

**United States Department of Labor
Employees' Compensation Appeals Board**

C.M., Appellant)	
)	
and)	Docket No. 24-0893
)	Issued: November 15, 2024
U.S. POSTAL SERVICE, BELLEVILLE ANNEX)	
POST OFFICE, Belleville, NJ, Employer)	
)	

Appearances:
Michael D. Overman, Esq., for the appellant¹
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On September 5, 2024 appellant, through counsel, filed a timely appeal from a May 7, 2024 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act² (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

¹ In all cases in which a representative has been authorized in a matter before the Board, no claim for a fee for legal or other service performed on appeal before the Board is valid unless approved by the Board. 20 C.F.R. § 501.9(e). No contract for a stipulated fee or on a contingent fee basis will be approved by the Board. *Id.* An attorney or representative's collection of a fee without the Board's approval may constitute a misdemeanor, subject to fine or imprisonment for up to one year or both. *Id.*; *see also* 18 U.S.C. § 292. Demands for payment of fees to a representative, prior to approval by the Board, may be reported to appropriate authorities for investigation.

² 5 U.S.C. § 8101 *et seq.*

ISSUE

The issue is whether appellant has met her burden of proof to establish a right knee condition causally related to the accepted factors of her federal employment.

FACTUAL HISTORY

On September 24, 2020 appellant, then a 58-year-old city carrier, filed an occupational disease claim (Form CA-2) alleging that she developed a right knee condition due to factors of her federal employment, including prolonged walking while carrying a mail bag, walking on uneven surfaces, climbing stairs, and getting in and out of her postal vehicle.³ She noted that she first became aware of her condition and realized its relationship to her federal employment on June 17, 2013. Appellant did not stop work.

Appellant submitted medical evidence in support of her claim. A June 13, 2013 x-ray of the right knee revealed no radiographic evidence of fracture or significant right knee joint arthropathy.

A July 30, 2013 magnetic resonance imaging (MRI) scan of the right knee revealed a subtle tear of the posterior horn of the medial meniscus; chondromalacia of the medial facet, apex of the patella, and medial trochlea; joint effusion; and a popliteal cyst.

In a medical report dated February 24, 2014, Dr. Robert L. Hole, a Board-certified orthopedic surgeon, noted that appellant had undergone a right knee arthroscopy with partial meniscectomy, microfracture chondroplasty trochlea, and chondroplasty patella on February 20, 2014. He related that her symptoms of clicking and catching had resolved.

On January 6, 2015 Dr. Hole noted that appellant had been working half-days with one hour of walking and that she related complaints of pain in the medial aspect of her right knee. Appellant denied a recurrent injury. Dr. Hole documented physical examination findings and recommended an updated MRI scan of the right knee.

On September 24, 2020 the employing establishment controverted appellant's occupational disease claim, asserting that appellant had not established causal relationship, noting that OWCP had previously denied a June 17, 2013 occupational disease claim filed by appellant under OWCP File No. xxxxxx764.

In a September 30, 2020 development letter, OWCP informed appellant that the evidence of record was insufficient to establish her claim. It advised her of the type of factual and medical

³ OWCP assigned the present claim OWCP File No. xxxxxx663. Appellant has a prior August 4, 2010 traumatic injury claim (Form CA-1) for a right knee injury, which OWCP processed as a short form closure under OWCP File No. xxxxxx796. On November 25, 2014 she filed a Form CA-2 under OWCP File No. xxxxxx764, alleging that she developed a right knee meniscal tear, which required a partial meniscectomy and microfracture chondroplasty trochlea and chondroplasty patella on February 20, 2014, due to factors of her federal employment. OWCP denied this claim by decision dated February 3, 2015. Appellant returned to restricted duty on October 4, 2014, followed by a return to full duty. She also has a previously accepted June 30, 2016 traumatic injury claim for abrasions to the right elbow, right knee, and left arm under OWCP File No. xxxxxx623.

evidence needed and provided a questionnaire for her completion. In a separate letter of even date, OWCP requested that the employing establishment provide additional information, including comments from a knowledgeable supervisor regarding the accuracy of appellant's statement. It afforded both parties 30 days to submit the necessary evidence.

In an October 5, 2020 response, the employing establishment indicated that appellant's job duties consisted of casing mail for approximately two hours per day and thereafter delivering mail along her route for the remainder of the day, which included carrying a mail bag and lifting up to 35 pounds consistently and up to 70 pounds for parcels. It enclosed a job description for the position of city carrier.

By decision dated November 3, 2020, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish a diagnosed medical condition in connection with the accepted employment factors. Consequently, it concluded that she had not met the requirements to establish an injury as defined by FECA.

On November 9, 2020 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. A hearing was held on February 11, 2021, during which counsel indicated that the present claim pertained to the period of work exposure following her February 20, 2014 right knee surgery.

OWCP thereafter received medical reports by Dr. Casey M. Pierce, a Board-certified orthopedic surgeon, dated October 26, 2018, and May 16 and July 30, 2019. Dr. Pierce noted that appellant related complaints of chronic right knee pain, which she attributed to a "fall a few years back while working and that is when most of the pain began." He also noted that she related difficulty with ambulation and carrying out the responsibilities of her job due to increased right knee pain. Dr. Pierce documented physical examination findings and diagnosed right knee degenerative joint disease. He administered steroid injections to the right knee, prescribed an unloader brace, and referred appellant for an updated right knee MRI scan.

A May 31, 2019 MRI scan of the right knee revealed severe medial compartment arthropathy which was stable since April 27, 2018, no change of prior tears of the body and posterior horn of the medial meniscus, mild thickening of the medial collateral ligament (MCL), slightly increased patellofemoral osteoarthritis and chondromalacia, and a thickened anterior cruciate ligament (ACL) which appeared unchanged, suggestive of synovitis.

In a June 30, 2020 medical report, Dr. Pierce noted appellant's complaints of constant right knee pain, which she attributed to a fall at work in 2014 for which she had undergone arthroscopic surgery and never fully recovered. On physical examination of the right knee, he documented crepitus, effusion, tenderness over the anterior aspect and medial joint line, limited range of motion with pain, and positive drawer and patellar grind tests. Dr. Pierce diagnosed osteoarthritis of the right knee and recommended a total knee replacement.

In a separate narrative report also dated June 30, 2020, Dr. Pierce indicated that appellant injured her right knee in 2010 when she fell while running from a dog. He noted that she underwent surgery to the right knee in 2014, after which "her knee continued to give her trouble on and off" until she was first seen in his office on August 9, 2019. Appellant complained of aggravation of

her prior knee injury, which she attributed to her work duties, including walking long distances, stair climbing, bending, stooping, carrying mail bags weighing up to 35 pounds, and continuously standing on hard surfaces. He opined that appellant sustained an injury with permanent residual sequelae and that, as a result of the injury and continued demands of her job, she had continued to experience breakdown within her right knee leaving her with an arthritic knee. Dr. Pierce explained that “prolonged ambulation and standing on the knee that was deficient of meniscal protection likely contributed to developing arthritis and worsening of her condition” and that this can lead to “further degradation of the patellofemoral compartment and other portions of the knee as she experienced increased stress due to degradation of the medial compartment.” He recommended a total knee replacement.

By decision dated April 23, 2021, OWCP’s hearing representative set aside the November 3, 2020 decision and remanded the case to OWCP for further development of the medical record. The hearing representative also instructed OWCP to administratively combine OWCP File Nos. xxxxxx764, xxxxxx796, and xxxxxx623 with the present claim, OWCP File No. xxxxxx663 and to confirm the date that appellant returned to regular-duty work following her February 20, 2014 right knee surgery.

On July 15, 2021 OWCP administratively combined only OWCP File Nos. xxxxxx796, xxxxxx764, and OWCP File No. xxxxxx663, with the latter serving as the master file.⁴

A July 22, 2021 agency response indicated that appellant returned to work on October 21, 2014.

On August 30, 2021 OWCP referred appellant, the medical record, and a statement of accepted facts (SOAF) to Dr. Frank J. Corrigan, a Board-certified orthopedic surgeon, for a second opinion evaluation.

In a report dated September 23, 2021, Dr. Corrigan indicated that appellant related that she injured her right knee while delivering mail on June 17, 2013 when she was running from a dog and tripped over shrubs and brick flower beds. He noted her medical treatment, job duties, and a prior work-related injury to the right knee in 2010 or 2011 which had never resolved. On examination of the right knee, Dr. Corrigan documented no redness, swelling, or effusion; no pain on range of motion; positive medial joint line tenderness; negative lateral joint line tenderness; stable ligaments; and reduced flexion. He reviewed medical records and diagnostic studies and diagnosed degenerative arthritis of the right knee, not causally related to any particular trauma or incident. Dr. Corrigan opined that appellant had evidence of chronic degenerative arthritis in her right knee and would have developed regardless of the fall at work. He attributed her knee condition to chronic wear and tear of the knee joint over time and opined that she was not in need of any medical treatment or work restrictions.

By *de novo* decision dated October 26, 2021, OWCP denied appellant’s claim, finding that the evidence of record was insufficient to establish causal relationship between her diagnosed

⁴ OWCP did not administratively combine File No. xxxxxx623 with the present claim.

condition and the accepted employment factors. It accorded the weight of the medical evidence to the September 23, 2021 report of Dr. Corrigan.

On November 2, 2021 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

Following a preliminary review, by decision dated December 17, 2021, OWCP's hearing representative set aside the October 26, 2021 decision and remanded the case for OWCP to obtain a supplemental opinion from Dr. Corrigan and further clarification from the employing establishment regarding what type of work appellant performed following her February 20, 2014 right knee surgery to the present.

On December 30, 2021 and January 24, 2022 OWCP requested that the employing establishment provide clarification regarding appellant's work duties following her 2014 right knee surgery.

On February 7, 2022 the employing establishment submitted a duplicate copy of its October 5, 2020 response to OWCP's September 30, 2020 development letter.

In a February 17, 2022 supplemental report, Dr. Corrigan noted appellant's prior work-related right knee injury claims. He opined that her knee condition was not caused, aggravated, accelerated, or precipitated by the job duties performed following her return to work after the February 20, 2014 surgery and that she would have developed the same pathology even in the absence of traumatic events. Dr. Corrigan again opined that appellant's knee condition was due to chronic "wear and tear" of the knee joint over time.

By *de novo* decision dated March 18, 2022, OWCP denied appellant's claim, finding that the evidence of record was insufficient to establish causal relationship between her diagnosed conditions and the accepted employment factors. It accorded the weight of the medical evidence to the September 23, 2021, and February 17, 2022 reports of Dr. Corrigan.

On March 22, 2022 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

Following a preliminary review, by decision dated May 24, 2022, OWCP's hearing representative set aside the March 18, 2022 decision and remanded the case for OWCP to provide a corrected SOAF and the February 20, 2014 operative report and right knee MRI scans to Dr. Corrigan for his review and comment as to whether appellant's full duties performed after her return to work following knee surgery in 2014 and continuing to the present caused or contributed to her right knee condition.

By letter dated June 1, 2022, OWCP requested that appellant provide a copy of the February 20, 2014 operative report.

On June 24, 2022 OWCP prepared an updated SOAF.

On July 21, 2022 appellant, through counsel, submitted a right knee computerized tomography (CT) scan dated February 28, 2022, which revealed tricompartmental osteoarthritis in

the right knee with joint space narrowing and osteophyte formation and right knee joint effusion. She also submitted an operative report dated March 25, 2022 for a right knee total arthroplasty by Dr. Pierce and associated hospital records. The postoperative diagnosis was right knee osteoarthritis.

On August 1, 2022 OWCP prepared an updated SOAF which indicated that the February 20, 2014 right knee surgery was not authorized by OWCP, and the operative report was unavailable. It noted that she was presently claiming a right knee injury due to the period of employment exposure after she returned to full-duty work after the February 20, 2014 surgery, and that she had returned to full-duty work on October 21, 2014. OWCP described appellant's prior right knee claim on August 4, 2010 when she slipped off a step and fell sideways, which was accepted for right knee and leg contusion; a June 17, 2013 denied occupational disease claim for a right knee meniscal tear due to constantly putting weight on her knees while climbing up and down stairs; and the June 30, 2016 traumatic injury claim when a dog pushed open a screen door and she turned to run and fell, which was accepted for abrasions.

On August 1, 2022 OWCP requested a supplemental report from Dr. Corrigan. It provided him with the updated August 1, 2022 SOAF, the medical record including imaging studies, and a series of questions.

In an August 12, 2022 supplemental report, Dr. Corrigan referenced his physical examination findings from his evaluation on September 23, 2021, and opined that appellant's right knee condition was not related to her work duties from "late 2014 to the present." He reiterated his opinion that her right knee pathology was "due to chronic 'wear and tear' of the knee joint over time."

By *de novo* decision dated August 25, 2022, OWCP denied appellant's claim, finding that the evidence of record was insufficient to establish causal relationship between her diagnosed conditions and the accepted employment factors. It again accorded the weight of the medical evidence to Dr. Corrigan.

On August 31, 2022 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

On October 18, 2022, counsel submitted a copy of the February 20, 2014 operative report, which indicated that Dr. Hole performed arthroscopy of the right knee, partial medial meniscectomy, microfracture chondroplasty trochlea with chondroplasty patella, and limited synovectomy. The postoperative diagnoses were torn medial meniscus right knee and chondromalacia patella, trochlea right knee.

OWCP also received reports by Dr. Hole dated June 26, 2013 through February 19, 2014, which documented worsening right knee pain and effusion, and postoperative records dated February 24 through April 7, 2014.

In a May 16, 2014 follow-up report, Dr. Hole indicated that appellant's crutches were discontinued, and that she was having some residual symptoms which by her description had "a mechanical component but these appear to be different than preoperative." He released her to

return to sedentary work with limited standing up to one hour, 15-minute breaks, limited stairclimbing, and no ladders, effective June 1, 2014.

In follow-up reports dated June 17 through September 18, 2014, Dr. Hole noted appellant's ongoing complaints and that she did not feel capable of returning to full-duty work due to an inability to climb stairs. He released her to return to work 50 percent sedentary with no climbing stairs or ladders and maximal lift and carry of 20 pounds.

In a follow-up report dated October 15, 2014, Dr. Hole noted that he had called the employing establishment to see what specific restrictions could be accommodated to allow appellant to return to work in a restricted-duty capacity but "this was not provided."

In follow-up reports dated October 30, 2014 through February 23, 2015, Dr. Hole indicated that appellant was working in a limited-duty capacity, which included working half-days with one to three hours of walking. He noted that she related complaints of ongoing right knee pain with no recurrent injury. Dr. Hole administered three viscosupplementation injections to the right knee between October 17 and November 4, 2015.

A January 8, 2015 MRI scan of the right knee revealed interval development of mild medial joint compartment osteoarthritis and chondrosis, stable patellar chondrosis, a small joint effusion, and popliteal cyst, but no evidence of a re-tear of the medial meniscus.

In December 28, 2015 and January 12, 2016 medical reports, Dr. Hole noted that appellant related no significant relief from the injections and that appellant was working three hours of her route per day, modified duty. He noted that she related ongoing difficulty with inclines but denied a recurrent injury. Dr. Hole diagnosed bicompartamental chondromalacia and degenerative joint disease of the right knee.

X-rays of the right knee dated January 14, 2016 revealed mild-to-moderate medial compartment osteoarthritis.

A hearing was held before a representative of OWCP's Branch of Hearings and Review on January 19, 2023.

By decision dated April 4, 2023, OWCP's hearing representative declared a conflict in the medical evidence between Dr. Pierce, appellant's treating physician, and Dr. Corrigan, OWCP's second opinion physician, regarding whether appellant's job duties contributed to her right knee condition and treatment. OWCP's hearing representative remanded the case for OWCP to refer her for an impartial medical examination to resolve the conflict in the medical opinion evidence.

On June 28, 2023 OWCP referred appellant, together with a SOAF and the medical record, to Dr. Howard Pecker, a Board-certified orthopedic surgeon serving as the impartial medical examiner (IME), to resolve the conflict in the medical opinion evidence regarding whether she sustained a right knee condition causally related to the accepted employment factors.

In a July 18, 2023 report, Dr. Pecker noted that appellant related a history of a slip and fall in 2013 where she came down on her right knee and that she had undergone injections and surgery in 2014. He indicated that she returned to work after the 2014 surgery and ultimately underwent

a total knee replacement in 2022. Dr. Pecker performed a physical examination, which revealed very slight crepitance at the patellofemoral articulation but was otherwise normal. He outlined his review of medical records including diagnostic studies, the reports of Dr. Hole and Dr. Pierce, operative reports, and the second opinion evaluation reports by Dr. Corrigan. Dr. Pecker also noted that his personal review of films from the July 30, 2013 right knee MRI scan revealed possible early thinning of the hyaline cartilage of the patellofemoral joint and slight increase in signal in the rib posterior horn of the medial meniscus likely indicating some degenerative change in the meniscus. He diagnosed “naturally occurring osteoarthritis of the right knee,” and opined that appellant’s right knee condition “was not caused, aggravated, accelerated, or precipitated by the job duties performed during her return to work after the February 20, 2014 surgery.” Dr. Pecker explained that the findings of her imaging studies were consistent with naturally occurring changes and the findings on the February 20, 2014 operative report showed chronic and preexisting arthritic change in the right knee in the patellofemoral articulation, an area physically distant from the meniscus and not affected by it, and in the medial femoral condyle. He indicated that these findings were “consistent with early but significant degenerative change that likely led to the degenerative change of the meniscus as well.” Dr. Pecker opined that the work injury did not aggravate the underlying preexisting condition and that there was no evidence that appellant’s job duties, which consisted mostly of walking in her duties as a letter carrier, materially changed her outcome.

By *de novo* decision dated August 23, 2023, OWCP denied appellant’s occupational disease claim. It found that the special weight of the medical evidence rested with Dr. Pecker and established that appellant had not met the requirements to establish an injury and/or medical condition causally related to the accepted employment factors.

On August 30, 2023 appellant, through counsel, requested an oral hearing before a representative of OWCP’s Branch of Hearings and Review.

Following a preliminary review, by decision dated October 20, 2023, OWCP’s hearing representative set aside the August 23, 2023 decision and remanded the case for OWCP to obtain a supplemental opinion from Dr. Pecker regarding whether appellant’s right knee condition was caused, aggravated, accelerated, or precipitated by the job duties performed following her return to work after the February 20, 2014 surgery.

In a November 17, 2023 supplemental report, Dr. Pecker opined that there was no evidence that appellant’s “continued employment as a letter carrier accelerated, aggravated, or was causally related to her right knee arthritis and her eventual decision to have a right total knee replacement.” He noted that there had been many studies in the orthopedic literature addressing whether or not vigorous occupational exposure activity accelerated or aggravated arthritis. Dr. Pecker cited to a peer-reviewed journal article, which found that exercise did not accelerate osteoarthritis of the knee. He further noted that appellant’s total knee replacement occurred approximately nine years after it was already established that she had severe arthritis in her right knee. Dr. Pecker opined that “the activity of being a letter carrier extended her functionality for many years past what most people would have experienced and lengthened the duration of her functional use of an arthritic knee beyond what she would have experienced has she not had the vigorous lifestyle of a letter carrier.”

By *de novo* decision dated January 2, 2024, OWCP denied appellant's occupational disease claim. It again found that the special weight of the medical evidence rested with Dr. Pecker and established that appellant had not met the requirements to establish an injury and/or medical condition causally related to the accepted employment factors.

On January 9, 2024 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. A hearing was held on April 2, 2024.

By decision dated May 7, 2024, OWCP's hearing representative affirmed the January 2, 2024 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA⁵ 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,⁶ 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.⁷ 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.⁸

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.⁹

The medical evidence required to establish causal relationship between a diagnosed condition and the accepted employment factors is rationalized medical opinion evidence.¹⁰ 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

⁵ *Supra* note 1.

⁶ *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).

⁷ *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).

⁸ *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).

⁹ *S.R.*, Docket No. 24-0839 (issued October 30, 2024); *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).

¹⁰ *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).

rationale explaining the nature of the relationship between the diagnosed condition and specific employment factors identified by the employee.¹¹

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, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.¹²

Section 8123(a) of FECA provides that, if there is disagreement between the physician making the examination for the United States and the physician of the employee, the Secretary shall appoint a third physician who shall make an examination.¹³ This is called a referee examination and OWCP will select a physician who is qualified in the appropriate specialty and who has no prior connection with the case. In situations where there exist opposing medical reports of virtually equal weight and rationale and the case is referred to an IME for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based upon a proper factual background, must be given special weight.¹⁴

ANALYSIS

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

In the April 4, 2023 decision, an OWCP hearing representative found that a conflict existed in the medical opinion evidence between Drs. Pierce and Corrigan regarding whether the accepted employment factors contributed to or aggravated the wear and tear of appellant's degenerative right knee condition. OWCP properly referred her to Dr. Pecker, for an impartial medical examination, pursuant to 5 U.S.C. § 8123(a).

In his July 18, 2023 report, Dr. Pecker noted appellant's 2014 surgery and return to work thereafter and reviewed the medical and operative reports of Drs. Hole and Pierce. He documented his physical examination findings and reviewed MRI scans from 2013. Dr. Pecker diagnosed naturally occurring osteoarthritis of the right knee and opined that appellant's right knee condition was not caused, aggravated, accelerated, or precipitated by the job duties performed during her return to work after the February 20, 2014 surgery. He explained that the findings of her 2013 imaging studies were consistent with naturally occurring changes and the findings on the February 20, 2014 operative report showed chronic and preexisting arthritic change in the right

¹¹ *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).

¹² Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (May 2023); *M.B.*, Docket No. 20-1275 (issued January 29, 2021); *see R.D.*, Docket No. 18-1551 (issued March 1, 2019).

¹³ 5 U.S.C. § 8123(a). *See R.C.*, Docket No. 18-0463 (issued February 7, 2020); *see also G.B.*, Docket No. 16-0996 (issued September 14, 2016).

¹⁴ 20 C.F.R. § 10.321. *See also J.H.*, Docket No. 22-0981 (issued October 30, 2023); *N.D.*, Docket No. 21-1134 (issued July 13, 2022); *Darlene R. Kennedy*, 57 ECAB 414 (2006); *Gloria J. Godfrey*, 52 ECAB 486 (2001); *James P. Roberts*, 31 ECAB 1010 (1980).

knee in the patellofemoral articulation, an area physically distant from the meniscus and not affected by it, and in the medial femoral condyle. In a November 17, 2023 supplemental report, Dr. Pecker cited to a peer-reviewed journal article, which found that exercise did not accelerate osteoarthritis of the knee. He explained that the activity of being a letter carrier extended appellant's functionality for many years past what most people would have experienced and lengthened the duration of her functional use of an arthritic knee beyond what she would have experienced had she not had the vigorous lifestyle of a letter carrier.

Dr. Pecker's July 18 and November 17, 2023 reports established that he conducted a thorough physical examination and performed a detailed review of appellant's medical records and imaging studies. The Board finds that his opinion has reliability, probative value, and convincing quality with respect to its conclusions regarding the relevant issues of the present case. As his report is detailed, well rationalized, and based on a proper factual background, his opinion constitutes the special weight of the medical evidence.

As the medical evidence of record is insufficient to establish a right knee condition causally related to the accepted employment factors, 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 right knee condition causally related to the accepted employment factors.

ORDER

IT IS HEREBY ORDERED THAT the May 7, 2024 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: November 15, 2024
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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