

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

C.L., Appellant

and

**U.S. POSTAL SERVICE, SOUTHFIELD POST
OFFICE, Shreveport, LA, Employer**

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) **Docket No. 25-0593**
) **Issued: July 15, 2025**
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Appearances:

Alan J. Shapiro, Esq., for the appellant¹

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 June 2, 2025, appellant, through counsel, filed a timely appeal from a May 20, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act² (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUE

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

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 an 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.*

FACTUAL HISTORY

This case has previously been before the Board.³ The facts and circumstances set forth in the Board's prior decision and prior order are incorporated herein by reference. The relevant facts are as follows.

On March 20, 2019, appellant, then a 41-year-old city carrier, filed an occupational disease claim (Form CA-2) alleging that she developed back spasms and knee and leg pain due to factors of her federal employment, including continuous climbing of steps. She did not stop work.

In a May 2, 2019 development letter, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed and provided a questionnaire for her completion. In a separate development letter of the same date, OWCP requested information from the employing establishment, including comments from a knowledgeable supervisor. It afforded both parties 30 days to respond. No additional evidence was received from either party.

By decision dated June 19, 2019, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish a medical diagnosis in connection with the accepted factors of federal employment. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

On August 29, 2019, appellant requested reconsideration.

By decision dated October 9, 2019, OWCP denied appellant's request for reconsideration of the merits of her claim, pursuant to 5 U.S.C. § 8128(a).

Thereafter, OWCP received medical evidence.

In work slips dated October 11, 2018 and April 8, 2019, Dr. Michael Scott Chanler, a Board-certified family practitioner, returned appellant to full duty on the day after the date of the work slip.

A March 20, 2019 magnetic resonance imaging (MRI) scan of the lumbar spine demonstrated mild degenerative changes at L3-4 with minimal bilateral foraminal stenosis that could affect the L3 spinal nerves.

In reports dated April 12 and 25, 2019, Dr. Philip Andrew Utter, a Board-certified neurosurgeon, related appellant's history of back pain, diagnosed lumbar spondylosis and degenerative disc disease, and returned her to work effective April 26, 2019.

In a May 31, 2019 report, Amy Brainis, an advanced practice registered nurse (APRN), certified family nurse practitioner (CFNP), and registered nurse first assistant (RNFA), diagnosed lumbar disc disorder with radiculopathy.

³ Docket No. 20-0385 (issued August 5, 2020); *Order Remanding Case*, Docket No. 22-0494 (issued April 5, 2024).

In an August 29, 2019 report, Dr. Moustafa El Sayed related that appellant had been treated in an emergency department on August 28, 2019. He held her off work through September 8, 2019.

In a September 5, 2019 work slip, Stephanie Williams, a CFNP, held appellant off work pending an MRI study.

In an October 9, 2019 report, Dr. Val Irion, a Board-certified orthopedic surgeon and sports medicine specialist, recounted that appellant experienced pain and swelling of the right knee while walking at work commencing in August 2019. On examination of the right knee, he found medial joint line pain, trace effusion, pain with hyperflexion, and a positive McMurray's sign. Dr. Irion reviewed an MRI scan and diagnostic images of the tibia, which revealed "some chondral damage to the medial femoral condyle" and degenerative signal within the meniscus. He diagnosed right knee pain with chondromalacia. Dr. Irion administered an intra-articular injection.

OWCP also received an October 9, 2019 work slip and December 4, 2019 duty status report (Form CA-17) wherein Jeremy Causey, a physician assistant, held appellant off work.

Additionally, OWCP received reports dated October 10, 2018 through September 30, 2019 bearing illegible signatures.

Appellant filed a timely appeal to the Board from the June 19, 2019 merit decision and the October 9, 2019 nonmerit decision.

OWCP continued to receive additional medical evidence. In a May 17, 2019 operative report, Dr. Utter recounted his administration of bilateral intra-articular injections.

OWCP also received October 9, 2019 and January 8, 2020 reports by Mr. Causey, and unsigned or incomplete reports dated August 22 and September 5, 2019. Further, it received an incomplete, unsigned September 5, 2019 report.

In reports dated October 30, 2019 through March 30, 2020, Dr. Irion diagnosed a degenerated right medial meniscus, chondromalacia of the right knee, right knee pain, and effusion of both knees. In his February 19, 2020 report, he recounted that in August 2018, appellant noted right lower extremity pain while on her route at work, with swelling and problems with the right knee the following day. Appellant underwent multiple aspirations of the right knee. In his March 30, 2020 report, Dr. Irion recommended right knee arthroscopy "awaiting approval of the condition" as work related.

By decision dated August 5, 2020,⁴ the Board affirmed OWCP's June 19 and October 9, 2019 decisions, finding that appellant had not met her burden of proof to establish a medical condition causally related to the accepted factors of her federal employment. The Board further found that OWCP properly denied appellant's request for reconsideration of the merits of her claim, pursuant to 5 U.S.C. § 8128(a).

⁴ Docket No. 20-0385 (issued August 5, 2020).

On July 27, 2021, appellant, through counsel, requested reconsideration.

In an October 29, 2021 letter, received by OWCP on November 8, 2021, counsel contended that appellant had filed a reconsideration request on July 27, 2021. By decision dated January 12, 2022, OWCP denied appellant's November 8, 2021 request for reconsideration, finding that it was untimely filed, and failed to demonstrate clear evidence of error. Appellant, through counsel, appealed to the Board. By order dated April 5, 2024, the Board set aside OWCP's January 12, 2022 decision, finding that appellant's July 27, 2021 request for reconsideration was timely filed. The Board remanded the case for review under the proper standard for timely requests for reconsideration and issuance of an appropriate decision.⁵

In a June 25, 2021 report, Dr. Irion recounted treating appellant commencing in October 2019 for right knee medial femoral condyle chondromalacia and meniscal injury. Appellant underwent arthroscopic right knee surgery with medial femoral condyle chondroplasty and partial medial meniscectomy, followed by partial right knee replacement, "secondary to the diffuse chondromalacia grade 3 changes" visualized on April 20, 2021 arthroscopy. Dr. Irion opined that "the job injury as a postal employee[e] caused/contributed to the injury as mentioned above. It was a direct causative factor of the surgeries that were performed on her right knee." Additionally, appellant's pain had been consistent since initial treatment in October 2019.

By decision dated May 30, 2024, OWCP modified its June 19, 2019 decision "[s]pecifically, from a denial based on Fact of Injury Medical to a denial based on Causal Relationship."⁶ However, the claim remained denied as the medical evidence of record was insufficient to establish causal relationship between the diagnosed medical conditions and the accepted factors of appellant's federal employment.

On May 5, 2025, appellant, through counsel, requested reconsideration.

Thereafter, OWCP received a February 20, 2020 report, wherein Dr. Irion recounted treating appellant commencing in October 2019 for right knee pain and swelling that began in August 2018 while on her postal route. Appellant underwent several aspirations of the right knee and a series of right knee injections. Dr. Irion noted that appellant had "been working at a decreased status secondary to the pain in her knee and repetitive nature of her job." He opined that appellant's "job as a postal worker and route that she is participating in would contribute to the injury that she sustained," and would also "contribute to worsening pain and recurrent effusions within the knee."

In a May 27, 2020 report, Dr. Irion diagnosed chondromalacia of the right patella with possible meniscal injury and recurrent effusions. He recommended right knee arthroscopy and submitted preoperative reports.

⁵ *Order Remanding Case*, Docket No. 22-0494 (issued April 5, 2024).

⁶ Although the May 30, 2024 decision modified the Board's August 5, 2020 decision, OWCP is not authorized to review Board decisions. The decisions and orders of the Board are final as to the subject matter appealed and such decisions and orders are not subject to review, except by the Board. See 20 C.F.R. § 501.6(d). Accordingly, OWCP's June 19, 2019 decision is the appropriate subject of possible modification.

On June 16, 2020, appellant underwent arthroscopic right knee surgery with partial medial meniscectomy and medial femoral condyle chondroplasty. Dr. Irion submitted progress notes dated June 24, 2020 through April 8, 2021, wherein he noted continued pain and swelling of the right knee addressed by January 2021 viscosupplementation. He diagnosed primary osteoarthritis of the right knee and chondromalacia of the knees with effusion.

On April 21, 2021, appellant underwent right knee medial partial arthroplasty. Dr. Irion submitted progress notes dated May 19 through June 23, 2021.

In a July 13, 2021 report, Dr. Irion diagnosed unilateral primary osteoarthritis of the right knee.

On July 29, 2021, appellant underwent right knee manipulation under general anesthesia to address postsurgical arthrofibrosis.

OWCP received additional reports dated December 6, 2024 through April 23, 2025, wherein Dr. Irion diagnosed a right medial cruciate ligament sprain and postsurgical symptoms.

OWCP also received unsigned injury status reports dated April 22 and August 31, 2020.

Additionally, OWCP also received reports by Mr. Causey dated June 8, 2020 through June 15, 2022.

By decision dated May 20, 2025, OWCP denied modification of the May 30, 2024 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA⁷ 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.⁸ 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

⁷ *Supra* note 2.

⁸ *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).

compensation is claimed; and (3) rationalized medical evidence establishing that the diagnosed condition is causally related to the identified employment factors.⁹

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.¹⁰ 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.¹¹

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted factors of her federal employment.

Preliminarily, the Board notes that it is unnecessary to consider the evidence appellant submitted prior to the issuance of OWCP's June 19, 2019 merit decision because the Board considered that evidence in its August 5, 2020 decision. Findings made in prior Board decisions are *res judicata* absent any further review by OWCP under section 8128 of FECA.¹²

In support of her claim, appellant submitted work slips dated October 11, 2018 and April 8, 2019, wherein Dr. Chanler returned her to full duty on the day after the date of the work slip. Similarly, Dr. El Sayed, in an August 29, 2019 report, noted that appellant had been treated in an emergency department on August 28, 2019. However, neither physician provided 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.¹³ As such, this evidence is insufficient to establish appellant's claim.

Similarly, Dr. Utter, in reports dated April 12 through May 17, 2019, diagnosed lumbar spondylosis and degenerative disc disease, but did not provide an opinion regarding the cause of the diagnosed condition. As explained 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

⁹ *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).

¹⁰ *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).

¹¹ *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).

¹² *A.D.*, Docket No. 25-0409 (issued May 21, 2025); *J.H.*, Docket No. 22-0981 (issued October 30, 2023); *G.W.*, Docket No. 22-0301 (issued July 25, 2022); *C.H.*, Docket No. 19-0669 (issued October 9, 2019); *Clinton E. Anthony, Jr.*, 49 ECAB 476, 479 (1998).

¹³ *See P.V.*, *supra* note 11; *R.J.*, Docket No. 24-0885 (issued September 30, 2024); *G.M.*, Docket No. 24-0388 (issued May 28, 2024); *C.R.*, Docket No. 23-0330 (issued July 28, 2023); *K.K.*, Docket No. 22-0270 (issued February 14, 2023); *S.J.*, Docket No. 19-0696 (issued August 23, 2019); *M.C.*, Docket No. 18-0951 (issued January 7, 2019); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

the issue of causal relationship.¹⁴ Therefore, this evidence is of no probative value and are insufficient to establish the claim.

Dr. Irion, in reports dated October 9, 2019 through April 23, 2025, recounted that appellant experienced right knee pain and swelling while at work commencing in August 2019 and provided diagnoses. He noted in his February 20, 2020 report that appellant had “been working at a decreased status secondary to the pain in her knee and repetitive nature of her job.” Dr. Irion opined that delivering a postal route contributed to appellant’s recurrent right knee effusion. In a June 25, 2021 report, he recounted a history of treatment, right knee arthroscopy, and partial right knee arthroplasty. Dr. Irion opined that appellant’s job duties were “a direct causative factor of the surgeries that were performed on her right knee.” However, he did not provide sufficient rationale to support his opinion. 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 medical condition/disability was related to the accepted employment factors.¹⁵ This evidence is therefore insufficient to establish the claim.

OWCP also received reports from CFNPs and a physician assistant. However, certain health care providers such as nurses, physician assistants, and physical therapists are not considered physicians under FECA and, therefore, are not competent to provide a medical opinion.¹⁶ As such, this evidence is of no probative value and is insufficient to establish appellant’s claim.

OWCP also received reports dated October 10, 2018 through August 31, 2020 that are unsigned or bear illegible signatures. The Board has held that reports that are unsigned or bear an illegible signature lack proper identification and cannot be considered probative medical evidence

¹⁴ *Id.*

¹⁵ *C.T.*, Docket No. 25-0384 (issued May 5, 2025); *see Y.D.*, Docket No. 16-1896 (issued February 10, 2017) (finding that a report is of limited probative value regarding causal relationship if it does not contain medical rationale describing the relation between work factors and a diagnosed condition/disability).

¹⁶ Section 8102(2) of FECA provides as follows: (2) 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. § 8102(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); *see also R.B.*, Docket No. 25-0361 (issued April 23, 2025) (nurse practitioners are not considered physicians under FECA and, therefore, are not competent to provide a medical opinion); *R.R.*, Docket No. 24-0624 (issued July 29, 2024) (certified family nurse practitioners are not considered physicians as defined under FECA and their reports do not constitute competent medical evidence); *B.D.*, Docket No. 22-0503 (issued September 27, 2022) (nurse practitioners are not considered physicians as defined under FECA and their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits); *L.S.*, Docket No. 19-1231 (issued March 30, 2021) (nurse practitioners are not considered physicians as defined under FECA). *H.S.*, Docket No. 20-0939 (issued February 12, 2021) (physician assistants are not considered physicians as defined under FECA).

as the author cannot be identified as a physician.¹⁷ Therefore, this evidence is also insufficient to establish the claim.

OWCP also received a March 20, 2019 MRI scan of the lumbar spine. The Board has held, however, that diagnostic studies, standing alone, lack probative value as they do not address whether the accepted employment factors resulted in a medical condition.¹⁸

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted employment factors, 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 medical condition causally related to the accepted factors of her federal employment.

¹⁷ See *P.V.*, *supra* note 11; *O.R.*, Docket No. 25-0400 (issued May 21, 2025); *V.T.*, Docket No. 22-1036 (issued February 13, 2025); *J.E.*, Docket No. 22-0683 (issued November 10, 2022); *M.A.*, Docket No. 19-1551 (issued April 30, 2020); *Merton J. Sills*, 39 ECAB 572, 575 (1988).

¹⁸ *F.G.*, Docket No. 25-0306 (issued March 19, 2025); *D.M.*, Docket No. 24-0832 (issued September 12, 2024); *L.A.*, Docket No. 22-0463 (issued September 29, 2022); *D.K.*, Docket No. 21-0082 (issued October 26, 2021); *O.C.*, Docket No. 20-0514 (issued October 8, 2020); *R.J.*, Docket No. 19-0179 (issued May 26, 2020).

ORDER

IT IS HEREBY ORDERED THAT the May 20, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 15, 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