

² A claimant has 180 days from the date of OWCP's decision to timely file an appeal. 20 C.F.R. § 501.3(e). The 180th day following OWCP's July 1, 2024 decision was Saturday, December 28, 2024. However, when the last day to file an appeal falls on a Saturday, Sunday, or federal holiday, the 180-day period runs until the close of the next business day. 20 C.F.R. § 501.3(f)(3). Appellant therefore had until Monday, December 30, 2024 to file this appeal. As this appeal was received by the Office of the Clerk of the Appellate Boards on Monday, October 30, 2024, it was timely filed.

Federal Employees' Compensation Act³ (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.⁴

ISSUE

The issue is whether appellant has met her burden of proof to establish a recurrence of disability commencing April 7, 2014 causally related to her accepted October 19, 2012 employment injury.

FACTUAL HISTORY

This case has previously been before the Board.⁵ The facts and circumstances as presented in the prior Board order and decisions are incorporated herein by reference. The relevant facts are as follows.

On October 24, 2012 appellant, then a 44-year-old clerk, filed a traumatic injury claim (Form CA-1) alleging on October 19, 2012 she injured her left shoulder lifting a 52-pound sack onto a scale while in the performance of duty. She stopped work on October 20, 2012 and returned to modified-duty work on October 24, 2012. OWCP assigned the claim OWCP File No. xxxxxx784 and accepted it for left shoulder sprain. It subsequently expanded its acceptance of the claim to include sprain of the upper arm and calcifying tendinitis of the right shoulder.

Appellant stopped work on January 14, 2013. In a work capacity evaluation (Form OWCP-20) dated November 13, 2013, appellant's attending physician, Dr. Stephen Dawkins, Board-certified in physical medicine, opined that appellant was unable to perform her regular job and restricted her pushing, pulling, lifting, squatting, kneeling, and climbing. He provided a weight restriction for each activity of 20 pounds.

The employing establishment offered appellant a limited-duty assignment on November 25, 2013 as a mail processing clerk. Appellant's duties included signing in express mail for two hours, relieving clerks on the automated small parcel bundle sorter (ASPBS) machine for two hours, sorting mail, and scanning the foreign mail on the dock for two hours. The physical requirements were pushing, pulling, lifting, squatting, and kneeling up to 20 pounds and walking and standing for 2 hours a day. Appellant accepted this position on November 25, 2013.

In an April 7, 2014 report, Dr. Dr. Zouheir Shama, a general surgeon, noted appellant's history of injury and Dr. Shama opined that appellant had sustained a consequential right shoulder

³ 5 U.S.C. § 8101 *et seq.*

⁴ The Board notes that, following the July 1, 2024 decision, 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.*

⁵ *Order Remanding Case*, Docket No. 21-0445 (issued June 1, 2022); Docket No. 19-0519 (issued October 24, 2019); Docket No. 15-1069 (issued August 12, 2015).

injury as a result of overcompensating for the injury to her left shoulder. He requested that the acceptance of her claim be expanded to include a right shoulder consequential injury. Dr. Shama referred appellant for physical therapy. In a separate report of the same date, Dr. Shama opined that her modified work had aggravated her condition and that Dr. Dawkins' restrictions were not honored by the employing establishment. He stated that appellant was required to lift and push mail. Dr. Shama held her off work until May 5, 2014 and listed her restrictions as no lifting more than 20 pounds, no carrying, walking no more than 5 minutes at a time, sedentary duties that did not involve her shoulders, no lifting above the shoulder, and no fine manipulation for more than 30 minutes at a time.

On May 9, 2014, appellant filed a claim for compensation (Form CA-7) for disability from work commencing April 7, 2014. In a May 23, 2014 development letter, OWCP advised appellant that the evidence was currently insufficient to support her claim for wage-loss compensation beginning April 7, 2014 and requested that she submit additional medical evidence supported by objective findings showing that her condition had worsened such that she was totally disabled beginning April 7, 2014. It afforded her 30 days to submit the requested information.

Appellant continued to file CA-7 forms claiming subsequent periods of disability from work. She also subsequently submitted medical evidence in support of her disability claims.

In a November 26, 2013 report, Dr. Dawkins opined that appellant could work with express mail but could not lift over 20 pounds or perform repetitive work with the use of her upper extremities. He further noted that she could only work in an indoor heated area.

Dr. Dawkins examined appellant again on April 8, 2014 and opined that she could continue modified work, lifting up to 20 pounds with no overhead work. He diagnosed shoulder pain, shoulder tendinitis, a sprain/strain of the shoulder, and an injury to the shoulder and upper arm. Dr. Dawkins released appellant from his care as he had referred her to Dr. Shama for treatment.

In an April 7, 2014 duty status report, (Form CA-17) Dr. Shama diagnosed tendinitis. He repeated appellant's restrictions of no lifting or carrying greater than 20 pounds, no reaching above the shoulder, no repetitive use of the shoulders, no pulling/pushing, and fine manipulation for no greater than 30 minutes at a time.

OWCP also received May 22 and 27, 2014 reports from Dr. Shama, who found that appellant was forced to work outside the restrictions of her modified assignment, which required more "walking, standing, rising from seated positions, lifting, and use of her hands, arms, and shoulders in performing the duties assigned, than the sedentary work actually offered in the modified assignment." He noted that she had sustained three injuries at work, an injury to her shoulder, an injury to her back, and an injury to her right foot. Dr. Shama noted pain and discomfort in appellant's shoulder. He indicated that she was not allowed to return to work on May 5, 2014 within the restrictions that he provided. Dr. Shama diagnosed bilateral shoulder sprain and shoulder tendinitis.

By decision dated July 23, 2014, OWCP denied appellant's claim for wage-loss compensation for the period April 7 through May 3, 2014.

On August 6, 2014, appellant requested reconsideration and submitted additional evidence.

In a report dated July 29, 2014, Dr. Shama noted that Dr. Dawkins had referred appellant to him for evaluation and treatment. He reported her history of injury and accepted shoulder conditions. Dr. Shama noted that Dr. Dawkins returned appellant to modified work in November 2013, but that she asserted that she was required to work beyond her prescribed limitations. He concluded that she should not lift more than 20 pounds and should not perform repetitive work using her shoulder and arms. Dr. Shama further indicated that appellant had limited range of motion resulting from repetitive use of her shoulders. He opined that she was totally disabled from April 7 through May 15, 2014 at which point he found that she was refused work within her restrictions.

By decisions dated October 27, 2014 and January 5, 2015, OWCP denied modification of its July 23, 2014 decision. Appellant appealed to the Board. By decision dated August 12, 2015, the Board affirmed the January 5, 2015 decision, finding that she had not established that she was required to work beyond her restrictions or provided medical evidence establishing that she was totally disabled from work commencing April 7, 2014 causally related to her accepted employment injury.⁶

OWCP continued to receive evidence. On February 6, 2015, Dr. Trishanna Sookdeo, a Board-certified family practitioner, diagnosed bilateral shoulder strain and tendinitis. Dr. Cynthia D'Amelio, a chiropractor, completed February 18 and May 29, 2015 reports diagnosing bilateral shoulder strain and shoulder tendinitis. In March 5 and July 2, 2015 reports, Dr. Shama diagnosed sprain of the left shoulder and right shoulder tendinitis and prescribed physical therapy. On March 13, April 17, and May 22, 2015 Dr. Sookdeo repeated her diagnoses.

Appellant requested reconsideration on November 3, 2015 and provided additional factual evidence. By decision dated November 16, 2015, OWCP denied modification of its January 5, 2015 decision.

On December 28, 2015, appellant requested reconsideration and provided additional factual information. She alleged that she was sent home by the employing establishment on May 5, 2014 and not allowed to work based on Dr. Shama's restrictions. Appellant provided a February 19, 2015 statement from the postal union asserting that she was denied reasonable accommodation shortly after May 5, 2014. In a February 19, 2015 letter, received by OWCP on December 28, 2015, the employing establishment asserted that there was no work available within appellant's work restrictions on and after July 17, 2014. On February 20, 2015, a coworker described appellant's work activities, including bending over to scan labels, walking, and exposure to cold. She also noted that appellant was required to perform repetitive reaching and twisting of her torso and dragging full sacks of mail.

By decision dated February 3, 2016, OWCP denied modification of its November 16, 2015 decision.

OWCP continued to receive medical evidence. In notes dated November 12 and 25, 2015, and January 6, 2016, Dr. Vikash C. Modi, a Board-certified family practitioner, diagnosed

⁶ *Id.*

hypertension, synovitis and tenosynovitis of the ankle and foot, degenerative arthritis, adhesive tendinitis of the shoulder, sacroiliac inflammation, depression, and fibromyalgia.

On February 7, 2017, appellant requested reconsideration of OWCP's February 3, 2016 decision. She alleged that the employing establishment inaccurately asserted that limited-duty work was available. Appellant maintained that on May 5, 2014 the employing establishment had sent her home as it found that there was no work available within the restrictions prescribed by her physician. She contended that she did not stop work on January 14, 2014, but instead used leave. Appellant also alleged that Dr. Shama did not increase her work restrictions. She contended that the previously submitted witness statements demonstrated that the employing establishment provided her with a variety of assignments beyond those listed in the August 2013 modified job offer. Appellant also asserted that the modified job offer was never within her restrictions. She requested wage-loss compensation from May 5, 2014 and continuing as management had not provided her with suitable light-duty work.

By decision dated May 8, 2017, OWCP denied modification of its February 3, 2016 decision.

OWCP continued to receive evidence. In a note dated May 30, 2017, Dr. George Capo, an osteopath Board-certified in family medicine, examined appellant's bilateral shoulders. He diagnosed chronic shoulder pain and noted that she had not worked in three years. On June 13, 2017, Dr. Capo examined appellant due to low back pain related to a 2010 employment injury. He diagnosed low back pain and sciatica on the right.

On September 20, 2017, Dr. Daniel R. Orcutt, a Board-certified orthopedic surgeon, examined appellant due to her bilateral shoulder conditions. He diagnosed bilateral shoulder pain, osteoarthritis of the shoulder region, and right rotator cuff syndrome. On October 6, 2017, Dr. Orcutt performed a steroid injection in appellant's left shoulder. He examined appellant on November 3, 2017, and repeated his diagnoses of bilateral shoulder pain, osteoarthritis, and rotator cuff syndrome. Dr. Orcutt provided work restrictions of no lifting over 5 pounds, no pushing or pulling over 10 pounds, and no reaching or working above the shoulder level. On December 1 and 22, 2017, as well as January 31 through April 2018, he repeated his diagnoses. Dr. Orcutt noted that appellant had developed the onset of lumbar radiculopathy, foot pain, and low back pain in September 2017.

On March 28, 2018, Dr. Orcutt provided additional work restrictions attributed to appellant's lumbar condition, indicating that she could lift up to 20 pounds, push and pull up to 30 pounds, no excessive twisting, and no kneeling or crawling. He continued to provide treatment notes regarding her various conditions on April 25 and 27, 2018. In an April 27, 2018 note, Dr. Orcutt noted appellant's history of injury in October 2012 as lifting a 50-pound mailbag. He diagnosed bilateral shoulder pain, bilateral osteoarthritis of the shoulders, bilateral rotator cuff syndrome, and strain of the left trapezius muscle. On June 1, 2018, Dr. Orcutt repeated his work restrictions due to appellant's bilateral shoulder condition.

On June 12, 2018, appellant requested reconsideration of the June 12, 2017 OWCP decision. She provided documents addressing the National Reassessment Process (NRP) and actions of the employing establishment in 2010. Appellant provided a September 3, 2010 letter

from the employing establishment regarding the NRP. She also submitted August 24, 2009 and March 30, 2011 letters from the employing establishment informing her that no work was available within her work restrictions. Appellant submitted a June 12, 2013 Merit Systems Protection Board decision, finding that the employing establishment was required to restore her to work.

In a June 1, 2018 note, Dr. Orcutt repeated his previous findings and conclusions. He also provided a June 29, 2018 note repeating his previous work restrictions due to appellant's bilateral shoulder conditions.

By decision dated July 12, 2018, OWCP denied modification of its May 8, 2017 decision.

Appellant appealed the July 12, 2018 decision to the Board. By decision dated October 24, 2019,⁷ the Board set aside the July 12, 2018 decision, finding that further development of the evidence was required. It remanded the case for OWCP to obtain information from the employing establishment regarding appellant's work status and whether her limited-duty assignment had changed or was withdrawn.

OWCP continued to receive evidence. Dr. Orcutt provided a series of reports dated June 29, 2018 through November 8, 2019 diagnosing bilateral shoulder pain, arthritis, rotator cuff syndrome, and left trapezius strain. He found that appellant could lift no greater than 20 pounds, could not push or pull greater than 30 pounds, and should not perform prolonged standing or walking more than 6 hours during an 8-hour shift.

On July 31, 2018, the employing establishment offered appellant a modified-duty position, pushing and pulling no more than 15 pounds, lifting no more than 10 pounds, and standing no more than 6 hours which she accepted on August 4, 2018.

In an August 31, 2018 duty status report, Dr. Orcutt released appellant to return to work with restrictions of lifting no more than 10 pounds, pulling and pushing no more than 15 pounds, and performing no outstretched reaching or working above shoulder level. Appellant returned to full duty on September 14, 2018.

In a December 2, 2019 development letter, OWCP requested that the employing establishment address appellant's work status and modified job-duty assignments. It afforded 30 days for a response.

OWCP subsequently received a medical report dated December 6, 2019 wherein Dr. Orcutt diagnosed bilateral foot pain, bilateral shoulder pain, bilateral primary osteoarthritis of the shoulders, bilateral rotator cuff syndrome, and left trapezius strain. He repeated his work restrictions.

On January 10, 2020, appellant related that she returned to work on May 5, 2014 and was instructed by T.T. to report to the express mail operation. She resubmitted the May 7, 2014 duty status report (Form CA-17) from Dr. Shama diagnosing tendinitis and two additional Form CA-17s diagnosing fasciitis and lumbar sprain and providing additional restrictions. Appellant alleged

⁷ *Supra* note 5.

that, after 2 hours, T.T. assigned her to the manual letters division for 5 minutes and then instructed her to take a 15-minute break and return to the attendance control office. She then informed appellant that there was no work available for her and that she would contact her when work was found. The employing establishment did not contact appellant from May 5 through July 16, 2014, but informed OWCP that work was available. On July 15, 2014, T.T. provided appellant with a five-day absence notice and requested medical documentation.

In a January 10, 2020 letter, the employing establishment asserted that it had made work available for appellant that complied with the restrictions set forth by Dr. Dawkins. It further asserted that it did not withdraw or change the modified job offer, but that appellant submitted additional increased work restrictions from Dr. Shama.

Dr. Orcutt submitted a report dated January 10, 2020 diagnosing bilateral shoulder pain, bilateral foot pain, bilateral rotator cuff syndrome, bilateral primary osteoarthritis of the shoulders and left trapezius strain. He found that appellant was performing modified-duty work.

By *de novo* decision dated February 20, 2020, OWCP denied appellant's claimed recurrence of disability commencing April 7, 2014.

On March 18, 2020, appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. A hearing was held on July 1, 2020.

Dr. Orcutt submitted a series of reports dated February 24 through July 31, 2020 diagnosing bilateral shoulder pain, bilateral foot pain, bilateral rotator cuff syndrome, bilateral primary osteoarthritis of the shoulders and left trapezius strain. He found that appellant was performing modified-duty work and provided work restrictions of lifting no greater than 20 pounds, pushing and pulling no greater than 30 pounds, working eight hours a day, and standing no more than six hours in an eight-hour shift.

By decision dated August 7, 2020, OWCP's hearing representative affirmed the February 20, 2020 decision.

Appellant appealed to the Board. By order dated June 1, 2022, the Board set aside the August 7, 2020 decision and remanded the case for OWCP to administratively combine appellant's claims, followed by a *de novo* decision.⁸

OWCP continued to receive evidence. Dr. Orcutt submitted a series of reports dated September 4, 2020 through April 26, 2021 repeating his previous diagnoses and restrictions. He found that appellant was totally disabled from March 11 through 12, 2021 but reinstated her work restrictions on March 15, 2021. From September 10, 2021 through April 22, 2022, Dr. Orcutt requested authorization for a right shoulder arthroscopy with distal clavicle excision. On August 11, 2022, Dr. Orcutt performed a right shoulder total arthroplasty. She returned to limited-duty work on January 9, 2023.

⁸ OWCP subsequently administratively combined OWCP File Nos. xxxxxx784 and xxxxxx073, with the latter serving as the master file.

By *de novo* decision dated October 28, 2022, OWCP denied appellant's recurrence claim, finding that the medical evidence of record was insufficient to establish disability from work commencing April 7, 2014 causally related to her accepted employment injury.

On November 22, 2022, appellant, through counsel requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. A hearing was held on May 4, 2023.

By decision dated June 26, 2023, OWCP's hearing representative affirmed the October 28, 2022 decision.

OWCP continued to receive evidence from Dr. Orcutt regarding appellant's right shoulder surgery and recovery from November 16, 2022 through November 19, 2023 including x-rays dated August 26, 2022. On April 2 and May 15 and November 17, 2023, Dr. Orcutt provided work restrictions due to the right shoulder arthroplasty.

In reports dated January 15 through April 1, 2024, Dr. Orcutt addressed appellant's right shoulder condition following surgery and her disability due to this surgery. He diagnosed left shoulder arthritis and opined that this condition was work related. Dr. Orcutt requested that acceptance of appellant's claim be expanded to include left shoulder arthritis and replacement surgery.

In a May 14, 2024 note, Dr. Orcutt diagnosed bilateral shoulder pain and again requested left shoulder surgery to treat arthritis. He related that the diagnosed left shoulder arthritis was a result of her job and requested that the claim be expanded to include left shoulder osteoarthritis.

On June 26, 2024, appellant, through counsel, requested reconsideration of the June 26, 2023 OWCP decision.

By decision dated July 1, 2024, OWCP denied modification of its June 26, 2023 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA⁹ has the burden of proof to establish the essential elements of his or her claim, including that any disability or specific condition for which compensation is claimed is causally related to the employment injury.¹⁰ The term disability is defined as the incapacity, because of an employment injury, to earn the wages the employee was receiving at the time of the injury.¹¹ For each period of disability claimed, the employee has the burden of proof to establish that he or she was disabled from work as a result of the accepted

⁹ *Supra* note 3.

¹⁰ *C.B.*, Docket No. 20-0629 (issued May 26, 2021); *D.S.*, Docket No. 20-0638 (issued November 17, 2020); *S.W.*, Docket No. 18-1529 (issued April 19, 2019); *Elaine Pendleton*, 40 ECAB 1143 (1989); *see also Nathaniel Milton*, 37 ECAB 712 (1986).

¹¹ 20 C.F.R. § 10.5(f); *S.T.*, Docket No. 18-412 (issued October 22, 2018); *Cheryl L. Decavitch*, 50 ECAB 397 (1999).

employment injury.¹² Whether a particular injury causes an employee to become disabled from work, and the duration of that disability, are medical issues that must be proven by a preponderance of the reliable, probative, and substantial medical evidence.¹³

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 that had resulted from a previous compensable injury or illness and without an intervening injury or new exposure in the work environment. This term also means an ability to work because a light-duty assignment made 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.¹⁴ A recurrence of disability does not apply when a light-duty assignment is withdrawn for reasons of misconduct, nonperformance of job duties, downsizing, or the existence of a loss of wage-earning capacity determination.¹⁵

When an employee who is disabled from the job he or she held when injured on account of employment-related residuals returns to a limited-duty position or the medical evidence of record establishes that he or she can perform the limited-duty position, the employee has the burden of proof to establish by the weight of the reliable, probative, and substantial evidence a recurrence of total disability and to show that he or she cannot perform such limited-duty work. As part of this burden of proof, the employee must show either a change in the nature and extent of the injury-related condition, or a change in the nature and extent of the limited-duty job requirements.¹⁶

The Board has noted that the term disability means the incapacity because of injury to earn the wages which the employee was receiving at the time of such injury. Disability benefits are payable regardless of whether the termination of employment was for cause if the medical evidence establishes that appellant was unable to perform his assigned duties due to her injury-related condition.¹⁷

ANALYSIS

The Board finds appellant has not met her burden of proof to establish a recurrence of disability commencing April 7, 2014 causally related to her accepted October 19, 2012 employment injury.

¹² *K.C.*, Docket No. 17-1612 (issued October 16, 2018); *William A. Archer*, 55 ECAB 674 (2004).

¹³ *S.G.*, Docket No. 18-1076 (issued April 11, 2019); *Fereidoon Kharabi*, 52 ECAB 291-92 (2001).

¹⁴ 20 C.F.R. § 10.5(x); *see D.T.*, Docket No. 19-1064 (issued February 20, 2020).

¹⁵ *H.L.*, Docket No. 17-1338 (issued April 25, 2018); *C.P.*, Docket No. 17-0549 (issued July 13, 2017); *J.F.*, 58 ECAB 124 (2006); *see also* 20 C.F.R. § 10.5(x); Federal (FECA) Procedure Manual, Part 2 -- Claims, *Recurrences*, Chapter 2.1500.2b (June 2013).

¹⁶ *G.P.*, Docket No. 21-0112 (issued July 14, 2021); *J.S.*, Docket No. 19-1402 (issued November 4, 2020); *S.D.*, Docket No. 19-0955 (issued February 3, 2020); *Terry R. Hedman*, 38 ECAB 222 (1986).

¹⁷ *See K.E.*, Docket No. 19-1922 (issued July 10, 2020); *T.L.*, Docket No. 09-1066 (issued February 17, 2010).

Initially, the Board notes that it is unnecessary to consider the evidence appellant submitted prior to the issuance of OWCP's January 5, 2015 decision, which was considered by the Board in its August 12, 2015 decision. Findings made in prior Board decisions are *res judicata* absent further merit review by OWCP under section 8128 of FECA.¹⁸

Appellant subsequently submitted additional evidence from Dr. Shama, who listed appellant's restrictions as no lifting or carrying greater than 20 pounds, no reaching above the shoulder, no repetitive use of the shoulders, no pulling/pushing, and fine manipulation for no greater than 30 minutes at a time. He found that appellant was forced to work outside of the restrictions by performing excessive walking, standing, rising from seated positions, lifting, and use of her hands, arms, and shoulders rather than the sedentary duties described in the modified assignment. Dr. Shama alleged that appellant was not allowed to return to work on May 5, 2014 within the restrictions that he provided. However, he did not provide rationale explaining his conclusory 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 employment factors.¹⁹ Therefore, this evidence is insufficient to establish appellant's recurrence claim.

The remaining medical evidence does not contain an opinion that appellant sustained a recurrence of disability commencing April 7, 2014 causally related to the accepted October 19, 2012 employment injury.²⁰ Medical evidence that does not address the cause of an employee's condition or disability is of no probative value on the issue of causal relationship.²¹ Therefore, this evidence is insufficient to establish appellant's recurrence claim.

Additionally, appellant submitted treatment notes from a physical therapist. The Board has held that certain healthcare providers such as physical therapists are not considered physicians as defined under FECA and, therefore, are not competent to provide a medical opinion. Therefore, this evidence is of no probative value and is insufficient to establish appellant's recurrence claim.²²

¹⁸ *C.M.*, Docket No. 19-1211 (issued August 5, 2020); *Clinton E. Anthony, Jr.*, 49 ECAB 476, 479 (1998).

¹⁹ *See Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

²⁰ *See A.D.*, Docket No. 24-0770 (issued October 22, 2024).

²¹ *Id.*; *T.L.*, Docket No. 22-0881 (issued July 17, 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).

²² 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); *see also I.P.*, Docket No. 24-0121 (issued March 11, 2024) (physical therapists are not considered physicians as defined under FECA); *L.S.*, Docket No. 19-1768 (issued March 24, 2020) (physical therapists are not considered physicians under FECA).

Appellant also submitted x-ray reports. However, diagnostic studies, standing alone, lack probative value on causal relationship as they do not address whether employment factors caused the diagnosed condition.²³

As the medical evidence of record is insufficient to establish causal relationship between the claimed recurrence of disability and the accepted October 19, 2012 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 appellant has not met her burden of proof to establish a recurrence of disability commencing April 7, 2014 causally related to her accepted October 19, 2012 employment injury.

ORDER

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

Issued: June 5, 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

²³ See *T.L.*, Docket No. 22-0881 (issued July 17, 2024); *C.S.*, Docket No. 19-1279 (issued December 30, 2019).