United States Department of Labor
Employees' Compensation Appeals Board

C.G., Appellant	)	
and	)	**Docket No. 25-0656**
	)	**Issued: August 14, 2025**
U.S. POSTAL SERVICE, BLUE VALLEY BRANCH, Overland Park, KS, 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
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On June 4, 2025 appellant filed a timely appeal from December 26, 2024 and April 24, 2025 merit decisions of the Office of Workers' Compensation Programs (OWCP).[1] Pursuant to the Federal 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.

[1] Appellant submitted a timely oral argument request before the Board. 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). In support of appellant's oral argument request, she asserted that oral argument should be granted so she could explain her case. The Board, in exercising its discretion, denies his/her request for oral argument because 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. As such, the oral argument request is denied and this decision is based on the case record as submitted to the Board.

[2] 5 U.S.C. § 8101 *et seq*.

ISSUE

The issue is whether appellant has met her burden of proof to establish a medical condition causally related to the accepted August 5, 2024 employment incident.

FACTUAL HISTORY

On August 9, 2024 appellant, then a 42-year-old mail processing clerk, filed a traumatic injury claim (Form CA-1) alleging that on August 5, 2024 she became lightheaded and had difficulty breathing after working a heavy load for several hours while in the performance of duty. She stopped work on August 5, 2024.

In a September 13, 2024 report, Dr. David Alley, an internist, related that appellant had severe asthma which was extremely resistant to treatment and greatly limited her physical activity. He explained that her limitations due to her asthma included an inability to lift heavy objects, stand for long periods of time, or tolerate increased physical activity.

Dr. Alley, in an October 16, 2024 note, reiterated that appellant had severe asthma which was extremely resistant to treatment and greatly limited her physical activity. He provided work restrictions which included no lifting, pushing, or pulling more than five pounds; no standing more than 20 to 30 minutes at a time, breaks as needed; and inability to bend over due to her oxygen tank.

In a development letter dated October 24, 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 requested evidence. No reply was received.

In a follow-up development letter dated November 25, 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 October 24, 2024 letter to submit the 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.

On December 3, 2024 OWCP received appellant's response. Appellant explained that on August 5, 2024 she and another clerk were the only clerks working that morning. She related that she became tired after four hours of sorting mail packages into bins while carrying her portable oxygen tank.

By decision dated December 26, 2024, OWCP accepted that the August 5, 2024 employment incident occurred, as alleged. However, it denied appellant's claim, finding that she did not submit evidence containing a medical condition causally related to the accepted August 5, 2024 employment incident.

On January 7, 2025 appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review, which was subsequently converted to a review of the written record.

In an April 14, 2025 report, Dr. Alley reiterated that appellant had been seen for symptomatic management of her severe asthma. He related that she had required frequent treatment due to recurrent exacerbations and chronic symptoms. Dr. Alley also indicated that appellant's symptoms could be provoked by minimal exertion.

In an April 18, 2025 report, Dr. Andrew Schlachter, a physician Board-certified in internal medicine, pulmonology, and critical care, diagnosed severe persistent asthma, chronic cough, and respiratory failure with hypoxia. He explained that it was not implausible that appellant experienced the syncopal event in question even though he had not evaluated her in his office for that event. Dr. Schlachter listed dates of treatment starting in 2022 and diagnostic tests performed.

By decision dated April 24, 2025, OWCP's hearing representative affirmed the December 26, 2024 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA[3] 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,[4] 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.[5] 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.[6]

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, OWCP must first determine whether fact of injury has been established.[7] There are two components involved in establishing fact of injury. 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.[8] Second, the employee must submit evidence to establish that the employment incident caused an injury.[9]

[3] *Id.*

[4] *See N.S.*, Docket No. 23-0535 (issued July 26, 2025); *J.K.*, Docket No. 20-0527 (issued May 24, 2022); *J.C.*, Docket No. 20-0882 (issued June 23, 2021); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

[5] *N.S.*, *id.*; *J.K., id.*; *J.C., id.*; *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

[6] *N.S.*, *id.*; *R.R.*, Docket No. 19-0048 (issued April 25, 2019); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

[7] *N.S.*, *id.*; *D.B.*, Docket No. 18-1348 (issued January 4, 2019); *S.P.*, 59 ECAB 184 (2007).

[8] *N.S.*, *id.*; *D.S.*, Docket No. 17-1422 (issued November 9, 2017); *Bonnie A. Contreras*, 57 ECAB 364 (2006).

[9] *N.S.*, *id.*; *B.M.*, Docket No. 17-0796 (issued July 5, 2018); *David Apgar*, 57 ECAB 137 (2005); *John J. Carlone*, 41 ECAB 354 (1989).

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.[10] A physician's opinion on whether there is a causal relationship between the diagnosed condition and the employment injury must be based on a complete factual and medical background.[11] 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 employment injury.[12]

In a case in which 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.[13]

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted August 5, 2024 employment incident.

Dr. Alley, in reports dated September 13 and October 16, 2024, and April 14, 2025 noted chronic symptoms. He advised that appellant was greatly limited in her physical activity due to her asthma, and he provided work restrictions. Dr. Alley, however, did not offer an opinion as to whether appellant's diagnosed condition was causally related to or aggravated by the accepted employment incident. As previously noted, if a condition is preexisting, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related condition and the preexisting condition.[14] 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.[15] Accordingly, this evidence is insufficient to establish appellant's claim.

In an April 18, 2025 report, Dr. Schlachter diagnosed severe persistent asthma, chronic cough, and respiratory failure with hypoxia. He opined that it was not implausible that appellant experienced the syncopal event in question event, although he had not evaluated her for that event.

[10] *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

[11] *S.V.*, Docket No. 22-1010 (issued February 21, 2023); *F.A.*, Docket No. 20-1652 (issued May 21, 2021); *M.V.*, Docket No. 18-0884 (issued December 28, 2018); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

[12] *Id.*

[13] *See G.D.*, Docket No. 20-0966 (issued July 21, 2022); *R.C.*, Docket No. 19-0376 (issued July 15, 2019); Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013).

[14] *Id.*

[15] *J.C.*, Docket No. 25-0521 (issued June 6, 2025); *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).

Medical opinions that are speculative or equivocal are of diminished probative value.[16] Therefore, this evidence is insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted August 5, 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.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted August 5, 2024 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the December 26, 2024 and April 24, 2025 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: August 14, 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

[16] *See J.E.,* Docket No. 25-0150 (issued March 12, 2025); *A.B.,* Docket No. 16-1163 (issued September 8, 2017).