

<sup>2</sup> The Board notes that, following the November 20, 2024 decision, appellant submitted additional evidence on appeal to the Board. However, the Board's *Rules of Procedure* provides: "The Board's review of a case is limited to the evidence in the case record that was before OWCP at the time of its final decision. Evidence not before OWCP will not be considered by the Board for the first time on appeal." 20 C.F.R. § 501.2(c)(1). Thus, the Board is precluded from reviewing this additional evidence for the first time on appeal. *Id.*

### **FACTUAL HISTORY**

On August 20, 2024 appellant, then a 39-year-old rural carrier, filed an occupational disease claim (Form CA-2) alleging that she developed a shoulder and neck condition due to factors of her federal employment, including working long hours. She noted that she first became aware of her condition on August 15, 2024 and realized its relation to her federal employment on August 17, 2024. Appellant stopped work on August 20, 2024.

An x-ray of the right shoulder dated August 21, 2024 revealed no abnormalities. An ultrasound of the right upper extremity dated August 22, 2024 revealed no rotator cuff tear and a small amount of fluid in the subacromial subdeltoid bursa with impingement.

On August 26, 2024 Dr. Jessica F. Butts, Board-certified in family medicine, returned appellant to work with limited use of the right shoulder.

In a development letter dated August 27, 2024, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed and provided a questionnaire for her completion. OWCP afforded appellant 60 days to submit the necessary evidence.

In support of her claim, appellant submitted an August 20, 2024 report, wherein Dr. Jennifer L. Grana, an osteopath Board-certified in family medicine, treated appellant for right shoulder pain. She noted appellant's history was significant for two rotator cuff injuries and surgery in the past that she attributed to overuse at work. Dr. Grana reported physical examination findings of limited range of motion, decreased strength, and normal sensation. She diagnosed right shoulder pain. In a form report dated August 20, 2024, she diagnosed limited range of motion of the right shoulder due to pain. Dr. Grana opined that appellant was totally incapacitated from August 18 through 26, 2024. In an employing establishment duty status report dated August 28, 2024, she provided work restrictions and noted that a return to work was "to be determined."

In response to the development letter, on September 2, 2024, appellant attributed her right shoulder condition to casing and delivering mail 6 days a week for 6 to 10 hours a day. She indicated that she did not participate in other activities outside of her employment.

In an undated narrative statement appellant indicated that she worked six days a week from 8:00 am to 4:00 pm. She described her work duties as casing mail into slots, which requires frequent upward reaching, lifting packages up to 75 pounds, pushing carts of varying weights, and repeatedly opening and closing the vehicle doors for package deliveries. Appellant indicated that on August 15, 2024 when placing mail into mailboxes she experienced an aching sensation in her right shoulder and elbow. On August 16, 2024, the right shoulder pain intensified and on August 17, 2024 the pain was so severe that she informed her supervisor that she needed to leave work. Appellant reported undergoing previous bilateral shoulder surgeries in both 2006 and 2016.

In a follow-up letter dated October 7, 2024, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish her claim. It noted that she had 60 days from the August 27, 2024 letter to submit the requested necessary evidence. OWCP

further advised that if the evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

OWCP received additional evidence. A magnetic resonance imaging (MRI) scan of the right shoulder dated September 24, 2024 demonstrated supraspinatus and infraspinatus tendinosis, posterior labral tear, and changes consistent with prior acromioplasty and subacromial decompression.

In a form report dated September 30, 2024, Dr. Aman Dhawan, a Board-certified orthopedist, noted treating appellant on September 10 and 23, 2024 for shoulder pain. He reviewed the September 24, 2024 MRI scan of the right shoulder and diagnosed right shoulder pain and tendinosis of the right shoulder. On October 9, 2024, Dr. Dhawan, noted that appellant reported a one-month history of right shoulder pain, which she attributed to repetitive movements performed as a mail carrier. He noted that appellant's history was significant for a right shoulder subacromial decompression and acromioplasty. Dr. Dhawan diagnosed supraspinatus and infraspinatus tendinosis, posterior labral tear. He recommended an intra-articular injection. In a work excuse note dated November 19, 2024, he treated appellant in follow-up for right shoulder pain and dysfunction. Dr. Dhawan reported that conservative treatment had failed. He noted the recent MRI scan of the right shoulder demonstrated rotator cuff tendinosis, posterior labral tear, and changes consistent with prior acromioplasty and subacromial decompression. Dr. Dhawan recommended an intra-articular] injection.

By decision dated November 20, 2024, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish a medical condition causally related to the accepted factors of her federal employment.

### **LEGAL PRECEDENT**

A claimant seeking benefits under FECA<sup>3</sup> has the burden of proof to establish the essential elements of his or her claim, including 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 of FECA,<sup>4</sup> 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>5</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>6</sup>

---

<sup>3</sup> *Id.*

<sup>4</sup> *F.H.*, Docket No.18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued December 13, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>5</sup> *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *J.H.*, Docket No. 18-1637 (issued January 29, 2020); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

<sup>6</sup> *P.A.*, Docket No. 18-0559 (issued January 29, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *Delores C. Ellyett*, 41 ECAB 992 (1990).

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the identified employment factors.

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.<sup>7</sup> The opinion of the physician must be based upon a complete factual and medical background, 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.<sup>8</sup>

### ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted factors of her federal employment.

On August 20, 2024 Dr. Grana diagnosed right shoulder pain with limited range of motion and noted that appellant's history was significant for bilateral rotator cuff injuries and surgery. In a request for a temporary light-duty assignment dated August 20, 2024, she reiterated her diagnosis and noted that appellant was totally incapacitated from August 18 through 26, 2024. Similarly, in a duty status report dated August 28, 2024, Dr. Grana provided work restrictions. On August 26, 2024 Dr. Butts, returned appellant to work with limited use of the right shoulder. On September 30, 2024 Dr. Dhawan diagnosed right shoulder pain and tendinosis. In a report dated October 9 and work excuse note dated November 19, 2024, he recommended an intra-articular injection. However, these reports fail to provide an opinion regarding the cause of appellant's right shoulder condition.<sup>9</sup> 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.<sup>10</sup> Therefore these reports are insufficient to establish causal relationship.

The record also contains an ultrasound and an x-ray of the right shoulder. The Board has held, however, that diagnostic studies, standing alone, lack probative value on the issue of causal relationship as they do not address whether the accepted employment factors resulted in appellant's diagnosed medical conditions.<sup>11</sup>

---

<sup>7</sup> *I.J.*, Docket No. 19-1343 (issued February 26, 2020); *T.H.*, 59 ECAB 388 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

<sup>8</sup> *D.C.*, Docket No. 19-1093 (issued June 25, 2020); *see L.B.*, Docket No. 18-0533 (issued August 27, 2018).

<sup>9</sup> *L.D.*, Docket No. 18-1468 (issued February 11, 2019).

<sup>10</sup> *See L.B.*, *supra* note 8; *D.K.*, Docket No. 17-1549 (issued July 6, 2018); *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *S.E.*, Docket No. 08-2214 (issued May 6, 2009).

<sup>11</sup> *L.A.*, Docket No. 22-0463 (issued September 29, 2022); *D.K.*, Docket No. 21-0082 (issued October 26, 2021); *O.C.*, Docket No. 20-0514 (issued October 8, 2020); *R.J.*, Docket No. 19-0179 (issued May 26, 2020).

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted factors of appellant's federal employment, 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.

### **CONCLUSION**

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted factors of her federal employment.

### **ORDER**

**IT IS HEREBY ORDERED THAT** the November 20, 2024 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: April 8, 2025  
Washington, DC

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

Janice B. Askin, Judge  
Employees' Compensation Appeals Board

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