

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

L.A., Appellant)
and) Docket No. 25-0804
DEPARTMENT OF JUSTICE, BUREAU OF) Issued: December 1, 2025
ALCOHOL, TOBACCO, FIREARMS AND)
EXPLOSIVES, Miami, FL, 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
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge

JURISDICTION

On August 25, 2025 appellant filed a timely appeal from an August 20, 2025 merit decision 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

¹ 5 U.S.C. § 8101 *et seq.*

² The Board notes that, following the August 20, 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.*

ISSUE

The issue is whether appellant has met his burden of proof to expand the acceptance of his claim to include unilateral osteoarthritis of left knee, left knee meniscal tear, and effusion as causally related to, or consequential to, the accepted May 20, 2025 employment injury.

FACTUAL HISTORY

On May 27, 2025 appellant, then a 47-year-old criminal investigator, filed a traumatic injury claim (Form CA-1) alleging that on May 20, 2025 he sprained his left knee when he missed a step outside his hotel which caused his left knee to buckle while in the performance of duty. On the reverse side of the claim form, the employing establishment confirmed that appellant was injured in the performance of duty.

An after-visit summary dated May 22, 2025 related that appellant was treated at an emergency department by Dr. Monica M. Yamada-Oklin, an osteopathic physician Board-certified in emergency medicine. Appellant's diagnosis was listed as left knee sprain. In a May 22, 2025 state workers' compensation form, Dr. Yamada-Oklin opined that appellant had suffered a work-related left knee sprain, unspecified ligament. She also noted appellant's functional restrictions. A May 22, 2025 x-ray of appellant's left knee revealed mild soft tissue swelling with no significant joint effusion or evidence of acute fracture or dislocation. A May 22, 2025 emergency department record signed by Dario Herman Zapata, a physician assistant, noted appellant's history of injury on May 20, 2025 and related a clinical impression of left knee sprain, with mild joint effusion.

In a May 29, 2025 report, Dr. Matthew R. Widner, a Board-certified orthopedic surgeon, noted appellant's history of injury, medical course of treatment and symptoms of continued pain and swelling. He provided physical examination findings, noted results of x-rays and provided impressions of the left knee moderate effusion and unilateral primary left knee osteoarthritis, moderate medial and patellofemoral compartments. Dr. Widner related appellant's restrictions and ordered a left knee magnetic resonance imaging (MRI) scan.

A June 3, 2025 MRI scan of appellant's left knee demonstrated small joint effusion, horizontal tear involving the posterior horn of the medial meniscus, edema in the medial soft tissues, evidence of patellofemoral compartment chondromalacia involvement, chondral thinning and marginal osteophyte formation in the medial and lateral compartments, and edema in the medial proximal tibia.

In a June 23, 2025 report, Dr. Widner reviewed appellant's MRI scan findings, noted his physical examination findings and diagnosed a left knee medial meniscus tear in addition to previously diagnosed left knee unilateral primary osteoarthritis, moderate medial and patellofemoral compartments, and left knee effusion. He provided activity restrictions and referred appellant for physical therapy.

On July 18, 2025 OWCP accepted the claim for a left knee sprain. It also informed appellant of the deficiencies in the evidence needed to support expansion of the acceptance of the claim to include preexisting unilateral osteoarthritis of the left knee (medial and patellofemoral

compartments) and left medial meniscus tear conditions. OWCP advised him of the type of medical evidence necessary and afforded him 30 days to respond.

In response, OWCP received an August 1, 2025 report, in which Dr. Widner presented physical examination findings and diagnosed a left knee medial meniscus tear, left knee unilateral primary osteoarthritis, moderate medial and patellofemoral compartments, and left knee effusion. He also provided activity restrictions.

By decision dated August 20, 2025, OWCP denied expansion of the acceptance of appellant's claim to include unilateral osteoarthritis of the left knee, left knee meniscal tear, and effusion as causally related to, or consequential to, the accepted May 20, 2025 employment injury.

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.³ 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.⁴ 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.⁵

The claimant bears the burden of proof to establish a claim for a consequential injury.⁶ 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.⁷ 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.⁸

ANALYSIS

The Board finds that appellant has not met his burden of proof to expand the acceptance of his claim to include additional conditions of unilateral osteoarthritis of left knee and left knee

³ See *A.G.*, Docket No. 25-0741 (issued August 28, 2025); *M.M.*, Docket No. 19-0951 (issued October 24, 2019); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

⁴ *A.G.*, *id.*; 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).

⁵ *J.M.*, *id.*; *Susanne W. Underwood (Randall L. Underwood)*, 53 ECAB 139, 141 n.7 (2001).

⁶ See *M.P.*, Docket No. 25-0674 (issued August 21, 2025); *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).

⁷ *M.P.*, *id.*; *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).

⁸ See *A.G.*, *supra* note 3; *M.P.*, *id.*; *M.M.*, Docket No. 20-1557 (issued November 3, 2021); *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

meniscal tear as causally related to, or consequential to, the accepted May 20, 2025 employment injury.

The initial May 22, 2025 reports from Dr. Yamada-Oklin only provided a diagnosis of left knee sprain. In a May 29, 2025 report, Dr. Widner diagnosed unilateral primary left knee osteoarthritis. In reports dated June 23 and August 1, 2025, he additionally diagnosed a left knee medial meniscus tear. However, neither Drs. Yamada-Oklin, nor Widner addressed the issue of whether appellant's osteoarthritis or medial meniscus tear 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.⁹ Therefore, this evidence is insufficient to establish expansion of the claim.

OWCP also received an MRI scan of appellant's left knee. 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.¹⁰

The record also contains evidence from a physician assistant. However, a physician assistant is not considered a physician as defined under FECA.¹¹ Consequently, his medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits. Therefore, this evidence is insufficient to establish appellant's expansion claim.

As the medical evidence of record is insufficient to establish that the acceptance of the claim should be expanded to include the additional diagnosed conditions of unilateral osteoarthritis of left knee and left knee meniscal tear as 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 of proof to expand the acceptance of his claim to include additional conditions of unilateral osteoarthritis of left knee, left knee meniscal

⁹ 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).

¹⁰ See M.P., *supra* note 6; 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).

¹¹ Section 8101(2) provides that 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(1) (May 2023); 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); see also R.L., Docket No. 19-0440 (issued July 8, 2019) (physical therapists are not considered physicians under FECA).

tear, and effusion as causally related to, or consequential to, the accepted May 20, 2025 employment injury.

ORDER

IT IS HEREBY ORDERED THAT the August 20, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: December 1, 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