United States Department of Labor
Employees' Compensation Appeals Board

J.D., Appellant	)	
	)	**Docket No. 25-0884**
and	)	**Issued: April 22, 2026**
	)	
DEPARTMENT OF THE ARMY, ANNISTON ARMY DEPOT, Anniston, AL, Employer	)	

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 September 15, 2025, appellant filed a timely appeal from a July 2, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUE

The issue is whether appellant has met his burden of proof to establish a recurrence of disability commencing April 4, 2018, causally related to his accepted employment injury.

[1] 5 U.S.C. § 8101 *et seq.*

FACTUAL HISTORY

This case has previously been before the Board.[2] The facts and circumstances as set forth in the Board's prior order are incorporated herein by reference. The relevant facts are as follows.

On July 11, 2012, appellant, then a 39-year-old materials handler, filed an occupational disease claim (Form CA-2) alleging that he developed left elbow neuritis due to factors of his federal employment, including repetitive typing.[3] He noted that he first became aware of his condition and realized its relationship to his federal employment on June 21, 2012. OWCP accepted the claim for lesion of the left ulnar nerve. It paid appellant appropriate wage-loss compensation.

On April 20, 2017, appellant returned to full-time modified duty as a security clerk. On October 18, 2017, he stopped work alleging that he was unable to use his hands. On December 18, 2017, appellant returned to his full-time modified-duty position.

On April 4, 2018, appellant filed a claim for compensation (Form CA-7) for disability from work for the period April 4 through 18, 2018.

In a medical report dated April 2, 2018, Dr. James G. White, III, an attending Board-certified neurosurgeon, advised that appellant was totally disabled from work.

In development letters dated April 4, 2018, OWCP informed appellant of the deficiencies of his recurrence claim. It advised him of the type of factual and medical evidence needed to establish his claim and provided a questionnaire for his completion. OWCP afforded appellant 30 days to submit the necessary evidence.

OWCP subsequently received additional medical evidence, including an April 11, 2018 letter, wherein Dr. White noted that appellant "apparently" performed a repetitive job and had undergone multiple bilateral nerve releases. He also noted appellant's complaints. Dr. White related that appellant's electromyographic nerve conduction velocity (EMG/NCV) study revealed nerve dysfunction and some continued entrapments. Dr. White again opined that appellant was permanently and totally disabled from work. He recommended a referral for his psychiatric disability for his depression.

By decision dated May 17, 2018, OWCP denied appellant's recurrence claim, finding that the medical evidence of record was insufficient to establish disability from work commencing April 4, 2018 causally related to his accepted employment injury.

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[2] *Order Remanding Case,* Docket No. 19-1585 (issued October 9, 2020).

[3] OWCP assigned the present claim OWCP File No. xxxxxx724. Appellant has prior claims before OWCP. Under OWCP File No. xxxxxx108, OWCP accepted appellant's December 16, 2005 traumatic injury claim for left shoulder tendinitis, left wrist sprain, left shoulder strain, and left carpal tunnel syndrome (CTS). Under OWCP File No. xxxxxx664, it accepted appellant's May 15, 2007 occupational disease claim for left CTS. Under OWCP File No. xxxxxx383, OWCP accepted appellant's May 29, 2009 occupational disease claim (Form CA-2) for right CTS. The claims have been administratively combined with OWCP File No. xxxxxx724 serving as the master file.

On June 9, 2018, appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

OWCP subsequently received additional reports dated April 2 and June 18, 2018, and letters dated May 9 through July 11, 2018, wherein Dr. White provided impressions of bilateral hand pain, numbness, and tingling; ulnar nerve entrapment; and left CTS. He again noted that appellant had undergone multiple failed surgeries. Dr. White opined that he was in a chronically painful state which rendered him permanently totally disabled from performing any job.

By decision dated January 17, 2019, OWCP's hearing representative affirmed the May 17, 2018 decision, finding that the medical evidence of record was insufficient to establish a recurrence of disability commencing April 4, 2018, causally related to the accepted employment injury.

In reports dated January 17 through July 9, 2019, Dr. Corey Gilliland, an osteopath specializing in family medicine, noted the date of injury and appellant's complaints of left shoulder, left elbow, and bilateral wrist pain due to multiple surgeries. He examined appellant and diagnosed pain in the left shoulder, left elbow, right and left wrists, history of carpal tunnel release of both wrists, long-term current use of opiate analgesic, chronic pain syndrome, complex regional pain syndrome (CRPS) of the left upper extremity, and bilateral ulnar neuropathy.

Dr. White, in a May 13, 2019 note, advised that the employing establishment's offer of a general clerk position did not accommodate appellant's physical restrictions. He opined that appellant was totally disabled from work due to his chronic intractable pain and multiple failed surgeries due to bilateral chronic entrapment of the ulnar nerve and chronic bilateral CTS.

On July 11, 2019, appellant timely appealed the January 17, 2019 decision to the Board.

While the appeal was pending, OWCP continued to receive additional evidence. In reports dated June 11, 2019 through July 1, 2020, Dr. Gilliland continued to diagnose pain in the left shoulder, left elbow, right and left wrists, history of carpal tunnel release of both wrists, long-term current use of opiate analgesic, chronic pain syndrome, CRPS of the left upper extremity, bilateral ulnar neuropathy, joint pain in fingers on both hands. He also diagnosed joint pain in fingers on both hands.

In a September 12, 2018 cervical spine magnetic resonance imaging (MRI) scan report, Dr. White provided an impression of herniated nucleus pulposus at C4 with mild stenotic change at C3 and C5. In a January 20, 2020 report, he examined appellant and provided an impression of some sort of a lower trunk problem that appeared to be at C7-T1. Dr. White noted that since the radial nerve was not affected, he was not sure if appellant had some sort of injection or injury. He also provided an impression of pain in the left upper extremity. In reports dated January 27 and February 10, 2020, Dr. White reiterated his impression of left upper extremity pain.

In reports dated December 2 and 11, 2019 and March 4, 2020, Jessica Marshman, a physician assistant, and Jennifer Yates, a certified family nurse practitioner, diagnosed joint pain in fingers on both hands, upper limb CRPS, bilateral CTS, history of carpal tunnel release of both wrists, chronic pain syndrome, and other pain disorders related to psychological factors.

A February 4, 2020 EMG related normal findings. There was no evidence of median or ulnar entrapment neuropathy or ongoing radiculopathy.

By order dated October 9, 2020,[4] the Board set aside OWCP's January 17, 2019 decision, and remanded the case to OWCP to administratively combine OWCP File Nos. xxxxxx724, xxxxxx108, xxxxxx664, and xxxxxx383, followed by a *de novo* decision.

On January 22, 2021, OWCP administratively combined appellant's claims under OWCP File Nos. xxxxxx108, xxxxxx664, xxxxxx383, and xxxxxx724, with the latter serving as the master file.

By *de novo* decision dated January 26, 2021, OWCP denied appellant's claim for a recurrence of disability commencing April 4, 2018, causally related to his accepted employment injury. It found that the medical evidence of record was insufficient to establish disability from work during the claimed period causally related to a material worsening of his accepted work-related conditions.

On February 19, 2021, appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

A March 11, 2021 left shoulder MRI scan performed by Dr. Thaddeus F. Coleman, a Board-certified diagnostic radiologist, revealed possible articular surface, partial tear of the infraspinatus tendon, and no tendon retraction or muscle atrophy, and an intact labrum.

In an April 14, 2021 report, Dr. Michael R. Wiedmer, a Board-certified orthopedic surgeon, provided assessments of left shoulder supraspinatus tendon tear and chronic neuropathic pain of left upper extremity. He advised that the left upper extremity pain and weakness was likely related to chronic nerve compression and a history of surgeries.

In a functional capacity evaluation (FCE) dated July 22, 2021, Brandon Balenger, a physical therapist, found that appellant was capable of working in a sedentary position with restrictions.

In an October 6, 2021 report, Dr. Wiedmer noted his review of the FCE. He noted that appellant disagreed with the FCE results and recommended that appellant return to the surgeon who performed procedures on his arms.

By decision dated October 21, 2021, OWCP's hearing representative affirmed the January 26, 2021 decision, finding that the medical evidence of record was insufficient to establish a recurrence of disability from work commencing April 4, 2018, causally related to a material worsening of appellant's accepted work-related conditions.

In a February 8, 2022 report, Dr. Matthew P. Smith, an osteopath Board-certified in orthopedic surgery, diagnosed partial-thickness rotator cuff tear, unresponsive to physical therapy; pain in left shoulder; and sprain of left rotator cuff capsule, initial encounter. Regarding

[4] *Supra* note 2.

appellant's disability, he recommended an independent medical evaluation. In a March 30, 2022 operative report, Dr. Smith performed left shoulder arthroscopy with subacromial decompression and acromioplasty, extensive debridement, and Mumford procedure.

On October 20, 2022, appellant requested reconsideration.

In support thereof, appellant submitted progress reports dated May 20 and September 8, 2022, wherein Dr. Smith examined appellant and reiterated his diagnoses of sprain of left rotator cuff capsule, initial encounter, and pain in left shoulder.

In an October 19, 2022 letter, Sarah Beth Tinley, a physician assistant, advised that appellant's left shoulder pain stemmed from his 2005 work injury.

By decision dated July 2, 2025, OWCP denied modification of the October 21, 2021 decision.

LEGAL PRECEDENT

A recurrence of disability means an inability to work after an employee has returned to work, caused by a spontaneous change in a medical condition which resulted from a previous compensable injury or illness and without an intervening injury or new exposure in the work environment.[5] This term also means an inability to work because a limited-duty assignment made specifically to accommodate an employee's physical limitations, and which is necessary because of a work-related injury or illness, is withdrawn or altered so that the assignment exceeds the employee's physical limitations.[6] A recurrence does not occur when such withdrawal occurs for reasons of misconduct, nonperformance of job duties, or a reduction-in-force.[7]

OWCP's procedures provide that a recurrence of disability includes a work stoppage caused by a spontaneous material change in the medical condition demonstrated by objective findings. That change must result from a previous injury or occupational illness rather than an intervening injury or new exposure to factors causing the original illness. It does not include a condition that results from a new injury, even if it involves the same part of the body previously injured.[8]

An employee who claims a recurrence of disability due to an accepted employment-related injury has the burden of proof to establish by the weight of the substantial, reliable, and probative evidence that the disability for which he or she claims compensation is causally related to the accepted injury. This burden of proof requires that a claimant furnish medical evidence

[5] 20 C.F.R. § 10.5(x); *see J.D.,* Docket No. 18-1533 (issued February 27, 2019).

[6] *Id.*

[7] *Id.*

[8] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Recurrences*, Chapter 2.1500.2b (June 2013); *L.B.,* Docket No. 18-0533 (issued August 27, 2018).

from a physician who, on the basis of a complete and accurate factual and medical history, concludes that, for each period of disability claimed, the disabling condition is causally related to the employment injury, and supports that conclusion with medical reasoning.[9] Where no such rationale is present, the medical evidence is of diminished probative value.[10]

When an employee who is disabled from the job he or she held when injured on account of employment-related residuals returns to a limited-duty position or the medical evidence of record establishes that he or she can perform the limited-duty position, the employee has the burden of proof to establish by the weight of the reliable, probative, and substantial evidence a recurrence of total disability and to show that he or she cannot perform such limited-duty work.[11] As part of this burden, the employee must show a change in the nature and extent of the injury-related condition, or a change in the nature and extent of the limited-duty job requirements.[12]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a recurrence of disability commencing April 4, 2018, causally related to his accepted employment injury.

In a medical report dated April 2, 2018, Dr. White advised that appellant was totally disabled from work. In additional reports dated April 2 and June 18, 2018, and letters dated May 9 through July 11, 2018, Dr. White provided impressions of bilateral hand pain, numbness, and tingling; ulnar nerve entrapment; and left CTS and noted that appellant had undergone multiple failed surgeries. He opined that appellant was in a chronically painful state, which rendered him permanently totally disabled from work. OWCP also received an April 11, 2018 letter, wherein Dr. White related that appellant's EMG/NCV study revealed nerve dysfunction and some continued entrapments. He again opined that appellant was permanently and totally disabled from work. However, Dr. White failed to explain, with rationale, how the accepted conditions caused or contributed to the claimed disability. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how the claimed disability was related to the accepted employment injury.[13] This evidence, is therefore, insufficient to establish appellant's recurrence claim.

In his May 13, 2019 note, Dr. White opined that appellant's total disability from work was due to his chronic intractable pain and multiple failed surgeries. However, he explain, with

[9] *J.D.,* Docket No. 18-0616 (issued January 11, 2019); *see C.C.,* Docket No. 18-0719 (issued November 9, 2018).

[10] *H.T.*, Docket No. 17-0209 (issued February 8, 2018).

[11] *See D.W.,* Docket No. 19-1584 (issued July 9, 2020); *S.D.,* Docket No. 19-0955 (issued February 3, 2020); *Terry R. Hedman,* 38 ECAB 222 (1986).

[12] *C.B.,* Docket No. 19-0464 (issued May 22, 2020); *Terry R. Hedman, id.*; *R.N.,* Docket No. 19-1685 (issued February 26, 2020).

[13] *See S.K.,* Docket No. 18-1537 (issued June 20, 2019; *Y.D.*, Docket No. 16-1896 (issued February 10, 2017) (finding that a report is of limited probative value regarding causal relationship if it does not contain medical rationale describing the relation between work factors and a diagnosed condition/disability).

rationale, how the accepted employment injury caused or contributed to appellant's disability. As noted above, the Board has held that reports that do not contain medical rationale explaining their opinion on causal relationship are of limited probative value.[14] This evidence is, therefore, insufficient to establish appellant's recurrence claim.

In a January 20, 2020 report, Dr. White examined appellant and provided an impression of a lower trunk problem that appeared to be at C7-T1. He noted that since the radial nerve was not affected, he was not sure if appellant had some sort of injection or injury. Dr. White also provided an impression of pain in the left upper extremity. In reports dated January 27 and February 10, 2020, he reiterated his impression of left upper extremity pain. None of these reports, however, provide an opinion on whether appellant sustained a recurrence of disability during the claimed period, causally related to the accepted employment injury. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition or disability is of no probative value on the issue of causal relationship.[15] This evidence is, therefore, insufficient to establish appellant's recurrence claim.

In reports dated January 17 through July 1, 2020, Dr. Gilliland diagnosed pain in the left shoulder, left elbow, wrists, history of carpal tunnel release of both wrists, long-term current use of opiate analgesic, chronic pain syndrome, CRPS of the left upper extremity, bilateral ulnar neuropathy, and joint pain in fingers on both hands. Dr. Gilliland, however, did not provide an opinion on whether appellant sustained a recurrence of disability commencing April 4, 2018. As noted above, the Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition or disability is of no probative value on the issue of causal relationship.[16] This evidence is, therefore, insufficient to establish appellant's recurrence claim.

Dr. Wiedmer's reports dated April 14 and October 6, 2021, and Dr. Smith's reports dated February 8, March 30, May 20, and September 8, 2022, likewise, do not provide an opinion on whether appellant sustained a recurrence of disability commencing April 4, 2018. Therefore, this evidence is also insufficient to establish appellant's recurrence claim.[17]

Appellant also submitted reports from Ms. Marshman and Ms. Tinley, physician assistants, Ms. Yates, a certified family nurse practitioner, and Mr. Balenger, a physical therapist. However, the Board has held that certain healthcare providers such as physician assistants, nurse practitioners, and physical therapists, are not considered physicians as defined under FECA and,

[14] *See C.H.,* Docket No. 25-0848 (issued November 24, 2025); *T.T.,* Docket No. 18-1054 (issued April 8, 2020); *Y.D.,* Docket No. 16-1896 (issued February 10, 2017). *See also L.G.,* Docket No. 19-0142 (issued August 8, 2019) (a medical report is of limited probative value on the issue of causal relationship if it contains a conclusion regarding causal relationship which is unsupported by medical rationale).

[15] *See L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.,* Docket No. 17-1549 (issued July 6, 2018).

[16] *Id.*

[17] *Id*.

therefore, are not competent to provide a medical opinion.[18] Therefore, this evidence is insufficient to establish appellant's recurrence claim.

The remaining medical evidence of record consists of diagnostic studies. However, the Board has held that diagnostic studies, standing alone, lack probative value on the issue of causal relationship.[19]

As the medical evidence of record is insufficient to establish a recurrence of disability commencing April 4, 2018, causally related to the accepted employment injury, 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 recurrence of disability commencing April 4, 2018, causally related to his accepted employment injury.

[18] 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) (May 2023); *David P. Sawchuk,* 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical and occupational therapists are not competent to render a medical opinion under FECA); *see also F.A*., Docket No. 24-0014 (issued January 30, 2026) (neither nurse practitioners nor physician assistants are considered physicians as defined under FECA); *B.D.,* Docket No. 25-0852 (issued December 1, 2025) (physical therapists are not considered physicians under FECA).

[19] *See P.A.,* Docket No. 18-0559 (issued January 29, 2020); *A.P.,* Docket No. 18-1690 (issued December 12, 2019); *R.M.,* Docket No. 18-0976 (issued January 3, 2019).

ORDER

IT IS HEREBY ORDERED THAT the July 2, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: April 22, 2026
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