

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

J.C., Appellant

and

**U.S. POSTAL SERVICE, BUCHANAN POST
OFFICE, Buchanan, MI, Employer**

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**Docket No. 26-0235
Issued: April 30, 2026**

Appearances:

*Alan J. Shapiro, Esq., for the appellant¹
Office of Solicitor, for the Director*

Case Submitted on the Record

DECISION AND ORDER

Before:

ALEC J. KOROMILAS, Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On January 12, 2026 appellant, through counsel, filed a timely appeal from a January 5, 2026 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act² and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.³

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.*

³ The Board notes that, following the January 5, 2026 decision, OWCP received additional evidence. However, the Board's *Rules of Procedures* 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 his burden of proof to establish a medical condition causally related to the accepted July 29, 2024 employment incident.

FACTUAL HISTORY

This case has previously been before the Board.⁴ The facts and circumstances of the case as set forth in the Board's prior decision are incorporated herein by reference. The relevant facts are as follows.

On August 27, 2024 appellant, then a 58-year-old city carrier assistant 1, filed a traumatic injury claim (Form CA-1) alleging that on July 29, 2024 he twisted his left knee and fell to the ground on his left side when he ascended a wet slope enroute to a customer's mailbox while in the performance of duty. He stopped work on July 29, 2024.

Thereafter, OWCP received an unsigned July 29, 2024 emergency department after-visit summary, which noted a left knee injury.

In a September 5, 2024 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence required and provided a questionnaire for his completion. OWCP afforded appellant 60 days to submit the requested evidence. No additional evidence was received.

On September 9, 2024 appellant returned to part-time modified duty (sedentary) for two hours a day.

In a follow-up letter dated September 30, 2024, 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 September 5, 2024 letter to submit the requested necessary evidence. OWCP further advised that if the evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

Thereafter, OWCP received a July 29, 2024 hospital emergency department report, wherein Dr. Coty Buchwalter, an osteopath, related appellant's account of injury earlier that day at work when he twisted his left knee and felt a pop while walking up a hill. On examination of the left knee, Dr. Buchwalter observed tenderness to palpation with mild swelling. He diagnosed a left knee injury.⁵

OWCP received August 2 through October 7, 2024 reports from Dr. Daniel G. Sohn, a Board-certified orthopedic surgeon, wherein he related that on July 29, 2024 while at work, appellant twisted his left knee and felt a "pop" while walking up a hill. He reviewed appellant's

⁴ Docket No. 25-0161 (issued January 23, 2025).

⁵ July 29, 2024 x-rays of the left knee revealed subtle degenerative changes of the patella without significant joint space narrowing or joint effusion.

symptoms of arthralgias and myalgias. Dr. Sohn diagnosed primary osteoarthritis of the left knee, a left medial meniscal tear, and a medial cruciate ligament deficiency. He opined that the medial cruciate ligament injury was work related “as he was walking up a grassy slope when he sustained a valgus injury to his knee.” Dr. Sohn performed arthrocentesis of the left knee.⁶ He maintained appellant on sedentary duty.

By decision dated November 12, 2024, OWCP accepted that the July 29, 2024 employment incident occurred as alleged. However, it denied appellant’s claim, finding that the medical evidence of record was insufficient to establish that his diagnosed medical condition was causally related to the accepted July 29, 2024 employment incident.

Appellant appealed to the Board. By decision dated January 23, 2025, the Board affirmed OWCP’s November 11, 2024 decision, finding that the medical evidence of record was insufficient to establish a medical condition causally related to the accepted July 29, 2024 employment incident.⁷

In a May 20, 2025 report, Dr. Sohn held appellant off work through June 17, 2025.

On October 7, 2025 appellant, through counsel, requested reconsideration.

OWCP subsequently received an April 23, 2025 operative report by Dr. Sohn, wherein he described performing a total left knee arthroplasty.

OWCP also received August 19 and September 23, 2025 reports by Dr. Mark F. Schinsky, a Board-certified orthopedic surgeon, wherein he recounted a history of appellant’s July 29, 2024 employment incident, April 23, 2025 left knee total arthroplasty, and June 18, 2025 closed manipulation under anesthesia. On examination, Dr. Schinsky observed no abnormalities of the right knee, loss of five degrees extension of the left knee, 105 degrees flexion of the left knee, and a normal neurologic examination of both lower extremities. He obtained September 23, 2025 x-rays which revealed a primary total left knee arthroplasty in near anatomic position without evidence of wear or change in position. Dr. Schinsky assessed a four-month history of left knee pain recalcitrant to conservative measures. He prescribed medication.

In an October 1, 2025 report, Dr. Sami E. Moufawad, a Board-certified physiatrist, recounted a history of the July 29, 2024 employment incident when appellant “twisted his left knee with the knee going inward and the left foot going outward” causing valgus stress to the left knee. He noted his review of the medical record. Dr. Moufawad recounted appellant’s history of preexisting left knee osteoarthritis treated by arthroscopy. Following a course of physical therapy treatments and rehabilitation, appellant had done well for years and participated in strenuous physical activities with no left knee symptoms prior to the July 29, 2024 employment incident. He

⁶ An August 8, 2024 magnetic resonance imaging (MRI) scan of the left knee revealed an impression of postsurgical changes of partial medial meniscectomy involving the free edge of the body and posterior horn, high-grade cartilage loss in the weight-bearing medial femorotibial compartment with mild subchondral bone marrow edema in the medial femoral condyle, multifocal chondral fissuring in the patella with high-grade cartilage loss in the central trochlea, a large ganglion or parameniscal cyst at the medial aspect of the knee extending through the tibial collateral ligament.

⁷ *Supra* note 4.

underwent total left knee arthroplasty but had persistent limited motion and was unable to participate in his former activities. Dr. Moufawad related appellant's complaints of left knee pain and limited motion, temporarily improved following closed manipulation under anesthesia in June 2025. On examination, he observed a slight limp favoring the left side, with no instability or effusion of the left knee. Dr. Moufawad obtained three trials of range of motion measurements with left knee flexion at 80, 90, and 90 degrees, and extension at -5, -5, and -3 degrees. Right knee flexion was 110, 115, and 115 degrees, with extension at zero degrees in all three trials. Thigh circumference was 41.5 cm on the right and 41 cm on the left, and calf circumference 27.5 cm on the right and 37 cm on the left. Dr. Moufawad also observed 4+/5 motor strength in left knee flexion and extension. He diagnosed permanent aggravation of preexisting left knee osteoarthritis. Dr. Moufawad opined that based on available medical information and findings on physical examination, the diagnosed condition was the result of the July 29, 2024 employment incident. He explained that osteoarthritis was a process where cartilage disintegrated and eroded, diminishing its ability to absorb shock and decrease friction between the moving parts of the joint. Arthritis developed when the rate of cartilage loss exceeded the rate of cartilage replacement. Osteoarthritic cartilage was more vulnerable to injury. Although appellant had preexisting osteoarthritis, his cartilage "was holding" and he remained asymptomatic. The July 29, 2024 employment incident caused an "excessive mechanical toll on the arthritic cartilage. Because of the preexistent condition, he had the irreversible aggravation of the cartilage and the rupture of the medial meniscus" as seen on an MRI study, which revealed an impression of chronic changes but the meniscal trauma was an acute finding. He concluded that the July 29, 2024 employment incident caused permanent, irreversible aggravation of appellant's left knee osteoarthritis and left knee cartilage.

By decision dated January 5, 2026, OWCP denied modification of the November 12, 2024 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA⁸ has the burden of proof to establish the essential elements of his or her claim including the fact that the individual is an employee of the United States within the meaning of FECA, that the claim was timely filed, 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.⁹ These are the essential elements of every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.¹⁰

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. First, the employee must submit

⁸ 5 U.S.C. § 8101 *et seq.*

⁹ *C.G.*, Docket No. 20-0058 (issued September 30, 2021); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

¹⁰ *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

sufficient evidence to establish that he or she actually experienced the employment incident at the time and place, and in the manner alleged. Second, the employee must submit sufficient evidence to establish that the employment incident caused an injury.¹¹

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.¹² 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 the specific employment incident identified by the claimant.¹³

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.¹⁴

ANALYSIS

The Board finds that this case is not in posture for decision.

Preliminarily, the Board notes that it is unnecessary to consider the evidence appellant submitted prior to the issuance of OWCP's November 12, 2024 merit decision as the Board considered it in its January 23, 2025 decision.¹⁵ Findings made in prior Board decisions are *res judicata* absent further merit review by OWCP under section 8128 of FECA.¹⁶

Dr. Moufawad, in an October 1, 2025 report, acknowledged appellant's history of preexisting left knee osteoarthritis treated by arthroscopy, quiescent for several years prior to the July 29, 2024 employment incident, followed by total left knee arthroplasty and closed manipulation under anesthesia. He reported detailed findings on examination, including an antalgic gait favoring the left lower extremity and restricted left knee motion. Dr. Moufawad opined that the July 29, 2024 employment incident permanently aggravated preexisting left knee osteoarthritis. He set forth the mechanism of causation whereby the July 29, 2025 employment

¹¹ *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).

¹² *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).

¹³ *A.S.*, Docket No. 19-1955 (issued April 9, 2020); *Leslie C. Moore*, 52 ECAB 132 (2000).

¹⁴ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (May 2023); *M.P.*, Docket No. 26-0018 (issued March 18, 2026); *M.B.*, Docket No. 20-1275 (issued January 29, 2021); *see R.D.*, Docket No. 18-1551 (issued March 1, 2019).

¹⁵ *Supra* note 4.

¹⁶ *J.L.*, Docket No. 25-0840 (issued February 27, 2026); *M.J.*, Docket No. 20-1565 (issued January 24, 2023); *B.D.*, Docket No. 20-1365 (issued December 21, 2022); *M.D.*, Docket No. 19-0510 (issued August 6, 2019); *Clinton E. Anthony, Jr.*, 49 ECAB 476, 479 (1998).

incident placed an “excessive mechanical toll” on degenerated, osteoarthritic medial meniscal cartilage, resulting in its rupture and irreversible aggravation. Dr. Moufawad also opined that the July 29, 2024 employment incident caused permanent, irreversible aggravation of appellant’s left knee osteoarthritis. Although his opinion is insufficiently rationalized to meet appellant’s burden of proof to establish causal relationship, the Board finds that it is of sufficient probative quality to warrant additional development.¹⁷

It is well established that proceedings under FECA are not adversarial in nature, nor is OWCP a disinterested arbiter. While the claimant has the burden of proof to establish entitlement to compensation, OWCP shares the responsibility in the development of the evidence to see that justice is done.¹⁸

The case shall, therefore, be remanded to OWCP for further development of the medical evidence. On remand, OWCP shall refer appellant, along with a statement of accepted facts and the medical record to a specialist in the appropriate field of medicine for a reasoned opinion as to whether appellant sustained a medical condition causally related to the accepted July 29, 2024 employment incident. If the second-opinion physician disagrees with the opinion of Dr. Moufawad, he or she must provide a fully-rationalized explanation of why the accepted employment incident is insufficient to have caused or contributed to appellant’s medical condition. After this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

CONCLUSION

The Board finds that this case is not in posture for decision.

¹⁷ *J.K.*, Docket No. 26-0015 (issued February 25, 2026); *G.M.*, Docket No. 25-0728 (issued September 12, 2025); *E.J.*, Docket No. 09-1481 (issued February 19, 2010); *John J. Carlone*, 41 ECAB 354 (1989); *Horace Langhorne*, 29 ECAB 280 (1978).

¹⁸ *See J.K., id.*; *K.H.*, Docket No. 25-0896 (issued December 29, 2025); *V.H.*, Docket No. 23-1013 (issued July 24, 2025); *M.S.*, Docket No. 23-1125 (issued June 10, 2024); *E.B.*, Docket No. 22-1384 (issued January 24, 2024); *J.R.*, Docket No. 19-1321 (issued February 7, 2020); *S.S.*, Docket No. 18-0397 (issued January 15, 2019).

ORDER

IT IS HEREBY ORDERED THAT the January 5, 2026 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.

Issued: April 30, 2026
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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