United States Department of Labor
Employees' Compensation Appeals Board

H.D., Appellant	)	
and	)	**Docket No. 26-0438**
	)	**Issued: August 24, 2026**
DEPARTMENT OF VETERANS AFFAIRS, MILWAUKEE VA MEDICAL CENTER, Milwaukee, WI, Employer	)	

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge

JURISDICTION

On April 13, 2026 appellant 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 Act[1] (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 met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective November 16, 2022, as she no longer had disability or residuals causally related to her accepted September 15, 2006 employment injury; and (2) whether appellant has met her burden of proof to establish continuing disability or residuals on or after November 16, 2022, causally related to the accepted September 15, 2006 employment injury.

[1] 5 U.S.C. § 8101 *et seq*.

FACTUAL HISTORY

On September 22, 2006 appellant, then a 48-year-old nurse, filed a traumatic injury claim (Form CA-1) alleging that on September 15, 2006 she sustained a left arm sprain/strain when a patient, who was seated, pulled her left arm and would not let go while in the performance of duty. She stopped work on September 22, 2006. OWCP accepted the claim for left arm/shoulder sprain, left wrist sprain, left wrist cartilage and ligament tears. It paid appellant wage-loss compensation on the supplemental and periodic rolls effective November 7, 2006.

By decision dated June 4, 2015, OWCP determined that the telephone care service registered nurse position, wherein appellant worked two four-hour shifts per week, fairly and reasonably represented appellant's wage-earning capacity.

Appellant continued to treat with Dr. Jordan Hughes, a family practitioner. In reports dated February 3 and May 5, 2021, Dr. Hughes noted appellant's complaints of chronic pain in the left wrist and documented tenderness to palpation dorsally and on the radial aspect of the left wrist. He reviewed a September 1, 2020 left wrist magnetic resonance imaging (MRI) scan, which demonstrated progressive degenerative changes on the carpometacarpal (CMC) joint, ulnolunate abutment syndrome and perforation of the triangular fibrocartilage complex (TFCC) joint with proximal lunate, and persistent subluxation of the extensor carpi ulnaris. Dr. Hughes diagnosed left wrist tendinitis with chronic pain, decreased range of motion and weakness secondary to the 2006 injury. He provided sedentary restrictions.

On September 2, 2021 OWCP referred appellant, the medical record, a September 1, 2021 statement of accepted facts (SOAF), and a series of questions to Dr. Mysore Shivaram, a Board-certified orthopedic surgeon, for a second opinion examination regarding the nature and extent of her condition and disability. The September 1, 2021 SOAF noted the accepted diagnoses as sprain/strain of the left arm/shoulder sprain, left wrist sprain and left wrist cartilage and ligament tears.

In a report dated October 11, 2021, Dr. Shivaram related appellant's history of injury and summarized the medical record, including diagnostic studies. He noted that appellant was initially diagnosed with de Quervain tendinitis, radial nerve sensory neuropathy and TFCC tear. Follow-up electromyogram (EMG) studies revealed resolution of radial sensory neuropathy and evidence of mild radial nerve sensory neuropathy. Initially no degenerative changes of the CMC joint were observed, but appellant progressively developed age-related progressive degenerative changes of the CMC joint of the left thumb and degenerative arthritis of the CMC joint of the right thumb, unrelated to the initial injury. Dr. Shivaram also noted that her subjective symptoms did not correlate with objective findings. He provided final diagnosis of left arm and shoulder sprain, left wrist sprain and left wrist cartilage and ligament tear. Dr. Shivaram opined that appellant's left shoulder sprain had resolved as she had no symptoms related to the left shoulder; the left wrist sprain had resolved as there was no evidence of de Quervain tendinitis; and the ligament tear of appellant's left wrist had resolved based on the follow-up MRI scan. He noted evidence of cartilage injury to the left wrist based on the MRI scan findings and noted that she has bilateral CMC joint degenerative arthritis of the thumb unrelated to the initial work injury. Dr. Shivaram opined that the accepted work-related conditions had resolved. He further opined that appellant was capable of working full-time in a light-duty status, noting that her current level of disability

was not directly due to the accepted work-related conditions. In a work capacity evaluation (Form OWCP-5c) of even date, Dr. Shivaram reiterated that appellant could work full-time light duty with restrictions.

In an October 12, 2021 report and corresponding Form OWCP-5c, Dr. Hughes diagnosed wrist tendonitis with chronic pain, decreased range of motion and weakness due to longstanding sequelae from 2006 injury. He stated that appellant's examination was stable with symptoms gradually worsening over time. Dr. Hughes opined that appellant should continue to work only two four-hour shifts per week.

On December 21, 2021 OWCP updated its SOAF, to reflect the accepted diagnoses of: sprain of the left shoulder and upper arm; sprain of the left wrist radiocarpal; left wrist sprain; left radial styloid tenosynovitis; left skin sensation disturbance; pain in the left hand joint; and pain in left forearm joint. It requested that Dr. Shivaram re-evaluate appellant and provide a supplemental report addressing the additional accepted conditions.

In a January 7, 2022 addendum report, Dr. Shivaram noted his review of the December 21, 2021 SOAF. He stated that his October 11, 2021 examination revealed no residuals of the de Queryain's tendinitis, left wrist sprain or left shoulder strain. Dr. Shivaram also noted that appellant's left wrist ligament tear had resolved based on the follow-up MRI scan, and that while the MRI scan revealed a cartilage injury of the left wrist, it was not supported by clinical findings. He stated that EMG studies revealed resolution of radial sensory neuropathy, thus, the sensory neuropathy had resolved. Dr. Shivaram further opined that while initial records found no arthritis in the thumb, this condition had progressed bilaterally over time and was unrelated to the September 15, 2006 injury.

On March 3, 2022, OWCP requested that Dr. Hughes comment on Dr. Shivaram's reports. In a March 22, 2022 response, Dr. Hughes continued to diagnose left wrist tendonitis, pain, decreased range of motion and decreased grip strength since left wrist injury in 2006. His examination noted no effusion, warmth or erythema of the left wrist, but tenderness to palpation of the radial aspect of the wrist extending distally to the CMC and first proximal interphalangeal (PIP) joint, which made further examination difficult. Dr. Hughes opined the accepted injury likely contributed to her current symptoms, noting the MRI scan showed progression of arthritis. He opined appellant should continue her current restrictions.

In a May 28, 2022 addendum, Dr. Shivaram indicated that appellant's objective findings were compatible with bilateral degenerative arthritis of the thumbs and were unrelated to the employment injury. He opined that she had no residuals from the accepted work injury, and he concluded that appellant's continued work limitations were due to nonwork-related issues.

By notice dated September 13, 2022, OWCP advised appellant that it proposed to terminate her wage-loss compensation and medical benefits as the evidence of record established that she no longer had employment-related residuals or disability causally related to her accepted September 15, 2006 employment injury. It afforded her 30 days to submit additional evidence or argument challenging the proposed action.

In response, appellant submitted an October 8, 2022 letter in which she disputed Dr. Shivaram's findings and conclusions.

By decision dated November 16, 2022, OWCP terminated appellant's wage-loss compensation and medical benefits, effective that date, finding that she no longer had residuals or disability causally related to her accepted September 15, 2005 employment injury. It accorded the weight of the medical evidence to Dr. Shivaram, the second-opinion physician.

On December 2, 2022 appellant requested a review of the written record by a representative of OWCP's Branch of Hearings and Review.

A January 19, 2023 nerve conduction velocity (NCV) study was consistent with mild left superficial radial sensory neuropathy.

In a February 16, 2023 report, Dr. Neil Allen, a Board-certified neurologist and internist, related that he had extensively discussed with appellant the mechanism of injury from her accepted injury. He opined that this mechanism produced appellant's painful motion of the hand, wrist and thumb. Dr. Allen explained that the injury affected the dominant left hand and thumb. While the accepted radial styloid tenosynovitis was consistent with appellant's description of her pain, the thumb's motion was also affected by the abductor pollicis longus and extensor pollicis brevis, two major tendons which extend from the forearm to the thumb.

On February 23, 2023, OWCP referred appellant, together with an updated February 10, 2023 SOAF, the medical record, and series of questions, to Dr. Benjamin Gozon, III, a Board-certified physiatrist, for a second opinion examination to obtain an assessment of appellant's work-related conditions.

In a March 13, 2023 report, Dr. Gozon reviewed appellant's medical record and a February 10, 2023 updated SOAF. He noted that appellant reported her shoulder pain had resolved without issue but her wrist and hand complaints remained despite treatment. Dr. Gozon summarized findings from appellant's diagnostic studies. He also reported appellant's physical examination findings including significant tenderness along the root of the left thumb dorsally, thenar wasting with atrophy found in the interosseous musculature of the thumb, full grip strength in all digits but the left thumb, severely diminished thumb motion and strength, diminished sensation to light touch in the left thumb. Dr. Gozon diagnosed TFCC tear, cartilage disease of the metacarpal phalangeal joint of the thumb, and peripheral neuropathy of the left superficial radial sensory nerve.

On April 2, 2023 appellant requested that the claim be expanded to include the conditions diagnosed in Dr. Gozon's report.

On April 14, 2023 OWCP requested that Dr. Gozon provide an addendum report which differentiated between the work-related conditions and those conditions unrelated to the 2006 injury.

In a May 5, 2023 report, Dr. Gozon opined that the left TFCC tear should be included as another cause of appellant's left-hand pain since this finding was present on the MRI studies of 2014 and 2020, and it could explain appellant's current symptoms of tenderness and weakness in

left thumb and wrist. He also opined that appellant's left thumb cartilage disease was related to the accepted left hand joint pain, noting the 2020 MRI scan supported that conclusion. Dr. Gozon further opined that appellant's entrapment neuropathy of the left superficial radial nerve was based on appellant's June 14, 2014 EMG testing.

By decision dated May 22, 2023, OWCP's hearing representative affirmed the November 16, 2022 termination decision based on Dr. Shivaram's opinions. However, the hearing representative remanded the case for further development regarding continuing disability and/or residuals, on or after November 16, 2022, causally related to the accepted employment injury. OWCP was directed to obtain a supplemental report from Dr. Gozon, to be followed by a *de novo* decision.

On June 1, 2023 OWCP requested that Dr. Gozon provide an addendum report with rationale.

In a July 27, 2023 report, Dr. Gozon reviewed the medical record. He opined that he had erred in including the diagnosis of TFCC perforation or tear as one of the work-related causes of appellant's current left-hand pain. Dr. Gozon related that appellant's July 2007 MRI scan reflected a normal study, and Dr. Shivaram's reports noted an absence of symptoms relative to that diagnosis. He explained that any new perforations seen in the 2014 and 2020 MRI scan studies would be degeneration of the TFCC complex unrelated to the work injury. Dr. Gozon further explained that appellant's left thumb degenerative joint disease was a recent development, not an accepted work condition. Regarding appellant's entrapment neuropathy, he noted that it was not present on the December 5, 2012 study but was present on the June 5, 2014 study. With regard to the question of whether the accepted conditions had resolved, Dr. Gozon noted that Dr. Shivaram's October 11, 2021 examination and follow-up MRI scans documented that the accepted conditions had resolved. He opined that appellant's left wrist cartilage damage and bilateral thumb arthritis were unrelated to the 2006 work injury. Dr. Gozon further explained that the June 5, 2014 NCV study noted injury to the superficial radial sensory nerve, which was not consistent with the initial findings of the September 15, 2006 injury. He concurred with Dr. Shivaram's opinion that the bilateral thumb arthritis developed independently of the work injury and was degenerative in nature. Dr. Gozon explained that, while appellant was unable to return to her date-of-injury position, her disability was not based on any accepted conditions. Thus, he concluded that the accepted conditions had resolved and no further treatment was necessary.

By *de novo* decision dated July 31, 2023, OWCP denied appellant's claim for continuing disability and/or residuals, on or after November 16, 2022, causally related to the accepted employment injury. It accorded the weight of the medical evidence to the opinion of Dr. Gozon.[2]

[2] Although the July 31, 2023 *de novo* OWCP decision again terminated appellant's wage-loss compensation and medical benefits, effective that date, the Board notes that OWCP never resumed payment of compensation following its November 16, 2022 termination of wage-loss compensation and medical benefits. Therefore, the issues properly before the Board are whether OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective November 16, 2022, as she no longer had disability or residuals causally related to her accepted September 15, 2006 employment injury; and whether appellant has met her burden of proof to establish continuing disability or residuals on or after November 16, 2022 causally related to the accepted employment injury. *See T.G.,* Docket No. 24-0803 (issued July 24, 2026).

On August 29, 2023 appellant requested a review of the written record by a representative of OWCP's Branch of Hearings and Review.

By decision dated December 6, 2023, OWCP's hearing representative affirmed the July 31, 2023 decision.

Appellant subsequently requested reconsideration.

By decisions dated December 20, 2024 and January 5, 2026, OWCP denied modification.

LEGAL PRECEDENT -- ISSUE 1

Once OWCP accepts a claim and pays compensation, it has the burden of proof to justify termination or modification of an employee's benefits.[3] After it has determined that, an employee 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.[4] Its burden of proof includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.[5]

The right to medical benefits for an accepted condition is not limited to the period of entitlement for disability compensation.[6] 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.[7]

ANALYSIS -- ISSUE 1

The Board finds that OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective November 16, 2022, as she no longer had residuals or disability causally related to her accepted September 15, 2006 employment injury.

In a report dated October 11, 2021, Dr. Shivaram, OWCP's second opinion physician, reviewed a September 1, 2021 SOAF, and opined that appellant's left shoulder sprain had resolved as she no symptoms related to the left shoulder; the left wrist sprain had resolved as there was no evidence of de Quervain tendinitis. He further opined that the ligament tear of the left wrist had resolved based on the follow-up MRI scan. Dr. Shivaram noted evidence of cartilage injury to the

[3] *R.G.,* Docket No. 22-0165 (issued August 11, 2022); *D.G.*, Docket No. 19-1259 (issued January 29, 2020); *S.F.*, 59 ECAB 642 (2008); *Kelly Y. Simpson*, 57 ECAB 197 (2005); *Paul L. Stewart*, 54 ECAB 824 (2003).

[4] *See R.P.*, Docket No. 17-1133 (issued January 18, 2018); *Jason C. Armstrong*, 40 ECAB 907 (1989); *Charles E. Minnis*, 40 ECAB 708 (1989); *Vivien L. Minor*, 37 ECAB 541 (1986).

[5] *R.L.*, Docket No. 22-1175 (issued May 11, 2023); *M.C.*, Docket No. 18-1374 (issued April 23, 2019); *Del K. Rykert*, 40 ECAB 284, 295-96 (1988).

[6] *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).

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

left wrist based on the MRI scan findings and noted that she had bilateral CMC joint degenerative arthritis of the thumb unrelated to the initial work injury. Dr. Shivaram opined that the accepted work-related conditions had resolved. He further opined that appellant was capable of working full time in a light-duty status, noting that her current level of disability was not due to direct result of the accepted work-related conditions.

On December 21, 2021 OWCP requested that Dr. Shivaram re-evaluate appellant and provide a rationalized opinion clarifying his October 11, 2021 report based on an updated December 21, 2021 SOAF which included additional accepted conditions. In a February 7, 2022 addendum report, Dr. Shivaram noted his review of the December 21, 2021 SOAF. He stated his October 11, 2021 examination revealed no residuals of the de Quervain's tendinitis, left wrist sprain or left shoulder strain, and that appellant's left wrist ligament tear had resolved based on the follow-up MRI study. Dr. Shivaram noted that while the MRI scan revealed a cartilage injury of the left wrist, it was not supported by clinical findings. He stated that the diagnostic studies revealed resolution of radial sensory neuropathy, thus, the sensory neuropathy had resolved. Dr. Shivaram further opined that while initial records found no arthritis in the thumb, this condition had progressed bilaterally over the years and was unrelated to the September 15, 2006 injury. In a May 28, 2022 addendum, he indicated that appellant's objective findings were compatible with bilateral degenerative arthritis of the thumbs, which was unrelated to the work injury. Dr. Shivaram opined that no residuals remained of the work injury and no work limitations existed.

The Board finds that Dr. Shivaram based his opinion on a proper factual and medical history and appellant's physical examination findings. Dr. Shivaram 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 second opinion reports in terminating appellant's wage-loss compensation and medical benefits effective November 16, 2022.[8]

Prior to the termination of appellant's compensation benefits, OWCP had received reports from Dr. Hughes dated February 3, May 5, and October 12, 2021 in which he diagnosed wrist tendonitis with chronic pain, decreased range of motion and weakness due to longstanding sequelae from 2006 injury. In a subsequent March 22, 2022 report, Dr. Hughes reiterated appellant's diagnoses and opined that the accepted injury likely contributed to her current symptoms, noting that the MRI scan showed progression of arthritis. The Board finds that his opinion was speculative in nature and was therefore of limited probative value.[9] Dr. Hughes did not provide a rationalized medical opinion that appellant continued to have residuals or disability as of November 16, 2022 causally related to the accepted September 15, 2006 employment injury. The Board has held that medical evidence that does not offer an opinion regarding the cause of an

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

[9] *A.P.,* Docket No. 26-0065 (issued February 27, 2026); *S.L.,* Docket No. 23-0152 (issued May 16, 2023); *see L.L.,* Docket No. 21-0981 (issued July 1, 2022); *C.A.,* Docket No. 21-0601 (issued November 15, 2021); *J.P.,* Docket No. 19-0216 (issued December 13, 2019); *T.M.,* Docket No. 08-0975 (issued February 6, 2009).

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. Shivaram regarding continuing work-related disability/residuals or to create a conflict in the medical opinion evidence.[11]

The Board finds, therefore, that OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective November 16, 2022.

LEGAL PRECEDENT -- ISSUE 2

Once OWCP properly terminates a claimant's compensation benefits, the burden shifts to appellant to establish continuing disability after that date causally related to the accepted 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 November 16, 2022, causally related to the accepted September 15, 2006 employment injury.

Following OWCP's November 16, 2022 termination decision, OWCP received a February 16, 2023 report from Dr. Allen. He related that he had extensively discussed with appellant the mechanism of injury from her accepted injury. Dr. Allen explained that the injury affected the dominant left hand and thumb. While the accepted radial styloid tenosynovitis was consistent with appellant's description of her pain, the thumb's motion was also affected by the abductor pollicis longus and extensor pollicis brevis, two major tendons which extend from the forearm to the thumb. However, Dr. Allen did not provide a rationalized medical opinion explaining that appellant continued to have disability or residuals, on or after November 16, 2022, causally related to the accepted employment injury. He did not explain how objective findings demonstrated that appellant had disability or residuals of the accepted September 15, 2006

[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] *R.R.,* Docket No. 25-0090 (issued January 31, 2025); *S.G.,* Docket No. 23-0652 (issued October 11, 2023); *V.W.,* Docket No. 20-0693 (issued June 2, 2021); *D.G.,* Docket No. 19-1259 (issued January 29, 2020); *S.M.,* Docket No. 18-0673 (issued January 25, 2019); *J.R.,* Docket No. 17-1352 (issued August 13, 2018); *Manuel Gill,* 52 ECAB 282 (2001).

[13] *Id.*

employment injury on or after November 16, 2022. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain sufficient medical rationale.[14]

OWCP also received a series of reports from Dr. Gozon. In a March 13, 2023 report, Dr. Gozon noted that appellant reported her shoulder pain had resolved without issue, but her wrist and hand complaints remained despite treatment. He diagnosed left TFCC tear, cartilage disease of the metacarpal phalangeal joint of the thumb, and peripheral neuropathy of the left superficial radial sensory nerve. In a May 5, 2023 report, Dr. Gozon opined that, based on diagnostic studies, the TFCC tear and left thumb cartilage disease were directly related to the 2006 injury. He further opined that the sensory deficit remained active and related to the employment incident.

However, in a July 27, 2023 report, Dr. Gozon re-reviewed the medical record and, with supporting rationale, explained why appellant no longer had continuing residuals or disability causally related to the accepted September 15, 2006 employment injury. He opined that the left TFCC perforation or tear was not related to the initial injury as appellant's July 2007 MRI scan reflected a normal study, and Dr. Shivaram's reports noted an absence of symptoms relative to that diagnosis. Dr. Gozon explained that any new perforations seen in the 2014 and 2020 MRI scan studies would be due to degeneration of the TFCC complex unrelated to the work injury. He further explained that appellant's left thumb degenerative joint disease and entrapment neuropathy were recent developments, not due to the accepted work injury as they were not present on the December 5, 2012 study but were present on the June 5, 2014 study. Dr. Gozon concurred with Dr. Shivaram's opinion that the bilateral thumb arthritis developed independently of the work injury and was degenerative in nature. He further explained that the June 5, 2014 nerve conduction study, which noted injury to the superficial radial sensory nerve was not consistent with the initial findings of the September 15, 2006 injury. In finding that the accepted conditions had resolved, Dr. Gozon noted that Dr. Shivaram's October 11, 2021 examination and follow-up MRI scans documented that the injuries had resolved. He explained that appellant's current disability was not based on any accepted conditions. Thus, Dr. Gozon concluded that the accepted conditions had resolved and no further treatment was necessary. The Board finds that Dr. Gozon provided sufficient medical rationale, based upon his further review of the entire medical record, to support his conclusion that appellant did not have continuing residuals or disability causally related to the accepted September 15, 2006 employment injury. Dr. Gozon's opinion constitutes the weight of the medical opinion evidence.

As the medical evidence of record is insufficient to establish continuing disability or residuals on or after November 16, 2022 causally related to appellant's accepted September 15, 2006 employment injury, the Board finds that appellant has not met her burden of proof.[15]

CONCLUSION

The Board finds that OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective November 16, 2022, as she no longer had disability

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

[15] *R.A*., Docket No. 26-0062 (issued May 1, 2026); *R.R.,* Docket No. 25-0090 (issued January 31, 2025); *M.M.,* Docket No. 19-0951 (issued October 24, 2019); *Jaja K. Asaramo,* 55 ECAB 200 (2004).

or residuals causally related to her accepted September 15, 2006 employment injury. The Board further finds that appellant has not met her burden of proof to establish continuing disability or residuals on or after November 16, 2022, causally related to the accepted September 15, 2006 employment injury.

ORDER

IT IS HEREBY ORDERED THAT the January 5, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 24, 2026
Washington, DC

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

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board