

Circuit Court for Wicomico County  
Case No.: C-22-CV-17-000473

UNREPORTED  
IN THE COURT OF SPECIAL APPEALS  
OF MARYLAND

No. 2425

September Term, 2018

---

JEFFREY A. GEARY

v.

MARYLAND STATE RETIREMENT AND  
PENSION SYSTEM

---

Friedman,  
Gould,  
Battaglia, Lynne, A.  
(Senior Judge, Specially Assigned),

JJ.

---

Opinion by Battaglia, J.

---

Filed: March 27, 2020

\*This is an unreported opinion, and it may not be cited in any paper, brief, motion, or other document filed in this Court or any other Maryland Court as either precedent within the rule of stare decisis or as persuasive authority. Md. Rule 1-104.

Jeffrey A. Geary, the appellant, challenges a decision of the Board of Trustees (“Trustees”) for the Maryland State Retirement and Pension System (“SRPS”), the appellee, denying his application for accidental disability retirement benefits. The Trustees’ decision was upheld on judicial review by the Circuit Court for Wicomico County. In seeking further review of the Trustees’ decision, Mr. Geary presents the following question for our review:

Did the [Administrative Law Judge (“ALJ”)] correctly rule the accident must be the sole cause of Appellant’s disability?

For the reasons that follow, we shall affirm.

Mr. Geary worked as a correctional maintenance officer at the Eastern Correctional Institution in Westover. Correctional maintenance officers are members of the Correctional Officers’ Retirement System and are eligible for disability and retirement benefits through SRPS. *See* Maryland Code (1993, 2015 Repl. Vol.), Sections 25-201(a)(4) and 25-202(a) of the State Personnel and Pensions Article.

There are two tiers of disability benefits available through the SRPS: ordinary disability and accidental disability. The amount of an accidental disability benefit significantly exceeds the amount of an ordinary disability benefit. *Compare* Section 29-108(b) of the State Personnel and Pensions Article *with* Section 29-110(b).

To be eligible for ordinary disability benefits, a member must have “at least 5 years of eligibility service” and a certification from the SRPS Medical Board that he or she is permanently “mentally or physically incapacitated” from performing his or her job duties and “should be retired.” Section 29-105(a). To be eligible for accidental disability

benefits, a member must satisfy the requirements for ordinary disability benefits and also prove that he or she is “totally and permanently incapacitated for duty as the natural and proximate result of an accident that occurred in the actual performance of duty at a definite time and place without willful negligence by the member.” Section 29-109(b). The burden of proving that an individual is entitled to accidental disability retirement benefits rests with the applicant. *See* COMAR 22.06.06.02E(1).

After the SRPS’s denial of Mr. Geary’s request for accidental disability benefits as well as his motion for reconsideration, a contested hearing was held by ALJ Robert F. Barry of the Office of Administrative Hearings, because the SRPS delegated its authority to hold such a hearing to the Office. *See* Maryland Code (1984, 2014 Repl. Vol.), Section 10-205 of the State Government Article.<sup>1</sup> The ALJ, after receiving evidence which

---

<sup>1</sup> Section 10-205 of the State Government Article, Maryland Code (1984, 2014 Repl. Vol.), in pertinent part, provides:

(a)(1) Except as provided in paragraph (2) of this subsection, a board, commission, or agency head authorized to conduct a contested case hearing shall:

- (i) conduct the hearing; or
- (ii) delegate the authority to conduct the contested case hearing to:
  - 1. the Office [of Administrative Hearings]; or
  - 2. with the prior written approval of the Chief Administrative Law Judge, a person not employed by the Office.

\*\*\*

(b) An Agency may delegate to the Office [of Administrative Hearings] the authority to issue:

- (1) proposed or final findings of fact;
- (2) proposed or final conclusions of law;
- (3) proposed or final findings of fact and conclusions of law;
- (4) proposed or final orders under Title 20 of this article; or
- (5) the final administrative decision of an agency in a contested case.

included the testimony of Mr. Geary and Kevin F. Hanley, M.D., an orthopedic surgeon who conducted an independent medical evaluation at the request of SRPS, made various findings of fact and conclusions of law related to whether Mr. Geary's disability resulted from incidents at the Eastern Correctional Institute. In the ALJ's Findings of Fact, he first identified the scope of Mr. Geary's employment:

1. The claimant is a fifty-six-year-old man. He was employed by the Division at Eastern Correctional Institution (ECI) from April 26, 2006 to February 25, 2015, initially as a CMO, and then as a CMO-S.
2. A CMO-S is generally responsible for coordinating all maintenance functions associated with ECI's maintenance program. The essential job functions and assigned duties of a CMO-S include all aspects of managing and supervising CMOs in the daily maintenance of ECI.
3. The working conditions of a CMO-S involve special physical demands such as lifting fifty pounds or more and exposure to uncomfortable, unpleasant, and hazardous conditions.

The ALJ then made findings of fact with respect to a hospital visit by Mr. Geary in June of 2006, after an incident at the correctional facility in which Mr. Geary's right knee had been exposed to "contaminated cleaning water":

4. On or about July 3, 2006, the Claimant developed symptoms of an infection, including chills, and redness and some swelling in the skin over his right knee, after replacing floor tiles and possibly being exposed to contaminated cleaning water at ECI two days earlier.
5. On July 5, 2006, the Claimant was treated in the emergency department at Peninsula Regional Medical Center (PRMC).
6. A physician used a needle to aspirate the Claimant's right knee joint to look for evidence of an infection in the joint. The physician did not aspirate any pus.
7. The Claimant was discharged from the emergency department with a diagnosis of cellulitis and prescriptions for an antibiotic, moxifloxacin, and

two pain medications, ibuprofen and Vicodin. Moxifloxacin is an antibiotic used to treat bacterial infections, including cellulitis.

The following day, Mr. Geary saw his primary physician and an orthopedic surgeon, as the ALJ found, and received various treatments:

8. On July 6, 2006, the Claimant's primary care physician admitted the Claimant to PRMC with a diagnosis of cellulitis versus septic knee joint after the Claimant developed a fever and continued to have redness over his right patella and pain. The Claimant had an elevated white blood cell count.

9. The Claimant was initially treated empirically (based on the physician's clinical experience rather than any definitive diagnostic test) with intravenous vancomycin and doxycycline. Vancomycin is an antibiotic used to treat a MRSA infection. Doxycycline is an antibiotic used to treat many different bacterial infections.

10. On July 6, 2006, John J. Greco, M.D., a consulting orthopedic surgeon, examined the Claimant and reviewed his medical chart. The Claimant had full range of motion in his right knee, with mild pain. Dr. Greco indicated that the Claimant presented "like pre-patellar bursitis." Dr. Greco recommended continuation of the intravenous antibiotics for a day or two, and then, if the Claimant did not improve, a change in the antibiotics.

11. On July 7, 2006, the vancomycin and doxycycline were discontinued and the Claimant's antibiotic was changed to intravenous Ancef (cefazolin), an antibiotic used to treat bacterial infections, including cellulitis. By the next day, the Claimant's fever had subsided, his white blood cell count was in the normal range, and he was asking permission to get out of bed.

The ALJ definitively ruled that Mr. Geary did not have any infection in his right knee including MRSA in July of 2006:

12. The Claimant was discharged on July 9, 2006, with a diagnosis of infective bursitis, and prescriptions for Keflex, an antibiotic, and Percocet, a pain medication. The Claimant's primary care physician, Yogesh Vohra, M.D., did not include a diagnosis of MRSA infection or an infection of the knee joint. . . .

14. The Claimant did not have a MRSA infection in July 2006.

15. The Claimant did not have an infection in his right knee joint in July 2006.

By July 19, 2006, the ALJ found that Mr. Geary’s “right knee cellulitis or infective bursitis had resolved and he returned to work.”

On December 6, 2006, Mr. Geary was diagnosed with degenerative joint disease in his right knee by his primary care physician, for which he filed a workers’ compensation claim. Mr. Geary obtained additional medical opinions from his primary care physician, an internist, and two orthopedic surgeons who connected the degenerative joint disease with the incident which took place in July of 2006 based largely, as the ALJ found, on Mr. Geary’s rendition of his medical history:

17. On December 6, 2006, the Claimant’s primary care physician, without citing any x-rays or other diagnostic test, diagnosed the Claimant with right knee degenerative joint disease, based on the Claimant’s complaint of pain in his right knee. The Claimant’s primary care physician repeated the diagnosis of right knee degenerative joint disease as part of the Claimant’s medical history during other visits.

18. The Claimant filed a workers’ compensation claim based on the July 2006 incident. On January 18, 2017, in connection with that claim, the Claimant’s primary care physician, Mahesha Thimmarayappa, M.D., indicated that the Claimant had had a staph infection and that he could have been exposed to infection at ECI.

19. On April 4, 2007, at the request of the Claimant’s workers compensation attorney, Jeffrey D. Gaber, M.D., an internist, evaluated the Claimant. Dr. Gaber, based on the Claimant’s understanding of his medical treatment in 2006, and without citing any medical records, concluded that the Claimant “developed a right knee MRSA cellulitis due to exposures at work for [ECI].”

20. The Claimant saw his primary care physician on August 10, 2012 and November 19, 2012, and had no joint pain on either occasion.

21. On October 21, 2013, in connection with a workers’ compensation claim, the Claimant saw Mark A. Cohen, M.D., an orthopedic surgeon with

Maryland Orthopedics, for pain in his right knee. As part of his medical history, the Claimant recounted his understanding of his medical treatment in 2006. X-rays of the Claimant's right knee revealed "varus [inward] deformity of the knee with bone-on-bone apposition in the medial compartment." Dr. Cohen's impression was "advanced medial compartment arthritis of the right knee with bone-on-bone apposition . . . related to the injury from July 1, 2006."

22. On April 28, 2014, the Claimant saw Michael A. Franchetti, M.D., an orthopedic surgeon with Maryland Orthopedics. X-rays of the Claimant's right knee revealed "complete obliteration of his medial joint space[.]" Dr. Franchetti's impression was "[s]evere advanced posttraumatic medial compartment arthritis with varus alignment of his right knee related to the injury from July 1, 2006."

The ALJ further found that, on May 1, 2014, Mr. Geary received an injection of Synvisc-One, which served to lubricate his knee joint.

The ALJ then made findings of fact related to Mr. Geary's testimony regarding a second workplace injury which took place on June 18, 2014, and the medical treatment which followed:

24. On June 18, 2014, while he was walking on ECI's parking lot, the Claimant's right knee buckled. The Claimant was seen at PRMC, and a physician's assistant assessed him as having a "right knee strain."

25. On June 19 and 27, 2014, the Claimant saw James Burns, D.O., who, on the latter date, gave the Claimant an injection of Depo-Medrol, an anti-inflammatory medication, in his right knee.

26. On July 10, 2014, the Claimant had an MRI scan performed on his right knee at Progressive Radiology. As to the Claimant's right knee, the impressions of the radiologist, Chad Silverberg, D.O., were:

1. Extensive, complex chronic tearing of the medial meniscus[.]
2. Degeneration and minimal degenerative fraying of the lateral meniscus posterior root attachment.
3. Tricompartmental osteoarthritis, most significant in the medial compartment where there is full-thickness cartilage loss.
4. Small knee joint effusion.

The ALJ found that Mr. Geary received physical therapy from early August to mid-September of 2014.

The ALJ further found that Mr. Geary continued to see several doctors in the months that followed and informed them that, in July of 2006, he had suffered a MRSA infection in his right knee:

28. On September 5, October 3, December 5, 2014 and January 16, 2015, the Claimant saw Kevin E. McGovern, M.D., an orthopedic surgeon with Maryland Orthopedics. Dr. McGovern's impression was internal derangement with posttraumatic arthritis, right knee, as a result of his injury of July 1, 2006 with a MRSA infection requiring antibiotics.

29. On July 7, 2014 and February 10, 2015, Larry Becker, M.D., of OrthoMaryland conducted an independent medical evaluation of the Claimant in connection with the Claimant's workers' compensation claim. Dr. Becker reviewed the records of the Claimant's medical treatment since June 18, 2014 and considered the Claimant's account of his medical treatment in 2006. Dr. Becker's opinion was that the Claimant had "progressive degenerative arthritis of his right knee which will at some point in time require total knee arthroplasty."

30. On March 30, 2015, the Claimant saw Jason M. Scopp, M.D., an orthopedic surgeon with Peninsula Orthopedic Associates. The Claimant again recounted his understanding that he had contracted a MRSA infection in his right knee in July 2006. X-rays of the Claimant's right knee revealed "medical arthritis with medial loss of joint space, sclerosis, spurring, and varus deformity." Dr. Scopp's impression was osteoarthritis, localized, primary, lower leg right, tears of medial and lateral cartilage or meniscuses, and degenerative joint disease of the knee.

31. On April 15, 2015, the Claimant saw James Trauger, M.D., an orthopedic surgeon with Peninsula Orthopedic Associates. The Claimant once again recounted his understanding that he had contracted a MRSA infection in his right knee. Dr. Trauger noted that the MRSA infection involved "the skin around the medial aspect of the right knee." Dr. Trauger's impression was osteoarthritis, localized, primary, lower leg right, and degenerative joint disease of the knee. Dr. Trauger gave the Claimant an injection of Betamethasone, an anti-inflammatory.

At Mr. Geary's next appointment, on May 5, 2015, Dr. Trauger, again, noted that Mr. Geary contended that he had a MRSA infection in 2006, but annotated that the physician disagreed and did "not believe that it was ever an intra-articular infection."

On June 17, 2015, Dr. Trauger performed a total replacement of Mr. Geary's right knee, after which Mr. Geary continued to receive treatment:

34. Between June 17 and August 28, 2015, the Claimant received physical therapy from ATI Physical Therapy.

35. Between July 1 and December 10, 2015, the Claimant was seen by Dr. Trauger, or an associate of Dr. Trauger's, on eight occasions. . . .

In late July of 2015, Dr. Trauger performed a "manipulation under anesthesia" of Mr. Geary's right knee "to improve the knee's range of motion."

Following the replacement of Mr. Geary's right knee, he underwent a number of evaluations connected with his application for accidental disability benefits and workers' compensation:

36. On June 30, 2015, Kevin F. Hanley, M.D., an orthopedic surgeon, conducted an independent medical evaluation of the Claimant on behalf of [SRPS].

37. Dr. Hanley concluded that the Claimant had not had a MRSA infection in July 2006 or any infection in his knee joint. Dr. Hanley further concluded that the incident that occurred in June 18, 2014 was a sprain or strain "on an already significantly pathologic knee." Dr. Hanley's diagnosis was degenerative joint disease of the right knee, surgically treated with total knee replacement. Citing the possibility that the Claimant could recover function after the total knee replacement, Dr. Hanley did not find the Claimant disabled at that time.

38. On March 9, 2016, John B. O'Donnell, M.D., conducted an independent medical evaluation of the Claimant in connection with the Claimant's workers' compensation claim. Dr. O'Donnell concluded that the Claimant

had progressively increasing and disabling advanced osteoarthritis in his right knee before the June 18, 2014 incident. Dr. O'Donnell opined that the Claimant's current diagnosis, post-total knee replacement, was not related to the June 18, 2014 incident.

39. Dr. Hanley issued another opinion on July 12, 2016, in which he found the Claimant disabled, but not due to the incidents on July 1, 2006 or June 18, 2014.

40. On an unknown date after July 12, 2016, the Claimant had [additional] revision surgery on his total knee replacement.

The ALJ also made findings with respect to Mr. Geary's "bilateral sensorineural hearing loss," about which Dr. Hanley opined, was "unlikely" caused by "the brief course of vancomycin the Claimant received in July 2006," as alleged.<sup>2</sup>

The ALJ, after having reviewed and articulated the law governing the application for accidental disability benefits in his written decision, explained:

The Claimant must show proof of a causal linkage or relation between [the workplace] incidents and the permanence of his incapacity. . . . Furthermore, an accident that merely aggravates or exacerbates a preexisting condition is not the substantial contributing cause of a disability. . . . Moreover, "[a]n accidental injury 'does not include unexpected results not produced by accidental causes' . . . and an unexpected result (the incapacitating injury) attributable to a preexisting condition is not therefore an accidental injury."

The ALJ rejected Mr. Geary's argument that his current disability was "the natural and proximate result" of the 2006 and 2014 workplace incidents. The ALJ found that degenerative joint disease, rather than the workplace incidents, was the "natural and proximate" cause of Mr. Geary's disability and noted that the medical records to the

---

<sup>2</sup> The SRPS denied Mr. Geary's claim for accidental disability benefits with respect to his hearing loss, a decision which the ALJ affirmed and about which Mr. Geary does not complain.

contrary, provided by Mr. Geary, did not conclusively establish otherwise. The ALJ explained that Dr. Hanley’s opinion had been based upon objective medical evidence in the record:

Dr. Hanley testified consistently with his discussion and conclusion. He opined that the cause of the Claimant’s disability is degenerative joint disease unrelated to the incidents in July 2006 or June 2014. As to the latter incident, Dr. Hanley noted that x-rays of the Claimant’s right knee taken on October 21, 2013 revealed bone-on-bone apposition in the medial compartment, and Dr. Cohen’s impression was “advanced medial compartment arthritis of the right knee with bone-on-bone apposition[.]” The knee strain that the Claimant suffered in June 2014 could not have caused the degenerative changes to the Claimant’s knee joint because that degeneration already existed. As noted above, an accident that merely aggravates or exacerbates a preexisting condition, in this case the degenerative arthritis, is not the substantial contributing cause of a disability.

...

Dr. Hanley’s opinion was based on the objective medical evidence in the record, rather than the anecdotal evidence provided by the Claimant. Dr. Hanley emphasized the treatment the Claimant received in July 2006, reports of x-rays and an MRI, and reports of the treatment the Claimant received for degenerative arthritis – pain medication, physical therapy, Synvisc One injections, and anti-inflammatory injections. Dr. Hanley’s opinion was supported by an adequate factual basis and reflected his use of reliable medical principles and methodology. . . . Dr. Hanley explained quite logically that the Claimant’s theory of causation was contrary to the objective evidence in the record, which showed degenerative changes to the Claimant’s knee joint that did not develop as the result of an infection in the Claimant’s knee joint. Dr. Hanley’s opinion was that in 2006 the Claimant had an infection in the skin around his knee, not an infection in the knee joint that could have caused cartilage damage.

The Claimant failed to prove a causal connection between the incidents in July 2006 and June 2014 and the permanence of his incapacity. The Claimant’s medical records simply do not establish, despite the Claimant’s sincere belief to the contrary, that the Claimant had an infection, MRSA or otherwise, in his right knee joint in July 2006. His disability is attributable to degenerative joint disease unrelated to the incidents in July 2006 and July 2014.

The ALJ, thus, ordered that the Trustees deny Mr. Geary's application for accidental disability benefits and mailed the parties a copy of his decision.

The Honorable S. James Sarbanes of the Circuit Court for Wicomico County, on judicial review requested by Mr. Geary, agreed with the ALJ and affirmed his decision in a written Opinion and Order, noting that the ALJ applied the correct legal standard and concluded that substantial evidence contained in the record established that Mr. Geary failed to meet his burden:

[T]he ALJ, in making his decision, took into account all of the evidence that had been provided to him, both from Petitioner and Respondent. The ALJ subsequently gave great deference to the opinion of Dr. Hanley, while giving little weight to the "anecdotal evidence provided by [Mr. Geary]."

\*\*\*

Although Petitioner argues that the ALJ converted the applicable legal standard to an impermissible sole cause standard by failing to determine "to what extent Petitioner's disability was the product of the original July 2006 accident, and to what extent the disability was caused by preexisting, unrelated degenerative disease." [T]his contention is without merit. It is evident that the ALJ went to great lengths to apply the correct "natural and proximate result" standard. The ALJ appropriately cited to the controlling statute and further buttressed the plain language of that statute with salient case precedent. Throughout the ALJ's opinion he cites to *Eberle [v. Balt. Cty.]*, 103 Md. App. 160 (1995) and *Courtney [v. Bd. of Trustees of the Md. State Retirement Sys.]*, 285 Md. 356 (1979) in order to further discern the governing legal standard. And this Court finds no error in the ALJ's application of the holdings in those cases to the facts of the instant matter. The panoply of cases cited herein, of which were relied upon by the ALJ, countenance against the grant of accidental disability benefits when a preexisting condition is the primary culprit of the injury, and no causal connection exists between the work-place incident and the injury itself.

The ALJ made this finding in the case *sub judice* when he stated that neither of the Petitioner's work-place incidents caused his injuries, rather, they resulted due to Petitioner's preexisting degenerative joint disease. Implicit in this determination is the notion that there exists no causal nexus between the work-related incidents and Petitioner's injuries. Succinctly put, the ALJ determined that no cause - sole, proximate, or otherwise - could be found between the accidents and the injuries at issue in the case *sub judice*.

In essence, Petitioner’s claim amounts to a mere parsing of certain words and phrases within the ALJ’s opinion.

Mr. Geary now seeks further judicial review of the ALJ’s decision before us.

### DISCUSSION

On judicial review of a final agency decision, we look “through” the decision of the circuit court to review the agency decision itself. *Clarksville Residents Against Mortuary Defense Fund, Inc. v. Donaldson Properties*, 453 Md. 516, 532 (2017) (quoting *People’s Counsel for Balt. Cty. v. Loyola Coll. of Md.*, 406 Md. 54, 66 (2008)). We review the legality of the final agency decision and “whether there was substantial evidence from the record as a whole to support the decision.” *Junek v. St. Mary’s Cty. Dep’t of Soc. Servs.*, 464 Md. 350, 356 (2019) (quoting *Balt. Lutheran High Sch. v. Employment Sec. Admin.*, 302 Md. 649, 662 (1985)). In determining whether substantial evidence supported a final agency decision, we decide “whether a reasoning mind could have reached the factual conclusion the agency reached.” *Motor Vehicle Admin. v. Weller*, 390 Md. 115, 141 (2005) (internal citations omitted). We defer to an ALJ’s findings of fact and inferences drawn therefrom if they are supported by the record. *Id.* (citations omitted). Legal conclusions are “reviewed *de novo* with considerable ‘weight [afforded] to an agency’s experience in interpretation of a statute that it administers[.]’” *Junek*, 464 Md. at 356–57 (quoting *Schwartz v. Md. Dep’t of Nat. Res.*, 385 Md. 534, 554 (2005)).

Mr. Geary argues that the ALJ misapplied the “natural and proximate” standard set forth in Section 29-109(b) of the State Personnel and Pensions Article by requiring that Mr. Geary “prove that the accident[s] [were] the sole cause of his disability.” He accepts

the notion that he may have been suffering a degenerative condition but asserts that such a preexisting condition which is exacerbated by a workplace injury, such as the incident from June of 2014, cannot preclude him from obtaining accidental disability retirement benefits. Mr. Geary further contends that the ALJ erred in concluding that his degenerative condition had not resulted, in part, from his 2006 workplace injury.

The SRPS, conversely, contends that substantial evidence supported the ALJ's conclusion that neither the 2006 nor the 2014 incidents caused the disability for which Mr. Geary sought accidental disability benefits. The SRPS posits that the ALJ properly exercised his discretion by accepting the explanation for Mr. Geary's disability which he found to be supported by the record, that the disability complained of was attributable to degenerative joint disease, unrelated to either workplace incident.

Under Section 29-109(b) of the State Personnel and Pensions Article, to receive accidental disability benefits, a member must prove by a preponderance of the evidence that he or she is totally and permanently incapacitated for duty as the natural and proximate result of an on-the-job accident. "Although a claimant is not required to show that the line-of-duty injury is hermetically sealed from any pre-existing condition or prior injury . . . [an ALJ] has discretion to accept any explanation for a disability which is supported by substantial evidence." *Fire & Police Employees' Ret. Sys. of City of Balt. v. Middleton*, 192 Md. App. 354, 362 (2010) (citation omitted). Furthermore, "[w]e are not permitted to disturb the hearing examiner's assessment of credibility unless that assessment is arbitrary, illegal, capricious or discriminatory." *Id.* at 365.

In *Eberle, supra*, 103 Md. App. 160, we considered the meaning of the “natural and proximate result” language, as used in an identically worded accidental disability benefit section of the Baltimore County Code.<sup>3</sup> Mr. Eberle was working as a meat-cutter and sustained a work-related injury to his right knee. *Id.* at 161. He later obtained employment with the Baltimore County Government as a truck driver and began his new position with a clean bill of health and no work restrictions. *Id.* at 162. While working for Baltimore County, Mr. Eberle sustained a serious knee injury, resulting with his filing of a workers’ compensation claim and the payment of temporary total disability benefits. *Id.* Mr. Eberle then underwent a total knee replacement of his right knee, and following recovery, returned to work but was unable to perform his duties. *Id.* at 163.

After being denied accidental disability benefits, Mr. Eberle appealed to the County Board of Appeals. *Id.* at 164. During a hearing on the matter, four medical experts offered opinions about the cause of Mr. Eberle’s disability. *Id.* Three of the experts opined that he had preexisting chronic degenerative arthritis of his knees. *Id.* Of those experts, one stated that the degenerative arthritis was aggravated by the on-the-job accidents and one opined that it was reasonable to think there had been some aggravation, but that it was impossible to tell whether the on-the-job accidents had changed any of his underlying

---

<sup>3</sup> Baltimore County Code Section 23-55 (1991) stated, in relevant part, that an employee is entitled to accidental disability benefits if he or she

has been totally and permanently incapacitated for duty as the natural and proximate result of an accident occurring while in the actual performance of duty at some definite time and place, without willful negligence on his part.

pathology. *Id.* The fourth expert agreed that Mr. Eberle had pre-existing knee “problems,” but that he was “asymptomatic” until the workplace accidents. *Id.* at 165.

The Board, after considering all of the evidence, concluded that Mr. Eberle “suffered from degenerative arthritis in his knees and thus he did not meet the burden of proving the causal connection between his present disability and the two accidents he sustained at work.” *Id.* Specifically, the Board found that it was “unable to reasonably conclude that the present disability of [Mr. Eberle was] a direct result of the two accidents.” *Id.* The circuit court upheld the Board’s decision on judicial review.

Before this Court, Mr. Eberle argued that the Board erred as a matter of law in ruling that the “natural and proximate result of an [on-the-job] accident” causation standard is not satisfied when “a preexisting condition becomes exacerbated as a result of a compensable, work-related injury.” *Id.* at 168. We disagreed, concluding that applications for accidental disability benefits are subject to a “more stringent” standard than applications for ordinary disability benefits. *Id.* at 167. We observed that Mr. Eberle had been diagnosed with degenerative arthritis in both knees, was overweight, had suffered two on-the-job accidents that exacerbated his pre-existing condition, and had become completely disabled. *Id.* at 173. Although there was no expert testimony that Mr. Eberle would have become disabled absent the accidents, there was no expert testimony “that Eberle’s disability was caused by injuries at work.” *Id.* at 174. We held that, based “on the medical reports that were riddled with references to a preexisting degenerative arthritis problem,” the Board did not err in concluding “that Eberle’s disability was not the natural and proximate result of the accidental injuries he suffered.” *Id.* at 174–75.

In the present matter, like in *Eberle*, the ALJ's decision was supported by substantial evidence and premised on the appropriate legal standard. The ALJ concluded that Mr. Geary failed to prove that his disability was caused by injuries sustained at his workplace. Rather, the substantial evidence offered by Dr. Hanley that supported the ALJ's conclusion refuted the workplace injury scenario. Although Mr. Geary, before us, posits that the record supports dual causation for his knee condition, it does not. The ALJ's findings are supported by substantial evidence and the resulting conclusion of denial of accidental disability retirement benefits is legally correct. Accordingly, we affirm.

**JUDGMENT OF THE CIRCUIT COURT  
FOR WICOMICO COUNTY AFFIRMED.  
COSTS TO BE PAID BY APPELLANT.**