United States Department of Labor Employees' Compensation Appeals Board

K.H., Appellant	
and) Docket No. 25-0439 Legged: April 23, 2025
U.S. POSTAL SERVICE, POST OFFICE, Nashville, TN, Employer) Issued: April 23, 2025)))
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 30, 2025 appellant filed a timely appeal from February 7 and March 25, 2025 merit decisions of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act¹ (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.²

<u>ISSUE</u>

The issue is whether appellant has met his burden of proof to establish the remaining claimed intermittent disability from work for the period August 24 through December 27, 2024 causally related to his accepted March 13, 2024 employment injury.

¹ 5 U.S.C. § 8101 et seq.

² The Board notes that, following the March 25, 2025 decision, OWCP received additional evidence. 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 April 18, 2024 appellant, then a 38-year-old lead mail processing clerk, filed a traumatic injury claim (Form CA-1) alleging that on March 13, 2024 he injured his left thumb when an object fell on his hand while in the performance of duty. He stopped work on the date of injury. OWCP accepted the claim for contusion of left hand and later expanded its acceptance of the claim to include radial styloid tenosynovitis and sprain of metacarpophalangeal joint (MCP) of left thumb.

On April 25, 2024 appellant accepted a full-time position as a modified lead mail processing clerk at the employing establishment's processing and distribution center in Knoxville, Tennessee. The regular work schedule was 8:50 p.m. to 4:50 a.m. Saturday through Wednesday. The duties of the position included printing/scanning placards, rewrapping damaged mail, shredding, preparing trays with labels for first and second pass, and manual letter casing. The physical requirements of the position included no pushing, pulling, or lifting greater than 10 pounds.

In a medical report dated September 5, 2024, Dr. Andrew P. Harris, a Board-certified orthopedic hand surgeon, indicated that appellant related complaints of pain, swelling, weakness, and stiffness on the left side, which he attributed to his March 13, 2024 employment injury. He documented physical examination findings and diagnosed a severe contusion of the left wrist, extensor carpal ulnaris (ECU) tendinitis, de Quervain's tenosynovitis, and a mild left thumb MCP sprain. Dr. Harris released appellant to return to work with no lifting greater than 10 pounds.

In notes dated September 5, 11, and 13, 2024, appellant received physical therapy to his left wrist.

In an October 1, 2024 report, Dr. Mohamad Alnahhas, a Board-certified pediatrician, related that he treated appellant for anxiety and depression.³

In an October 17, 2024 follow-up report, Dr. Harris diagnosed left ECU tendinitis, de Quervain's tenosynovitis, and left hand contusion. He released appellant to return to work with no lifting greater than 10 pounds.⁴

In an October 21, 2024 letter, Dr. Johnathan Martin, a Board-certified psychiatrist, diagnosed major depressive disorder, generalized anxiety disorder, and post-traumatic stress disorder due to work-related stressors since 2020.

³ Appellant previously filed a Form CA-1 for a December 12, 2021 emotional condition, which OWCP denied under OWCP File No. xxxxxx160. OWCP has not administratively combined OWCP File No. xxxxxxx160 with the present claim.

⁴ OWCP paid appellant four hours of wage-loss compensation due to attending a medical appointment for treatment of his accepted condition(s) on October 17, 2024.

On December 6, 2024 appellant began filing claims for compensation (Form CA-7) for intermittent disability from work for the period August 24, through December 27, 2024.⁵

In compensation claim development letters dated December 18, 2024, and January 14, 2025, OWCP advised appellant that it had authorized payment of disability compensation on October 17, and December 19 and 20, 2024 for four hours due to medical appointments. Regarding the remainder of the claimed periods, it informed him of the deficiencies of his disability claims, advised him of the type of medical evidence needed, and afforded him 30 days to respond.

OWCP thereafter received a December 19, 2024 follow-up report by Dr. Harris, who diagnosed de Quervain's tenosynovitis and left MCL sprain. He released appellant to return to work, with no lifting greater than 10 pounds.

In a December 20, 2024 work note, Dr. Sandy Setzer, a chiropractor, indicated that appellant was evaluated for a wrist, thumb, and tendon injury/malfunction.

By decision dated February 7, 2025, OWCP denied appellant's claim for compensation for the remaining claimed intermittent disability from work during the period October 7 through December 13, 2024, finding that the medical evidence of record was insufficient to establish causal relationship between the claimed disability and the accepted March 13, 2024 employment injury.

OWCP continued to receive evidence, including a February 10, 2025 report by Dr. Alnahhas, who opined that "from October 2024 to present, this patient has been unable to meet his specific job requirements due to orthopedic deficits associated with his left wrist/hand related to tendinopathy and peripheral paresthesia, including printing/scanning placards for up to six hours per day and rewrapping damaged mail, shredding, prepping trays with labels, fine manipulation, sitting, standing, walking, and manual letter casing for up to eight hours per day."

By decision dated March 25, 2025, OWCP denied appellant's claim for the remaining claimed intermittent disability from work during the period August 24 through December 27, 2024, finding that the medical evidence of record was insufficient to establish causal relationship between the claimed disability and the accepted March 13, 2024 employment injury.

<u>LEGAL PRECEDENT</u>

An employee seeking benefits under FECA⁶ 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.⁷

⁵ On December 13, 2024 OWCP paid appellant wage-loss compensation for partial disability on the supplemental rolls for the period August 10 through October 4, 2024.

⁶ Supra note 1.

⁷ See S.F., Docket No. 20-0347 (issued March 31, 2023); 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); see also Nathaniel Milton, 37 ECAB 712 (1986).

The term "disability" is defined as the incapacity, because of an employment injury, to earn the wages the employee was receiving at the time of the injury. Disability is, thus, not synonymous with physical impairment, which may or may not result in an incapacity to earn wages. 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. 10

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.¹¹

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish the remaining claimed intermittent disability from work for the period August 24 through December 27, 2024 causally related to his accepted March 13, 2024 employment injury.

In support of his claims for compensation, appellant submitted a February 10, 2025 report, wherein Dr. Alnahhas indicated that "from October 2024 to present, this patient has been unable to meet his specific job requirements due to orthopedic deficits associated with his left wrist/hand related to tendinopathy and peripheral paresthesia, including printing/scanning placards for up to six hours per day and rewrapping damaged mail, shredding, prepping trays with labels, fine manipulation, sitting, standing, walking, and manual letter casing for up to eight hours per day." Although he opined that he was unable to meet his modified-duty job requirements during a portion of the claimed period of disability, he did not provide an opinion regarding causal relationship between the claimed disability and the accepted employment injuries. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition or disability is of no probative value on the issue of causal relationship. Therefore, Dr. Alnahhas' February 10, 2025 report is insufficient to establish appellant's disability claims.

In their October 1 and 21, 2024 reports, Dr. Alnahhas and Dr. Martin, respectively, described treatment for psychiatric diagnoses. However, neither physician offered an opinion as to whether appellant was disabled from work during the claimed period, was causally related to

⁸ 20 C.F.R. § 10.5(f); S.T., Docket No. 18-0412 (issued October 22, 2018); Cheryl L. Decavitch, 50 ECAB 397 (1999).

⁹ G.T., Docket No. 18-1369 (issued March 13, 2019); Robert L. Kaaumoana, 54 ECAB 150 (2002).

¹⁰ See 20 C.F.R. § 10.5(f); N.M., Docket No. 18-0939 (issued December 6, 2018).

¹¹ See M.J., Docket No. 19-1287 (issued January 13, 2020); C.S., Docket No. 17-1686 (issued February 5, 2019); William A. Archer, 55 ECAB 674 (2004); Fereidoon Kharabi, 52 ECAB 291, 293 (2001).

¹² *T.H.*, Docket No. 23-0811 (issued February 13, 2024); *F.B.*, Docket No. 22-0679 (issued January 23, 2024); *Y.S.*, Docket No. 19-1572 (issued March 12, 2020); *see also L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

the accepted March 13, 2024 employment injury.¹³ Therefore, this evidence is insufficient to establish appellant's disability claims.

In his medical reports dated October 17 and December 19, 2024, Dr. Harris did not opine that appellant was totally disabled from work due to his March 13, 2024 employment injury. Similarly, in her December 20, 2024 note, Dr. Setzer did not opine that he was totally disabled from work due to his March 13, 2024 employment injury. However, none of these physicians offered an opinion regarding causal relationship. ¹⁴ This evidence is, therefore, insufficient to establish appellant's disability claim.

Appellant also submitted physical therapy notes. However, certain healthcare providers such as physical therapists are not considered physicians as defined under FECA, and their reports do not constitute competent medical evidence.¹⁵ As the medical evidence of record is insufficient to establish the remaining claimed intermittent disability from work for the period August 24 through December 27, 2024 causally related to his accepted March 13, 2024 employment injury, the Board finds that appellant has not met his 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 his burden of proof to establish the remaining claimed intermittent disability from work for the period August 24 through December 27, 2024 causally related to his accepted March 13, 2024 employment injury.

 $^{^{13}}$ *Id*.

¹⁴ *Id*.

¹⁵ Section 8102(2) of FECA provides that the term 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 also* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (May 2023); *A.M.*, Docket No. 20-1575 (issued May 24, 2021) (physical therapists are not physicians as defined by FECA); *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).

<u>ORDER</u>

IT IS HEREBY ORDERED THAT the February 7 and March 25, 2025 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: April 23, 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