

**United States Department of Labor  
Employees' Compensation Appeals Board**

R.V., Appellant	)	
	)	
and	)	Docket No. 21-0976
	)	Issued: July 18, 2023
U.S. POSTAL SERVICE, MID-ISLAND	)	
PROCESSING & DISTRIBUTION CENTER,	)	
Melville, NY, Employer	)	
	)	

*Appearances:* *Case Submitted on the Record*  
Thomas S. Harkins, Esq., for the appellant<sup>1</sup>  
Office of Solicitor, for the Director

**DECISION AND ORDER**

Before:  
ALEC J. KOROMILAS, Chief Judge  
PATRICIA H. FITZGERALD, Deputy Chief Judge  
JANICE B. ASKIN, Judge

**JURISDICTION**

On June 13, 2021 appellant, through counsel, filed a timely appeal from a June 9, 2021 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act<sup>2</sup> (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

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<sup>1</sup> 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.

<sup>2</sup> 5 U.S.C. § 8101 *et seq.*

## ISSUE

The issue is whether appellant has met his burden of proof to establish a cervical or right shoulder condition causally related to the accepted February 29, 2020 employment incident.

## FACTUAL HISTORY

On March 5, 2020 appellant, then a 54-year-old mail handler/equipment operator, filed a traumatic injury claim (Form CA-1) alleging that on February 29, 2020 he injured his shoulder pulling a bulk mail container (BMC) while in the performance of duty.<sup>3</sup> He stopped work on the date of the alleged injury.

On March 2, 2020 the employing establishment executed an authorization for examination and/or treatment (Form CA-16) authorizing appellant to seek medical care related to his right shoulder. In Part B of the Form CA-16, completed on even date, Dr. Steven Jacobs, an osteopath, indicated that appellant injured his right shoulder while pulling a cart at work and diagnosed calcific tendinitis. He checked a box marked "Yes" indicating that the diagnosed condition was caused or aggravated by the described employment activity.

In a March 2, 2020 post injury evaluation form, Dr. Jacobs noted that appellant sustained a work-related injury on February 29, 2020 and advised that he was unable to work for at least three days. He diagnosed right shoulder pain and calcific tendinitis. In an accompanying duty status report (Form CA-17), Dr. Jacobs diagnosed calcific tendinitis and indicated that appellant was unable to work.

In a March 3, 2020 work restrictions note, Dr. Alpesh Shah, a Board-certified orthopedic surgeon, diagnosed right shoulder calcific tendinitis, right shoulder pain, cervical radiculopathy, and cervical strain. He indicated that appellant was unable to work until after evaluation on March 10, 2020. In an accompanying Form CA-17, Dr. Shah provided an illegible diagnosis.

In a March 10, 2020 work restriction note, Dr. Shah diagnosed right shoulder calcific tendinitis, right shoulder pain, and cervical radiculopathy. He indicated that appellant was unable to work.

A March 14, 2020 magnetic resonance imaging (MRI) scan of the cervical spine revealed moderate cord compression and bilateral existing C4 nerve root impingement asymmetric on the right at C3-C4 with decreased caliber of the cord and increased T2 weighted signal in the cord consistent with chronic gliosis or myelomalacia, straightening of the cervical lordosis, multilevel degenerative disc disease, multiple disc herniation with encroachment upon the cord, asymmetric left foraminal narrowing at C4-C5, encroachment upon the cord on the left with moderate bilateral foraminal narrowing at C6-C7, and impingement upon the left existing C8 nerve root at C7-T1.

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<sup>3</sup> Under OWCP File No. xxxxxx872, appellant previously filed a Form CA-1 on June 6, 2008 alleging that on that date he injured his back and shoulder blade when he lifted a bucket full of mail while in the performance of duty. OWCP allowed payment of limited medical expenses without formal adjudication. Appellant's claims have not been administratively combined.

In a March 17, 2020 report, Dr. Shah noted that appellant presented with neck and right shoulder pain. He conducted a physical examination and reviewed the MRI scans of appellant's right shoulder and cervical spine. Dr. Shah diagnosed cervical radiculopathy, cervical spine stenosis, right shoulder pain, right rotator cuff tendinitis, an incomplete tear of the right rotator cuff, and a labral tear of the right shoulder. He opined that the described work incident was "the competent medical cause of the injury" and consistent with appellant's complaints and the objective findings. Dr. Shah advised that he was unable to work and listed limitations. In a medical note of even date, he diagnosed a right rotator cuff tear and tendinitis.

In a March 25, 2020 development letter, OWCP informed appellant that, when his claim was first received, it appeared to be a minor injury that resulted in minimal or no lost time from work and it had now reopened his claim for consideration of the merits because he had not returned to full-duty work. It advised him of the deficiencies of his claim and requested additional medical evidence. OWCP afforded appellant 30 days to respond.

Subsequently, OWCP received a March 3, 2020 medical report from Dr. Shah, who noted that appellant reported that on February 29, 2020 he was pulling a cart at work when he felt a tingling sensation shooting down his right arm, as well as continued pain in his neck and shoulder. He indicated that appellant had no prior history of injuries. Dr. Shah advised that appellant had a right shoulder problem due to pulling the cart on February 29, 2020. He conducted a physical examination, which revealed tenderness at the lateral shoulder, and diagnosed right shoulder calcific tendinitis, right shoulder pain, cervical radiculopathy, and cervical strain. Dr. Shah opined the incident described by appellant was "the competent medical cause of the injury." He concluded that the history of injury was consistent with his objective findings.

In a March 10, 2020 medical report, Dr. Shah reported that appellant's right shoulder pain improved. He conducted a physical examination and diagnosed right shoulder calcific tendinitis, right shoulder pain, and cervical radiculopathy. Dr. Shah reiterated his opinion that the accepted employment incident was the competent medical cause of the injury and that appellant's history of injury was consistent with his objective findings. He indicated that appellant underwent a large joint injection to address his pain and inflammation.

A March 14, 2020 MRI scan of the right shoulder demonstrated partial tearing involving the distal supraspinatus tendon insertion with moderate adjacent subcortical cysts and mild surrounding bursitis without retraction or atrophy, diffuse superior labral tearing with surrounding synovitis and infraspinatus tendinopathy, subscapularis tendinopathy, and moderate-to-severe acromioclavicular (AC) joint arthrosis deforming the supraspinatus muscle tendon complex. It revealed no acute fracture or muscle atrophy.

Appellant also submitted a March 17, 2020 Form CA-17, wherein Dr. Shah provided an illegible diagnosis.

In a March 19, 2020 report, Dr. Brian N. Morelli, a Board-certified orthopedic surgeon, noted that appellant presented with neck and right shoulder pain. He reported that on February 29, 2020 appellant was pulling a 1,000-pound wheeled container at work when he felt a twinge in the neck and right shoulder. Dr. Morelli indicated that the "cause of injury was due to pulling a container." He conducted a physical examination, which revealed no swelling, erythema,

ecchymosis, and deformity in the right shoulder, and reviewed the March 14, 2020 MRI scans of appellant's right shoulder and cervical spine. Dr. Morelli diagnosed cervical spine stenosis. He opined that the incident described by appellant was "the competent medical cause of the injury," and that the history of injury was consistent with the objective findings. Dr. Morelli indicated that appellant had a preexisting condition, cervical spondylosis/stenosis, that might affect treatment/prognosis. In a work restriction note of even date, he diagnosed cervical radiculopathy, right shoulder pain, right rotator cuff tendinitis, an incomplete tear of the right rotator cuff, and a labral tear of the right shoulder. Dr. Morelli indicated that appellant was unable to work.

In a March 24, 2020 form report, Dr. Shah diagnosed right shoulder calcific tendinitis, right shoulder pain, cervical radiculopathy, and fascia and tendon strain at the neck level. He checked a box marked "Yes" indicating that the accepted February 29, 2020 employment incident was the competent medical cause of appellant's injury. In a form report of even date, Dr. Shah diagnosed right shoulder calcific tendinitis, right shoulder pain, and cervical radiculopathy and again checked a box marked "Yes" indicating that the accepted February 29, 2020 employment incident was the competent medical cause of appellant's injury.

In a March 24, 2020 form report, Dr. Morelli diagnosed cervicgia and checked a box marked "Yes" indicating that the accepted February 29, 2020 employment incident was the competent medical cause of appellant's injury. He indicated that appellant was unable to work.

In an April 1, 2020 narrative report, Dr. Morelli noted that appellant's history of injury consisted of pulling a 1,000-pound wheeled container and injuring his neck and right shoulder. He indicated that appellant had no prior history of injury. Dr. Morelli reviewed the MRI scans of the cervical spine and right shoulder and provided multiple diagnoses, including partial supraspinatus tearing, labral tearing, tendonopathy, and mid-severe AC arthrosis. Based on clear signs of cervical myelo-radiculopathy and a correlating neurologic level of C3-4, he recommended a surgical decompression as urgent rather than elective treatment.

In an April 2, 2020 report, Dr. Morelli advised that he was treating appellant for a February 29, 2020 injury at work when he pulled and wheeled container and felt neck and right shoulder pain. He diagnosed cervical radiculopathy and cervical spine stenosis with myelopathy. Dr. Morelli indicated that cervical spine stenosis was resolved.

By decision dated May 5, 2020, OWCP denied appellant's traumatic injury claim, finding that the medical evidence of record was insufficient to establish causal relationship between his diagnosed cervical and right shoulder conditions and the accepted February 29, 2020 employment incident.

Thereafter, OWCP received a March 2, 2020 progress report from Dr. Jacobs, who noted that appellant presented with right shoulder pain after sustaining a work-related injury while pulling a 1,000-pound cart on February 29, 2020. He conducted a physical examination and diagnosed a work-related injury, right shoulder sprain, and calcific tendinitis of the right shoulder.

In an April 16, 2020 Form CA-17, Dr. Morelli diagnosed cervical herniated nucleus pulposus (HNP) with myelopathy and indicated that appellant was unable to work. In an April 30,

2020 Form CA-17, he diagnosed cervical radiculopathy, cervical spine stenosis with myelopathy, and cervical HNP and found appellant disabled from work.

In a May 12, 2020 report, Dr. Morelli provided appellant's history of injury, conducted a physical examination, and diagnosed cervical spine stenosis with myelopathy and cervical radiculopathy. He again indicated that his preexisting condition might affect treatment/prognosis. Dr. Morelli noted that appellant's right shoulder and neck pain began after a February 29, 2020 workplace injury. In a Form CA-17 of even date, he diagnosed radiculopathy and indicated that appellant was unable to work.

In a May 21, 2020 report, Dr. Shah noted that appellant presented with a work-related right shoulder injury that occurred on February 29, 2020. He conducted a physical examination and diagnosed right shoulder pain, right shoulder calcific tendinitis, and a labral tear of the right shoulder. In a Form CA-17 of even date, Dr. Shah provided an illegible diagnosis.

On May 29, 2020 Dr. Morelli reiterated appellant's history of injury, conducted a physical examination, and diagnosed cervical spine stenosis with myelopathy. He again indicated that appellant's preexisting condition might affect treatment/prognosis. In a Form CA-17 of even date, Dr. Morelli diagnosed cervical radiculopathy and cervical disc herniation. He indicated that appellant was unable to work.

In a June 4, 2020 form report, Dr. Jacobs diagnosed right shoulder joint sprain and right shoulder calcific tendinitis.

On July 8, 2020 Dr. Morelli again provided appellant's history of injury. He diagnosed cervical spine stenosis with myelopathy and noted that the preexisting condition of cervical spondylosis/stenosis might affect treatment/prognosis. In a Form CA-17 of even date, Dr. Morelli indicated that appellant was unable to work. In a work restriction note of even date, he diagnosed cervical spine stenosis and pain and found that appellant could not return to work until August 19, 2020.

In a July 28, 2020 medical report, Dr. Shah noted that he was treating appellant for a February 29, 2020 workers' compensation injury and that the location of the problem was the right shoulder and neck. He diagnosed calcific tendinitis of the right shoulder and a labral tear of the right shoulder. Dr. Shah indicated that appellant was unable to work.

In an August 19, 2020 work restriction note, Dr. Morelli diagnosed cervical spine stenosis with myelopathy and indicated that appellant was still unable to work until further notice. In a Form CA-17 of even date, he diagnosed right shoulder radiculopathy and cervical disc herniation. Dr. Morelli noted that appellant was unable to work.

An undated return-to-work form (Form CA-3) completed by the employing establishment indicated that appellant returned to full-time modified-duty work with restrictions on October 6, 2020.

On March 18, 2021 appellant, through counsel, requested reconsideration of OWCP's May 5, 2020 decision.

OWCP received a September 6, 2020 narrative report, wherein Dr. Morelli noted that he had initially treated appellant on March 19, 2020. Dr. Morelli obtained a history of appellant experiencing a twinge in his neck and right shoulder pulling a 1,000-pound wheeled container at work. He indicated that appellant had no prior injuries. Dr. Morelli discussed appellant's history of treatment and indicated that he had written a letter stressing the need for urgent surgery, noting that his pain had progressed when he last evaluated him on August 19, 2020. He diagnosed cervical radiculopathy, cervical spine stenosis with myelopathy, right shoulder calcific tendinitis, and a labral tear of the right shoulder. Dr. Morelli related, "I do feel that the injury he sustained on February 29, 2020 to his neck and right shoulder is causally related to his work[-]related injury. Essentially, [appellant] had underlying disc degeneration. When pulling the 1,000 [pound] object, he sustained a disc herniation that is now compressive to the cervical nerve root and spinal cord."

By decision dated June 9, 2021, OWCP denied modification of its May 5, 2020 decision.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>4</sup> has the burden of proof to establish the essential elements of his or her claim, including the fact that the individual is an employee of the United States within the meaning of FECA, that the claim was timely filed within the applicable time limitation period of FECA,<sup>5</sup> and that an injury was sustained in the performance of duty as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.<sup>6</sup> These are the essential elements of each and every compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.<sup>7</sup>

To determine if an employee sustained a traumatic injury in the performance of duty, OWCP begins with an analysis of whether fact of injury has been established.<sup>8</sup> There are two components that must be considered in conjunction with one another. The first component is whether the employee actually experienced the employment incident that allegedly occurred.<sup>9</sup> The second component is whether the employment incident caused a personal injury.<sup>10</sup>

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<sup>4</sup> *Supra* note 2.

<sup>5</sup> *C.B.*, Docket No. 21-1291 (issued April 28, 2022); *S.C.*, Docket No. 18-1242 (issued March 13, 2019); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>6</sup> *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *T.H.*, Docket No. 18-1736 (issued March 13, 2019); *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

<sup>7</sup> *P.A.*, Docket No. 18-0559 (issued January 29, 2020); *T.E.*, Docket No. 18-1595 (issued March 13, 2019); *Delores C. Ellyett*, 41 ECAB 992 (1990).

<sup>8</sup> *S.S.*, Docket No. 18-1488 (issued March 11, 2019); *T.H.*, 59 ECAB 388, 393-94 (2008).

<sup>9</sup> *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Bonnie A. Contreras*, 57 ECAB 364 (2006); *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>10</sup> *E.M.*, *id.*

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.<sup>11</sup> A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment incident must be based on a complete factual and medical background.<sup>12</sup> Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition, and appellant's specific employment incident.<sup>13</sup>

In any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship therefore involves aggravation, acceleration, or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.<sup>14</sup>

### ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a cervical or right shoulder condition causally related to the accepted February 29, 2020 employment incident.

In a September 6, 2020 report, Dr. Morelli reviewed appellant's history of injury and medical treatment. He also discussed his underlying disc degeneration and diagnosed cervical radiculopathy, cervical spine stenosis with myelopathy, right shoulder calcific tendinitis, and a labral tear of the right shoulder. Dr. Morelli opined that appellant sustained disc herniation while pulling the 1,000-pound object, which was now compressive to the cervical nerve root and spinal cord. While he provided an opinion on the causal relationship, he did not offer any rationale to explain how the accepted employment incident of pulling the 1,000-pound object would have caused appellant's diagnosed conditions.<sup>15</sup> The need for a rationalized medical opinion was particularly important because appellant had preexisting disc degeneration.<sup>16</sup> The Board has held that a medical opinion should offer a medically-sound explanation of how the specific employment incident physiologically caused the diagnosed condition.<sup>17</sup> Furthermore, Dr. Morelli indicated that appellant had no previous neck or right shoulder injuries. However, this was not accurate as the record reflects one prior claim with a June 6, 2008 date of injury to his right shoulder. The Board

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<sup>11</sup> *E.G.*, Docket No. 20-1184 (issued March 1, 2021); *Robert G. Morris*, 48 ECAB 238 (1996).

<sup>12</sup> *C.F.*, Docket No. 18-0791 (issued February 26, 2019); *Jacqueline M. Nixon-Steward*, 52 ECAB 140 (2000).

<sup>13</sup> *Id.*

<sup>14</sup> Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013); *see C.S.*, Docket No. 22-0545 (issued March 22, 2023); *R.D.*, Docket No. 18-1551 (issued March 1, 2019).

<sup>15</sup> *T.W.*, Docket No. 20-0767 (issued January 13, 2021); *H.A.*, Docket No. 18-1466 (issued August 23, 2019).

<sup>16</sup> *See supra* note 14 at Chapter 2.805.3e (January 2013); *J.G.*, Docket No. 20-0009 (issued September 28, 2020).

<sup>17</sup> *S.O.*, Docket No. 21-0332 (issued September 24, 2021); *G.L.*, Docket No. 18-1057 (issued April 14, 2020).

has held that medical opinions based on an incomplete or inaccurate history are of diminished probative value.<sup>18</sup> For these reasons, this report is insufficient to establish appellant's claim.

In Part B of the Form CA-16, attending physician's report, dated March 2, 2020, a form report dated March 24, 2020, and a progress report dated March 24, 2020, Drs. Jacobs, Shah, and Morelli provided multiple diagnoses and indicated by checking a box marked "Yes" that the conditions were caused or aggravated by an employment activity.<sup>19</sup> The Board has held that a report that addresses causal relationship with a checkmark, without medical rationale explaining how the employment incident caused the alleged injury, is of diminished probative value and insufficient to establish causal relationship.<sup>20</sup> As Drs. Jacobs, Shah, and Morelli did not provide any rationale in support of their opinions, the Board finds that these reports are also insufficient to establish causal relationship.

In reports dated March 3, 10 and 17, 2020, Dr. Shah noted appellant's history of injury and opined that pulling the cart was the competent medical cause of appellant's diagnosed right shoulder calcific tendinitis, right shoulder pain, cervical radiculopathy, and cervical strain. Similarly, Dr. Morelli, in his March 19, 2020 medical report, noted appellant's history of injury and opined that pulling the 1,000-pound container was the competent medical cause of appellant's diagnosed cervical spine stenosis. While they supported causal relationship, Drs. Shah and Morelli offered only a conclusory statement lacking medical rationale. They did not explain the medical mechanics of how the accepted employment incident of pulling a 1,000-pound object was competent to cause appellant's diagnosed conditions. The Board has held that a medical report is of limited probative value on a given medical issue if it contains an opinion which is unsupported by medical rationale.<sup>21</sup> Thus, these reports are insufficient to establish appellant's claim.

In March 2, 2020 reports, Dr. Jacobs noted appellant's history of injury and diagnosed right shoulder sprain and calcific tendinitis. Similarly, on April 1 and 2, May 12 and 29, and July 8, 2020, Dr. Morelli noted appellant's history of injury and diagnosed cervical spine stenosis with myelopathy and cervical radiculopathy. Dr. Shah, in his July 28, 2020 medical report, also reiterated appellant's history of injury and diagnosed a labral tear and right shoulder calcific tendinitis. However, in these reports, Drs. Jacobs, Morelli, and Shah merely noted appellant's reported history of injury, rather than offering their own opinions on causation.<sup>22</sup> The Board has

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<sup>18</sup> *D.B.*, Docket No. 19-0663 (issued August 27, 2020); *J.K.*, Docket No. 20-0590 (issued July 17, 2020); *S.B.*, Docket No. 20-0088 (issued June 4, 2020).

<sup>19</sup> The Board notes that the employing establishment issued a Form CA-16, dated March 2, 2020. A completed Form CA-16 authorization may constitute a contract for payment of medical expenses to a medical facility or physician, when properly executed. The form creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim. *See* 20 C.F.R. § 10.300(c); *S.P.*, Docket No. 19-1904 (issued September 2, 2020); *J.G.*, Docket No. 17-1062 (issued February 13, 2018); *Tracy P. Spillane*, 54 ECAB 608 (2003).

<sup>20</sup> *D.S.*, Docket No. 21-0037 (issued May 27, 2021); *S.C.*, Docket No. 20-0327 (issued May 6, 2021); *A.R.*, Docket No. 19-0465 (issued August 10, 2020); *Gary J. Watling*, 52 ECAB 278 (2001).

<sup>21</sup> *A.K.*, Docket No. 21-0278 (issued July 12, 2021); *J.A.*, Docket No. 20-1195 (issued February 3, 2021).

<sup>22</sup> *See S.O.*, Docket No. 21-0332 (issued September 24, 2021); *C.G.*, Docket No. 20-0957 (issued January 27, 2021).



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.<sup>23</sup> As such, these reports are sufficient to establish appellant's claim.

Dr. Jacobs provided a March 2, 2020 report and Dr. Shah a May 21, 2020 report finding that appellant had sustained a work-related injury on February 29, 2020 and providing multiple diagnoses. A medical opinion must explain how the implicated employment factors physiologically caused, contributed to, or aggravated the specific diagnosed conditions.<sup>24</sup> Without this explanation, Drs. Jacobs' and Shah's reports are insufficient to meet appellant's burden of proof to establish his claim.<sup>25</sup>

Appellant also submitted a series of medical reports and work restrictions notes dated March 3 through August 19, 2020 from Drs. Shah and Morelli who provided multiple diagnoses and indicated that appellant was unable to work. However, they did not offer an opinion on causation and, therefore, these reports and notes are of no probative value.<sup>26</sup>

In CA-17 forms dated March 3 and 17, May 21, and July 8, 2020, Dr. Shah provided illegible diagnoses. Dr. Morell, in his July 8, 2020 Form CA-17, did not provide a specific diagnosis of an injury or medical condition. The Board has held that medical reports which do not provide a firm diagnosis and render an opinion on causal relationship are of no probative value and are insufficient to establish the claim.<sup>27</sup> Accordingly, these reports are insufficient to satisfy appellant's burden of proof to establish his claim.<sup>28</sup>

Lastly, appellant submitted the March 14, 2020 MRI scans of the cervical spine and right shoulder. The Board has explained, however, that diagnostic studies, standing alone, lack probative value as they do not address whether the employment incident caused any of the diagnosed conditions.<sup>29</sup> Thus, these reports are also insufficient to establish appellant's claim.

As appellant has not submitted rationalized medical evidence establishing causal relationship between his diagnosed cervical and right shoulder conditions and the accepted February 29, 2020 employment incident, the Board finds that he has not met his burden of proof to establish his claim.

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<sup>23</sup> *J.A.*, Docket No. 20-1375 (issued February 9, 2021); *L.G.*, Docket No. 20-0433 (issued August 6, 2020); *S.D.*, Docket No. 20-0413 (issued July 28, 2020); *S.K.*, Docket No. 20-0102 (issued June 12, 2020).

<sup>24</sup> *E.S.*, Docket No. 21-0341 (issued August 10, 2021); *K.G.*, Docket No. 18-1598 (issued January 7, 2020).

<sup>25</sup> *Id.*

<sup>26</sup> *Supra* note 23.

<sup>27</sup> *R.Q.*, Docket No. 20-0585 (issued September 10, 2021); *R.L.*, Docket No. 20-0284 (issued June 30, 2020); *S.H.*, Docket No. 19-1897 (issued April 21, 2020).

<sup>28</sup> *See T.G.*, Docket No. 19-0904 (issued November 25, 2019); *L.D.*, Docket No. 17-1581 (issued January 23, 2018); *Jacqueline M. Nixon-Steward*, 52 ECAB 140 (2000).

<sup>29</sup> *M.B.*, Docket No. 19-1638 (issued July 17, 2020); *T.S.*, Docket No. 18-0150 (issued April 12, 2019).

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.

**CONCLUSION**

The Board finds that appellant has not met his burden of proof to establish a cervical or right shoulder condition causally related to the accepted February 29, 2020 employment incident.

**ORDER**

**IT IS HEREBY ORDERED THAT** the June 9, 2021 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 18, 2023  
Washington, DC

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

Patricia H. Fitzgerald, Deputy Chief Judge  
Employees' Compensation Appeals Board

Janice B. Askin, Judge  
Employees' Compensation Appeals Board