

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

J.B., Appellant)
and) Docket No. 25-0680
U.S. POSTAL SERVICE, MARTINEZ POST) Issued: August 27, 2025
OFFICE, Martinez, CA, Employer)

)

Appearances:

Alan J. Shapiro, Esq., for the appellant¹
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On July 9, 2025 appellant, through counsel, filed a timely appeal from a June 9, 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 June 9, 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 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.*

ISSUE

The issue is whether OWCP properly denied authorization for carpal tunnel syndrome surgery.

FACTUAL HISTORY

On October 25, 2023 appellant, then a 62-year-old city carrier assistant 1, filed a traumatic injury claim (Form CA-1) alleging that on October 23, 2023 he sustained right ankle and foot sprains, and contusions of the elbows, when he tripped and fell to the ground, while in the performance of duty.⁴ OWCP accepted the claim for right ankle sprain, right foot sprain, and contusions of the elbows. It paid appellant wage-loss compensation on the supplemental rolls commencing December 9, 2023, and on the periodic rolls commencing November 3, 2024.

On March 13, 2024 OWCP referred appellant for a second opinion evaluation, together with the medical record, a statement of accepted facts (SOAF), and series of questions, to Dr. John H. Welborn, Jr., a Board-certified orthopedic surgeon, to determine the nature and extent of his accepted conditions and whether he developed any additional medical conditions causally related to the October 23, 2023 employment injury.

OWCP subsequently received a March 12, 2024 report from Dr. Joseph Centeno, a Board-certified orthopedic surgeon. He reported bilateral shoulder, elbow, and wrist pain, and diagnosed right shoulder subscapularis tear, left shoulder impingement syndrome, bilateral elbow medial and lateral epicondylitis, chronic pain syndrome, and bilateral carpal tunnel syndrome, which he noted was part of a previous injury under OWCP File No. xxxxxx100.

On April 2, 2024 Dr. Michael Silvers, an osteopath, reviewed January 31, 2024 electromyogram/nerve conduction velocity (EMG/NCV) testing and diagnosed bilateral carpal tunnel syndrome which was severe on the right and moderate on the left. Kimberly Marshman, a licensed addiction counselor, provided treatment commencing April 3, 2024.

In an April 9, 2024 report, Dr. Welborn reviewed the SOAF and listed the accepted conditions as right ankle and foot sprains, and bilateral elbow contusions. He listed appellant's previous injuries as low back pain, right shoulder pain, and right carpal tunnel syndrome. Following physical examination he found that appellant's right ankle sprain had resolved. Dr. Welborn determined that the additional conditions of bilateral shoulder impingement syndrome, bilateral medial epicondylitis and lateral epicondylitis of the right elbow should be accepted as causally related to the October 23, 2023 employment injury. He opined that shoulder and elbow surgeries were medically necessary and found that appellant was partially disabled.

⁴ Appellant subsequently filed a November 14, 2024 occupational disease claim (Form CA-2) alleging that he developed bilateral carpal tunnel syndrome causally related to factors of his federal employment. OWCP assigned this claim OWCP File No. xxxxxx100 and denied it by decision dated February 12, 2025. On April 24, 2025 it administratively combined OWCP File No. xxxxxx100, with the current file, OWCP File No. xxxxxx644, the latter of which is serving as the master file.

On April 18, 2024 OWCP expanded the acceptance of the claim to include the additional conditions of impingement syndrome of the shoulders, bilateral elbow medial epicondylitis, and lateral epicondylitis of the right elbow.

In a May 24, 2024 report, Dr. Richard Kaut, a Board-certified family practitioner, diagnosed bilateral carpal tunnel syndrome and noted that this condition was not causally related to the October 23, 2023 employment injury. He further noted that appellant was seeking treatment from a different physician for carpal tunnel syndrome and that he was experiencing paresthesias and weakness in his hands, bilaterally. Dr. Kaut reviewed the January 31, 2024 EMG/NCV study and found severe carpal tunnel syndrome on the right and moderate carpal tunnel syndrome on the left.

On June 13 and 24, 2024 appellant notified OWCP that he wished to expand the acceptance of his claim to include bilateral carpal tunnel syndrome and carpal tunnel release surgeries.

In a development letter dated June 25, 2024, OWCP informed appellant that the evidence of record was insufficient to establish expansion of his claim. It advised him of the type of medical evidence needed and afforded him 30 days to submit the necessary evidence.

On June 27, 2024 Dr. Sonia Sanga, a physician Board-certified in emergency medicine, diagnosed right rotator cuff tear, injury of tendon of the elbow, carpal tunnel syndrome, and bilateral elbow medial epicondylitis. She opined that appellant could work with restrictions.

In a July 15, 2024 note, Dr. Centeno, diagnosed right shoulder subscapularis tear, left shoulder impingement syndrome, bilateral elbow medial and lateral epicondylitis, and chronic pain syndrome as causally related to the October 23, 2023 employment injury. He also diagnosed bilateral carpal tunnel syndrome and reported that this condition was part of a previous injury under OWCP File No. xxxxxx100.

In a September 19, 2024 report, Dr. Jesse Dashe, a Board-certified orthopedic surgeon, reported appellant's symptoms of bilateral hand numbness and tingling with triggering of the right index finger, left index finger, and left thumb. He diagnosed bilateral carpal tunnel syndrome, bilateral index trigger fingers, and left thumb trigger digit. Dr. Dashe opined that these conditions appeared to be work related based on appellant's repetitive use and his work duties. He recommended a right carpal tunnel release surgery. On September 19 and October 29, 2024 Dr. Dashe requested authorization for surgical neuroplasty/transposition of the right median nerve at the carpal tunnel for treatment of right carpal tunnel syndrome.

In a development letter dated November 1, 2024, OWCP informed appellant that the evidence of record was insufficient to authorize carpal tunnel surgery. It advised him of the type of medical evidence needed and afforded him 30 days to submit the necessary evidence.

OWCP subsequently received an October 31, 2024 report from Dr. Dashe. Dr. Dashe related that he was reevaluating appellant with respect to his October 23, 2023 employment injury. He performed a physical examination and diagnosed bilateral carpal tunnel syndrome and performed trigger finger injections.

In a December 2, 2024 report, Dr. Silvers examined appellant due to residuals of his October 23, 2023 employment injury. He diagnosed bilateral carpal tunnel syndrome and trigger fingers.

On December 2, 2024 Karen Storlie, a family nurse practitioner, examined appellant.

Commencing December 17, 2024 Pooja Nanjappa and Calli Loving, physical therapists, provided treatment.

On December 2, 2025 Dr. John Safanda, a Board-certified orthopedic surgeon, examined appellant due to symptoms of painful numbness and tingling in the right hand and diagnosed bilateral carpal tunnel syndrome severe on the right and moderate on the left. He opined that it appeared that appellant had sustained an injury to the right wrist due to the accepted October 23, 2023 employment injury, and also that he had sustained a repetitive overuse injury to his right hand arising out of employment. Dr. Safanda recommended carpal tunnel release surgery. He examined appellant on January 2, 2025, repeating his finding and conclusions.

In a January 15, 2025 note, Dr. Silvers described the October 23, 2023 employment injury and indicated that he was deferring treatment of appellant's carpal tunnel and trigger fingers. In a note of even date, Amanda Pustilnik, a nurse practitioner, related that she had examined appellant.

In a development letter dated January 30, 2025, OWCP again informed appellant that the evidence of record was insufficient to authorize carpal tunnel surgery. It advised him of the type of medical evidence needed and afforded him an additional 30 days to submit the necessary evidence.

OWCP subsequently received a January 24, 2025 report from Dr. Laura Sonoda, an orthopedic hand surgeon, recounting appellant's symptoms of bilateral hand pain, numbness, and tingling. She diagnosed right carpal tunnel syndrome and right middle trigger finger and right thumb trigger digit. On February 3, 2025 Dr. Sonoda repeated her findings and diagnoses.

Commencing February 5, 2025 Tatesha Pruitt, a physician assistant, examined appellant.

By decision dated April 16, 2025, OWCP denied authorization for carpal tunnel surgery, finding that the evidence of record did not support that it was medically necessary "to address the effects" of the employment-related injury.

On May 6 and 20, 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 treatment notes from Ms. Pruitt, Maria Sarmiento, a family nurse practitioner, Fermin Bautista, a certified massage therapist, and Connie L. Hua, a physical therapist.

In a May 12, 2025 form report, Dr. Silvers described appellant's trip and fall backwards on October 23, 2024, landing on his elbows and twisting his right ankle. He related appellant's medical treatment and diagnosed bilateral shoulder strains, bilateral medial epicondylitis, bilateral carpal tunnel syndrome, bilateral trigger index finger, trigger finger, left thumb, and

middle fingers, right shoulder rotator cuff tear, and right foot sprain. Dr. Silvers found that appellant could perform modified-duty work.

By decision dated June 9, 2025, OWCP's hearing representative affirmed the April 16, 2025 decision of OWCP.

LEGAL PRECEDENT

Section 8103(a) of FECA⁵ provides that the United States shall furnish to an employee who is injured while in the performance of duty, the services, appliances, and supplies prescribed by or recommended by a qualified physician, which OWCP considers likely to cure, give relief, reduce the degree or the period of disability, or aid in lessening the amount of the monthly compensation.⁶ While OWCP is obligated to pay for treatment of employment-related conditions, the employee has the burden of proof to establish that the expenditure is incurred for treatment of the effects of an employment-related injury or condition.⁷ Causal relationship requires supporting rationalized medical evidence.⁸ Therefore, in order to prove that, a procedure is warranted, a claimant must establish that the procedure was for a condition causally related to the employment injury and that the procedure was medically warranted. Both of these criteria must be met in order for OWCP to authorize payment.⁹

Section 10.310(a) of OWCP's implementing regulations provide that an employee is entitled to receive all medical services, appliances, or supplies which a qualified physician prescribes or recommends and which OWCP considers necessary to treat the work-related injury.¹⁰

In interpreting section 8103 of FECA, the Board has recognized that OWCP has broad discretion in approving services provided, with the only limitation on OWCP's authority being that of reasonableness.¹¹ OWCP has the general objective of ensuring that an employee recovers from his or her injury to the fullest extent possible, in the shortest amount of time. It therefore has broad administrative discretion in choosing means to achieve this goal.¹²

⁵ 5 U.S.C. § 8103(a).

⁶ *Id.*; see *V.A.*, Docket No. 21-1023 (issued March 6, 2023); *D.S.*, Docket No. 18-0853 (issued May 18, 2020); *L.D.*, 59 ECAB 648 (2008); *Thomas W. Stevens*, 50 ECAB 288 (1999).

⁷ *V.A.*, *id.*; *M.P.*, Docket No. 19-1557 (issued February 24, 2020); *M.B.*, 58 ECAB 588 (2007); *Zane H. Cassell*, 32 ECAB 1537, 1540-41 (1981).

⁸ See *A.E.*, Docket No. 23-0470 (issued September 5, 2023); *R.C.*, Docket No. 21-1018 (issued September 1, 2023); *L.R.*, Docket No. 21-0018 (issued February 17, 2023); *A.N.*, Docket No. 20-0320 (issued March 31, 2021); *M.M.*, Docket No. 19-0491 (issued August 14, 2019); *K.W.*, Docket No. 18-1523 (issued May 22, 2019).

⁹ *Id.*

¹⁰ 20 C.F.R. § 10.310(a); see *V.A.*, *id.*; *D.W.*, Docket No. 19-0402 (issued November 13, 2019).

¹¹ *V.A.*, *id.*; *B.I.*, Docket No. 18-0988 (issued March 13, 2020); see also *Daniel J. Perea*, 42 ECAB 214, 221 (1990) (Thomas, Alternate Member, dissenting)

¹² *E.F.*, Docket No. 20-1680 (issued November 10, 2021); *D.S.*, *supra* note 6.

Abuse of discretion is shown through proof of manifest error, clearly unreasonable exercise of judgment, or actions taken which are contrary to both logic and probable deductions from established facts. It is not enough to merely show that the evidence could be construed so as to produce a contrary factual conclusion.¹³

ANALYSIS

The Board finds that OWCP properly denied authorization for carpal tunnel syndrome surgery.

For a surgical procedure to be authorized, a claimant must submit evidence to show that the surgery is for a condition causally related to an employment injury and that it is medically warranted. Both of these criteria must be met in order for OWCP to authorize payment.¹⁴ The accepted conditions in this case are right ankle sprain, right foot sprain, contusions of the bilateral elbows, impingement syndrome of the bilateral shoulders, bilateral elbow medial epicondylitis, and lateral epicondylitis of the right elbow. Appellant seeks authorization for carpal tunnel surgery.¹⁵ He must submit, as discussed above, rationalized medical evidence establishing that the requested surgery is causally related to the employment injury.

In reports dated September 19 and October 31, 2024, Dr. Dashe diagnosed bilateral carpal tunnel syndrome and opined that this condition appeared to be work related based on appellant's repetitive work duties. Dr. Safanda completed a December 2, 2025 report and diagnosed bilateral carpal tunnel syndrome. He opined that appellant had sustained an injury to the right wrist on October 23, 2023, and that he also experienced a repetitive overuse injury. Both physicians recommended carpal tunnel surgery. As Drs. Dashe and Safanda failed to provide medical rationale explaining how the requested surgery was necessary to treat appellant's accepted upper extremity conditions or how the additional condition of bilateral carpal tunnel syndrome was causally related to the accepted October 23, 2023 employment injury, these reports are of diminished probative value.¹⁶ These reports therefore lack probative value regarding the issue of whether the requested procedure was medically necessary due to the accepted employment injury.¹⁷

In reports dated June 27, 2024 through May 12, 2025, Drs. Sanga, Silvers, and Sonoda diagnosed carpal tunnel syndrome, but did not offer an opinion on the cause of this condition. Drs. Welborn, Centeno, Kaut, completed reports dated March 12 through July 15, 2024 which negated causal relationship between the accepted October 23, 2023 employment injury and the diagnosed carpal tunnel syndrome. These reports did not address the relevant medical issues as they did not address whether the requested carpal tunnel surgery was medically necessary and

¹³ *Id.*; *P.L.*, Docket No. 18-0260 (issued April 14, 2020); *L.W.*, 59 ECAB 471 (2008); *Daniel J. Perea, supra* note 11.

¹⁴ *I.T.*, Docket No. 20-0001 (issued July 1, 2021); *M.G.*, Docket No. 19-1791 (issued August 13, 2020); *R.C.*, 58 ECAB 238 (2006).

¹⁵ *D.J.*, Docket No. 19-1159 (issued June 27, 2022).

¹⁶ *M.P.*, Docket No. 19-1557 (issued February 24, 2020); *M.M.*, Docket No. 19-0563 (issued August 1, 2019); *N.G.*, Docket No. 18-1340 (issued March 6, 2019).

¹⁷ See *M.M.*, *id.*; *G.V.*, Docket No. 18-0482 (issued May 21, 2019); *N.G.*, *id.*

causally related to the accepted employment injury.¹⁸ Therefore, these reports were of no probative value and, therefore, insufficient to establish that the requested surgical procedure should be authorized.

OWCP also received the results of diagnostic studies. However, the Board has explained that diagnostic studies, standing alone, lack probative value on the issue of causal relationship as they do not address whether the employment injury caused any of the diagnosed conditions and any resulting need for carpal tunnel surgery.¹⁹

Appellant also submitted reports from nurse practitioners, physical therapists, a licensed addiction counselor, a certified massage therapist, and a physician assistant. The Board has held that the reports of these practitioners do not constitute probative medical evidence as they are not physicians under FECA.²⁰ Consequently, these reports are of no probative value regarding appellant's request for authorization of carpal tunnel surgery.²¹

Thus, the Board finds that OWCP has not abused its discretion by denying appellant authorization for carpal tunnel surgery.

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 OWCP properly denied authorization for carpal tunnel syndrome surgery.

¹⁸ See *T.M.*, Docket No. 25-0467 (issued May 21, 2025); *A.B.*, Docket No. 23-0937 (issued January 24, 2024); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018); *Victor J. Woodhams*, 41 ECAB 345 (1989).

¹⁹ *K.B.*, Docket No. 22-0842 (issued April 25, 2023); *K.W.*, Docket No. 20-0233 (issued October 9, 2020); *N.B.*, Docket No. 19-0221 (issued July 15, 2019); *T.K.*, Docket No. 18-1239 (issued May 29, 2019).

²⁰ Section 8101(2) of FECA provides that a 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 (May 2023); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as nurses, physician assistants, and physical therapists are not competent to render a medical opinion under FECA); see also *H.S.*, Docket No. 20-0939 (issued February 12, 2021) (physician assistants are not considered physicians as defined under FECA); see also *L.G.*, Docket No. 19-1616 (issued March 10, 2020) (massage therapists are not considered physicians under FECA). *R.L.*, Docket No. 19-0440 (issued July 8, 2019) (physical therapists are not considered physicians under FECA); *S.P.*, Docket No. 23-0622 (issued September 13, 2013) (nurse practitioners are not considered physicians under FECA).

²¹ See *J.L.*, Docket No. 18-0503 (issued October 16, 2018).

ORDER

IT IS HEREBY ORDERED THAT the June 9, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 27, 2025
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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