United States Department of Labor
Employees' Compensation Appeals Board

B.H., Appellant	)	
and	)	**Docket No. 26-0455**
	)	**Issued: August 3, 2026**
U.S. POSTAL SERVICE, POST OFFICE, Portland, ME, 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 15, 2026 appellant filed a timely appeal from a March 26, 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.

ISSUE

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

FACTUAL HISTORY

On October 20, 2025 appellant, then a 43-year-old rural carrier, filed an occupational disease claim (Form CA-2) alleging that he developed bilateral thumb arthritis due to factors of his federal employment. He recounted that his condition worsened slowly. Appellant began dropping items, his pain increased, and he eventually had reduced mobility in both hands. He

[1] 5 U.S.C. § 8101 *et seq*.

noted that he first became aware of his condition on January 1, 2023, and realized the relation to his federal employment on June 11, 2025. Appellant stopped work on October 11, 2025.

In a note dated October 21, 2025, Keiko Kurita, a family nurse practitioner, reported that appellant was seen that day and was unable to return to work.

In a development letter dated October 24, 2025, OWCP informed appellant of the deficiencies of his claim. It advised him as to the type of factual and medical evidence needed and provided a questionnaire for his completion. OWCP afforded appellant 60 days to submit the necessary evidence. By separate development letter of even date, it requested that the employing establishment provide additional information regarding appellant's occupational disease claim, including comments from a knowledgeable supervisor. OWCP afforded the employing establishment 30 days to respond.

In an October 27, 2025 note, Ms. Kurita advised that appellant was disabled from work. She recommended that he remain off work until he followed up with his orthopedic surgeon after his scheduled November 11, 2025 surgery.

In a follow-up development letter dated November 20, 2025, 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 October 24, 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.

OWCP continued to receive medical evidence. In progress notes dated May 11, 2024, Taylor M. Blake, a nurse practitioner, reported that appellant was treated for worsening bilateral hand pain, primarily in his thumbs. She diagnosed bilateral hand pain.

In a May 29, 2024 electromyography (EMG) study, Dr. Bruce Sigsbee, a Board-certified neurologist, reported very minimal right wrist medial and ulnar nerve focal mononeuropathy with otherwise normal study.

In progress notes dated November 19, 2024, Ms. Blake provided physical examination findings and diagnosed bilateral hand pain.

In progress notes dated May 29 and June 4, 2025, Ms. Blake diagnosed bilateral thumb carpometacarpal (CMC) joint degenerative changes, worse on the right side based on review of an x-ray interpretation.

In progress notes dated June 11, 2025, Dr. Ross Feller, a Board-certified orthopedic surgeon with a specialty in hand surgery, reported that appellant was treated for complaints of pain at the base of his thumbs. On physical examination, he observed tenderness to palpation over the base of the thumb in the CMS region, negative Finkelstein's and Phalen's tests, no catching/locking, normal thumb abduction strength and no pain in the anatomic snuffbox. A review of bilateral hand x-ray interpretations indicated moderate degenerative arthritis at the bilateral thumb CMC joint. Dr. Feller diagnosed bilateral first CMC joint osteoarthritis.

In progress notes dated June 18, 2025, Heather V. Liimakka, a nurse practitioner, related appellant's history of medical treatment. She reported physical examination findings of full right

wrist range of motion of the wrist and finger digits, negative Finkelstein's test, and tender to palpation over the CMC region of the thumb. A review of x-ray interpretations provided an impression of bilateral thumb CMC joint moderate degenerative arthritis. Ms. Liimakka diagnosed right thumb CMC joint arthritis.

In progress notes dated October 15, 2025, Dr. Feller related appellant's medical history, reviewed the x-ray interpretations, and provided physical examination findings. He diagnosed bilateral thumb CMC joint arthritis.

In progress notes dated October 21 and 27, 2025, Ms. Kurita diagnosed bilateral hand osteoarthritis.

On November 3, 2025, Dr. Feller reviewed a June 11, 2025 x-ray and diagnosed moderate bilateral thumb CMC joint degenerative arthritis.

Ms. Liimakka, in a report dated November 6, 2025, noted that appellant had elected to undergo left thumb CMC arthroplasty, which was scheduled for November 11, 2025. In a November 25, 2025 note, she related that appellant underwent left thumb CMC arthroplasty surgery on November 11, 2025.

By decision dated January 16, 2026, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish a medical condition causally related to the accepted factors of his federal employment.

In a February 2, 2026 note, Dr. Feller opined that appellant's bilateral thumb CMC pain was due to his workplace duties. He released appellant to return to work with restrictions.

In a February 11, 2026 report, Dr. Feller related that appellant's job duties of sorting and fingering hundreds of letters per day, organizing and casing all mail, using a handheld scanner, lifting up to 50 pounds frequently, and opening and closing hundreds of mailboxes contributed to his left thumb CMC osteoarthritis.

On March 2, 2026 appellant requested reconsideration.

By decision dated March 26, 2026, OWCP denied modification.

LEGAL PRECEDENT

An appellant seeking benefits under FECA[2] 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,[3] 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

[2] *Id.*

[3] *M.W.*; Docket No. 26-0310 (issued June 8, 2026); *E.K.*, Docket No. 22-1130 (issued December 30, 2022); *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).

employment injury.[4] 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.[5]

To establish that an injury was sustained in the performance of duty in an occupational disease claim, an employee must submit the following: (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 causally related to the employment factors identified by the employee.[6]

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.[7] A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.[8] Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s).[9]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted factors of his federal employment.

In support of his claim appellant submitted a February 11, 2026 report from Dr. Feller who detailed appellant's work duties. He diagnosed left thumb CMC osteoarthritis and opined that the condition was due to his job duties. Dr. Feller, however, did not provide sufficient medical rationale to support his opinion.[10] The Board has held that medical evidence that does not offer a rationalized explanation explaining how the accepted employment factors physiologically caused

[4] *D.S.*, Docket No. 26-0112 (issued April 29, 2026); *S.H.*, Docket No. 22-0391 (issued June 29, 2022); *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).

[5] *V.B.*, Docket No. 26-0298 (issued June 5, 2026); *E.H.*, Docket No. 22-0401 (issued June 29, 2022); *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).

[6] *M.W.*, *supra* note 3; *R.G.*, Docket No. 19-0233 (issued July 16, 2019); *see also Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994); *Victor J. Woodhams*, 41 ECAB 345 (1989).

[7] *S.M.*, Docket No. 22-0075 (issued May 6, 2022); *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).

[8] *M.W.*, *supra* note 3; *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

[9] *D.S.*, *supra* note 4; *J.D.*, Docket No. 22-0935 (issued December 16, 2022); *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *Y.S.*, Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams*, *supra* note 6.

[10] *See D.J.*, Docket No. 26-0267 (issued May 15, 2026); *J.S.,* Docket No. 25-0231 (issued March 7, 2025); *A.C.,* Docket No. 24-0661 (issued September 11, 2024); *R.B.,* Docket No. 23-1027 (issued April 3, 2024); *S.B.,* Docket No. 24-0064 (issued February 28, 2024); *S.C.,* Docket No. 21-0929 (issued April 28, 2023); *J.D.,* Docket No. 19-1953 (issued January 11, 2021); *M.W.,* Docket No. 14-1664 (issued December 5, 2014).

or aggravated the diagnosed condition(s) is of limited probative value.[11] This evidence is therefore insufficient to establish the claim.

In a report dated February 2, 2026, Dr. Feller diagnosed bilateral thumb CMC pain, which he attributed to appellant's duties. As previously noted, a medical report that does not provide a rationalized opinion regarding causal relationship is of no probative value.[12] Therefore, this evidence is insufficient to establish the claim.

OWCP had also received progress reports from Dr. Feller dated June 11, October 15, and November 3, 2025. In these reports he related appellant's diagnosis, but offered no opinion regarding 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.[13] Therefore, this evidence is insufficient to establish the claim.

Appellant also submitted evidence signed by nurse practitioners. However, certain health care providers such as nurse practitioners, are not considered physicians under FECA and, therefore, are not competent to provide a medical opinion.[14] Consequently, their medical findings and/or opinions will not suffice for the purpose of establishing entitlement to FECA benefits.[15] As such, this evidence is of no probative value and insufficient to establish appellant's claim.

The remaining medical evidence of record consists of an EMG study and x-ray interpretation report. The Board has held that diagnostic studies, standing alone, lack probative value as they do not address whether the employment factors caused any of the diagnosed conditions.[16] Such reports are therefore insufficient to establish appellant's claim.[17]

[11] *T.B.*, Docket No. 26-0372 (June 30, 2026); *T.L.,* Docket No. 23-0073 (issued January 9, 2023); *V.D.,* Docket No. 20-0884 (issued February 12, 2021); *Y.D.,* Docket No. 16-1896 (issued February 10, 2017).

[12] *See C.M.,* Docket No. 25-0772 (issued December 15, 2025); *L.B.,* Docket No. 18-0533 (issued August 27, 2018); *D.K.,* Docket No. 17-1549 (issued July 6, 2018).

[13] *S.E.,* Docket No. 26-0036 (issued January 29, 2026); *D.C.,* Docket No. 19-1093 (issued June 25, 2020); *see L.B., id.*; *D.K., id*.

[14] Section 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, 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); *N.H.,* Docket No. 26-0136 (issued March 18, 2026) (nurse practitioners are not physicians under FECA).

[15] *D.O.,* Docket No. 25-0722 (issued January 5, 2026); *N.B.,* Docket No. 19-0221 (issued July 15, 2019).

[16] *See M.P.,* Docket No. 23-1131 (issued June 18, 2024); *V.A.,* Docket No. 21-1023 (issued March 6, 2023); *M.K.,* Docket No. 21-0520 (issued August 23, 2021); *F.D.,* Docket No. 19-0932 (issued October 3, 2019).

[17] *E.M.,* Docket No. 24-0331 (issued July 3, 2024).

As the medical evidence of record is insufficient to establish causal relationship between a medical condition and the accepted factors of federal employment, the Board finds that appellant has not met his burden of proof.[18]

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 appellant has not met his burden of proof to establish a medical condition causally related to the accepted factors of his federal employment.

ORDER

IT IS HEREBY ORDERED THAT the March 26, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 3, 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

[18] *I.D.,* Docket No. 22-0848 (issued September 2, 2022); *T.G.,* Docket No. 14-751 (issued October 20, 2014).