

<sup>2</sup> The Board notes that following the November 12, 2024 decision, appellant submitted additional evidence to OWCP. However, the Board's *Rules of Procedure* provides: "The Board's review of a case is limited to the evidence in the case record that was before OWCP at the time of its final decision. Evidence not before OWCP will not be considered by the Board for the first time on appeal." 20 C.F.R. § 501.2(c)(1). Thus, the Board is precluded from reviewing this additional evidence for the first time on appeal. *Id.*

## **FACTUAL HISTORY**

On August 27, 2024 appellant, then a 58-year-old city carrier assistant, filed a traumatic injury claim (Form CA-1) alleging that on July 29, 2024 he twisted his left knee and fell to the ground on his left side when he ascended a wet slope enroute to a customer's mailbox while in the performance of duty. He stopped work on July 29, 2024.

Thereafter, OWCP received an unsigned July 29, 2024 emergency department after-visit summary, which noted a left knee injury.

In an August 2, 2024 report, Dr. Daniel G. Sohn, a Board-certified orthopedic surgeon, held appellant off work pending a magnetic resonance imaging (MRI) scan.

In an August 27, 2024 report, Dr. Sohn returned appellant to sedentary work for four weeks and prescribed physical therapy.

In a September 5, 2024 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence required and provided a questionnaire for his completion. OWCP afforded appellant 60 days to submit the requested evidence.

On September 9, 2024 appellant returned to part-time modified-duty (sedentary) for two hours a day.

In a follow-up letter dated September 30, 2024, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish his claim. It noted that he had 60 days from the September 5, 2024 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.

Thereafter, OWCP received a July 29, 2024 hospital emergency department report, wherein Dr. Coty Buchwalter, an osteopath, related appellant's account of injury earlier that day at work when he twisted his left knee and felt a pop while walking up a hill. On examination of the left knee, Dr. Buchwalter observed tenderness to palpation with mild swelling. He diagnosed a left knee injury.<sup>3</sup>

In an August 2, 2024 report, Dr. Sohn related that on July 29, 2024 while at work, appellant twisted his left knee and felt a "pop" while walking up a hill. He reviewed appellant's symptoms of arthralgias and myalgias. Dr. Sohn diagnosed primary osteoarthritis of the left knee and a medial cruciate ligament deficiency. He opined that the medial cruciate ligament injury was work-

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<sup>3</sup> July 29, 2024 x-rays of the left knee revealed subtle degenerative changes of the patella without significant joint space narrowing or joint effusion.

related “as he was walking up a grassy slope when he sustained a valgus injury to his knee.” Dr. Sohn performed arthrocentesis of the left knee.<sup>4</sup>

In an August 27, 2024 report, Dr. Sohn diagnosed primary osteoarthritis and acute medial meniscus tear of the right knee. He prescribed physical therapy for the left knee.

In reports dated October 1, 2024, Dr. Sohn related findings on examination of the left knee of positive medial joint line tenderness and a positive McMurray’s sign. He diagnosed primary osteoarthritis of the left knee. Dr. Sohn recommended arthroscopy with possible partial medial meniscectomy. He advised that appellant continue on sedentary work pending December 4, 2024 surgery.

In an October 7, 2024 report, Dr. Sohn related that appellant “reported walking up a hill when he twisted his left knee and felt a pop.” He diagnosed primary osteoarthritis of the right knee with acute medial meniscal tear. Dr. Sohn advised that appellant continue with sedentary duty.

By decision dated November 12, 2024, OWCP accepted that the July 29, 2024 employment incident occurred as alleged. However, it denied appellant’s claim, finding that the medical evidence of record was insufficient to establish that his diagnosed medical condition was causally related to the accepted July 29, 2024 employment incident.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA 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,<sup>5</sup> 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.<sup>6</sup> 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.<sup>7</sup>

To determine if an employee has sustained a traumatic injury in the performance of duty, OWCP begins with an analysis of whether fact of injury has been established. Fact of injury consists of two components that must be considered in conjunction with one another. The first component is whether the employee actually experienced the employment incident at the time and

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<sup>4</sup> An August 8, 2024 MRI scan of the left knee demonstrated postsurgical changes of partial medial meniscectomy involving the free edge of the body and posterior horn, high-grade cartilage loss in the weight-bearing medial femorotibial compartment with mild subchondral bone marrow edema in the medial femoral condyle, multifocal chondral fissuring in the patella with high-grade cartilage loss in the central trochlea, a large ganglion or parameniscal cyst at the medial aspect of the knee extending through the tibial collateral ligament.

<sup>5</sup> *Supra* note 1.

<sup>6</sup> *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

<sup>7</sup> *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).

place, and in the manner alleged.<sup>8</sup> The second component is whether the employment incident caused an injury.<sup>9</sup>

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue. The opinion of the physician must be based on 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 incident.<sup>10</sup> 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 incidents is sufficient to establish causal relationship.<sup>11</sup>

### ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted July 29, 2024 employment incident.

Dr. Buchwalter, in a July 29, 2024 report, related appellant's account of the employment incident and diagnosed a left knee injury. However, he did not provide an opinion on causal relationship. The Board has long held that a medical report, 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.<sup>12</sup> Therefore, this medical evidence is insufficient to establish appellant's traumatic injury claim.

In an August 2, 2024 report, Dr. Sohn opined that walking up a grassy slope while at work on July 29, 2024 caused a valgus injury resulting in a left medial cruciate ligament tear. While this report was sufficient to establish a diagnosed medical condition in connection with the accepted July 29, 2024 employment incident, it is of limited probative value with regard to causal relationship as it does not contain sufficient medical rationale in support of the issue of whether appellant sustained an injury causally related to the accepted July 29, 2024 employment incident. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how an employment activity could have caused or aggravated a medical condition.<sup>13</sup> Without explaining how, physiologically, the specific effect of walking up a slope on July 29, 2024 caused a left valgus injury, or otherwise contributed to or

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<sup>8</sup> *B.P.*, Docket No. 16-1549 (issued January 18, 2017); *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>9</sup> *M.H.*, Docket No. 18-1737 (issued March 13, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

<sup>10</sup> *A.B.*, Docket No. 25-0057 (issued November 26, 2024); *S.S.*, Docket No. 18-1488 (issued March 11, 2019).

<sup>11</sup> *J.L.*, Docket No. 18-1804 (issued April 12, 2019).

<sup>12</sup> *O.Z.*, Docket No. 24-0853 (issued November 14, 2024); *see R.P.*, Docket No. 22-0621 (issued July 20, 2022); *S.S.*, Docket No. 21-0837 (issued November 23, 2021); *L.D.*, Docket No. 20-0894 (issued January 26, 2021); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018); *Charles H. Tomaszewski*, 39 ECAB 461 (1988).

<sup>13</sup> *A.B.*, Docket No. 25-0057 (issued November 26, 2024); *see Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

aggravated the diagnosed conditions, this evidence is of limited probative value and insufficient to establish the claim.<sup>14</sup> Accordingly, Dr. Sohn's opinion is insufficient to meet appellant's burden of proof to establish an injury causally related to the accepted July 29, 2024 employment incident.<sup>15</sup>

Dr. Sohn, in reports dated August 2 through October 7, 2024, described appellant's history of a left knee injury while ascending a slope on July 29, 2024 while at work, and held him off work pending an MRI scan. He diagnosed primary osteoarthritis of the bilateral knees, a left medial cruciate ligament deficiency, and acute medial meniscal tear of the right knee. However, Dr. Sohn did not offer an opinion on causal relationship. As explained above, 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.<sup>16</sup> As such, this evidence is of no probative value and is insufficient to establish appellant's claim.

OWCP also received an unsigned after-visit summary dated July 29, 2024 documenting his treatment at an emergency department. However, the Board has long held that reports that are unsigned or bear an illegible signature lack proper identification and cannot be considered probative medical evidence because the author cannot be identified as a physician.<sup>17</sup>

Appellant also submitted diagnostic test results, including the July 29, 2024 left knee x-rays and August 8, 2024 MRI scan of the left knee. The Board has held, however, that diagnostic studies, standing alone, lack probative value as they do not address whether the accepted employment incident caused or aggravated any of the diagnosed conditions.<sup>18</sup>

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted July 29, 2024 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.

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<sup>14</sup> *M.G.*, Docket No. 23-1049 (issued November 26, 2024); *see A.G.*, Docket No. 24-0647 (issued July 31, 2024); *T.F.*, Docket No. 20-0260 (issued June 12, 2020); *D.J.*, Docket No. 18-0694 (issued March 16, 2020); *K.G.*, Docket No. 18-1598 (issued January 7, 2020); *K.O.*, Docket No. 18-1422 (issued March 19, 2019).

<sup>15</sup> *M.G.*, *id.*; *A.G.*, *id.*

<sup>16</sup> *Supra* note 13.

<sup>17</sup> *M.G.*, *id.*; *L.B.*, Docket No. 21-0353 (issued May 23, 2022); *T.D.*, Docket No. 20-0835 (issued February 2, 2021); *Merton J. Sills*, 39 ECAB 572, 575 (1988).

<sup>18</sup> *M.G.*, *id.*; *F.D.*, Docket No. 19-0932 (issued October 3, 2019).

**CONCLUSION**

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted July 29, 2024 employment incident.

**ORDER**

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

Issued: January 23, 2025  
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