

October 17, 2020 employment injury; and (2) whether appellant has met her burden of proof to establish disability from work commencing December 5, 2020, causally related to her accepted October 17, 2020 employment injury.

FACTUAL HISTORY

On October 30, 2020 appellant, then a 40-year-old rural carrier associate, filed a traumatic injury claim (Form CA-1) alleging that on October 17, 2020 she shattered a bone in her right wrist while in the performance of duty. She noted that as she was walking towards a mailbox to deliver a package, she observed a speeding motor vehicle that lost control. As appellant tried to avoid the speeding car she slipped back and fell landing on her right hand. She stopped work on the filing date of her claim.

Appellant was treated on October 17, 2020 by Dr. Erik A. Trosclair, Board-certified in emergency medicine, who diagnosed contusion of the right hand, initial encounter.

In an October 21, 2020 medical report, Dr. Amit M. Patel, Board-certified in anesthesiology and pain medicine, noted a history of injury of appellant falling on her right hand at work as a car was coming towards her when she was trying to deliver a package. He diagnosed displaced fracture of the fifth metacarpal bone, right hand, initial encounter for closed fracture; and contusion of the right hand, initial encounter.

OWCP initially denied appellant's claim by decision dated December 4, 2020, finding that the medical evidence of record was insufficient to establish a medical condition causally related to the accepted October 17, 2020 employment incident.

OWCP subsequently received additional medical evidence, including a December 8, 2020 attending physician's report (Form CA-20) from Dr. Patel. Dr. Patel restated appellant's history of injury on October 17, 2020 and his prior diagnoses of right-hand contusion and displaced fracture of the right fifth metacarpal bone. He checked a box marked "Yes" indicating that the diagnosed conditions were caused or aggravated by an employment activity as reported by appellant. Dr. Patel advised that appellant was partially disabled from October 21 through December 30, 2020. He further advised that she could perform light-duty work with the restriction of lifting no more than two pounds with the right upper extremity.

On December 17, 2020 appellant filed a claim for compensation (Form CA-7) for disability from work for the period December 5 through 18, 2020.

OWCP, by decision dated December 29, 2020, denied appellant's claim for wage-loss compensation for the period commencing December 5, 2020 and continuing, because the medical evidence of record was insufficient to establish disability during the claimed period due to an accepted employment-related condition. It noted that her traumatic injury claim for an employment-related injury or medical condition was denied on December 4, 2020.

On January 25, 2021 appellant requested reconsideration of the December 4, 2020 decision denying her traumatic injury claim. She submitted medical evidence, including an undated note from Dr. Patel who reiterated appellant's history of injury on October 17, 2020. He restated his prior diagnosis of right-hand contusion. Dr. Patel also diagnosed "possible" right small finger

metacarpal base fracture and stiffness of the right hand. He opined that the diagnosed conditions were caused by appellant's work-related fall on October 17, 2020. Dr. Patel maintained that appellant's conditions were supported by his physical examination findings.

In a November 20, 2020 letter, Dr. John Rabson, a chiropractor, noted that appellant presented in his clinic on October 26, 2020 with the chief complaint of neck and right wrist pain following an accident that occurred on October 17, 2020. He noted the treatment she received for her whiplash injury.

OWCP, by decision dated April 26, 2021, vacated its December 4, 2020 decision, in part, by accepting that appellant sustained a contusion of the right hand causally related to the accepted October 17, 2020 employment incident based on Dr. Patel's undated note. It also affirmed its December 4, 2020 decision, in part, by denying the expansion of the acceptance of appellant's claim to include a right finger condition causally related to the accepted employment injury. OWCP explained that Dr. Patel's diagnosis of "possible" right small finger metacarpal base fracture was speculative and equivocal in nature.

By separate decision of April 26, 2021, OWCP formally accepted appellant's traumatic injury claim for contusion of the right hand.

OWCP subsequently received undated documents from a health care provider which listed appellant's occupational and physical therapy appointments for the period January 8 through March 10, 2021.

On May 17 and 22, 2021 appellant filed additional Form CA-7 claims for compensation for disability from work for the period December 19, 2020 through May 22, 2021. On attached time analysis forms (Form CA-7a), she claimed three hours of leave without pay (LWOP) on February 15 and March 10, 2021, two hours of LWOP on March 9, 2021 to undergo a nerve study, two hours of LWOP on February 17 and 24, March 1, 3, 5, 12, and 17, and April 9, 2021 to attend physical therapy, and four hours of LWOP on May 2, 2021, eight hours of LWOP on May 7 and 17, 2021, six hours of LWOP on May 8, 2021, two hours of LWOP on May 18, 2021 because she had hand pain, and five hours of LWOP on May 24, 2021 for doctor's visits.

OWCP received a March 9, 2021 report from Dr. Alison D. Barrack, a Board-certified physiatrist. Dr. Barrack noted a history of the accepted October 17, 2020 employment injury. She reported a normal electrodiagnostic study of the right upper limb. Dr. Barrack reported no electrodiagnostic evidence of carpal tunnel syndrome, ulnar radial nerve entrapment, cervical radiculopathy, or generalized peripheral neuropathy. She noted that she was unable to get appellant to resist when assessing the abductor pollicis brevis, pronator teres, and hand intrinsics, but she was able to see a few normal "MUPs [medically unexplained physical symptoms]." Dr. Barrack noted, however, that there was no denervation which was expected if there was a nerve injury to these muscles, and there was no abnormality of either the median or ulnar sensory or motor studies.

Dr. Steven Watson, a hand and upper extremity surgery specialist, noted in a May 24, 2021 work status report, that appellant was partially disabled, and she could perform modified light-

duty work through June 21, 2021 with restrictions that included right/left-handed work only, and no lifting more than five pounds with her right upper extremity.

OWCP, in a June 7, 2021 development letter, informed appellant that it had received no evidence to support her attendance at medical appointments or physical therapy sessions on the claimed dates. It requested that she submit a medical note or therapy slip verifying treatment on the claimed dates. OWCP afforded appellant 30 days to the necessary evidence.

Appellant continued to file CA-7 forms requesting compensation for disability from work for the period May 22 through September 10, 2021. In attached CA-7a forms, she claimed five hours of LWOP on May 24 through 25, 2021, four hours of LWOP on June 2 through 3, 2021 and eight hours of LWOP on June 10, 11, 14, 15, and 16, 2021 due to hand pain and swelling, eight hours on June 17, 2021 for doctor's visits, and eight hours of LWOP on June 18, 2021 for a hospital visit.

In a December 2, 2020 report, Kelsey Humbers, an occupational therapist, diagnosed contusion of the right hand. She also diagnosed pain in joints of the right hand and displaced fracture of the base of the fifth metacarpal bone of the right hand, with a subsequent encounter for fracture with routine healing.

In emergency department provider notes dated June 18, 2021, Dr. Douglas E. Krug, Board-certified in emergency medicine, noted a history of the October 17, 2020 employment injury and appellant's right-hand treatment. He also noted her chief complaint of right-hand pain. Dr. Krug reported examination findings diagnosed right hand pain, and provided instructions to appellant regarding muscle strain.

Dr. Watson, in visit notes dated May 17 and 24 and June 21, 2021, diagnosed, *inter alia*, worsening moderate trigger finger, right index finger; worsening moderate trigger finger, right middle finger; improving mild trigger finger, left index finger; and improving mild trigger finger, left middle finger. In the June 21, 2021 visit note, he noted that given that appellant had index and middle finger pain upon her initial injury, and a long course of immobilization with swelling and subsequent "HT," it was possible that this was related to her past injury and related swelling of the hand.

In a July 1, 2021 operative report, Dr. Watson provided a preoperative and postoperative diagnosis of right index finger and right middle finger trigger finger. He performed a release of the right index and right middle fingers.

In reports dated July 8 and 21, 2021, Michelle Raphael, an occupational therapist, provided a diagnosis of stiffness of unspecified joint, not elsewhere classified, and pain in joints of the right hand. She addressed appellant's occupational treatment plan.

On September 23, 2021 appellant requested reconsideration of the December 29, 2020 denial of her disability claim.

Subsequently, appellant filed additional CA-7 forms for compensation for intermittent disability from work for the period September 11 through October 8, 2021 and October 23 through November 19, 2021.

By decision dated December 20, 2021, OWCP denied modification of its April 26, 2021 expansion decision, finding that the medical evidence submitted was insufficient to establish that appellant's additional diagnosed right-hand conditions were causally related to the October 17, 2020 employment injury.

Appellant filed additional CA-7 forms requesting compensation for disability from work for the period December 4 through 31, 2021.

In surgery and discharge instructions dated December 14, 2021, Ashley Dyer, a registered nurse, provided instructions regarding appellant's treatment, physical activity, bathing, diet, and use of an incentive spirometry related to her right-hand condition.

OWCP, by decision dated January 21, 2022, denied modification of its December 29, 2020 denial of appellant's disability claim.

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, the employee must submit rationalized medical opinion evidence.⁴ 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 accepted employment injury.⁵ The weight of medical evidence is determined by its reliability, its probative value, its convincing quality, the care of analysis manifested, and the medical rationale expressed in support of the physician's opinion.⁶

ANALYSIS -- ISSUE 1

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include additional right-hand conditions as causally related to her accepted October 17, 2020 employment injury.

OWCP received several reports from Dr. Patel. In his October 21, 2020 report, Dr. Patel diagnosed displaced fracture of the fifth metacarpal bone, right hand, initial encounter for closed

³ *D.T.*, Docket No. 20-0234 (issued January 8, 2021); *see T.E.*, Docket No. 18-1595 (issued March 13, 2019); *T.F.*, Docket No. 17-0645 (issued August 15, 2018); *Jaja K. Asaramo*, 55 ECAB 200 (2004).

⁴ *D.T.*, *id.*; *T.K.*, Docket No. 18-1239 (issued May 29, 2019); *M.W.*, 57 ECAB 710 (2006); *John D. Jackson*, 55 ECAB 465 (2004).

⁵ *D.S.*, Docket No. 18-0353 (issued February 18, 2020); *T.K.*, *id.*; *I.J.* 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁶ *Id.*

fracture; in addition to the right-hand contusion, however he did not provide a medical opinion regarding the cause of the diagnosed conditions. The Board has held that 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.⁷ As such, this report is insufficient to establish appellant's burden of proof.

In a December 8, 2020 Form CA-20 report, Dr. Patel noted a history of the accepted October 17, 2020 employment injury, and diagnosed the accepted condition of right-hand contusion. He also diagnosed displaced fracture of the right fifth metacarpal bone, and checked a box marked "Yes" indicating that the conditions were caused or aggravated by an employment activity as reported by appellant. The Board has held, however, that an opinion on causal relationship with an affirmative checkmark, without more by the way of medical rationale, is insufficient to establish the claim.⁸ Dr. Patel merely reported appellant's own belief regarding the cause of her right finger condition and did not provide his own opinion relative to causal relationship.⁹ Therefore, Dr. Patel's December 8, 2020 report is insufficient to meet appellant's burden of proof.

In an undated note, Dr. Patel again diagnosed the accepted condition of right-hand contusion. Additionally, he diagnosed "possible" right small finger metacarpal base fracture and stiffness of the right hand. Dr. Patel opined that these diagnosed conditions were caused by the October 17, 2020 employment injury. The Board finds, however, that his diagnosis of "possible" right small finger metacarpal base fracture is not a firm diagnosis and is speculative in nature. Medical reports lacking a firm diagnosis and a rationalized medical opinion regarding causal relationship are of no probative value. Thus, the Board finds that this note is insufficient to meet appellant's burden of proof.

Dr. Krug's emergency department provider notes and discharge information dated June 18, 2021 are insufficient to establish causal relationship. He diagnosed right-hand pain, and provided instructions for muscle strain. However, the Board has held that a diagnosis of pain does not constitute the basis for payment of compensation, as pain is a symptom rather than a specific diagnosis.¹⁰ Further, Dr. Krug failed to offer an opinion as to whether appellant's right-hand condition was causally related to the accepted employment injury.¹¹ Thus, the Board finds that his provider notes and discharge information are insufficient to establish appellant's burden of proof.

Dr. Watson's May 17 and 24 and June 21, 2021 visit notes and July 1, 2021 operative report diagnosed, *inter alia*, worsening moderate right index finger and right middle finger trigger

⁷ *S.H.*, Docket No. 22-0391 (issued June 29, 2022); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *see D.K.*, Docket No. 17-1549 (issued July 6, 2018).

⁸ *See W.N.*, Docket No. 21-0123 (issued December 29, 2021); *C.H.*, Docket No. 20-0228 (issued October 7, 2020).

⁹ *See R.M.*, Docket No. 19-1613 (issued July 13, 2020); *A.L.*, Docket No. 18-1016 (issued May 6, 2020) (finding that entitlement to FECA benefits may not be based on surmise, conjecture, speculation, or on the employee's own belief of a causal relationship).

¹⁰ *See S.D.*, Docket No. 21-0085 (issued August 9, 2021); *D.M.*, Docket No. 20-1347 (issued January 29, 2021).

¹¹ *See supra* note 6.

finger, and noted appellant's right index finger and right middle finger trigger finger surgical treatment. In the June 21, 2021 visit note, he opined that it was "possible" that these conditions were related to her past right-hand injury. The Board finds that Dr. Watson's opinion on causal relationship is speculative. The Board has also held that, while the opinion of a physician supporting causal relationship need not be one of absolute medical certainty, it must not be speculative or equivocal. The opinion should be expressed in terms of a reasonable degree of medical certainty.¹² As such, these visit notes and operative report are insufficient to establish that the acceptance of appellant's claim should be expanded to include the requested additional conditions.

In a November 20, 2020 letter, Dr. Rabson, a chiropractor, noted that appellant was treated for a whiplash injury following the October 17, 2020 employment injury. However, this report is of no probative medical value as he did not diagnose spinal subluxation as demonstrated by x-ray to exist.¹³

In a March 9, 2021 report, Dr. Barrack reported a normal electrodiagnostic study of the right upper limb. She reported no electrodiagnostic evidence of carpal tunnel syndrome, ulnar radial nerve entrapment, cervical radiculopathy, or generalized peripheral neuropathy. This report therefore does not establish an additional diagnosed right upper extremity condition causally related to the accepted October 17, 2020 employment injury.

Appellant also submitted reports dated December 2, 2020 and July 8 and 21, 2021 signed by Ms. Humbers and Ms. Raphael, occupational therapists, which addressed appellant's right hand conditions. However, certain healthcare providers such as physician assistants, nurses, nurse practitioners, physical/occupational therapists, social workers are not considered "physician[s]" as defined under FECA.¹⁴ Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits.¹⁵

¹² See *T.L.*, Docket No. 21-0224 (issued February 22, 2022); *L.S.*, Docket No. 18-1494 (issued April 12, 2019); *Ricky S. Storms*, 52 ECAB 349 (2001).

¹³ Section 8101(2) provides that under FECA the term physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by the applicable state law. 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). See Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (January 2013); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA). Chiropractors are considered physicians under FECA only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist and subject to regulations by the secretary. See 5 U.S.C. § 8101(2); *P.T.*, Docket No. 21-0110 (issued December 8, 2021); *R.N.*, Docket No. 19-1685 (issued February 26, 2020); *S.D.*, Docket No. 19-1245 (issued January 3, 2020); *Merton J. Sills*, 39 ECAB 572, 575 (1988).

¹⁴ 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). See also Federal (FECA) Procedure Manual, *id.*; *S.S.*, Docket No. 21-0837 (issued November 23, 2021); *T.D.*, Docket No. 21-0321 (issued July 13, 2021) (an occupational therapist is not considered a physician under FECA).

¹⁵ *S.S.*, *id.*; *J.B.*, Docket No. 20-1566 (issued August 31, 2021); *D.P.*, Docket No. 19-1295 (issued March 16, 2020); *G.S.*, Docket No. 18-1696 (issued March 26, 2019); see *M.M.*, Docket No. 17-1641 (issued February 15, 2018); *K.J.*, Docket No. 16-1805 (issued February 23, 2018); *David P. Sawchuk*, *id.*

As appellant has not submitted rationalized medical evidence establishing that the acceptance of her claim should be expanded to include additional right-hand conditions as causally related to the accepted October 17, 2020 employment injury, the Board finds that she has not met her burden of proof.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

LEGAL PRECEDENT -- ISSUE 2

An employee seeking benefits under FECA¹⁶ 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.¹⁷ For each period of disability claimed, the employee has the burden of proof to establish that he or she was disabled from work as a result of the accepted employment injury.¹⁸ Whether a particular injury causes an employee to become disabled from work, and the duration of that disability, are medical issues that must be proven by a preponderance of probative and reliable medical opinion evidence.¹⁹

Under FECA, the term disability means an incapacity because of an employment injury, to earn the wages the employee was receiving at the time of the injury.²⁰ When, however, the medical evidence establishes that the residuals or sequelae of an employment injury are such that, from a medical standpoint, it prevents the employee from continuing in his or her employment, he or she is entitled to compensation for any loss of wages.²¹

To establish causal relationship between the disability claimed and the employment injury, an employee must submit rationalized medical evidence, based on a complete factual and medical background, supporting such causal relationship.²² The opinion of the physician must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of

¹⁶ *Supra* note 1.

¹⁷ *See D.S.*, Docket No. 20-0638 (issued November 17, 2020); *F.H.*, Docket No. 18-0160 (issued August 23, 2019); *C.R.*, Docket No. 18-1805 (issued May 10, 2019); *Kathryn Haggerty*, 45 ECAB 383 (1994); *Elaine Pendleton*, 40 ECAB 1143 (1989).

¹⁸ *See L.F.*, Docket No. 19-0324 (issued January 2, 2020); *T.L.*, Docket No. 18-0934 (issued May 8, 2019); *Fereidoon Kharabi*, 52 ECAB 291, 293 (2001).

¹⁹ *See* 20 C.F.R. § 10.5(f); *N.M.*, Docket No. 18-0939 (issued December 6, 2018).

²⁰ *Id.* at § 10.5(f); *see e.g., G.T.*, Docket No. 18-1369 (issued March 13, 2019); *Cheryl L. Decavitch*, 50 ECAB 397 (1999).

²¹ *G.T., id.; Merle J. Marceau*, 53 ECAB 197 (2001).

²² *See S.J.*, Docket No. 17-0828 (issued December 20, 2017); *Kathryn E. DeMarsh*, 56 ECAB 677 (2005).

the relationship between the diagnosed condition, and the specific employment incident identified by the employee.²³

The Board will not require OWCP to pay compensation for disability in the absence of medical evidence directly addressing the specific dates of disability for which compensation is claimed. To do so would essentially allow an employee to self-certify his or her disability and entitlement to compensation.²⁴

For a routine medical appointment, a maximum of four hours of compensation for time lost to obtain medical treatment is usually allowed.²⁵

ANALYSIS -- ISSUE 2

The Board finds that appellant has not meet her burden of proof to establish disability from work commencing December 5, 2020, causally related to her accepted October 17, 2020 employment injury.

In support of her disability claims, appellant submitted Dr. Patel's December 8, 2020 Form CA-20 report, who found that appellant was partially disabled from October 21 through December 30, 2020, and that she could perform light-duty work with the restriction of lifting no more than two pounds with her right upper extremity. Dr. Patel did not, however, provide an opinion or specify that appellant's ability to perform modified-duty work was due to her October 17, 2020 employment injury.²⁶ Thus, the Board finds that his report is insufficient to establish appellant's claim for disability compensation.

Similarly, in a May 24, 2021 work status report, Dr. Watson authorized appellant to return to modified light-duty work through June 21, 2021 with restrictions of right/left handed work only, and lifting no more than five pounds with her right upper extremity. He did not, however, explain how these restrictions were related to the October 17, 2020 employment injury. Dr. Watson did not provide an explanation, or refer to objective examination findings to support his opinion that appellant could only work with specific restrictions. His opinion is, therefore, of diminished probative value, and is insufficient to establish appellant's claim.²⁷

Appellant claimed three hours of LWOP on February 15 and March 10, 2021, eight hours of LWOP on May 7 and 17, 2021, five hours of LWOP on May 24 and 25, 2021, and eight hours

²³ *C.B.*, Docket No. 18-0633 (issued November 16, 2018); *Leslie C. Moore*, 52 ECAB 132 (2000); *Gary L. Fowler*, 45 ECAB 365 (1994).

²⁴ *See S.G.*, Docket No. 18-1076 (issued April 11, 2019); *William A. Archer*, 55 ECAB 674 (2004); *Fereidoon Kharabi*, *supra* note 18.

²⁵ *See* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Compensation Claims*, Chapter 2.901.19c (February 2013); *see also K.A.*, Docket No. 19-0679 (issued April 6, 2020); *William A. Archer*, 55 ECAB 674 (2004).

²⁶ *See D.V.*, Docket No. 19-0868 (issued March 21, 2022); *M.M.*, Docket No. 18-0817 (issued May 17, 2019); *M.C.*, Docket No. 16-1238 (issued January 26, 2017).

²⁷ *D.V.*, *id.*; *M.M.*, *id.*; *S.B.*, Docket No. 13-1162 (issued December 12, 2013).

on June 17, 2021 to attend doctor's visits, two hours of LWOP on March 9, 2021 to undergo a nerve study, and two hours of LWOP on February 17 and 24, March 1, 3, 5, 12, and 17, and April 9, 2021 to attend physical therapy, and eight hours of LWOP on June 18, 2021 for a hospital visit, totaling 58 hours. As noted, OWCP's procedures provide that, wages lost for compensable medical examinations or treatment may be reimbursed for a routine medical appointment, and up to four hours of compensation may be allowed.²⁸ The evidence should establish that a claimant attended an examination or treatment for the accepted work injury on the dates claimed in order for compensation to be payable.²⁹ The Board finds, however, that the medical evidence of record does not indicate that appellant underwent medical treatment by the physicians of record, on any of the dates claimed for the accepted condition of right-hand contusion.

The Board further finds that the documents noting occupational and physical therapy appointments for the period January 8 through March 10, 2021, are insufficient to establish appellant's entitlement to disability compensation. This evidence does not indicate that these appointments were causally related to the accepted employment injury.³⁰

The evidence of record is, therefore, insufficient to establish appellant's claim for disability commencing December 5, 2020.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128 and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include additional right-hand conditions as causally related to her accepted October 17, 2020 employment injury. The Board further finds that appellant has not met her burden of proof to establish disability from work commencing December 5, 2020, causally related to her accepted October 17, 2020 employment injury.

²⁸ *Supra* note 24.

²⁹ *Supra* note 25 at Chapter 2.901.19.a(3); *R.O.*, Docket No. 20-0247 (issued December 13, 2021).

³⁰ *R.V.*, Docket No. 20-0005 (issued December 8, 2020).

ORDER

IT IS HEREBY ORDERED THAT the December 20, 2021 and January 21, 2022 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: April 3, 2023
Washington, DC

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

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

James D. McGinley, Alternate Judge
Employees' Compensation Appeals Board