United States Department of Labor
Employees' Compensation Appeals Board

M.F., Appellant	)	
and	)	**Docket No. 25-0750**
	)	**Issued: December 23, 2025**
U.S. POSTAL SERVICE, NORWOOD PARK POST OFFICE, Chicago, IL, Employer	)	

Appearances:
Alan J. Shapiro, Esq., for the appellant[1]
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
JANICE B. ASKIN, Judge

JURISDICTION

On July 31, 2025 appellant, through her representative, filed a timely appeal from a June 25, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). 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.[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 25, 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 appellant has met her burden of proof to expand the acceptance of her claim to include a right ankle fracture as causally related to, or consequential to, her accepted January 29, 2022 employment injury.

FACTUAL HISTORY

On January 30, 2022 appellant, then a 29-year-old city carrier, filed a traumatic injury claim (Form CA-1) alleging that on January 29, 2022 she injured her right knee when she slipped on ice while delivering mail in the performance of duty.[4] She stopped work on February 19, 2022. OWCP accepted the claim for sprain of the medial collateral ligament of the right knee, and contusion of the right knee. It paid appellant wage-loss compensation on the supplemental rolls commencing May 5, 2022 and on the periodic rolls commencing July 14, 2024. On July 17, 2023 OWCP expanded the acceptance of the claim to include tear of the right medial meniscus, and sprain of the anterior cruciate ligament (ACL) of the right knee.

On May 12, 2023 appellant underwent a right knee magnetic resonance imaging (MRI) scan, which demonstrated tears of the medial meniscus and attenuated ACL compatible with chronic complete/near complete tear.

On August 10, 2023 Dr. Ronald Stumbris, a physician specializing in nuclear medicine, requested authorization for right knee surgery. In a separate report of even date, he recounted appellant's symptoms of right knee swelling, increased pain and difficulty when entering and exiting the shower, ascending and descending stairs, and standing from a sitting position. Dr. Stumbris diagnosed sprains of the right medial collateral ligament and the ACL, tear of the medial meniscus, and contusion of the right knee.

Appellant underwent a right knee medial meniscal repair on October 20, 2023. Thomas Gorney, a physical therapist, provided treatment commencing November 10, 2023.

On March 6, 2024 Dr. Ankur M. Chhadia, a Board-certified orthopedic surgeon, examined appellant due to right knee pain over the medial side and extensor mechanism with instability and swelling. He diagnosed acute right ACL sprain and chondromalacia patella.

In an April 3, 2024 report, Dr. Chhadia noted that appellant fell when her left knee gave out while showering on March 30, 2024 and that she fractured her ankle and injured her right knee.

On April 5, 2024 appellant reported continued pain and instability in her right knee following surgery as her accepted ACL injury was not addressed during the right knee medial meniscal repair on October 20, 2023.

[4] OWCP assigned the present claim OWCP File No. xxxxxx381. Appellant has a previous January 21, 2014 traumatic injury claim, which OWCP accepted for a right knee contusion under OWCP File No. xxxxxx795. On December 15, 2022 appellant filed a traumatic injury claim for right neck, shoulder, and back conditions which OWCP denied under OWCP File No. xxxxxx504. OWCP has administratively combined OWCP File Nos. xxxxxx795, xxxxxx504, and xxxxxx381, with the latter serving as the master file.

On April 11, 2024 Dr. Kyle S. Peterson, a podiatrist, examined appellant due to right foot pain. He related that her right knee had "popped" and she slipped and fell causing her to injure her right foot and left knee. Dr. Peterson performed additional right ankle x-rays of even date, including stress examination under fluoroscopy with dorsiflexion and external stress imaging. He reported that the medial ankle joint clear space increased to five millimeters of gapping as well as two to three millimeters gapping at the syndesmosis. Dr. Peterson determined that given the findings of her stress right ankle radiographs of gapping at the medial ankle joint clear space and the syndesmosis, the clinical diagnosis was an unstable bimalleolar equivalent distal fibular fracture with a partial tear of the syndesmosis and the deltoid ligament. He recommended a closed intramedullary distal fibular rodding and a syndesmotic repair. Dr. Peterson examined appellant on April 14, 2024 and diagnosed right distal fibula fracture, and sprains of the right tibiofibular and deltoid ligaments.

On May 1, 2024 Dr. Chhadia recounted that appellant fell in the shower, fracturing her distal fibula. He opined that this injury occurred as a direct result of her existing work-related right knee pain and injury. Dr. Chhadia determined that appellant had acute onset left knee pain when she fell and injured her right ankle as a direct result of her existing work-related right knee condition and pain. He therefore opined that her left knee pain was a consequential injury of her accepted right knee conditions.

In a June 12, 2024 development letter, OWCP advised appellant that it had received notification of a possible consequential injury. It advised her of the type of medical evidence needed, including a detailed narrative report from her attending physician setting forth the objective findings and medical rationale addressing whether the additional diagnosed conditions had been caused or aggravated by the accepted employment injury.

In a June 28, 2024 report, Dr. Peterson related that on March 29, 2024 appellant sustained a fall due to weakness and popping in the right knee and directly injured her right ankle. Findings on physical examination included moderate-to-severe soft tissue edema over the lateral aspect of the ankle, positive ecchymosis, direct pain to palpation of the distal fibula, syndesmosis, and deltoid ligament. Dr. Peterson opined that right ankle x-rays and stress x-rays confirmed the diagnosis of a displaced distal fibular fracture with syndesmosis and deltoid ligament rupture. Appellant underwent right ankle surgery on April 17, 2024. Dr. Peterson opined, within a reasonable degree of medical certainty, that appellant experienced her right ankle fracture directly due to weakness in her right knee from her ACL injury as she had a popping and sudden give way of the right knee which caused her to fall and twist her right ankle which ultimately caused the distal fibular fracture.

On July 2, 2024 OWCP referred appellant, along with the medical record, a SOAF, and a series of questions to Dr. Steven Milos, a Board-certified orthopedic surgeon, for a second opinion evaluation to address the causal relationship between appellant's fall in the shower and her accepted employment injury.

On August 20, 2024 appellant, through counsel, requested that her claim be expanded to include right ankle fracture as a consequence of her accepted right knee injuries.

In an August 9, 2024 report, Dr. Milos noted his review of the SOAF and the medical record. He diagnosed right knee ACL tear and right knee medial meniscus tear, noting that appellant had experienced instability in the right knee and pain in the medial aspect of the knee with frequent collapses of the right knee. Dr. Milos related that she slipped in the shower, her right knee buckled, and she fractured her right foot/ankle, requiring surgery. He found that this was directly related to the work injury due to appellant's full-thickness ACL tear causing instability in her right knee. Dr. Milos advised that she was partially disabled and provided work restrictions. He recommended an ACL reconstruction to provide stability and additional meniscal surgery.

On September 24, 2024 OWCP referred the case record to Dr. Michael Minev, a Board-certified internist, serving as a district medical adviser (DMA) for review and an opinion regarding appellant's alleged consequential injury.

In an October 15, 2024 report, the DMA noted that records and associated reports from Dr. Chhadia and Peterson had been reviewed but independent x-rays and MRI scans of the right ankle were not available for review. He requested that OWCP provide radiologist reports of the right ankle to determine the nature of the injury.

In an October 24, 2024 development letter, OWCP requested that appellant submit additional medical evidence, including diagnostic studies. It afforded her 30 days to respond.

By decision dated January 16, 2025, OWCP denied expansion of the acceptance of the claim to include right ankle fracture as a consequence of the accepted January 29, 2022 employment injury.

On January 23, 2025 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. A hearing was held on April 11, 2025.

OWCP subsequently received Dr. Peterson's operative report dated April 17, 2024 and notes dated April 23 through July 26, 2024, in which he noted his evaluation of appellant's right ankle following surgery.

On July 2, 2024 Dr. Chhadia opined that appellant sustained a consequential distal fibula fracture in relation to the January 29, 2022 injury. He noted that she had accepted right knee medial meniscus with surgical repair, an ACL tear and a medial collateral ligament sprain. Dr. Chhadia found that appellant had persistent significant muscle weakness and instability which caused a buckling episode of her knee resulting in a twisting and falling mechanism injuring her left ankle distal fibula fracture requiring surgery.

An August 6, 2024 MRI scan of appellant's right knee demonstrated a complex tear of the posterior horn of the medial meniscus, and a high-grade full-thickness tear of the ACL.

In February 18 and March 19, 2025 reports, Dr. Chhadia recounted appellant's history of injury on January 29, 2022 and the surgical repair of her right medial meniscus. He diagnosed right ACL tear.

By decision dated June 25, 2025, OWCP's hearing representative affirmed the January 15, 2025 OWCP 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] When 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 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]

To establish causal relationship between the condition, as well as any attendant disability claimed and the accepted employment injury, the employee must submit rationalized medical opinion evidence based on a complete factual and medical background, supporting such a causal relationship.[11] The opinion of the physician must be based on a complete factual and medical background of the claimant, 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 the accepted employment injury.[12] The weight of medical evidence is determined by its reliability, its probative value, its convincing quality, the care of analysis manifested, and the medical rationale expressed in support of the physician's opinion.[13]

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[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 A.O.,* Docket No. 25-0544 (issued July 14, 2025); *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).

[7] *A.O., 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] *K.B.*, Docket No. 22-0842 (issued April 25, 2023); *T.K.*, Docket No. 18-1239 (issued May 29, 2019).

[12] *D.C.,* Docket No. 25-0621 (issued July 15, 2025); *R.P.*, Docket No. 18-1591 (issued May 8, 2019).

[13] *Id.*

ANALYSIS

The Board finds that appellant has met her burden of proof to expand the acceptance of her claim to include a right ankle fracture as causally related to, or consequential to, her accepted January 29, 2022 employment injury.

On July 2, 2024 OWCP referred appellant, along with the medical record, a SOAF, and a series of questions to Dr. Milos for a second opinion evaluation to address the causal relationship between appellant's fall in the shower and her accepted employment injury. In his August 9, 2024 report, Dr. Milos noted his review of the SOAF and the medical record. He diagnosed right knee ACL tear and right knee medial meniscus tear, noting that appellant had experienced instability in the right knee and pain in the medial aspect of the knee with frequent collapses of the right knee. Dr. Milos related that she slipped in the shower, her right knee buckled, and she fractured her right foot/ankle, requiring surgery. He opined that this was directly related to the work injury due to appellant's full-thickness ACL tear causing instability in her right knee. Dr. Milos advised that she was partially disabled and provided work restrictions. He recommended an ACL reconstruction to provide stability and additional meniscal surgery.

Dr. Milos provided examination findings and an opinion based on the medical evidence regarding causal relationship of appellant's diagnosed right ankle fracture. Accordingly, the Board finds that Dr. Milos' second opinion represents the weight of the medical evidence for the acceptance of right ankle fracture.[14]

As the medical evidence of record is sufficient to establish causal relationship between appellant's right ankle fracture and the accepted employment exposure, the Board finds that appellant has met his burden of proof in this regard. The case shall, therefore, be remanded for payment of related medical expenses and any attendant disability.

CONCLUSION

The Board finds that appellant has met her burden of proof to expand the acceptance of her claim to include a right ankle fracture as causally related to, or consequential to, her accepted January 29, 2022 employment injury.

[14] *See A.C.*, Docket No. 25-0783 (issued September 15, 2025); *B.W., id.*; *G.S.,* Docket No. 22-0036 (issued June 29, 2022); *M.V.,* Docket No. 18-0884 (issued December 28, 2018); *I.J.,* 59 ECAB 408 (2008).

ORDER

IT IS HEREBY ORDERED THAT the June 25, 2025 decision of the Office of Workers' Compensation Programs is reversed. The case is remanded for further proceedings consistent with this decision of the Board.

Issued: December 23, 2025
Washington, DC

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

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board