

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

M.P., Appellant

and

**U.S. POSTAL SERVICE, VERSAILLES POST
OFFICE, Versailles, KY, Employer**

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**Docket No. 25-0674
Issued: August 21, 2025**

Appearances:

Alan J. Shapiro, Esq., for the appellant¹

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 July 7, 2025 appellant, through counsel, filed a timely appeal from a June 24, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act² (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.³

¹ 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.

² 5 U.S.C. § 8101 *et seq.*

³ The Board notes that, following the issuance of the June 24, 2025 decision, OWCP received additional evidence. However, the Board's *Rules of Procedure* provides: "The Board's review of a case is limited to the evidence in the caserecord 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.*

ISSUE

The issue is whether appellant has met his burden of proof to expand the acceptance of his claim to include right knee and ankle conditions as causally related to, or consequential to, the accepted employment injury.

FACTUAL HISTORY

On April 26, 2024 appellant, then a 53-year-old city delivery specialist, filed an occupational disease claim (Form CA-2) alleging that he developed cervical disc disease due to factors of his federal employment, including carrying a mail satchel on his left side.⁴ He noted that he first became aware of his condition on April 4, 2022 and realized its relationship to his federal employment on May 17, 2023. OWCP accepted the claim for spondylosis without myelopathy or radiculopathy, cervical region; other cervical disc displacement, unspecified, cervical region; radiculopathy, cervical region; spondylosis without myelopathy or radiculopathy, lumbar region; other intervertebral disc displacement, lumbar region; and radiculopathy, lumbar region.

In a letter dated October 17, 2024, appellant, through counsel, requested expansion of the acceptance of his claim to include osteoarthritis of the right knee and right ankle. In support thereof, he submitted a September 30, 2024 medical report by Dr. Sami E. Moufawad, an attending Board-certified physiatrist. Dr. Moufawad related appellant's work duties, current bilateral ankle and knee complaints, and medical history. He reported his findings on physical examination and provided an assessment of osteoarthritis of the right knee and ankle. Dr. Moufawad recounted that appellant had sustained a spine injury and was performing a home exercise program, and that appellant felt the repetitive motions injured his right knee and ankle. He noted that this was separate from appellant's left knee injury. Dr. Moufawad opined that appellant's right knee and ankle were aggravated by the use of rehabilitation equipment for the lumbar spine injury under the present claim, OWCP File No. xxxxxx056. He explained that during the rehabilitation process appellant strained his right lower limb because he could not apply increased pressure on the left lower limb given his left ankle and left knee injury. Dr. Moufawad advised that this aggravated arthritis in the right knee and right ankle, which was seen on x-rays of each joint. He further advised that this led to aggravation of the arthritis in the right knee and ankle, secondary to the rehabilitation process of appellant's spine, which then led to the overloading of the right knee and ankle, resulting in irreversible aggravation of symptomatic arthritis in these two joints.

⁴ OWCP assigned the present claim OWCP File No. xxxxxx056. Appellant has prior claims with OWCP. Under OWCP File No. xxxxxx492, OWCP accepted appellant's August 6, 2015 traumatic injury (Form CA-1) claim for sprain of unspecified ligament of left ankle and strain of intrinsic muscle and tendon at ankle and foot level, left foot. Under OWCP File No. xxxxxx427, OWCP, by decision dated December 11, 2024, denied appellant's occupational disease claim alleging that as of March 27, 2022 he sustained a left knee condition causally related to factors of his federal employment. Under OWCP File No. xxxxxx033, OWCP filed a traumatic injury claim alleging that on July 7, 2009 he sustained a left ankle condition. OWCP has administratively combined OWCP File Nos. xxxxxx056, xxxxxx492, xxxxxx942, and xxxxxx033, with OWCP File No. xxxxxx492 serving as the master file.

OWCP subsequently received additional medical evidence, including a September 1, 2024 right ankle x-ray report read by Dr. Lakhwani Singh, a Board-certified diagnostic radiologist, which revealed no fracture or other acute osseous abnormality.

In a development letter dated November 12, 2024, OWCP informed appellant of the deficiencies of his claim for expansion. It advised him of the type of medical evidence necessary and afforded him 30 days to respond.

In a December 4, 2024 statement, appellant noted his previously-accepted claims, current right ankle and knee symptoms, and medical treatment. He contended that he sustained osteoarthritis of the right ankle and knee as a result of his employment-related lumbar condition.

Appellant submitted medical evidence in support of his claim for expansion. In a February 7, 2023 report, Dr. John R. Lyon, an orthopedic surgeon, noted that appellant's primary complaint was his left knee. He noted that appellant's secondary complaint was his right foot, which appellant maintained was not related to an injury, but rather related to arthritis that had been present for over one year.

In an April 6, 2023 progress note, Dr. Allen C. Haddix, a Board-certified family practitioner, provided an impression of cervical and lumbar radiculitis, and right leg paresthesia.

In a November 27, 2023 visit note, Dr. Jamie N. Settles Carter, a podiatrist, noted appellant's chief complaints of left foot pain and right foot paresthesia. She discussed her findings on physical and diagnostic examination findings. Dr. Settles Carter provided impressions of right foot and ankle joint instability. She explained that the affected foot and ankle were unstable and weak with laxity and loss of stability noted with both passive and active range of motion.

A July 9, 2024 x-ray of appellant's right knee read by Dr. Ilana Kogan, a Board-certified diagnostic radiologist, revealed no evidence of fracture; hypertrophy changes seen along the lateral aspect of the patella likely related to remote ligamentous injury; no evidence of subluxation, dislocation, joint effusion, or focal soft tissue abnormality; and mild-to-moderate osteoarthritic changes, most pronounced within the patellofemoral compartment.

In statements dated December 4, 2024, appellant related that he experienced pain in his right knee and right ankle. He recounted that after being diagnosed with cervical and lumbar radiculopathy, his physician advised him to keep exercising, and he was referred to physical therapy regimen. However, appellant never began the regimen. He related that he exercised at home and went from using a treadmill to a max trainer, which caused pain in his right knee and right ankle. Appellant contended that his pain intensified because he was overcompensating with his right leg due to his prior left upper and left lower extremities injuries. He noted that he was also using an inversion table for his lumbar pain, which involved hanging by his feet while upside down. Appellant claimed that this caused increased pain in his ankles. He further claimed that x-rays revealed osteoarthritis.

In a January 27, 2025 letter, appellant, through counsel, contended that Dr. Moufawad's September 30, 2024 report, along with appellant's December 4, 2024 statement, warranted

referral of the case to an OWCP district medical adviser for an opinion regarding expansion of the acceptance of the claim.

OWCP thereafter received additional medical evidence from Dr. Moufawad. In an April 1, 2025 progress note, Dr. Moufawad reiterated appellant's history that he sustained a right knee injury while using rehabilitation equipment. He indicated that appellant was using a low-impact max trainer where he walked without lifting his feet off the pedal, which led to an aggravation. Dr. Moufawad further indicated that while using this machine, his knee did not bend naturally because his foot was constantly planted on the pedal. He discussed his examination findings and diagnosed the accepted conditions of cervical spondylosis without myelopathy-primary; displacement of cervical intervertebral disc without myelopathy; and lumbar spondylosis and radiculopathy. Dr. Moufawad also diagnosed brachial neuritis and herniated nucleus pulposus at L4-5.

By decision dated May 13, 2025, OWCP denied expansion of the acceptance of the claim to include right knee and ankle conditions as causally related to, or consequential to, his accepted employment injury.

On May 15, 2025 appellant, through counsel, requested a review of the written record by a representative of OWCP's Branch of Hearings and Review.

OWCP subsequently received additional medical evidence from Dr. Moufawad. In a progress note dated May 27, 2025, Dr. Moufawad reiterated his prior diagnoses of the accepted conditions of cervical spondylosis without myelopathy, displacement of cervical intervertebral disc without myelopathy, and lumbar spondylosis. He also reiterated his prior diagnoses of brachial neuritis and herniated nucleus pulposus at L4-5. An after-visit summary of even date from Dr. Moufawad addressed appellant's slipped disc at L4-5 and in neck, lumbar nerve root disorder, degenerative arthritis of lumbar and cervical spines, and brachial plexus dysfunction.

By decision dated June 24, 2025, OWCP's hearing representative affirmed the May 13, 2025 decision.

LEGAL PRECEDENT

When an employee claims that a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.⁵ If an injury arises in the course of employment, every natural consequence that flows from that injury likewise arises out of the employment, unless it is the result of an independent intervening cause attributable to the claimant's own intentional misconduct.⁶ Thus, a subsequent injury, be it an aggravation of the original injury or

⁵ See *A.M.*, Docket No. 22-0707 (issued October 16, 2023); *V.P.*, Docket No. 21-1111 (issued May 23, 2022); *S.B.*, Docket No. 19-0634 (issued September 19, 2019); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

⁶ See *J.M.*, Docket No. 19-1926 (issued March 19, 2021); *I.S.*, Docket No. 19-1461 (issued April 30, 2020); see also *Charles W. Downey*, 54 ECAB 421 (2003).

a new and distinct injury, is compensable if it is the direct and natural result of a compensable primary injury.⁷

The claimant bears the burden of proof to establish a claim for a consequential injury.⁸ As part of this burden, he or she must present rationalized medical opinion evidence, based on a complete factual and medical background, establishing causal relationship.⁹ The opinion of the physician 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.¹⁰

In any case where 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.¹¹

ANALYSIS

The Board finds that appellant has not met his burden to proof to expand the acceptance of his claim to include right knee and ankle conditions as causally related to, or consequential to, the accepted employment injury.

In a September 30, 2024 report, Dr. Moufawad diagnosed osteoarthritis of the right knee and ankle. He opined that appellant's conditions were aggravated by the rehabilitation process used to treat his employment-related lumbar condition, which strained and overloaded the knee and ankle. However, Dr. Moufawad provided only a conclusory opinion.¹² He did not provide medical rationale explaining how he determined that physiologically appellant's right knee and ankle osteoarthritis were aggravated by his home exercise activities and were a consequence of the accepted employment injury. As previously noted, the Board has explained that medical

⁷ *J.M., id.*; *Susanne W. Underwood (Randall L. Underwood)*, 53 ECAB 139, 141 n.7 (2001).

⁸ *V.K.*, Docket No. 19-0422 (issued June 10, 2020); *A.H.*, Docket No. 18-1632 (issued June 1, 2020); *I.S.*, Docket No. 19-1461 (issued April 30, 2020).

⁹ *F.A.*, Docket No. 20-1652 (issued May 21, 2021); *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Victor J. Woodhams*, 41 ECAB 345 (1989).

¹⁰ *M.M.*, Docket No. 20-1557 (issued November 3, 2021); *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

¹¹ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (May 2023); *M.B.*, Docket No. 20-1275 (issued January 29, 2021); *see R.D.*, Docket No. 18-1551 (issued March 1, 2019).

¹² The Board also notes that Dr. Moufawad did not address the frequency and duration of appellant's home exercise regimen.

rationale is especially important in a case involving a preexisting condition.¹³ Thus this evidence is insufficient to establish expansion of the claim.

In an April 1, 2025 progress note, Dr. Moufawad found that appellant's right knee condition was aggravated by his use of a low-impact max trainer. However, he did not provide a firm diagnosis of the right knee condition.¹⁴ Moreover, Dr. Moufawad did not address the issue of whether appellant's right knee condition was a consequence of the accepted employment injury. Likewise, his remaining progress note and after-visit summary dated May 27, 2025 are also insufficient to establish causal relationship. Dr. Moufawad did not address the issue of whether appellant's right knee and ankle conditions were causally related to, or a consequence of, the accepted employment injury. The Board has held that medical evidence that does not provide an opinion regarding the cause of an employee's condition is of no probative value.¹⁵ Therefore, for these reasons, this evidence is insufficient to establish expansion of the acceptance of the claim.

Dr. Lyon's February 7, 2023 report, the April 6, 2023 progress note of Dr. Haddix and November 27, 2023 visit note of Dr. Settles Carter are also insufficient to establish causal relationship. While Dr. Lyon noted appellant's complaint of right foot pain due to arthritis, he failed to offer an opinion addressing whether the right foot condition was a consequence of the accepted employment injury. Likewise, neither Dr. Haddix nor Dr. Settles Carter offered an opinion addressing whether appellant's additional diagnosed conditions of right leg paresthesia, bilateral ankle joint instability, were causally related to, or consequential to, the accepted injury. As explained above, medical evidence that does not provide an opinion regarding the cause of an employee's condition is of no probative value.¹⁶ Therefore, this evidence is insufficient to establish expansion of the claim.

Appellant also submitted a July 9, 2024 and September 1, x-rays of the right knee and ankle. They are insufficient to establish causal relationships. The Board has held that diagnostic studies, standing alone, lack probative value on causal relationships as they do not address whether employment factors caused the diagnosed condition.¹⁷

As the medical evidence of record is insufficient to establish that the acceptance of the claim should be expanded to include the additional diagnosed right knee and ankle conditions as

¹³ *S.S.*, Docket No. 23-0391 (issued October 24, 2023); *see F.H.*, Docket No. 18-1238 (issued January 18, 2019); *J.R.*, Docket No. 18-0206 (issued October 15, 2018).

¹⁴ *See B.A.*, Docket No. 25-0137 (issued January 22, 2025); *L.D.*, Docket No. 21-0765 (issued February 10, 2022); *J.C.*, Docket No. 20-1509 (issued May 25, 2021).

¹⁵ *See D.C.*, Docket No. 25-0621 (issued July 15, 2025); *P.N.*, Docket No. 25-0277 (issued March 6, 2025); *A.M.*, Docket No. 24-0413 (issued July 31, 2024); *S.S.*, Docket No. 21-0837 (issued November 23, 2021); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹⁶ *Id.*

¹⁷ *A.M.*, Docket No. 25-0537 (issued July 3, 2025); *C.S.*, Docket No. 19-1279 (issued December 30, 2019); *C.T.*, Docket No. 18-0257 (issued May 21, 2019).

causally related to, or consequential to, the accepted 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 to proof to expand the acceptance of his claim to include additional right knee and ankle conditions as causally related to, or consequential to, his accepted employment injury.

ORDER

IT IS HEREBY ORDERED THAT the June 24, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 21, 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