United States Department of Labor
Employees' Compensation Appeals Board

R.M., Appellant	)	
and	)	**Docket No. 26-0127**
	)	**Issued: August 20, 2026**
U.S. POSTAL SERVICE, POST OFFICE, Greensboro, NC, Employer	)	

Appearances:
Daniel F. Read, Esq., for the appellant[1]
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 November 25, 2025 appellant, through counsel, filed a timely appeal from a November 5, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[2] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

[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*.

ISSUE

The issue is whether appellant met her burden of proof to establish a medical condition causally related to the accepted factors of her federal employment.

FACTUAL HISTORY

On July 14, 2025 appellant, then a 48-year-old rural carrier, filed an occupational disease claim (Form CA-2) alleging that she developed a right shoulder condition and carpal tunnel syndrome (CTS) due to factors of her employment duties, including repetitive overhead reaching, gripping mail with her hand, pushing and pulling hampers of mail, and lifting equipment and parcels weighing up to 70 pounds several times a day. She noted that she first became aware of her conditions on October 31, 2019, and realized their relationship to her federal employment on December 12, 2021.[3]

OWCP received a series of reports from Dr. John R. Spellman, a Board-certified orthopedic surgeon. In his reports dated February 8, 2023 and January 4, 2024, he diagnosed right unspecified rotator cuff tear or rupture, superior glenoid labrum of shoulder joint injury, and right wrist CTS.

A September 10, 2024 magnetic resonance imaging (MRI) scan of appellant's right shoulder demonstrated previous rotator cuff repair with bone anchor in the humeral head; no definite full-thickness tear, retraction, or muscle atrophy; mild subacromial subdeltoid bursitis; prior biceps tenodesis; and mild recurrent medial and lateral subacromial outlet stenosis with thickened coracoacromial ligament.

A March 3, 2025 electromyogram/nerve conduction velocity (EMG/NCV) study reported right wrist medial mononeuropathy, right CTS, no right cervical radiculopathy, and no right upper extremity brachial plexopathy.

In a May 15, 2025 return to work note, Alec Fields, a certified physician assistant, released appellant to return to work with restrictions of no lifting over 20 pounds.

In a July 30, 2025 development letter, OWCP informed appellant that the evidence of record was insufficient to establish her claim. It advised her of the type of factual and medical evidence needed and provided a questionnaire for her completion. OWCP afforded appellant 60 days to submit the necessary evidence.

OWCP subsequently received July 23, 2025 operative report from Dr. Jeffrey K. Moore, a Board-certified orthopedic surgeon, who indicated that appellant underwent right endoscopic carpal tunnel release surgery that day.

[3] OWCP assigned the present claim OWCP File No. xxxxxx727. Under OWCP File No. xxxxxx055, appellant has an October 31, 2019 accepted traumatic injury claim for right elbow strain/medial epicondylitis, right arm aggravation of neuritis/ulnar nerve lesion, and incomplete right rotator cuff tear. OWCP administratively combined the current claim, OWCP File No. xxxxxx727, with the OWCP File No. xxxxxx055 designated as the master file.

In a July 31, 2025 report, Dr. Moore diagnosed right CTS. On appellant's physical examination, he observed right upper extremity grossly neurovascularly intact distally, good right hand digit range of motion, mild swelling, and well-healing incision over the right volar wrist. Dr. Moore opined that appellant's CTS was a secondary consequence of her October 31, 2019 work injury.

In a follow-up development letter dated September 5, 2025, 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 July 30, 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.

Thereafter OWCP received reports from Dr. Spellman covering the period February 28, 2024 through July 31, 2025, in which he repeated his prior findings.

By decision dated October 6, 2025, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish causal relationship between a medical condition and the accepted employment factors.

In a report dated October 7, 2025, Dr. Eugenia Zimmerman, a Board-certified physiatrist, diagnosed recurrent right rotator cuff tears and CTS. She related that appellant's employment required repetitive lifting packages and trays of mail over the shoulder level, repetitive reaching and handling mail and packages on her mail route, and continuous repetitive hand motion while sorting, grabbing, and placing mail. Dr. Zimmerman noted that packages may weigh up to 70 pounds and trays of mail usually weighed between 20 to 25 pounds. She summarized appellant's medical history including an initial shoulder injury on October 31, 2019 and subsequent surgery. Following appellant's return to full-duty work, she complained of right shoulder pain radiating into her right arm and hand. Dr. Zimmerman summarized physical findings reported by Dr. Spellman. She explained that a shoulder impingement is caused when the space between the acromion and humeral head gets smaller. Repetitive reaching above the shoulder causes impingement each time the affected arm is raised. Appellant's repetitive lifting and reaching overhead resulted in already degenerated tendons under constant strain, leading to swelling, inflammation, and increased tearing or injury. Dr. Zimmerman explained that repetitive overuse accelerated tendon breakdown resulting in appellant's rotator cuff injury. While appellant had a good result from her 2021 rotator cuff repair, she unfortunately developed recurrent rotator cuff tears which were aggravated by her repetitive work duties. With respect to the cause of appellant's right CTS, Dr. Zimmerman explained that appellant's frequent repetitive finger and wrist movement caused her tendons to swell due to pressure building. Since the median nerve was sensitive to ongoing pressure, the pressure caused pain, numbness and tingling in the hand and forearm. Dr. Zimmerman concluded that appellant's work was a causal factor in the development of her symptomatic recurrent right rotator cuff tears and CTS.

On October 8, 2025 appellant, through counsel, requested reconsideration.

By decision dated November 5, 2025, OWCP denied modification.

LEGAL PRECEDENT

An employee seeking benefits under FECA[4] 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 establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is casually related to the identified employment factors.[8]

The medical evidence required to establish causal relationship between a diagnosed condition and the accepted employment factors 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 factors identified by the employee.[10] Neither the mere fact that a disease or condition manifests itself during a period of employment, nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.[11]

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[4] *Supra* note 2.

[5] *A.V.*, Docket No. 25-0682 (issued August 7, 2025); *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] *A.V.*, *id.*; *L.C.,* Docket No. 19-1301 (issued January 29, 2020); *J.H.,* Docket No. 18-1637 (issued January 29, 2020); *James E. Chadden, Sr.,* 40 ECAB 312 (1988).

[7] *A.V.*, *id.*; *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] *A.V.*, *id.*; *S.R.,* Docket No. 24-0839 (issued October 30, 2024); *T.W.,* Docket No. 20-0767 (issued January 13, 2021); *L.D.,* Docket No. 19-1301 (issued January 29, 2020); *S.C.,* Docket No. 18-1242 (issued March 13, 2019).

[9] *A.V.*, *id.*; *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] *A.V.*, *id.*; *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).

[11] *A.V.*, *id.*; *L.W.,* Docket No. 24-0947 (issued January 31, 2025); *T.H.,* Docket No. 18-1736 (issued March 13, 2019); *Dennis M. Mascarenas,* 49 ECAB 215 (1997).

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.[12] The Board has held that the absence of a physical examination by a physician may affect the weight to be given a medical report, but does not render it incompetent as medical evidence.[13]

ANALYSIS

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

In her October 7, 2025 report, Dr. Zimmerman recounted an accurate, detailed history of appellant's medical treatment and provided an extensive recitation of her employment duties. She opined that the identified repetitive work factors of repetitive lifting packages and trays of mail over the shoulder level, repetitive reaching and handling mail and packages on her mail route aggravated appellant's prior right rotator cuff tears. Dr. Zimmerman explained that shoulder impingement occurs when the space between the acromion and humeral head gets smaller. Repetitive reaching above the shoulder causes impingement each time the affected arm is raised. Appellant's repetitive lifting and reaching overhead resulted in her previously degenerated tendons to be constantly strained, leading to swelling, inflammation, and increased tearing. While appellant had a good result from her 2021 rotator cuff repair, she developed recurrent rotator cuff tears which were aggravated by her repetitive work duties. Dr. Zimmerman also opined that the identified work factors of repetitive hand motion while sorting, grabbing, and placing mail caused appellant's right CTS. She explained that appellant's repetitive finger and wrist movements caused her tendons to swell. Since the median nerve was sensitive to pressure, it caused pain, numbness and tingling in the hand and forearm. Although Dr. Zimmerman's opinion is insufficiently rationalized to establish causal relationship, it is sufficient to require further development of the medical opinion evidence.[14]

[12] 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).

[13] *See D.R*., Docket No. 20-1104 (issued January 29, 2021); *W.C*., Docket No. 18-1386 (issued January 22, 2019); *Melvina Jackson*, 38 ECAB 443, 447-52 (1987).

[14] *G.M.*, Docket No. 25-0728 (issued September 12, 2025); *J.H.,* Docket No. 25-0565 (issued June 24, 2025); *L.N.,* Docket No. 25-0173 (issued March 6, 2025); *J.K.,* Docket No. 20-0816 (issued May 4, 2022); *M.H.,* Docket No. 18-1068 (issued June 2, 2020); *D.S.,* Docket No. 17-1359 (issued May 3, 2019); *X.V.,* Docket No. 18-1360 (issued April 12, 2019); *C.M.,* Docket No. 17-1977 (issued January 29, 2019); *John J. Carlone,* 41 ECAB 354 (1989); *William J. Cantrell,* 34 ECAB 1223 (1983).

It is well established that proceedings under FECA are not adversarial in nature and, while appellant has the burden to establish entitlement to compensation, OWCP shares responsibility in the development of the evidence.[15] OWCP has an obligation to see that justice is done.[16]

The Board shall, therefore, remand the case to OWCP for further development of the medical evidence. On remand, OWCP shall refer appellant, along with a statement of accepted facts and the case record, to a specialist in the appropriate field of medicine for a reasoned opinion regarding whether appellant sustained right recurrent rotator cuff tears and right CTS causally related to the accepted employment factors. If the second opinion physician disagrees with the opinion of Dr. Zimmerman, he or she must provide a fully-rationalized explanation of why the accepted employment factors are insufficient to have caused or aggravated appellant's medical conditions. 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 a decision.

ORDER

IT IS HEREBY ORDERED THAT the November 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.

Issued: August 20, 2026
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

[15] *Id.*; *see also C.S.,* Docket No. 24-0819 (issued October 16, 2024); *S.G.,* Docket No. 22-0330 (issued April 4, 2023); *see M.G.,* Docket No. 18-1310 (issued April 16, 2019); *Walter A. Fundinger, Jr.,* 37 ECAB 200, 204 (1985); *Michael Gallo,* 29 ECAB 159, 161 (1978).

[16] *Id.*

Alec J. Koromilas, Chief Judge, dissenting,

The majority opinion finds that, although the October 7, 2025 medical report from Dr. Zimmerman was insufficient to meet appellant's burden of proof to establish her claim, it was sufficient to require the Office of Workers' Compensation Programs to further develop the medical evidence with regard to the issue of expansion. I disagree.[1]

As a standard proposition, the Board has long held that the weight of medical opinion is determined by the opportunity for thoroughness of examination, the accuracy, and completeness of the physician's knowledge of the facts of the case, the medical history provided, the care of analysis manifested, and the medical rationale expressed in support of stated conclusions.[2]

While considered a treating physician, Dr. Zimmerman never spoke to, saw in person, nor physically examined appellant. She unequivocally stated in her report that "I do not need to examine Ms. Moody myself to render an opinion as to the anatomic causation of her shoulder and carpal tunnel problems…" She noted that her opinion was solely based on what she characterized as a review of medical records of record and appellant's job duties.

The Federal Employees' Compensation Act Procedural Manual sets out parameters for the weighing of medical evidence.[3] It describes a comprehensive report as one which reflects that all testing and analysis necessary to support the physician's final conclusions were performed.

I believe certain basic medical examination parameters must be met. Dr. Zimmerman espoused an opinion regarding causal relationship without the benefit of any communication with the appellant, direct physical examination or observations. She based her findings on what appeared to be a general description of appellant's job duties and the reports of previous treating physicians. As well, it appears from her report that Dr. Zimmerman did not review any of the multiple diagnostic studies but relied on appellant's former physician's interpretations of same.

These types of occupational injuries lend themselves to an examination for the purposes of diagnosis and causation, where the physician is able at a minimum to see the patient, question and receive a first-hand account of the injury, assess credibility, and compare same. This remains critical even when the only issue is causation. For example, visualizing the locus of injury is informative to the examining treating physician relative to issues of atrophy, dislocation, contusion and congenital malformation which could possibly cause the same symptoms along with other factors that may relate to the finding of causal relationship. I do not agree that words of causation

[1] *See D.R.,* Docket No. 20-1104 (issued January 29, 2021); *S.B.,* Docket No. 19-1778 (issued October 23, 2020); *S.J.,* Docket No. 19-1029 (issued October 22, 2020); *M.O.,* Docket No. 19-0278 (issued February 19, 2020); *J.H.,* Docket No. 18-1637(issued January 29, 2020); *C.C.,* Docket No. 18-1453 (issued January 28, 2020); *K.P.,* Docket No.18-0056 (issued January 27, 2020); *K.P.,* Docket No.18-0056 (issued January 27, 2020).

[2] *R.C.,* Docket No 14-1964 (issued January 22, 2015); *Anna C. Leanza,* 48 ECAB 115 (1996).

[3] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship,* Chapter 2.810.6(a)(4) (September 2010).

in the ordinary course alone can be separated from some type of examination of appellant by appellant's physician.

Of course, there are occasions where a physical examination cannot be conducted, such as when appellant is deceased. In that situation, record reviews are required and the weight of medical reports in the first instance are weighed using the above-mentioned criteria. But those circumstances are rare and that is inapplicable in the present case.

One could argue that this type of situation is similar to the use by OWCP of a district medical adviser (DMA). The Board has found that the unique status of the DMA, which allows for an advisory medical opinion without a physical examination, can be of sufficient probative value in certain circumstances.[4] I believe that there is an important distinction between a DMA as described in *Jackson* and a treating physician such as Dr. Zimmerman in this case. A treating physician and DMA do not share the same status. DMAs have a much more defined and narrow purpose. They are generally charged with the computations of schedule awards, the medical necessity of requested surgeries, and other such issues that do not require an in-person examination. As well, they operate under parameters that ensure appropriate review of the evidence, as they have the benefit of the complete OWCP record, as well as a statement of accepted facts created by OWCP, which they must follow for the purposes of history, knowledge, and analysis. With regard to Dr. Zimmerman's opinion, there are no such safeguards.

If Dr. Zimmerman was able to view, speak with and examine appellant, I would be inclined to perhaps be satisfied with her knowledge and understanding along with her pathophysiological explanation and agree with the majority that her opinion would be sufficient to remand for OWCP to further develop the medical evidence. However, the majority finding in my view, without the benefit of a conversation coupled with a visualized examination effectively shifts the burden of proof to OWCP to disprove the claim based on a medical report that is of questionable probative value.

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

[4] *Melvina Jackson*, 38 ECAB 443 (1987) (regarding the importance, when assessing medical evidence, of such factors as a physician's knowledge of the facts and medical history, and the care of analysis manifested and the medical rationale expressed in support of the physician's opinion).