

arm injuries when she fell when getting up from her chair when her shoes became tangled in wires while in the performance of duty. She stopped work on March 2, 2023 and returned to work on March 3, 2023.

In a March 20, 2023 report, a physician with an illegible signature related appellant's history of injury, provided physical examination findings and reviewed x-ray reports. She diagnosed left rib contusion, left wrist sprain, left rib pain, and left wrist and hand pain.

In a March 18, 2023 chart note, Stephanie Macklin, a physician assistant, related appellant fell onto her knees and left wrist at work. She indicated that appellant's x-rays revealed severe bilateral knee osteoarthritis and no acute findings of the left wrist or ribs. In a work status note of even date, Ms. Macklin noted a March 1, 2023 injury date and opined that appellant could return to work on March 18, 2023 with restrictions. She diagnosed left wrist sprain and bilateral knee pain of "unspecified chronicity."

In a development letter dated March 28, 2023, OWCP informed appellant of the deficiencies in her claim. It advised her of the type of factual and medical evidence necessary to establish her claim and provided a questionnaire for her completion. OWCP afforded appellant 60 days to provide the necessary evidence.

In an emergency department note dated March 31, 2023, Dr. Daniel Goodberry, a Board-certified emergency room physician, related that appellant had been treated in the emergency room on March 31, 2023. He advised that she could return to work on April 5, 2023.

In a report also dated March 31, 2023, John Gagnier, a physician assistant, stated that appellant was seen for bilateral knee pain from a fall at work on March 1, 2023. In a work/school note dated March 31, 2023, he advised that appellant could only perform sedentary/light-duty work with restrictions. The restrictions included using a cane and knee brace, up to two hours of standing per day, and frequent change of position. Mr. Gagnier detailed examination findings and diagnosed bilateral knee symptomatic osteoarthritis following a ground fall 30 days prior.

In a duty status report (Form CA-17) dated March 31, 2023, Dr. Kurt Wohltrab, a Board-certified orthopedic surgeon, diagnosed symptomatic bilateral knee arthritis, which he attributed to the March 1, 2023 employment incident.

In an attending physician report (Form CA-20) dated April 10, 2023, Dr. Wohltrab, noted that appellant fell on March 1, 2023 and had to use a cane following the fall. He diagnosed symptomatic bilateral knee osteoarthritis. Dr. Wohltrab checked a box marked "Yes" indicating that the diagnosed condition was caused or aggravated by the accepted employment activity. In support of his opinion, he explained that the fall increased appellant's bilateral knee pain and the use of assisted devices. Dr. Wohltrab indicated that she was only capable of performing sedentary work with no squatting, bending, or walking/standing more than two hours per day.

In a letter dated April 27, 2023, OWCP informed appellant the evidence submitted was insufficient to establish her claim, as it did not contain a physician's opinion explaining how her injury caused the diagnosed conditions. It advised her to submit a narrative medical report from a physician providing a rationalized medical explanation regarding causal relationship.

In a February 20, 2023 report from Dr. Daniel Uba, a Board-certified internist, that appellant was seen on February 13 and 20, 2023 for continuing evaluation of her medical conditions, including chronic pain. Dr. Uba related multiple diagnoses, including bilateral primary osteoarthritis of the knees; fibromyalgia; bilateral carpal tunnel syndrome; cervical and lumbosacral radiculopathy; and pain in the left shoulder, knees, and back.

March 6, 2023 x-ray reports of appellant's left wrist noted no acute fracture or dislocation. X-ray reports of the ribs also noted no fracture.

In a March 6, 2023 chart note, Ms. Chisholm noted a March 1, 2023 history of injury, provided examination findings, and reviewed diagnostic tests. She diagnosed left rib contusion; left wrist sprain; and left rib, hand, and wrist pain.

In an emergency department note dated March 31, 2023, Dr. Goodberry related that appellant was seen that day following a March 1, 2023 fall. He noted that she had a history of low back pain and with multiple prior surgeries. Dr. Goodberry related that appellant's computerized tomography (CT) scan of the right hip indicated no acute fracture or dislocation of the right hip or bony pelvis, very mild osteoarthritic changes in both hips, and lumbar spine postoperative changes.

In an emergency department note dated April 1, 2023, Tanya McCall, a physician assistant, noted that appellant was seen on March 31, 2023 for right hip pain and had received an injection. Her pain returned and she was seen again. Ms. McCall noted an impression of right hip pain and prescribed pain medication.

In a report dated April 13, 2023, a physician with an illegible signature, noted that appellant has had mild-to-moderate joint or extremity pain and joint swelling and tenderness since falling at work on March 1, 2023. Appellant was referred for consultation regarding her right hip pain.

In an April 18, 2023 Form CA-17, a physician with an illegible signature diagnosed right hip pain after a March 1, 2023 fall. Work restrictions were listed. In a work status note of even date, Ms. Clancy diagnosed right hip pain and released appellant to return to work with restrictions.

In a May 24, 2023 report, Mr. Gagnier provided physical examination findings. He assessed bilateral knee osteoarthritis with bone-on-bone medial compartment right hip S1 joint pain. Appellant was referred for pain management of the right S1 joint by injection therapy, bilateral knee injection therapy, and physical therapy.

By decision dated June 9, 2023, OWCP denied appellant's claim, finding that the evidence of record was insufficient to establish a diagnosed medical condition in connection with her accepted March 1, 2023 employment incident. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

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, 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.³ 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.⁴

To determine whether an employee sustained a traumatic injury in the performance of duty, it must first be determined whether fact of injury has been established. There are two components involved in establishing fact of injury. The first component is whether the employee actually experienced the employment incident at the time and place, and in the manner alleged. The second component is whether the employment incident caused an injury.

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁵ A physician's opinion on whether there is causal relationship between the diagnosed condition and the employment injury must be based on a complete factual and medical background.⁶ 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 appellant's employment injury.⁷ Neither the mere 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 employment factors or incident is sufficient to establish causal relationship.⁸

In any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship therefore involves aggravation, acceleration or precipitation,

² *Id.*

³ *F.M.*, Docket No. 23-0103 (issued June 8, 2023); *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁴ *F.M.*, *id.*; *B.H.*, Docket No. 20-0777 (issued October 21, 2020); *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).

⁵ *F.M.*, *id.*; *R.P.*, Docket No. 21-1189 (issued July 29, 2022); *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

⁶ *F.M.*, *id.*; *R.P.*, *id.*; *F.A.*, Docket No. 20-1652 (issued May 21, 2021); *M.V.*, Docket No. 18-0884 (issued December 28, 2018); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

⁷ *Id.*

⁸ *T.M.*, Docket No. 22-0220 (issued July 29, 2022); *S.S.*, Docket No. 18-1488 (issued March 11, 2019); *see also J.L.*, Docket No. 18-1804 (issued April 12, 2019).

the physician must provide rationalized medical opinion which differentiates between the effects of the work-related injury or disease and the preexisting condition.⁹

ANALYSIS

The Board finds that appellant has established a diagnosis of symptomatic bilateral knee arthritis in connection with the accepted March 1, 2023 employment incident.

In a Form CA-17 dated March 31, 2023, and in a Form CA-20 dated April 10, 2023, Dr. Wohltrab diagnosed symptomatic bilateral knee arthritis, which he attributed to the March 1, 2023 employment incident. The Board finds, therefore, that these reports by Dr. Wohltrab are sufficient to establish a diagnosis in connection with the accepted March 1, 2023 employment incident.¹⁰

As the medical evidence of record establishes a diagnosed medical condition in connection with the accepted March 1, 2023 employment incident, the case must be remanded for consideration of the medical evidence with regard to the issue of causal relationship.¹¹ Following this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

CONCLUSION

The Board finds that appellant has established a diagnosis of symptomatic bilateral knee arthritis in connection with the accepted March 1, 2023 employment incident.

⁹ *E.D.*, Docket No. 16-1854 (issued March 3, 2017).

¹⁰ *See E.T.*, Docket No. 22-1085 (issued January 18, 2023); *E.L.*, Docket No. 21-0587 (issued July 6, 2022); *see also T.C.*, Docket No. 17-0624 (issued December 19, 2017).

¹¹ *See S.R.*, Docket No. 22-0453 (issued March 2, 2023); *S.A.*, Docket No. 20-1498 (issued March 11, 2021).

ORDER

IT IS HEREBY ORDERED THAT the June 9, 2023 decision of the Office of Workers' Compensation Programs is reversed and the case is remanded for further proceedings consistent with this decision of the Board.

Issued: May 13, 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