

<sup>2</sup> 5 U.S.C. § 8101 *et seq.*

## **ISSUE**

The issue is whether appellant has met her burden of proof to establish a right knee condition causally related to the accepted January 18, 2024 employment incident.

## **FACTUAL HISTORY**

On March 8, 2024 appellant, then a 22-year-old city carrier assistant 1, filed a traumatic injury claim (Form CA-1) alleging that on January 18, 2024 at 7:00 p.m. she sustained a possible right leg nerve injury when she slipped and fell on ice while in the performance of duty. She stopped work on January 18, 2024, and returned to full-duty work on January 19, 2024. On the reverse side of the form, the employing establishment controverted the claim asserting that appellant fell in the parking lot prior to clocking in.

In visit-summary reports and duty status reports (Form CA-17) dated February 28, March 18, 19, and April 10, 2024, Rebecca Gracie Cross, a certified physician assistant, noted that appellant was seen for right knee pain. Appellant's physical examination revealed full right knee range of motion and tenderness on palpation over the insertion of the patellar tendon on the tibia. Ms. Cross diagnosed right knee sprain, right knee region hematoma, and right knee patellar tendinitis. In a February 29, 2024 form report, she advised that appellant could return to sedentary work with restrictions until April 10, 2024. On April 10, 2024 Ms. Cross again noted appellant's work restrictions.

In an April 29, 2024 visit-summary report, Christy McGhee, a physician assistant, related that appellant was seen for right knee pain. She noted that x-rays of appellant's knee showed what might be a small avulsion of the medial patella possibly consistent with medial patellofemoral ligament (MPFL) tear.

On May 7, 2024 Ms. Cross noted that appellant was seen for right knee pain.

In a May 15, 2024 visit-summary report, Dr. D. Chris Carver, a Board-certified orthopedic surgeon, diagnosed right patellofemoral joint dislocation, knee ligament reconstruction, and closed osteochondral distal femur fracture. He noted that appellant had been seen for follow-up visit for right knee pain following a magnetic resonance imaging (MRI) scan. Dr. Carver also recounted that on April 28, 2024 appellant felt her right knee dislocate while walking.

In a development letter dated July 17, 2024, OWCP informed appellant of the deficiencies of her claim and requested additional medical evidence. It afforded her 60 days to respond. In a development letter of even date to the employing establishment, OWCP inquired whether it owned, controlled, or managed the parking lot where appellant fell.

On July 17, 2024 the employing establishment confirmed that it owned, controlled, and managed the parking lot.

In a follow-up development dated August 21, 2024, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish her claim. It noted that she had 60 days from the July 17, 2024 letter to submit the 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 subsequently received a July 11, 2024 surgical report from Dr. Carver relating that appellant underwent right knee diagnostic arthroscopy, right knee open MPFL reconstruction, and right knee open osteochondral allograft to the lateral femoral condyle. The preoperative and postoperative diagnoses were right knee chronic lateral patellar instability with osteochondral defect of the lateral femoral condyle.

In a Form CA-17 dated August 23, 2024, Ms. Cross noted an April 28, 2024 injury date, diagnosed patellar femoral joint dislocation, and provided work restrictions.

By decision dated September 25, 2024, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish causal relationship between her diagnosed right knee condition and the accepted January 18, 2024 employment incident.

On October 1, 2024 appellant, through counsel, requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review.

Following a preliminary review, by decision dated November 18, 2024, OWCP's hearing representative remanded the case to OWCP to issue a *de novo* decision explaining the deficiencies in the medical evidence. The hearing representative found that in the May 15, 2024 report Dr. Carver had noted that appellant felt her right knee dislocate while she was walking on April 28, 2024, which was a new mechanism of injury. He concluded that OWCP should have further discussed the medical evidence submitted in support of the January 18, 2024 incident and the intervening incident of April 28, 2024.

By *de novo* decision dated December 18, 2024, OWCP denied appellant's claim, finding that the medical evidence was insufficient to establish that the diagnosed right knee conditions were causally related to the accepted January 18, 2024 employment incident.

In a form report dated January 2, 2025, Dr. Carver diagnosed right lateral patellofemoral joint dislocation. He noted that appellant had sustained a right knee injury on January 18, 2024, which contributed to her April 28, 2024 injury.

On January 7, 2025 appellant, through counsel, requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review.

Following a preliminary review, by decision dated January 23, 2025, OWCP's hearing representative set aside the December 18, 2024 decision and remanded the case for OWCP to request that the employing establishment identify appellant's regular work hours. In addition to the factual development of the case, the hearing representative instructed OWCP to request that Dr. Carver separate findings and diagnoses from the January 18, 2024 and the April 28, 2024 incidents.

By decision dated February 5, 2025, an OWCP hearing representative vacated the January 23, 2025 decision and determined that appellant's request for hearing should be granted.

A telephonic hearing was held on March 27, 2025.

By decision dated April 30, 2025, OWCP's hearing representative affirmed the December 18, 2024 decision. She found that the medical evidence of record did not establish that appellant's diagnosed right knee conditions were causally related to the accepted January 18, 2024 employment incident.

On May 21, 2025 appellant, through counsel, requested reconsideration. In support of her request, she submitted an April 18, 2025 form report from Dr. Carver. Dr. Carver diagnosed right lateral patellofemoral joint dislocation and related that appellant had undergone right knee open MPFL reconstruction on July 11, 2024. He recounted that appellant's April 28, 2024<sup>3</sup> injury occurred when she felt her knee dislocate while walking. Dr. Carver further related that the April 2024 injury correlated with the January 2024 injury when she fell on ice while walking in the parking lot at work.

By decision dated May 28, 2025, OWCP denied modification.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>4</sup> 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,<sup>5</sup> 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.<sup>6</sup> 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.<sup>7</sup>

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. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time and place, and in the manner alleged. Second, the employee must submit sufficient evidence to establish that the employment incident caused an injury.<sup>8</sup>

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<sup>3</sup> Dr. Carver noted January 22, 2024 and April 28, 2025 injuries. The dates appear to be typographical errors.

<sup>4</sup> *Id.*

<sup>5</sup> *S.J.*, Docket No. 25-0359 (issued April 15, 2025); *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).

<sup>6</sup> *S.J.*, *id.*; *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).

<sup>7</sup> *S.J.*, *id.*; *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).

<sup>8</sup> *J.P.*, Docket No. 25-0507 (issued June 10, 2025); *T.J.*, Docket No. 19-0461 (issued August 11, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

The medical evidence required to establish causal relationship is rationalized medical opinion evidence.<sup>9</sup> The opinion of the physician must be based on a complete factual and medical background of the employee, 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 specific employment incident identified by the employee.<sup>10</sup>

### ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a right knee condition causally related to the accepted January 18, 2024 employment incident.

OWCP received a report dated May 15, 2024 from Dr. Carver wherein he diagnosed patellofemoral joint dislocation, knee ligament reconstruction, and closed osteochondral distal femur fracture. Also received was Dr. Carver's July 11, 2024 surgical report diagnosing right knee chronic lateral patellar instability with osteochondral defect of the lateral femoral condyle. However, he did not provide an opinion that appellant's diagnosed right knee conditions were causally related to the accepted January 18, 2024 employment incident in these reports. 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.<sup>11</sup> Therefore, this evidence is insufficient to establish appellant's claim.

OWCP also received reports dated January 2 and April 18, 2025 from Dr. Carver wherein he diagnosed right lateral patellofemoral joint dislocation. In the January 2, 2025 note, he opined that the January 18, 2024 accepted incident contributed to appellant's April 28, 2024 knee injury. In his April 18, 2025 note, Dr. Carver stated that the January 2024 injury occurred when appellant fell on ice while walking the parking lot at work and this contributed to the subsequent injury. The Board finds that Dr. Carver only provided a conclusory opinion. He did not offer a rationalized opinion in either report explaining the causal relationship between appellant's diagnosed right knee conditions and the accepted January 18, 2024 employment incident. Dr. Carver did not provide medical rationale explaining, physiologically, how appellant's diagnosed conditions were caused or aggravated by the accepted January 18, 2024 employment incident.<sup>12</sup> As he merely offered a

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<sup>9</sup> See *C.M.*, Docket No. 25-0408 (issued April 16, 2025); *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).

<sup>10</sup> See *C.M.*, *id.*; *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).

<sup>11</sup> See *J.B.*, Docket No. 24-0946 (issued November 4, 2024); *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).

<sup>12</sup> *S.S.*, Docket No. 23-0391 (issued October 24, 2023); see *F.H.*, Docket No. 18-1238 (issued January 18, 2019); *J.R.*, Docket No. 18-0206 (issued October 15, 2018).

conclusory opinion without supporting medical rationale, this evidence is insufficient to establish appellant's claim.<sup>13</sup>

OWCP also received evidence signed solely by a nurse practitioner and/or physician assistants. However, certain healthcare providers such as nurse practitioners, physician assistants, and physical therapists are not considered physicians as defined under FECA.<sup>14</sup> Thus, this evidence is of no probative value and is insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish a right knee condition causally related to the accepted January 18, 2024 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 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 right knee condition causally related to the accepted January 18, 2024 employment incident.

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<sup>13</sup> See *M.P.*, Docket No. 25-0200 (issued January 29, 2025); *M.F.*, Docket No. 25-0013 (issued November 14, 2024); *A.M.*, Docket No. 24-0533 (issued July 5, 2024); *C.G.*, Docket No. 23-0013 (issued April 24, 2023); *C.B.*, Docket No. 20-0629 (issued May 26, 2021).

<sup>14</sup> Section 8101(2) of FECA provides that medical opinions can only be given by a qualified physician. This section defines a physician as 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); see also *A.C.*, Docket No. 24-0661 (issued September 11, 2024); medical reports signed solely by a nurse, physician assistant, or physical therapist are of no probative value, as such healthcare providers are not considered physicians as defined under FECA and, therefore, are not competent to provide a medical opinion); *M.F.*, Docket No. 19-1573 (issued March 16, 2020) (medical reports signed solely by a physician assistant or a nurse practitioner are of no probative value as these care providers are not considered physicians as defined under FECA); *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).

**ORDER**

**IT IS HEREBY ORDERED THAT** the May 28, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 30, 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