

U.S. Department of Labor

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Issue Date: 29 November 2007

CASE NO.: 2007-LHC-681

OWCP NO.: 07-177561

IN THE MATTER OF

M.T.¹,

Claimant

v.

ISLAND OPERATING COMPANY, INC.,

Employer

and

LOUISIANA WORKERS' COMPENSATION CORP.,

Carrier

APPEARANCES:

QUENTIN D. PRICE, ESQ.

On behalf of Claimant

DAVID K. JOHNSON, ESQ.

On behalf of Employer/Carrier

BEFORE: C. RICHARD AVERY

Administrative Law Judge

¹ Pursuant to a policy decision of the Department of Labor, the Claimant's initials rather than full name are used to limit the impact of the Internet posting of agency adjudicatory decisions for benefit claim programs.

DECISION AND ORDER

This is a claim for benefits under the Longshore and Harbor Workers' Compensation Act, 33 U.S.C. 901 et. seq., (The Act), brought by Claimant against Island Operating Company, Inc. (Employer), and LWCC (Carrier). The formal hearing was conducted in Orange, Texas on August 7, 2007. Each party was represented by counsel, and each presented documentary evidence, examined and cross examined the witnesses, and made oral and written arguments.² The following exhibits were received into evidence: Joint Exhibit 1, Claimant's Exhibits 1-19 and Employer's Exhibit 1-11. This decision is based on the entire record.³

Stipulations

Prior to the hearing, the parties entered into joint stipulations of facts and issues which were submitted as follows:

1. Date of the injury/accident was January 6, 2006;
2. Incident occurred during the course and scope of employment;
3. Claimant was an employee of Employer at the time of the event;
4. Employer was advised of the injury on January 6, 2006;
5. Notice of Controversion was filed June 21, 2006;
6. Informal Conference was held September 21, 2006; and
7. Average Weekly Wage at the time of the injury was \$1089.40.

Issues

The unresolved issues in this proceeding are:

1. Whether an accident/injury did in fact occur;
2. The nature and extent of Claimant's disability; and
3. Claimant's entitlement to Section 7 benefits.

² The parties were granted time post hearing to file briefs.

³ The following abbreviations will be used throughout this decision when citing evidence of record: Trial Transcript Pages- (Tr. __); Joint Exhibit- (JX __, pg.__); Employer's Exhibit- (EX __, pg.__); and Claimant's Exhibit- (CX __, pg.__).

Statement of the Evidence

Testimonial Evidence

Claimant

Claimant is 43 years old. He finished the ninth grade in high school and sometime later got his GED. Most of his employment history has been in the oilfield. He worked for Employer approximately nine years, and while he had some industrial accidents, he never filed for workers' compensation.

In January of 2006, Claimant was working offshore on the Continental Shelf on an oil production platform. His job was known as an "A" operator, and he explained that his duties included maintenance of equipment, working on pumps, etc. He worked 7 days on the rig and 7 days off. He and his family lived in Kelly, Louisiana, and he testified he drove 3 hours each way at the beginning and end of every shift.

On January 6, 2006, Claimant hooked up a chemical transporter to a crane and walked across the deck of the platform stepping over pipes when suddenly and for no known reason his right knee popped.⁴ He reported the event to John Richard, lead supervisor, and by the evening, because the pain had gotten worse, he requested leave to return home. The next day he was flown to Cameron, Louisiana, where he was met by Brett Romero, a safety representative, who told him he could go to the Lake Charles Emergency Room or to Dr. John Carruth. The latter was decided on, and Claimant saw Dr. Carruth that day. Dr. Carruth told Claimant to go home and rest and call back as needed. When the pain did not subside, Claimant called Romero and asked to see Dr. Carruth again, but was told that he should see Dr. Jim Stafford.

Dr. Stafford ordered an MRI and placed Claimant on light duty. Dr. Stafford recommended that Claimant see an orthopedic surgeon. Claimant said he wanted to see someone his family physician, Dr. Shroff, recommended, but Employer placed him under the care of Dr. Schutte. As had Dr. Stafford, Dr. Schutte also placed Claimant on light duty status.

⁴ On cross-examination Claimant agreed he did not hit, twist or stumble while stepping over the pipe.

Because of his light duty status, Claimant was given a clerical land-based job with Employer in Lafayette, Louisiana. This was 100 miles from his house, so during the five days a week he worked, Employer furnished him a motel room, and his wife would often come and stay with him. Though he was paid his base salary, Claimant maintains he was paid less than his offshore job because of lack of overtime work. See EX 2.

Despite the doctors he had seen, Claimant testified his right knee was not getting better, and his left knee had also started causing him pain, more in fact than the right knee.

On May 16, 2006, Claimant was examined for the last time by Dr. Schutte. On that visit, Claimant acknowledged that Dr. Schutte told him he should progress to the point that he could return offshore, but Claimant denied a specific date was mentioned. He said that during the visit Dr. Schutte excused himself to call and get authority to send Claimant to an arthritis specialist, but returned upset upon finding out Claimant had sought authority from Employer and had seen another doctor, Dr. Liles, for a second opinion. Because of that, Dr. Schutte told Claimant that Employer would not agree to another doctor, so at that point he gave Claimant a light duty slip. (CX 5, pg. 3).⁵

Except for speaking to Brooke Roy (safety manager) about Dr. Schutte's visit, Claimant said he talked to no one else until the first week in June when Jennifer Moe (safety assistant) told him he was terminated. He had not been working for Employer for several weeks⁶, had not received pay checks and said it came as no surprise to him he was terminated. He also denied receiving any messages on his voice machines, but did agree that prior to leaving his employment, he was offered a clerical job in Belle Chase, Louisiana by Ms. Roy. He understood that Employer would provide him with lodging, but he was uncertain if the position was permanent or not, and he was under the impression that the job would be five days on and two days off.

At this point, because his left knee was hurting even worse than his right knee, on his own and without authority, Claimant, using his own insurance company, sought out Dr. John Fairbanks and underwent surgery on both knees. The result of the surgeries, Claimant says, was that his right knee was somewhat better but his left knee was worse. He has not worked since leaving the clerical job

⁵ Peculiarly, however, on the same date, Dr. Schutte apparently also faxed to Employer a second return to work slip which returned Claimant to full duty as of May 22, 2006 (CX 5, pg. 2).

⁶ When Claimant saw Dr. Schutte on May 16, 2006, he was not performing the clerical work due to an unrelated colon problem.

with Employer, is on state Medicaid and food stamps and depends on his parents for house payments. He says he is in too much pain to return offshore and gets by only with rest and pain pills.

Claimant's Father and Wife

Both Claimant's father and wife testified that Claimant was not lazy by nature and had obvious problems walking because of his pain. Claimant's wife confirmed the fact that Claimant left Dr. Schutte's office on May 16, 2006 assuming he was still on light duty and unaware of the slip Dr. Schutte signed and faxed to Employer returning him to full duty on May 22, 2006.

Brooke Roy

Brooke Roy was Employer's safety manager in the first half of 2006. On June 2, 2006, she started working only part-time and eventually left the employment on December 31, 2006. She testified that she had approved Claimant getting a second opinion from Dr. Liles, but that as far as Dr. Fairbanks was concerned she was never asked to approve any treatment he provided. She said she never denied any medical treatment Claimant sought. Ms. Roy testified she offered Claimant a job in Belle Chase, Louisiana, with housing, working seven days on and seven days off doing clerical work in the office. Claimant said "no," but Ms. Roy told him to think it over. She said he never accepted the offer. While there was some uncertainty about when this job was offered, Ms. Roy thought it was most likely in May of 2006.⁷

Lance LeBlanc

Lance LeBlanc is Employer's current safety manager. In 2006 he had been a safety representative for Employer. He testified that no treatment request was ever denied to Claimant. He also said he tried seven or eight times on or about May 31, 2006, to offer Claimant yet another job, but despite leaving messages at three different phone numbers he never heard from Claimant. Based on company policy, Claimant was then terminated. As to the Belle Chase job offered Claimant by Ms. Roy, Mr. LeBlanc testified the pay was the same as offshore, but agreed that perhaps some overtime might be lost; however, the job offered was seven days on and seven days off at twelve hours per day.

⁷ Claimant testified he was offered the job in April of 2006.

Melissa Vaughn

Melissa Vaughan is LWCC's claims representative who has been assigned to this claim since February 2007. She testified she was unaware of any unpaid medical bills.

Medical Evidence

Medical Records of Dr. James W. Carruth (EX 7)

Dr. Carruth was the first doctor to see Claimant after the incident on January 6, 2006; in fact he saw him that same day. While his report is hard to read, it is clear that Claimant came in with complaints of pain in his right knee, and that his x-rays came back normal. Dr. Carruth released Claimant to work on January 7, 2006, with regular duty "as discussed." (EX 7, p. 2).

Medical Records of Dr. John Stafford (CX 4)

Dr. Stafford, a doctor of occupational medicine at a walk-in clinic, only saw Claimant once on January 17, 2006. Claimant complained that his right knee felt like it was going to give out and stated that he had no prior history of knee problems before the incident on January 6, 2006. Dr. Stafford's examination of Claimant revealed that his knee had full range of motion and there was no evidence of clicking, locking, popping or weakness. Dr. Stafford diagnosed Claimant as having a possible cartilaginous injury and recommended that Claimant engage in isometric exercising. He released Claimant to light work with a twenty pound lifting restriction. Dr. Stafford also ordered an MRI of Claimant's right knee.

Dr. Stafford called Claimant on January 18, 2006 to discuss his findings from the MRI of his right knee. The MRI showed mild focal chondromalacia of the patella, but no other evidence of any internal knee problems. Dr. Stafford stated that there was only mild degeneration of the cartilage due to wear and tear. He advised Claimant to continue taking prescribed medications and reduce his activity.

Deposition of Dr. John Schutte (EX 9)

Employer referred Claimant to Dr. Schutte, an orthopedic surgeon, who first saw Claimant on January 26, 2006. Claimant complained of pain in both of his knees with occasional popping. He related that he had initially felt popping in his right knee on January 6, 2006 when he stepped over some equipment at work.

Since then, however, his left knee began to hurt more than his right knee. Dr. Schutte diagnosed Claimant as having chondromalacia, which he explained is a weakening of the cartilage in the knee that occurs with aging. He opined that Claimant had suffered from this condition prior to January 6, 2006, but that the incident of January 6, 2006 had “apparently” exacerbated Claimant’s pain. (EX 9, p. 6). Dr. Schutte recommended that Claimant refrain from excessive stooping, squatting and stair climbing. Claimant returned on February 23, 2006, at which point Dr. Schutte gave Claimant an injection and continued his light duty work status. He testified that he was not able to point to any objective cause of Claimant’s pain, other than general wear and tear of the knee.

Dr. Schutte next saw Claimant on March 23, 2006. Claimant told him the injections had helped, but his left knee still hurt. Dr. Schutte thought Claimant’s pain should have subsided, and so ordered an MRI of his left knee and continued Claimant on light duty. The MRI came back normal, yet Claimant returned on April 4, 2006 still complaining of pain. Dr. Schutte reiterated his suggestion to refrain from excessive stooping, squatting and stair climbing. He informed Claimant that he had no further recommendations but would be glad to see Claimant again in the future if the pain persisted.

At his deposition, Dr. Schutte was asked to explain his handwritten notes on a form he received from Employer describing the Claimant’s clerical assistant position and requesting his opinion as to Claimant’s physical capability to perform this job. (EX 8, p. 8). Dr. Schutte testified that Employer had asked him whether Claimant had a permanent impairment rating, and on April 17, 2006, he had written that based on the x-rays, Claimant’s left knee did not have a permanent impairment rating.

Claimant’s last visit to Dr. Schutte was on May 16, 2006. Claimant complained that he was experiencing more pain than ever and that he could barely walk. After an examination, however, Dr. Schutte could not explain why Claimant was in so much pain. From his standpoint, Claimant could return to his job and hopefully progress back to full duty without restrictions at some point in the future. He decided to recommend that Claimant stay on light work duty and get a second opinion, but after talking to Jennifer Moe, a safety assistant for Employer, he found out that Claimant had already received a second opinion from Dr. Liles. At this point, Dr. Schutte “didn’t believe the guy anymore,” so he wrote a light duty work release with a note that Claimant would be able to return to full duty on May 22, 2006. (EX 9, p. 20).

In his deposition, Dr. Schutte commented on a video of the knee scope surgery performed by Dr. Fairbanks. He understood that Dr. Fairbanks had found some fraying of the cartilage in both of Claimant's knees. According to Dr. Schutte, this fraying of the cartilage is a degenerative, rather than traumatic, condition. In fact, he testified that he observed nothing on the video of the surgery to suggest there had been any kind of traumatic injury to Claimant's knees.

On cross-examination, Dr. Schutte testified that Claimant is overweight and has bowed legs, which causes most of his weight to shift to the medial side of his knees, causing breakdown of his cartilage. On re-direct, Dr. Schutte reiterated his belief that Claimant's chondromalacia predated his January 6, 2006 incident, and that a popping sensation in the knee is often associated with arthritis or chondromalacia.

Deposition of Dr. Douglas N. Liles (EX 5)

Dr. Liles, an orthopedic surgeon, testified by deposition on July 18, 2007. He only treated Claimant once, when Claimant was looking for a second opinion because he felt that his complaints of pain were not being taken seriously. (CX 5, p. 6). Claimant visited Dr. Liles's office on April 21, 2006, at which point he was examined by a nurse practitioner, Chris Dement. Claimant returned for a follow-up with Dr. Liles, who he had personally requested, on April 28, 2006. Dr. Liles stated that the nurse practitioner's reports were consistent with his own findings: Claimant had mild crepitus (which Dr. Liles stated was normal), he had no quadriceps atrophy (suggesting normal use of his legs), and he was "moaning and groaning" throughout the exam, which Dr. Liles felt was exaggerated. (EX 5, pp. 7-8). Dr. Liles also reviewed Claimant's MRI scans, which he testified appeared normal; in fact, he could not find any objective basis for Claimant's pain. He recommended that Claimant look for a different source, other than injury, for his pain. Dr. Liles stated that at that point he believed Claimant should be able to go back to regular work.

On cross examination, Dr. Liles testified that he had no doubt that Claimant originally suffered a right knee injury, and that his left knee problems resulted from the injury to his right knee. (EX 5, p.16-17). He defined chondromalacia as a roughness of cartilage behind the kneecap that occurs as part of the aging process, and that it is a nagging problem, not one that would cause a person to suffer a traumatic knee injury as he was stepping over pipes. Dr. Liles was surprised by Dr. Fairbanks' decision to perform surgery on Claimant, even more so when he was

told that Dr. Fairbanks claimed to have found a grade 3 articular cartilage change in Claimant's knees. Dr. Liles testified that this condition is severe enough to show up on an MRI, and Claimant's MRIs were normal. On re-direct, Dr. Liles reiterated that he had no medical explanation for Claimant's pain.

Medical Records of Dr. J. H. Fairbanks (CX 7; EX 11)

Dr. Fairbanks, an orthopedic surgeon, first saw Claimant on June 5, 2006. He determined that Claimant had occult internal derangement of both knees. At the next visit, on June 20, 2006, Dr. Fairbanks administered injections to Claimant's knees. Also at this visit, he reviewed MRIs of both Claimant's knees and concluded that Claimant had chondromalacia in his right knee and a medial meniscus lesion in his left knee. He recommended that Claimant undergo a diagnostic arthroscopy of both knees.

Dr. Fairbanks performed the arthroscopy on both knees on July 27, 2006. His operative report stated that he found a grade 3 articular cartilage change. On August 9, 2006, Dr. Fairbanks wrote a note that Claimant was unable to return to work. On August 23, 2006, Dr. Fairbanks reported that Claimant was experiencing less pain in his right knee but increased pain in his left knee. He suggested that Claimant continue physical therapy and reduce his weight.

The records submitted by Employer contain Dr. Fairbanks's notes from a more recent visit on September 16, 2006 which is absent from those records supplied by Claimant. On this date, Claimant presented to Dr. Fairbanks complaining of pain in his knees. Dr. Fairbanks observed that his examination of Claimant was unremarkable. He noted, "I can't seem to make real sense of what is going on with him. It seems like [Claimant's] complaints are out of proportion to his problem, at this point in time." (EX 11, p.1). Dr. Fairbanks told Claimant that there was nothing else he could do for him and that a return appointment was not necessary.

In a letter dated March 28, 2007, Dr. Fairbanks stated that Claimant is suffering from advancing arthritic disease in both of his knees. He opined that this condition should not keep Claimant from work, but will prevent him from participating in heavy manual labor, climbing stairs, and performing the offshore work that he previously did.

Findings of Fact and Conclusions of Law

The following findings of fact and conclusions of law are based upon my observation of the appearance and demeanor of the witnesses who testified at the hearing and upon an analysis of the entire record, arguments of the parties, and applicable regulations, statutes, and case law. In evaluating the evidence and reaching a decision in this case, I have been guided by the principles enunciated in *Director, OWCP v. Greenwich Collieries (Maher Terminals)*, 512 U.S. 267, 28 BRBS 43 (1994), that the burden of persuasion is with the proponent of the rule. Additionally, as trier of fact, I may accept or reject all or any part of the evidence, including that of medical witnesses, and rely on my own judgment to resolve factual disputes or conflicts in the evidence. *Todd Shipyards v. Donovan*, 300 F.2d 741 (5th Cir. 1962). The Supreme Court has held that the “true doubt” rule, which resolves conflicts in favor of the Claimant when the evidence is balanced, violates Section 556(d) of the Administrative Procedures Act. *Director, OWCP v. Greenwich Collieries*, 512 U.S. 267, 28 BRBS 43 (1994).

Causation

Section 20(a) of the Act provides a Claimant with a presumption that his disabling condition is causally related to his employment if he shows that he suffered a harm, and that employment conditions existed which could have caused, aggravated, or accelerated the condition. *Merrill v. Todd Pacific Shipyards Corp.*, 25 BRBS 140 (1991); *Stevens v. Tacoma Boat Building Co.*, 23 BRBS 191 (1990). The Section 20(a) presumption operates to link the harm with the injured employee’s employment. *Darnell v. Bell Helicopter Int’l, Inc.*, 16 BRBS 98 (1984).

In this instance, Claimant allegedly suffered an injury to his right knee on January 6, 2006, when it “popped” as he was stepping over pipes on the deck of the oil production platform in the course of his employment. He reported this incident to his supervisor the same day and an accident report was filed a few days later. (TR pp. 28-30; CX 2, p. 4). Furthermore, Dr. Liles, Claimant’s chosen physician, testified that he had no doubt that Claimant’s physical symptoms originated with an injury to his right knee. (EX 5, p. 16). Therefore, Claimant has established a prima facie case and has invoked the Section 20(a) presumption.

Once the Claimant has invoked the presumption, the burden shifts to the employer to rebut the presumption with substantial countervailing evidence and show that the claim is not one “arising out of or in the course of employment.” 33 U.S.C. §§ 902(2), 903; *Ortco Contractors, Inc. v. Charpentier*, 332 F.3d 283 (5th

Cir. 2003); *James v. Pate Stevedoring Co.*, 22 BRBS 271 (1989). Substantial evidence has been defined as such relevant evidence as a reasonable mind might accept to support a conclusion. *Sprague v. Director, OWCP*, 688 F.2d 862, 865 (1st Cir. 1982). If there has been a subsequent non-work-related event, employer can establish rebuttal of the Section 20(a) presumption by producing substantial evidence that claimant's condition was not caused by the work-related event. *James v. Pate Stevedoring Co.*, 22 BRBS 271 (1989). Employer is liable for the entire disability if the second injury is the natural or unavoidable result of the first injury. Where the second injury is the result of an intervening cause, employer is relieved of liability for that portion of disability attributable to the second injury. *Bailey v. Bethlehem Steel Corp.*, 20 BRBS 14 (1987). If the employer meets its burden, the Section 20(a) presumption is rebutted and disappears, and the administrative law judge must weigh all the evidence and render a decision supported by substantial evidence. *Del Vecchio v. Bowers*, 296 U.S. 280 (1935).

Here, Employer/Carrier has rebutted the Section 20(a) presumption by presenting evidence that Claimant did not actually suffer any accident or trauma to his knees at work. First of all, three of the physicians who examined Claimant, Drs. Stafford, Schutte and Liles, found that he is suffering only from chondromalacia, a form of arthritis of the knees that is caused by age and general wear and tear. (CX 4, p. 3; EX 5, p. 21; EX 9, pp. 6, 8). Dr. Schutte, who treated Claimant from January until May of 2006, opined that this condition had existed prior to the incident on January 6, 2006. (EX 9, p. 6).

Furthermore, none of the physicians who treated Claimant found medical evidence of trauma to Claimant's knees to suggest an injury had caused an aggravation this pre-existing condition. Dr. Carruth, who saw Claimant the same day as the alleged injury, noted that Claimant's x-rays were normal and released Claimant to regular duty work. (EX 7, p. 1). Dr. Stafford noted that the MRI of Claimant's knees showed only chondromalacia but no other internal knee problems. In fact, Dr. Stafford's physical examination of Claimant's knees revealed full range of motion and no evidence of clicking, locking, popping or weakness of the knees. (CX 4, p. 2). While the physician who treated Claimant for the longest period of time, Dr. Schutte, stated that Claimant's pre-existing chondromalacia was "apparently" exacerbated by the incident of January 6, 2006, he stated that a popping sensation, such as the one experienced by Claimant on January 6, 2006, is commonly associated with chondromalacia. Lastly, Dr. Liles's examination of Claimant was normal, as was Claimant's MRI. While Dr. Liles did state that he believed Claimant's condition originated with an injury, he does not present an opinion as to whether the incident on January 6, 2006 was that causative injury. Instead, he stated that Claimant's condition is part of the normal aging

process and would not cause a person to suffer a traumatic knee injury as he was stepping over pipes. (EX 5, p. 21). Dr. Liles even suggested that Claimant look for an alternate source, other than injury, for his pain. (EX 5, p. 13). Dr. Liles further testified, after viewing the video recording of the surgery performed by Dr. Fairbanks, that he saw nothing on the video to suggest Claimant's knee had experienced a traumatic injury. (EX 9, pp. 25-26).

In addition to the lack of medical evidence of actual trauma to Claimant's knee, Employer/Carrier also rely on the reoccurring inability of Claimant's treating physicians to ascertain the source of Claimant's subjective complaints of pain. The second time Dr. Schutte saw Claimant, he found he could not point to any objective causes for Claimant's complaints of pain, other than general wear and tear. In fact, his review of Claimant's MRIs revealed no signs of anything that would cause Claimant's knees to be irritated. (EX 9, p. 15). On Claimant's next visit, Dr. Schutte noted that Claimant's complaints of pain should have subsided with the treatment he had prescribed, but instead had continued. On Claimant's final visit, Dr. Schutte concluded that he could not explain why Claimant continued to be in so much pain, so he decided to recommend that Claimant get a second opinion. When he discovered that Claimant had already obtained a second opinion, he began doubting the validity of Claimant's complaints. (EX 9, pp. 19-20). Dr. Liles also questioned Claimant's credibility. He felt that Claimant's reactions during his examination were exaggerated, and stated he was unable to find any objective basis for Claimant's subjective complaints. Finally, Dr. Fairbanks, who performed surgery on Claimant to attempt to ease his manifestations of pain, noted at his last appointment with Claimant that Claimant's subjective complaints were out of proportion to his objective findings. (EX 11, p. 1).

In light of the foregoing evidence, I find that Employer/Carrier successfully rebutted Claimant's Section 20(a) presumption of compensability as to his knee injuries.

Weighing the evidence as a whole, and under the guidance of *Director, OWCP v. Greenwich Collieries, supra*, I have true doubt as to whether Claimant's knee injuries are causally related to any work-related accident on January 6, 2006. The inability of multiple doctors to link Claimant's subjective complaints of pain to any objective findings, along with the absence of medical evidence of an aggravating traumatic injury to his pre-existing chondromalacia, as well as the fact

that Claimant subsequently developed the same symptoms in his left knee, lead me to find that when the evidence is weighed as a whole, true doubt exists and thus Claimant has failed to carry his burden that his knee condition is related to the January 6, 2006 incident.

A close reading of the deposition of Dr. Liles, the board certified orthopedic surgeon upon whom Claimant seems to rely, reveals that he does not really support the Claimant's position. Claimant was seen twice in his office, every test was normal (including the MRI), Claimant's complaints of pain were believed to be exaggerated and it was Dr. Liles's opinion when he saw Claimant that Claimant could return to his normal work. He did not believe the arthroscopic surgery performed by Dr. Fairbanks was necessary and opined that Dr. Fairbanks's findings were supportive only of an arthritic knee, not a traumatic knee. In fact when questioned further by Claimant's counsel, Dr. Liles responded, "...he just stepped over a pipe. I mean come on, let's talk about the traumatic injury. Where was the trauma?" (EX, p. 26).

In sum, Claimant is not entitled to either compensation or medical benefits for treatment of his alleged knee injuries. For while he might have become symptomatic at work, nothing at work has been shown to cause his condition.

ORDER

Claimant's claim for compensation and medical benefits under the Act is hereby **DENIED**.

Entered this 29th day of November, 2007, at Covington, Louisiana.

A

C. RICHARD AVERY
Administrative Law Judge