United States Department of Labor
Employees' Compensation Appeals Board

J.B., Appellant	)	
and	)	**Docket No. 26-0462**
	)	**Issued: August 11, 2026**
U.S. POSTAL SERVICE, MIDDLEBURY ANNEX, Middlebury, VT, 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 April 22, 2026 appellant, through counsel, filed a timely appeal from a December 18, 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.[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 December 18, 2025 decision, OWCP received additional evidence. However, the Board's *Rules of Procedure* 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 her burden of proof to establish a right knee condition causally related to the accepted September 26, 2024 employment incident.

FACTUAL HISTORY

On September 30, 2024 appellant, then a 52-year-old city carrier, filed a traumatic injury claim (Form CA-1) alleging that on September 26, 2024 she injured her right knee while in the performance of duty. She recounted that while sorting undelivered mail she stepped with her right foot to turn and walk, heard a pop, and experienced swelling and soreness in the right knee. Appellant also noted that on September 27, 2024 she stepped onto a lawn while delivering mail and her right foot sunk three to four inches in the dirt, which caused her to lose her balance and jar her right knee. She stopped work on the date of injury and returned to full-duty work without restrictions on December 16, 2024.

In a September 28, 2024 medical report, Louisa Veazie Pratt, a nurse practitioner, noted that appellant related complaints of sharp right knee pain, which she attributed to "moved her body but her knee didn't go with her at work. Felt something strange and heard a pop [two] days ago. Felt okay but then yesterday she stepped wrong in the yard and now pain is worse." She performed a physical examination of appellant's right knee and observed swelling, effusion, tenderness along the lateral joint line, and decreased range of motion. Ms. Pratt also noted that appellant was unable to perform anterior posterior drawer test due to pain.

An x-ray of the right knee dated September 28, 2024 demonstrated early tricompartmental degenerative changes of the knee joint but no acute osseous abnormality.

In a medical report dated October 24, 2024, Margaret Mahoney, a physician assistant, noted that appellant related that "she was sorting mail at the end of the day, and twisted awkward with her right foot planted. She felt and heard a loud pop and had immediate pain but was still able to bear weight. The following day she stepped awkwardly into a soft patch of grass while working and had another jolt of pain to the knee." Ms. Mahoney documented physical examination findings and obtained standing x-rays of the knees, which were normal.

OWCP also received physical therapy reports.

In a December 6, 2024 development letter, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed to establish her claim and provided a questionnaire for her completion. OWCP afforded appellant 60 days to submit the necessary evidence.

OWCP subsequently received a medical report dated October 4, 2024 by Nicholas J. Montello, a nurse practitioner, who noted that appellant related complaints of right knee pain, which she attributed to turning and feeling a pop in the right knee at work on September 26, 2024 and stepping off a curb onto soft grass and her knee buckling on September 27, 2024. He documented physical examination findings and recommended a magnetic resonance imaging (MRI) scan of the right knee.

A November 26, 2024 right knee MRI scan demonstrated a small amount of soft tissue edema in the posterior horn of the medial meniscus, a focal area of high-grade cartilage loss in the

posterocentral aspect of the weightbearing portion of the medial femoral condyle, mild chondral thinning with near full-thickness fissuring in the medial patellar facet with a small subchondral region of reactive marrow edema, small intra-articular chondral body posterior to the distal portion of the posterior collateral ligament and medial meniscus posterior horn, and trace suprapatellar right knee joint effusion.

In a follow-up letter dated January 6, 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 December 6, 2024 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 subsequently received an attending physician's report (Form OWCP-20) dated January 3, 2025 by Dr. Eric Benz, a Board-certified orthopedic surgeon, who diagnosed an unspecified injury to the right knee. It also received follow-up reports by Ms. Mahoney and Mr. Montello.

By decision dated February 5, 2025, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish a diagnosed medical condition in connection with the accepted September 26, 2024 employment incident.

On March 3, 2025 appellant, through her then representative, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

In an attending physician's report Form CA-20 dated March 7, 2025, Dr. Kristin Mack, a family physician, noted that appellant injured her right knee in September 2024, which did not completely heal and was later aggravated on March 1, 2025. She observed a positive McMurray's test, which she indicated suggested a right meniscus injury.

An x-ray of the right knee dated March 12, 2025 revealed mild degenerative changes.

OWCP also received follow-up reports by Mr. Montello and Ms. Mahoney and an April 2, 2025 medical report by Diana Tutelo, a nurse practitioner, who noted that appellant experienced a recurrence of right knee pain when she stepped out of her delivery van on March 1, 2025.

In a May 14, 2025 medical report, Dr. Devon E. Anderson, an orthopedic surgeon, noted that appellant related complaints of right knee pain, which she attributed to the September 26, 2024 employment incident. He documented physical examination findings, reviewed diagnostic testing, and diagnosed chondral defect of condyle of right femur and chondromalacia of the right patella. Dr. Anderson administered a cortisone steroid injection in the right knee.

A hearing was held on July 21, 2025. By decision dated September 9, 2025, OWCP's hearing representative modified OWCP's February 5, 2025 decision to find that the evidence of record established diagnoses of chondral defect of condyle of right femur and chondromalacia of right patella in connection with the accepted September 26, 2024 employment incident. The claim remained denied, however, as the medical evidence of record was insufficient to establish causal relationship between appellant's diagnosed conditions and the accepted September 26, 2024 employment incident.

OWCP continued to receive evidence, including a September 26, 2025 medical report wherein Dr. Emily Triplett, Board-certified in family medicine, noted appellant's complaints of right knee pain, which she attributed to the September 26, 2024 employment incident. Dr. Tripplett performed a physical examination and observed tenderness of the medial joint line of the right knee. She diagnosed right knee chondromalacia and opined that the condition was caused by the September 26, 2024 employment incident.

In an October 3, 2025 narrative letter, Dr. Triplett diagnosed chondral defect of condyle of right femur and chondromalacia of patella, right knee, causally related to the September 26, 2024 employment incident. She noted that the conditions were confirmed on the November 26, 2024 MRI scan. Dr. Triplett explained that appellant planted her foot in one place and her knee twisted in another direction, which caused enough kinetic twisting force throughout the knee joint to directly cause numerous injuries within the knee joint. She also explained that her job duties caused wear and tear on the knee, which was exacerbated by the September 26, 2024 employment incident.

On December 9, 2025 appellant, through her then-representative, requested reconsideration of OWCP's September 9, 2025 decision.

By decision dated December 18, 2025, OWCP denied modification of the December 9, 2025 decision.

LEGAL PRECEDENT

When employee seeking benefits under FECA[4] 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.[5] These are the essential elements of every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.[6]

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 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.[7]

[4] *Supra* note 2.

[5] *L.H.*, Docket No. 26-0201 (issued April 6, 2026); *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).

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

[7] *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).

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence. 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.[8]

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.[9]

ANALYSIS

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

Dr. Triplett, in her October 3, 2025 narrative letter, noted the history of the September 26, 2024 employment incident and diagnosed chondral defect of condyle of right femur and chondromalacia of patella, causally related to the September 26, 2024 employment incident. She opined that the mechanism of injury described, *i.e.*, appellant's planting of her right foot while her knee twisted in another direction, caused enough kinetic twisting force throughout the knee joint to directly cause numerous injuries within the knee joint. Dr. Triplett concluded that the September 26, 2024 employment incident was the direct cause of appellant's right knee conditions. Although her opinion is insufficiently rationalized to meet appellant's burden of proof to establish causal relationship, the Board finds that it is of sufficient probative value to warrant additional development.[10]

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.[11]

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 right knee condition causally related to the accepted September 26, 2024 employment incident. If the second-opinion physician disagrees with the opinion of Dr. Triplett, 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

[8] *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).

[9] 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).

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

[11] *J.C.*, Docket No. 26-0235 (issued April 30, 2026); *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).

condition.[12] 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.

ORDER

IT IS HEREBY ORDERED THAT the December 18, 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 11, 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

[12] On remand OWCP should also consider whether appellant sustained a visible injury in accordance with its procedures. *See* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3c (May 2023); *see also id.* at Chapter 2.800.6a (May 2023); *R.H.*, Docket No. 20-1684 (issued August 27, 2021); *A.J.*, Docket No. 20-0484 (issued September 2, 2020).