

¹ 5 U.S.C. § 8101 *et seq.*

FACTUAL HISTORY

On October 21, 2024, appellant, then a 55-year-old mail handler, filed an occupational disease claim (Form CA-2) alleging that she sustained bilateral carpal tunnel syndrome, bilateral de Quervain's tenosynovitis, wrist sprains, wrist tears, and osteoarthritis of the first metacarpophalangeal joints due to factors of her federal employment during the period 2007 through 2022, including repetitive gripping and grabbing while working on automated flats sorting machines, removing plastic wrapping from bundles of magazines, loading bundles of magazines on a conveyor belt, placing bundles of magazines into trays, lifting full tubs of mail, placing tubs of mail in containers, and pushing heavy containers of mail. She noted that she first became aware of her condition and realized its relationship to her federal employment on February 28, 2024. Appellant stopped work on February 28, 2024 and returned to work on March 2, 2024.

In a development letter dated October 23, 2024, 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 60 days to respond.

Thereafter, OWCP received March 27, 2024 magnetic resonance imaging (MRI) scan reports of the wrists which demonstrated osteoarthritic changes most pronounced at the first carpometacarpal joint bilaterally, small ulnocarpal joint effusions bilaterally, and an intraosseous cyst within the right lunate which could be post-traumatic in nature.

An August 8, 2024 electromyography and nerve conduction velocity (EMG/NCV) study of the upper extremities revealed compression of the median nerves bilaterally at or near the wrist consistent with carpal tunnel syndrome, without evidence of peripheral neuropathy or brachial plexopathy.

An August 15, 2024 MRI scan of the left thumb demonstrated osteoarthritic changes most pronounced at the first carpometacarpal compartment with subchondral edematous changes, a Grade 1 injury of the dorsal capsule of the first metacarpophalangeal joint with no tear, and a left thumb sprain with possible low grade partial tear of the proximal attachment site of the ulnar collateral ligament of the first metacarpophalangeal joint.

In duty status reports (Form CA-17) dated September 5 and 12, 2024, Dr. Hosea Brown, III, a Board-certified internist, returned appellant to light-duty work with restrictions.

In a September 12, 2024 report, Dr. Brown recounted that appellant's job duties at the employing establishment during the prior 17 years required repetitive flexion, extension, twisting, and turning of the wrists, repetitive gripping and grasping with the bilateral hands, and prolonged static posture of the left wrist and thumb. He noted that she had previous occupational injuries to her neck, right shoulder, and right wrist which necessitated work restrictions. On examination, Dr. Brown observed limited ranges of motion of the bilateral wrists in all planes, significant trigger point tenderness in the distal aspect of the radial styloid process bilaterally, positive Tinel's and Finkelstein's tests bilaterally, significant triggering of the left thumb, chronic flexion contracture of the left thumb, diminished ranges of flexion and extension of the bilateral thumbs, significantly diminished pinprick sensation at the tip of the first, second, and third digits of the right hand, and

a left trigger finger. He diagnosed bilateral carpal tunnel syndrome, bilateral de Quervain's tenosynovitis, bilateral wrist sprain, bilateral first metacarpophalangeal joint osteoarthritis, and bilateral wrist tears. Dr. Brown opined that the bilateral wrist conditions were directly related to appellant's duties as a mail handler and equipment operator at the employing establishment during the prior 17 years, including repetitive gripping and grasping with the bilateral hands, repetitive flexion, extension, twisting, and turning of the bilateral wrists, and maintaining the left wrist and thumb in a static position. He explained that these motions caused increased biomechanical load to the wrists and thumbs, causing progressive inflammation, deterioration, irritation, degeneration of the wrists, thumbs, tendons, and ligaments, and progressive swelling of the bilateral transverse carpal ligaments with compression of the median nerves. Dr. Brown opined that this degeneration resulted in bilateral de Quervain's tenosynovitis, left trigger finger/tenosynovitis, and bilateral carpal tunnel syndrome.

In a November 12, 2024 statement, appellant asserted that she had filed prior claims for employment-related right hand, wrist, and upper extremity injuries sustained in three incidents. In the first incident, she jammed her right wrist and hand when a forklift struck a mail cage she was pulling. In the second incident, appellant braced both hands against equipment being propelled toward her by a pallet rider. In a third incident, a mail cage struck her right arm.

In a November 19, 2024 statement, the employing establishment noted that appellant asserted that she had filed a prior claim for carpal tunnel syndrome. It contended, however, that it was unable to verify "her claims that go back 17 years."

In a follow-up letter dated November 26, 2024, 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 October 23, 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.

Thereafter, OWCP received an April 21, 2021, May 30, 2023, and July 16, 2024 hospital emergency department after-visit summaries noting appellant's evaluation for bilateral carpal tunnel syndrome.

In a July 2, 2021 report, Dr. Almira Tescha Stephanie Karpenko, Board-certified in family practice, recounted appellant's continuing symptoms of bilateral carpal tunnel syndrome.

In reports dated December 5, 2024, Dr. Brown opined that appellant's duties during her 17-year employment history as a mail handler or equipment operator, which required repetitive wrist and finger motions, "caused cumulative trauma directly due to the increased biomechanical load transmitted to these areas" which caused the diagnosed bilateral upper extremity conditions. He explained that she developed bilateral carpal tunnel syndrome and bilateral de Quervain's tenosynovitis "throughout the course of her 17-year employment history" at the employing establishment, during "which she performed repetitive gripping and grasping with her wrists and thumbs." Dr. Brown maintained that appellant did not have a preexisting upper extremity condition prior to her federal employment.

In a December 5, 2024 Form CA-17 report, Dr. Brown returned appellant to full-time modified work with restrictions.

By decision dated December 23, 2024, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish causal relationship between the diagnosed conditions and the accepted factors of her federal employment. Therefore, it concluded that the requirements had not been met to establish an injury as defined by FECA.

On January 27, 2025 appellant requested reconsideration.

Thereafter, OWCP received an August 15, 2024 MRI scan report of the right thumb which demonstrated mild first metacarpophalangeal and first interphalangeal joint osteoarthritis, sprain with low grade intrasubstance tear of the ulnar collateral ligament of the first metacarpophalangeal joint with no complete tear, and low-grade sprain of the radiocarpal ligament of the first metacarpophalangeal joint with no tear.

In a January 23, 2025 report, Dr. Brown indicated his disagreement with OWCP's December 23 2024 decision. He reiterated that the identified work factors caused the diagnosed upper extremity conditions.

OWCP also received copies of evidence previously of record, including Dr. Brown's September 12 and December 5, 2024 reports, and electrodiagnostic and imaging studies dated March 27 through December 5, 2024.

By decision dated March 26, 2025, OWCP denied appellant's request for reconsideration of the merits of her claim, pursuant to 5 U.S.C. § 8128(a).

LEGAL PRECEDENT

Section 8128(a) of FECA vests OWCP with discretionary authority to determine whether to review an award for or against compensation. The Secretary of Labor may review an award for or against compensation at any time on his or her own motion or on application.²

To require OWCP to reopen a case for merit review pursuant to FECA, the claimant must provide evidence or an argument which: (1) shows that OWCP erroneously applied or interpreted a specific point of law; (2) advances a relevant legal argument not previously considered by OWCP; or (3) constitutes relevant and pertinent new evidence not previously considered by OWCP.³

² 5 U.S.C. § 8128(a); *see L.C.*, Docket No. 25-0444 (issued April 23, 2025); *L.D.*, Docket No. 18-1468 (issued February 11, 2019); *V.P.*, Docket No. 17-1287 (issued October 10, 2017); *D.L.*, Docket No. 09-1549 (issued February 23, 2010); *W.C.*, 59 ECAB 372 (2008).

³ 20 C.F.R. § 10.606(b)(3); *see M.S.*, Docket No. 18-1041 (issued October 25, 2018); *L.G.*, Docket No. 09-1517 (issued March 3, 2010); *C.N.*, Docket No. 08-1569 (issued December 9, 2008).

A request for reconsideration must be received by OWCP within one year of the date of OWCP's decision for which review is sought.⁴ If it chooses to grant reconsideration, it reopens and reviews the case on its merits.⁵ If the request is timely, but fails to meet at least one of the requirements for reconsideration, OWCP will deny the request for reconsideration without reopening the case for review on the merits.⁶

ANALYSIS

The Board finds that OWCP properly denied appellant's request for reconsideration of the merits of her claim, pursuant to 5 U.S.C. § 8128(a).

In her January 27, 2025 request for reconsideration, appellant neither alleged nor demonstrated that OWCP erroneously applied or interpreted a specific point of law. Additionally, she did not advance a relevant legal argument not previously considered by OWCP. Consequently, appellant is not entitled to further review of the merits of her claim based on either the first or second above-noted requirements under 20 C.F.R. § 10.606(b)(3).⁷

The Board further finds that appellant has not provided any relevant and pertinent new evidence in support of her request for reconsideration. The evidence submitted on reconsideration included an August 15, 2024 MRI scan report of the right thumb. However, this report is irrelevant to the underlying issue of causal relationship. The Board has held that the submission of evidence which does not address the particular issue involved does not constitute a basis for reopening a case.⁸ Appellant also submitted a January 23, 2025 report by Dr. Brown wherein he reiterated that the identified work factors caused the diagnosed upper extremity conditions, and copies of medical evidence previously of record. While the January 23, 2025 report is new, this evidence is cumulative or duplicative in nature, and is therefore insufficient to warrant reopening the case for a merit review.⁹ Similarly, as appellant submitted reports previously of record, they too are insufficient to constitute reopening the case on the merits of the claim. The Board has held that the submission of evidence or argument which repeats or duplicates evidence or argument already

⁴ *Id.* at § 10.607(a). The one-year period begins on the next day after the date of the original contested decision. Federal (FECA) Procedure Manual, Part 2 -- Claims, *Reconsiderations*, Chapter 2.1602.4 (September 2020). Timeliness is determined by the document receipt date of the request for reconsideration as indicated by the received date in the Integrated Federal Employees Compensation System (iFECS). *Id.* at Chapter 2.1602.4b.

⁵ *Id.* at § 10.608(a); *see D.C.*, Docket No. 19-0873 (issued January 27, 2020); *M.S.*, 59 ECAB 231 (2007).

⁶ *Id.* at § 10.608(b); *see P.V.*, Docket No. 25-0547 (issued June 23, 2025); *T.V.*, Docket No. 19-1504 (issued January 23, 2020); *E.R.*, Docket No. 09-1655 (issued March 18, 2010).

⁷ *P.V., id.*; *G.Q.*, Docket No. 18-1697 (issued March 21, 2019); *Alan G. Williams*, 52 ECAB 180 (2000).

⁸ *W.P.*, Docket No. 25-0367 (issued April 4, 2025); *P.G.*, Docket No. 24-0404 (issued September 17, 2024); *C.C.*, Docket No. 22-1240 (issued June 27, 2023); *D.P.*, Docket No. 13-1849 (issued December 19, 2013); *Edward Matthew Diekemper*, 31 ECAB 224, 225 (1979).

⁹ *S.B.*, Docket No. 24-0703 (issued December 13, 2024); *G.Q.*, *supra* note 7; *Alan G. Williams*, *supra* note 7; *S.F.*, Docket No. 18-0516 (issued February 21, 2020); *James W. Scott*, 55 ECAB 606, 608 n.4 (2004); *Eugene F. Butler*, 36 ECAB 393, 398 (1984).

in the case record, does not constitute a basis for reopening a case.¹⁰ As appellant failed to provide relevant and pertinent new evidence, she is not entitled to a merit review based on the third requirement under 20 C.F.R. § 10.606(b)(3).

The Board, accordingly, finds that as appellant has not met any of the requirements under 20 C.F.R. § 10.606(b)(3), pursuant to 20 C.F.R. § 10.608 OWCP properly denied merit review.

CONCLUSION

The Board finds that OWCP properly denied appellant's request for reconsideration of the merits of her claim, pursuant to 5 U.S.C. § 8128(a).

ORDER

IT IS HEREBY ORDERED THAT the March 26, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: September 17, 2025
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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

¹⁰ *Id.*