United States Department of Labor
Employees' Compensation Appeals Board

J.N., Appellant	)	
and	)	**Docket No. 26-0505**
	)	**Issued: August 18, 2026**
U.S. POSTAL SERVICE, CLEVELAND POST OFFICE, Cleveland, OH, 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
JANICE B. ASKIN, Judge

JURISDICTION

On May 8, 2026 appellant, through counsel, filed a timely appeal from an April 7, 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.[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 April 7, 2026 decision, appellant submitted additional evidence to OWCP. However, the Board's *Rules of Procedures* 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 expand the acceptance of her claim to include additional conditions as causally related to, or consequential to, the accepted November 23, 2020 employment injury.

FACTUAL HISTORY

On November 25, 2020 appellant, then a 37-year-old rural carrier, filed a traumatic injury claim (Form CA-1) alleging that on November 23, 2020 she sustained a left elbow injury when she lifted a heavy package off the floor while in the performance of duty. She stopped work on November 24, 2020. OWCP accepted the claim for left elbow sprain, and medial and lateral epicondylitis of the left elbow. It paid appellant wage-loss compensation.

On October 13, 2022 Dr. Daniel J. McKernan, a Board-certified orthopedic surgeon, performed an OWCP-authorized epicondylectomy of the left elbow. Appellant stopped work on the date of the surgery and returned to limited-duty work in late-2023. On May 21, 2024 Dr. Abdul Mustapha, a Board-certified orthopedic surgeon, performed OWCP-authorized Nirschl repair of the left elbow. Appellant stopped work prior to the surgery and returned to limited-duty work shortly after the surgery.

On a September 4, 2024 form, Dr. Mustapha requested that the acceptance of appellant's claim be expanded to include cubital tunnel syndrome of the left elbow. In an August 21, 2024 report, Dr. Mustapha and Dr. Gabrielle Notorgiacomo, a Board-certified orthopedic surgeon, noted that appellant reported that she continued to experience left upper extremity symptoms, including weakness, pain in the proximal arm, spasms in the medial forearm, and tingling along the medial side of the forearm. The physicians documented physical examination findings of tenderness to palpation over the left lateral epicondyle incision and medial side of the forearm, and positive Tinel's sign at the left cubital tunnel. Dr. Mustapha and Dr. Notorgiacomo diagnosed golfer's elbow of the left upper extremity and left elbow pain and indicated that, given the persistence and severity of appellant's cubital tunnel symptoms/examination findings, surgical intervention would be necessary in the future. The physicians diagnosed cubital tunnel syndrome "as a sequala of left medial Nirschl procedure."

In an August 21, 2024 duty status report (Form CA-17), Dr. Mustapha related appellant's history of a November 23, 2020 injury, noted a diagnosis of medial epicondylitis of the left elbow, and recommended work restrictions. In a note of even date, he again recommended work restrictions. In a November 27, 2024 report, Dr. Mustapha documented physical examination findings and diagnosed left elbow pain. In a note of even date, he provided work restrictions.

In a January 16, 2025 report, Dr. Mustapha and Dr. Aaron B. Poliak, a Board-certified orthopedic surgeon, indicated that appellant injured her left upper extremity at work approximately five years ago. The physicians related that her symptoms had improved somewhat after the Nirschl repair of her left elbow, but that she had debilitating left cubital tunnel symptoms, including significant numbness/tingling in her fourth and fifth fingers and pain from her medial elbow to her fourth and fifth fingers. Dr. Mustapha and Dr. Poliak documented physical examination findings, including decreased sensation in the ulnar nerve distribution of

the left hand, and diagnosed golfer's elbow of the left upper extremity and left cubital tunnel syndrome. The physicians opined that appellant's left cubital tunnel syndrome was a "flow-through mechanism from her initial injury" and noted that the onset of left cubital tunnel symptoms coincided with the Nirschl repair performed for left medial epicondylitis. Dr. Mustapha and Dr. Poliak indicated that, following Nirschl repair, swelling and inflammation could occur at the site which was intermittent with the ulnar nerve at the cubital tunnel level. The physicians diagnosed left elbow cubital tunnel syndrome and recommended a left cubital tunnel surgical release as conservative treatment had failed.

OWCP received unsigned after-visit summary documents from 2024 and 2025 which listed a series of diagnoses, including left medial epicondylitis, left golfer's elbow, and left tennis elbow. Appellant also submitted reports of Dr. Shashi B. Bhatt, a Board-certified anesthesiologist, pertaining to the May 21, 2024 Nirschl repair of her left elbow.

On March 6, 2025 OWCP requested that Dr. Nathan Hammel, a Board-certified orthopedic surgeon serving as an OWCP district medical adviser (DMA), review the evidence of record, including the August 21, 2024 report of Drs. Mustapha and Notorgiacomo, and provide an opinion regarding whether appellant sustained left elbow cubital tunnel syndrome causally related to, or consequential to, the accepted November 23, 2020 employment injury. In a March 18, 2025 report, Dr. Hammel indicated that no electromyogram/nerve conduction velocity (EMG/NCV) study had been performed and opined that there was no objective evidence of left cubital tunnel syndrome to support expansion of the acceptance of the claim. He further opined that the mechanism of injury could not cause peripheral nerve compression. Dr. Hammel noted that the August 21, 2024 report of Drs. Mustapha and Notorgiacomo did not discuss how the work injury could have caused a peripheral nerve compression, and he recommended against expanding the acceptance of appellant's claim.

OWCP subsequently received an April 11, 2025 report wherein Dr. Mustapha and Dr. Nick Chase, an osteopathic Board-certified orthopedic surgeon, documented physical examination findings and diagnosed golfer's elbow of the left upper extremity, left cubital tunnel syndrome, and left elbow pain. The physicians opined that appellant's left cubital tunnel syndrome was a "flow-through mechanism from her initial injury" and noted that the onset of left cubital tunnel symptoms coincided with the Nirschl repair performed for left medial epicondylitis. Dr. Mustapha and Dr. Chase indicated that, following Nirschl repair, swelling and inflammation could occur at the site which was intermittent with the ulnar nerve at the cubital tunnel level. The physicians diagnosed left elbow cubital tunnel syndrome and recommended a left cubital tunnel surgical release as conservative treatment had failed. In an April 11, 2025 note, Dr. Mustapha recommended work restrictions.

In a development letter dated April 21, 2025, OWCP informed appellant of the deficiencies of her expansion claim. It advised her of the type of factual and medical evidence needed and afforded her 30 days to submit the necessary evidence. Appellant resubmitted a copy of the April 11, 2025 report of Drs. Mustapha and Chase.

On May 21, 2025 OWCP requested a supplemental opinion from Dr. Hammel, the DMA, regarding appellant's expansion claim. In a June 5, 2025 report, Dr. Hammel opined that there was no objective evidence on an EMG/NCV study to support the diagnosis of left elbow cubital

tunnel syndrome and that the lifting incident at work could not have caused this condition. He indicated that the August 21, 2024 report of Drs. Mustapha and Notorgiacomo did not cite any electrodiagnostic testing to support the diagnosis of left elbow cubital tunnel syndrome.

By decision dated July 3, 2025, OWCP denied appellant's expansion claim, finding that the medical evidence of record was insufficient to establish that she sustained additional conditions as causally related to, or consequential to, the accepted November 23, 2020 employment injury.

In a July 9, 2025 report, Dr. Mustapha opined that appellant's left cubital tunnel syndrome was a "flow-through mechanism from her initial injury" and noted that the onset of left cubital tunnel symptoms coincided with the Nirschl repair performed for left medial epicondylitis. He indicated that, following Nirschl repair, swelling and inflammation could occur at the site which was intermittent with the ulnar nerve at the cubital tunnel level. Dr. Mustapha diagnosed left elbow cubital tunnel syndrome and recommended a left cubital tunnel surgical release as conservative treatment had failed. OWCP also received an unsigned July 9, 2025 after-visit summary referencing the diagnoses of left cubital tunnel syndrome and golfer's elbow of the left upper extremity.

On July 14, 2025 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

In an October 1, 2025 report, Dr. Mustapha opined that appellant's left cubital tunnel syndrome was a "flow-through mechanism from her initial injury" and noted that the onset of left cubital tunnel symptoms coincided with the Nirschl repair performed for left medial epicondylitis. He indicated that, following Nirschl repair, swelling and inflammation could occur at the site which was intermittent with the ulnar nerve at the cubital tunnel level. Dr. Mustapha diagnosed left elbow cubital tunnel and recommended a left cubital tunnel surgical release as conservative treatment had failed. He further stated that "the diagnosis of left elbow cubital tunnel syndrome is a flow through from the work-related injury." OWCP also received an unsigned October 1, 2025 after-visit summary referencing the diagnosis of left cubital tunnel syndrome.

In a December 19, 2025 report, Dr. Mustapha and Dr. Brad Brickman, a Board-certified orthopedic surgeon, opined that appellant's left cubital tunnel syndrome was a "flow-through mechanism from her initial injury" and noted that the onset of left cubital tunnel symptoms coincided with the Nirschl repair performed for left medial epicondylitis. The physicians indicated that, following Nirschl repair, swelling and inflammation could occur at the site which was intermittent with the ulnar nerve at the cubital tunnel level. Drs. Mustapha and Brickman diagnosed left elbow cubital tunnel syndrome and recommended a left cubital tunnel surgical release as conservative treatment had failed. The physicians further stated that "the diagnosis of left elbow cubital tunnel syndrome is a flow through from the work-related injury." In a December 19, 2025 note, Dr. Mustapha recommended work restrictions.

A hearing was held on January 21, 2026. After the hearing, OWCP received a February 10, 2026 report, wherein Dr. Christian Siebenaler, a Board-certified orthopedic surgeon, documented physical examination findings of spontaneous movement of all extremities

and sensation intact to light touch. Dr. Siebenaler diagnosed left cubital tunnel syndrome. The report contains a recitation of the results of a February 10, 2026 EMG/NCV study, which contained an impression of no evidence of plexopathy, radiculopathy, peripheral neuropathy, or other peripheral nerve entrapment. OWCP also received an unsigned February 10, 2026 after-visit summary referencing the diagnosis of left cubital tunnel syndrome.

In a March 30, 2026 report, Dr. Mustapha diagnosed refractory left elbow pain with associated paresthesias/numbness along the ulnar nerve distribution. He advised that this condition "occur[ed] via a flow-through mechanism with the known pathology of left medial epicondylitis which also continues to be refractory in nature." OWCP also received a March 30, 2026 after-visit summary, wherein Dr. Mustapha again diagnosed left elbow pain.

By decision dated April 7, 2026, OWCP's hearing representative affirmed the July 3, 2025 decision.

LEGAL PRECEDENT

When an employee claims that a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.[4]

The claimant bears the burden of proof to establish a claim for a consequential injury.[5] A part of this burden, he or she must present rationalized medical opinion evidence, based on a complete factual and medical background, establishing causal relationship. The opinion must be one of reasonable medical certainty and must be supported by medical rationale explaining the nature of the relationship of the diagnosed condition and the specific employment factors or employment injury.[6]

Causal relationship is a medical issue and the medical evidence required to establish causal relationship is rationalized medical evidence.[7] Nether 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.[8]

When an injury arises in the course of employment, every natural consequence that flows from that injury likewise arises out of the employment, unless it is the result of an independent

[4] *D.H.,* Docket No. 26-0428 (issued July 17, 2026); *J.R.,* Docket No. 20-0292 (issued June 26, 2020); *W.L.*, Docket No. 17-1965 (issued September 12, 2018); *V.B.*, Docket No. 12-0599 (issued October 2, 2012); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

[5] *V.K.*, Docket No. 19-0422 (issued June 10, 2020); *A.H.*, Docket No. 18-1632 (issued June 1, 2020); *I.S.*, Docket No. 19-1461 (issued April 30, 2020).

[6] *D.S.*, Docket No. 26-0287 (issued July 10, 2026); *K.W.*, Docket No. 18-0991 (issued December 11, 2018).

[7] *G.D.*, Docket No. 26-0072 (issued March 3, 2026); *G.R.*, Docket No. 18-0735 (issued November 15, 2018).

[8] *Id.*

intervening cause attributable to the claimant's own intentional misconduct.[9] The basic rule is that a subsequent injury, whether an aggravation of the original injury or a new and distinct injury, is compensable if it is the direct and natural result of a compensable primary injury.[10]

ANALYSIS

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include additional conditions as causally related to, or consequential to, the accepted November 23, 2020 employment injury.

Appellant submitted an August 21, 2024 report wherein Drs. Mustapha and Notorgiacomo diagnosed cubital tunnel syndrome "as a sequela of left medial Nirschl procedure." In a September 4, 2024 form, Dr. Mustapha requested that acceptance of the claim be expanded to include the condition of cubital tunnel syndrome of the left elbow. In a January 16, 2025 report, Drs. Mustapha and Poliak opined that appellant's left cubital tunnel syndrome was a "flow-through mechanism from her initial injury" and noted that the onset of left cubital tunnel symptoms coincided with the Nirschl repair performed for left medial epicondylitis. The physicians indicated that, following Nirschl repair, swelling and inflammation could occur at the site which was intermittent with the ulnar nerve at the cubital tunnel level. Drs. Mustapha and Poliak again diagnosed left cubital tunnel syndrome and recommended a left cubital tunnel surgical release as conservative treatment had failed. However, these reports do not contain sufficient medical rationale in support of causal relationship between appellant's left elbow cubital tunnel syndrome and the accepted employment injury. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain sufficient medical rationale explaining how a given medical condition is employment related.[11] Therefore, this evidence is insufficient to establish appellant's expansion claim.

In an April 11, 2025 report by Drs. Mustapha and Chase, a July 9, 2025 report by Dr. Mustapha, an October 1, 2025 report by Dr. Mustapha, a December 19, 2025 report by Drs. Mustapha and Brickman, and a March 30, 2026 report by Dr. Mustapha, the physicians diagnosed left cubital tunnel syndrome "occurring via a flow-through mechanism with the known pathology of left medial epicondylitis which also continues to be refractory in nature." However, these reports do not contain sufficient medical rationale in support of the opinion that appellant's left elbow cubital tunnel syndromewas causally related to, or consequential to, the accepted employment injury. As noted above, a report is of limited probative value regarding causal relationship if it does not contain sufficient medical rationale explaining how a given medical condition has an employment-related cause.[12] Therefore, these reports are insufficient to establish appellant's expansion claim.

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[9] *W.S.*, Docket No. 26-0313 (issued June 15, 2026); *I.S.*, Docket No. 19-1461 (issued April 30, 2020); *A.M.,* Docket No. 18-0685 (issued October 26, 2018); *Mary Poller,* 55 ECAB 483, 487 (2004).

[10] *J.M.*, Docket No. 19-1926 (issued March 19, 2021); *Susanne W. Underwood (Randall L. Underwood)*, 53 ECAB 139, 141 n. 7 (2001).

[11] *See H.C.*, Docket No. 20-0344 (issued April 19, 2021); *T.T.,* Docket No. 18-1054 (issued April 8, 2020.

[12] *Id.*

Appellant also submitted reports of Dr. Bhatt pertaining to the May 21, 2024 Nirschl repair of her left elbow. In an August 21, 2024 Form CA-17, Dr. Mustapha diagnosed medial epicondylitis of the left elbow and recommended work restrictions. In a November 27, 2024 report and March 30, 2026 after-visit summary, he diagnosed left elbow pain. In a February 10, 2026 report, Dr. Siebenaler discussed diagnostic testing results and diagnosed left cubital tunnel syndrome. In notes dated August 21 and November 27, 2024, and April 11 and December 19, 2025, Dr. Mustapha recommended work restrictions. However, these reports did not contain an opinion on causal relationship between the additional conditions and the accepted November 23, 2020 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.[13] Therefore, this evidence is insufficient to establish appellant's expansion claim.

Appellant submitted unsigned after-visit summaries from 2024 through 2026. 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. Thus, this evidence is of no probative value and is insufficient to establish appellant's expansion claim.

In a March 18, 2025 report, Dr. Hammel indicated that no EMG/NCV study had been performed and opined that there was no objective evidence of left cubital tunnel syndrome to support expansion of the acceptance of the claim. He further opined that the mechanism of injury could not cause peripheral nerve compression. Dr. Hammel noted that the August 21, 2024 report of Drs. Mustapha and Notorgiacomo did not discuss how the work injury could have caused a peripheral nerve compression, and he recommended against expanding the acceptance of appellant's claim. In a June 5, 2025 report, he again found no objective evidence on an EMG/NCV study to support the diagnosis of left elbow cubital tunnel syndrome and that the lifting incident at work could not have caused this condition. Dr. Hammel reiterated that the August 21, 2024 report of Drs. Mustapha and Notorgiacomo did not cite any electrodiagnostic testing to support the diagnosis of left elbow cubital tunnel syndrome. The Board finds that Dr. Hammel's reports were well-reasoned and based on a complete and accurate history and, therefore, constitutes the weight of the medical evidence.

As the medical evidence of record is insufficient to establish additional medical conditions causally related to, or consequential to, the accepted November 23, 2020 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.

[13] *See L.R.*, Docket No. 26-0397 (isas sued July 8, 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).

CONCLUSION

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include additional conditions as causally related to, or consequential to, the accepted November 23, 2020 employment injury.

ORDER

IT IS HEREBY ORDERED THAT the April 7, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 18, 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