

² The Board notes that, following the June 23, 2025 decision, OWCP received additional evidence. The Board's *Rules of Procedure* provide: "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 19, 2025 appellant, then a 62-year-old gardener, filed a traumatic injury claim (Form CA-1) alleging that on February 14, 2025, he injured his right hip when he dismounted a vehicle while in the performance of duty. He described a “shock injury to right hip area” which reactivated a prior employment injury.³ Appellant stopped work on March 19, 2025 and returned to work on March 20, 2025.

In a development letter dated March 24, 2025, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence necessary to establish his claim and afforded him 60 days to submit the necessary evidence.

In an April 17, 2025 attending physician’s report (Form CA-20), Dr. Ronald E. Gurney, a Board-certified internist, related a history of heavy lifting on April 10, 2024, symptoms of undetermined right leg weakness, and diagnosed right-sided sciatica secondary to a lumbar disc disorder. He indicated that appellant was partially disabled from work and answered “Yes” to indicate that the diagnosed condition was caused or aggravated by employment factors. Dr. Gurney ordered a magnetic resonance imaging (MRI) scan of the spine to evaluate chronic right sciatica.

In a follow-up letter dated May 29, 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 24, 2025 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.

In a June 2, 2025 report, Matthew Battles, a certified physician assistant, recounted appellant’s description of a February 9, 2024 employment injury sustained when he bent to lift an object that unexpectedly weighed approximately 400 pounds and experienced an “electric feeling” in the right lower extremity. He diagnosed other intervertebral disc displacement, lumbosacral region, radiculopathy, lumbar region, intervertebral disc stenosis of neural canal of lumbar region, other spondylosis, lumbar region, and sacroiliitis.

On June 13, 2025 appellant accepted a temporary light-duty assignment as a gardener (leader) with work restrictions.

By decision dated June 23, 2025, OWCP accepted that the February 14, 2025 employment incident occurred, as alleged. However, it denied appellant’s traumatic injury claim, finding that the medical evidence of record was insufficient to establish a medical condition causally related to the accepted February 14, 2025 employment incident. Therefore, it concluded that the requirements had not been met to establish an injury as defined by FECA.

³ On April 17, 2024 appellant filed a traumatic injury claim (Form CA-1) alleging that he sustained a possible muscular lower right hip injury on April 10, 2014 while lifting a heavy object in the performance of duty. OWCP assigned File No. xxxxxx301 to this claim and closed the file after authorizing up to \$1,500.00 in benefits.

LEGAL PRECEDENT

An employee seeking benefits under FECA⁴ 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,⁵ 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.⁶ 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.⁷

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. There are two components involved in establishing fact of injury. The first component is whether the employee actually experienced the employment incident at the time and place, and in the manner alleged. The second component is whether the employment incident caused an injury.⁸

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.⁹ 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.¹⁰

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a right hip condition causally related to the accepted February 14, 2025 employment incident.

⁴ *Supra* note 1.

⁵ *E.K.*, Docket No. 22-1130 (issued December 30, 2022); *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).

⁶ *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *J.H.*, Docket No. 18-1637 (issued January 29, 2020); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁷ *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).

⁸ *T.H.*, Docket No. 19-0599 (issued January 28, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

⁹ *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).

¹⁰ *K.M.*, Docket No. 25-0649 (issued August 19, 2025); *F.S.*, Docket No. 23-0112 (issued April 26, 2023); *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).

Dr. Gurney, in his April 17, 2025 report, recounted an April 10, 2024 employment injury and diagnosed right-sided sciatica secondary to a lumbar disc disorder. However, he did not provide an opinion on causal relationship between appellant's diagnosed condition(s) and the accepted February 15, 2025 employment incident.¹¹ Therefore, this evidence is insufficient to establish appellant's claim.

OWCP also received a June 2, 2025 report by Mr. Battles, a certified physician assistant. Certain healthcare providers, such as physician assistants, are not considered physicians as defined under FECA and, therefore, are not competent to provide a medical opinion.¹²

As the medical evidence of record is insufficient to establish a right hip condition causally related to the accepted February 14, 2025 employment incident, the Board finds that appellant has not met his burden of proof.¹³

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 right hip condition causally related to the accepted February 14, 2025 employment incident.

¹¹ See *T.M.*, Docket No. 25-0467 (issued May 21, 2025); *A.B.*, Docket No. 23-0937 (issued January 24, 2024); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹² Section 8101(2) provides that 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(1) (September 2020); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA). See also *J.M.*, Docket No. 25-0609 (issued July 14, 2025) (physician assistants are not considered physicians under FECA).

¹³ On return of the case record, OWCP may consider administratively combining OWCP File No. xxxxxx980 with OWCP File No. xxxxxx301.

ORDER

IT IS HEREBY ORDERED THAT the June 23, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: September 23, 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