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E.M., Appellant)	
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and)	Docket No. 25-0495
)	Issued: June 5, 2025
DEPARTMENT OF VETERANS AFFAIRS,)	
JAMES A. HALEY VETERANS' HOSPITAL,)	
Tampa, FL, Employer)	
)	

Case Submitted on the Record

Before:
ALEC J. KOROMILAS, Chief Judge
PATRICIA H. FITZGERALD, Deputy Chief Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

On April 22, 2025 appellant filed a timely appeal from a March 21, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act¹ (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

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

¹ 5 U.S.C. § 8101 *et seq.*

FACTUAL HISTORY

This case has previously been before the Board on a different issue.² The facts and circumstances as set forth in the Board's prior decision are incorporated herein by reference. The relevant facts are as follows.

On August 30, 2022 appellant, then a 63-year-old medical supply aide and technician, filed an occupational disease claim (Form CA-2) alleging that he developed two bone spurs in his left foot and one bone spur in his right foot due to factors of his federal employment, including prolonged walking while collecting and distributing medical instruments. He noted that he first became aware of the claimed condition and realized its relationship to his federal employment on November 18, 2018.

In a development letter dated September 1, 2022, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence needed and provided a questionnaire for his completion. By separate development letter of even date, OWCP requested additional information from the employing establishment, including comments from a knowledgeable supervisor. It afforded both parties 30 days to respond.

In response, appellant submitted a September 1, 2022 statement, wherein he attributed his plantar fasciitis and bone spurs to walking seven-and-a-half miles per shift while performing his assigned duties as a medical supply technician aide. OWCP also received appellant's August 31, 2022 statement wherein he noted that he had mild bilateral pes planus diagnosed on June 30, 1977 when he entered military service.

OWCP also received a series of reports dated August 13, 2018 through June 18, 2019 wherein Dr. Maria Jaramillo-Dolan, a podiatrist, described an unspecified foot condition and restricted appellant to sedentary-duty work.

OWCP also received a January 4, 2021 report, wherein Dr. Tammy D'Souza, an osteopath specializing in family medicine, recounted treating appellant for an unspecified condition commencing in 2017. Dr. D'Souza held appellant off work.

In a September 2, 2022 letter, the employing establishment controverted appellant's claim, alleging that while he reported bilateral lower extremity issues attributable to diabetes, appellant did not indicate that his condition was work related. In November 2018, appellant provided work limitations. During the period November 30, 2018 through April 13, 2021, he was accommodated with a modified position as a medical technician aide, which met the restrictions set forth by his treating physician. The physical demands were listed as requiring walking and standing during a normal workday, occasional lifting of boxes, supplies and instrument sets, and pulling and pushing various case carts.

In a follow-up development letter dated September 29, 2022, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish his claim.

² Docket No. 25-0144 (issued February 6, 2025).

It noted that he had 30 days remaining 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.

In a statement dated October 4, 2022, appellant attributed the claimed condition to lifting, pushing, and pulling surgical instruments on and off storage racks.

OWCP received additional reports by Dr. Jaramillo-Dolan dated June 22, 2018 through November 5, 2021, wherein she recounted appellant's complaints of bilateral heel and ankle pain, greater on the right, and bilateral fifth toe pain. Dr. Jaramillo-Dolan noted that appellant worked as a medical supply technical aide. In a June 18, 2019 report, she related that appellant noted that "excessive walking or standing aggravates" his symptoms. Dr. Jaramillo-Dolan diagnosed Type 2 diabetes mellitus with diabetic polyneuropathy, right plantar fasciitis, bilateral calcaneal spurs, primary osteoarthritis of the feet and ankles, bilateral ankle contractures, plantar fascial fibromatosis, benign neoplasm of connective and other soft tissue of the left lower extremity, bilateral fifth toe pain, viral warts, and a June 15, 2019 left ankle sprain. She administered a series of intra-articular injections to the heels and ankles, prescribed a night splint for the right foot and ankle, and instructed appellant in diabetic foot care. OWCP also received diagnostic studies, including June 22, 2018 and October 20, 2022 diagnostic images of the lower extremities, an August 2, 2018 venous doppler study of the right lower extremity, January 18, 2019 ultrasound scans, and April 1, 2019 magnetic resonance imaging (MRI) scans.

In reports dated February 21 through July 18, 2023, Dr. Jaramillo-Dolan related that appellant "explained that excessive walking or standing aggravates" his bilateral foot conditions. She diagnosed plantar fibromatosis. OWCP also received additional diagnostic images of the feet.

By decision dated March 21, 2025, OWCP denied appellant's occupational disease claim, finding that the evidence of record was insufficient to establish that his diagnosed condition was causally related to the accepted employment factors.

LEGAL PRECEDENT

An employee seeking benefits under FECA³ 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,⁴ 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

³ *Supra* note 1.

⁴ *E.K.*, Docket No. 22-1130 (issued December 30, 2022); *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).

the employment injury.⁵ 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.⁶

To establish that an injury was sustained in the performance of duty in an occupational disease claim, an employee must submit the following: (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 compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.⁷

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁸ A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.⁹ Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s).¹⁰

ANALYSIS

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

Dr. Jaramillo-Dolan, in reports dated June 22, 2018 through July 18, 2023, recounted appellant's complaints of bilateral heel and ankle pain, greater on the right, and bilateral fifth toe pain. She diagnosed Type 2 diabetes mellitus with diabetic polyneuropathy, right plantar fasciitis, bilateral calcaneal spurs, primary osteoarthritis of the bilateral feet and ankles, bilateral ankle contractures, plantar fascial fibromatosis, benign neoplasm of connective and other soft tissue of the left lower extremity, bilateral fifth toe pain, viral warts, and a left ankle sprain. Dr. Jaramillo-

⁵ *K.M.*, Docket No. 24-0752 (issued October 16, 2024); *S.H.*, Docket No. 22-0391 (issued June 29, 2022); *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).

⁶ *E.H.*, Docket No. 22-0401 (issued June 29, 2022); *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).

⁷ *E.K.*, Docket No. 25-0077 (issued January 21, 2025); *R.G.*, Docket No. 19-0233 (issued July 16, 2019); *see also Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994); *Victor J. Woodhams*, 41 ECAB 345 (1989).

⁸ *C.D.*, Docket No. 25-0353 (issued April 16, 2025); *S.K.*, Docket No. 25-0337 (issued April 8, 2025); *S.M.*, Docket No. 22-0075 (issued May 6, 2022); *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).

⁹ *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

¹⁰ *J.D.*, Docket No. 22-0935 (issued December 16, 2022); *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *Y.S.*, Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams*, *supra* note 7.

Dolan acknowledged appellant's position as a medical supply technical aide and related his observation that excessive walking or standing aggravated his symptoms, but did not provide an opinion on the cause of appellant's diagnosed conditions. 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.¹¹ Therefore this evidence is insufficient to establish the claim.

Dr. D'Souza, in a January 4, 2021 report, recounted treating appellant for an unspecified condition commencing in 2017. However, she likewise did not provide an opinion on causal relationship.¹² Therefore, this evidence is also insufficient to establish the claim.

The record also contains diagnostic studies of the lower extremities. The Board has held, however, that diagnostic studies, standing alone, lack probative value on the issue of causal relationship as they do not address whether the accepted employment factors resulted in appellant's diagnosed medical conditions.¹³

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted factors of federal employment, the Board finds that appellant has not met his 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 his burden of proof to establish a medical condition causally related to the accepted factors of his federal employment.

¹¹ *C.D.*, *supra* note 8; *see L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018); *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *S.E.*, Docket No. 08-2214 (issued May 6, 2009).

¹² *Id.*

¹³ *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 March 21, 2025 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

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