United States Department of Labor
Employees' Compensation Appeals Board

A.M., Appellant	)	
and	)	**Docket No. 25-0537**
	)	**Issued: July 3, 2025**
U.S. POSTAL SERVICE, WEBB CITY POST OFFICE, Webb City, MO, 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
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On May 10, 2025 appellant filed a timely appeal from a March 19, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (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] Appellant submitted a timely request for oral argument before the Board. 20 C.F.R. § 501.5(b). In support of his oral argument request, appellant asserted that granting oral argument would aid him in establishing additional work-related conditions. Pursuant to the Board's *Rules of Procedure*, oral argument may be held in the discretion of the Board. 20 C.F.R. § 501.5(a). The Board, in exercising its discretion, denies appellant's request for oral argument because this matter requires an evaluation of the medical evidence required. As such, the arguments on appeal can be adequately addressed in a decision based on a review of the case record. Oral argument in this appeal would not serve a useful purpose. Therefore, the oral argument request is denied and this decision is based on the case record as submitted to the Board.

ISSUE

The issue is whether appellant has met his burden of proof to expand the acceptance of his claim to include additional conditions as causally related to, or sustained as a consequence of, his accepted employment conditions.

FACTUAL HISTORY

On July 27, 2022 appellant, then a 56-year-old carrier technician, filed an occupational disease claim (Form CA-2) alleging that he severely damaged his right foot on August 27, 2019 when it got caught on something in the grass while he was exiting his mail delivery vehicle. He indicated that he then underwent physical therapy and returned to work, and that his ankle pain increased with activity over the next few years requiring him to undergo Achilles tendon reconstruction surgery with removal of osteophytes and Haglund's deformity. Appellant noted that he first became aware of his claimed condition on August 27, 2019, and that he first realized its relation to his federal employment on June 20, 2022. OWCP assigned the file OWCP File No. xxxxxx729.[3]

In support of his claim, appellant submitted August 27, 2019 right ankle x-rays, which demonstrated very mild degenerative joint disease and prominent calcaneal enthesophytes without acute fracture or dislocation. Right foot x-rays demonstrated mild midfoot degenerative joint disease and small calcaneal enthesophytes without acute fracture or dislocation.

In an August 27, 2019 report, Dr. Rodney J. McFarland, a Board-certified family medicine physician, indicated that right foot/ankle x-rays were normal. He diagnosed a right ankle sprain.

In August 28, 2019 treatment notes, Dr. Marzette Parks, an osteopath and Board-certified occupational medicine physician, listed August 27, 2019 as the date of injury and a diagnosed right ankle sprain.

In an authorization for examination and/or treatment (Form CA-16) dated August 28, 2019, Kathryn Charlton, a nurse practitioner, indicated that appellant rolled his ankle while on his mail delivery route. She listed findings of right ankle sprain without foot/ankle fracture and checked a "Yes" box indicating that appellant's condition was caused or aggravated by the described employment activity. Ms. Charlton also produced August 28, 2019 treatment notes.

In a September 5, 2019 report, Dr. Parks diagnosed right ankle sprain.

Appellant submitted an August 28, 2019 report wherein Dr. Rick L. Haggard, an osteopath and Board-certified occupational medicine physician, described the August 27, 2019 injury and diagnosed right ankle sprain.

In October 1 and 15, 2019 reports, Dr. Parks diagnosed right ankle sprain.

[3] On August 27, 2019 appellant filed a traumatic injury claim (Form CA-1) for a right ankle sprain sustained on that date while in the performance of duty. OWCP assigned File No. xxxxxx367 and denied it on October 23, 2019.

On November 5, 2019 OWCP received a September 28, 2019 attending physician's report (Form CA-20) and a November 5, 2019 narrative report wherein Dr. Haggard diagnosed right ankle sprain.

In late-July 2022, OWCP received an October 7, 2021 right ankle magnetic resonance imaging (MRI) scan that demonstrated mild-to-moderate distal Achilles tendinitis/tendinopathy with reactive bone marrow edema, erosive cystic changes of posterior calcaneus process, and bursitis; mild chronic posterior ankle impingement; chronic mild-to-moderate peroneus longus tendinosis/tendinopathy; and mild or very mild insertional plantar fasciitis.

OWCP also received a September 28, 2021 report wherein Dr. Larry G. Barnes, a Board-certified internist, diagnosed right ankle tendinitis; a November 4, 2021 report wherein Dr. Barnes and Dr. Derek W. Miller, an osteopath and Board-certified orthopedic surgeon, diagnosed right Achilles tendinitis and right plantar fasciitis; and a May 12, 2022 report wherein Dr. Miller diagnosed right Achilles tendinitis and right Haglund's deformity.

In a June 2, 2022 report, Dr. David C. Hicks, a Board-certified orthopedic surgeon, noted that appellant reported "some type of injury in 2019." He diagnosed chronic right Achilles tendinitis with Haglund's deformity. On June 20, 2022 Dr. Hicks performed right Achilles tendon debridement/reconstruction, posterior capsulotomy release, and removal of calcaneus Haglund deformity and insertional osteophytes. The procedure was not authorized by OWCP.

On August 3, 2022 OWCP accepted appellant's claim for right ankle ligament strain.

In a February 7, 2023 note, Dr. Hicks indicated that appellant was released from his care for right Achilles reconstructive surgery aftercare.

On February 24, 2023 OWCP administratively combined OWCP File No. xxxxxx367 and OWCP File No. xxxxxx729, with the latter designated as the master file.

In reports dated March 29, and July 19, 2023, Dr. J. Marcus Heim, an osteopath and Board-certified orthopedic surgeon serving as an OWCP referral physician, diagnosed partial tear of the right Achilles tendon insertion, corrected by the June 20, 2022 surgery.

On August 3, 2023 OWCP expanded the acceptance of appellant's claim to include Achilles tendinitis of the right leg.

By decision dated October 26, 2023, OWCP granted appellant a schedule award for six percent permanent impairment of the right lower extremity. The award ran for 34.56 weeks from March 29 through November 25, 2023.

The findings of an April 30, 2024 electromyogram and nerve conduction velocity (EMG/NCV) testing of the right lower extremity revealed moderate acute right tarsal tunnel syndrome and minimal acute right L5-S1 radiculopathy with no current evidence of lower extremity generalized neuropathy or myopathy.

In a May 16, 2024 letter, appellant requested expansion of the acceptance of his claim to include the condition of right tarsal tunnel syndrome.

In a development letter dated June 21, 2024, OWCP informed appellant of the deficiencies of his expansion claim. It advised him of the type of factual and medical evidence needed. OWCP afforded appellant 30 days to submit the necessary evidence.

On June 25, 2024 OWCP received an April 30, 2024 report, wherein Dr. Melvin D. Karges, a Board-certified physiatrist, discussed appellant's August 2019 employment injury and noted that he currently complained of numbness in his right heel and great toe with some lateral tingling in his right foot. He reported physical examination findings of the right foot/ankle, noting ambulation without an assistive device and slight tenderness along the medial malleolus. Dr. Karges discussed the April 30, 2024 EMG/NCV testing, noting that it demonstrated moderate acute right tarsal tunnel syndrome and minimal acute right L5-S1 radiculopathy with no current evidence of lower extremity generalized neuropathy or myopathy. He opined that the testing findings would indicate multi-factorial foot pain etiologies and maintained that there was a possibility that gait variations associated with the Achilles tendon disorder might contribute to an aggravation of lumbar radicular syndrome. Dr. Karges recommended arch supports, vitamin D supplementation, and conservative measures.

By decision dated September 9, 2024, OWCP denied appellant's request to expand the acceptance of his claim. It found that the medical evidence of record was insufficient to establish causal relationship between the additional conditions and the accepted employment conditions.

On March 4, 2025 appellant requested reconsideration.

Appellant subsequently submitted additional evidence. In a June 1, 2023 report, Dr. Valerie Ikerd, a podiatrist, indicated that appellant presented with a complaint of an infected ingrown toenail of the lateral border of the right hallux. She diagnosed onychocryptosis with paronychia and neuropathy. In a June 15, 2023 report, Dr. Ikerd advised that appellant presented for follow up of a partial matrixectomy of the right hallux. She noted that appellant reported having no problems at the time.

In a May 23, 2024 report, Erin Clayman, a physician assistant, diagnosed possible right tarsal tunnel syndrome. The findings of May 23, 2024 right ankle x-rays demonstrated right calcaneus osteophytes. A June 13, 2024 right ankle MRI scan demonstrated thickening and increased signal of the central band of the plantar fascia likely representing plantar fasciitis; post-surgical changes and tendinopathy of the Achilles tendon; mild musculature atrophy of the intrinsic forefoot musculature possibly representing a history of tarsal tunnel syndrome, and moderate flexor hallucis longus tenosynovitis at the knot of Henry.

In an August 26, 2024 report, Dr. Rebecca Sanders, a Board-certified anesthesiologist, noted that appellant presented for evaluation of low back pain, which occasionally radiated into the right buttock. She described her administration of an intra-articular injection on that date. In a December 2, 2024 report, Dr. Sanders reported that appellant had a history of right Achilles injury with surgical repair, and that he now complained of constant right foot burning and neuropathy. She diagnosed causalgia and idiopathic peripheral neuropathy.

In a February 6, 2025 report, Dr. Barnes recommended that appellant be referred to a neurology specialist to address his neuropathy.

By decision dated March 19, 2025, OWCP denied modification of its September 9, 2024 decision.

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.[4]

The claimant bears the burden of proof to establish a claim for a consequential injury.[5] 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. The opinion must be one of reasonable medical certainty and must be supported by medical rationale explaining the nature of the relationship of the diagnosed condition and the specific employment factors or employment injury.[6]

Causal relationship is a medical issue and the medical evidence required to establish causal relationship is rationalized medical evidence.[7] Neither the mere fact that a disease or condition manifests itself during a period of employment, nor the belief that the disease or condition was caused or aggravated by employment factors or incidents, is sufficient to establish causal relationship.[8]

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.[9] The basic rule is that a subsequent injury, whether 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.[10]

[4] *J.R.,* Docket No. 20-0292 (issued June 26, 2020); *W.L.*, Docket No. 17-1965 (issued September 12, 2018); *V.B.*, Docket No. 12-0599 (issued October 2, 2012); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

[5] *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).

[6] *K.W.*, Docket No. 18-0991 (issued December 11, 2018).

[7] *G.R.*, Docket No. 18-0735 (issued November 15, 2018).

[8] *Id.*

[9] *I.S.*, Docket No. 19-1461 (issued April 30, 2020); *A.M.,* Docket No. 18-0685 (issued October 26, 2018); *Mary Poller,* 55 ECAB 483, 487 (2004).

[10] *J.M.*, Docket No. 19-1926 (issued March 19, 2021); *Susanne W. Underwood (Randall L. Underwood)*, 53 ECAB 139, 141 n. 7 (2001).

ANALYSIS

The Board finds that appellant has not met his burden of proof to expand the acceptance of his claim to include additional conditions as causally related to, or sustained as a consequence of, his accepted employment conditions.

Appellant submitted medical evidence in support of his claim. In an August 27, 2019 report, Dr. McFarland diagnosed right ankle sprain. In August 28 and September 29, and November 5, 2019 reports, Dr. Haggard described the August 27, 2019 injury and diagnosed right ankle sprain. In August 28, September 5, and October 1 and 15, 2019 reports, Dr. Parks diagnosed right ankle sprain. In a September 28, 2021 report, Dr. Barnes diagnosed right ankle tendinitis. In a November 4, 2021 report, Dr. Barnes and Dr. Miller diagnosed right Achilles tendinitis and right plantar fasciitis. In a May 12, 2022 report, Dr. Miller diagnosed right Achilles tendinitis and right Haglund's deformity. In a June 2, 2022 report, Dr. Hicks diagnosed chronic right Achilles tendinitis with Haglund's deformity. In a June 20, 2022 report, he described his performance on that date of right Achilles tendon debridement/reconstruction, posterior capsulotomy release, and removal of calcaneus Haglund deformity and insertional osteophytes. In a February 7, 2023 note, he indicated that appellant was released from his care for right Achilles reconstructive surgery aftercare.

In March 29 and July 19, 2023 reports, Dr. Heim, an OWCP referral physician, diagnosed partial tear of the right Achilles tendon insertion, corrected by the June 20, 2022 surgery. In an April 30, 2024 report, Dr. Karges indicated that April 30, 2024 EMG/NCV testing demonstrated moderate acute right tarsal tunnel syndrome and minimal acute right L5-S1 radiculopathy with no current evidence of lower extremity generalized neuropathy or myopathy. He opined that the testing findings would indicate multi-factorial foot pain etiologies and maintained that there was a possibility that gait variations associated with the Achilles tendon disorder might contribute to an aggravation of lumbar radicular syndrome. In a June 1, 2023 report, Dr. Ikerd diagnosed onychocryptosis with paronychia and neuropathy. In a June 15, 2023 report, she advised that appellant presented for follow up of a partial matrixectomy of the right hallux. In an August 26, 2024 report, Dr. Sanders noted that appellant presented for evaluation of low back pain, which occasionally radiated into the right buttock. In a December 2, 2024 report, she diagnosed causalgia and idiopathic peripheral neuropathy. In a February 6, 2025 report, Dr. Barnes recommended that appellant be referred to a neurology specialist to address his neuropathy.

The Board finds, however, that none of these reports contain an opinion that appellant sustained additional conditions as causally related to, or sustained as a consequence of, his already accepted employment conditions. 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 on the issue of causal relationship.[11] Therefore, this evidence is insufficient to establish appellant's expansion claim.

Appellant submitted August 27, 2019 right ankle and right foot x-rays, an October 7, 2021 right ankle MRI scan, an April 30, 2024 right lower extremity EMG/NCV study, May 23, 2024 right ankle x-rays, and a June 13, 2024 right ankle MRI scan. However, diagnostic studies,

[11] *See F.S.,* Docket No. 23-0112 (issued April 26, 2023); *L.B.,* Docket No. 18-0533 (issued August 27, 2018); *D.K.,* Docket No. 17-1549 (issued July 6, 2018).

standing alone, lack probative value on causal relationship as they do not address whether employment factors caused the diagnosed condition.[12]

Appellant submitted an August 28, 2019 report and treatment notes of even date by Ms. Charlton, a nurse practitioner; and a May 23, 2024 report by Ms. Clayman, a physician assistant. However, certain healthcare providers such as physician assistants, and nurses are not considered physicians as defined under FECA.[13] Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits.[14] Therefore, this evidence is insufficient to establish appellant's expansion claim.

As the medical evidence of record is insufficient to establish causal relationship between additional diagnosed conditions and the accepted employment injury, the Board finds that appellant has not met his burden of proof to establish his expansion claim.

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 as causally related to, or sustained as a consequence of, his accepted employment conditions.

[12] *C.S.,* Docket No. 19-1279 (issued December 30, 2019).

[13] 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); *H.S.,* Docket No. 20-0939 (issued February 12, 2021) (physician assistants are not considered physicians as defined under FECA); *P.S.,* Docket No. 17-0598 (issued June 23, 2017) (registered nurses and nurse practitioners are not considered physicians as defined under FECA).

[14] *See id.*

ORDER

IT IS HEREBY ORDERED THAT the March 19, 2025 decision of the Office of Workers' Compensation Programs is affirmed.[15]

Issued: July 3, 2025
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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

[15] The Board notes that the employing establishment issued an August 28, 2019 Form CA-16. A completed Form CA-16 authorization may constitute a contract for payment of medical expenses to a medical facility or physician, when properly executed. The form creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim. *See* 20 C.F.R. § 10.300(c); *S.G.,* Docket No. 23-0552 (issued August 28, 2023); *J.G.,* Docket No. 17-1062 (issued February 13, 2018); *Tracy P. Spillane,* 54 ECAB 608 (2003).