

File Number:  
Merit Review3-D-NO

RECEIVED OCT 12 2012

U S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS  
PO BOX 8300 DISTRICT 6 JAC  
LONDON, KY 40742-8300  
Phone: (904) 366-0100

October 10, 2012

Date of Injury:  
Employee:

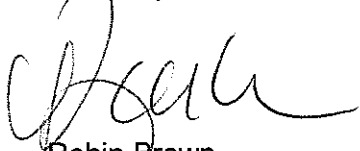
Dear \_\_\_\_\_ :

This concerns your compensation case and your request for reconsideration received 07/13/2012.

We have evaluated the evidence submitted in support of your request for review. Your case has been reviewed on its merits under Title 5, United States Code, Section 8128, in relation to your application including supporting evidence. It is determined that you sustained a work related injury. The reasons for this decision are outlined in the enclosure.

Therefore, the decision dated 01/04/2011 is vacated and your case is accepted for: Dislocation of Patella, left and Chondromalacia of Patella, left

Sincerely,



Robin Brown  
Senior Claims Examiner

PAUL H FELSER  
FELSER LAW FIRM  
POST OFFICE BOX 10267  
SAVANNAH, GA 31412

*If you have a disability (a substantially limiting physical or mental impairment), please contact our office/claims examiner for information about the kinds of help available, such as communication assistance (alternate formats or sign language interpretation), accommodations and modifications.*

File Number:  
Employee:

### NOTICE OF DECISION

Issue: The issue in this case is whether you have submitted sufficient evidence with your request for reconsideration to warrant modification of the office's prior decisions denying your claim.

#### Requirements for Entitlement

Our regulations require us to reopen a case for reconsideration when a claimant submits relevant evidence not previously of record, advances legal contentions not previously considered, or shows that we erroneously applied or interpreted a point of law.

In order to establish entitlement the claimant must provide rationalized medical evidence that shows the injury or factors of employment, through a natural and unbroken sequence, result in the condition claimed. A medical condition should be diagnosed in connection with this event establishing causal relationship.

Specifically, you must provide a detailed rationalized medical report which explains how your current medical condition is directly related your federal job duties.

***"The question of whether causal relation exists is medical in nature and can be established only by medical evidence." (Jerre R. Rinehart, 45 ECAB 518)***

#### Background:

You are employed as a \_\_\_\_\_ for the \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_.

The office initially received an undated CA-1, Notice of Traumatic Injury on \_\_\_\_\_ claiming that you twisted your left ankle and knee in \_\_\_\_\_.

However, it was noted that your employing agency did not forward the CA-1 form in \_\_\_\_\_.

On \_\_\_\_\_, you completed the CA-2 form, Notice of Occupational Disease claim. This form was certified by the employing agency and was received by the Office on May 10, 2010.

On May 13, 2010, the Office advised you of the deficiencies of your claim and requested additional factual and medical evidence to support your claim. After appropriate development, a decision was issued on July 28, 2010 denying your claim for a work related injury since you did not submit any medical evidence that contained a medical diagnosis that was causally related to the alleged work injury. You disagreed with this decision and requested a reconsideration on August 31, 2010.

A formal decision was issued on October 5, 2010 modifying the July 28, 2010 decision in part to accept fact of injury; however, the claim continued to be denied on the basis that

the evidence did not establish a causal relationship. You disagreed with the October 5, 2010 decision and requested another reconsideration on October 27, 2010 and submitted new factual evidence. By decision dated January 4, 2011, the Office denied modification of the October 5, 2010 decision. You continued to disagree with the Office's decision and requested a reconsideration on September 18, 2011 through your authorized representative, Paul Felser. You submitted new factual and medical evidence to support your claim. A formal decision was issued on February 7, 2012 denying your request for modification of the January 4, 2011 decision.

On July 13, 2012, you requested a reconsideration through your attorney, Paul Felser. Your request was assigned for review on July 19, 2012. Per office procedures, your request was forwarded to your employing agency for their review and comments on July 26, 2012. No response was received from the agency.

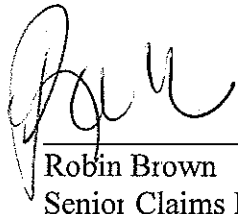
Discussion of Evidence: Along with the July 13, 2012 reconsideration request, the following information was received: a medical report from Dr. [redacted] dated April 30, 2012

The April 30, 2012 medical report from Dr. [redacted] fully explains why he believes your current left knee condition is directly related to your federal job duties as a [redacted]. Specifically, he notes the following: "This is a [redacted] year old [redacted] with a chief complaint of Left Knee symptoms associated with a/an global knee pain, knee gives way and swelling. The symptoms began on [redacted] with a/an acute traumatic and twisted onset. Patient states she injured her knee on the job while working as a [redacted] for the [redacted] in [redacted], twisted [redacted] left knee and left ankle when [redacted] attempted to step over a puddle of water. This then resulted in [redacted] falling forward onto the anterior aspect of the knee." Dr. [redacted] provided a history of treatment for the left knee and provided a diagnosis of: dislocation of patella, left and chondromalacia of patella, left.

Basis for Decision: Beyond the above-mentioned documents, I have reviewed your case in its entirety. A thorough review of the medical evidence of file does support your left knee condition is causally related to this work injury. The information from your treating physician is consistent on the account of the injury. Since you have provided the office with clarifying medical evidence in support of your claim, the following conclusion is reached.

Conclusion:

The evidence of file is sufficient to vacate the prior decision. Therefore, your claim is accepted for: dislocation of patella, left and chondromalacia of patella, left.

A handwritten signature in black ink, appearing to read 'Robin Brown', is positioned above a horizontal line.

Robin Brown

Senior Claims Examiner

October 10, 2012