

<sup>3</sup> The Board notes that, following the November 1, 2024 decision and on appeal, 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 establish a recurrence of disability for the periods March 4 through April 9 and August 5 through September 20, 2024, causally related to the accepted July 25, 2023 employment injury.

## **FACTUAL HISTORY**

On July 25, 2023, appellant, then a 31-year-old city carrier assistant (Holiday Term), filed a traumatic injury claim (Form CA-1) alleging that on that date, she sustained a dog bite to the left leg while in the performance of duty. She stopped work that same day. OWCP accepted the claim for dog bite, left knee. On November 14, 2023, it expanded the acceptance of the claim to include strain of the left thigh, sprain of the left knee, and sprain of the lumbar spine. OWCP paid appellant wage-loss compensation on the supplemental rolls effective September 9, 2023.

Appellant returned to full-time work on January 14, 2024.

Appellant subsequently filed claims for compensation (Form CA-7) for disability from work during the periods March 13 through April 10, 2024, and August 5 through September 20, 2024.

In a March 14, 2024 report, Dr. Parinda Fruchtman, Board-certified in family medicine, noted that appellant had complaints of pain in the left low back and left knee for four months, and reported a sudden onset of pain. She noted that the pain was made worse by increased activity, sitting for long periods of time, and standing a long time. Dr. Fruchtman related that appellant had increased swelling on the left ankle since work had increased and she was not following her work restrictions. She diagnosed open bite, left knee, initial encounter; strain of other specified muscles, fascia, and tendons at thigh level, left thigh, initial encounter; and sprain of unspecified site, left knee, initial encounter.

In an April 3, 2024 attending physician's report (Form CA-20), Dr. Fruchtman, diagnosed open bite, left knee, initial encounter; sprain of unspecified site of left knee, initial encounter; and strain of other specified muscles, fascia and tendons at thigh level, left thigh, initial encounter. She responded "Yes" with regard to whether she believed the conditions found were caused or aggravated by an employment activity and checked a box marked "Yes" indicating that appellant was totally disabled from work commencing March 13, 2024. Dr. Fruchtman provided an anticipated return to full-duty work date of April 10, 2024.

OWCP received April 9 and May 10, 2024 reports from Dr. Rory Allen, a family medicine specialist, and a June 12, 2024 report from Dr. Nara Pravat, an osteopathic physician Board-certified in physical medicine and rehabilitation, which diagnosed open bite, left knee, initial encounter; strain of other unspecified muscles, fascia, and tendons at thigh level, left thigh, initial encounter; and sprain of unspecified site of left knee, initial encounter. Drs. Allen and Pravat noted that an April 4, 2024 magnetic resonance imaging (MRI) scan of the left knee demonstrated a parameniscal cyst and raised concern for an underlying meniscal tear, but no tear was seen on examination. They also both noted that an MRI scan of the lumbar spine demonstrated discogenic changes and posterior interspinous ligament sprain/strain, a cause of acute localized and persistent pain. In the May 10, 2024 report, Dr. Allen further opined that appellant's work restrictions continued and could not perform her walking route, but she could perform boxes/driving routes.

In the June 12, 2024 report, Dr. Pravat further opined that appellant's back and leg complaints were most likely related to the lower lumbar levels with disc displacement/degeneration annular tears given appellant's clinical history and symptoms, physical examination, diagnostic studies, mechanism of injury, and prior treatment.

In an August 5, 2024 Form CA-20, Dr. Pravat noted that appellant was bitten by a dog in the left knee and had a large puncture wound in the left knee. He diagnosed open bite, left knee, initial encounter; sprain of unspecified site of left knee, initial encounter; and strain of muscles, fascia, and tendons of the left thigh. Dr. Pravat opined that appellant was totally disabled from work, with an anticipated return to work on October 6, 2024.

In a September 30, 2024 development letter, OWCP informed appellant of the deficiencies of her recurrence claim. It advised her of the type of additional evidence needed and provided a questionnaire for her completion. OWCP afforded appellant 30 days to respond.

In an October 4, 2024 Form CA-20, Dr. Allen recounted appellant's history of injury and medical diagnoses. He opined that appellant was totally disabled from work and that the conditions found were caused or aggravated by an employment activity. Regarding objective findings, it was noted that appellant had a large puncture wound in the left knee.

In an October 4, 2024 report, Dr. Allen noted that appellant was struggling to keep her treatment appointments due to her work schedule, therefore, he decided to take appellant off work in order to complete her post-injection therapy during the period August 5 to October 6, 2024. He opined that appellant's back and leg symptoms were most likely related to the lower lumbar levels with disc displacement/degeneration/annular tears, given her clinical history and symptoms, physical examination, diagnostic studies, mechanism of injury, and response to prior treatment. Dr. Allen explained that clinical findings and imaging correlated with the lower lumbar levels as the pain generator.

On October 15, 2024, OWCP received appellant's response to OWCP's development questionnaire. Appellant related that her recurrence of disability on March 13 and August 5, 2024, resulted in pain that radiated down to her leg and caused stiffness and disabled her from work. She noted that her work status when she returned to work on January 13 and April 15, 2024, was very light duty and that she could not walk routes or lift anything.

By decision dated November 1, 2024, OWCP denied appellant's recurrence of disability claims. It found that she had not established a return or increase of disability as of March 13, 2024, and that she did not have a change or worsening of her accepted work-related conditions on August 15, 2024.

### **LEGAL PRECEDENT**

A recurrence of disability means an inability to work after an employee has returned to work, caused by a spontaneous change in a medical condition which resulted from a previous compensable injury or illness and without an intervening injury or new exposure in the work environment.<sup>4</sup> This term also means an inability to work because a light-duty assignment made

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<sup>4</sup> 20 C.F.R. § 10.5(x); *T.J.*, Docket No. 18-0831 (issued March 23, 2020); *J.D.*, Docket No. 18-1533 (issued February 27, 2019).

specifically to accommodate an employee's physical limitations, and which is necessary because of a work-related injury or illness, is withdrawn or altered so that the assignment exceeds the employee's physical limitations.<sup>5</sup>

An employee who claims a recurrence of disability due to an accepted employment-related injury has the burden of proof to establish by the weight of the substantial, reliable, and probative evidence that the disability for which he or she claims compensation is causally related to the accepted injury. This burden of proof requires that a claimant furnish medical evidence from a physician who, on the basis of a complete and accurate factual and medical history, concludes that, for each period of disability claimed, the disabling condition is causally related to the employment injury, and supports that conclusion with medical reasoning.<sup>6</sup> Where no such rationale is present, the medical evidence is of diminished probative value.<sup>7</sup>

### **ANALYSIS**

The Board finds that appellant has not met her burden of proof to establish a recurrence of disability for the periods March 4 through April 9 and August 5 through September 20, 2024, causally related to her accepted July 25, 2023 employment injury.

In a March 14, 2024 report, Dr. Fruchtman noted that appellant had complaints of pain in the left low back and left knee for four months, and reported a sudden onset of pain that was made worse by increased activity.<sup>8</sup> She also indicated that appellant had increased ankle swelling as she was not following her work restrictions. However, Dr. Fruchtman did not provide an opinion that appellant was disabled from work during the claimed periods causally related to her accepted July 25, 2023 employment injury. Accordingly, this report is of no probative value and is insufficient to establish her recurrence claim.<sup>9</sup>

In an April 3, 2024 Form CA-20, Dr. Fruchtman checked a box marked "Yes" indicating that appellant was totally disabled from work commencing March 13, 2024. However, the Board has held that a physician's opinion that consists only of checking a box marked "Yes" to a form question, is of limited probative value and insufficient to establish causal relationship between the claimed disability and the accepted employment injury.<sup>10</sup> As such, this report is insufficient to establish the claim.

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<sup>5</sup> *Id.*

<sup>6</sup> *J.D.*, Docket No. 18-0616 (issued January 11, 2019); *C.C.*, Docket No. 18-0719 (issued November 9, 2018); *Ronald A. Eldridge*, 53 ECAB 218 (2001).

<sup>7</sup> *E.M.*, Docket No. 19-0251 (issued May 16, 2019); *H.T.*, Docket No. 17-0209 (issued February 8, 2019); *Mary A. Ceglia*, Docket No. 04-0113 (issued July 22, 2004).

<sup>8</sup> The Board has held that pain is a symptom and not a compensable medical diagnosis. *K.B.*, Docket No. 21-0953 (issued October 12, 2022); *G.L.*, Docket No. 18-1057 (issued April 14, 2020); *J.P.*, 59 ECAB 178 (2007).

<sup>9</sup> See *A.M.*, Docket No. 22-1324 (issued January 13, 2023); *M.M.*, Docket No. 18-0817 (issued May 17, 2019); *M.C.*, Docket No. 16-1238 (issued January 26, 2017).

<sup>10</sup> See *M.G.*, Docket No. 23-1049 (issued November 26, 2024); *S.T.*, Docket No. 22-1025 (issued January 3, 2023); *Lillian M. Jones*, 34 ECAB 379, 381 (1982).

Appellant provided April 9 and May 10, 2024 reports from Dr. Allen and a June 12, 2024 report from Dr. Pravat. However, none of these reports included 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 or disability is of no probative value.<sup>11</sup> This evidence is, therefore, insufficient to establish appellant's recurrence claim.

In an August 5, 2024 report, Dr. Pravat recounted that appellant was bitten by a dog and had a large puncture wound in the left knee and opined that appellant was totally disabled from work. However, he did not explain with rationale whether appellant's disability was causally related to the accepted employment injury.<sup>12</sup> This report is, therefore, insufficient to establish appellant's recurrence claim.

In the October 4, 2024 report, Dr. Allen held appellant off work from August 5 through October 6, 2024 in order to complete her post injection therapy and opined that appellant's back and leg symptoms were most likely related to the lower lumbar levels with disc displacement/degeneration/annular tears. However, he did not provide sufficient rationale for his conclusion. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how a given condition or disability has an employment-related cause.<sup>13</sup> Thus, this report is insufficient to establish appellant's recurrence claim.<sup>14</sup>

As the medical evidence of record is insufficient to establish that appellant's accepted conditions had worsened to the extent that she was totally disabled from work for the periods March 4 through April 9 and August 5 through September 20, 2024, causally related to her accepted July 25, 2023 employment injury, 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 recurrence of disability for the periods March 4 through April 9 and August 5 through September 20, 2024, causally related to her accepted July 25, 2023 employment injury.

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<sup>11</sup> *P.L.*, Docket No. 22-0337 (issued September 9, 2022); *K.F.*, Docket No. 19-1846 (issued November 3, 2020); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

<sup>12</sup> *Supra* note 6.

<sup>13</sup> *See R.A.*, Docket No. 20-0969 (issued August 9, 2021); *A.E.*, Docket No. 20-0259 (issued April 28, 2021).

<sup>14</sup> *Id.*

**ORDER**

**IT IS HEREBY ORDERED THAT** the November 1, 2024 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: February 14, 2025  
Washington, DC

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

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

Valerie D. Evans-Harrell, Alternate Judge  
Employees' Compensation Appeals Board