

² 5 U.S.C. § 8101 *et seq.*

ISSUE

The issue is whether appellant has met her burden of proof to establish a left leg condition causally related to the accepted April 10, 2022 employment incident.

FACTUAL HISTORY

On February 24, 2023 appellant, then a 31-year-old mail handler technician, filed a traumatic injury claim (Form CA-1) alleging that on April 10, 2022 she injured her left leg when she fell off a customer's steps while in the performance of duty. She stopped work on February 23, 2023.

In a development letter dated March 2, 2023, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of additional factual and medical information needed and provided a questionnaire for completion. OWCP afforded appellant 60 days to submit the necessary evidence.

In a duty status report (Form CA-17) dated February 27, 2023, Dr. Magdalena Nowak, a Board-certified family practitioner, diagnosed left ankle and foot pain that developed due to a left ankle sprain in April 2022.

By decision dated April 17, 2023, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish causal relationship between her diagnosed condition and the accepted April 10, 2022 employment incident.

In progress notes dated March 30, 2023, Dr. Nathan Norem, a podiatrist, examined appellant for a left ankle injury alleged to have occurred at work on March 9, 2023. On physical examination, he observed pain on palpation of the left Achilles tendon. Dr. Norem diagnosed sequela of a left Achilles tendon injury and left ankle sprain. In a Form CA-17 dated March 30, 2023, he diagnosed Achilles tendinitis and ligament pain.

In a letter dated April 21, 2023, Dr. Nowak related that appellant had been seen on February 27, 2023 for chronic left foot pain, and that an x-ray demonstrated left heel spur. She was previously seen on April 22, 2022 for left ankle sprain which occurred at work on April 9, 2022.

On May 24, 2023 OWCP received appellant's May 18, 2023 request for an oral hearing before a representative of OWCP's Branch of Hearings and Review.

By decision dated June 6, 2023, OWCP's hearing representative denied appellant's hearing request, finding that it was untimely filed. The hearing representative informed appellant that her case had still been considered in relation to the issues involved, but that the issues could equally well be addressed by requesting reconsideration and submitting evidence not previously considered establishing that she had a condition causally related to factors of her federal employment.

On June 21, 2023 appellant requested reconsideration.

By decision dated September 19, 2023, OWCP denied modification of its April 17, 2023 decision.

On December 29, 2023 appellant requested reconsideration.

An x-ray of appellant's left foot and ankle obtained on April 10, 2022 revealed small bone spurs arising from the calcaneus at the insertion sites of the plantar fascia and Achilles tendon, without any acute osseous findings.

A magnetic resonance imaging (MRI) scan of appellant's left ankle obtained on December 19, 2023 demonstrated chronic plantar fasciitis and tendinopathy of the Achilles tendon with edema and tendinopathy of the peroneal longus tendon, without evidence of a full-thickness tear.

In a letter dated December 29, 2023, Dr. Norem listed appellant's dates of treatment from March 30 through December 26, 2023 for a work-related injury of sprain of the ankle and Achilles tendon on March 9, 2023. He noted that the December 19, 2023 MRI scan demonstrated mild interstitial fluid, consistent with sprain. Dr. Norem opined that appellant's diagnosed condition of the Achilles tendon was caused by her work-related injury.

By decision dated February 26, 2024, OWCP denied modification of its September 19, 2023 decision.

On April 16, 2024 appellant requested reconsideration.

By decision dated April 23, 2024, OWCP denied appellant's request for reconsideration pursuant to 5 U.S.C. § 8128(a).

In a letter dated March 8, 2024, Dr. Norem stated that appellant was under his care and was last seen on March 7, 2024. He noted that she was scheduled for surgery of the foot and ankle on April 3, 2024 and would be unable to work until July 3, 2024. Prior to surgery, Dr. Norem recommended work restrictions of walking no more than three hours and driving no more than five hours per day.

In a letter dated March 12, 2024, Dr. Norem stated that appellant was under his care for a left ankle injury that occurred at work on March 9, 2023. He noted that she had previously injured her left ankle in April 2022. Dr. Norem explained that the April 2022 injury never fully healed, and that appellant had spent the past year with work restrictions. Appellant used a brace and underwent physical therapy, which he stated had improved but did not resolve her condition. Dr. Norem noted that the MRI scan of December 19, 2023 demonstrated Achilles tendinopathy consistent with her injury and that she was scheduled for surgical intervention on April 3, 2024. He stated that due to the nature of her work including walking on uneven surfaces for extended periods, she was unable to work a full shift without restrictions and pain.

On July 29, 2024 appellant, through counsel, requested reconsideration of OWCP's February 26, 2024 decision.

In a letter dated July 18, 2024, Dr. Norem noted that appellant was under his care for treatment of an injury sustained at work on April 10, 2022 while delivering mail. He described the incident, stating that she fell while descending steps and twisted her left ankle, which sprained and tore ankle ligaments. Dr. Norem noted that the twisting and instability of the ankle joint caused injury to the Achilles tendon. He stated that the injury also caused aggravation to preexisting osteoarthritis of the articular surfaces of the joint. Dr. Norem opined that the April 10, 2022 incident caused appellant's ankle to become unstable from ligament injury, thereby causing injury/tear to her Achilles tendon and aggravation of osteoarthritis of the ankle joint.

By decision dated August 5, 2024, OWCP denied modification of its February 26, 2024 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA³ has the burden of proof to establish the essential elements of his or her claim, including 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,⁴ 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.⁵ 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.⁶

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it first must be determined whether fact of injury has been established. There are two components involved in establishing fact of injury. The first component is whether the employee actually experienced the employment incident at the time and place, and in the manner alleged. The second component is whether the employment incident caused an injury.⁷

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.⁸ The opinion of the physician must be based on a complete factual and medical background of the employee, must

³ *Id.*

⁴ *F.H.*, Docket No. 18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued April 26, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁵ *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *J.H.*, Docket No. 18-1637 (issued January 29, 2020); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁶ *P.A.*, Docket No. 18-0559 (issued January 29, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *Delores C. Ellyett*, 41 ECAB 992 (1990).

⁷ *T.H.*, Docket No. 19-0599 (issued January 28, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

⁸ *S.S.*, Docket No. 19-0688 (issued January 24, 2020); *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and specific employment incident.⁹

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a left leg condition causally related to the accepted April 10, 2022 employment incident.

In a March 30, 2023 report, Dr. Norem diagnosed sequela of a left Achilles tendon injury and left ankle sprain. In a Form CA-17 dated March 30, 2023, Dr. Norem diagnosed Achilles tendinitis and ligament pain and recommended work restrictions. On December 29, 2023, Dr. Norem listed appellant's dates of treatment for a March 9, 2023 work-related sprain of the ankle and Achilles tendon. On March 8, 2024 Dr. Norem noted that appellant was scheduled for surgery of the foot and ankle on April 3, 2024. In a report dated March 12, 2024, Dr. Norem recounted that appellant was under his care for a left ankle injury that occurred at work on March 9, 2023. He noted that she had previously injured her left ankle in April 2022. Dr. Norem explained that the April 2022 injury never fully healed, and that appellant had spent the past year with work restrictions. These reports, however, do not contain an opinion on causal relationship. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.¹⁰ This evidence is, therefore, insufficient to establish the claim.

In a July 18, 2024 report, Dr. Norem noted that appellant was under his care for treatment of an injury sustained at work on April 10, 2022 while delivering mail. He stated that, on that date, she fell while descending steps and twisted her left ankle, which sprained and tore ankle ligaments. Dr. Norem noted that the twisting and instability of the ankle joint caused injury to the Achilles tendon. He stated that the injury also caused aggravation to preexisting osteoarthritis of the articular surfaces of the joint. Dr. Norem opined that the April 10, 2022 incident caused appellant's ankle to become unstable from ligament injury, thereby causing injury/tear to her Achilles tendon and aggravation of osteoarthritis of the ankle joint. The Board, however, has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how a given medical condition/disability was causally related to the accepted employment incident.¹¹ The Board has explained that such rationale is especially important in a case involving a preexisting condition.¹² As such, this evidence is insufficient to establish the claim.

In a Form CA-17 dated February 27, 2023, Dr. Nowak diagnosed left ankle and foot pain. On April 21, 2023 Dr. Nowak stated that appellant had been seen on February 27, 2023 for chronic left foot pain, and that an x-ray demonstrated left heel spur. She was previously seen on April 22,

⁹ *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *Y.S.*, Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

¹⁰ *See L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹¹ *J.B.*, Docket No. 21-0011 (issued April 20, 2021); *A.M.*, Docket No. 19-1394 (issued February 23, 2021).

¹² *Id.*

2022 for left ankle sprain, which appellant stated occurred at work on April 9, 2022. However, this evidence did not contain an opinion regarding the cause of appellant's diagnosed conditions. As noted above, the Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.¹³ Therefore, this evidence is insufficient to establish the claim.

Appellant also submitted the results of diagnostic testing obtained on April 10, 2022 and December 19, 2023. The Board has held that diagnostic studies, standing alone, lack probative value as they do not provide an opinion on causal relationship between the employment incident and a diagnosed condition.¹⁴

As the medical evidence of record is insufficient to establish a left lower extremity condition causally related to the accepted April 10, 2022 employment incident, the Board finds that appellant 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.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish a left leg condition causally related to the accepted April 10, 2022 employment incident.

¹³ *Supra* note 10.

¹⁴ *See T.H.*, Docket No. 18-1736 (issued March 13, 2019).

ORDER

IT IS HEREBY ORDERED THAT the August 5, 2024 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: February 25, 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