

<sup>1</sup> 5 U.S.C. § 8101 *et seq.*

lateral epicondylitis, left elbow lateral epicondylitis, left shoulder impingement syndrome conditions on or after June 22, 2023 causally related to the accepted employment injury.

### **FACTUAL HISTORY**

This case has previously been before the Board.<sup>2</sup> The facts and circumstances as set forth in the Board's prior order are incorporated herein by reference. The relevant facts are as follows.

On December 30, 2021 appellant, then a 58-year-old general claims examiner, filed an occupational disease claim (Form CA-2) alleging that she sustained bilateral upper extremity conditions causally related to factors of her federal employment, including repetitive motions. She noted that she first became aware of her condition and realized its relation to her federal employment on September 2, 2020.<sup>3</sup> The employing establishment indicated that appellant had retired, effective January 1, 2022.

OWCP received medical evidence in support of appellant's claim. Dr. Steven A. Chandler, an osteopath specializing in orthopedic surgery, evaluated appellant for bilateral shoulder and elbow pain on October 16, 2018. On October 25, 2018 he diagnosed rotator cuff tendinitis, bilateral shoulder bursitis, lateral epicondylitis of the elbows, and a frozen shoulder. Dr. Chandler attributed these conditions to appellant's federal employment duties, specifically working at a keyboard that was the wrong height. On September 30, 2021, he opined that appellant's repetitive job duties caused rotator cuff tendinitis, impingement syndrome, and lateral epicondylitis of the bilateral shoulder and elbow. Dr. Chandler noted that she worked at a desk that was too high, resulting in an unnatural arm position which caused rotator cuff tendinitis, bilateral shoulder bursitis, and lateral epicondylitis.

By decision dated April 4, 2022, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish causal relationship between appellant's diagnosed medical conditions and the accepted employment factors.

OWCP subsequently referred appellant to Dr. Junaid Makda, a Board-certified orthopedic surgeon, for a second opinion examination.

In a report dated June 2, 2023, Dr. Makda noted that appellant complained of injuries to her shoulders, wrists, and elbows due to not having an ergonomic workstation while working from home during the pandemic. He noted that her elbow and left shoulder pain had improved since her retirement in January 2022 but that she continued to experience right shoulder pain. On examination of the left shoulder, Dr. Makda found full active and passive range of motion without pain, full strength, intact sensation, and negative impingement signs. For the right shoulder, he found pain with range of motion, positive impingement signs, intact sensation, and 4/5 strength with forward flexion and abduction. Dr. Makda further found full range of motion of the elbows

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<sup>2</sup> *Order Remanding Case*, Docket No. 22-1276 (issued January 18, 2023).

<sup>3</sup> OWCP assigned the present claim OWCP File No. xxxxxx222. Appellant has a prior occupational disease claim, assigned OWCP File No. xxxxxx211, wherein she alleged that she sustained bilateral upper extremity conditions causally related to factors of her federal employment. OWCP has administratively combined OWCP File Nos. xxxxxx222 and xxxxxx221, with the latter serving as the master file.

bilaterally with slight tenderness at the lateral epicondyles and a negative Tinel's sign. He diagnosed resolved bilateral elbow epicondylitis, resolved left shoulder impingement syndrome and rotator cuff tendinitis, right shoulder impingement syndrome and rotator cuff tendinitis, and improving right shoulder adhesive capsulitis. Dr. Makda attributed the diagnoses to appellant's employment duties, noting that performing repetitive work duties and "having a nonergonomic workstation can result in shoulder impingement, bilateral epicondylitis, and frozen shoulder." He advised that she complained primarily of right shoulder symptoms and had objective findings of limited range of motion and weakness consistent with these symptoms.

On June 22, 2023, OWCP accepted appellant's claim for right shoulder impingement syndrome, right shoulder adhesive capsulitis, and an unspecified muscle/tendon injury of the right rotator cuff. It also accepted, as resolved, the remaining conditions of right elbow lateral epicondylitis, left elbow lateral epicondylitis, left shoulder impingement syndrome and unspecified rotator cuff tear or rupture of the left shoulder not specified as traumatic.

On June 28, 2023, appellant requested expansion of the claim to include carpal tunnel syndrome and cervical radiculopathy.

Subsequently, OWCP received a November 19, 2019 note, wherein Dr. Chandler ordered electrodiagnostic testing of appellant's bilateral upper extremities and provided as diagnoses cervical radiculopathy and bilateral carpal tunnel syndrome.

In a September 1, 2020 report, Dr. Chandler discussed appellant's complaints of pain in her wrists, arms, and right shoulder, and tingling in her arms and fingers. He provided examination findings of numbness and tenderness in multiple areas of the upper extremities and a negative Tinel's sign and Phalen's test. Dr. Chandler diagnosed bilateral shoulder rotator cuff tendinitis/bursitis with a partial rotator cuff tear, acromioclavicular (AC) joint arthritis of the bilateral shoulders, adhesive capsulitis of the right shoulder, bilateral elbow lateral epicondylitis, bilateral wrist carpal tunnel syndrome, and cervical radiculopathy.

On August 2, 2023, OWCP reissued its June 22, 2023 letter with appeal rights.

In a report dated October 3, 2023, Dr. Chandler evaluated appellant for bilateral shoulder, elbow, and wrist pain, worse on the right side. He noted that she attributed the pain in her shoulder and elbow to performing repetitive work duties at a desk that was too high. Dr. Chandler advised that diagnostic studies revealed a right shoulder partial rotator cuff tear and cervical stenosis with radiculopathy. He noted that her pain had improved since her retirement, but she still had limited motion and pain in her right shoulder, aches in her left shoulder with overexertion and at random times and tingling in her hands. On examination, Dr. Chandler observed tenderness in the cervical spine and no paravertebral muscle spasm. For the hands, he found a negative Tinel's sign, Finkelstein's test, and Phalen's test bilaterally with no tenderness, full strength, and normal range of motion. Dr. Chandler repeated the same diagnoses as in his September 1, 2020 report. He disagreed that appellant's "bilateral elbow epicondylitis and left shoulder impingement syndrome and rotator cuff tendinitis" had resolved due to her continued random pain and pain with repetitive motion. Dr. Chandler related, "In addition, the right shoulder partial rotator cuff tear continues to bother her as well as the bilateral carpal tunnel syndrome and cervical radiculopathy." He found that appellant's use of her arms in an awkward position at her workstation resulted in bilateral

rotator cuff tendinitis, bursitis, and impingement syndrome which in turn caused a partial right rotator cuff tear and also “the adhesive capsulitis of the right shoulder, lateral epicondylitis of bilateral elbows, bilateral carpal tunnel syndrome, and cervical radiculopathy.”

On January 29, 2024, appellant requested reconsideration of the August 2, 2023 decision. She noted that the second opinion examiner had not addressed her cervical or carpal tunnel syndrome conditions and referred to reports from her attending physician. Appellant again requested expansion of the acceptance of her claim to include her cervical and carpal tunnel syndrome conditions.

By decision dated February 9, 2024, OWCP denied modification of its August 2, 2023 decision.

### **LEGAL PRECEDENT -- ISSUE 1**

Where an employee claims that a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.<sup>4</sup>

The medical evidence required to establish causal relationship between a specific condition, as well as any attendant disability claimed, and the employment injury, is rationalized medical opinion evidence.<sup>5</sup> 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.<sup>6</sup> Additionally, the opinion of the physician 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 the specific employment factor(s) identified by the claimant.<sup>7</sup>

### **ANALYSIS -- ISSUE 1**

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include bilateral carpal tunnel syndrome and cervical radiculopathy as causally related to her accepted employment injury.

In an October 3, 2023 report, Dr. Chandler discussed appellant’s complaints of pain in her bilateral shoulder, elbow and wrist pain, worse on the right side. He noted that her condition had improved after her retirement but that she continued to have some symptoms, including tingling in her hands. On examination, Dr. Chandler found a negative Tinel’s sign and Phalen’s test

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<sup>4</sup> *L.M.*, Docket No. 23-1040 (issued December 29, 2023); *J.R.*, Docket No. 20-0292 (issued June 26, 2020); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

<sup>5</sup> *C.S.*, Docket No. 23-0746 (issued December 11, 2023); *T.C.*, Docket No. 19-1043 (issued November 8, 2019); *M.W.*, 57 ECAB 710 (2006); *John D. Jackson*, 55 ECAB 465 (2004).

<sup>6</sup> *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

<sup>7</sup> *D.W.*, Docket No. 22-0136 (issued October 10, 2023); *M.V.*, Docket No. 18-0884 (issued December 28, 2018); *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

bilaterally with no tenderness, full strength, and normal range of motion. He opined that appellant working with her arms in an awkward position at her workstation caused her to develop bilateral rotator cuff tendinitis, bursitis, and impingement syndrome which resulted in a partial right rotator cuff tear. Dr. Chandler also opined that she had developed “adhesive capsulitis of the right shoulder, lateral epicondylitis of bilateral elbows, bilateral carpal tunnel syndrome, and cervical radiculopathy.” He did not, however, sufficiently explain the pathophysiological process of how appellant’s working in an awkward position caused or contributed to appellant’s additional diagnosed conditions. The Board has held that medical evidence that does not offer a sufficiently rationalized medical explanation regarding the cause of an employee’s condition is of limited probative value on the issue of causal relationship.<sup>8</sup> Dr. Chandler’s report, therefore, is insufficient to establish expansion of appellant’s claim.<sup>9</sup>

In a report dated September 1, 2020, Dr. Chandler noted that appellant complained of right shoulder, bilateral wrist, and bilateral arm pain. On examination, he found a negative Tinel’s sign and Phalen’s test. Dr. Chandler provided diagnoses that included cervical radiculopathy and bilateral carpal tunnel syndrome, and bilateral elbow lateral epicondylitis. He did not, however, provide an opinion on causal relationship. Medical evidence that does not offer an opinion regarding the cause of an employee’s condition is of no probative value on the issue of causal relationship.<sup>10</sup> Therefore, this evidence is insufficient to establish an expansion of the claim.

Dr. Chandler, in a November 19, 2019 report, reviewed electrodiagnostic testing and diagnosed cervical radiculopathy and bilateral carpal tunnel syndrome. Again, however, he did not provide an opinion on causal relationship and thus his opinion is insufficient to establish expansion of the claim.

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.

### **LEGAL PRECEDENT -- ISSUE 2**

Once OWCP accepts a claim and pays compensation, it has the burden of justifying modification or termination of an employee’s benefits.<sup>11</sup> The right to medical benefits for an accepted condition is not limited to the period of entitlement for disability.<sup>12</sup> To terminate

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<sup>8</sup> See *A.S.*, Docket No. 21-1263 (issued July 24, 2023); *C.T.*, Docket No. 22-0013 (issued November 22, 2022); *R.B.*, Docket No. 22-0173 (issued July 26, 2022).

<sup>9</sup> *A.S.*, *id.*; *B.W.*, Docket No. 21-0536 (issued March 6, 2023); *M.M.*, Docket No. 20-1557 (issued November 3, 2021).

<sup>10</sup> *A.S.*, Docket No. 21-1263 (issued July 24, 2023); *A.P.*, Docket No. 18-1690 (issued December 12, 2019); *J.H.*, Docket No. 19-0383 (issued October 1, 2019).

<sup>11</sup> See *L.M.*, Docket No. 22-0342 (issued August 25, 2023); *T.C.*, Docket No. 20-1163 (issued July 13, 2021); *Paul L. Stewart*, 54 ECAB 824 (2003).

<sup>12</sup> *L.K.*, Docket No. 20-0443 (issued August 8, 2023); *E.J.*, Docket No. 20-0013 (issued November 19, 2020); *L.W.*, Docket No. 18-1372 (issued February 27, 2019); *Furman G. Peake*, 41 ECAB 361 (1990).

authorization for medical treatment, OWCP must establish that appellant no longer has residuals of an employment-related condition, which would require further medical treatment.<sup>13</sup>

### **ANALYSIS -- ISSUE 2**

The Board finds that OWCP failed to meet its burden of proof to establish that appellant's accepted right elbow lateral epicondylitis, left elbow lateral epicondylitis, and left shoulder impingement syndrome conditions had resolved as of June 22, 2023.

OWCP referred appellant to Dr. Makda for a second opinion examination. In a June 2, 2023 report, Dr. Makda discussed the history of injury and provided examination findings for the left shoulder of full and painless range of motion, full strength, intact sensation, and negative impingement signs. For the right shoulder, he noted positive impingement signs, intact sensation, and 4/5 strength with forward flexion and abduction. Dr. Makda also noted that appellant's pain in her left shoulder and elbow had improved since she had retired in January 2022 but that she had continued complaints of pain in the right shoulder. He opined that her employment-related bilateral elbow epicondylitis, left shoulder impingement syndrome and left rotator cuff tendinitis had resolved. However, Dr. Makda failed to provide medical rationale supporting his opinion.<sup>14</sup> As he merely offered a conclusory opinion without supporting medical rationale, this evidence is insufficient to constitute the weight of the medical evidence.<sup>15</sup> The Board therefore finds that OWCP failed to meet its burden of proof.<sup>16</sup>

### **CONCLUSION**

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include additional conditions causally related to her accepted employment injury. The Board further finds that OWCP failed to meet its burden of proof to terminate her entitlement to wage-loss compensation and medical benefits effective June 22, 2023.

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<sup>13</sup> *A.J.*, Docket No. 18-1230 (issued June 8, 2020); *R.P.*, Docket No. 18-0900 (issued February 5, 2019).

<sup>14</sup> *K.C.*, Docket No. 24-0628 (issued September 17, 2024); *C.W.*, Docket No. 20-1339 (issued September 15, 2021).

<sup>15</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>16</sup> In light of the Board's disposition of Issue 2, Issue 3 is rendered moot.

**ORDER**

**IT IS HEREBY ORDERED THAT** the February 9, 2024 decision of the Office of Workers' Compensation Programs is affirmed in part and reversed in part.

Issued: May 6, 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