

² 5 U.S.C. § 8101 *et seq.*

ISSUE

The issue is whether appellant has met her burden of proof to establish a medical condition causally related to the accepted February 20, 2024 employment incident.

FACTUAL HISTORY

On February 26, 2024 appellant, then a 41-year-old rural carrier, filed a traumatic injury claim (Form CA-1) alleging that on February 20, 2024 she injured her left biceps tendon when she lifted a package while in the performance of duty. She stopped work on February 24, 2024.

Thereafter, OWCP received a February 24, 2024 duty status report (Form CA-17) containing an illegible signature.

In a March 4, 2024 development letter, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence required and provided a questionnaire for her completion. OWCP afforded appellant 60 days to submit the necessary evidence.

A February 1, 2024 magnetic resonance imaging (MRI) scan of the right shoulder demonstrated a partial thickness tear at the myotendinous junction of the right supraspinatus, and attachment of the supraspinatus tendon on the greater tuberosity lateral to the site of the tear. March 6, 2024 x-rays of the left shoulder were within normal limits.

In a March 11, 2024 attending physician's report (Form CA-20), Dr. Karen N. Klein, a Board-certified family practitioner, related a history of injury and treatment. She diagnosed a probable left biceps tendon tear. Dr. Klein noted that appellant had used her left upper extremity exclusively following an accepted employment-related motor vehicle accident³ and experienced left shoulder pain after repetitive use. She recounted that appellant had lifted a package weighing approximately six pounds when pain and dysfunction occurred.

In a follow-up development letter dated April 8, 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 March 4, 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.

In an April 14, 2024 report, Dr. Klein related that appellant experienced right shoulder pain following an October 18, 2023 motor vehicle accident, and later experienced left shoulder pain on February 20, 2024 due to an employment-related incident. Appellant continued to experience bilateral shoulder pain.

³ Previously, under OWCP File No. xxxxxx353, OWCP accepted that on October 18, 2023, appellant sustained a right shoulder contusion and right rotator cuff tear in a motor vehicle accident while in the performance of duty. Appellant's claims have not been administratively combined.

By decision dated May 8, 2024, OWCP accepted that the February 20, 2024 employment incident occurred, as alleged. However, it denied her claim, finding that the medical evidence of record was insufficient to establish a diagnosed medical condition in connection with the accepted February 20, 2024, employment incident. OWCP concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

On May 22, 2024 appellant requested reconsideration.

In a May 14, 2024 Form CA-20, Dr. Klein diagnosed a left supraspinatus/biceps rotator cuff injury, and a muscle defect in the posterior supraspinatus region. She related that appellant sustained a right supraspinatus tendon injury in an employment-related motor vehicle accident. Following the accident, on February 20, 2024, appellant used her left upper extremity to lift a package and experienced a “pop” in her left shoulder with weakness and loss of motion.

By decision dated May 31, 2024, OWCP modified the prior decision to find that the evidence established a medical diagnosis in connection with the accepted February 20, 2024 employment incident. However, the claim remained denied, as the medical evidence of record was insufficient to establish causal relationship between the diagnosed condition and the accepted February 20, 2024 employment incident.

On July 9, 2024 appellant requested reconsideration.

Thereafter, OWCP received a June 13, 2024 MRI scan report of the left shoulder, which demonstrated severe supraspinatus tendinopathy at the critical zone, but without rotator cuff tear, retraction, or atrophy, mild acromioclavicular joint arthritis with some effusion with no rotator cuff impingement or narrowing of the coracoacromial arch, and moderate subdeltoid and subacromial bursitis with effusion.

In a July 2, 2024 Form CA-20 report, Dr. Klein related a history of the October 18, 2023 employment-related motor vehicle accident. She diagnosed a traumatic tear of the right supraspinatus muscle/tendon, severe tendinopathy of the left supraspinatus, and left shoulder bursitis. Dr. Klein opined that appellant’s severe left supraspinatus tendinopathy, subdeltoid bursitis, subacromial bursitis, and effusion were “associated with repetitive use/overuse related to performing duties/lifting with nondominant arm for [three to four] months” secondary to the October 18, 2023 employment injury, with decreased range of motion in all planes. Appellant then sustained a second left shoulder injury when she lifted a package on February 20, 2024, while at work.

In a July 2, 2024 Form CA-17 report, Dr. Klein diagnosed a right rotator cuff tear, left rotator cuff injury, and left shoulder bursitis.

By decision dated July 12, 2024, OWCP denied modification of its May 31, 2024 decision.

On August 28, 2024 appellant, through counsel, requested reconsideration.

Thereafter, OWCP received a July 27, 2024 report, wherein Dr. Klein related a history of injury and treatment for the period October 25, 2023 through May 23, 2024. She opined that the October 18, 2023 employment-related motor vehicle accident caused a 60 percent partial thickness

tear of the right supraspinatus, with diminished strength and motion of appellant's dominant right upper extremity. Dr. Klein explained that the February 20, 2024 occupational lifting injury to the left upper extremity was caused by "overuse of the nondominant hand and arm with subsequent development of a severe supraspinatus tendinopathy at the critical zone of the rotator cuff." The February 20, 2024 injury compounded "the loss of ability to perform gainful employment and additionally limits [appellant's] activities of daily living and self-care."

By decision dated September 6, 2024, OWCP denied modification of its July 12, 2024 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA 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,⁴ 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.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 determine if an employee has sustained a traumatic injury in the performance of duty, OWCP begins with an analysis of whether fact of injury has been established. Fact of injury consists of two components that must be considered in conjunction with one another. The first component is whether the employee actually experienced the employment incident at the time and place, and in the manner alleged.⁷ The second component is whether the employment incident caused an injury.⁸

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue. 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 incident.⁹ Neither the mere fact that a disease or condition manifests

⁴ *Supra* note 1.

⁵ *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁶ *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

⁷ *B.P.*, Docket No. 16-1549 (issued January 18, 2017); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁸ *M.H.*, Docket No. 18-1737 (issued March 13, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

⁹ *A.B.*, Docket No. 25-0057 (issued November 26, 2024); *S.S.*, Docket No. 18-1488 (issued March 11, 2019).

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.¹⁰

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted February 20, 2024 employment incident.

Dr. Klein, in reports dated March 11 through July 27, 2024, diagnosed a right rotator cuff tear, left supraspinatus/biceps tendon tear, left subdeltoid and subacromial bursitis, severe left supraspinatus tendinopathy, and muscle defect in the posterior supraspinatus region. She related that following the October 18, 2023 employment-related motor vehicle accident in which appellant sustained a right rotator cuff tear, appellant used her left upper extremity exclusively, resulting in overuse of her nondominant upper extremity and development of severe supraspinatus tendinopathy. Thereafter, the February 20, 2024 occupational lifting incident caused a new left shoulder injury and compounded appellant's left upper extremity condition. While Dr. Klein indicated that appellant's medical condition was work related, she failed to provide sufficient medical rationale explaining the basis of her opinion. Without explaining, physiologically, how the specific employment incident caused or aggravated a diagnosed condition, Dr. Klein's opinion on causal relationship is of limited probative value and insufficient to establish the claim.¹¹

OWCP also received a February 24, 2024 duty status report (Form CA-17) containing an illegible signature. The Board has held that reports that are unsigned or bear an illegible signature lack proper identification and cannot be considered probative medical evidence as the author cannot be identified as a physician.¹²

The record also contains a February 1, 2024 MRI scan of the right shoulder, March 6, 2024 x-rays of the left shoulder, and a June 13, 2024 MRI scan report of the left shoulder. However, diagnostic studies, standing alone, lack probative value on causal relationship as they do not address whether employment factors caused the diagnosed condition.¹³

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted February 20, 2024 employment incident, the Board finds that appellant has not met her burden of proof.

¹⁰ *J.L.*, Docket No. 18-1804 (issued April 12, 2019).

¹¹ *J.M.*, Docket No. 25-0186 (issued January 28, 2025); *L.B.*, Docket No. 24-0833 (issued November 5, 2024); *G.L.*, Docket No. 18-1057 (issued April 14, 2020); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

¹² *R.W.*, Docket No. 25-0096 (issued January 31, 2025); *see D.F.*, Docket No. 22-0904 (issued October 31, 2022); *see also R.C.*, Docket No. 19-0376 (issued July 15, 2019); *Merton J. Sills*, 39 ECAB 572, 575 (1988).

¹³ *L.W.*, Docket No. 24-0947 (issued January 31, 2025); *C.S.*, Docket No. 19-1279 (issued December 30, 2019).

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 February 20, 2024 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the September 6, 2024 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 19, 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