

ISSUE

The issue is whether appellant has met her burden of proof to establish a medical condition causally related to the accepted February 23, 2019 employment incident.

FACTUAL HISTORY

On October 10, 2019 appellant, then a 64-year-old transportation security officer, filed a traumatic injury claim (Form CA-1) alleging that on February 23, 2019 she injured her hip when pushing a cart loaded with two full water cooler bottles while in the performance of duty. She did not stop work.

Accompanying her claim form, was a September 6, 2019 magnetic resonance imaging (MRI) scan report noting a clinical history of complaints of right hip pain for several months. Under impression, the diagnoses were listed as degenerative tendinopathy of the right gluteus medius and minimis tendons at the trochanteric insertion without evidence of significant tear.

In a development letter dated October 16, 2019, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence necessary and provided a questionnaire for her completion. OWCP afforded appellant 30 days to submit the necessary evidence.

An August 16, 2019 x-ray interpretation of appellant's pelvis noted a clinical history of chronic right-sided radiculopathy and related a finding of normal pelvic radiograph. An August 16, 2019 right knee x-ray revealed primary localized right knee osteoarthritis. An October 4, 2019 right knee x-ray revealed mild lateral and patellofemoral osteoarthrosis and no acute fracture.

In a report dated October 24, 2019, Dr. Vincent McInerney, a Board-certified orthopedic surgeon, noted that appellant complained of right knee pain. Appellant's physical examination demonstrated full right knee range of motion (ROM), no obvious right knee instability and normal bilateral lower extremity motor strength. Dr. McInerney diagnosed right hip trochanteric bursitis and acute right medial meniscal tear. In a duty status report (Form CA-17) dated October 24, 2019, he diagnosed trochanteric bursitis, noted an injury date of February 23, 2019, and provided work restrictions. Dr. McInerney noted that she had injured her hip while pushing a cart with supplies and two water cooler bottles.

In an attending physician's report (Form CA-20) dated October 25, 2019, Dr. McInerney, noted that appellant fell at work on February 23, 2019. He diagnosed right hip greater trochanteric bursitis. In another Form CA-20 of even date, Dr. McInerney noted that appellant fell onto her right knee at work on September 18, 2019. He diagnosed a right knee medial meniscal tear. In a Form CA-20 dated October 31, 2019, Dr. McInerney noted an injury date of September 18, 2019 and diagnosed right hip and knee injuries. In these forms, he indicated by check mark that the diagnosed conditions were causally related to the alleged employment activity.

By decision dated November 22, 2019, OWCP accepted that the February 23, 2019 employment incident occurred, as alleged, but denied appellant's claim finding that causal

relationship had not been established between appellant's diagnosed conditions and the accepted employment incident.³

On November 19, 2020 appellant, through counsel, requested reconsideration. OWCP received progress notes from Dr. McInerney dated September 3, 2019 wherein he noted appellant's right hip pain, and provided diagnoses of right acetabular labrum tear and right knee localized osteoarthritis. It also received October 4 and December 6 and 20, 2019 reports, wherein Dr. McInerney noted appellant's right knee pain and diagnosed trochanteric bursitis of the right hip. In the October 4, 2019 report, he also diagnosed acute right knee meniscal tear, which he related was a new injury sustained on September 18, 2019. In the December 20, 2019 report, Dr. McInerney noted that appellant had continued right hip pain since her February 23, 2019 injury and that her continued tenderness along the greater trochanteric region was consistent with trochanteric bursitis from the original February 23, 2019 employment injury.

By decision dated February 1, 2021, OWCP denied modification.

LEGAL PRECEDENT

An employee seeking benefits under FECA⁴ 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,⁵ 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.⁶ 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.⁷

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. There are two components involved in establishing fact of injury. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the

³ OWCP noted that appellant had been under medical care for right knee and right hip conditions prior to September 18, 2019 and that she had filed a prior claim for right knee injury in OWCP File No. xxxxxx552. The claims have not been administratively combined.

⁴ *Id.*

⁵ *C.G.*, Docket No. 21-0727 (issued December 21, 2021); *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).

⁶ *C.G.*, *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).

⁷ *C.G.*, *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).

time and place, and in the manner alleged. The second component is whether the employment incident caused a personal injury.⁸

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁹ A physician's opinion on whether there is causal relationship between the diagnosed condition and the accepted employment incident must be based on a complete factual and medical background. Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and the specific employment incident.¹⁰

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted February 23, 2019 employment incident.

In support of the claim, OWCP initially received a Form CA-17 dated October 24, 2019 wherein Dr. McInerney diagnosed right hip trochanteric bursitis and noted an injury date of February 23, 2019. Dr. McInerney related that appellant injured her hip while pushing a cart with water battles and supplies. In a December 20, 2019 report, he noted that she had continued right hip pain since her February 23, 2019 injury and that her continued tenderness along the greater trochanteric region was consistent with trochanteric bursitis from the original February 23, 2019 employment injury. Dr. McInerney, however, failed to provide an opinion on causal relationship. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.¹¹ The Board, therefore, finds that these reports are insufficient to establish causal relationship.

OWCP also received a September 3, 2019 report wherein Dr. McInerney provided diagnoses of right acetabular labrum tear and right knee localized osteoarthritis, and an October 24, 2019 report diagnosing right hip trochanteric bursitis and acute right medial meniscal tear. However, Dr. McInerney offered no opinion as to the cause of the diagnosed conditions. As noted, the Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.¹² Thus, these reports are insufficient to establish that appellant sustained an employment-related injury.

The record also contains a series of Form CA-20s wherein Dr. McInerney diagnosed right knee and conditions and indicated by checking a box marked "Yes" that the diagnosed conditions

⁸ *C.G., id.; T.H.*, Docket No. 19-0599 (issued January 28, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

⁹ *C.G., id.; L.S.*, Docket No. 19-1769 (issued July 10, 2020); *Jacqueline M. Nixon-Steward*, 52 ECAB 140 (2000).

¹⁰ *C.G., id.; B.C.*, Docket No. 20-0221 (issued July 10, 2020); *Leslie C. Moore*, 52 ECAB 132 (2000).

¹¹ *See L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹² *Id.*

were causally related to the alleged employment injury. The Board has held, however, that when a physician's opinion as to the cause of a condition or period of disability consists only of a checkmark on a form, without further explanation or rationale, that opinion is of diminished probative value and is insufficient to establish a claim.¹³ Therefore, this report is insufficient to establish appellant's claim.

In an October 4, 2019 report, Dr. McInerney diagnosed acute right knee meniscal tear, which he related was a new injury sustained on September 18, 2019. However, Dr. McInerney again failed to provide an opinion on causal relationship. As noted above, reports that do not offer an opinion regarding the cause of an employee's condition are of no probative value on the issue of causal relationship.¹⁴ Thus, this report is insufficient to establish appellant's claim.

Appellant also submitted a September 6, 2019 MRI scan and x-rays dated August 16 and October 4, 2019. The Board has held, however, that diagnostic studies, standing alone, lack probative value as they do not address whether the employment incident caused any of the diagnosed conditions.¹⁵

As the record lacks rationalized medical evidence establishing causal relationship between appellant's diagnosed conditions and the accepted February 23, 2019 employment incident, the Board finds that appellant has not met her 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(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted February 23, 2019 employment incident.

¹³ See *A.C.*, Docket No. 21-0087 (issued November 9, 2021); *O.M.*, Docket No. 18-1055 (issued April 15, 2020); *Gary J. Watling*, 52 ECAB 278 (2001).

¹⁴ *Supra* note 12.

¹⁵ *B.P.*, Docket No. 21-0872 (issued December 8, 2021); *J.P.*, Docket No. 19-0216 (issued December 13, 2019); *A.B.*, Docket No. 17-0301 (issued May 19, 2017).

ORDER

IT IS HEREBY ORDERED THAT the February 1, 2021 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: April 4, 2022
Washington, DC

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

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

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board