

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

K.C., Appellant)
and)
U.S. POSTAL SERVICE, HUNTINGTON)
STATION POST OFFICE,)
Huntington Station, NY, Employer)
Docket No. 25-0723
Issued: September 18, 2025

Appearances:

Thomas S. Harkins, 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
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On July 23, 2025 appellant, through counsel, filed a timely appeal from February 5 and March 19, 2025 merit decisions 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.

ISSUES

The issues are: (1) whether appellant has met her burden of proof to expand the acceptance of her claim to include additional conditions as causally related to the accepted December 10, 2019

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.*

employment injury; and (2) whether OWCP met its burden of proof to terminate appellant's entitlement to wage-loss compensation and medical benefits, effective March 19, 2025, as she no longer had disability or residuals causally related to her accepted December 10, 2019 employment injury.

FACTUAL HISTORY

This case has previously been before the Board.³ The facts and circumstances of the case as set forth in the Board's prior decisions are incorporated herein by reference. The relevant facts are as follows.

On December 11, 2019 appellant, then a 36-year-old letter carrier, filed a traumatic injury claim (Form CA-1) alleging that on December 10, 2019 she sustained injuries to her low back, left hip, and left knee when a truck with a trailer in tow rear-ended her delivery vehicle while in the performance of duty. She stopped work on December 10, 2019.

OWCP initially received medical reports from Dr. Igor Stiler, a Board-certified neurologist and psychiatrist, who diagnosed derangement of the left hip, left knee, and cervical and lumbar areas of the spine.

By decision dated January 27, 2020, OWCP accepted that the December 10, 2019 employment incident occurred as alleged. However, it denied the claim, finding that the medical evidence of record was insufficient to establish causal relationship between appellant's diagnosed conditions and the accepted employment incident.

OWCP continued to receive medical reports from Dr. Stiler reiterating his prior findings and conclusions.

On February 14, 2020 appellant requested reconsideration. In support thereof, she submitted a February 7, 2020 report wherein Dr. Stiler recounted the December 10, 2019 employment incident and subsequent treatment. Dr. Stiler explained that at the moment of impact, appellant had rotated her head and torso toward the left to check her side mirror, then the collision caused her body to "violently jerk forward and backwards," resulting in a "whiplash" injury to the head, neck, and low back. He further explained that appellant's left knee was injured when her body weight shifted over her stationary lower leg and foot. Appellant's "left hip was injured as her body weight shifted forward and the seat belt restrained her." Dr. Stiler opined that the direction of the collision and appellant's position in her seat resulted in the impact being primarily absorbed on the left side of her body. He diagnosed derangement of the cervical spine, lumbar spine, left hip, and left knee.

By decision dated April 10, 2020, OWCP vacated its January 27, 2020 decision in part, finding that the medical evidence of record was sufficient to establish appellant's claim for whiplash; however, it also affirmed in part, finding that the medical evidence of record was

³ Docket No. 24-0628 (issued September 17, 2024); Docket No. 22-0788 (issued August 23, 2023).

insufficient to establish derangement of the left hip, left knee, and cervical and lumbar areas of the spine as causally related to the accepted employment injury.⁴

On September 11, 2020 appellant requested reconsideration of the April 10, 2020 decision.

OWCP continued to receive medical reports wherein Dr. Stiler repeated his prior findings and conclusions.

In reports dated June 24 through September 21, 2020, Dr. Joseph Gregorace, Board-certified in physiatry and pain management, recounted the December 10, 2019 employment injury and summarized her subsequent treatment. He related appellant's physical examination findings and diagnosed cervical spine strain/sprain, herniated discs from C3-4 through C6-7, left shoulder rotator cuff tendinitis, rule out rotator cuff tear, lumbar spine pain with spasms, herniated discs at L3-4 and L5-S1, and a left knee medial meniscal sprain. Dr. Gregorace found appellant totally disabled from work.

In reports dated September 15 through December 2, 2020, Dr. Aron Rovner, a Board-certified orthopedic surgeon, recounted appellant's history of injury and treatment. After relating appellant's physical examination findings, he diagnosed lumbar/cervical spine pain, multilevel lumbar disc bulges with radiculopathy, left knee pain, and left shoulder pain, status post December 10, 2019 employment injury. Dr. Rovner opined that the diagnosed conditions were "directly causally related to the accident within a reasonable degree of medical certainty."

By decision dated December 10, 2020, OWCP denied modification.

OWCP continued to receive reports wherein Drs. Stiler and Gregorace repeated their findings and conclusions.

OWCP received reports dated December 10, 2019 by Dr. Lauren H. Patti, Board-certified in emergency medicine, who related appellant's history of a work-related motor vehicle accident that had occurred three hours prior. On examination, Dr. Patti noted left lower extremity pain with full range of motion and no muscle tenderness. She obtained x-rays of the left knee and hip, which demonstrated no bone, joint, or soft tissue abnormalities. Dr. Patti diagnosed left knee contusion and left hip strain.

On August 11, 2021 appellant, through counsel, requested reconsideration.

OWCP received an April 19, 2021 report by Dr. Stiler, wherein he diagnosed cervical radiculopathy, herniated lumbar disc, left medial meniscal tear, and partial left rotator cuff tear causally related to the December 10, 2019 employment injury. Dr. Stiler explained that the forces of the accident put pressure on the fibrous exterior of the spinal discs, allowing the nucleus pulposus to protrude, which resulted in pain, spasms, and radiculopathy. He also opined that the impact of the accident caused appellant's left femur to shift over the tibia, which was stable as her foot had been planted on the floor, resulting in a left meniscal tear. Additionally, Dr. Stiler

⁴ By separate decision dated April 10, 2020, OWCP formally accepted the claim for whiplash.

explained that when appellant's vehicle was impacted, her unrestrained left shoulder jerked forward, resulting in a rotator cuff tear due to sudden shifting of the joint.

In a June 8, 2021 report, Dr. Gregorace related appellant's physical examination findings of spasm and tenderness to palpation of the cervical and lumbar paraspinal musculature, tenderness to posterolateral palpation of the left shoulder, tenderness along the medial joint line of the left knee, tenderness at the left medial collateral ligament (MCL) with valgus strain, limited motion of the cervical spine, lumbar spine, left shoulder, and left knee, and positive Yocum's and Lachman's tests on the left. He diagnosed post-traumatic cervical spine strain/sprain with spasms, post-traumatic cervical disc herniations at C3-4, C4-5, and C5-6 causing spinal canal stenosis and foraminal narrowing, traumatic left C5 radiculopathy, post-traumatic lumbar strain/sprain with spasms, post-traumatic L3-4 disc herniation with impingement upon the L3 root with bilateral foraminal encroachment, post-traumatic L5-S1 disc herniation with annular tear impinging on the thecal sac and S1 nerve roots with foraminal stenosis, traumatic left L5 radiculopathy, post-traumatic L2-3 disc bulge, post-traumatic L4-5 disc bulge with bilateral foraminal encroachment and foraminal stenosis, post-traumatic left shoulder strain, post-traumatic left rotator cuff tendinosis/tendinopathy with partial thickness bursal surface tear, and post-traumatic left medial and lateral meniscus tears with MCL sprain. Dr. Gregorace explained that the sudden forceful impact caused by the accident "exerted tremendous pressure to the structural integrity of the nucleus pulposus, annulus fibrosis and facet joints of the cervical and lumbar spine," resulting in C3-4, C4-5, and C5-6 disc herniations with spinal stenosis and foraminal narrowing, L3-4 and L5-S1 disc herniations, and disc bulges at L2-3, L3-4, and L4-5. Dr. Gregorace opined that the cervical spine conditions explained appellant's ongoing neck and lumbar pain with left-sided radiculopathy. He noted that the neck, back, left shoulder, and left knee traumas resulted in post-traumatic sprain/strain syndromes with myofascial derangements and inflammation, leading to scar tissue formation and restricted joint motion.

By decision dated November 9, 2021, OWCP denied modification.

Appellant, through counsel, appealed to the Board. By decision dated August 23, 2023,⁵ the Board found that appellant had met her burden of proof to establish contusion of the left knee as causally related to the accepted December 10, 2019 employment injury. The Board further found that the case was not in posture for decision with regard to whether the medical evidence of record was sufficient to establish additional conditions as causally related to the accepted December 10, 2019 employment injury. The Board remanded the case to refer appellant, along with the medical record, a statement of acceptance facts (SOAF), and a series of questions, to a second opinion physician for an evaluation and rationalized opinion regarding further expansion of the acceptance of the claim.⁶

On October 19, 2023 OWCP referred appellant, along with the medical record, a SOAF, and a series of questions to Dr. Leon Sultan, a Board-certified orthopedic surgeon, for a second

⁵ Docket No. 22-0788 (issued August 23, 2023).

⁶ By decision dated September 27, 2023, OWCP formally expanded the acceptance of appellant's claim to include left knee contusion.

opinion examination to determine the nature and extent of the work-related conditions, expansion of additional conditions, the extent of disability, and appropriate treatment recommendations.

In a November 7, 2023 report, Dr. Sultan reviewed the medical record and SOAF, and recounted a history of injury and treatment. On examination, he observed full motion of the cervical spine without paraspinal spasm, symmetrical biceps and triceps reflexes, strong pinch and grip strength bilaterally, full range of motion of both shoulders, no tenderness to palpation of the acromioclavicular joints or over the long head of the biceps tendon bilaterally, full range of lumbar motion, negative straight leg raise and Patrick's tests bilaterally, full range of left knee motion with no instability, and no patellofemoral crepitus. Dr. Sultan reported that while Drs. Stiler, Rovner, and Gregorace noted orthopedic conditions of the cervical spine, lumbar spine, left shoulder, and left knee, they were "not clinically discernable" and were not causally related to the December 10, 2019 employment injury. He opined that while appellant sustained "soft tissue trauma involving her cervical spine, thoracolumbar spine, both shoulders[,] and left knee causally connected to the [employment] injury of December 10, 2019" these conditions had since resolved. Dr. Sultan opined that there was no correlation between his clinical findings, appellant's subjective symptoms, and the imaging studies of record.

By *de novo* decision dated December 5, 2023, OWCP denied expansion of the acceptance of the claim to include the following additional conditions: derangement of the left hip, left knee, and cervical and lumbar areas of the spine; left C5 radiculopathy; post-traumatic L2-3 disc bulge; herniated disc of the lumbar spine at L3-4 and L5-S1 with impingement with annular tear; post-traumatic L4-5 disc bulge with bilateral foraminal encroachment and foraminal stenosis; labral tear of the left hip; left knee medial and lateral meniscus tear; herniations at C3-4 through C6-7; left knee chondromalacia patella/MCL sprain; left shoulder partial rotator cuff tear; C4 through C6 spinal canal stenosis and foraminal narrowing; and post-traumatic left rotator cuff tendinosis/tendinopathy with partial thickness bursal surface tear. OWCP also revised the accepted conditions in the case to resolved whiplash and resolved left knee contusion, and expanded the acceptance of the claim to include resolved left knee sprain, resolved bilateral shoulder sprain, and resolved thoracolumbar sprain. OWCP accorded the weight of the medical evidence to Dr. Sultan, the second opinion physician.

Appellant, through counsel, appealed to the Board. By decision dated September 17, 2024,⁷ the Board found that the case was not in posture for decision regarding expansion of the acceptance of the claim to include the additional conditions denied in the December 5, 2023 OWCP decision as causally related to the accepted December 10, 2019 employment injury as there was a conflict of medical opinion between Drs. Stiler and Gregorace, appellant's treating physicians, and Dr. Sultan, the second opinion physician, on this issue. The Board remanded the case for OWCP to refer appellant to an impartial medical examiner (IME) for resolution of the conflict of medical opinion, to be followed by issuance of a *de novo* decision. The Board further found that OWCP failed to meet its burden of proof to terminate appellant's entitlement to wage-loss compensation and medical benefits with regard to its acceptance of left knee sprain, bilateral shoulder sprain, thoracolumbar sprain, left knee contusion, and whiplash/cervical sprain as

⁷ Docket No. 24-0628 (issued September 17, 2024).

resolved, effective December 5, 2023, as Dr. Sultan's second opinion was conclusory and lacked sufficient medical rationale to support his findings regarding those conditions.

On November 4, 2024 OWCP prepared an updated SOAF, which noted the accepted conditions only as whiplash and left knee contusion.

On November 20, 2024 OWCP referred appellant, along with the medical record, the November 4, 2024 updated SOAF, and a series of questions, to Dr. Frank Corrigan, a Board-certified orthopedic surgeon, for an impartial medical examination. It requested that Dr. Corrigan resolve the conflict of medical opinion.

In a January 9, 2025 report, Dr. Corrigan noted his review of the medical record and SOAF. He related appellant's symptoms of continued neck pain radiating into the left upper extremity with numbness and paresthesias in the left hand and fingers, upper and lower back pain with bilateral lower extremity radiculopathy with numbness and tingling to the toes, bilateral shoulder pain with numbness and paresthesias of the hands and fingers, left hip pain with paresthesias and occasional locking, and pain localized to the front of the left knee. On examination, Dr. Corrigan found mildly diminished left and right cervical rotation and right and left lumbar flexion, neurologic findings of both upper extremities within normal limits, full motor strength of the bilateral upper and lower extremities, bilaterally negative strength leg raising tests, mildly diminished left shoulder flexion, mildly diminished right shoulder extension, mildly diminished hip flexion bilaterally, and mildly diminished flexion of the knees bilaterally. He diagnosed whiplash and left knee contusion. Dr. Corrigan related that there was "no objective evidence of any pathology of the cervical spine, lumbar spine, bilateral shoulders, bilateral hips, or bilateral knees on today's exam[ination]." He opined that "any alleged injury, including that of the knee, which is the only one [he could] within a reasonable degree of medical certainty causally relate to the December 10, 2019 incident, has resolved." Dr. Corrigan also opined that all accepted injuries had resolved without need for further treatment as "all body parts examined were within normal limits." He found that appellant had attained maximum medical improvement (MMI) and that there was no employment-related disability. In a work capacity evaluation (Form OWCP-5c) of the same date, Dr. Corrigan returned appellant to full-duty work with no restrictions.

By *de novo* decision dated February 5, 2025, OWCP denied expansion of the acceptance of the claim to include the following additional conditions: derangement of the left hip, left knee, and cervical and lumbar areas of the spine; left C5 radiculopathy; post-traumatic L2-3 disc bulge; herniated disc of the lumbar spine at L3-4 and L5-S1 with impingement with annular tear; post-traumatic L4-5 disc bulge with bilateral foraminal encroachment and foraminal stenosis; labral tear of the left hip; left knee medial and lateral meniscus tear; herniations at C3-4 through C6-7; left knee chondromalacia patella/MCL sprain; left shoulder partial rotator cuff tear; C4 through C6 spinal canal stenosis and foraminal narrowing; and post-traumatic left rotator cuff tendinosis/tendinopathy with partial thickness bursal surface tear. OWCP accorded the special weight of the medical evidence to Dr. Corrigan, the IME.

In a February 7, 2025 notice, OWCP advised appellant that it proposed to terminate her wage-loss compensation and medical benefits because she no longer had disability or residuals causally related to her accepted December 10, 2019 employment injury. It found that the special weight of the medical opinion evidence regarding work-related disability and residuals rested with

the well-rationalized opinion of Dr. Corrigan. OWCP afforded appellant 30 days to submit additional evidence or argument. Appellant did not respond.

By decision dated March 19, 2025, OWCP finalized the notice of proposed termination of appellant's wage-loss compensation and medical benefits, effective that date, as she no longer had disability or residuals causally related to her accepted December 10, 2019 employment injury.

LEGAL PRECEDENT -- ISSUE 1

Where an employee claims that a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.⁸

The medical evidence required to establish causal relationship between a specific condition, as well as any attendant disability claimed, and the employment injury, is rationalized medical opinion evidence.⁹ A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.¹⁰ Additionally, the opinion of the physician 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 specific employment factor(s) identified by the claimant.¹¹

Section 8123(a) of FECA provides in pertinent part: "If there is disagreement between the physician making the examination for the United States and the physician of the employee, the Secretary shall appoint a third physician who shall make an examination."¹² In situations where there exist opposing reports of virtually equal weight and rationale and the case is referred to an impartial medical specialist for the purpose of resolving a conflict, the opinion of such specialist, if sufficiently well rationalized and based on a proper factual and medical background must be given special weight.¹³

⁸ *L.M.*, Docket No. 23-1040 (issued December 29, 2023); *J.R.*, Docket No. 20-0292 (issued June 26, 2020); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

⁹ *C.S.*, Docket No. 23-0746 (issued December 11, 2023); *T.C.*, Docket No. 19-1043 (issued November 8, 2019); *M.W.*, 57 ECAB 710 (2006); *John D. Jackson*, 55 ECAB 465 (2004).

¹⁰ *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

¹¹ *M.M.*, Docket No. 24-0553 (issued July 30, 2025); *D.W.*, Docket No. 22-0136 (issued October 10, 2023); *M.V.*, Docket No. 18-0884 (issued December 28, 2018); *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

¹² 5 U.S.C. § 8123(a); *J.K.*, Docket No. 18-1250 (issued June 25, 2019); *Shirley L. Steib*, 46 ECAB 309, 317 (1994).

¹³ 20 C.F.R. § 10.321; *M.R.*, Docket No. 19-0518 (issued September 12, 2019); *T.D.*, Docket No. 17-1011 (issued January 17, 2018); *James P. Roberts*, 31 ECAB 1010 (1980).

When OWCP obtains an opinion from an IME for the purpose of resolving a conflict in medical opinion, and the IME's opinion requires clarification or elaboration, OWCP must secure a supplemental report from the specialist to correct the defect in the original report.¹⁴

ANALYSIS -- ISSUE 1

The Board finds that this case is not in posture for decision with regard to expansion of the claim.

The SOAF provided to Dr. Corrigan, the IME, listed the accepted conditions only as whiplash and left knee contusion. It omitted the conditions of left knee sprain, bilateral shoulder sprain, and thoracolumbar sprain.

It is OWCP's responsibility to provide a complete and proper frame of reference for a physician by preparing a SOAF. OWCP's procedures dictate that when an OWCP medical adviser, second opinion specialist, or IME renders a medical opinion based on a SOAF, which is incomplete or inaccurate or does not use the SOAF as the framework in forming his or her opinion, the probative value of the opinion is seriously diminished or negated altogether.¹⁵ Dr. Corrigan was not provided a complete and accurate SOAF as it did not list all of the accepted conditions. The framework which he used to formulate his opinion on expansion was therefore incomplete.¹⁶

It is well established that proceedings under FECA are not adversarial in nature, nor is OWCP a disinterested arbiter.¹⁷ While the claimant has the responsibility to establish entitlement to compensation, OWCP shares responsibility in the development of the evidence to see that justice is done.¹⁸ Once it undertakes development of the record, it must do a complete job in procuring medical evidence that will resolve the issue in the case.¹⁹

Accordingly, the Board finds that the case must be remanded to OWCP with regard to the issue of expansion. On remand, OWCP shall prepare a complete and accurate SOAF, which clearly sets forth all of the accepted employment-related conditions. It shall thereafter request that Dr. Corrigan review the updated SOAF and provide a supplemental opinion regarding whether appellant has established that OWCP should expand its acceptance of the claim to include the

¹⁴ *C.B.*, Docket No. 22-0-953 (issued November 22, 2024); *see T.K.*, Docket No. 22-0334 (issued July 13, 2022); *R.T.*, Docket No. 20-0081 (issued June 24, 2020); *Raymond A. Fondots*, 53 ECAB 637, 641 (2002); *Talmadge Miller*, 47 ECAB 673 (1996); *Nancy Lackner (Jack D. Lackner)*, 40 ECAB 232 (1988); *Ramon K. Ferrin, Jr.*, 39 ECAB 736 (1988); *Harold Travis*, 30 ECAB 1071, 1078 (1979).

¹⁵ *U.R.*, Docket No. 23-0614 (issued September 26, 2024); *see N.W.*, Docket No. 16-1890 (issued June 5, 2017).

¹⁶ *Id.*; *see also Y.D.*, Docket No. 17-0461 (issued July 11, 2017).

¹⁷ *N.L.*, Docket No. 19-1592 (issued March 12, 2020); *M.T.*, Docket No. 19-0373 (issued August 22, 2019); *B.A.*, Docket No. 17-1360 (issued January 10, 2018).

¹⁸ *P.T.*, Docket No. 21-0138 (issued June 14, 2021); *S.S.*, Docket No. 18-0397 (issued January 15, 2019); *Donald R. Gervasi*, 57 ECAB 281, 286 (2005); *William J. Cantrell*, 34 ECAB 1233, 1237 (1983).

¹⁹ *L.N.*, Docket No. 22-0497 (issued September 14, 2023); *G.M.*, Docket No. 19-1931 (issued May 28, 2020); *W.W.*, Docket No. 18-0093 (issued October 9, 2018).

following conditions: derangement of the cervical spine, derangement of the lumbar spine, derangement of the left hip, derangement of the left knee, left C5 radiculopathy, post-traumatic L2-3 disc bulge, herniated L3-4 and L5-S1 discs with impingement and annular tear, post-traumatic L4-5 disc bulge with bilateral foraminal encroachment and foraminal stenosis, labral tear of the left hip, left knee medial and lateral meniscus tear, herniations at C3-4 through C6-7, left knee chondromalacia patella/MCL sprain, left shoulder partial rotator cuff tear, C4 through C6 spinal canal stenosis and foraminal narrowing, and post-traumatic left rotator cuff tendinosis/tendinopathy with partial thickness bursal surface tear. Following this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

LEGAL PRECEDENT -- ISSUE 2

Once OWCP accepts a claim and pays compensation, it has the burden of proof to justify modification or termination of an employee's benefits.²⁰ It may not terminate compensation without establishing that the disability ceased or that it was no longer related to the employment injury.²¹ OWCP's burden of proof in terminating compensation includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.²²

The right to medical benefits for an accepted condition is not limited to the period of entitlement to compensation for disability.²³ To terminate authorization for medical treatment, OWCP must establish that the employee no longer has residuals of an employment-related condition that require further medical treatment.²⁴

ANALYSIS -- ISSUE 2

The Board finds that OWCP failed to meet its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective March 19, 2025.

As explained above, OWCP undertook development of the medical record with regard to whether the acceptance of appellant's claim should be expanded to include additional conditions,

²⁰ *M.S.*, Docket No., 21-1251 (issued March 8, 2022); *S.P.*, Docket No. 19-0196 (issued June 24, 2020); *D.G.*, Docket No. 19-1259 (issued January 29, 2020); *S.F.*, 59 ECAB 642 (2008); *Kelly Y. Simpson*, 57 ECAB 197 (2005); *Paul L. Stewart*, 54 ECAB 824 (2003).

²¹ *A.T.*, Docket No. 20-0334 (issued October 8, 2020); *R.P.*, Docket No. 17-1133 (issued January 18, 2018); *Jason C. Armstrong*, 40 ECAB 907 (1989); *Charles E. Minnis*, 40 ECAB 708 (1989); *Vivien L. Minor*, 37 ECAB 541 (1986).

²² *C.R.*, Docket No. 19-1132 (issued October 1, 2020); *M.C.*, Docket No. 18-1374 (issued April 23, 2019); *Del K. Rykert*, 40 ECAB 284, 295-96 (1988).

²³ *E.J.*, Docket No. 20-0013 (issued November 19, 2020); *L.W.*, Docket No. 18-1372 (issued February 27, 2019).

²⁴ *A.J.*, Docket No. 18-1230 (issued June 8, 2020); *L.S.*, Docket No. 19-0959 (issued September 24, 2019); *R.P.*, Docket No. 18-0900 (issued February 5, 2019).

but has not resolved the issue. As the issue of expansion is not in posture for decision, the Board finds that OWCP failed to meet its burden of proof.²⁵

CONCLUSION

The Board finds that this case is not in posture for decision with regard to expansion. The Board further finds that OWCP failed to meet its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective March 19, 2025.

ORDER

IT IS HEREBY ORDERED THAT the February 5, 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. The March 19, 2025 decision of the Office of Workers' Compensation Programs is reversed.

Issued: September 18, 2025
Washington, DC

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

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

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

²⁵ See *D.T.*, Docket No. 22-0206 (issued October 11, 2024); *C.M.*, Docket No. 22-0183 (issued January 9, 2024); *M.B.*, Docket No. 22-1180 (issued August 17, 2023).