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

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| **A.E., Appellant** | ) | |
| **and** | ) | **Docket No. 25-0894** |
| | ) | **Issued: December 17, 2025** |
| **DEPARTMENT OF HOMELAND SECURITY, TRANSPORTATION SECURITY ADMINISTRATION, Romulus, MI, 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:
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

### ***JURISDICTION***

On September 19, 2025 appellant, through counsel, filed a timely appeal from a September 8, 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.

[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*.

## ***ISSUE***

The issue is whether appellant has met his burden of proof to establish a medical condition causally related to the accepted factors of his federal employment.

## ***FACTUAL HISTORY***

On March 19, 2025 appellant, then a 54-year-old coordination center officer, filed an occupational disease claim (Form CA-2) alleging that he developed right knee pigmented villonodular synovitis (PVNS), bilateral knee osteoarthritis, and lumbar arthritis causally related to factors of his federal employment, including prolonged walking, standing, and sitting. He noted that he first became aware of his condition on August 29, 2013, and realized its relation to his federal employment on September 13, 2022. Appellant also provided a supplemental narrative statement, wherein he described his employment duties at the employing establishment since February 2009.

In a development letter dated April 2, 2025, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of additional factual and medical evidence needed and provided a questionnaire for his completion. OWCP afforded appellant 60 days to respond. In a separate development letter of even date, it requested that the employing establishment provide additional information regarding his claim, including comments from a knowledgeable supervisor. OWCP afforded the employing establishment 30 days to respond.

Appellant subsequently submitted a November 22, 2024 report and April 4, 2025 attending physician's report (Form CA-20) from Dr. Jonathan D. Carrier, an osteopath and Board-certified physiatrist, who diagnosed bilateral knee osteoarthritis and right knee PVNS. Dr. Carrier, in his November 22, 2024 report, attributed appellant's bilateral knee osteoarthritis progression to his walking, standing, and repetitive bending/lifting at work for eight hours per day. Similarly, in an April 4, 2025 Form CA-20, Dr. Carrier explained that appellant's PVNS and bilateral knee arthritis were not caused by his employment, but had been aggravated by the time spent on his feet, walking on hard surfaces.

In a follow-up development letter dated April 30, 2025, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish his claim. It noted that he had 60 days from the April 2, 2025 letter to submit the requested necessary evidence. OWCP further advised that if the evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

OWCP thereafter received December 26, 2019, January 29, 2021, and October 25, 2022 fitness-for-duty reports. In the December 26, 2019 report, Dr. Fabrice A. Czarnecki, Board-certified in family practice, occupational medicine and preventative medicine, noted that appellant was being treated for bilateral osteoarthritis of the knees, and that he did not require work restrictions. In the January 29, 2021 and October 25, 2022 reports, Dr. Stephany McGann, an employing establishment physician Board-certified in internal medicine and rheumatology, noted appellant's diagnoses of right knee PVNS and bilateral knee osteoarthritis. She concluded that appellant did not require any work restrictions.

An October 1, 2022 report from Dr. Kelita Fox, a family practitioner, listed appellant's current diagnoses as PVNS, bilateral knee osteoarthritis, and lumbar osteoarthritis. She indicated appellant's work restrictions and noted that prolonged standing, lifting, and walking could aggravate appellant's conditions.

In a report dated May 30, 2025, Dr. Carrier related appellant's history of medical treatment, as well as his occupational duties. He noted that appellant had a history of chronic bilateral knee pain, right more symptomatic than the left. An August 29, 2013 magnetic resonance imaging (MRI) scan of the right knee revealed multiple hetero-generous synovial based masses within the right knee joint, with associated effusion. Following this diagnosis, appellant underwent right knee arthroscopic surgery with extensive debridement, and synovectomy, which confirmed the diagnosis. During the summer of 2019 appellant experienced increased stiffness and mechanical symptoms, including locking of the knee while ambulating, which often occurred during work shifts. An MRI scan of the knee performed on July 29, 2019 revealed progression of PVNS in the anterior-posterior knee joint, popliteal hiatus and tibia-fibular joint, and progression of knee osteoarthritis with moderate articular cartilage loss in the medial compartment with subchondral edema in the medial femoral condyle. Appellant related that his pain worsened when he returned to work following the pandemic, due to time spent on his feet standing and walking, and he was provided sedentary work restrictions. Dr. Carrier related that when appellant was referred to him, he discussed treatment options for appellant's right knee PVNS, and bilateral knee osteoarthritis, and appellant described onset of acute low back pain radiating to the right anterior thigh and knee. Appellant reported that his occupational duties aggravated his low back pain and bilateral knee pain. An MRI scan of appellant's spine revealed disc degeneration and lumbar spondylosis at multiple levels, with broad-based disc protrusion extension into the right foreman, this combined with facet joint arthritis led to moderate-to-severe right and mild left foraminal narrowing, with compression on the right L4 nerve root.

Dr. Carrier also recounted in detail appellant's employment history. In checkpoint positions between 2009 and June 2013 and from October 2017 to January 2024, appellant was responsible for tasks such as lifting and carrying items up to 50 pounds, walking significant distances, and performing repetitive physical activities including squatting, bending and stooping. From June 2013 to July 2015 appellant engaged in continuous standing and walking for 6.5 hours in an 8-hour shift, covering 8 miles per shift. From July 2015 to October 2016, he stood and walked approximately 3.5 hours in an 8-hour shift, and from July 2015 to October 2017 he again walked approximately 6.5 hours per shift. In his current position, appellant was still required to walk long distances, climb stairs, and navigate hallways.

Dr. Carrier diagnosed right knee PVNS, severe bilateral knee osteoarthritis, and right L4 lumbosacral radiculitis and opined that the diagnosed conditions had been aggravated by the long hours appellant spent on his feet walking and standing on hard surfaces combined with repetitive lifting, squatting, and stooping. In support of his opinion, he explained that the progression of appellant's knee osteoarthritis due to factors of his employment was evidenced by the rapid progression of his bilateral knee osteoarthritis from mild-to-severe based on review of MRI scan and x-rays in under a decade. Dr. Carrier concluded that this progression of severity occurred more quickly than what would be expected with the natural aging process as the described employment duties "led to frequent exacerbations of the conditions affecting his knees and lumbar spine." He recommended that appellant apply for disability retirement.

By decision dated June 3, 2025, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish causal relationship between a medical condition and the accepted employment factors.

On June 12, 2025 appellant, through counsel, requested a review of the written record by a representative of OWCP's Branch of Hearings and Review.

By decision dated September 8, 2025, OWCP's hearing representative affirmed the June 3, 2025 decision.

## ***LEGAL PRECEDENT***

An employee seeking benefits under FECA[3] has the burden of proof to establish the essential elements of his or her claim, including the fact that the individual is an employee of the United States within the meaning of FECA, that the claim was timely filed within the applicable time limitation of FECA, that an injury was sustained in the performance of duty as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.[4] These are the essential elements of each and every compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) rationalized medical evidence establishing that the diagnosed condition is causally related to the identified employment factors.[5]

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.[6] The opinion of the physician must be based on a complete factual and medical background, 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.[7]

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[3] *Id.*

[4] *C.L.*, Docket No. 25-0593 (issued July 15, 2025); *K.M.*, Docket No. 24-0752 (issued October 16, 2024); *C.K.*, Docket No. 19-1549 (issued June 30, 2020); *Elaine Pendleton*, 40 ECAB 1143 (1989).

[5] *C.L.*, *id.*; *M.Y.*, Docket No. 24-0865 (issued October 18, 2024); *L.D.*, Docket No. 19-1301 (issued January 29, 2020); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

[6] *E.K.*, Docket No. 25-0077 (issued January 21, 2025); *I.J.*, Docket No. 19-1343 (issued February 26, 2020); *T.H.*, 59 ECAB 388 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

[7] *P.V.*, Docket No. 25-0547 (issued June 23, 2025); *S.W.*, Docket No. 25-0261 (issued February 24, 2025); *D.W.*, Docket No. 24-0492 (issued January 14, 2025); *D.J.*, Docket No. 19-1301 (issued January 29, 2020); *A.T.*, Docket No. 18-0221 (issued June 7, 2018).

## ***ANALYSIS***

The Board finds that this case is not in posture for decision.

In his May 30, 2025 report, Dr. Carrier recounted an accurate, detailed history of appellant's medical treatment and provided an extensive recitation of his employment duties. He noted appellant's initial diagnosis of PVNS based on a 2013 MRI scan, his increasing symptoms including stiffness and locking of the knee while ambulating, often occurring during work shifts. Dr. Carrier also noted the progression of appellant's PVNS based on a July 29, 2019 MRI scan. He concluded that appellant's employment duties caused frequent exacerbations of his knee and lumbar conditions. Dr. Carrier explained, for example, that appellant's work factors of prolonged walking and standing on hard surfaces, and repetitive stooping, lifting, and squatting aggravated appellant's preexisting bilateral knee arthritis. Dr. Carrier explained that causal relationship was established based on the rapid progression of appellant's bilateral knee arthritis, as seen on appellant's MRI and x-ray scans under a decade. He further explained that, due to his employment duties, the progression occurred more quickly than would be expected with the natural aging process.

Although Dr. Carrier's opinion is insufficiently rationalized to meet appellant's burden of proof to establish causal relationship, the Board finds that it is of sufficient probative quality to warrant additional development.[8] It is well established that proceedings under FECA are not adversarial in nature and, while appellant has the burden to establish entitlement to compensation, OWCP shares responsibility in the development of the evidence.[9] OWCP has an obligation to see that justice is done.[10]

The Board shall, therefore, remand the case to OWCP for further development of the medical evidence. On remand, OWCP shall refer appellant, along with a statement of accepted facts, and the case record to a specialist in the appropriate field of medicine for a reasoned opinion as to whether appellant sustained PVNS, bilateral knee arthritis, and/or lumbar arthritis causally related to the accepted factors of his federal employment. If the second-opinion physician disagrees with the opinion of Dr. Carrier, he or she must provide a fully-rationalized explanation of why the accepted employment factors are insufficient to have caused or aggravated appellant's medical conditions. After this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

[8] *G.M.,* Docket No. 25-0728 (issued September 12, 2025); *E.J.*, Docket No. 09-1481 (issued February 19, 2010); *John J. Carlone,* 41 ECAB 354 (1989); *Horace Langhorne,* 29 ECAB 280 (1978).

[9] *Id.*; *see also C.S.,* Docket No. 24-0819 (issued October 16, 2024); *S.G.,* Docket No. 22-0330 (issued April 4, 2023); *see M.G.,* Docket No. 18-1310 (issued April 16, 2019); *Walter A. Fundinger, Jr.,* 37 ECAB 200, 204 (1985); *Michael Gallo,* 29 ECAB 159, 161 (1978).

[10] *A.J.,* Docket No. 18-0905 (issued December 10, 2018); *B.C.,* Docket No. 15-1853 (issued January 19, 2016); *E.J.,* Docket No. 09-1481 (issued February 19, 2010); *John J. Carlone, supra* note 8.

## ***CONCLUSION***

The Board finds that this case is not in posture for decision.

## ***ORDER***

**IT IS HEREBY ORDERED THAT** the decision of the Office of Workers' Compensation Programs dated September 8, 2025 is set aside, and the case is remanded for further proceedings consistent with this decision of the Board.

Issued: December 17, 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