

<sup>2</sup> The Board notes that, following the February 25, 2025 decision, appellant submitted additional evidence to OWCP. However, the Board’s *Rules of Procedures* provides: “The Board’s review of a case is limited to the evidence in the caserecord 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.*

### **FACTUAL HISTORY**

On July 30, 2024 appellant, then a 54-year-old sales, services and distribution associate, filed a traumatic injury claim (Form CA-1) alleging that on July 27, 2024 she developed worsening pain in her left shoulder, radiating down her arm and into her hand, after she pulled a large package onto a dolly while in the performance of duty. She explained that she felt a pull in her left shoulder, followed by a pop, and pain that worsened throughout the weekend. Appellant stopped work on July 29, 2024, and returned to limited-duty work on August 3, 2024.

On August 1 and 6, 2024 Dr. Patrick Fallon, an orthopedic surgeon, provided work restrictions. Subsequently, Renee S. Ragone, a nurse practitioner, provided work restrictions on September 3, 2024; Dr. Heidi Walls, a Board-certified family practitioner, provided work restrictions on November 5, 2024; and on December 12, 2024 Dr. Lauren Nadkarni, a Board-certified family practitioner, also provided work restrictions.

In a December 19, 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. No response was received.

In a follow-up letter dated January 13, 2025, 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 December 19, 2024 letter to submit the requested 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.

On February 10, 2025 Dr. Nadkarni completed an attending physician's report (Form CA-20) relating appellant's history of moving a large box from a pallet and repetitive motions. She diagnosed left shoulder calcific tendinopathy and superior labrum anterior and posterior (SLAP) tear. Dr. Nadkarni opined that repetitive use and heavy lifting during work-related activities may aggravate the diagnosed condition. In a separate report of even date, she found that appellant was totally disabled.

By decision dated February 25, 2025, OWCP accepted that the July 27, 2024 employment incident occurred, as alleged. However, it denied appellant's claim, finding that the medical evidence of record was insufficient to establish causal relationship between the diagnosed condition and the accepted July 27, 2024 employment incident.

### **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,<sup>3</sup> 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

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<sup>3</sup> *Supra* note 1.

employment injury.<sup>4</sup> 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.<sup>5</sup>

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.<sup>6</sup> The second component is whether the employment incident caused an injury.<sup>7</sup>

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.<sup>8</sup> Neither the mere fact that a disease or condition manifests 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.<sup>9</sup>

### ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted July 27, 2024 employment incident.

Dr. Nadkarni, in a February 10, 2025 form report, diagnosed left shoulder calcific tendinopathy, and SLAP tear. She opined that repetitive use and heavy lifting during work-related activities may have aggravated the diagnosed conditions. However, the Board has long held that medical opinions that are speculative or equivocal in character are of diminished probative value.<sup>10</sup>

In support of her claim, appellant submitted medical reports from Dr. Nadkarni, Fallon, and Walls dated August 1 through December 12, 2024, wherein the physicians documented her work restrictions. On February 10, 2025 Dr. Nadkarni opined that appellant was disabled from work. However, none of this evidence included an opinion on causal relationship. The Board has held that medical evidence that does not offer an opinion regarding the cause of an

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<sup>4</sup> *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

<sup>5</sup> *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).

<sup>6</sup> *B.P.*, Docket No. 16-1549 (issued January 18, 2017); *Elaine Pendleton*, 40 ECAB 1143 (1989).

<sup>7</sup> *M.H.*, Docket No. 18-1737 (issued March 13, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

<sup>8</sup> *A.B.*, Docket No. 25-0057 (issued November 26, 2024); *S.S.*, Docket No. 18-1488 (issued March 11, 2019).

<sup>9</sup> *J.L.*, Docket No. 18-1804 (issued April 12, 2019).

<sup>10</sup> *See J.E.*, Docket No. 25-0150 (issued March 12, 2025); *A.B.*, Docket No. 16-1163 (issued September 8, 2017).

employee's condition is of no probative value on the issue of causal relationship.<sup>11</sup> Therefore, this evidence is insufficient to establish appellant's claim.

Appellant also submitted a September 3, 2024 note from Ms. Ragone, a nurse practitioner. The Board has held that health care providers such as nurses, physician assistants, and physical therapists are not considered physicians as defined under FECA and their reports do not constitute competent medical evidence.<sup>12</sup> Consequently, these medical findings or opinions are insufficient to meet appellant's burden of proof.

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted July 27, 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 medical condition causally related to the accepted July 27, 2024 employment incident.

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<sup>11</sup> *G.M.*, Docket No. 24-0388 (issued May 28, 2024); *C.R.*, Docket No. 23-0330 (issued July 28, 2023); *K.K.*, Docket No. 22-0270 (issued February 14, 2023); *S.J.*, Docket No. 19-0696 (issued August 23, 2019); *M.C.*, Docket No. 18-0951 (issued January 7, 2019); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

<sup>12</sup> Section 8102(2) of FECA provides as follows: "(2) 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. § 8102(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 R.P.*, Docket No. 25-0054 (issued December 9, 2024) (nurse practitioners are not physicians under FECA).

**ORDER**

**IT IS HEREBY ORDERED THAT** the February 25, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 14, 2025  
Washington, DC

Patricia H. Fitzgerald, Deputy Chief Judge  
Employees' Compensation Appeals Board

Janice B. Askin, Judge  
Employees' Compensation Appeals Board

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