United States Department of Labor
Employees' Compensation Appeals Board

T.G., Appellant	)	
and	)	**Docket No. 26-0407**
	)	**Issued: August 13, 2026**
U.S. POSTAL SERVICE, NEWNAN MAIN POST OFFICE, Newnan, GA, Employer	)	

Appearances:
Alan J. Shapiro, 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
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On March 27, 2026 appellant, through counsel, filed a timely appeal from a March 17, 2026 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.

ISSUES

The issues are: (1) whether OWCP has met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective December 7, 2023, as she no longer had

[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*.

disability or residuals causally related to her accepted employment injury; and (2) whether appellant has met her burden of proof to establish continuing disability and/or residuals, on or after December 7, 2023, causally related to her accepted employment injury.

FACTUAL HISTORY

On August 7, 2022 appellant, then a 58-year-old mail processing clerk, filed an occupational disease claim (Form CA-2) alleging that she developed complex regional pain syndrome (CRPS) and left arm and hand neuropathy due to factors of her federal employment, including overuse of her previously injured left arm and hand.[3] She noted that she first became aware of her condition on March 9, 2021, and realized its relation to factors of her federal employment on July 14, 2022. On April 20, 2023 OWCP accepted the claim for aggravation of upper left limb CRPS and left arm distal tendon of biceps brachii tear. It paid appellant wage-loss compensation on the supplemental rolls from August 6, 2022 to May 20, 2023, on the periodic rolls from May 21 through December 2, 2023, and again on the supplemental rolls from December 3 through 6, 2023.

On June 26, 2023 OWCP referred appellant, along with a statement of accepted facts (SOAF), the medical record, and a series of questions to Dr. Alexander Doman, an orthopedic surgeon, for a second opinion examination regarding the nature and extent of appellant's employment-related conditions, and her work capacity.

In an August 10, 2023 report, Dr. Doman related appellant's history of injury and her medical history. He performed a physical examination, noting that appellant had full left elbow range of motion (ROM), no left elbow swelling, left elbow intact sensation, and mild left shoulder decreased ROM. Dr. Doman related that there was no objective evidence of CRPS as appellant had intact sensation in the upper extremities, no increased pain or dysesthesias with light touch over the skin of the left upper extremity, no temperature differentiation between the extremities, no redness or erythema, no uncomfortable sensations regarding sheets or other objects touching the left arm, and no swelling of the left upper extremity. He opined that there were no current diagnoses related to the accepted employment injury. Dr. Doman explained that appellant sustained an aggravation of her CRPS, which was temporary and her distal tendon biceps tear had resolved. He opined that the work-related diagnoses had fully resolved with no need for further treatment. Dr. Doman concluded that appellant's present symptoms appeared to be related to her ongoing significant cervical stenosis which was not work related. He also concluded that appellant could return to her date-of-injury position without restrictions.

By notice dated August 31, 2023, OWCP advised appellant that it proposed to terminate her wage-loss compensation and medical benefits based on Dr. Doman's opinion that the accepted

[3] OWCP assigned the present claim OWCP File No. xxxxxx367. Under OWCP File No. xxxxxx601, OWCP accepted appellant's traumatic injury claim (Form CA-1) for left forearm contusion, left forearm strain, and tear of the distal tendon of the biceps brachii sustained on December 13, 2020. Appellant subsequently filed a Form CA-2 under OWCP File No. xxxxxx482 alleging that she developed right carpal tunnel syndrome due to factors of her federal employment. She noted that she first became aware of her condition on February 3, 2023 and realized its relation to her federal employment on June 28, 2023. OWCP has administratively combined OWCP File Nos. xxxxxx482, xxxxxx367, and xxxxxx601, with the latter designated as the master file.

employment-related conditions had ceased without residuals or disability. It afforded her 30 days to submit additional evidence or argument challenging the proposed termination.

In a report dated September 13, 2023, Dr. Christopher Eric Alexander, a Board-certified physiatrist, noted that appellant was seen in consultation to discuss her ongoing left upper extremity pain in the setting of CRPS. He related appellant's complaint of pain that was predominately present in her left arm, was constant, and felt like a deep nerve pain. Dr. Alexander noted that appellant had failed physical therapy, failed relief with a number of oral medications, and failed relief with a left sided stellate ganglion block. He concluded that it would be reasonable to consider a spinal cord stimulator trial. In a note of even date, Dr. Alexander restricted appellant to moderate work, lifting no more than 20 pounds, and frequent lifting and carrying of objects no more than 10 pounds.

In progress notes dated October 3, 2023, Dr. Douglas Brian Kasow, an osteopathic Board-certified orthopedic surgeon, noted appellant's history of medical treatment and diagnosed CRPS of the left upper extremity and history of cervical spine surgery. He noted that appellant had undergone C3-4 anterior cervical discectomy and fusion (ACDF) and C3-through TS decompression and fusion on December 29, 2022 and that the symptoms she had prior to the surgery had resolved, except for the CRPS, which according to appellant was worsened by the July 8, 2022 employment injury. He related that appellant's left arm pain overall was unchanged, which might be related to her previous left elbow surgery. Dr. Kasow recommended that appellant undergo a functional capacity evaluation (FCE) to determine her work capacity.

By decision dated December 7, 2023, OWCP terminated appellant's wage-loss compensation and medical benefits, effective that date. It found that the opinion of Dr. Doman constituted the weight of the medical opinion evidence and established that appellant no longer had disability or residuals causally related to the accepted employment injury.

On December 20, 2023 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. No additional evidence was received.

A hearing was held on March 19, 2024.

By decision dated May 31, 2024, OWCP's hearing representative affirmed the December 7, 2023 decision.

On November 25, 2024 appellant requested reconsideration.

OWCP received progress reports dated February 11, 2023 through October 18, 2024 wherein Dr. Alexander related appellant's medical history and her continuing complaints of constant numbness, tingling, and nerve pain in both arms. He diagnosed chronic pain syndrome, left upper extremity CRPS, neck pain, cervical spondylosis with myelopathy and radiculopathy, cervical spinal stenosis, cervical facet joint arthropathy, cervical radiculopathy, degenerative cervical disc, and right carpal tunnel syndrome. In his February 11, 2023 progress report, Dr. Alexander noted that appellant requested documentation "supporting the notion" that her left upper extremity pain was secondary to CRPS that developed after her work-related ulnar nerve compression surgery in 2020. He advised appellant to undergo an FCE to determine her baseline after she was cleared by the surgical team. In his October 18, 2024 progress report, Dr. Alexander

noted that appellant was seen in follow up for right shoulder pain, neck pain, and left arm pain. He found that appellant's right shoulder pain was progressively worsening. Dr. Alexander also found that appellant had chronic neck and left upper extremity pain, in the setting of CRPS.

In progress reports dated February 14, 2023 through October 22, 2024, Dr. Kasow continued to relate that appellant was seen for follow up of her previously diagnosed conditions.

In a report dated November 6, 2024, Dr. Dilian Panova, a Board-certified internist, related that appellant had been unable to work since August 7, 2022 due in part to complications from CRPS in her upper extremities.

OWCP also received progress reports from physician assistants and nurse practitioners.

In an unsigned progress report dated September 24, 2024, a health care provider related that appellant was seen for follow up of her CRPS, which was formally diagnosed in 2021. They further related that appellant had sustained a catastrophic work-related injury on February 13, 2020, which led to the onset of severe, chronic pain and symptoms associated with CRPS. Initially the CRPS primarily affected appellant's left upper extremity, but it had since progressed to involve her right side. This progression was of significant concern as appellant was right-hand dominant. Additional unsigned progress reports were also submitted.

By decision dated March 18, 2025, OWCP denied modification.

In a September 27, 2025 FCE report, Devon Durman, a physical therapist, concluded that appellant was restricted to light-duty work due to her permanent chronic CRPS and carpal tunnel syndrome.

On February 27, 2026 appellant, through counsel, requested reconsideration.

OWCP received a report dated January 19, 2026, wherein Dr. Alexander noted that appellant had been seen for cervicalgia since October 12, 2022. Dr. Alexander found no correlation between the diagnoses of bilateral upper extremity CRPS and cervicalgia. He explained that appellant's CRPS had been a preexisting condition when he began treating her for cervicalgia, noting a history of biceps tendon repair. Dr. Alexander found appellant was at maximum medical improvement for her biceps and neck, but not for left upper extremity pain, which he attributed to her CRPS. He found appellant totally disabled from work due to her bilateral upper extremity CRPS.

By decision dated March 17, 2026, OWCP denied modification.

LEGAL PRECEDENT -- ISSUE 1

Once OWCP accepts a claim and pays compensation, it has the burden of justifying modification or termination of an employee's benefits.[4] After it has determined that an employee

[4] *See R.A.*, Docket No. 26-0062 (issued May 1, 2026); *M.B.,* Docket No. 24-0697 (issued July 25, 2024); *L.M.,* Docket No. 22-0342 (issued August 25, 2023); *T.C.,* Docket No. 20-1163 (issued July 13, 2021); *Paul L. Stewart,* 54 ECAB 824 (2003).

has disability causally related to his or her federal employment, OWCP may not terminate compensation without establishing that the disability has ceased or that it is no longer related to the employment.[5] Its burden of proof includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.[6]

The right to medical benefits for an accepted condition is not limited to the period of entitlement for disability compensation.[7] To terminate authorization for medical treatment, OWCP must establish that appellant no longer has residuals of an employment-related condition which require further medical treatment.[8]

ANALYSIS -- ISSUE 1

The Board finds that OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective December 7, 2023.

On June 26, 2023 OWCP referred appellant, along with a SOAF, the medical record, and a series of questions to Dr. Doman for a second opinion examination regarding the nature and extent of appellant's employment-related conditions, and her work capacity.

In his August 10, 2023 report, Dr. Doman found no objective evidence of CRPS as appellant had intact sensation in the upper extremities, no increased pain or dysesthesias with light touch over the skin of the left upper extremity, no temperature differentiation between the extremities, no redness or erythema, no uncomfortable sensations regarding sheets or other objects touching the left arm, and no swelling of the left upper extremity. He also related that appellant had full left elbow ROM, no left elbow swelling, and left elbow intact sensation. Dr. Doman opined that appellant's accepted conditions of CRPS aggravation and distal tendon biceps tear had resolved. He concluded that appellant sustained a temporary aggravation of her CRPS which had also resolved. Dr. Doman further opined that appellant was capable of returning to her date-of-injury position without restrictions and that no further medical treatment was required for the accepted conditions.

Dr. Doman based his opinion on a proper factual and medical history and appellant's physical examination findings. He provided sufficient medical rationale for his opinion that appellant did not have residual injury or disability, causally related to the accepted employment injury. Accordingly, OWCP properly relied on his August 10, 2023 second opinion report in

[5] *M.B., id.*; *A.T.,* Docket No. 20-0334 (issued October 8, 2020); *E.B.,* Docket No. 18-1060 (issued November 1, 2018).

[6] *M.B., id.*; *C.R.,* Docket No. 19-1132 (issued October 1, 2020); *G.H.,* Docket No. 18-0414 (issued November 14, 2018).

[7] *R.C.*, Docket No. 26-0309 (issued June 11, 2026); *P.K.*, Docket No. 22-1345 (issued June 28, 2023); *A.G.*, Docket No. 19-0220 (issued August 1, 2019); *T.P.*, 58 ECAB 524 (2007); *Kathryn E. Demarsh*, 56 ECAB 677 (2005); *Furman G. Peake*, 41 ECAB 361, 364 (1990).

[8] *See R.C.*, *id.*; *A.G.*, *id.*; *James F. Weikel*, 54 ECAB 660 (2003); *Pamela K. Guesford*, 53 ECAB 727 (2002).

terminating appellant's wage-loss compensation and medical benefits effective December 7, 2023.[9]

In a September 13, 2023 report, Dr. Alexander diagnosed left forearm CRPS. He noted that appellant had failed conservative medical treatment for her CRPS. Dr. Kasow, in an October 3, 2023 report, diagnosed left upper extremity CRPS and history of cervical spinal surgery. Neither physician, however, provided an opinion regarding whether appellant had residuals or disability of the accepted conditions causally related to the accepted July 8, 2022 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.[10] Therefore, this evidence is insufficient to overcome the weight of the medical opinion evidence accorded to Dr. Doman regarding continuing work-related disability/ residuals, or to create a conflict in the medical opinion evidence.[11]

As the medical evidence of record is sufficient to establish that appellant no longer had disability or residuals causally related to the accepted employment injury, the Board finds that OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective December 7, 2023.

LEGAL PRECEDENT -- ISSUE 2

When OWCP properly terminates compensation benefits, the burden shifts to appellant to establish continuing residuals and/or disability after that date, causally related to the accepted employment injury.[12] To establish causal relationship between the condition as well as any attendant disability claimed and the employment injury, an employee must submit rationalized medical evidence based on a complete medical and factual background, supporting such causal relationship.[13]

ANALYSIS -- ISSUE 2

The Board finds that appellant has not met her burden of proof to establish continuing disability and/or residuals, on or after December 7, 2023, causally related to her accepted employment injury.

Following the termination of her wage-earning compensation and medical benefits, appellant submitted a January 19, 2026 report from Dr. Alexander. He explained that appellant's

[9] *S.J.*, Docket No. 26-0285 (issued May 8, 2026); *C.C.,* Docket No. 19-1062 (issued February 6, 2026); *see S.M.*, Docket No. 18-0673 (issued January 25, 2019); *see also A.F.,* Docket No. 16-0393 (issued June 24, 2016).

[10] *See C.W.,* Docket No. 26-0091 (issued March 17, 2026); *F.S.,* Docket No. 23-0112 (issued April 26, 2023); *L.B.,* Docket No. 18-0533 (issued August 27, 2018); *D.K.,* Docket No. 17-1549 (issued July 6, 2018).

[11] *See C.W., id.*; *K.A.,* Docket No. 26-0031 (issued February 26, 2026); *D.C.,* Docket No. 22-1177 (issued December 6, 2023).

[12] *See C.W.*, *id.*; *C.S.,* Docket No. 18-0952 (issued October 23, 2018); *Manuel Gill,* 52 ECAB 282 (2001).

[13] *Id.*

CRPS was a preexisting condition when he began treating her for cervicalgia; however, there was no correlation between appellant's cervicalgia and her CRPS. Dr. Alexander concluded that appellant was totally disabled from work due to her bilateral upper extremity CRPS. However, he did not provide rationale for his conclusory opinion. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how a given medical condition has an employment-related cause.[14] Therefore, this evidence is insufficient to establish continuing disability or residuals on or after December 7, 2023 causally related to the accepted employment injury.

OWCP also received progress reports covering the period February 11, 2023 through October 18, 2024 wherein Dr. Alexander related appellant's continuing complaints of constant numbness, tingling and nerve pain in both arms. Dr. Alexander diagnosed left upper extremity CRPS, in addition to cervical conditions. In his February 11, 2023 report, he noted that appellant requested documentation "supporting the notion" that her left upper extremity pain was secondary to CRPS that developed after her work-related ulnar nerve compression surgery in 2020. In his October 18, 2024 progress report, Dr. Alexander noted that appellant had chronic neck and left upper extremity pain, in the setting of CRPS. However, he did not provide an opinion on causal relationship. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.[15] This evidence is therefore insufficient to establish appellant's disability claim.

OWCP also received progress reports dated from February 14, 2023 through October 22, 2024 from Dr. Kasow. However, none of these reports offered an opinion causally relating appellant's diagnoses to her accepted employment injury. As noted above, the Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.[16]

In a November 6, 2024 report, Dr. Panova related that appellant had been unable to work since August 7, 2022 due in part to complications from CRPS in her upper extremities. However, she did not provide rationale for her conclusory opinion.[17] This report is therefore also insufficient to establish appellant's claim.

Appellant submitted progress notes signed by physician assistants, nurse practitioners, and a physical therapist. These reports do not constitute competent medical evidence because physician assistants, nurse practitioners, and physical therapists are not considered physicians as

[14] *See T.T.,* Docket No. 18-1054 (issued April 8, 2020); *Y.D.,* Docket No. 16-1896 (issued February 10, 2017).

[15] *Supra* note 10.

[16] *Id.*

[17] *Supra* note 14.

defined under FECA.[18] Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to compensation benefits.[19]

OWCP also received unsigned progress reports. The Board has held that unsigned reports and reports that bear illegible signatures lack proper identification and cannot be considered probative medical evidence as the author cannot be identified as a physician.[20] Thus, this evidence is of no probative value and is insufficient to establish appellant's disability claim.

As the medical evidence of record is insufficient to establish continuing disability and/or residuals on or after December 7, 2023, causally related to the accepted employment injury, the Board finds that appellant has not met her 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 OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective December 7, 2023. The Board further finds that appellant has not met her burden of proof to establish continuing disability and/or residuals, on or after December 7, 2023, causally related to her accepted employment injury.

[18] 5 U.S.C. § 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." 20 C.F.R. § 10.5(t). *See also* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (January 2013); *David P. Sawchuk,* 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurse practitioners, and physical therapists are not competent to render a medical opinion under FECA).

[19] *F.A.*, Docket No. 24-0014 (issued January 30, 2026); *V.R.*, Docket No. 19-0758 (issued March 16, 2021); *B.B.*, Docket No. 18-0732 (issued March 11, 2020).

[20] *See B.M.,* Docket No. 26-0249 (issued May 26, 2026); *B.S.,* Docket No. 22-0918 (issued August 29, 2022); *S.D.,* Docket No. 21-0292 (issued June 29, 2021); *C.B.,* Docket No. 09-2027 (issued May 12, 2010); *Merton J. Sills,* 39 ECAB 572, 575 (1988).

ORDER

IT IS HEREBY ORDERED THAT the March 17, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 13, 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