

ISSUE

The issue is whether appellant has met his burden of proof to establish a medical condition causally related to the accepted July 21, 2022 employment incident.

FACTUAL HISTORY

On August 24, 2022 appellant, then a 58-year-old city carrier assistant 1, filed a traumatic injury claim (Form CA-1) alleging that on July 21, 2022 he sustained a transverse fracture of the left knee when he quickly tried to enter his vehicle due to inclement weather and struck his knee on the back end of the mail truck while in the performance of duty. He stopped work on August 17, 2022.

In an undated statement, appellant indicated that on July 21, 2022 after delivering mail he quickly walked towards his postal truck as it started to rain and hit his left knee on the back side of the truck. He noted that on July 22, 2022, while working at another employing establishment location, he had trouble walking due to his knee injury, and reported his condition to the supervisor at this location. Appellant thought the supervisor would report the injury to the postmaster.

On July 24, 2022 Dr. Nina Ackerman, Board-certified in emergency medicine, treated appellant in the emergency department and diagnosed left knee sprain.

On July 27, 2022 Kevin Brooks, a physician assistant, treated appellant in the emergency department for left knee pain and diagnosed knee contusion. He discharged appellant home with crutches to assist with his ambulation.

A computerized tomography (CT) scan of the left lower extremity dated July 27, 2022 revealed no acute fracture or dislocation.

On July 28, 2022 Dr. Baljinder K. Grewal, a Board-certified family practitioner, noted that appellant was treated in the emergency department on July 24, 2022 for a left leg injury. Appellant was subsequently treated on July 27, 2022 for left knee pain. Dr. Grewal excused appellant from work from July 29 through August 2, 2022 due to leg pain that prevented him from walking for long periods of time.

In form reports dated August 2 and 16, 2022, an unidentifiable healthcare provider noted that appellant was treated and could not return to work until cleared by an orthopedist. The provider recommended that appellant remain non-weight bearing on the left lower extremity and wear a knee brace.

A magnetic resonance imaging (MRI) scan of the left knee dated August 12, 2022 demonstrated a new transverse nondisplaced fracture of the medial tibial metaphysis abutting the medial cortex both anteriorly and posteriorly with marked marrow edema, a linear tear of the posterior horn/body of the medial meniscus abutting the inferior articular surface, quadriceps and patellar tendinosis, and mild suprapatellar effusion.

In an August 17, 2022 authorization for examination and/or treatment (Form CA-16), the employing establishment authorized appellant to seek medical care for an alleged knee injury that

occurred on July 21, 2022. The postmaster noted that there was doubt whether the employee's condition was caused by an injury in the performance of duty.

On August 23, 2022 the employing establishment challenged appellant's claim asserting that he delayed in reporting his knee injury and waited three weeks to file a claim. It noted that he had a preexisting left knee condition. The employing establishment indicated that on July 23, 2022 appellant requested a few days off and never returned to work.

In a development letter dated September 1, 2022, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence necessary to establish his claim and provided a questionnaire for his completion. OWCP afforded appellant 30 days to provide the necessary information.

In a September 28, 2022 response to the development letter, appellant indicated that there were no witnesses to the injury. He reported that he was treated for his injury on July 24, 2022.

By decision dated October 5, 2022, OWCP denied appellant's claim, finding that the requirements had not been met to establish an injury and/or medical condition causally related to the accepted July 21, 2022 employment incident.

On August 16, 2022 Dr. Robert Drazic, a Board-certified orthopedist, treated appellant for left knee pain after bumping his left knee while at work. He noted tenderness to palpation over the medial joint ligament and medial tibia, pain with deep flexion at the knee, and positive McMurray's test. Dr. Drazic diagnosed left knee pain and medial tibial metaphysis fracture and prescribed a knee brace. He noted that appellant was totally disabled from work.³

On September 23, 2023 appellant, through counsel, requested reconsideration.

In a report dated October 13, 2022, Dr. Grewal noted treating appellant since August 2, 2022 for left leg pain after striking his knee on his vehicle door and sustaining an injury. He prescribed pain medication and provided an excuse note for work. On August 10, 2022 Dr. Grewal referred appellant for an MRI scan of the left knee which, revealed a nondisplaced fracture of the left tibia and left medial meniscal tear.

By decision dated October 25, 2023, OWCP denied modification of the October 5, 2022 decision.

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

³ In a letter dated August 23, 2023, the employing establishment terminated appellant from employment effective August 23, 2022 because he failed to meet the requirements of the position for which he was hired.

⁴ *Id.*

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. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time and place, and in the manner alleged. Second, the employee must submit sufficient evidence to establish that the employment incident caused an injury.⁸

The medical evidence required to establish causal relationship is rationalized medical opinion evidence.⁹ 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 specific employment incident identified by the employee.¹⁰

ANALYSIS

The Board finds that appellant has met his burden of proof to establish a left knee contusion causally related the accepted July 21, 2022 employment incident.

On July 27, 2022 Kevin Brooks, a physician assistant, diagnosed left knee contusion following treatment of appellant for left knee pain. He discharged appellant from treatment with crutches.

OWCP's procedures provide that, if a condition reported is a minor one, such as a bum, laceration, insect sting, or animal bite, which can be identified on visual inspection by a lay person, a case may be accepted without a medical report.¹¹ As the evidence of record establishes that the

⁵ *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 *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 *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).

⁸ *T.J.*, Docket No. 19-0461 (issued August 11, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

⁹ *S.S.*, Docket No. 19-0688 (issued January 24, 2020); *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

¹⁰ *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *Y.S.*, Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

¹¹ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3c (May 2023). *See also J.N.*, Docket No. 24-0169 (issued April 26, 2024); *C.S.*, Docket No. 21-0560 (issued July 13, 2023).

accepted July 21, 2022 employment incident resulted in a visible injury, the Board finds that appellant has met his burden of proof to establish a left knee contusion.¹² The case will, therefore, be remanded to OWCP for payment of medical expenses for appellant's left knee contusion and any attendant disability.¹³

The Board further finds that appellant has not met his burden of proof to establish an additional medical condition as causally related to the accepted July 21, 2022 employment injury.

In a July 24, 2022 note, Dr. Ackerman diagnosed left knee sprain. Similarly, on July 28, 2022, Dr. Grewal noted that appellant was treated on July 24 and 27, 2022 for a left leg injury and excused from work from July 29 through August 2, 2022. However, in these notes Drs. Ackerman and Grewal failed to offer 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 or disability is of no probative value on the issue of causal relationship.¹⁴ Thus, the Board finds that these reports are insufficient to meet appellant's burden of proof.

On August 16, 2022 Dr. Drazic diagnosed left knee pain and medial tibial metaphysis fracture after bumping his left knee while at work and noted that appellant was totally disabled from work. Similarly, on October 13, 2022, Dr. Grewal treated appellant for left leg pain after striking his knee on his vehicle door and sustaining an injury and noted that an MRI scan of the left knee revealed a nondisplaced fracture of the left tibia and left medial meniscal tear. While Drs. Drazic and Grewal indicated that appellant's medical conditions were work related, they failed to provide medical rationale explaining the basis of their opinion. Without explaining, physiologically, how the specific employment incident caused or aggravated a diagnosed condition, Drs. Drazic and Grewal's opinions on causal relationship are of limited probative value and insufficient to establish appellant's claim.¹⁵

Appellant submitted form reports dated August 2 and 16, 2022 from an unidentifiable healthcare provider. The Board has held that reports that are unsigned or bear an illegible signature lack proper identification and cannot be considered probative medical evidence as the author

¹² See *S.B.*, Docket No. 22-0221 (issued March 14, 2024); *K.C.*, Docket No. 22-0788 (issued August 23, 2023) (the Board accepted a visible injury of left knee contusion as causally related to the accepted employment incident); *N.B.*, Docket No. 20-0794 (issued July 29, 2022) (the Board accepted a visible injury of right shoulder contusion as causally related to the accepted employment incident); *B.W.*, Docket No. 22-0134 (issued May 24, 2022) (the Board accepted a visible injury of lower back/buttocks contusion as causally related to the accepted employment incident).

¹³ See *J.N.*, *supra* note 11; *A.J.*, Docket No. 20-0484 (issued September 2, 2020).

¹⁴ See *S.H.*, Docket No. 19-1128 (issued December 2, 2019); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹⁵ *G.L.*, Docket No. 18-1057 (issued April 14, 2020); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

cannot be identified as a physician.¹⁶ Therefore, these reports are also insufficient to establish the claim.

The record also contains an MRI scan and CT scan. The Board has held, however, that diagnostic studies, standing alone, lack probative value on the issue of causal relationship as they do not address whether the accepted employment injuries resulted in appellant's diagnosed medical conditions.¹⁷

As the medical evidence of record is insufficient to establish an additional medical condition as causally related to the accepted July 21, 2022 employment incident, the Board finds that appellant has not met his 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 met his burden of proof to establish a left knee contusion causally related to the accepted July 21, 2022 employment incident. The Board further finds that appellant has not met his burden of proof to establish an additional medical condition as causally related to the accepted July 21, 2022 employment injury.¹⁸

¹⁶ *T.D.*, Docket No. 20-0835 (issued February 2, 2021); *R.C.*, Docket No. 19-0376 (issued July 15, 2019); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *Merton J. Sills*, 39 ECAB 572, 575 (1988).

¹⁷ *L.A.*, Docket No. 22-0463 (issued September 29, 2022); *D.K.*, Docket No. 21-0082 (issued October 26, 2021); *O.C.*, Docket No. 20-0514 (issued October 8, 2020); *R.J.*, Docket No. 19-0179 (issued May 26, 2020).

¹⁸ The Board notes that the employing establishment issued a Form CA-16. A completed Form CA-16 authorization may constitute a contract for payment of medical expenses to a medical facility or physician, when properly executed. The form 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. See 20 C.F.R. § 10.300(c); *V.S.*, Docket No. 20-1034 (issued November 25, 2020); *J.G.*, Docket No. 17-1062 (issued February 13, 2018); *Tracy P. Spillane*, 54 ECAB 608 (2003).

ORDER

IT IS HEREBY ORDERED THAT the October 25, 2023 decision of the Office of Workers' Compensation Programs is reversed in part and affirmed in part.

Issued: June 11, 2024
Washington, DC

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

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

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