

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

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<b>D.H., Appellant</b>	)	
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and		)
)		Docket No. 25-0816
)		Issued: November 18, 2025
<b>DEPARTMENT OF HOMELAND SECURITY, U.S. BORDER PATROL, Artesia, NM, Employer</b>		)
)		)

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*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  
JANICE B. ASKIN, Judge

**JURISDICTION**

On August 26, 2025 appellant filed a timely appeal from a June 12, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act<sup>1</sup> (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.<sup>2</sup>

**ISSUE**

The issue is whether appellant has met his burden of proof to establish a medical condition causally related to the accepted March 24, 2025 employment incident.

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

<sup>2</sup> The Board notes that following the June 12, 2025 decision, OWCP received additional evidence. However, the Board's *Rules of Procedure* provides: "The Board's review of a case is limited to the evidence in the case record 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 March 31, 2025 appellant, then a 26-year-old border patrol agent, filed a traumatic injury claim (Form CA-1) alleging that on March 24, 2025 he strained his heart when running on a treadmill while in the performance of duty. He stopped work on March 25, 2025 and returned to work on May 14, 2025.

In a March 31, 2025 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence required and provided a questionnaire for his completion. OWCP afforded appellant 60 days to respond. In a separate development letter of even date, it requested additional information from the employing establishment, including comments from a knowledgeable supervisor. OWCP afforded the employing establishment 30 days to respond.

An admission note dated March 25, 2025 reported that appellant was seen by Dr. Scott Bergfeld, Board-certified in family medicine, for mild chest pain and mild shortness of breath. An assessment was provided of chest pain and acute kidney injury. Notes from Dr. Felipe Villa Martignoni, a cardiologist and Board-certified internist, and Dr. Shawn Klapproth, a physician Board-certified in family medicine related that appellant was admitted on March 2025. The March 26, 2025 discharge assessment listed acute kidney injury and chest pain.

A March 25, 2025 electrocardiogram (EKG) by Dr. Muhammad Qudrat Ullah, a cardiologist, was submitted along with a report from Dr. Aliakbar Arvandi, a Board-certified cardiologist and internist, who diagnosed angina.

In a March 26, 2025 addendum progress note, Dr. Klapproth noted that appellant was a student at a federal law enforcement training center and had been undergoing extensive exercise. He recounted appellant's history of a gradual onset of chest pain over the past one to two weeks with symptoms worsening with exercise. A review of appellant's EKG showed no changes concerning ischemia, troponin was slightly elevated, a stress test indicated moderate risk, and appellant was transferred for a higher level of care. Dr. Klapproth related that appellant's elevated laboratory results might be consistent with rhabdomyolysis. He diagnosed chest pain and acute kidney injury.

On March 26, 2025 appellant underwent coronary angiography, performed by Dr. David Wells, a Board-certified radiologist. He related that the angiography provided essentially normal findings and very low cardiovascular disease risk, with less than five percent chance of presence of coronary artery disease.

In an April 8, 2025 response to OWCP's development letter, the employing establishment related that appellant was required to participate in the physical fitness activity, during which he alleged injury.

In a follow-up development letter dated April 28, 2025, 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 March 31, 2025 letter to submit the necessary evidence. OWCP further advised that if the necessary evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

In a May 14, 2025 note, Dr. Stephanie Marshall, an osteopathic Board-certified internist and cardiologist, advised that appellant had undergone extensive cardiac testing which did not reveal cardiac disease. She concluded that appellant could return to work without restrictions.

OWCP received additional March 25, 2025 emergency room notes signed by Dr. Kyle Anderson, Board-certified in emergency medicine. Appellant recounted that he had experienced a syncopal episode in the past during a sport's physical examination. Appellant's diagnosis was listed as chest pain.

By decision dated June 12, 2025, OWCP accepted that the March 24, 2025 employment incident occurred, as alleged. However, it denied appellant's claim, finding that the medical evidence of record was insufficient to establish a medical condition causally related to the accepted March 24, 2025 employment incident.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>3</sup> 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>4</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 employment injury.<sup>5</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>6</sup>

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.<sup>7</sup> There are two components involved in establishing fact of injury. 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.<sup>8</sup> Second, the employee must submit evidence to establish that the employment incident caused an injury.<sup>9</sup>

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<sup>3</sup> *Id.*

<sup>4</sup> See *N.S.*, Docket No. 23-0535 (issued July 26, 2025); *J.K.*, Docket No. 20-0527 (issued May 24, 2022); *J.C.*, Docket No. 20-0882 (issued June 23, 2021); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>5</sup> *N.S.*, *id.*; *J.K.*, *id.*; *J.C.*, *id.*; *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>6</sup> *N.S.*, *id.*; *R.R.*, Docket No. 19-0048 (issued April 125, 2019); *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>7</sup> *N.S.*, *id.*; *D.B.*, Docket No. 18-1348 (issued January 4, 2019); *S.P.*, 59 ECAB 184 (2007).

<sup>8</sup> *N.S.*, *id.*; *D.S.*, Docket No. 17-1422 (issued November 9, 2017); *Bonnie A. Contreras*, 57 ECAB 364 (2006).

<sup>9</sup> *N.S.*, *id.*; *B.M.*, Docket No. 17-0796 (issued July 5, 2018); *David Apgar*, 57 ECAB 137 (2005); *John J. Carlone*, 41 ECAB 354 (1989).

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.<sup>10</sup> A physician's opinion on whether there is a causal relationship between the diagnosed condition and the employment injury must be based on a complete factual and medical background.<sup>11</sup> Additionally, the physician's opinion 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 accepted employment incident.<sup>12</sup>

## ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted March 24, 2025 employment incident.

In March 25 and 26, 2025 hospital notes, Drs. Bergfeld, Martignoni, Anderson, and Klapproth diagnosed chest pain and acute kidney injury. However, these reports failed to provide an opinion regarding causal relationship between a diagnosed condition and the accepted employment incident. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value.<sup>13</sup> Therefore, this evidence is insufficient to establish appellant's claim.

In an addendum report dated March 26, 2025, Dr. Klapproth recounted appellant's history of a gradual onset of chest pain over the past one to two weeks with symptoms worsening during exercise. He related that appellant's elevated laboratory results might be consistent with rhabdomyolysis. However, Dr. Klapproth did not provide an opinion on causal relationship. Therefore, this report is also of no probative value and insufficient to establish the claim.<sup>14</sup>

The record also contains a May 14, 2025 note from Dr. Marshall, who found no evidence of cardiac disease. As Dr. Marshall did not provide an opinion on causal relationship, her report is insufficient to establish appellant's claim.<sup>15</sup>

The remainder of the evidence of record consists of diagnostic studies. The Board has held, however, that diagnostic studies, standing alone, lack probative value on the issue of causal

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<sup>10</sup> *C.G.*, Docket No. 25-0656 (issued August 14, 2025); *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

<sup>11</sup> *S.V.*, Docket No. 22-1010 (issued February 21, 2023); *F.A.*, Docket No. 20-1652 (issued May 21, 2021); *M.V.*, Docket No. 18-0884 (issued December 28, 2018); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

<sup>12</sup> *Id.*

<sup>13</sup> *L.B.*, Docket 18-0133 (issued August 27, 2018); *D.K.*, Docket 17-1549 (issued July 6, 2018).

<sup>14</sup> *Id.*

<sup>15</sup> *Id.*

relationship as they do not address whether the accepted employment incident resulted in a medical condition.<sup>16</sup>

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted March 24, 2025 employment incident, the Board finds that appellant has not met his 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 his burden of proof to establish a medical condition causally related to the accepted March 24, 2025 employment incident.

### **ORDER**

**IT IS HEREBY ORDERED THAT** the June 12, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: November 18, 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

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<sup>16</sup> *L.A.*, Docket No. 22-0463 (issued September 29, 2022); *D.K.*, Docket No. 21-0082 (issued October 26, 2021); *O.C.*, Docket No. 20-0514 (issued October 8, 2020); *R.J.*, Docket No. 19-0179 (issued May 26, 2020).