United States Department of Labor
Employees' Compensation Appeals Board

C.M., Appellant	)	
and	)	**Docket No. 25-0408**
	)	**Issued: April 16, 2025**
DEPARTMENT OF HOMELAND SECURITY, TRANSPORTATION SECURITY ADMINISTRATION, SEATTLE-TACOMA INTERNATIONAL AIRPORT, Seattle, WA, Employer	)	

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
PATRICIA H. FITZGERALD, Deputy Chief Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On March 21, 2025 appellant filed a timely appeal from a September 23, 2024 merit decision of the Office of Workers' Compensation Programs (OWCP).[1] Pursuant to the Federal

[1] Appellant submitted a timely request for oral argument before the Board, explaining her disagreement with OWCP's September 23, 2024 decision. 20 C.F.R. § 501.5(b). Pursuant to the Board's *Rules of Procedure*, oral argument may be held in the discretion of the Board. 20 C.F.R. § 501.5(a). Appellant contended that the employing establishment did not assist her in either gathering, or submitting medical documentation to support her claim. The Board, in exercising its discretion, denies appellant's request for oral argument because argument because this matter requires an evaluation of the medical evidence presented. As such, the arguments on appeal can adequately be addressed in a decision based on a review of the case record. Oral argument in this appeal would further delay issuance of a Board decision and not serve a useful purpose. Therefore, the oral argument request is denied, and this decision is based on the case record as submitted to the Board.

Employees' Compensation Act[2] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.[3]

ISSUE

The issue is whether appellant has met her burden of proof to establish a medical condition causally related to the accepted July 12, 2024 employment incident.

FACTUAL HISTORY

On July 17, 2024 appellant, then a 41-year-old compliance inspector, filed a traumatic injury claim (Form CA-1) alleging that on July 12, 2024 she sustained right hand and elbow pain after pushing and pulling carts, and engaging in excessive handwriting, while in the performance of duty. She stopped work on July 16, 2024.

In a development letter dated July 23, 2024, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence necessary to establish her claim and provided a questionnaire for her completion. OWCP afforded appellant 60 days to provide the necessary information.

In support of her claim, appellant submitted reports dated July 18 and 24, 2024 wherein Catherine Hallmark, a nurse practitioner, treated her for right neck, shoulder, and wrist pain. She attributed her condition to repetitive use of her hands for pat downs, pushing and pulling carts, and writing at work. Ms. Hallmark diagnosed radiculopathy of the arm and right wrist tendinitis and prescribed physical therapy and a wrist brace.

In a form report dated July 18, 2024, Ms. Hallmark diagnosed radiculopathy of the arm and right wrist tendinitis. She noted that appellant was released to modified-duty work from July 18 through 25, 2024.

Dr. Leland Wessel, a Board-certified physiatrist, prepared duty status reports (Form CA-17) dated July 24, August 1, and 8, 2024, relating that on July 12, 2024 appellant had decreased sensation of her digits and grip strength. He diagnosed radiculopathy of the arm and right wrist tendinitis. Dr. Wessel advised that appellant could return to modified-duty work on July 24, 2024.

An x-ray of the right shoulder dated July 24, 2024 revealed no abnormalities. An x-ray of the cervical spine of even date also revealed no abnormalities.

On August 1, 2024 Dr. Charles Lew, a Board-certified emergency room physician, treated appellant in follow-up for right neck, shoulder, and wrist pain. Appellant attributed her condition

[2] 5 U.S.C. § 8101 *et seq*.

[3] The Board notes that, following the September 23, 2024 decision, appellant submitted additional evidence to OWCP. However, the Board's *Rules of Procedures* 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*.

to repetitive use of her hands for pat downs, pushing and pulling carts, and writing at work with symptoms beginning July 12, 2024. Dr. Lew diagnosed radiculopathy of the arm and right wrist tendinitis.

Appellant submitted an August 8, 20204 report from Margaret Dancan, a physician assistant, who reported improvement in her hand and wrist condition. Ms. Dancan noted the mechanism of injury as overuse and repetitive motion. She diagnosed right wrist tendinitis and radiculopathy of the right arm.

In a follow-up letter dated August 20, 2024, OWCP advised appellant that it had conducted an interim review, and the evidence of record remained insufficient to establish her claim. It noted that she had 60 days from the July 23, 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 subsequently received additional evidence. In reports dated August 19 and September 5, 2024, Ms. Hallmark, noted improvement in appellant's symptoms; however, she indicated that she continued to experience numbness and tingling in her fingers. She diagnosed radiculopathy of the arm and right wrist tendinitis.

In CA-17 forms dated August 19 and September 5 and 16, 2024, Dr. Wessel diagnosed radiculopathy of the arm and right wrist tendinitis. He continued modified-duty work. In reports dated September 16, 2024, Dr. Wessel noted worsening symptoms over the past two weeks. He diagnosed radiculopathy of the arm and right wrist tendinitis and continued modified-duty work with restrictions.

By decision dated September 23, 2024, OWCP denied appellant's traumatic injury claim, finding that the medical evidence of record was insufficient to establish a medical condition causally related to the accepted July 12, 2024 employment incident.

LEGAL PRECEDENT

An employee seeking benefits under FECA[4] 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,[5] 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

[4] *Id*.

[5] *F.H.*, Docket No. 18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued April 26, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

employment injury.[6] 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.[7]

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it first must be determined whether fact of injury has been established. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time and place, and in the manner alleged. Second, the employee must submit sufficient evidence to establish that the employment incident caused an injury.[8]

The medical evidence required to establish causal relationship is rationalized medical opinion evidence.[9] The opinion of the physician must be based on a complete factual and medical background of the employee, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and specific employment incident identified by the employee.[10]

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted July 12, 2024 employment incident.

Appellant submitted CA-17 form reports from Dr. Wessel, dated July 24, August 1, 8, and 19, and September 5, and 16, 2024, who diagnosed radiculopathy of the arm and right wrist tendinitis. Dr. Wessel indicated that appellant could resume work with restrictions. He, however, did not offer an opinion as to whether appellant's diagnosed conditions were causally related to the accepted employment incident. 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.[11] Accordingly, this evidence is insufficient to establish appellant's claim.

In a report dated September 16, 2024, Dr. Wessel diagnosed radiculopathy of the arm and right wrist tendinitis. He noted worsening symptoms and continued modified-duty work. Dr. Wessel, however, did not provide an opinion on causal relationship. The Board has held that medical evidence that does not provide an opinion regarding causal relationship is of no probative

[6] *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).

[7] *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).

[8] *T.J.*, Docket No. 19-0461 (issued August 11, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

[9] *S.S.*, Docket No. 19-0688 (issued January 24, 2020); *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

[10] *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *Y.S.*, Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

[11] *G.M.*, Docket No. 24-0388 (issued May 28, 2024); *L.B.*, Docket No. 19-1907 (issued August 14, 2020); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

value and, thus, is insufficient to establish a claim.[12] Accordingly, these reports are insufficient to establish appellant's claim.

Appellant also submitted an August 1, 2024 report from Dr. Lew, who diagnosed radiculopathy of the arm and right wrist tendinitis. Dr. Lew noted that appellant's symptoms began on July 12, 2024, and attributed her condition to repetitive use of her hands for pat downs, pushing and pulling carts, and writing at work. While he supported causal relationship, he offered only a conclusory opinion. Dr. Lew did not explain, with rationale, how the accepted employment incident caused or aggravated appellant's diagnosed conditions. The Board has held that a medical opinion is of limited probative value on the issue of causal relationship if it is unsupported by medical rationale.[13] Consequently, this evidence is insufficient to establish the claim.

Appellant also submitted notes from a physician assistant and nurse practitioner. Certain healthcare providers such as physician assistants and nurse practitioners are not considered physician[s] as defined under FECA.[14] Consequently, these notes will not suffice for purposes of establishing appellant's claim.[15]

OWCP also received diagnostic test reports, including x-rays of the right shoulder and cervical spine. The Board has held that diagnostic tests, standing alone, lack probative value on the issue of causal relationship as they do not address the relationship between the accepted employment factors, and a diagnosed condition.[16] These reports are, therefore, insufficient to meet appellant's burden of proof.

As the medical evidence of record is insufficient to establish causal relationship between a medical condition and the accepted July 12, 2024 employment incident, 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.

[12] *L.B.*, Docket No. 22-0339 (issued June 21, 2023); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

[13] *B.M.*, Docket No. 19-1341 (issued August 12, 2020); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

[14] Section 8101(2) of FECA provides that physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by 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) (May 2023); *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) *see also V.R.*, Docket No. 19-0758 (issued March 16, 2021) (a physical therapist is not considered a physician under FECA); *C.K.*, Docket No. 19-1549 (issued June 30, 2020) (physician assistants are not considered physicians under FECA).

[15] *Id.*

[16] *See W.M.*, Docket No. 19-1853 (issued May 13, 2020); *L.F.*, Docket No. 19-1905 (issued April 10, 2020).

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted July 12, 2024 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the September 23, 2024 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: April 16, 2025
Washington, DC

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

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

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