

heavy parcels and trays of mail, pushing and pulling large equipment, and loading and unloading trucks while twisting, bending, reaching, and standing on cement. She noted that she first became aware of her condition and realized its relation to her federal employment on December 2, 2023. Appellant stopped work on December 14, 2023.

In a development letter dated December 15, 2023, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical information needed, including a detailed factual description of the alleged employment incident, and provided a questionnaire for her completion. OWCP afforded appellant 60 days to submit the necessary evidence.

Dr. Paul H. Rasmussen, a Board-certified orthopedic surgeon, examined appellant on December 2, 2023 and diagnosed end stage osteoarthritis of the right knee with almost complete absence of medial joint space and cervical pain. He recommended a right unicompartmental arthroplasty. Dr. Rasmussen attributed appellant's increased cervical pain to her job duties.

In a December 2, 2023 duty status report (Form CA-17), a physician with an illegible signature diagnosed cervical muscle spasms and grinding of the right knee.

Dr. Rasmussen provided December 2, 2023 x-rays which revealed end stage osteoarthritis with almost complete absence of joint space.

On January 3, 2024 appellant submitted an unsigned and undated report diagnosing osteoarthritis of the right knee.

In a follow-up letter dated January 22, 2024, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish her claim. It noted that she had 60 days from the December 15, 2023 letter to submit the requested supporting evidence. OWCP further advised that if the evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

OWCP received an unsigned and undated authorization for examination and/or treatment (Form CA-16) providing a date of injury of January 2024 and the description of pain. In Part B of the Form CA-16, attending physician's report, dated February 6, 2024, Dr. Brian D. Kampmann, an orthopedic surgeon, diagnosed end stage severe bone-on-bone osteoarthritis of the right knee and recounted that appellant began experiencing pain with pushing and pulling activities at work. He checked a box marked "Yes" indicating that her diagnosed condition was caused or aggravated by employment activity and added that her arthritis was a preexisting condition, but that activity "flared" the arthritis. Dr. Kampmann related that appellant had a previous injury and surgery to her right knee due to a workers' compensation injury in 2019.

In a February 6, 2024 attending physician's report (Form CA-20), Dr. Kampmann diagnosed severe end stage osteoarthritis of the right knee. He related that appellant's arthritis was present prior to her work injury in January 2023. In a separate report of even date, Dr. Kampmann described her work activities of walking, standing, pushing, and pulling. He recounted that appellant believed an increase in these activities had resulted in her increased pain. Dr. Kampmann related that she had undergone a right knee arthroscopy with a partial medial meniscectomy on April 8, 2019 which revealed arthritis. He informed appellant that her

knee pain was related to her preexisting condition of osteoarthritis which was due to her obesity and previous nonemployment-related meniscal injury. Dr. Kampmann recommended a right total knee arthroplasty. He provided February 6, 2024 x-rays which demonstrated end stage bone-on-bone arthritis with complete loss of joint space in the right knee.

By decision dated March 12, 2024, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish causal relationship between the diagnosed conditions and the accepted employment factors.

LEGAL PRECEDENT

An employee seeking benefits under FECA² 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,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 establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant 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 identified employment factors.⁶

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁷ The opinion of the physician must be based upon a complete factual and medical background, 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.⁸

² *Id.*

³ *L.D.*, Docket No. 22-0214 (issued September 21, 2022); *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).

⁴ *L.D.*, *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).

⁵ *L.D.*, *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).

⁶ *T.W.*, Docket No. 20-0767 (issued January 13, 2021); *L.D.*, Docket No. 19-1301 (issued January 29, 2020); *S.C.*, Docket No. 18-1242 (issued March 13, 2019).

⁷ *I.J.*, Docket No. 19-1343 (issued February 26, 2020); *T.H.*, 59 ECAB 388 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

⁸ *D.C.*, Docket No. 19-1093 (issued June 25, 2020); *see L.B.*, Docket No. 18-0533 (issued August 27, 2018).

In a case in which a preexisting condition involving the same part of the body is present and the issue of causal relationship, therefore, involves aggravation, acceleration, or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.⁹

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted factors of her federal employment.

In support of her claim, appellant submitted December 2, 2023 reports from Dr. Rasmussen diagnosing end stage osteoarthritis of the right knee with almost complete absence of medial joint space and cervical pain. Dr. Rasmussen, however, did not address the cause of her right knee osteoarthritis. The Board has held that medical evidence which does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.¹⁰ As such, Dr. Rasmussen's reports are insufficient to establish appellant's claim.

Dr. Kampmann completed form reports on February 6, 2024. In Part B of Form CA-16, he diagnosed end stage severe bone-on-bone osteoarthritis of the right knee and recounted that appellant began experiencing pain with pushing and pulling activities at work. He indicated by checking a box marked "Yes" that appellant's right knee condition had been caused or aggravated by an employment activity and added that while appellant's arthritis was preexisting her employment activities had "flared" this condition. The Board has held that a report that indicates causal relationship only by checkmark, without medical rationale explaining how the employment incident caused or aggravated the diagnosed condition, is of diminished probative value and insufficient to establish causal relationship.¹¹ The Board has explained that a medical opinion should offer a medically-sound explanation regarding how the employment factors physiologically caused the diagnosed condition.¹² Dr. Kampmann did not explain how the pushing and pulling activities at work would have caused "flared" symptoms of her arthritis or whether these symptoms were the result of an aggravation of the underlying condition. As such, this report is insufficient to establish appellant's claim.

In a February 6, 2024 Form CA-20, Dr. Kampmann diagnosed severe end stage osteoarthritis present prior to the work injury in January 2023. He did not provide an opinion on the cause of the diagnosed medical condition. The Board has held that medical evidence that

⁹ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013); *J.L.*, Docket No. 20-0717 (issued October 15, 2020).

¹⁰ *See T.S.*, Docket No. 23-0772 (issued March 28, 2024); *D.Y.*, Docket No. 20-0112 (issued June 25, 2020); *L.B.*, *supra* note 8; *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹¹ *E.T.*, Docket No. 24-0128 (issued March 20, 2024); *O.M.*, Docket No. 18-1055 (issued April 15, 2020); *Gary J. Watling*, 52 ECAB 278 (2001).

¹² *See S.B.*, Docket No. 24-0064 (issued February 28, 2024); *G.J.*, Docket No. 23-0577 (issued August 28, 2023); *K.C.*, Docket No. 22-0212 (issued June 14, 2022); *N.C.*, Docket No. 21-0934 (issued February 7, 2022); *M.G.*, Docket No. 21-0727 (issued October 15, 2021).

does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.¹³ Therefore, this evidence is insufficient to establish the claim.

In a February 6, 2024 note, Dr. Kampmann described appellant's work activities of walking, standing, pushing, and pulling. He related that she had undergone a right knee arthroscopy with a partial medial meniscectomy on April 8, 2019 which revealed arthritis. Dr. Kampmann opined that appellant's current knee pain was related to her preexisting condition of osteoarthritis which was due to her obesity and previous nonemployment-related meniscal injury, rather than due to her accepted employment factors. He, therefore, negated a finding that appellant's current right knee condition was related to her federal employment. The Board has held that evidence which negates disability during the claimed period, is of no probative value.¹⁴ This report is, therefore, insufficient to establish appellant's claim.

Appellant submitted an undated and unsigned treatment note and a December 2, 2023 Form CA-17 from an individual with an illegible signature. The Board has held that unsigned reports and reports that bear illegible signatures cannot be considered probative medical evidence because they do not provide an indication that the person completing the report qualifies as a physician under FECA.¹⁵ Therefore, these reports are of no probative value and are insufficient to meet appellant's burden of proof.

Appellant also submitted diagnostic test results, including x-rays. The Board has held, however, that diagnostic studies, standing alone, lack probative value as they do not address whether the employment factors caused any of the diagnosed conditions.¹⁶ Such reports are therefore insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted factors of appellant's federal employment, the Board finds that she has not met her burden of proof.¹⁷

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.

¹³ See *D.F.*, Docket No. 24-0078 (issued April 24, 2024); *L.B.*, *supra* note 8; *D.K.*, *supra* note 10.

¹⁴ See *S.H.*, Docket No. 21-0987 (issued September 1, 2023).

¹⁵ *D.F.*, *supra* note 13; *B.S.*, Docket No. 22-0918 (issued August 29, 2022); see *S.D.*, Docket No. 21-0292 (issued June 29, 2021); *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *Merton J. Sills*, 39 ECAB 572, 575 (1988).

¹⁶ *D.F.*, *id.*; *F.D.*, Docket No. 19-0932 (issued October 3, 2019).

¹⁷ See *T.J.*, Docket No. 19-1339 (issued March 4, 2020); *F.D.*, *id.*; *D.N.*, Docket No. 19-0070 (issued May 10, 2019); *R.B.*, Docket No. 18-1327 (issued December 31, 2018).

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted factors of her federal employment.¹⁸

ORDER

IT IS HEREBY ORDERED THAT the March 12, 2024 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 20, 2024
Washington, DC

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

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

¹⁸ The record contains a Form CA-16. When the employing establishment properly executes a Form CA-16 which authorizes medical treatment as a result of an employee's claim for an employment-related injury, the Form CA-16 creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim. The period for which treatment is authorized by a Form CA-16 is limited to 60 days from the date of issuance, unless terminated earlier by OWCP. *See* 20 C.F.R. § 10.300(c); *Tracy P. Spillane*, 54 ECAB 608 (2003).