

that his left knee had numbness and red coloration with soreness when walking. On the reverse side of the claim form, a supervisor noted that appellant and his vehicle were struck by another vehicle during a traffic stop, that several other incidents ensued, that no major injuries occurred, and that state troopers investigated the incident, finding that appellant was not at fault.

In a development letter dated February 9, 2017, OWCP advised appellant that the evidence of record was insufficient to establish his claim. It noted that it had not received medical evidence with a diagnosis resulting from his injury. OWCP also requested additional factual information regarding the alleged injury. It afforded appellant 30 days to submit the requested information.

In a report dated February 1, 2017, Dr. Charles Aarons, a family medicine specialist, noted that appellant injured his left knee on January 22, 2017 when he jumped to avoid a speeding truck during a traffic stop. Appellant reported that he had left knee bruising which had since cleared up, and that while his knee felt weak, it had not actually given out and that he was otherwise uninjured. Dr. Aarons advised that an x-ray of the left knee was normal.² His Left knee examination demonstrated normal range of motion with no bruising. Dr. Aarons diagnosed left knee pain and ordered a magnetic resonance imaging (MRI) scan of his left knee.

A February 7, 2017 MRI scan revealed normal major cartilaginous, ligamentous, osseous, and tendinous structures. An incidental note indicated that a significant amount of fluid was seen in the prepatellar bursa, probably representing prepatellar bursitis, and “perhaps related to trauma.”

In a statement dated February 26, 2017, appellant described the January 22, 2017 incident. He reported that while on duty that day, after conducting a traffic stop, he observed a truck heading directly toward him at a high rate of speed. Appellant reported that he jumped in order to avoid direct impact with the truck and was knocked back into the stopped vehicle, hitting his knees. Afterward, he checked his lower extremities and was surprised to find that he was not severely injured. Appellant indicated that his knees were bruised, primarily on his left, and that he pulled muscles in his upper legs and back. A crash investigation was conducted that day by an Alaska State Trooper.

By decision dated March 13, 2017, OWCP denied appellant’s claim finding that although the evidence of record established that the employment incident occurred as alleged, appellant had not submitted sufficient evidence to establish a diagnosed medical condition causally related to the accepted January 22, 2017 employment incident. OWCP explained that “pain” was a symptom and not a diagnosis.

On January 18, 2018 appellant requested reconsideration of OWCP’s March 13, 2017 decision. In an accompanying letter dated January 9, 2017, he asserted that the evidence submitted established fact of injury. Appellant noted that a physician found severe bruising to the knee. He further asserted that the fact that diagnostic testing was ordered, including a left knee MRI scan,

² The record includes a February 1, 2017 left knee x-ray report that revealed no arthritic, degenerative, or post-traumatic abnormalities, with no evidence of malignancy, infection, or acute post-traumatic change. Soft tissues were also normal.

was sufficient to establish fact of injury. Appellant also resubmitted Dr. Aaron's February 1, 2017 report and an image of his left knee.

By decision dated February 9, 2018, OWCP denied modification of its March 13, 2017 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA 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,³ 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 employment injury.⁴ 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.⁵ To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it must first 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, place, and in the manner alleged. Second, the employee must submit sufficient evidence to establish that the employment incident caused a personal injury.⁶

Causal relationship is a medical issue and the medical evidence required to establish causal relationship is rationalized medical opinion evidence.⁷ Rationalized medical opinion evidence is medical evidence that includes a physician's rationalized opinion on whether there is a causal relationship between the employee's diagnosed condition and compensable employment factors.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 the specific employment factors identified by the employee.⁹

³ *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁴ *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁵ *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

⁶ *F.H.*, Docket No. 18-0869 (issued January 29, 2020).

⁷ *T.H.*, Docket No. 19-0599 (issued January 28, 2020).

⁸ *K.C.*, Docket No. 18-0529 (issued January 21, 2020).

⁹ *D.J.*, Docket No. 19-1301 (issued January 29, 2020).

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted January 22, 2017 employment incident.

Dr. Aarons, in his February 1, 2017 report, only diagnosed left knee pain. The Board has consistently held that pain is a description of a symptom and not, in itself, considered a firm medical diagnosis.¹⁰ Dr. Aarons' description of left knee pain is, therefore, insufficient to establish that appellant sustained a diagnosed condition causally related to his employment incident.¹¹

Appellant also submitted a February 1, 2017 x-ray and a February 7, 2017 MRI scan of his left knee which revealed a significant amount of fluid in the prepatellar bursa, probably representing prepatellar bursitis, "perhaps related to trauma." However, the Board has held that reports of diagnostic tests lack probative value as they fail to provide an opinion on causal relationship between his employment duties and the diagnosed conditions.¹² Therefore, they are also insufficient to establish appellant's claim.

As appellant has not submitted medical evidence sufficient to establish a medical condition causally related to the accepted employment incident, the Board finds that he has not met his burden of proof to establish his claim.

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 met his burden of proof to establish a medical condition causally related to the accepted January 22, 2017 employment incident.

¹⁰ See *M.L.*, Docket No. 18-0153 (issued January 22, 1980); *B.P.*, Docket No. 12-1345 (issued November 13, 2012); *C.F.*, Docket No. 08-1102 (issued October 10, 2008).

¹¹ *Id.* Findings of pain or discomfort alone do not satisfy the medical aspect of the fact of injury medical determination. Federal (FECA) Procedure Manual, Part 2 -- Claims, *Fact of Injury*, Chapter 2.803.4.a(6) (August 2012).

¹² *K.S.*, Docket No. 18-1781 (issued April 8, 2019); *G.S.*, Docket No. 18-1696 (issued March 26, 2019); *J.M.*, Docket No. 17-1688 (issued December 13, 2018).

ORDER

IT IS HEREBY ORDERED THAT the February 9, 2018 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 10, 2020
Washington, DC

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

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

Patricia H. Fitzgerald, Alternate Judge
Employees' Compensation Appeals Board