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

M A Appellant	)
M.A., Appellant	)
and	) Docket No. 23-0232 ) Issued: November 16, 2023
U.S. POSTAL SERVICE, GIBBSTOWN POST OFFICE, Gibbstown, NJ, Employer	)
Appearances:  Michael D. Overman, Esq., for the appellant <sup>1</sup> Office of Solicitor, for the Director	Case Submitted on the Record

#### **DECISION AND ORDER**

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

JAMES D. McGINLEY, Alternate Judge

#### **JURISDICTION**

On December 5, 2022 appellant, through counsel, filed a timely appeal from a June 24, 2022 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.

<sup>&</sup>lt;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>&</sup>lt;sup>2</sup> 5 U.S.C. § 8101 et seq.

#### **ISSUE**

The issue is whether she has met her burden of proof to establish disability from work for the period January 27 through April 17, 2015 related to her accepted December 13, 2014 employment injury.

### **FACTUAL HISTORY**

This case has previously been before the Board.<sup>3</sup> The facts and circumstances as presented in the Board's prior decision are incorporated herein by reference. The relevant facts are as follows.

On December 20, 2014 appellant, a 28-year-old city carrier assistant, filed a traumatic injury claim (Form CA-1) alleging that she sustained a left ankle sprain on December 13, 2014 when walking through grass while in the performance of duty. She stopped work on December 14, 2014. OWCP accepted the claim for left ankle sprain. On February 4, 2015 appellant underwent a posterior tibial tendon debridement and arthrodesis of the left lower extremity.<sup>4</sup> She did not return to work.

Appellant filed claims for compensation (Form CA-7) for disability for the period January 27 through March 6, 2015. She submitted hospital records relating to her February 4, 2015 surgery in support of her claim.

In a January 13, 2015 report, Dr. Ali Anaim, a podiatric surgeon, noted that appellant sustained an injury while working approximately one month prior. He reviewed a January 12, 2015 left foot magnetic resonance imaging (MRI) scan and noted findings of tendinosis at the distal portion of the posterior tibial tendon at the insertion of the navicular, as well as mild peroneal tenosynovitis and mild retro Achilles bursitis. Dr. Anaim diagnosed calcaneofibular (ligament) ankle sprain, osteoarthrosis, tenosynovitis, and pain in the left ankle and foot.

On February 9, 2015 Dr. Anaim noted that appellant was being treated for left foot and ankle pain due to a slip and fall. He reported that he had performed a subtalar joint arthrodesis on February 4, 2015. Dr. Anaim prescribed a bone growth stimulator and recommended its authorization by OWCP.

In a February 25, 2015 report, Dr. Anaim saw appellant for a follow-up examination and found that x-rays revealed good fusion at the surgical site. He diagnosed calcaneofibular (ligament) ankle sprain, osteoarthrosis, synovitis, and tenosynovitis of ankle and foot, as well as pain in limb. Dr. Anaim opined that she was totally disabled from work and advised that she continue with casting and avoid weight-bearing for three weeks.

In a March 17, 2015 development letter, OWCP advised appellant that her claim for compensation for disability for the period January 27 through March 6, 2015 could not be processed because the medical evidence of record indicated that she was being treated for and

<sup>&</sup>lt;sup>3</sup> Docket No. 17-0331 (issued June 15, 2018).

<sup>&</sup>lt;sup>4</sup> OWCP did not authorize these procedures.

claiming disability due to conditions that were not accepted under the current claim. It afforded her 30 days to submit additional medical evidence establishing how her diagnoses, surgeries, and disability were causally related to the December 13, 2014 employment injury.

In response, appellant submitted x-rays of the left foot and ankle dated February 25, 2015 demonstrating stable changes of subtalar joint arthrodesis and no new abnormalities. A March 19, 2015 x-ray of the left foot revealed postsurgical changes in the hind foot and no acute bony abnormality. An April 7, 2015 x-ray of the left ankle revealed status post subtalar joint arthrodesis and no significant interval change.

Appellant filed additional Form CA-7 claims for disability from work for the period March 7 through April 17, 2015.

On April 22, 2015 appellant underwent an incision, drainage, and hardware removal of the left foot.

In an April 30, 2015 development letter, OWCP informed appellant of the deficiencies of her claims for compensation. It advised her of the type of additional evidence needed and afforded her 30 days to respond.

By decision dated April 30, 2015, OWCP denied appellant's claim for compensation, finding that the medical evidence of record was insufficient to support disability from work during the period January 27 through March 6, 2015 due to the accepted December 13, 2014 employment injury.

On May 18, 2015 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. She submitted medical records, including a May 11, 2015 report from Dr. Anaim, noting that she sustained a sprain of the left foot and ankle on grass on December 13, 2014 while delivering mail. He opined that appellant's employment injury caused her synovitis, extreme synovitis, and tenosynovitis of her tibialis posterior. Dr. Anaim noted that appellant underwent a surgical procedure when she was 14 years old for flatfoot: arthrodesis plus removal of accessory navicular. He advised that she was still not weightbearing and was unable to work. In a May 28, 2015 report, Dr. Anaim stated that appellant rolled her left ankle in the grass on December 13, 2014 and ended up tearing some tendons and ligaments. He noted that appellant never had a problem after the surgical procedure in her youth, and opined that the recent subtalar fusion and tibialis posterior repair were "due to the injury."

By decision dated June 29, 2015, OWCP denied appellant's claim for compensation, finding that the medical evidence of record was insufficient to support disability from work during the period January 27 through March 6, 2015 due to the accepted December 13, 2014 employment injury.

On July 6, 2015 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. She submitted progress reports dated January 22 through August 10, 2015 from Dr. Anaim, who reiterated his diagnoses and medical opinions.

In an August 18, 2015 medical report, Dr. Anaim related appellant's history of injury and opined that she "suffered an enormous traumato her left foot and ankle with destruction of multiple

ligaments of her left foot and ankle as a direct result of [the December 13, 2014 employment injury]." He diagnosed severe synovitis and pain in the left subtalar joint, which resulted in subtalar joint fusion and repair of the tibialis posterior due to a tear. Dr. Anaim advised that appellant was unable to perform any of the activities she had performed prior to the employment injury.

A hearing was held before a representative of OWCP's Branch of Hearings and Review on September 11, 2015 regarding both of appellant's disability claims. Subsequently, appellant submitted an October 16, 2015 report from Dr. Anaim, who reiterated his diagnoses and recommended a return to physical therapy.<sup>5</sup>

By decision dated December 9, 2015, OWCP's hearing representative affirmed the prior decisions.

OWCP referred appellant and the case record, along with a statement of accepted facts (SOAF), to Dr. Willie Thompson, a Board-certified orthopedic surgeon, for a second opinion evaluation to determine the nature and extent of her employment-related condition. In his January 15, 2016 report, Dr. Thompson opined that her present complaints were related to the December 13, 2014 employment injury and that her limitations were due to the employment injury, rather than a preexisting condition. He advised that appellant could return to sedentary work with restrictions.

In a January 18, 2016 report, Dr. Anaim found that appellant was improving and released her to full-duty work in one month. On February 11, 2016 he recommended a Provant Therapy System twice a day for 30 minutes daily on her left ankle.

In a February 17, 2016 letter, OWCP requested clarification from Dr. Thompson regarding his second opinion. It asked him to specifically address how appellant's preexisting conditions and current disability from work, resulting from surgeries, which had not been authorized by OWCP, were caused or aggravated by the December 13, 2014 employment injury.

In a March 10, 2016 supplemental report, Dr. Thompson advised that he had no opinion as to whether appellant's foot and ankle surgeries related to the December 13, 2014 employment injury because there was inadequate information in the record. He further opined that it was reasonable to accept that appellant's preexisting conditions of osteoarthritis and synovitis of the subtalar joint were aggravated by the December 13, 2014 employment injury, but that would have been temporary and resolved within a period of three to four weeks.

On May 6, 2016 appellant, through counsel, requested reconsideration and submitted a May 3, 2016 report from Dr. Anaim, who reported that appellant had a completely healed surgical procedure when she was 12 years old, followed by multiple pregnancies and multiple jobs, which she had performed uneventfully until December 13, 2014. He opined that when she was forced to walk on an uneven surface on the date of injury, it caused some disruption of her ligaments surrounding the joint, which in turn caused instability of her subtalar joint and a partial tear of her tibialis posterior, requiring surgical correction and fusion of her subtalar joint. Appellant

<sup>&</sup>lt;sup>5</sup> Appellant also submitted an April 20, 2015 left ankle x-ray, an April 21, 2015 left lower extremity computerized tomography (CT) scan, and an August 19, 2015 left foot x-ray of the left foot revealing multiple medical conditions.

submitted progress reports dated March 7 through June 28, 2016, in which Dr. Anaim reiterated his diagnoses and medical opinions.

By decision dated August 4, 2016, OWCP denied modification of its December 9, 2015 decision.

Appellant appealed to the Board.<sup>6</sup> By decision dated June 15, 2018,<sup>7</sup> the Board found that the case was not in posture for decision as Dr. Thompson's March 10, 2016 addendum report was equivocal and failed to address OWCP's question regarding appellant's surgery-related disability. The Board remanded the case to OWCP for referral to a new second opinion physician.

Appellant continued to submit medical evidence, including progress reports dated April 25 and July 19, 2018 from Dr. Anaim reiterating his diagnoses and medical opinions. In the July 19, 2018 report, Dr. Anaim added a diagnosis of peroneal tendinitis of the left lower extremity.

On remand, OWCP referred appellant, a SOAF, and the case record to Dr. Stanley Askin, a Board-certified orthopedic surgeon, for a second opinion examination and evaluation to determine the nature and extent of her employment-related condition, as well as whether OWCP should expand the acceptance of appellant's claim to included additional conditions. In his August 31, 2018 report, Dr. Askin diagnosed left ankle sprain and preexisting left foot osteoarthritis and synovitis of the subtalar joint, as well as flat foot. He opined that appellant's disability was due to her preexisting conditions and was unrelated to the accepted December 13, 2014 employment injury. Dr. Askin further advised that OWCP should not expand the acceptance of appellant's claim to include any additional conditions.

By decision dated September 11, 2018, OWCP denied appellant's claim for compensation for disability from work for the period January 27 through April 17, 2015.

On September 20, 2018 appellant, through counsel, requested a hearing before a representative of OWCP's Branch of Hearings and Review, which was held on February 27, 2019. By decision dated May 14, 2019, OWCP's hearing representative vacated the September 11, 2018 decision and remanded the case for further medical development, finding that counsel was not properly notified of the referral to Dr. Askin and thus OWCP was precluded from relying on his opinion.

On remand, OWCP referred appellant, a SOAF, and the medical record to Dr. Robert F. Draper, Jr., a Board-certified orthopedic surgeon, for a second opinion examination and evaluation to determine the nature and extent of her employment-related condition, as well as whether OWCP should expand the acceptance of her claim to included additional conditions. In his June 26, 2019 report, Dr. Draper diagnosed left ankle sprain, end-stage posterior tibial tendon dysfunction of the left foot, subtalar joint degenerative joint disease of the left foot, and left lower extremity pes planovalgus deformity. He opined that appellant's post-injury surgeries were not causally related to the December 13, 2014 employment injury. Dr. Draper advised that appellant could perform

<sup>&</sup>lt;sup>6</sup> Appellant submitted a July 10, 2017 left lower extremity CT scan demonstrating status post arthrodesis of subtalar joint with essential fusion of subtalar joint and scattered arthropathy throughout the foot.

<sup>&</sup>lt;sup>7</sup> Supra note 3.

medium-duty work, noting that her restrictions were due to her nonwork-related surgeries and were unrelated to the accepted left ankle sprain.

In a July 2, 2019 letter, OWCP requested clarification from Dr. Draper regarding his second opinion report. It asked him to specifically address whether the employment injury, or treatment for the employment injury, caused or contributed to any subsequent period of disability.

In a July 12, 2019 addendum report, Dr. Draper advised that appellant's surgical procedures were due to an unrelated diagnosis of the left foot, which was not in any way related to the accepted December 13, 2014 employment injury. He concluded that there was no disability from work for the period January 27 through April 15, 2015 that could be related to the accepted December 13, 2014 employment injury.

By decision dated July 16, 2019, OWCP denied appellant's claim for compensation for disability from work for the period January 27 through April 17, 2015.

On July 19, 2019 appellant, through counsel, requested a hearing before a representative of OWCP's Branch of Hearings and Review, which was held on November 8, 2019. She continued to submit medical evidence, including progress reports dated September 3, 2015 through October 24, 2019 from Dr. Anaim. In a December 9, 2019 medical report, Dr. Anaim reviewed Dr. Draper's report and disagreed with his conclusions. He opined that the accepted left ankle sprain aggravated and exacerbated the subtalar joint and tibialis posterior tendon, which necessitated multiple surgical corrections. Dr. Anaim advised that appellant could stand for two hours out of an eight-hour shift.

By decision dated January 14, 2020, OWCP's hearing representative vacated the July 16, 2019 decision, finding a conflict between the medical opinions of Dr. Draper and Dr. Anaim, and remanded the case for referral to an impartial medical examiner (IME).

On remand, OWCP referred appellant and the medical record, along with a SOAF, to Dr. Ian B. Fries, a Board-certified orthopedic surgeon, serving as an IME. It requested that he address whether appellant sustained an exacerbation or aggravation of the subtalar and/or tibialis posterior tendon as a result of the accepted December 13,2014 employment injury, whether an employment-related condition contributed to the need for subsequent surgeries, and whether the accepted employment injury caused disability from work for the period January 17, 2017 and continuing.

In a report dated September 5, 2020, Dr. Fries discussed appellant's history of injury, provided his review of the medical evidence of record, and described the findings of his physical examination. He diagnosed remote bilateral ankle and calf operative procedures, left ankle sprain with subsequent surgery and reoperation addressing pre-accident chronic conditions, and bilateral pes planus. Dr. Fries noted that, based on Dr. Anaim's December 12, 2012 report, it was clear he had been treating substantial ongoing left ankle issues before the employment injury. He opined that aggravation of appellant's prior condition while walking on grass on December 13, 2014 "would likely have been temporary and the normal progression of incompletely treated disease." Dr. Fries found no documentation of disability for the period January 17, 2017 and continuing, and opined that she had no disabling residuals of the accepted left ankle sprain. He concluded that any current disability was due to nonwork-related conditions and that, due to her chronic ankle

conditions, multiple operations, obesity, and cardiac condition, she could not return to work that required her to be on her feet full time.

By decision dated September 16, 2020, OWCP denied appellant's claim for compensation for disability from work for the period January 27 through April 17, 2015.

On September 22, 2020 appellant, through counsel, requested a hearing before a representative of OWCP's Branch of Hearings and Review, which was held on January 15, 2021. By decision dated March 31, 2021, OWCP's hearing representative vacated the September 16, 2020 decision and remanded it for further medical development, finding that it had provided Dr. Fries with an incorrect date for the beginning of the period of disability.

In an April 2, 2021 letter, OWCP requested a supplemental report from Dr. Fries regarding whether appellant was disabled from work for the period January 27, 2015 and continuing due to the accepted December 13, 2014 employment injury. It noted that its initial referral papers had improperly identified the starting date of appellant's claimed period of disability as January 17, 2017, rather than January 27, 2015. In an August 3, 2021 supplemental report, Dr. Fries concluded that appellant was not disabled for the period January 27, 2015 and continuing due to the accepted December 13, 2014 employment injury, noting that he expected an ankle sprain would have resolved within six weeks. He advised that, due to an error in the initial referral papers, he previously improperly identified the starting date of appellant's claimed period of disability as January 17, 2017, rather than January 27, 2015. Dr. Fries opined that any period of disability subsequent to January 27, 2015 was unrelated to her employment-related injury.

By decision dated December 30, 2021, OWCP denied appellant's claim for compensation for disability from work for the period January 27 through April 17, 2015.

On January 10, 2022 appellant, through counsel, requested a hearing before a representative of OWCP's Branch of Hearings and Review, which was held on April 14, 2022.

By decision dated June 24, 2022, OWCP affirmed the December 30, 2021 decision, finding that she had not established her claim for compensation for disability from work for the period January 27 through April 17, 2015.

## LEGAL PRECEDENT

An employee seeking benefits under FECA 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.<sup>8</sup> 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.<sup>9</sup> Whether a particular injury causes an

<sup>&</sup>lt;sup>8</sup> S.W., Docket No. 18-1529 (issued April 19, 2019); *J.F.*, Docket No. 09-1061 (issued November 17, 2009); *Kathryn Haggerty*, 45 ECAB 383 (1994); *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>&</sup>lt;sup>9</sup> 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).

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. <sup>10</sup>

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. <sup>11</sup> Disability is, thus, not synonymous with physical impairment, which may or may not result in an incapacity to earn wages. <sup>12</sup> 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. <sup>13</sup> When, however, the medical evidence establishes that the residuals or sequelae of an employment injury are such that, from a medical standpoint, they prevent the employee from continuing in his or her employment, he or she is entitled to compensation for loss of wages. <sup>14</sup>

The medical evidence required to establish causal relationship between a claimed period of disability and an employment injury is rationalized medical opinion evidence. 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 claimed disability and the accepted employment injury. <sup>15</sup>

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.<sup>16</sup>

Section 8123(a) of FECA provides, in pertinent part: "If there is disagreement between the physician making the examination for the United States and the physician of the employee, the Secretary shall appoint a third physician who shall make an examination." This is called a referee or IME examination and OWCP will select a physician who is qualified in the appropriate specialty and who has no prior connection with the case. Where a case is referred to an IME for the

<sup>&</sup>lt;sup>10</sup> 20 C.F.R. § 10.5(f); *B.O.*, Docket No. 19-0392 (issued July 12, 2019); *N.M.*, Docket No. 18-0939 (issued December 6, 2018); *R.C.*, 59 ECAB 546, 551 (2008).

<sup>&</sup>lt;sup>11</sup> 20 C.F.R. § 10.5(f).

<sup>&</sup>lt;sup>12</sup> See L.W., Docket No. 17-1685 (issued October 9, 2018).

<sup>&</sup>lt;sup>13</sup> See K.H., Docket No. 19-1635 (issued March 5, 2020).

<sup>&</sup>lt;sup>14</sup> See D.R., Docket No. 18-0323 (issued October 2, 2018).

<sup>&</sup>lt;sup>15</sup> Y.S., Docket No. 19-1572 (issued March 12, 2020).

<sup>&</sup>lt;sup>16</sup> J.B., Docket No. 19-0715 (issued September 12, 2019); Fereidoon Kharabi, supra note 9.

<sup>&</sup>lt;sup>17</sup> 5 U.S.C. § 8123(a); *N.D.*, Docket No. 21-1134 (issued July 13, 2022); *A.E.*, Docket No. 18-0891 (issued January 22, 2019); *R.S.*, Docket No. 10-1704 (issued May 13, 2011); *S.T.*, Docket No. 08-1675 (issued May 4, 2009); *M.S.*, 58 ECAB 328 (2007).

<sup>&</sup>lt;sup>18</sup> 20 C.F.R. § 10.321; N.D., id.; I.L., Docket No. 18-1399 (issued April 1, 2019); R.C., 58 ECAB 238 (2006).

purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based on a proper factual background, must be given special weight. <sup>19</sup>

#### **ANALYSIS**

The Board finds that appellant has not met her burden of proof to establish disability from work for the period January 27 through April 17, 2015 causally related to her accepted December 13, 2014 employment injury.

OWCP properly found a conflict in the medical opinion evidence between Dr. Anaim, appellant's treating physician, and Dr. Draper, an OWCP referral physician, regarding the nature and extent of her employment-related condition, as well as whether OWCP should expand the acceptance of her claim to included additional conditions as causally related to the December 13, 2014 employment injury. It referred her to Dr. Fries for an impartial medical examination to resolve the conflict in medical opinion pursuant to 5 U.S.C. § 8123(a).

In his September 5, 2020 report, Dr. Fries diagnosed remote bilateral ankle and calf operative procedures, left ankle sprain with subsequent surgery and reoperation addressing preaccident chronic conditions, and bilateral pes planus. He noted that, based on Dr. Anaim's December 12, 2012 report, it was clear he had been treating substantial ongoing left ankle issues before the accepted employment injury. Dr. Fries opined that aggravation of appellant's prior condition while walking on grass on December 13, 2014 "would likely have been temporary and the normal progression of incompletely treated disease." In an August 3, 2021 supplemental report, he concluded that appellant was not disabled for the period January 27, 2015 and continuing due to the accepted left ankle sprain, because the sprain would have resolved within six weeks. Dr. Fries reiterated that appellant's subsequent periods of disability related to her nonwork-related left ankle surgeries.

In situations where the case is referred to an IME for the purpose of resolving a medical conflict, the opinion of such specialist, if sufficiently well rationalized and based upon a proper factual background, must be given special weight.<sup>20</sup> The Board finds that Dr. Fries provided a well-rationalized opinion based on a complete background, his review of the SOAF and the medical record, and his findings on examination. Thus, his opinion is entitled to the special weight of the medical evidence.<sup>21</sup>

In support of the claimed period of disability, appellant submitted medical evidence from Dr. Anaim. However, he was on one side of the conflict resolved by Dr. Fries. The Board has held that reports from a physician who was on one side of a medical conflict are generally

<sup>&</sup>lt;sup>19</sup> N.D., id.; V.S., Docket No. 19-1792 (issued August 4, 2020); A.E., supra note 17; Darlene R. Kennedy, 57 ECAB 414 (2006); Gloria J. Godfrey, 52 ECAB 486 (2001); James P. Roberts, 31 ECAB 1010 (1980).

<sup>&</sup>lt;sup>20</sup> *Id*.

<sup>&</sup>lt;sup>21</sup> See T.P., Docket No. 20-0970 (issued June 16, 2022); W.N., Docket No. 21-123 (issued December 29, 2021).

insufficient to overcome the special weight accorded to the IME.<sup>22</sup> Dr. Anaim's reports are thus insufficient to overcome the special weight accorded to Dr. Fries' opinion.<sup>23</sup>

The record also contains several diagnostic tests. However, the Board has held that diagnostic studies, standing alone, lack probative value, as they do not address whether the accepted employment injury resulted in appellant's period of disability on specific dates.<sup>24</sup> Consequently, these medical findings are insufficient to establish appellant's disability claim.

As the medical evidence of record is insufficient to establish disability from work for the period January 27 through April 15, 2015, causally related to the accepted December 13, 2014 employment injury, the Board finds that appellant 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.

#### **CONCLUSION**

The Board finds that appellant has not met her burden of proof to establish disability from work for the period January 27 through April 17, 2015 causally related to her accepted December 13, 2014 employment injury.

<sup>&</sup>lt;sup>22</sup> See N.U., Docket No. 20-1022 (issued January 25, 2022); W.C., Docket No. 19-1740 (issued June 4, 2020).

 $<sup>^{23}</sup>$  *Id*.

<sup>&</sup>lt;sup>24</sup> F.S., Docket No. 19-0205 (issued June 19, 2019).

### **ORDER**

**IT IS HEREBY ORDERED THAT** the June 24, 2022 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: November 16, 2023 Washington, DC

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

> Janice B. Askin, Judge Employees' Compensation Appeals Board

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