United States Department of Labor
Employees' Compensation Appeals Board

S.K., Appellant	)	
and	)	**Docket No. 25-0296**
	)	**Issued: March 5, 2025**
U.S. POSTAL SERVICE, WASHINGTON POST OFFICE, Washington, MS, Employer	)	

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

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

JURISDICTION

On February 6, 2025, appellant filed a timely appeal from a January 24, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP).[1] Pursuant to the Federal Employees' Compensation Act[2] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

[1] Appellant submitted a timely request for oral argument before the Board. 20 C.F.R. § 501.5(b). Pursuant to the Board's *Rules of Procedure*, oral argument may be held in the discretion of the Board. 20 C.F.R. § 501.5(a). In support of appellant's oral argument request, she asserted that oral argument should be granted because she had submitted medical evidence sufficient to establish causal relationship. The Board, in exercising its discretion, denies appellant's request for oral argument because this matter pertains to an evaluation of the weight of the medical evidence presented. As such, the arguments on appeal can adequately be addressed in a decision based on a review of the case record. Oral argument in this appeal would further delay issuance of a Board decision and not serve a useful purpose. As such, the oral argument request is denied, and this decision is based on the case record as submitted to the Board."

[2] 5 U.S.C. § 8101 *et seq*.

ISSUE

The issue is whether appellant has met her burden of proof to establish a neck sprain causally related to the accepted September 6, 2024 employment incident.

FACTUAL HISTORY

On September 9, 2024, appellant, then a 48-year-old city delivery specialist, filed a traumatic injury claim (Form CA-1) alleging that, on September 6, 2024, she sprained her neck while in the performance of duty. She related that, when she returned from lunch, she put a key connected to a lanyard around her neck in a door and J.C., her supervisor, opened the door, dragging her in the office. Appellant stopped work on September 6, 2024 and returned to work on September 9, 2024. J.C. controverted the claim, asserting that the incident resulted from the employee's willful misconduct as appellant had her keys on a "non-detachable lanyard hanging around her neck." She advised that, when she opened the door to let customers in after lunch, she saw appellant with a lanyard around her neck and keys hanging from the lanyard. J.C. related that there "were no keys attached to the door lock and no evidence of any bruises." She additionally maintained that appellant was not on the clock at the time of the alleged incident.

Appellant sought treatment in the emergency department on September 6, 2024 from Dr. Benjamin Yarbrough, a specialist in family medicine. Discharge instructions provided a diagnosis of sprain of the ligaments of the cervical spine, initial encounter. In a work release note of even date, a nurse indicated that appellant could return to work on September 9, 2024 with no limitations.

Dr. Jeffrey R. Anderson, an osteopath, completed an attending physician's report, Part B of an authorization for examination and/or treatment (Form CA-16) on September 16, 2024. He provided the history of injury as appellant being "assaulted by her supervisor" and feeling a "pop" in her neck. Dr. Anderson diagnosed neck pain with right upper extremity radiculopathy and checked a box marked "Yes" that the condition was caused or aggravated by the described employment activity. He found that appellant was totally disabled from September 6 to 24, 2024.

In a statement dated September 9, 2024, appellant related that she returned from lunch around 1:28 p.m. on September 6. 2024. She put her key in the locked door to the office. Appellant asserted that J.C. could hear her on the other side of the door and see her through the peephole. She maintained that J.C. opened the door forceful and drug her into the office when her key was still in the door and the lanyard around her neck. J.C. laughed at appellant when she told her to stop pulling the door. Appellant related that J.C. had previously bullied her and created a hostile work environment.

In a development letter dated September 20, 2024, OWCP informed appellant of the deficiencies of her claim and the type of additional factual and medical information needed. It afforded her 60 days to submit the necessary evidence. In a separate development letter of even date, OWCP requested that the employing establishment identify the safety regulation that appellant had allegedly violated and the way that the rule was enforced. It afforded the employing establishment 30 days for the submission of the requested information.

Subsequently, OWCP received a September 11, 2024 disability certificate from Dr. Anderson, who indicated that appellant was unable to work from September 12 to 24, 2024.

The employing establishment submitted previous letters of warning and other disciplinary action issued to appellant from 2019 through 2022.

In a September 23, 2024 email, J.C. advised that appellant was not on the time clock when the alleged incident occurred. She denied snatching open the door. J.C. related that when she opened the door appellant stood on the other side without keys attached to the door lock. She indicated that she "did observe a non-detachable lanyard hanging around her neck with keys attached to it which is a safety hazard." J.C. maintained that appellant had failed to follow procedures related to safety.

On September 23, 2024, Dr. Anderson advised that he had treated appellant on that date and that she was unable to work until her next evaluation on November 4, 2024.

In an attending physician's report (Form CA-20) dated October 1, 2024, Dr. Anderson provided the history of injury as appellant being "assaulted by a supervisor" at work. He diagnosed left upper extremity radiculopathy and indicated by noting "yes" that the condition was caused or aggravated by the described assault. Dr. Anderson indicated that appellant was totally disabled.

The record indicates that appellant had physical therapy appointments from March through October 2024.

In a follow-up letter dated November 12, 2024, OWCP advised appellant that it had conducted an interim review, and determined that the evidence remained insufficient to establish her claim. It noted that she had 60 days from the date of the September 20, 2024 letter to submit the requested supporting 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 letter dated November 14, 2024, OWCP requested that the employing establishment provide additional information regarding the alleged safety violation, the manner the rule was enforced, and the employee's specific activities on the date in question. It requested the information within 30 days.

Subsequently, OWCP received an emergency department report dated September 6, 2024 from a nurse, who obtained a history of appellant feeling a pop in her neck when she put a key that was around her neck into a door that the postmaster jerked open.

In a November 15, 2024 email, J.C. reiterated her previous statement and advised that when hired appellant had been issued a badge and detachable lanyard but she "ultimately chose to wear a non-detachable lanyard which posed as a safety hazard."

On November 18, 2024, appellant related that she returned to work after the September 6, 2024 incident on September 9, 2024. On September 10, 2024, J.C. told her that she was not wearing the correct lanyard and gave her one to wear with instructions to not attach keys.

By decision dated January 24, 2025, OWCP denied appellant's traumatic injury claim. It found that the medical evidence was insufficient to establish a medical condition causally related to the accepted employment factors.

LEGAL PRECEDENT

An employee seeking benefits under FECA[3] 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 filed within the applicable time limitation of FECA,[4] that an injury was sustained while 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 on a traumatic injury or an occupational disease.[6]

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.[7] There are two components involved in establishing fact of injury. The first component is whether the employee actually experienced the employment incident that allegedly occurred at the time and place, and in the manner alleged.[8] The second component is whether the employment incident caused an injury.[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 upon 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.[11]

[3] *Id*.

[4] *C.B.*, Docket No. 21-1291 (issued April 28, 2022); *S.C.*, Docket No. 18-1242 (issued March 13, 2019); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

[5] *N.B.*, Docket No. 23-0690 (issued December 5, 2023); *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *T.H.*, Docket No. 18-1736 (issued March 13, 2019); *R.C.*, 59 ECAB 427 (2008).

[6] *P.A.*, Docket No. 18-0559 (issued January 29, 2020); *T.E.*, Docket No. 18-1595 (issued March 13, 2019); *Delores C. Ellyett*, 41 ECAB 992 (1990).

[7] *T.H.*, Docket No. 19-0599 (issued January 28, 2020); *S.S.*, Docket No. 18-1488 (issued March 11, 2019); *T.H.*, 59 ECAB 388 (2008).

[8] *S.S.*, Docket No. 19-0688 (issued January 24, 2020); *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Bonnie A. Contreras*, 57 ECAB 364 (2006).

[9] *Id*.

[10] *E.G.*, Docket No. 20-1184 (issued March 1, 2021); *T.H.*, *supra* note 7.

[11] *D.C.*, Docket No. 19-1093 (issued June 25, 2020); *see L.B.*, Docket No. 18-0533 (issued August 27, 2018).

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a neck sprain causally related to the accepted September 6, 2024 employment incident.

In an attending physician's report, Part B of the Form CA-16 dated September 16, 2024, Dr. Anderson diagnosed neck pain with right upper extremity radiculopathy and indicated by affirmative checkmark that the condition was caused or aggravated by the described employment activity of appellant being "assaulted by her supervisor."[12] In a Form CA-20 dated October 1, 2024, he diagnosed left upper extremity radiculopathy and provided an affirmative checkmark that the condition was caused or aggravated by the described history of an assault at work. These forms, however, failed to provide the history of appellant injuring her neck when the keys on the lanyard around her neck got stuck in a door that was opened from the other side. Medical reports based on an incomplete or inaccurate history are of limited probative value.[13] Further, Dr. Anderson provided no rationale for his opinion on causal relationship. The Board has held that when a physician's opinion on causal relationship consists only of checking "Yes" to a form question, without providing medical rationale, that opinion is of limited probative value and is insufficient to establish causal relationship.[14] As such, these reports are insufficient to establish appellant's traumatic injury claim.

Appellant submitted work notes dated September 11 and 23, 2004 from Dr. Anderson finding that she was disabled from employment. These notes, however, failed to provide an opinion on causal relationship between a diagnosed condition and the accepted employment incident. The Board has held that medical evidence that does not offer an opinion on causal relationship is of no probative value.[15]

Appellant submitted unsigned discharge instructions from the emergency department indicating that she had been seen on that date by Dr. Yarbrough and providing a diagnosis of cervical sprain. However, the Board has held that reports that are unsigned or bear an illegible

[12] The Board notes that a completed Form CA-16 authorization may constitute a contract for payment of medical expenses to a medical facility or physician, when properly executed. The form creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim. *See* 20 C.F.R. § 10.300(c); *S.G.*, Docket No. 23-0552 (issued August 28, 2023); *J.G.*, Docket No. 17-1062 (issued February 13, 2018); *Tracy P. Spillane*, 54 ECAB 608 (2003).

[13] *See B.C.*, Docket No. 24-0036 (issued March 19, 2024); *S.B.*, Docket No. 21-0646 (issued July 22, 2022); *D.H.*, Docket No. 21-0537 (issued October 18, 2021); *S.R.*, Docket No. 14-1086 (issued February 26, 2015) (medical conclusions based on an incomplete or inaccurate factual background are of limited probative value).

[14] *M.G.*, Docket No. 23-1049 (issued November 26, 2024); *G.C.*, Docket No. 24-0672 (issued September 16, 2024); *Lillian M. Jones*, 34 ECAB 379, 381 (1982).

[15] *A.B.*, Docket No. 23-0937 (issued January 24, 2024); *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *C.F.*, Docket No. 18-0791 (issued February 26, 2019); *Victor J. Woodhams*, 41 ECAB 345 (1989).

signature lack proper identification and cannot be considered probative medical evidence as the author cannot be identified as a physician.[16]

In a work release note dated September 6, 2024, a nurse indicated that appellant could return to work on September 9, 2024 with no limitations. However, the Board has held that certain healthcare providers such as nurses are not considered physicians under FECA and, therefore, are not competent to provide a medical opinion.[17] Therefore, this evidence is of no probative value and insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish a neck strain causally related to the accepted September 6, 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(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 neck sprain causally related to the accepted September 6, 2024 employment incident.

[16] *See L.W.*, Docket No. 24-0947 (issued January 31, 2025); *A.B.*, Docket No. 25-0057 (issued November 26, 2024); *B.S.*, Docket No. 22-0918 (issued August 29, 2022); *S.D.*, Docket No. 21-0292 (issued June 29, 2021); *Merton J. Sills*, 39 ECAB 572, 575 (1988).

[17] Section 8101(2) of FECA provides that 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. § 8101(2); 20 C.F.R. § 10.5(t). *See also* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (May 2023); *R.C.*, Docket No. 24-0253 (issued June 14, 2024) (an advanced practice nurse is not considered a physician as defined under FECA); *D.H.*, Docket No. 22-1050 (issued September 12, 2023) (nurses and nurse practitioners 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 January 24, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 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