

**United States Department of Labor
Employees' Compensation Appeals Board**

K.M., Appellant))
)
and)	Docket No. 25-0769
		Issued: November 26, 2025
DEPARTMENT OF THE NAVY, NAVAL DISTRICT WASHINGTON FIRE AND EMERGENCY MEDICAL SERVICES, Indian Head, MD, Employer))
)
)

Appearances:

Alan J. Shapiro, Esq., for the appellant¹
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
JANICE B. ASKIN, Judge

JURISDICTION

On August 7, 2025 appellant, through counsel, filed a timely appeal from an August 1, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act² (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

¹ In all cases in which a representative has been authorized in a matter before the Board, no claim for a fee for legal or other service performed on appeal before the Board is valid unless approved by the Board. 20 C.F.R. § 501.9(e). No contract for a stipulated fee or on a contingent fee basis will be approved by the Board. *Id.* An attorney or representative's collection of a fee without the Board's approval may constitute a misdemeanor, subject to fine or imprisonment for up to one year or both. *Id.*; *see also* 18 U.S.C. § 292. Demands for payment of fees to a representative, prior to approval by the Board, may be reported to appropriate authorities for investigation.

² 5 U.S.C. § 8101 *et seq.*

ISSUE

The issue is whether appellant has met his burden of proof to establish a cardiac condition causally related to the accepted June 16, 2024 employment factors.

FACTUAL HISTORY

On June 18, 2024 appellant, then a 45-year-old firefighter, filed a traumatic injury claim (Form CA-1) alleging that on June 16, 2024 he suffered a heart attack at approximately 1:00 p.m. when he experienced severe chest pain during daily equipment checks and housekeeping duties while in the performance of duty. He was admitted to the hospital that day for an +ST-elevation myocardial infarction with stents and catheterization to proximal interior right coronary artery. Appellant returned to full-time modified duty with restrictions on August 16, 2024.

In a June 21, 2024 letter, the employing establishment advised that appellant's claim did not meet the criteria under FECA Bulletin No. 23-05, Special Case Handling in Certain Firefighter FECA Claims Processing and Adjudication, which provides that for a sudden cardiac event to meet the high-risk criteria, the sudden cardiac event or stroke must occur while, or not later than 24 hours after, engaging in fire protection or suppression activities.³

In a development letter dated June 24, 2024, OWCP informed appellant of the deficiencies of his claim and requested additional medical evidence. It afforded him 60 days to respond.

In a follow-up development dated July 22, 2024, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish his claim. It noted that he had 60 days from the June 24, 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.

OWCP subsequently received a June 16, 2024 cardiac catheterization surgical report from Dr. Sonia R. Samtari, a Board-certified internist specializing in cardiovascular disease and interventional cardiology. Dr. Samtari related that appellant underwent coronary angiogram and percutaneous coronary intervention of the right coronary artery with stents. The postoperative diagnosis was severe coronary artery disease with 95 percent stenosis of the proximal right coronary artery status post percutaneous coronary intervention with stents.

In a July 23, 2024 report, Dr. Samtari related that appellant had a myocardial infarction while working and underwent an emergency percutaneous coronary intervention. She opined that appellant's job stress, which included shift work, sleep deprivation and diet, likely contributed to his cardiac event.

In an August 1, 2024 work status note, Dr. Anna Czajka, a Board-certified internist specializing in cardiovascular disease, opined that, from a cardiac standpoint, appellant could return to work on August 2, 2024 with restrictions.

³ FECA Bulletin No. 23-05 (issued March 20, 2023).

In an attending physician's report (Form CA-20) dated August 12, 2024, Dr. Samtari noted that appellant had a heart attack at work on July 16, 2024 and was diagnosed with interior myocardial infarction and coronary artery disease. She opined that the condition(s) found were caused or aggravated by his employment activity as appellant was under a great deal of stress at work which likely contributed to his cardiac event. Dr. Samtari explained that appellant's job, which entails lack of sleep, poor diet and inability to exercise, can lead to coronary artery disease. She further opined that appellant was partially disabled from June 16, 2024 and was anticipated to return to full-duty work on October 7, 2024.

By decision dated August 27, 2024, OWCP denied appellant's claim, finding that the evidence of record was insufficient to establish the July 16, 2024 employment incident occurred as alleged.

By decision dated November 12, 2024, OWCP vacated the August 27, 2024 decision. It found additional development was required, including referral to a second opinion physician.

On November 12, 2024 OWCP requested that Dr. Samtari review a November 12, 2024 statement of accepted facts (SOAF) and a list of accepted definitions, and provide a medical opinion with objective findings as to whether the stress of appellant's job duties on June 16, 2024 caused, contributed to, aggravated, or exacerbated his heart condition.⁴

On November 20, 2024 OWCP referred appellant, along with the November 12, 2024 SOAF and the medical record, for a second opinion evaluation with Dr. Jonathan Dubin, a Board-certified internist specializing in cardiovascular disease, to determine whether appellant's heart condition was causally related to the accepted employment factors of June 16, 2024.

In a December 17, 2024 report, Dr. Dubin noted his review of the SOAF and the medical record, noting that appellant was diagnosed with hypertension approximately five years ago and placed on antihypertensive medication. He also noted that appellant had an acute onset of chest pain on June 16, 2024 and was brought to the hospital where he was diagnosed with an acute myocardial infarction and underwent angioplasty/stent placement right coronary artery. Dr. Dubin presented physical examination findings and provided an impression of hypertension, coronary artery disease, status post interior myocardial infarction, status post angioplasty/stent placement right coronary artery, obstructive sleep apnea and overweight status. He opined that appellant's coronary artery disease was caused by his multiple cardiac risk factors, including hypertension, high cholesterol, history of tobacco abuse, male sex, and middle-age, which were established causes of coronary artery disease and heart attacks and unrelated to his work as a firefighter. Dr. Dubin stated that appellant, on his current medical regimen, was asymptomatic during his usual daily activities, that he worked full time at a full-duty level with overtime work, and was not disabled by the heart disease. He stated, however, that since coronary artery disease is a chronic condition, appellant would require lifelong treatment and surveillance. In a work capacity evaluation (Form OWCP-5c) of even date, Dr. Dubin opined that appellant could perform his usual job without restrictions.

⁴ The November 12, 2024 SOAF accepted that on June 16, 2024 appellant suffered a heart attack while performing daily equipment checks in the engine bay with new employees and housekeeping duties.

By *de novo* decision dated January 2, 2025, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish a medical condition causally related to the accepted work factors of June 16, 2024. It accorded the weight of the medical evidence to the December 17, 2024 second opinion report of Dr. Dubin.

On April 8, 2025 appellant, through counsel, requested reconsideration.

In an April 25, 2025 statement, R.F., Battalion Chief, provided a list of emergency incidents during the period June 8 through 13, 2024 which appellant had responded to in the week prior to his June 16, 2024 cardiac event.

In letters dated May 7 and July 11, 2025, the employing establishment stated that the Battalion Chief's April 25, 2025 statement confirmed that appellant's June 16, 2024 cardiac event did not meet the high-risk criteria under FECA Bulletin No. 23-05. It requested that the claim remain denied for lack of causal relationship.

By decision dated August 1, 2025, OWCP denied modification of the January 2, 2025 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA⁵ 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,⁶ 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.⁷ 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.⁸

Under FECA Bulletin No. 23-05, claims are deemed high risk, are deemed to be proximately caused by employment in federal fire protection activities, and qualify for expedited processing if the employee was diagnosed with qualifying medical conditions, to include a sudden cardiac event or stroke; the employee was engaged in fire protection activities for at least five years; and the employee was diagnosed with the qualifying medical condition within 10 years of the date of last exposure to federal firefighting activities. For the cardiac event or stroke to meet the criteria for streamlined adjudication, it must occur while, or not later than 24 hours after, engaging in the prevention, control or extinguishment of fires or response to emergency situations where life, property, or the environment is at risk, including the prevention, control, suppression,

⁵ *Id.*

⁶ *S.J.*, Docket No. 25-0359 (issued April 15, 2025); *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).

⁷ *S.J.*, *id.*; *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).

⁸ *S.J.*, *supra* note 6; *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).

or management of fires. If all three of the criteria are not met, the claims examiner should develop the claim in accordance with established FECA case processing procedures.⁹

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. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time and place, and in the manner alleged. Second, the employee must submit sufficient evidence to establish that the employment incident caused an injury.¹⁰

The medical evidence required to establish causal relationship is rationalized medical opinion evidence.¹¹ The opinion of the physician must be based on a complete factual and medical background of the employee, 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 specific employment incident identified by the employee.¹²

ANALYSIS

The Board finds that this case is not in posture for decision.

OWCP referred appellant, along with the medical record, a SOAF, and a series of questions to Dr. Dubin for a second opinion evaluation and opinion on causal relationship between appellant's heart condition and the accepted employment factors of June 16, 2024. In his December 17, 2024 report, Dr. Dubin reviewed the SOAF and medical record, performed a physical examination and diagnosed hypertension, coronary artery disease, status post inferior myocardial infarction, and status post angioplasty/stent placement right coronary artery. He opined that appellant's coronary artery disease was caused by his multiple cardiac risk factors, including hypertension, high cholesterol, history of tobacco abuse, male sex, and middle-age, which are established causes of coronary artery disease and heart attacks and unrelated to his work as a firefighter. However, Dr. Dubin did not specifically address whether the accepted employment factors of June 16, 2024 contributed to appellant's cardiac condition. The Board thus finds that his opinion

⁹ FECA Bulletin No. 23-05 (issued March 20, 2023). On December 23, 2022, the James M. Inhofe National Defense Authorization Act of 2023 (NDAA), Pub. L. No. 117-263, was signed into law. Section 5305 of the NDAA, Fairness for Federal Firefighters, amended the FECA by adding section 8143b to Title 5 of the U.S. Code. Section 8143b established that certain illnesses and diseases are to be deemed to be proximately caused by employment in federal fire protection activities. On March 20, 2023, OWCP issued FECA Bulletin No. 23-05 to align FECA policy with the provisions of the NDAA to align the list of conditions identified in Section 8143b that are deemed to be proximately caused by employment in federal fire protection activities.

¹⁰ *J.P.*, Docket No. 25-0507 (issued June 10, 2025); *T.J.*, Docket No. 19-0461 (issued August 11, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Caralone*, 41 ECAB 354 (1989).

¹¹ See *C.M.*, Docket No. 25-0408 (issued April 16, 2025); *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).

¹² See *R.D.*, Docket No. 25-0625 (issued July 30, 2025); *C.M.*, *id.*; *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *Y.S.*, Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

was insufficiently rationalized. Medical reports consisting solely of conclusory statements without sufficient rationale are of diminished probative value.¹³

It is well established that proceedings under FECA are not adversarial in nature, nor is OWCP a disinterested arbiter. While the claimant has the burden of proof to establish entitlement to compensation, OWCP shares the responsibility in the development of the evidence to see that justice is done.¹⁴ Once it undertakes development of the record, it must do a complete job in procuring medical evidence that will resolve the relevant issues in the case.¹⁵

As Dr. Dubin did not discuss whether the employment factors of June 16, 2024 contributed to his cardiac condition, the case shall be remanded for further development of the medical evidence.¹⁶ On remand, OWCP shall obtain a supplemental second opinion report from Dr. Dubin, which clarifies whether the accepted factors of June 16, 2024 contributed to appellant's coronary condition that day.¹⁷ If Dr. Dubin is unavailable or unwilling to provide a supplemental opinion, OWCP shall refer the case record to a new OWCP physician in the appropriate field of medicine for a second opinion regarding causal relationship.¹⁸ Following this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

On appeal, counsel argues that "the law was not properly applied or interpreted in the present claim. The presumption of compensability was not overcome." As noted above, appellant's June 16, 2024 cardiac event took place more than 24 hours after he was last engaged in fire protection or suppression activities on June 13, 2024. Thus, his claim does not meet the high-risk criteria to qualify for expedited processing under FECA Bulletin No. 23-05.¹⁹

CONCLUSION

The Board finds that this case is not in posture for decision.

¹³ *C.C.*, Docket No. 15-1056 (issued April 4, 2016); *see T.M.*, Docket No. 08-975 (issued February 6, 2009); *Roma A. Mortenson-Kindschi*, 57 ECAB 418 (2006); *William C. Thomas*, 45 ECAB 591 (1994) (a medical report is of limited probative value on the issue of causal relationship if it contains a conclusion regarding causal relationship which is unsupported by medical rationale).

¹⁴ *See V.H.*, Docket No. 23-1013 (issued July 24, 2025); *M.S.*, Docket No. 23-1125 (issued June 10, 2024); *E.B.*, Docket No. 22-1384 (issued January 24, 2024); *J.R.*, Docket No. 19-1321 (issued February 7, 2020); *S.S.*, Docket No. 18-0397 (issued January 15, 2019).

¹⁵ *Id.*; *see also R.M.*, Docket No. 16-0147 (issued June 17, 2016).

¹⁶ *See K.P. (J.P.)*, Docket No. 23-0936 (issued May 12, 2025); *D.T. (W.T.)*, Docket No. 24-0649 (issued February 3, 2025); *C.C.*, Docket No. 18-1229 (issued March 8, 2019); *S.K.*, Docket No. 18-0836 (issued February 1, 2019); *E.D.*, Docket No. 17-1064 (issued March 22, 2018).

¹⁷ *See D.G.*, Docket No. 25-0654 (issued July 22, 2025); *L.N.*, Docket No. 24-0690 (issued November 4, 2024); *D.D.*, Docket No. 24-0203 (issued May 2, 2024); *J.W.*, Docket No. 22-0223 (issued August 23, 2022); *R.O.*, Docket No. 19-0885 (issued November 4, 2019); *Talmadge Miller*, 47 ECAB 673 (1996).

¹⁸ *See K.P. (J.P.)*, *supra* note 16; *G.L.*, Docket No. 23-0584 (issued April 1, 2024); *S.F.*, Docket No. 23-0509 (issued January 24, 2024); *D.W.*, Docket No. 20-0674 (issued September 29, 2020).

¹⁹ *Supra* note 9.

ORDER

IT IS HEREBY ORDERED THAT the August 1, 2025 decision of the Office of Workers' Compensation Programs is set aside and the case is remanded for further proceedings consistent with this decision of the Board.

Issued: November 26, 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