United States Department of Labor
Employees' Compensation Appeals Board

B.I., Appellant	)	
and	)	**Docket No. 26-0193**
	)	**Issued: April 10, 2026**
DEPARTMENT OF DEFENSE, DEPARTMENT OF DEFENSE EDUCATION ACTIVITY, Alexandria, VA, 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
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On December 29, 2025 appellant filed a timely appeal from an August 6, 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.[2]

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[1] 5 U.S.C. § 8101 *et seq.*

[2] The Board notes that, following the August 6, 2025 decision, OWCP received additional evidence. The Board's *Rules of Procedure* provides: "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.*

ISSUE

The issue is whether appellant has met her burden of proof to expand the acceptance of her claim to include additional conditions as causally related to, or consequential to, the accepted employment injury.

FACTUAL HISTORY

On July 18, 2023 appellant, then a 59-year-old teacher, filed an occupational disease claim (Form CA-2) alleging that she developed lumbosacral spondylosis with sciatica, right foot paresthesia, right thumb carpometacarpal (CMC) joint osteoarthritis, right-sided carpal tunnel syndrome (CTS), and right hallux valgus (bunion) due to factors of her federal employment, including using a computer, writing, repetitive motions, and prolonged sitting, and standing.[3] She noted that she first became aware of her conditions on August 28, 2020 and realized their relationship to her federal employment on September 28, 2020. Appellant did not stop work.[4]

In undated statements, appellant related complaints of burning right foot, right foot drop, loss of sensation in the right lower extremity, pain and burning in the right thumb, wrist, and arm, and a painful bunion on her right foot, which she attributed to prolonged sitting at her computer, using a computer mouse, and prolonged standing.

In support of her claim, appellant submitted x-ray reports revealing right hand, right thumb, and lumbar spine injuries.

In a narrative medical report dated April 17, 2023, Dr. Jennifer L. Park, a Board-certified internist, indicated that appellant had been under her care since January 2021 for multiple musculoskeletal complaints involving her lower back, wrists, hands, and feet. She noted that her job duties, including standing, sitting, typing, and using a computer mouse worsened her symptoms. Dr. Park diagnosed lumbosacral spondylosis, sciatica, bilateral CTS, bilateral first metacarpophalangeal (MCP) osteoarthritis, and bilateral bunions.

In a development letter dated August 1, 2023, OWCP informed appellant of the deficiencies of her occupational disease claim. It advised her of the type of factual and medical evidence needed to establish her claim and afforded her 60 days to submit the necessary evidence.

OWCP thereafter received a September 20, 2022 medical report by Dr. Corey Housepian, a podiatrist, who noted that appellant related complaints of right foot bunion pain and a history of

[3] The record reflects that appellant worked at an employing establishment education activity school located on Marine Corps Air Station Iwakuni, located in Iwakuni, Japan. She transferred back from Japan to the United States in May 2023.

[4] OWCP assigned the present claim OWCP File No. xxxxxx856. Appellant previously filed a traumatic injury claim (Form CA-1) for asthma, coughing, and sore throat after inhaling fumes on April 15, 2019, which OWCP assigned OWCP File No. xxxxxx108. She also filed a Form CA-1 for a September 26, 2019 neck condition, which OWCP assigned OWCP File No. xxxxxx434. Appellant also filed CA-2 forms for pulmonary and emotional conditions, which OWCP accepted for temporary aggravations of asthma, allergic rhinitis, reactive airway disease, and urinary incontinence under OWCP File No. xxxxxx790 and adjustment disorder with mixed anxiety and depressed mood under OWCP File No. xxxxxx289. OWCP has administratively combined OWCP File Nos. xxxxxx856, xxxxxx108, xxxxxx434, xxxxxx289, and xxxxxx790, with the latter serving as the master file.

prior left foot bunion surgery. Dr. Housepian documented physical examination findings, reviewed x-rays, and diagnosed painful bunion of the right foot.

Dr. Park, in an October 27, 2022 medical report, indicated that appellant related complaints of worsening right lateral foot pain at the fifth metatarsal bone for the prior two months, which she attributed to being on her feet regularly as a teacher. She documented physical examination findings and diagnosed pain in right foot without any mechanism of injury.[5]

In a medical report dated November 29, 2022, Dr. William E. Barber, Board-certified in family medicine and sports medicine, noted that appellant related complaints of right thumb pain, which she attributed to using a computer mouse at work. He diagnosed osteoarthritis of the first CMC joint and administered a steroid injection.

A magnetic resonance imaging (MRI) scan of the lumbar spine dated February 20, 2023 demonstrated mild disc protrusions and foraminal narrowing from L3 through L5, slight lateral movement of the left L4 nerve root, and lumbar spondylosis at L3-4 and L4-5.

In a work capacity evaluation (Form OWCP-5c) dated April 20, 2023, Dr. Park diagnosed bilateral CTS, lumbosacral spondylosis complicated by sciatica, bilateral first CMC joint osteoarthritis, and bilateral bunions.

In a report dated May 23, 2023, Dr. Venu Vemuri, an osteopath Board-certified in orthopedic surgery, noted that appellant related complaints of low back and neck pain. On May 31, 2023, he diagnosed lumbar stenosis and administered a right-sided transforaminal steroid injection at L4-5 and L5-S1.

In an August 22, 2023 medical report, Dr. Monica Pecache, a hand surgeon, noted that appellant related complaints of right-hand pain. She performed a physical examination of the right hand and observed tenderness at the CMC joint. Dr. Pecache recommended an electromyography and nerve conduction velocity (EMG/NCV) study and diagnosed right thumb CMC osteoarthritis and right CTS. She indicated that CMC arthritis and CTS were caused by repetitive movements over time.

In a medical report dated August 22, 2023, Dr. John Lewis, Jr., a Board-certified orthopedic surgeon, noted that appellant related complaints of bilateral foot pain, bunions, and hammertoes, which she attributed to standing on concrete floors for many years as a teacher. He performed a physical examination of the lower extremities and observed mild persistent or recurrent bunion and stiffness of the first metatarsophalangeal (MTP) and second proximal interphalangeal joints on the left and bunion with tenderness over the medial eminence and a rigid second hammertoe on the right. Dr. Lewis diagnosed bilateral acquired bunions, acquired hammertoe of right second toe, and pseudoarthrosis after fusion arthrodesis of left second toe.

In a follow-up development letter dated September 6, 2023, 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 August 1, 2023 letter to submit the necessary evidence.

[5] The October 27, 2022 report indicates pain in the left foot; however, this appears to be a typographical error.

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.

A September 14, 2023 EMG/NCV study of the right upper extremity demonstrated right median nerve neuropathy of moderate severity at the wrist consistent with entrapment of the carpal tunnel.

In a September 21, 2023 narrative report, Dr. Pecache diagnosed right CTS and thumb CMC joint arthritis. She opined that the conditions were "overuse injuries that happen over time as a result of repetitive movements."

In an October 12, 2023 narrative report, Dr. Pecache indicated that appellant's right-sided CTS and CMC osteoarthritis "can be aggravated by activities that she does at work such as repetitive clicking, writing, or typing."

By decision dated November 8, 2023, OWCP denied appellant's occupational disease claim, finding that the evidence of record was insufficient to establish causal relationship between her diagnosed medical conditions and the accepted factors of her federal employment.

On December 1, 2023 appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

OWCP subsequently received a November 15, 2023 Form OWCP-5c, wherein Dr. Pecache diagnosed osteoarthritis and CTS and released appellant to return to sedentary-duty work.

In a narrative report dated December 8, 2023, Dr. Pecache diagnosed right CTS and basal thumb arthritis, which she opined were caused by appellant's work duties. She explained that both conditions were "known to be caused by repetitive overuse and wear and tear of the extremity," which "causes inflammation and swelling resulting in compression of the median nerve at the carpal tunnel region and also wears the cartilage from the bones that form the joint at the base of the thumb." Dr. Pecache noted that appellant's employment activities for many years involved repetitive use of the right hand for tight pinching and grasping while performing tasks such as typing and writing.

In a narrative report dated December 18, 2023, Dr. Vemuri diagnosed lumbar stenosis, which he opined was exacerbated by her employment as a teacher in Japan. He indicated that "repetitive bending, stooping, and standing brought into disabling reality her current symptoms, which we are treating."

On March 13, 2024, OWCP received an undated note by Dr. Lewis, who related that appellant believed her right bunion deformity was worsened/exacerbated by prolonged walking on concrete while at work.

OWCP also received physical therapy reports.

A hearing was held on March 19, 2024. During the hearing, appellant testified that, beginning in March 2020, she used a computer for 10 to 12 hours per day while teaching virtually, which caused pain in her right hand and thumb. She also related that she sat for 8 to 10 hours per day during this time, which began to cause pain in her lower back and right leg in November 2021.

When appellant returned to teaching in the classroom in 2022, her duties involved prolonged standing on concrete floors, which caused pain in her right foot.

OWCP thereafter received an undated narrative medical report by Dr. Vemuri, who opined that appellant's preexisting lumbar degenerative disease and stenosis were exacerbated by her employment duties, including long periods of sitting, prolonged standing in one place, and repetitive bending and stooping.

OWCP also received an undated narrative report by Dr. Lewis, who diagnosed right bunion and acquired second hammertoe. He noted that he performed a right Chevron-Akin bunionectomy on October 25, 2023. Dr. Lewis opined that appellant's "right foot [bunion] and second hammertoe deformity [were] certainly made worse" by years of walking and standing on concrete floors, wearing constrictive footwear, and delays in receiving appropriate medical care.

By decision dated May 8, 2024, an OWCP hearing representative vacated the November 8, 2023 decision and remanded the case to OWCP for further development of the medical evidence.

On May 31, 2024, OWCP referred appellant, the medical record, a statement of accepted facts (SOAF), and a series of questions to Dr. Stacie Grossfeld, a Board-certified orthopedic surgeon and sports medicine specialist, for a second opinion evaluation to determine whether she sustained a right wrist, right thumb, right foot, or lumbar condition causally related to the accepted factors of her federal employment.

In a report dated June 14, 2024, Dr. Grossfeld noted her review of the SOAF and medical record. On examination of the right lower extremity, she observed intact sensation to all dermatomes, no clonus, a well-healed surgical scar, residual mild bunion deformity over the medial aspect of the first metatarsal, hammertoe deformity of the second toe, subjective non-dermatomal numbness of the third, fourth, and fifth toes, and no atrophy. With regard to the left lower extremity, Dr. Grossfeld observed bunion deformity and significant second hammertoe. On examination of the lumbar spine, she observed negative straight leg raise bilaterally, subjective pain along the transverse process and spinous process at L5 bilaterally, and negative Patrick and Faber tests. On examination of the right wrist and hand, Dr. Grossfeld observed well-healed scars over the right CMC and carpal tunnel and negative Tinel's and Phalen's signs. She diagnosed right CMC arthritis, right CTS, lumbar stenosis, bilateral bunion deformities, and bilateral arthritis of the first MTP joints. Dr. Grossfeld opined that appellant's right CTS was caused by her employment duties. She also opined that her right CMC joint arthritis, lumbar stenosis, bilateral bunion deformities, and arthritis of the first MTP joints were secondary to a genetic predisposition, and that her job duties as a teacher were not sufficiently repetitive or prolonged to have caused, aggravated, or accelerated those conditions.

In a June 19, 2024 narrative report, Dr. Nicholas Foeger, a Board-certified orthopedic and hand surgeon, diagnosed right CTS and basal thumb arthritis. He noted that he performed a right carpal tunnel release and right thumb CMC arthroplasty with trapeziectomy, ligament reconstruction, and tendon interposition on April 5, 2024.

By decision dated July 1, 2024, OWCP accepted the claim for right CTS (resolved).

By separate decision also dated July 1, 2024, OWCP denied expansion of the acceptance of the claim, finding that the evidence of record was insufficient to establish additional medical conditions as causally related to, or consequential to, the accepted employment injury.

In a September 24, 2024 statement, appellant requested expansion of the acceptance of her claim to include lumbar bone spur, right second hammertoe, right shoulder joint pain, left trigger thumb and tendon subsidence, left knee arthritis, left foot pronation, and balance/mobility. She submitted additional narrative statements in support of expansion.

Appellant also submitted an August 27, 2024 medical report, wherein Dr. Lewis diagnosed mild recurrent bunion deformity and recommended a fluoroscopically-guided steroid injection into the right hallux MTP joint.

In a September 3, 2024 medical report, Dr. Foeger diagnosed right CTS, right thumb CMC osteoarthritis, postoperative pain, trigger thumb of left hand, pain in left thumb, and Dupuytren's disease of left distal third forearm. He opined that appellant's right CMC arthritis and CTS were the result of her work environment, her left trigger thumb "could" be tendinitis from overuse following the right-sided CMC arthroplasty and carpal tunnel release procedures, and that Dupuytren's disease was hereditary.

In a medical report dated October 9, 2024, Dr. Michael Alt, a Board-certified neurologist, indicated that an EMG/NCV study of the right lower extremity revealed mild nonspecific abnormalities. He diagnosed right leg pain.

In a narrative medical report dated October 16, 2024, Dr. Lewis noted appellant's ongoing complaints of numbness in her right toes and "bunion pain." He recommended hallux MTP fusion surgery.

In medical reports dated November 10, 2023 through October 8, 2024, Dr. Robin G. Curry, Board-certified in family and sports medicine, noted that appellant related complaints of left knee pain with weight-bearing while using a scooter after undergoing right foot surgery and right shoulder pain following an injection into her right thumb. She documented physical examination findings and diagnosed primary osteoarthritis of the left knee and right rotator cuff tendinitis. Dr. Curry opined that appellant's left knee pain and right shoulder tendinitis were caused by overcompensation.

OWCP also received additional physical and occupational therapy reports.

On June 25, 2025, appellant requested reconsideration of OWCP's July 1, 2024 decision.

OWCP thereafter received a lumbar MRI scan dated December 2, 2024, which demonstrated left L4 and right L5 foraminal stenosis, secondary to lower lumbar disc degeneration.

On December 18, 2024, appellant underwent a fluoroscopically-guided right L5-S1 transforaminal injection.

An MRI scan of the left knee dated December 23, 2024 demonstrated a posterior root tear of the medial meniscus resulting in instability and extrusion from medial joint line and medial compartment degenerative changes.

An x-ray of the lumbar spine dated March 25, 2025 revealed mild dextroscoliosis and moderate lumbar spondylosis at L4-5 and L5-S1.

In a medical report dated March 25, 2025, Bren Hines, a physician assistant, diagnosed lumbar spondylosis with radiculopathy and paresthesia of the right foot.

A computerized tomography scan of the lumbar spine dated April 7, 2025 demonstrated chronic moderate-severe multilevel lumbar spondylosis with no acute abnormality.

In a medical report dated April 8, 2025, Dr. Jeffrey Gum, a Board-certified orthopedic surgeon, noted that appellant related complaints of burning and tightness in her right toes after prolonged walking in November 2024. He diagnosed lumbar spondylosis with radiculopathy and right foot numbness after right foot surgery.

In a medical report dated May 1, 2025, Dr. Vasudeva Iyer, a neurologist, performed a physical examination and observed diminished pinprick sensation over the dorsal and plantar aspects of the foot and heel on the right and absent ankle reflexes, bilaterally. He performed a lower extremity EMG/NCV study and diagnosed "possible iatrogenic injury following regional anesthesia during a bunionectomy, a peripheral neuropathy on the right, or bilateral S1 radiculopathy."

In a medical report dated May 22, 2025, Dr. Andrew R. Harston, a Board-certified orthopedic surgeon, noted that appellant related complaints of right foot numbness and tingling, which she attributed to prolonged sitting as a teacher during the COVID-19 pandemic. He also noted a history of right foot drop which resolved after an L5 foraminal injection in May 2023. Dr. Harston performed a physical examination, which was normal other than subjective complaints of altered sensation. He diagnosed a double crush phenomenon.

In a medical report dated May 30, 2025, Dr. Akbar Nawab, a Board-certified orthopedic surgeon, noted that appellant had received an injection to her left knee on April 15, 2025, with minimal relief. He documented physical examination findings and diagnosed left knee osteoarthritis.

In a medical report dated June 23, 2025, Dr. Ross Todd Hockenbury, a Board-certified orthopedic surgeon, noted that appellant related complaints of right foot and ankle pain and numbness since 2020. On examination of the right lower extremity, he observed positive Tinel's sign over the superficial peroneal and medial dorsal cutaneous nerves and negative Tinel's sign over the tibial and sural nerves. Dr. Hockenbury diagnosed right foot and ankle pain, polyneuropathy, and lumbosacral radiculopathy.

In a letter dated June 24, 2025, Dr. Rachel J. Busse, Board-certified in family medicine, recommended weekly massage therapy for chronic pain.

In a medical report dated June 25, 2025, Dr. Louis Curtis, a Board-certified neurologist, noted appellant's medical history and complaints of right leg numbness. He performed a physical examination and observed a normal motor examination, diminished pinprick sensation in the dorsum and plantar aspects of the toes of the right foot, reduced vibration sensation in the great toes and right ankle, absent ankle clonus bilaterally, and a wide, antalgic gait. Dr. Curtis opined that it was possible appellant was experiencing toxic neuropathy on the right related to anesthesia,

but that her signs of sensory loss on the left side contradicted that diagnosis. He diagnosed peripheral polyneuropathy and chronic lumbar radiculopathy and recommended further testing.

Appellant also submitted an additional narrative statement dated June 28, 2025, in further support of expansion of the claim.

By decision dated August 6, 2025, OWCP denied modification of the July 1, 2024 decision.

LEGAL PRECEDENT

When 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.[6] When an injury arises in the course of employment, every natural consequence that flows from that injury likewise arises out of the employment, unless it is the result of an independent intervening cause attributable to the claimant's own intentional misconduct.[7] Thus, a subsequent injury, be it an aggravation of the original injury or a new and distinct injury, is compensable if it is the direct and natural result of a compensable primary injury.[8]

To establish causal relationship between a specific condition, as well as any attendant disability claimed, and the employment injury, an employee must submit rationalized medical evidence.[9] The opinion of the physician must be based on a complete factual and medical background of the claimant, 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 identified by the claimant.[10]

In any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship, therefore, involves aggravation, acceleration or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.[11]

Section 8123(a) of FECA provides that, if there is disagreement between the physician making the examination for the United States and the physician of the employee, the Secretary

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[6] *M.M.*, Docket No. 19-0951 (issued October 24, 2019); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

[7] *See J.M.*, Docket No. 19-1926 (issued March 19, 2021); *I.S.*, Docket No. 19-1461 (issued April 30, 2020); *see also Charles W. Downey*, 54 ECAB 421 (2003).

[8] *J.M.*, *id.*; *Susanne W. Underwood (Randall L. Underwood)*, 53 ECAB 139, 141 n.7 (2001).

[9] *See V.A.*, Docket No. 21-1023 (issued March 6, 2023); *M.W.*, 57 ECAB 710 (2006); *John D. Jackson*, 55 ECAB 465 (2004).

[10] *E.P.*, Docket No. 20-0272 (issued December 19, 2022); *I.J.*, 59 ECAB 408 (2008).

[11] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (May 2023); *M.B.*, Docket No. 20-1275 (issued January 29, 2021); *see R.D.*, Docket No. 18-1551 (issued March 1, 2019).

shall appoint a third physician who shall make an examination.[12] This is called a referee examination and OWCP will select a physician who is qualified in the appropriate specialty and who has no prior connection with the case. In situations where there exist opposing medical reports of virtually equal weight and rationale and the case is referred to an impartial medical examiner (IME) for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based upon a proper factual background, must be given special weight.[13]

ANALYSIS

The Board finds that this case is not in posture for a decision regarding expansion of the acceptance of appellant's claim to include a right thumb condition as causally related to, or consequential to, the accepted employment injury.

In her December 8, 2023 narrative report, Dr. Pecache, appellant's attending physician, diagnosed right basal thumb arthritis, which she opined was caused by repetitive use of the right hand for tight pinching and grasping for typing and writing for many years. She explained that the condition was "known to be caused by repetitive overuse and wear and tear of the extremity," which "wears the cartilage from the bones that form the joint at the base of the thumb." Dr. Grossfeld, OWCP's referral physician, conversely, opined that appellant's right CMC joint arthritis was secondary to a genetic predisposition and that appellant's job duties as a teacher were not sufficiently repetitive or prolonged to have caused, aggravated, or accelerated the condition.

As explained above, if there is a disagreement between an employee's physician and an OWCP referral physician, OWCP will appoint an IME who shall make an examination. The Board finds that a conflict in medical opinion exists between Dr. Pecache, and Dr. Grossfeld, regarding whether the acceptance of appellant's claim should be expanded to include a right thumb condition, as causally related to, or consequential to, the accepted factors of her federal employment. The Board, therefore, will remand the case for OWCP to refer appellant to an IME for resolution of the conflict in medical opinion evidence in accordance with 5 U.S.C. § 8123(a).[14] After this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision regarding expansion of the acceptance of the claim to include a right thumb condition.

The Board further finds, however, that appellant has not met her burden of proof to establish an additional medical condition causally related to, or consequential to, the accepted employment injury.

In support of her expansion claim, appellant submitted an April 17, 2023 medical report by Dr. Park, who diagnosed lumbosacral spondylosis, sciatica, and bilateral bunions. She opined that appellant's job duties, including standing, sitting, typing, and using a computer mouse, worsened her symptoms. Dr. Vemuri, in a December 18, 2023 narrative report and subsequent undated

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[12] 5 U.S.C. § 8123(a). *See R.C.,* Docket No. 18-0463 (issued February 7, 2020); *see also G.B.,* Docket No. 16-0996 (issued September 14, 2016).

[13] 20 C.F.R. § 10.321. *See also J.H.,* Docket No. 22-0981 (issued October 30, 2023); *N.D.,* Docket No. 21-1134 (issued July 13, 2022); *Darlene R. Kennedy,* 57 ECAB 414 (2006); *Gloria J. Godfrey,* 52 ECAB 486 (2001); *James P. Roberts,* 31 ECAB 1010 (1980).

[14] *Y.M.*, Docket No. 23-0091 (issued August 4, 2023); *V.B.*, Docket No. 19-1745 (issued February 25, 2021).

narrative report, opined that appellant's preexisting lumbar degenerative disease and stenosis were exacerbated by her employment duties, including long periods of sitting, prolonged standing in one place, and repetitive bending and stooping. Dr. Lewis, in an undated narrative report, opined that appellant's right foot bunion and second hammertoe were "certainly made worse" by years of walking and standing on concrete floors and wearing constrictive footwear. However, none of these physicians explained with sufficient rationale how the accepted employment factors caused an injury to her lumbar spine or feet.[15] A medical report is of limited probative value on the issue of causal relationship if it contains an opinion regarding causal relationship which is unsupported by medical rationale.[16] Medical rationale is particularly necessary where, as here, there are preexisting conditions involving the same body parts.[17] For these reasons, this evidence is insufficient to establish appellant's expansion claim.[18]

In an undated note, Dr. Lewis related that appellant believed her right bunion deformity was worsened/exacerbated by prolonged walking on concrete while at work. However, he did not provide his own opinion on causal relationship.[19] A physician's report is of diminished probative value when it is based on a claimant's belief rather than a physician's independent judgment.[20] Therefore, this report is also insufficient to establish appellant's expansion claim.

In a medical report dated September 20, 2022, Dr. Housepian diagnosed painful bunion of the right foot. In reports dated May 23 and 31, 2023, Dr. Vemuri diagnosed lumbar stenosis. Dr. Lewis, in medical reports dated August 22, 2023 and August 27, 2024, diagnosed bilateral acquired bunions, acquired hammertoe of right second toe, and pseudoarthrosis after fusion arthrodesis of left second toe. Dr. Gum, in an April 8, 2025 medical report, diagnosed lumbar spondylosis and radiculopathy. In a May 22, 2025 medical report, Dr. Harston diagnosed a double-crush phenomenon. Dr. Hockenbury, in a report dated June 23, 2025, diagnosed polyneuropathy and lumbosacral radiculopathy. However, none of these physicians offered an opinion regarding the cause of the diagnosed conditions. Medical evidence which does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of

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[15] *See C.B., (S.B)*, Docket No. 19-1629 (issued April 7, 2020); *V.T.*, Docket No. 18-0881 (issued November 19, 2018); *S.E.*, Docket No. 08-2214 (issued May 6, 2009); *T.M.*, Docket No. 08-0975 (issued February 6, 2009).

[16] *J.H.*, Docket No. 24-0415 (issued May 23, 2024); *C.C.*, Docket No. 15-1056 (issued April 4, 2016); *see T.M.*, Docket No. 08-975 (issued February 6, 2009); *Roma A. Mortenson-Kindschi*, 57 ECAB 418 (2006); *William C. Thomas*, 45 ECAB 591 (1994).

[17] *R.W.*, Docket No. 19-0844 (issued May 29, 2020); *A.M.*, Docket No. 19-1138 (issued February 18, 2020); *A.J.*, Docket No. 18-1116 (issued January 23, 2019).

[18] *J.W.*, Docket No. 25-0011 (issued November 19, 2024); *B.W.*, Docket No. 21-0536 (issued March 6, 2023); *M.M.*, Docket No. 20-1557 (issued November 3, 2021).

[19] *See O.E.*, Docket No. 20-0554 (issued October 16, 2020).

[20] *See D.R.*, Docket No. 21-1056 (issued April 13, 2023); *K.B.*, Docket No. 17-0682 (issued July 24, 2017); *B.S.*, Docket No. 15-0002 (issued February 27, 2015); *Earl David Seale*, 49 ECAB 152 (1997).

causal relationship.[21] Therefore, this evidence is insufficient to establish appellant's expansion claim.

In a medical report dated October 27, 2022, Dr. Park diagnosed pain in right foot. Dr. Alt, in a medical report dated October 9, 2024, diagnosed right leg pain. In a narrative medical report dated October 16, 2024, Dr. Lewis noted bunion pain. Dr. Busse, in a letter dated June 24, 2025, diagnosed chronic pain. In a medical report dated May 1, 2025, Dr. Iyer diagnosed a possible iatrogenic injury following regional anesthesia during a bunionectomy, a peripheral neuropathy on the right, or bilateral S1 radiculopathy. Dr. Curtis, in a June 25, 2025 medical report, opined that it was possible that appellant was experiencing toxic neuropathy on the right related to anesthesia, but that her signs of sensory loss on the left side contradicted that diagnosis. However, these physicians likewise did not provide an opinion on causal relationship.[22] Thus, this evidence is insufficient to establish appellant's expansion claim.

Appellant also submitted medical reports by Dr. Curry dated November 10, 2023 through October 8, 2024, who diagnosed primary osteoarthritis of the left knee and right rotator cuff tendinitis. Dr. Curry opined that these additional conditions were caused by overcompensation following surgeries to the right foot and an injection to the right thumb. Dr. Foeger, in is September 3, 2024 medical report, diagnosed trigger thumb of left hand, which he opined "could" be tendinitis from overuse following the right-sided CMC arthroplasty and carpal tunnel release procedures. However, neither physician explained with sufficient rationale how the accepted employment factors caused an injury to her left knee, left thumb, or right shoulder.[23] Thus, this evidence is of limited probative value and is insufficient to establish appellant's expansion claim.

In a medical report dated May 30, 2025, Dr. Nawab diagnosed left knee osteoarthritis. However, he did not offer an opinion regarding the cause of the diagnosed condition. Therefore, this evidence is of no probative value and is insufficient to establish appellant's expansion claim.[24]

Appellant also submitted physical therapy reports and a March 25, 2025 note from Ms. Hines, a physician assistant. The Board has held that certain healthcare providers such as physician assistants and physical therapists are not considered physicians as defined under FECA.[25] Their medical findings, reports, and/or opinions, unless co-signed by a qualified

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[21] *A.P.*, Docket No. 18-1690 (issued December 12, 2019); *J.H.*, Docket No. 19-0383 (issued October 1, 2019); *L.B.,* Docket No. 18-0533 (issued August 27, 2018); *D.K.,* Docket No. 17-1549 (issued July 6, 2018).

[22] *Id*.

[23] *See supra* notes 17 and 18.

[24] *Id.*

[25] Section 8101(2) of FECA 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 therapists are not competent to render a medical opinion under FECA). *See also S.S.*, Docket No. 21-1140 (issued June 29, 2022) (physician assistants are not considered physicians under FECA and are not competent to provide medical opinions); *V.R.,* Docket No. 19-0758 (issued March 16, 2021) (a physical therapist is not considered a physician under FECA); *C.K.,* Docket No. 19-1549 (issued June 30, 2020) (physical therapists are not considered physicians as defined under FECA).

physician, will not suffice for purposes of establishing entitlement to FECA benefits.[26] Therefore, this evidence is of no probative value and is insufficient to establish appellant's expansion claim.

The remaining evidence of record consists of diagnostic studies. The Board has held that reports of diagnostic tests, standing alone, lack probative value as they do not provide an opinion as to whether the accepted employment factors caused the diagnosed condition.[27] Thus, this evidence is insufficient to establish appellant's expansion claim.

As the medical evidence of record is insufficient to establish expansion of the acceptance of the claim to include additional conditions as causally related to, or consequential to, the accepted employment injury, the Board finds that she has not met her burden of proof in this regard.

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 this case is not in posture for decision regarding expansion of the acceptance of appellant's claim to include a right thumb condition as causally related to, or consequential to, the accepted employment injury. The Board further finds that appellant has not met her burden of proof to expand the acceptance of her claim to include additional conditions as causally related to, or consequential to, the accepted employment injury.

[26] *See A.V.*, Docket No. 25-0682 (issued August 7, 2025); *K.A.,* Docket No. 18-0999 (issued October 4, 2019); *K.W.,* 59 ECAB 271, 279 (2007); *David P. Sawchuk, id.*

[27] *See W.T.*, Docket No. 23-0323 (issued August 15, 2023); *V.Y.*, Docket No. 18-0610 (issued March 6, 2020); *G.S.*, Docket No. 18-1696 (issued March 26, 2019); *A.B.*, Docket No. 17-0301 (issued May 19, 2017).

ORDER

IT IS HEREBY ORDERED THAT the August 6, 2025 decision of the Office of Workers' Compensation Programs is affirmed in part and set aside in part. The case is remanded for further proceedings consistent with this decision of the Board.

Issued: April 10, 2026
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