United States Department of Labor
Employees' Compensation Appeals Board

T.D., Appellant	)	
	)	**Docket No. 18-1157**
and	)	**Issued: March 26, 2019**
	)	
U.S. POSTAL SERVICE, VILLAGE STATION POST OFFICE, New York, NY, Employer	)	

Appearances:
Thomas S. Harkins, Esq., for the appellant[1]
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
CHRISTOPHER J. GODFREY, Chief Judge
ALEC J. KOROMILAS, Alternate Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On May 17, 2018 appellant, through counsel, filed a timely appeal from December 7, 2017 and February 23, 2018 merit decisions of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[2] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUES

The issues are: (1) whether appellant has met her burden of proof to establish that the acceptance of her claim should be expanded to include additional left knee conditions causally

[1] In all cases in which a representative has been authorized in a matter before the Board, no claim for a fee for legal or other service performed on appeal before the Board is valid unless approved by the Board. 20 C.F.R. § 501.9(e). No contract for a stipulated fee or on a contingent fee basis will be approved by the Board. *Id.* An attorney or representative's collection of a fee without the Board's approval may constitute a misdemeanor, subject to fine or imprisonment for up to one year or both. *Id.; see also* 18 U.S.C. § 292. Demands for payment of fees to a representative, prior to approval by the Board, may be reported to appropriate authorities for investigation.

[2] 5 U.S.C. § 8101 *et seq.*

related to her accepted April 27, 2016 employment injury; and (2) whether appellant has met her burden of proof to establish total disability from June 19 through July 28, 2016 due to the accepted April 27, 2016 employment injury.

FACTUAL HISTORY

On May 3, 2016 appellant, then a 39-year-old city carrier, filed a traumatic injury claim (Form CA-1) alleging that on April 27, 2016 she sprained her left knee as a result of "a runaway carrier cart" while in the performance of duty. She stopped work on May 4, 2016. Appellant received continuation of pay for the period May 5 to June 18, 2016.

OWCP, by development letter dated May 26, 2016, noted that appellant's claim initially appeared to be a minor injury that resulted in minimal or no lost time from work. It approved a limited amount of medical expenses without considering the merits of her claim. OWCP reopened appellant's claim as she had not yet returned to work in a full-time capacity. It advised her of the deficiencies of her claim. OWCP afforded appellant 30 days to respond to its questionnaire and submit additional medical evidence.

On June 3, 2016 appellant responded to OWCP's development letter. She explained that while she was going down stairs to deliver mail, she noticed that her cart was about to roll into the street. Appellant fell on her left side onto the street as she tried to catch it. She then experienced pain in her knee which caused limitations.

Appellant submitted a May 7, 2016 left knee magnetic resonance imaging (MRI) scan report by Dr. Anthony Italiano, a Board-certified radiologist. Dr. Italiano provided an impression of moderate osteoarthrosis. He also provided an impression that a nondisplaced undersurface tear at the posterior horn/body of the medial meniscus could not be excluded. Dr. Italiano found edema within the infrapatellar fat, posterior to the patellar tendon, laterally, which was seen in the setting of patella tendon-lateral femoral condyle friction syndrome as described in his findings.

Appellant also submitted an attending physician's report (Form CA-20) dated June 1, 2016 in which Dr. Rohr Gabriela, an emergency medicine specialist, diagnosed left knee contusion, ligament injury, and edema. Dr. Gabriela checked a box marked "yes" as to whether the diagnosed conditions were caused or aggravated by the employment activity of a fall on April 27, 2016. He noted that appellant was totally disabled from May 3 through 27, 2016.

A June 2, 2016 report by Dr. Lam Quan, an attending Board-certified physiatrist, indicated that appellant was involved in a work-related injury on April 27, 2016. He noted her complaint of left knee pain and reported examination findings. Dr. Quan provided an impression that appellant was involved in a work-related injury with subsequent onset of a left upper arm injury and left knee pain. He advised that she was temporarily totally disabled from work. Dr. Quan opined that, with a reasonable degree of medical certainty, the above-mentioned accident/injury was a competent and provocative cause of appellant's impairment and/or disability and that there was a causal relationship between the April 27, 2016 incident and noted injuries.

In a Form CA-20 report of even date, Dr. Quan related a history that on April 27, 2016 appellant fell on a sidewalk while trying to grab her mail cart. He reiterated his diagnoses of left

knee and left upper arm injuries. Dr. Quan checked a box marked "yes," as to whether the diagnosed conditions were caused or aggravated by an employment activity. He indicated that appellant was totally disabled commencing May 27, 2016. Dr. Quan advised that she could resume work on July 14, 2016 following her reexamination.

OWCP subsequently received a May 27, 2016 medical report by Dr. Joseph Weinstein, an attending orthopedic surgeon, who related a history that appellant was injured at work on April 27, 2016. Dr. Weinstein discussed her knee complaints and limitations and reported findings on physical and x-ray examination. He diagnosed internal derangement and meniscal tear of the left knee.

On June 30, 2016 OWCP accepted appellant's claim for left knee contusion.

On July 28, 2016 appellant filed a claim for compensation (Form CA-7) for leave without pay (LWOP) for the period June 19 through July 28, 2016. She submitted a July 8, 2016 report from Dr. Weinstein who again related a history that appellant was injured at work on April 27, 2016 and diagnosed internal derangement and meniscal tear of the left knee. Dr. Weinstein recommended that she return to light-duty work.

OWCP later received a July 8, 2016 letter in which Dr. Weinstein released appellant to return to sedentary light-duty work with restrictions on July 11, 2016.

In an August 11, 2016 development letter, OWCP requested that appellant provide additional factual and medical evidence, including a rationalized medical report from her physician which explained how her diagnosed internal derangement and meniscal tear of the left knee and claimed disability were caused or aggravated by her accepted April 27, 2016 employment injury. It afforded her 30 days to respond.

An additional report dated August 11, 2016 by Dr. Quan reiterated his diagnoses and opinion on causal relationship. He advised that appellant had "50 percent temporary mild-to-moderate disability" and had not yet returned to work.

By decision dated September 21, 2016, OWCP denied expansion of the acceptance of appellant's claim to include the additional conditions of internal derangement and meniscal tear of the left knee. It found that the medical evidence of record did not contain a rationalized opinion sufficient to support a causal relationship between her internal derangement and meniscal tear of the left knee and the accepted April 27, 2016 employment injury.

OWCP received further reports dated August 22 and 26, 2016 from Dr. Weinstein who continued to note a history that appellant was injured at work on April 27, 2016, diagnose internal derangement and meniscal tear of the left knee, and advise that she was capable of returning to light-duty work.

By decision dated September 28, 2016, OWCP denied appellant's claim for total disability compensation for the period June 19 through July 28, 2016. It found that the medical evidence of record did not contain a rationalized opinion sufficient to establish additional left knee conditions or total disability causally related to the accepted April 27, 2016 employment injury.

OWCP received additional reports from Dr. Quan and Dr. Weinstein. In an October 13, 2016 report, Dr. Quan noted that appellant had attempted to return to light-duty work on July 11, 2016, but was sent home. He reported physical examination findings and reviewed the May 7, 2016 left knee MRI scan results. Dr. Quan reiterated his impression that appellant was involved in a work-related injury with subsequent onset of a left upper arm injury and left knee pain. He determined that she had "33 percent temporary mild-to-moderate disability" and noted that she had not returned to work. Dr. Quan opined that appellant sustained a work-related contusional injury to her left knee on April 27, 2016. He indicated that the MRI scan was unable to rule out a meniscal tear. Dr. Quan further indicated that given appellant's persistent pain despite physical therapy and clinical findings of a positive McMurray's test, which generally suggested a meniscal tear, her initial impression of left knee injury and pain now included a meniscus tear by her orthopedist. He concluded that the mechanism of injury, being a fall and contusion to the left knee, can be the inciting injury for this type of diagnosis.

Dr. Weinstein, in a November 8, 2016 duty status report (Form CA-17) indicated that appellant had left knee pain due to her April 27, 2017 work injury. He released her and she returned to full-time work with no restrictions on November 9, 2016.

In reports dated September 30, November 21, and December 22, 2016, and March 23, 2017 and a letter dated March 23, 2017, Dr. Weinstein again noted appellant's April 27, 2016 accepted work injury and his diagnoses of internal derangement and meniscus tear of the left knee. He initially reiterated that she could return to light-duty work and subsequently advised that she could return to full-duty work with no restrictions on March 27, 2017. In the November 21, 2016 report, Dr. Weinstein noted that appellant related a history of injury that she fell and hit her knee and subsequently twisted her knee at work. He opined that the meniscal tear occurred with the twisting of the knee.

In a letter received by OWCP on September 14, 2017, appellant, through counsel, requested reconsideration of the September 21, 2016 decision.

In a subsequent letter received by OWCP on September 15, 2017, counsel requested reconsideration of the September 28, 2016 decision.

By decision dated December 7, 2017, OWCP reviewed the merits of appellant's claim and denied modification of its September 21, 2016 decision. It found that the medical evidence submitted failed to provide a rationalized medical opinion sufficient to establish that the acceptance of her claim should be expanded to include the additional conditions of internal derangement and meniscal tear of the left causally related to the April 27, 2017 employment injury.

By decision dated February 23, 2018, OWCP again reviewed the merits of appellant's claim and denied modification of its September 28, 2016 decision. It found that she had not submitted rationalized medical evidence addressing how the April 27, 2016 employment injury caused or contributed to her claimed additional diagnosed left knee conditions.

LEGAL PRECEDENT -- ISSUE 1

When an employee claims that a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.[3] To establish causal relationship between the condition as well as any attendant disability claimed and the employment injury, an employee must submit rationalized medical evidence based on a complete medical and factual background supporting causal relationship.[4] Causal relationship is a medical issue and the medical evidence required to establish causal relationship is rationalized medical evidence.[5] The opinion of the physician must be based on a complete factual and medical background of the employee, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the employee.[6] Neither the mere fact that a disease or condition manifests itself during a period of employment, nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.[7]

ANALYSIS -- ISSUE 1

The Board finds that appellant has not met her burden of proof to establish that the acceptance of her claim should be expanded to include additional left knee conditions causally related to the accepted April 27, 2016 employment injury.

OWCP accepted that appellant sustained a left knee contusion due to a fall while in the performance of duty on April 27, 2016. By decision dated June 26, 2016, it denied expansion of her claim to include the left knee conditions of internal derangement and meniscal tear of the left knee. OWCP, by decision dated December 7, 2017, denied modification of the June 26, 2016 decision.

In support of her request for expansion of her claim to include internal derangement and meniscal tear of the left knee causally related to her April 27, 2016 employment injury, appellant submitted a series of reports from her attending physician, Dr. Weinstein. In a November 21, 2016 report, Dr. Weinstein noted that appellant related a history of injury that she fell and hit her knee and subsequently twisted her knee at work. He opined that her meniscal tear resulted from twisting of the knee. However, Dr. Weinstein appears merely to repeat the history of injury as reported by appellant without providing his own opinion regarding whether her condition was work related.[8] To the extent that Dr. Weinstein expressed his own opinion, he failed to provide a rationalized

[3] *Jaja K. Asaramo*, 55 ECAB 200 (2004).

[4] *M.W.*, 57 ECAB 710 (2006); *John D. Jackson*, 55 ECAB 465 (2004).

[5] *D.E.*, 58 ECAB 448 (2007); *Mary J. Summers*, 55 ECAB 730 (2004).

[6] *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (2005).

[7] *V.W.*, 58 ECAB 428 (2007); *Ernest St. Pierre*, 51 ECAB 623 (2000).

[8] *Id.*

opinion based on objective findings regarding the causal relationship between appellant's left knee condition and the accepted employment injury. Medical reports without adequate rationale on causal relationship are of diminished probative value and are insufficient to meet an employee's burden of proof.[9] For these reasons, the Board finds that Dr. Weinstein's November 21, 2016 report is insufficient to meet appellant's burden of proof.

In reports covering intermittent dates from May 27, 2016 through March 23, 2017, Dr. Weinstein related a history that appellant was injured at work on April 27, 2016. He discussed examination findings, diagnosed internal derangement and meniscal tear of the left knee, and advised that she could return to light-duty work. However, Dr. Weinstein did not specifically relate the diagnosed conditions and appellant's prior disability from work to the April 27, 2016 employment injury. Medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.[10]

Dr. Weinstein, on November 8, 2016, diagnosed left knee pain due to the accepted April 27, 2016 employment injury. However, it is not possible to establish the cause of a medical condition if the physician has not provided a diagnosis, but only notes pain.[11] The Board has consistently held that a diagnosis of pain does not constitute the basis for the payment of compensation.[12] Without further explanation or rationale regarding causal relationship between appellant's diagnosed condition and the accepted work injury, this report is of limited probative value.[13] Dr. Weinstein did not offer medical rationale explaining how the diagnosed condition was caused by the accepted work injury. For the foregoing reasons, the Board finds that his reports are insufficient to meet appellant's burden of proof.

Appellant also submitted a series of reports from Dr. Quan. In a June 2, 2016 Form CA-20 report, Dr. Quan related a history of the April 27, 2016 employment injury and generally diagnosed knee and left upper arm injuries. He checked a box marked "yes," as to whether the diagnosed conditions were caused by the employment activity on April 27, 2016. Dr. Quan indicated that appellant was totally disabled from May 27 to the present and that she could resume work on July 14, 2016 following her examination. He failed to provide a firm diagnosis of a particular medical condition.[14] Moreover, the Board has held that a checkmark on a form report, without supporting rationale, is of limited probative value, and is insufficient to establish the

[9] *C.J.*, Docket No. 18-0148 (issued August 20, 2018); *Franklin D. Haislah*, 52 ECAB 457 (2001); *Jimmie H. Duckett*, 52 ECAB 332 (2001) (medical reports not containing rationale on causal relationship are entitled to little probative value).

[10] *See L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

[11] *See C.L.*, Docket No. 18-0363 (issued July 19, 2018); *A.C.*, Docket No. 16-1587 (issued December 27, 2016).

[12] *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

[13] *C.L.*, Docket No. 17-0354 (issued July 10, 2018); *Beverly A. Spencer*, 55 ECAB 501 (2004).

[14] *See Deborah L. Beatty*, 54 ECAB 340 (2003) (where the Board found that in the absence of a medical report providing a diagnosed condition and a reasoned opinion on causal relationship with the employment incident, appellant did not meet her burden of proof).

claim.[15] Dr. Quan did not explain how and why appellant's fall on April 27, 2016 would cause her diagnosed conditions and resultant disability.[16]

In reports dated June 2 and August 11, 2016, Dr. Quan noted that appellant was involved in a work-related injury on April 27, 2016. He diagnosed left upper arm injury and left knee pain and found that she was temporarily totally disabled from work. Dr. Quan opined that the diagnosed conditions and disability resulted from the accepted employment injury. He failed to provide a firm diagnosis of a particular medical condition regarding appellant's left upper arm injury.[17] Additionally, Dr. Quan's diagnosis of left knee pain, as noted above, is a symptom, rather than a compensable medical diagnosis.[18] Also, while he provided a general opinion on causal relationship, he did not sufficiently explain how or why the diagnosed conditions were caused by the accepted work injury.[19] For the foregoing reasons, Dr. Quan's reports are insufficient to meet appellant's burden of proof.

Dr. Quan, in an October 13, 2016 report, noted appellant's accepted April 27, 2016 employment-related left knee contusion. He opined that her fall and left knee condition can be the inciting injury for a meniscus tear based on her persistent pain, positive McMurray's test, and MRI scan that could not rule out a meniscus tear. Dr. Quan advised that appellant had 33 percent temporary mild-to-moderate disability. The Board finds that Dr. Quan's opinion on causal relationship is speculative in nature and is therefore of limited probative value.[20]

Similarly, Dr. Italiano's May 7, 2016 diagnostic test report, which found that a nondisplaced undersurface tear at the posterior horn/body of the medial meniscus could not be excluded, is speculative in nature and of limited probative value.[21] He merely indicates that appellant's condition could not be ruled out. Furthermore, Dr. Italiano offered no opinion as to the cause of this diagnosis.[22] Thus, the Board finds that his report is insufficient to meet appellant's burden of proof.

The Board finds that appellant has failed to submit rationalized probative medical evidence sufficient to establish that her currently diagnosed left knee conditions were causally related to or

[15] *V.B.*, Docket No. 17-1847 (issued April 4, 2018); *L.B.*, Docket No. 17-1678 (issued February 1, 2018).

[16] *See supra* note 11.

[17] *See Deborah L. Beatty*, 54 ECAB 340 (2003) (where the Board found that in the absence of a medical report providing a diagnosed condition and a reasoned opinion on causal relationship with the employment incident, appellant did not meet her burden of proof).

[18] *See supra* note 13.

[19] *See supra* note 11.

[20] *C.S.*, Docket No. 16-1784 (issued May 7, 2018).

[21] *Id.*

[22] *See supra* note 14.

a consequence of the accepted April 27, 2016 work-related injury. Appellant therefore did not meet her burden of proof.

On appeal counsel contends that OWCP failed to accept as compensable pursuant to FECA all injuries and conditions sustained by appellant as a result of the April 27, 2016 employment injury. As discussed above, however, appellant did not submit rationalized medical evidence on the issue of causal relationship sufficient to establish additional employment-related conditions.

LEGAL PRECEDENT -- ISSUE 2

An employee seeking benefits under FECA[23] has the burden of proof to establish the essential elements of his or her claim, including that any disability or specific condition for which compensation is claimed is causally related to the employment injury.[24] The term disability is defined as the incapacity because of an employment injury to earn the wages the employee was receiving at the time of the injury.[25]

Whether a particular injury causes an employee to be disabled from employment and the duration of that disability are medical issues which must be proved by a preponderance of the reliable, probative, and substantial medical evidence.[26] Findings on examination are generally needed to support a physician's opinion that an employee is disabled for work.

Under FECA the term "disability" means the incapacity, because of an employment injury, to earn the wages that the employee was receiving at the time of injury. Disability is thus not synonymous with physical impairment, which may or may not result in an incapacity to earn wages. An employee who has a physical impairment causally related to a federal employment injury, but who nevertheless has the capacity to earn the wages he or she was receiving at the time of injury, has no disability as that term is used in FECA.[27] Furthermore, whether a particular injury causes an employee to be disabled from employment and the duration of that disability are medical issues which must be proved by a preponderance of the reliable, probative and substantial medical evidence.[28]

The Board will not require OWCP to pay compensation for disability in the absence of medical evidence addressing the specific dates of disability for which compensation is claimed.

[23] *See supra* note 2.

[24] *Kathryn Haggerty,* 45 ECAB 383 (1994); *Elaine Pendleton,* 40 ECAB 1143 (1989).

[25] 20 C.F.R. § 10.5(f); *see e.g., Cheryl L. Decavitch,* 50 ECAB 397 (1999).

[26] *Amelia S. Jefferson,* 57 ECAB 183 (2005); *William A. Archer,* 55 ECAB 674 (2004).

[27] *See* 20 C.F.R. § 10.5(f); *N.M.,* Docket No. 18-0939 (issued December 6, 2018).

[28] *T.O.,* Docket No. 17-1177 (issued November 2, 2018); *Fereidoon Kharabi,* 52 ECAB 291 (2001).

To do so would essentially allow an employee to self-certify his or her disability and entitlement to compensation.[29]

Causal relationship is a medical issue and the medical evidence required to establish causal relationship is rationalized medical evidence.[30] Rationalized medical evidence is medical evidence which includes a physician's detailed medical opinion on the issue of whether there is a causal relationship between the claimant's diagnosed condition and the implicated employment factors. The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors identified by the claimant.[31] Neither the fact that a disease or condition manifests itself during a period of employment nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.[32]

Section 20 C.F.R. § 10.126 requires OWCP to issue a decision containing findings of fact and a statement of reasons.[33]

ANALYSIS -- ISSUE 2

The Board finds that this claim is not in posture for decision.

OWCP accepted appellant's April 27, 2016 traumatic injury claim for the condition of a left knee contusion. She received continuation of pay for the period May 5 to June 18, 2016. On July 28, 2016 appellant filed a claim for compensation (Form CA-7) for LWOP for the period June 19 to July 28, 2016.

In a June 2, 2016 note, Dr. Quan opined that appellant was totally disabled commencing May 27, 2016, but advised that she could resume work on July 14, 2016 following reexamination. In a report and a letter both dated July 8, 2016, Dr. Weinstein released appellant to return to sedentary light-duty work with restrictions on July 11, 2016. She thereafter submitted a series of reports from Drs. Quan and Weinstein relating to her ability to return to work.

By decision dated September 28, 2016, OWCP denied appellant's claim for compensation for disability attributed to the accepted condition of contusion of the left knee. Appellant requested reconsideration of the denial of her claim for compensation on September 14, 2017. By decision dated February 23, 2018, OWCP denied modification of the September 28, 2016 decision.

[29] *Amelia S. Jefferson, supra* note 26.

[30] *Jacqueline M. Nixon-Steward*, 52 ECAB 140 (2000).

[31] *Leslie C. Moore*, 52 ECAB 132 (2000).

[32] *Dennis M. Mascarenas*, 49 ECAB 215 (1997).

[33] 20 C.F.R. § 10.126.

The Board finds that OWCP failed to adequately review the medical evidence of record to determine whether appellant had met her burden of proof to establish her claim for compensation for total disability for the period June 19 to July 28, 2016 related to the accepted contusion. In its February 23, 2018 decision, OWCP correctly noted her accepted condition, but instead of providing reconsideration on the issue of a claimed period of total disability it noted that it was reviewing a decision on the issue of whether the acceptance of appellant's claim should be expanded to include additional medical conditions. The Board finds that OWCP considered an incorrect issue in its reconsideration of the merits when considering modification of the September 28, 2016 decision. The issue of claim expansion was the proper subject matter of the December 7, 2017 OWCP decision, as discussed in issue one of this decision of the Board. The decision dated February 23, 2018 makes no findings on the issue of appellant's claimed period of disability.

The Board therefore finds that OWCP has not provided an adequate decision with findings of facts and a statement of reasons as to whether appellant has provided sufficient evidence to establish her claim for total disability for the period June 19 to July 28, 2016. OWCP failed to discuss or analyze the medical reports she submitted on the issue of entitlement to wage-loss compensation. As such, OWCP has failed to adequately determine whether appellant has met her burden of proof to establish her claim for a period of total disability.

Section 8124(a) of FECA provides that OWCP shall determine and make a finding of fact and make an award for or against payment of compensation.[34] Section 10.126 of Title 20 of the Code of Federal Regulations provides that a decision shall contain findings of fact and a statement of reasons. The Board has held that the reasoning behind OWCP's evaluation should be clear enough for the reader to understand the precise defect of the claim and the kind of evidence which would overcome it.[35]

The case shall therefore be returned to OWCP for a proper decision to include findings of fact and a clear and precise statement of reasons as to whether appellant has met her burden of proof to establish her claim for total disability for the period June 19 to July 28, 2016. Following this and such further development as OWCP deems necessary, it shall issue a *de novo* decision.

CONCLUSION

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include additional left knee conditions causally related to her accepted April 27, 2016 employment injury. The Board further finds that the case is not in posture for a decision on the issue of total disability for the period June 19 to July 28, 2016.

[34] *Supra* note 2 at 8124(a).

[35] *Supra* note 34; *L.M.*, Docket No. 13-2017 (issued February 21, 2014); *D.E.*, Docket No. 13-1327 (issued January 8, 2014); *L.C.*, Docket No. 12-0978 (issued October 26, 2012); Federal (FECA) Procedure Manual Part 2 -- Claims, *Disallowances*, Chapter 2.1400.5 (February 2013) (all decisions should contain findings of fact sufficient to identify the benefit being denied and the reason for the disallowance).

ORDER

IT IS HEREBY ORDERED THAT the December 7, 2017 decision of the Office of Workers' Compensation Programs is affirmed. It is further ordered that the February 23, 2018 decision of the Office of Workers' Compensation Programs is set aside and the case is remanded for further action consistent with this decision of the Board.

Issued: March 26, 2019
Washington, DC

Christopher J. Godfrey, Chief Judge
Employees' Compensation Appeals Board

Alec J. Koromilas, Alternate Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board