

ISSUE

The issue is whether appellant has met her burden of proof to expand the acceptance of her claim to include a right hip labral tear as causally related to, or consequential to, the accepted February 21, 2019 employment injury.

FACTUAL HISTORY

On February 21, 2019 appellant, then a 38-year-old city carrier, filed a traumatic injury claim (Form CA-1) alleging that on that date she sustained injuries as a result of a motor vehicle accident (MVA) while in the performance of duty. She stopped work on the date of injury and returned to work on February 27, 2019. On April 22, 2019 OWCP accepted the claim for strains of the neck, low back, and back wall of thorax. It later expanded its acceptance of the claim to include temporary aggravations of cervical and lumbar radiculopathy, cervical disc degeneration at C7-T1, and intervertebral disc degeneration at L5-S1.⁴

On February 13, 2025 appellant began a course of physical therapy for her cervical, thoracic, and lumbar areas of the spine with Jacob Francis, a physical therapist. Mr. Francis noted that she also related that “when walking she feels a popping in her pelvis.”

In a March 7, 2025 medical report, Dr. Benjamin P. Crane, a Board-certified orthopedic surgeon, noted that appellant related complaints of neck, left arm, back, and right leg pain. He indicated that she had been under permanent work restrictions due to a prior February 23, 2015 employment injury to her low back, and that the February 21, 2019 MVA caused a worsening of her neck, left arm, back, and right leg pain. Dr. Crane also noted that appellant related that her pain was further exacerbated by two nonwork-related MVAs in 2022 and a subsequent gastric bypass surgery. He performed a physical examination and observed tenderness to palpation of the cervical and lumbar paraspinal musculature; normal strength, range of motion (ROM), and sensation in the upper and lower extremities; and full and relatively pain free range of motion of both hips. Dr. Crane diagnosed left cervical radiculopathy and low back pain and recommended work restrictions. In a duty status report (Form CA-17) of even date, he diagnosed cervical disc disorder, cervical radiculopathy, and lumbar strain and recommended work restrictions.

In a visit note dated March 13, 2025, Mr. Francis indicated that appellant related ongoing right hip issues. He performed a physical examination and observed findings suggestive of impingement or a labral tear. Mr. Francis reviewed his findings with Donna Baudenstiel, a nurse practitioner, who ordered a magnetic resonance imaging (MRI) scan of the right hip.

An MRI scan of the right hip dated March 21, 2025 revealed conditions including, bilateral trochanteric bursitis and a superior labrum anterior to posterior (SLAP) tear.

⁴ OWCP assigned the present claim OWCP File No. xxxxxx552. Appellant previously filed a Form CA-1 for a March 20, 2014 injury, which OWCP accepted for left wrist sprain and tenosynovitis of the left wrist and hand under OWCP File No. xxxxxx166. She also previously filed a Form CA-1 for a February 23, 2015 injury, which OWCP accepted for lumbar strain and L5-S1 herniated disc under OWCP File No. xxxxxx114. On November 14, 2022 OWCP administratively combined OWCP File Nos. xxxxxx166, xxxxxx114, and xxxxxx552, with the latter serving as the master file.

On March 25, 2025 Mr. Jacob noted that appellant experienced an incident of her right hip catching when transitioning from sitting to standing during a therapeutic exercise.

In a follow-up report dated March 28, 2025, Dr. Crane noted that appellant related complaints of neck and left shoulder blade pain, which radiated into the left hand, significant low back pain, and a little pain in the right gluteal region but no radicular pain in the lower extremities. He documented examination findings and diagnosed left cervical radiculopathy and low back pain.

In a narrative medical report dated April 1, 2025, Dr. Donet Main, a Board-certified osteopathic orthopedic surgeon, noted that appellant related a history of discomfort and pain in her right hip, particularly aggravated after physical therapy sessions, along with swelling in the lower right leg. He performed a physical examination of the right hip and observed tenderness to palpation, limited ROM with pain, and a positive Faber test. Dr. Main diagnosed a right hip sprain and SLAP tear, which he opined were causally related to the February 21, 2019 employment injury. Regarding the SLAP tear, he explained that during the MVA, appellant's body was thrust forward and then abruptly halted by the seatbelt, creating a rapid acceleration-deceleration motion which placed excessive torsional and compressive forces on her right hip joint, particularly affecting the labrum and causing a tear.

By decision dated April 1, 2025, OWCP further expanded its acceptance of the claim to include unspecified sprain of the right hip. It also noted that appellant had been diagnosed with a right hip labral tear, which it had not accepted. OWCP requested that she provide a medical opinion, with rationalization, explaining how her work activities caused, contributed to, or aggravated her right hip labral tear and explaining why the tear was not diagnosed until six years after the accepted February 21, 2019 employment injury.

In a visit note dated April 2, 2025, Mr. Francis noted that appellant's right leg had fallen between a dock and dock plate on that date. He indicated that she was "bruised and cut up," and her right leg was beginning to stiffen.

In reports dated April 16, 2025, Dr. Main diagnosed strains of the lower back, back wall of thorax, and right hip, cervical and lumbar radiculopathy and disc degeneration, and an articular cartilage disorder of the right hip. He performed right hip trigger point injections and released appellant to return to work with restrictions.

In a follow-up report and Form CA-17 dated April 18, 2025, Dr. Crane noted that appellant's "biggest complaint" was her right hip labral tear. He documented unchanged examination findings in the spine and extremities and again noted full and pain free range of motion of both hips. Dr. Crane diagnosed left cervical radiculopathy and low back pain and recommended work restrictions.

On April 22, 2025 Dr. Main ordered a fluoroscopically-guided right hip joint and bursa injection.

By decision dated June 2, 2025, OWCP denied expansion of the acceptance of appellant's claim to include right hip labral tear as causally related to, or consequential to, the accepted February 21, 2019 employment injury.

On June 10, 2025 appellant, through counsel, requested a review of the written record by a representative of OWCP's Branch of Hearings and Review.

OWCP thereafter received additional physical therapy and chiropractic reports dated April 29 through July 29, 2025. The chiropractic reports noted diagnoses of neck, lower back, back wall of thorax, and right hip strains and cervical and lumbar radiculopathy with disc degeneration.

In a report dated June 9, 2025, Dr. Main performed a second fluoroscopically-guided injection to the right hip. His pre- and postoperative diagnosis was sprain of right hip.

In work capacity evaluation forms (Form OWCP-5c) dated June 19 and July 23, 2025, Dr. Main released appellant to return to medium-duty work. On July 10, 2025 he indicated that he did not see any need for surgical intervention for her right hip.

By decision dated August 11, 2025, OWCP's hearing representative affirmed, in part, the June 2, 2025 decision denying expansion of appellant's claim to include a right hip labral tear.

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

To establish causal relationship between a specific condition, as well as any attendant disability claimed, and the employment injury, an employee must submit rationalized medical evidence.⁸ 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 specific employment factors identified by the claimant.⁹

⁵ *M.M.*, Docket No. 19-0951 (issued October 24, 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).

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

⁸ *See V.A.*, Docket No. 21-1023 (issued March 6, 2023); *M.W.*, 57 ECAB 710 (2006); *John D. Jackson*, 55 ECAB 465 (2004).

⁹ *E.P.*, Docket No. 20-0272 (issued December 19, 2022); *I.J.*, 59 ECAB 408 (2008).

ANALYSIS

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include a right hip labral tear as causally related to, or consequential to, her accepted February 21, 2019 employment injury.

In support of her expansion claim, appellant submitted a narrative medical report dated April 1, 2025 by Dr. Main, who diagnosed a right hip SLAP tear, which he opined was causally related to the February 21, 2019 employment injury. Dr. Main explained that a rear-end MVA can cause the body to be thrust forward and then abruptly halted by the seatbelt, creating a rapid acceleration-deceleration motion which places excessive torsional and compressive forces on the labrum. He did not, however, provide a rationalized explanation as to the six-year delay in documentation of any right hip complaints or the impact, if any, of the two nonwork-related MVAs in 2022 that appellant reported to Dr. Crane, which occurred after the accepted February 21, 2019 employment injury but before the identification of the right labral tear on the March 21, 2025 MRI scan. As noted above, 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 specific employment factors identified by the claimant.¹⁰ OWCP procedures provide that the degree of difficulty in determining causal relationship depends, in part, on the time which elapsed between the injury and the onset of the condition causing disability or death.¹¹ Accordingly, Dr. Main's April 1, 2025 narrative report is insufficient to establish appellant's expansion claim.

In medical reports dated April 16 through July 10, 2025, Dr. Main diagnosed an articular cartilage disorder of the hip. He did not, however, offer an opinion regarding the cause of that condition. Medical evidence which does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.¹² This evidence is, therefore, insufficient to establish appellant's expansion claim.

In medical reports and CA-17 forms dated March 7 through April 18, 2025, Dr. Crane diagnosed left cervical radiculopathy and low back pain. However, these reports are of no probative value regarding appellant's claim for expansion to include a right hip labral tear as he did not provide an opinion that she had additional medical conditions causally related to the February 21, 2019, employment injury. As noted above, the Board has held that a medical report that does not offer an opinion on causal relationship is of no probative value.¹³ Thus, this evidence is insufficient to establish expansion of the acceptance of appellant's claim.

OWCP also received physical therapy reports. The Board has held that certain healthcare providers, such physical therapists, are not considered physicians as defined under FECA and,

¹⁰ *Id.*

¹¹ See Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.4a (January 2013).

¹² *A.P.*, Docket No. 18-1690 (issued December 12, 2019); *J.H.*, Docket No. 19-0383 (issued October 1, 2019); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹³ *L.B.*, *id.*; *D.K.*, *id.*

therefore, are not competent to provide a medical opinion. Therefore, this evidence is of no probative value and is insufficient to establish appellant's expansion claim.¹⁴

Appellant also submitted chiropractic treatment notes. The Board notes that section 8101(2) of FECA provides that the term physician, as used therein, includes chiropractors only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist and subject to regulations by the Secretary.¹⁵ OWCP's implementing federal regulations at 20 C.F.R. § 10.5(bb) defines subluxation as an incomplete dislocation, off-centering, misalignment, fixation or abnormal spacing of the vertebrae which must be demonstrated on x-ray.¹⁶ The Board has reviewed the chiropractic reports of record and finds that the reports do not diagnose a subluxation as demonstrated by x-ray. As these reports did not diagnose subluxation as demonstrated by x-ray, they do not constitute competent medical evidence.¹⁷

The remaining evidence of record consisted of a March 21, 2025 MRI scan of the right hip. The Board, however, has held that reports of diagnostic tests, standing alone, lack probative value as they do not provide an opinion as to whether the accepted employment incident/injury caused the diagnosed condition.¹⁸ Thus, this evidence is insufficient to establish appellant's expansion claim.

As the medical evidence of record is insufficient to establish expansion of the acceptance of the claim to include a right hip labral tear as causally related to, or consequential to, appellant's accepted February 21, 2019 employment injury, the Board finds that she 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.

¹⁴ Section 8101(2) of FECA 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 supra* note 11 at 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 V.R.*, Docket No. 19-0758 (issued March 16, 2021) (a physical therapist is not considered a physician under FECA); *C.K.*, Docket No. 19-1549 (issued June 30, 2020) (physical therapists are not considered physicians as defined under FECA).

¹⁵ 5 U.S.C. § 8101(2).

¹⁶ *Id.*; 20 C.F.R. § 10.311.

¹⁷ *G.L.*, Docket No. 24-0366 (issued May 17, 2024); *see J.A.*, Docket No. 22-0869 (issued July 3, 2023); *L.M.*, Docket No. 22-0667 (issued November 1, 2022); *T.H.*, Docket No. 17-0833 (issued September 7, 2017); *George E. Williams*, 44 ECAB 533 (1993); *Robert H. St. Onge*, 43 ECAB 1169 (1992).

¹⁸ *See W.T.*, Docket No. 23-0323 (issued August 15, 2023); *V.Y.*, Docket No. 18-0610 (issued March 6, 2020); *G.S.*, Docket No. 18-1696 (issued March 26, 2019); *A.B.*, Docket No. 17-0301 (issued May 19, 2017).

CONCLUSION

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include a right hip labral tear as causally related to, or consequential to, her accepted February 21, 2019 employment injury.

ORDER

IT IS HEREBY ORDERED THAT the August 11, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: December 5, 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