

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

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**A.W., Appellant**

**and**

**DEPARTMENT OF VETERANS AFFAIRS,  
VETERANS HEALTH ADMINISTRATION,  
COMMUNITY CARE, MONTANA VA  
HEALTH CARE SYSTEM, Fort Harrison, MT,  
Employer**

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**Docket No. 25-0841  
Issued: November 18, 2025**

*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 22, 2025 appellant filed a timely appeal from an August 13, 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>

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

<sup>2</sup> The Board notes that, following the issuance of the August 13, 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 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.*

## **ISSUES**

The issue is whether appellant has met her burden of proof to establish a left upper extremity condition causally related to the accepted factors of her federal employment.

## **FACTUAL HISTORY**

On January 23, 2025 appellant, then a 40-year-old administrative nurse filed an occupational disease claim (Form CA-2) alleging that she sustained left wrist pain due to factors of her federal employment, including repetitive and continuous typing. She noted that she first became aware of her condition on January 1, 2024 and realized its relationship to her federal employment on January 23, 2025. Appellant did not stop work.

Appellant provided a narrative statement, wherein she asserted that typing was a large part of her essential job functions and that she developed increasing intermittent left wrist pain.

Appellant was treated by Baylee Baldwin, a physician assistant, on November 8, 2024, and Will Meredith, an occupational therapist, on January 23, 2025.

In a development letter dated January 30, 2025, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence necessary to establish her claim and provided a questionnaire for her completion. OWCP afforded appellant 60 days to respond. In a separate development letter of even date, it requested that the employing establishment provide additional factual information regarding her claim, including comments from a knowledgeable supervisor. OWCP afforded the employing establishment 30 days to respond.

On February 12, 2025 appellant completed OWCP's development questionnaire, further describing the alleged employment factors.

In a report dated February 12, 2025, Dr. Heidi M. Duncan, a Board-certified family practitioner, related a history of chronic left wrist pain and typing all day at work. She diagnosed left carpal tunnel syndrome with a 13-month history of left wrist pain with numbness to the first three digits aggravated by typing.

In a letter dated February 28, 2025, OWCP notified appellant that it had performed an interim review and determined that the evidence of record remained insufficient to establish her claim. It advised that she had 60 days from the January 30, 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 March 10, 2025 report, Dr. Merrill Stanley, a family medicine specialist, diagnosed left carpal tunnel syndrome. He included findings of positive Phalen's test and positive Tinel's sign. Dr. Stanley recommended an electromyogram/nerve conduction velocity (EMG/NCV) testing and surgical correction.

On March 10, 2025 appellant's supervisor, J.S., confirmed that appellant's job required frequent typing.

In a March 11, 2025 note, Dr. Shellye Burrows, a Board-certified family practitioner, opined that it was “more likely than not” that appellant’s excessive typing and computer work led to her carpal tunnel syndrome.

On March 12, 2025 appellant underwent EMG/NCV testing of the left upper extremity which was normal. On March 16, 2025 she underwent a left wrist magnetic resonance imaging (MRI) scan, which demonstrated partial tear of the dorsal band of the scapholunate ligament, a mildly flattened median nerve within the carpal tunnel suggesting neuritis, and relative crowding of the flexor tendons.

Dr. Stanley, on March 24, 2025, diagnosed partial tear of the pronator quadratus and thenar muscles along with median nerve flattening suggesting neuritis.

On April 3, 2025 Mark Pierson, a physician assistant, provided treatment.

By decision dated April 29, 2025, OWCP denied appellant’s occupational disease claim, finding that the medical evidence of record was insufficient to establish a medical diagnosis in connection with the accepted employment factors. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

On July 10, 2025 appellant requested reconsideration and submitted additional medical evidence. In a July 9, 2025 report, Dr. Barry N. Smith, a family medicine specialist, related appellant’s left upper extremity symptoms and diagnosed atypical carpal tunnel syndrome. He opined that flexor synovitis/mild carpal tunnel syndrome was related to appellant’s work activities.

By decision dated August 13, 2025, OWCP modified the April 29, 2025 decision to find that she had established a diagnosed medical condition in connection with the accepted factors of her federal employment. However, the claim remained denied as the medical evidence of record was insufficient to establish causal relationship between her diagnosed left wrist conditions and the accepted employment factors.

### **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

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

<sup>4</sup> *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).

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 establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.<sup>7</sup>

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.<sup>8</sup> 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 factors.<sup>9</sup>

### ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a left upper extremity condition causally related to the accepted factors of her federal employment.

In support of her claim, appellant submitted a March 11, 2025 report, wherein Dr. Burrows opined that it was “more likely than not” that excessive typing and computer work led to her carpal tunnel syndrome. However, the Board has held that medical opinions that are speculative or equivocal in character are of diminished probative value.<sup>10</sup> Thus, this evidence is insufficient to establish the claim.

Appellant also submitted a July 9, 2025 report wherein Dr. Smith opined that her left flexor synovitis/mild carpal tunnel syndrome was related to work activities. On February 12, 2025 Dr. Duncan similarly diagnosed left carpal tunnel syndrome, aggravated by typing. Drs. Smith and Duncan, however, did not offer a rationalized medical explanation to support their conclusory opinions. The Board has held that medical evidence that does not offer a rationalized explanation explaining how the accepted employment factors caused or aggravated

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<sup>5</sup> *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).

<sup>6</sup> *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).

<sup>7</sup> *See P.L.*, Docket No. 19-1750 (issued March 26, 2020); *R.G.*, Docket No. 19-0233 (issued July 16, 2019); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett, id.*

<sup>8</sup> *See I.J.*, Docket No. 19-1343 (issued February 26, 2020); *T.H.*, 59 ECAB 388 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

<sup>9</sup> *See D.C.*, Docket No. 19-1093 (issued June 25, 2020).

<sup>10</sup> *See F.S.*, Docket No. 22-0070 (issued June 14, 2023); *M.L.*, Docket No. 18-0153 (issued January 22, 2020); *N.B.*, Docket No. 19-0221 (issued July 15, 2019); *Z.B.*, Docket No. 17-1336 (issued January 10, 2019); *T.M.*, Docket No. 08-0975 (issued February 6, 2009).

the diagnosed conditions is of limited probative value.<sup>11</sup> Therefore, this evidence is insufficient to establish the claim.

Dr. Stanley, in a March 10, 2025 report, diagnosed left carpal tunnel syndrome. However, he did not offer 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>12</sup> As such, this report is also insufficient to establish appellant's claim.

OWCP also received reports from physician assistants and an occupational therapist. The Board has held that the reports from such practitioners do not constitute probative medical evidence as they are not considered physicians under FECA.<sup>13</sup>

The remainder of the evidence of record, consists of diagnostic study reports. However, diagnostic studies, standing alone, lack probative value as they do not address whether the accepted employment factors were causally related to the diagnosed condition.<sup>14</sup> Therefore, this evidence is also insufficient to establish the claim.

As the medical evidence of record is insufficient to establish a left upper extremity condition causally related to the accepted employment factors, 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 left upper extremity condition causally related to the accepted factors of her federal employment.

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<sup>11</sup> *D.D.*, Docket No. 25-0751 (issued August 27, 2025); *T.L.*, Docket No. 23-0073 (issued January 9, 2023); *V.D.*, Docket No. 20-0884 (issued February 12, 2021); *Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

<sup>12</sup> *See P.V.*, Docket No. 25-0547 (issued June 23, 2025); *R.J.*, Docket No. 24-0885 (issued September 30, 2024); *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>13</sup> Section 8101(2) of FECA provides that a 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* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a (May 2023); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as nurses, physician assistants, and physical therapists are not competent to render a medical opinion under FECA); *see also H.S.*, Docket No. 20-0939 (issued February 12, 2021) (physician assistants are not considered physicians as defined under FECA); *see also J.R.*, Docket No. 19-0812 (issued September 29, 2020) (occupational therapists are not considered a physician under FECA).

<sup>14</sup> *C.T.*, Docket No. 25-0384 (issued May 5, 2025); *A.D.*, Docket No. 25-0296 (issued March 26, 2025); *S.R.*, Docket No. 24-0540 (issued August 2, 2024); *K.A.*, Docket No. 23-613 (issued April 22, 2024); *W.L.*, Docket No. 20-1589 (issued August 26, 2021); *A.P.*, Docket No. 18-1690 (issued December 12, 2019).

**ORDER**

**IT IS HEREBY ORDERED THAT** the August 13, 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