

DISTRICT OF COLUMBIA COURT OF APPEALS

No. 16-AA-628

JACQUELINE DENT, PETITIONER,

v.

DISTRICT OF COLUMBIA DEPARTMENT
OF EMPLOYMENT SERVICES, RESPONDENT,

AND

PROVIDENCE HOSPITAL, ET AL., INTERVENORS.

Petition for Review of a Decision of the Compensation Review Board
District of Columbia Department of Employment Services
(CRB-197-15)

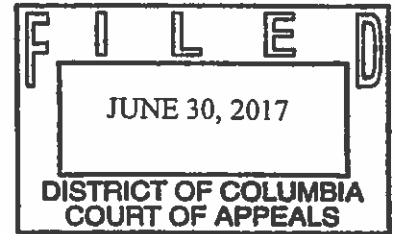
(Submitted April 13, 2017)

Decided June 30, 2017)

Before BECKWITH, EASTERLY, and MCLEESE, *Associate Judges*.

MEMORANDUM OPINION AND JUDGMENT

PER CURIAM: Petitioner Jacqueline Dent appeals the decision of the Compensation Review Board (CRB) affirming the administrative law judge's denial of her claim for workers' compensation benefits for injuries to her right and left knees. Ms. Dent contends that the administrative law judge (ALJ) erred when the ALJ refused to afford Ms. Dent the presumption that her right-knee injury was causally related to a work incident. Ms. Dent further contends that although the ALJ properly found that she had presented sufficient evidence to invoke the presumption of causation with respect to her left-knee injury, the ALJ erred in finding the presumption rebutted and in ultimately concluding that Ms. Dent had failed to meet her burden to prove by a preponderance of the evidence that the left-knee injury was causally related to a work incident. We affirm.



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I.

A.

On April 20, 2010, Ms. Dent was working for intervenor Providence Hospital. During a bathroom break, Ms. Dent fell off a toilet when the seat came off its hinges. Ms. Dent reported, in a work incident report she filled out the next day, that the fall had caused her to suffer “[l]eft side / low back pain.” Ms. Dent received initial treatment from medical providers at her employer, Providence, and was at that time prescribed Flexeril and given a walking cane. The medical records do not indicate that Ms. Dent was then suffering from knee problems.

On April 30, Ms. Dent saw an orthopedist, Dr. Easton Manderson, for lower-back pain that had persisted after the fall. Dr. Manderson gave Ms. Dent a “[s]teroid injection . . . to the left iliolumbar interval” and prescribed hydrocodone for the pain. Following a May 7 follow-up visit, Dr. Manderson wrote in a report that “X-rays of [Ms. Dent’s] lower back show degenerative disease.” Dr. Manderson did not indicate that Ms. Dent suffered from knee pain.

Ms. Dent saw Dr. Manderson and her primary-care provider at Providence a number of times over the following months. The first medical record to mention Ms. Dent’s knee pain is a September 10, 2010, progress note from Providence: “[Ms. Dent] [h]as L[eft] knee pain today.” The note indicates that Ms. Dent told the medical provider that “[n]othing ha[d] been done for [her] since 1995”¹ and that “[she was] not having [a] good day.” The medical records in the administrative record do not indicate that Ms. Dent reported right-knee pain at that time or that she continued to report knee pain (left or right) during subsequent visits with her provider at Providence. The medical records also do not indicate that Ms. Dent reported knee pain to Dr. Manderson during a September 27, 2010, follow-up visit for her lower-back pain or to Dr. David Johnson, an orthopedist who on August 16, 2010, conducted an independent medical examination at the request of Providence. Notwithstanding the absence of pertinent notations in the medical records, Ms. Dent testified at the administrative hearing that “after th[e]

¹ Ms. Dent has a history of chronic knee pain that predates the April 20, 2010, fall, as explained below.

fall” she “was, basically, being treated . . . for [her] knee.”²

The next mention of knee pain in the medical records is a January 31, 2011, progress note by Dr. Manderson noting “[l]eft knee pain” and “lock[ing].” Dr. Manderson wrote a report on February 14, 2011, recommending that Ms. Dent undergo a “total knee arthroplasty.” The report states that Ms. Dent was “[c]omplain[ing] of left knee pain . . . , which is 8 out of 10” on the pain scale. An X-ray and MRI indicated that Ms. Dent suffered from “moderately advanced osteoarthritis” in the left knee, and Dr. Manderson opined that “[t]his arthritis was probably exacerbated and precipitated by the fall.” Dr. Manderson further “noted that [Ms. Dent] was not seeking treatment for left knee pain prior to this event.” The report does not describe the “fall” or the “event,” but it can be inferred that Dr. Manderson was referring to Ms. Dent’s fall from the toilet—Ms. Dent points out in her appellate brief that “Dr. Manderson . . . assign[ed] th[e] [report] the same claim number as his previous records addressing the April 20, 2010[,] work injury.” The report does not indicate that Ms. Dent reported right-knee pain at that time.

Pursuant to Providence’s request for an independent evaluation, Ms. Dent was examined by Dr. Marc Danziger, an orthopedist, on June 14, 2011. In his report, Dr. Danziger recounted what he characterized as Ms. Dent’s “long history of multiple orthopedic problems.” Dr. Danziger noted that Ms. Dent first had problems with her left knee in 2004 and was at that time diagnosed with “moderate arthritis.” Dr. Danziger stated that Ms. Dent “ended up having arthroscopic treatment by Dr. Edward Rankin in 2005,” but that “[t]he knee never got better” and that following “MRI scans done in 2007 and again [in] 2008[,] [she] was eventually told she needed knee replacement.” According to Dr. Danziger, Ms. Dent never went through with the knee-replacement surgery and she had “continued to limp . . . but . . . was able to function.” In the report, Dr. Danziger indicated his belief that in connection with the April 20, 2010, fall, Ms. Dent had not reported left-knee pain until her February 14, 2011, visit with Dr. Manderson—

² It is possible that Ms. Dent was testifying about her later treatment (starting ten months after the fall), which *did* relate to her left knee. Unfortunately, Ms. Dent’s testimony is not clear in this regard and appears self-contradictory. For example, Ms. Dent also testified that she “didn’t speak with Dr. Manderson about the left knee, as much—[she] knew it needed to be done, so [she] didn’t speak with him about that.”

Dr. Danziger was apparently unaware that Ms. Dent had reported left-knee pain to her provider at Providence in September 2010.

Dr. Danziger's report states that he performed a physical examination of Ms. Dent and also reviewed several X-rays and an MRI that had previously been taken. Dr. Danziger concluded that "[t]here is no causal relationship between the [April 20, 2010,] work related injury and the left knee . . . complaint[.]" He explained:

What is . . . very notable is the patient has a long and significant history of left knee symptomatology from the point of onset in 2004, . . . and she has the long history of preexisting degenerative joint disease in the left knee. She clearly states the knee was unstable before the fall off the toilet What is most supporting of the lack of a causal relationship between the 4/20/10 injury and the claimed knee pain is that there is no mention after the fall off the toilet of anything related to the left knee. It is not until 10 months later that there is any mention whatsoever in the notes[,] and this clearly has no temporal relationship to the fall from the toilet. . . . Even her knee exam today is quite benign with good range of motion, good strength and minimal joint line pain.

Dr. Danziger represented that "[a]ll [his] conclusions [were] based on examination of the patient, review of records and [his] own history from the patient," and that he made his conclusions "within a reasonable degree of medical certainty."

Over two years later (and over three years after the fall), on December 30, 2013, Ms. Dent sought treatment for *right*-knee pain in the Howard University Hospital emergency room. A report from that visit indicates that Ms. Dent had been suffering from right-knee pain for about a week, and that the pain "had been off [and] on." The report characterizes Ms. Dent's pain as "chronic." The next day Ms. Dent saw Dr. Manderson, whose contemporaneous report also notes Ms. Dent's right-knee pain and "difficulty walking." Dr. Manderson performed a "[r]ight total-knee arthroplasty" about a year later, on January 30, 2014.³ In the

³ Ms. Dent never underwent the previously recommended left-knee treatment.

post-operation report, Dr. Manderson noted that surgery had been required because “[t]he patient had an arthritic right knee for many months” and her pain had become “very intense [and] almost constant” in the months preceding the surgery.

Dr. Manderson’s records do not attribute the right-knee pain to the April 20, 2010, fall from the toilet. In her administrative-hearing testimony, however, Ms. Dent did make such an attribution:

[A]nybody that’s sustained a[n] injury in one part of their body— . . . you’re used to this side to weigh [evenly] with the other side. So, consequently, what I was doing was shifting my weight to my right side [to compensate for the left-knee pain], and my right side got worse. I didn’t have a reason to make a [workers’ compensation] claim [in the time period immediately following the April 20, 2010, accident], because I don’t know what [the right-knee pain] came from. It came from me pushing all my weight from . . . this side to that side (indicating). So it was not as simple to make a claim with anyone as to who’s at fault.

Ms. Dent did not offer any other evidence of causation.

On April 21, 2015, Dr. Danziger performed an “independent medical reevaluation,” at the request of Providence. In his report, Dr. Danziger concluded (again) that “[t]he knee complaints are clearly related to preexisting disease and . . . were not in any way aggravated” by the April 20, 2010, fall. Dr. Danziger’s conclusions were based on a physical examination, a review of Ms. Dent’s medical records, and Ms. Dent’s history, although, as in Dr. Danziger’s first independent evaluation, the primary basis for Dr. Danziger’s no-causation conclusion was that “the temporal relationship doesn’t fit.”

B.

Following an administrative hearing, the ALJ concluded that Ms. Dent was not entitled to workers’ compensation benefits. The ALJ determined that Ms. Dent “failed to make the initial showing required to invoke the presumption that her right knee condition, which resulted in a right total knee replacement, was medically causally related to [the] work-related injury on April 20, 2010.” The

ALJ determined that Ms. Dent had, “with the opinion of Dr. Manderson,” “invoked the presumption that her left knee condition was causally related” to the April 20 accident, but found that Dr. Danziger’s contrary opinion sufficed to rebut the presumption. With the presumption negated, the ALJ weighed the evidence and found that Ms. Dent did not satisfy her burden of proving by a preponderance of the evidence that her left-knee condition was causally related to the April 20 accident. The CRB affirmed the ALJ’s compensation order, finding it “supported by substantial evidence in the record and . . . in accordance with the law.”⁴

II.

In an appeal from the Department of Employment Services, we review the CRB’s decision, not the ALJ’s, but we do not “ignore the ALJ’s compensation order which is the subject of the CRB’s review.” *Storey v. District of Columbia Dep’t of Emp’t Servs.*, No. 15-AA-912, slip. op. at 14 (D.C. June 22, 2017) (quoting *Georgetown Univ. Hosp. v. District of Columbia Dep’t of Emp’t Servs.*, 916 A.2d 149, 151 (D.C. 2007)) (brackets omitted). We review questions of law de novo, and we review the agency’s factual findings to ensure that they are supported by substantial evidence. *McCamey v. District of Columbia Dep’t of Emp’t Servs.*, 947 A.2d 1191, 1195–96 (D.C. 2008) (en banc). “‘Substantial evidence’ means such relevant evidence as a reasonable mind might accept as adequate to support a conclusion.” *Georgetown Univ. Hosp.*, 916 A.2d at 151 (quoting *Children’s Def. Fund v. District of Columbia Dep’t of Emp’t Servs.*, 726 A.2d 1242, 1247 (D.C. 1999)) (internal quotation marks omitted).

A workers’ compensation claimant in the District of Columbia is entitled to a statutory presumption—“in the absence of evidence to the contrary”—that her claim is compensable. D.C. Code § 32-1521 (2012 Repl.). A claimant may take

⁴ We note that Ms. Dent was previously awarded workers’ compensation benefits (although only for her left-knee injury) following an earlier administrative hearing before ALJ Anand Verma. The CRB affirmed the award, and in a memorandum opinion and judgment this court also affirmed. *See Providence Hosp. v. District of Columbia Dep’t of Emp’t Servs.*, No. 12-AA-174, Mem. Op. & J. (D.C. Mar. 12, 2013). It was subsequently revealed that ALJ Verma was not a licensed attorney, *see Sandoval v. District of Columbia Dep’t of Emp’t Servs.*, 93 A.3d 678 (D.C. 2014), and the award was thus voided by the agency.

advantage of this presumption to establish a causal link between her injury and a work-related incident if she makes a “minimal initial showing” of “two ‘basic facts’”: (1) an injury and (2) “a work-related event that has the potential of contributing to the injur[y].” *Jackson v. District of Columbia Dep’t of Emp’t Servs.*, 955 A.2d 728, 732 (D.C. 2008); *Ferreira v. District of Columbia Dep’t of Emp’t Servs.*, 531 A.2d 651, 655 (D.C. 1987). Once the claimant invokes the presumption, the burden of production shifts to the employer, which must then offer “substantial evidence” negating the causal link. *Washington Post v. District of Columbia Dep’t of Emp’t Servs.*, 852 A.2d 909, 911 (D.C. 2004) (quoting *Ferreira*, 531 A.2d at 655). The evidence must “be specific and comprehensive enough that a reasonable mind might accept it as adequate to contradict the presumed causal connection between the event at work and the employee’s subsequent disability.” *Id.* (quoting *Ferreira*, 531 A.2d at 655, and *Stewart v. District of Columbia Dep’t of Emp’t Servs.*, 606 A.2d 1350, 1351 (D.C. 1992)) (citation, footnote, brackets, and internal quotation marks omitted). If the employer fails in this regard, then the presumption suffices to establish causation; if, however, “the employer succeeds in proffering substantial evidence of non-causation, the statutory presumption drops out of the case entirely” and the claimant bears the burden of proving causation by a preponderance of the evidence. *Id.* Whether a claimant has offered sufficient evidence to trigger the presumption of causation and whether the employer has offered sufficient evidence to rebut the presumption are questions of law, subject to de novo review, “which in turn depend[] on [the ALJ’s] interpretation of the evidence, . . . to which we defer.” *Safeway Stores, Inc. v. District of Columbia Dep’t of Emp’t Servs.*, 806 A.2d 1214, 1219 (D.C. 2002); see also *Washington Post*, 852 A.2d at 914.

A.

We turn first to Ms. Dent’s claim that the CRB erred in affirming the ALJ’s determination that Providence offered sufficient evidence to rebut the presumption that her left-knee condition was causally related to the April 20, 2010, fall. The ALJ determined that Ms. Dent had offered sufficient evidence to invoke the presumption, specifically noting Dr. Manderson’s opinion that Ms. Dent’s left-knee problems were “probably exacerbated and precipitated” by the fall. But the ALJ found the presumption rebutted by Providence’s proffer of Dr. Danziger’s independent medical examinations. The ALJ noted that Dr. Danziger “examined [Ms. Dent’s] knees and [was aware of] her significant history of preexisting issues with both knees” and found that Dr. Danziger “determined[,] to a reasonable degree of medical certainty, [that Ms. Dent’s] bilateral knee conditions were not

rendered symptomatic or aggravated in any way by her April 2010 work accident.”

We agree with the ALJ’s determination that Dr. Danziger’s reports were sufficiently specific and comprehensive to “sever the potential connection” between the fall and the left-knee condition. *Whittaker v. District of Columbia Dep’t of Emp’t Servs.*, 668 A.2d 844, 845 (D.C. 1995) (quoting *Parodi v. District of Columbia Dep’t of Emp’t Servs.*, 560 A.2d 524, 526 (D.C. 1989)). As Ms. Dent notes, our holding in *Washington Post*, 852 A.2d at 914, indicates that “[a] defense medical evaluation is sufficient to break the presumption if the evaluator physically examined the injured worker, reviewed the injured worker’s medical records, and rendered a firm and unambiguous medical opinion in support of the contention that the work accident did not cause the injured worker’s current disability.” Here, Dr. Danziger did all of these things.

Ms. Dent complains that unlike Dr. Manderson, Dr. Danziger “d[id] not present any anatomic rationale behind his medical opinion” and that Dr. Danziger instead “based [his opinion] only on his understanding that Ms. Dent did not make any complaints of pain to her left knee for ten months after the work injury.” Initially, we note that Ms. Dent’s argument fails because evidence need not establish “that causation is *impossible*” in order to suffice to rebut the presumption of compensability. *Washington Post*, 852 A.2d at 911 (quoting *Washington Hosp. Ctr. v. District of Columbia Dep’t of Emp’t Servs.*, 744 A.2d 992, 1000 (D.C. 2000)). But more importantly, it is not true that Dr. Danziger relied entirely on Ms. Dent’s delay in reporting her symptoms. As the ALJ noted, Dr. Danziger reviewed Ms. Dent’s medical records and examined her. Dr. Danziger also took her medical history. Dr. Danziger’s reports reflect an apparently careful consideration of all of these sources of information. And Ms. Dent has offered no support for her implicit assertion that the temporal gap between the accident and her report of symptoms is an insignificant fact in making a causation diagnosis.

Ms. Dent further contends that Dr. Danziger’s no-causation conclusion is based on the faulty premise that she first reported left-knee pain in February 2011, nearly ten months after the accident. While Ms. Dent appears to be correct that Dr. Danziger did not take account of the September 10, 2010, handwritten progress note indicating that she was complaining of left-knee pain, this apparent oversight does not so undermine Dr. Danziger’s conclusion as to render Dr. Danziger’s reports insufficient to rebut the presumption of compensability. *Safeway Stores*, 806 A.2d at 1220 (“[T]he inconsistency, if any, was minor, as the doctor unequivocally stated his opinion that the work injury was not the precipitating

cause in this case”); see also *Washington Post*, 852 A.2d at 914; cf. *Washington Metro. Area Transit Auth. v. District of Columbia Dep’t of Emp’t Servs.*, 827 A.2d 35, 43 (D.C. 2003) (finding a doctor’s opinion insufficient to rebut the presumption of causation where the doctor failed to consider numerous medical reports documenting the claimant’s symptoms and gave testimony that directly supported the claimant’s theory of causation). There is no indication that Dr. Danziger’s conclusion would have been any different had he known that Ms. Dent had made a single isolated report of left-knee symptoms five months after the incident rather than waiting ten months to make a report. The ALJ implicitly found the existence of the September 10, 2010, report insufficient to undermine Dr. Danziger’s conclusions. And in any case, again, to rebut the presumption of compensability the employer need not conclusively disprove causation. Dr. Danziger’s reports were sufficient.⁵

B.

Ms. Dent next argues that “[e]ven if Dr. Danziger’s opinion was specific and comprehensive enough to rebut the presumption of compensability, Ms. Dent demonstrated by a preponderance of the evidence that her left knee condition is causally related to the April 20, 2010[,] fall.” She specifically takes issue with the ALJ’s crediting of Dr. Danziger’s opinion over the opinion of Dr. Manderson, the treating physician. Ms. Dent asserts that “the finding that Dr. Manderson’s causation opinions should be rejected [solely] because of the time skip between Ms. Dent’s injury and when Dr. Manderson first referred to them in his reports is not supported by the substantial evidence.” She contends that her “physician had superior knowledge of the injury and was able to simply and quickly explain the injury, versus the ‘hired gun’ of Dr. Danziger who gave a medical report that did not actually provide any form of anatomic explanation.”

As Ms. Dent points out, this court has adopted the principle “that in assessing the weight of competing medical testimony in worker compensation

⁵ Ms. Dent also points to a medical record stating that she had been issued a walking cane shortly after the fall. But the record does not indicate that Ms. Dent was suffering from knee pain at that time and a notation from a week later indicates that Ms. Dent was complaining of hip pain, not knee pain. Thus, Dr. Danziger’s failure to mention the cane is not material.

cases, attending physicians are ordinarily preferred as witnesses to those doctors who have been retained to examine the claimant solely for purposes of litigation.” *Stewart*, 606 A.2d at 1353. This preference, though, is not absolute—or even nearly so. *See id.* (noting that “the substantial evidence rule restricts the scope of [this court’s] review”). This court has remarked that although “the precise nature of the ‘preference’ to be given to the testimony of the treating physician” “is not entirely clear,” it is “plainly” the case that “the [ALJ] is free to reject [the testimony] with a proper explanation for doing so.” *Lincoln Hockey, LLC v. District of Columbia Dep’t of Emp’t Servs.*, 831 A.2d 913, 920 (D.C. 2003). If, however, the ALJ relies on a “faulty”—that is, demonstrably incorrect—basis in rejecting the treating physician’s opinion, then the ALJ’s compensation order is not supported by substantial evidence. *Kralick v. District of Columbia Dep’t of Emp’t Servs.*, 842 A.2d 705, 711 (D.C. 2004) (reversing the agency’s determination where the hearing examiner erroneously deemed the treating physician’s opinion “stale” even though it was at least as recent as the two medical opinions that the hearing examiner favored), *superseded by statute on unrelated grounds*, Fiscal Year 2011 Budget Support Act of 2010, D.C. Law 18-223, § 1062 (b)(13), 57 D.C. Reg. 6242, 6258.

The ALJ found Dr. Manderson’s opinion that there was a causal link between Ms. Dent’s April 20, 2010, fall and her left-knee condition “[un]persuasive” because “Dr. Manderson did not explain his rationale for attributing [Ms. Dent’s] left knee pain in early 2011 to the accidental injury . . . other than [stating that there was] a probable exacerbation and precipitation by the fall.” The ALJ noted that in a January 31, 2011, progress note—which contained Dr. Manderson’s first reference to Ms. Dent’s left-knee pain—Dr. Manderson made notations that apparently refer to Ms. Dent’s history of knee pain.⁶ Yet as the ALJ pointed out, Dr. Manderson did not discuss this history in making his February 14, 2011, diagnosis.⁷ The ALJ also found it significant that Dr. Manderson used the word “exacerbation” in referring to the effects of the April 20, 2011, fall rather than the word “aggravation.” The ALJ, citing American Medical

⁶ The handwritten notes are difficult to read, but Ms. Dent has given us no reason to question the ALJ’s finding in this regard.

⁷ Indeed, Dr. Manderson erroneously noted that Ms. Dent had not sought “treatment for left knee pain prior to” the fall.

Association, *Guides to the Evaluation of Permanent Impairment* (6th ed. 2008), stated that in the medical field the word “exacerbation” ordinarily refers to a temporary worsening, whereas the word “aggravation” refers to a permanent worsening.⁸ While it would probably be unreasonable to conclude from Dr. Manderson’s choice of words that he believed the fall merely temporarily exacerbated Ms. Dent’s condition, the ALJ could properly have concluded that Dr. Manderson’s choice of words (in what is an otherwise very brief report) does call for some mild caution in drawing a conclusion that Dr. Manderson believed the fall had caused a permanent aggravation. In addition to citing these reasons for rejecting Dr. Manderson’s opinion, the ALJ found that “Dr. Danziger explain[ed] his opinion thoroughly” and believed it significant that Dr. Manderson failed to “explain why [Ms. Dent’s] left knee complaints would arise months after the . . . injury.”

We do not find that the ALJ’s reasoning is based on faulty facts or that it is otherwise unreasonable. Ms. Dent has offered no authority for her argument to the contrary. In fact she really only takes issue with one of the ALJ’s grounds for crediting Dr. Danziger’s opinion over Dr. Manderson’s—namely, Dr. Manderson’s supposed failure to explain the time delay between the incident and the first report of knee pain. But even here, Ms. Dent’s argument is conclusory and is unsupported by authority. We thus affirm the CRB’s conclusion that substantial evidence supported the ALJ’s rejection of the treating physician’s opinion and the ALJ’s determination that Ms. Dent had failed to carry her burden of proving causation by a preponderance of the evidence.

C.

We now turn to Ms. Dent’s remaining claim that the ALJ erred in determining that she had failed to offer sufficient evidence to invoke the presumption that her right-knee condition was causally related to the April 20, 2010, fall. We agree with Ms. Dent that the ALJ erred in this respect. Ms. Dent offered significant evidence that she suffered from a right-knee condition, and it is undisputed that Ms. Dent fell from the toilet on April 20, 2010. Moreover, Ms. Dent offered “some evidence” that the fall had the “potential of . . . contributing to the” right-knee injury. *Ferreira*, 531 A.2d at 655 (emphasis omitted). In

⁸ Ms. Dent does not contest the ALJ’s assertion.

particular, she testified that her right-knee condition was aggravated when she began shifting her weight to the right side of her body in response to the left-knee pain that allegedly arose from the fall from the toilet. We recently held that the ALJ may not discredit such testimony in assessing whether a claimant has made a sufficient showing to trigger the presumption of causation, *see Storey*, slip. op. at 5, and furthermore it does not matter that Ms. Dent failed to offer expert medical testimony to corroborate her claim, *see id.* at 19 (“Physical injury cases . . . do not require the claimant ‘to present expert opinion of causation in order to enjoy the benefit of the presumption.’” (quoting *McNeal v. District of Columbia Dep’t of Emp’t Servs.*, 917 A.2d 652, 658 (D.C. 2007))).

But although the ALJ erred in refusing to afford Ms. Dent the presumption that her right-knee condition was compensable—and although the CRB erred in affirming the ALJ’s refusal—the error was harmless.⁹ In the process of explaining the determination that Providence had proffered sufficient evidence to rebut the presumption of causation with respect to Ms. Dent’s left-knee injury, the ALJ found that “Dr. Danziger determined to a reasonable degree of medical certainty[] [that Ms. Dent’s] *bilateral* knee conditions were not rendered symptomatic or aggravated in any way by her April 2010 work accident and that there was no causal relationship between the work injury and [Ms. Dent’s] *right* or her left knee condition[]” (emphases added). This finding by the ALJ, which pertains equally to Ms. Dent’s left- and right-knee conditions, suffices, as a matter of law, to rebut the presumption of causation with respect to the right knee.

With the presumption defeated, Ms. Dent cannot obtain workers’ compensation benefits unless she proves, by a preponderance of the evidence, a causal link between the April 20, 2010, incident and her right-knee condition. But the theory of causation for the right-knee injury that Ms. Dent set forth in her testimony—the only theory of causation offered into evidence with respect to the right knee—rested entirely on the premise that Ms. Dent’s *left*-knee condition was aggravated by the fall. This is because Ms. Dent claimed that her right-knee was

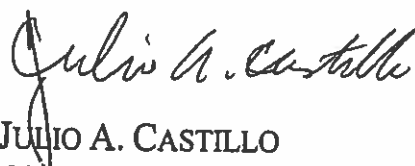
⁹ We are mindful that “[a]n administrative order can only be sustained on the ground relied on by the agency.” *Bowles v. District of Columbia Dep’t of Emp’t Servs.*, 121 A.3d 1264, 1269 (D.C. 2015) (quoting *Walsh v. District of Columbia Bd. of Appeals & Review*, 826 A.2d 375, 380 (D.C. 2003)). But our analysis below relies on the ALJ’s findings of fact, which are supported by substantial evidence, and which the CRB affirmed.

aggravated when, in reaction to pain in her left knee caused by the fall, she altered her gait to put more of her body weight on her right leg. As the ALJ found that Ms. Dent failed to prove by a preponderance of the evidence that her left-knee injury was causally related to the fall, the ALJ would necessarily have concluded the same with respect to her right-knee injury—*a fortiori*, as the right-knee theory added one more speculative step to the causal chain.¹⁰

III.

For the foregoing reasons, we affirm the CRB's decision approving the ALJ's compensation order.

ENTERED BY DIRECTION OF THE COURT:



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¹⁰ We further note that the ALJ adopted Dr. Danziger's opinion with respect to the left leg after rejecting Dr. Manderson's opinion. Given that Dr. Manderson made no causation opinion with respect to the right leg, the ALJ would have had all the more reason to adopt Dr. Danziger's opinion with respect to the right leg.

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