

To establish that an injury was sustained in the performance of duty in a claim for occupational disease, an employee must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.⁹

Causal relationship is a medical issue,¹⁰ and the medical evidence generally required to establish causal relationship is rationalized medical opinion evidence. The opinion of the physician must be based on a complete factual and medical background of the claimant,¹¹ must be one of reasonable medical certainty,¹² and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the established incident or factor of employment.¹³

ANALYSIS

OWCP accepted factors of federal employment as distribution and sorting of mail and parcels, pushing and pulling equipment, lifting, bending, and significant walking. The medical evidence of record also establishes that appellant suffered from severe degenerative arthritis in both her knees. However, OWCP denied appellant's claim as she failed to submit rationalized medical evidence describing how the accepted factors of employment caused or aggravated her diagnosed condition.

Appellant submitted multiple reports from her treating orthopedic surgeon, Dr. Ochsner, who performed appellant's bilateral knee replacement on March 23, 2015. Dr. Ochsner's initial reports failed to address causal relationship. In an April 14, 2015 report, he did address the issue of causal relationship, but the opinion is not sufficiently detailed and rationalized to constitute persuasive medical evidence. Dr. Ochsner noted that appellant's employment duties of lifting, standing, and moving mail caused a significant aggravation of her arthritis, and that this caused the arthritis to progress to the point where she required surgery. He noted that appellant's radiographs showed severe deformity and destruction of the joint surface which required knee surgery. However, Dr. Ochsner's opinion is conclusory. He failed to provide a detailed explanation with regard to how appellant's specific factors of federal employment caused or aggravated her degenerative arthritis. Dr. Ochsner did not explain how specific activities of appellant's position caused or aggravated her degenerative arthritis. A mere conclusion without the necessary rationale explaining how and why the physician believes that a claimant's accepted exposure resulted in the diagnosed condition is not sufficient to meet appellant's burden of

⁹ See *Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994).

¹⁰ *Mary J. Briggs*, 37 ECAB 578 (1986).

¹¹ *William Nimitz, Jr.*, 30 ECAB 567, 570 (1979).

¹² See *Morris Scanlon*, 11 ECAB 384, 285 (1960).

¹³ See *William E. Enright*, 31 ECAB 426, 430 (1980).

proof.¹⁴ Dr. Ochsner did not adequately explain why his findings and experience brought him to the conclusion that there was causal relationship.¹⁵ Although he suggested that appellant's work aggravated her arthritic condition, he also did not explain why appellant's diagnosed condition was not caused by nonwork factors.¹⁶ Neither the 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 the employment factors or incident is sufficient to establish causal relationship.¹⁷

None of the other medical reports of record are sufficient to establish causal relationship. Dr. LaFleur and Dr. Diethelm interpreted diagnostic studies, but at no point did these doctors address causation. As these reports do not address causation, they are of limited probative value.¹⁸

The Board finds that appellant did not meet her burden of proof to establish that her bilateral degenerative arthritis was causally related to the accepted factors of her federal employment.

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 established that she sustained bilateral knee conditions causally related to the accepted employment factors.

¹⁴ *G.M.*, Docket No. 14-2057 (issued May 12, 2015).

¹⁵ *See R.E.*, Docket No. 14-868 (issued September 24, 2014).

¹⁶ *J.S.*, Docket No. 14-818 (issued August 7, 2014).

¹⁷ *See Dennis M. Mascarenas*, 49 ECAB 215 (1997).

¹⁸ *See J.G.*, Docket No. 15-1468 (issued October 7, 2015).

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated September 10, 2015 is affirmed.

Issued: July 25, 2016
Washington, DC

Christopher J. Godfrey, Chief Judge
Employees' Compensation Appeals Board

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

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board