United States Department of Labor
Employees' Compensation Appeals Board

A.W., Appellant	)	
and	)	**Docket No. 26-0511**
	)	**Issued: August 17, 2026**
DEPARTMENT OF VETERANS AFFAIRS, WEST LOS ANGELES VA MEDICAL CENTER, Los Angeles, CA, 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 May 12, 2026 appellant filed a timely appeal from a March 24, 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.[2]

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 March 31, 2020 employment injury.

[1] 5 U.S.C. § 8101 *et seq.*

[2] The Board notes that, following the March 24, 2026 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*.

FACTUAL HISTORY

On April 21, 2020 appellant, then a 53-year-old medical support assistant, filed a traumatic injury claim (Form CA-1) alleging that on March 31, 2020 she injured her left shoulder while in the performance of duty.[3] She did not stop work. OWCP accepted the claim for superior glenoid labrum lesion of left shoulder. Appellant underwent OWCP-authorized arthroscopic surgery to the left shoulder on May 25, 2021 including subacromial decompression and distal clavicle excision. OWCP paid her wage-loss compensation on the supplemental rolls effective May 25, 2021 and on the periodic rolls effective January 30, 2022.

In a medical report dated November 22, 2021, Dr. Katherine D. Travnicek, a Board-certified physiatrist, pain medicine, and brain injury specialist noted that appellant previously sustained injuries to her cervical spine at C4-5 and C5-6, chest, scapula, and left shoulder as the result of being pinned by a roller coaster harness on June 8, 2014, for which she underwent two chest wall surgeries in 2016 and surgery for thoracic outlet syndrome (TOS) in 2018. She also noted the history of the March 31, 2020 employment injury and that the May 25, 2021 left shoulder surgery was not successful. Dr. Travnicek diagnosed cervical radiculopathy, left shoulder pain, insomnia due to medical condition, neuralgia/neuritis, and TOS.

On February 1, 2022 OWCP referred appellant, along with the case record, a statement of accepted facts (SOAF), and a series of questions to Dr. Michael T. Monroe, a Board-certified orthopedic surgeon, for a second opinion evaluation.

In a report dated February 22, 2022, Dr. Monroe noted his review of the SOAF, the medical record, and the history of the June 8, 2014 and March 31, 2020 injuries. He noted an impression of left shoulder lateral impingement and left shoulder nerve mediated pain, causally related to the March 31, 2020 employment injury.

An April 18, 2022 MRI scan of the cervical spine demonstrated degenerative changes and straightening of the lordotic curve.

In a May 4, 2022 follow-up report, Dr. Travnicek recommended a peripheral nerve stimulator. On June 8, 2022 she indicated that appellant's preexisting scapular instability and left-sided neck pain were aggravated by the March 31, 2020 employment injury.

On June 14, 2022 OWCP routed a SOAF, and the medical record to Dr. Nizar Souayah, a Board-certified neurologist and neuromuscular and electrodiagnostic medicine specialist serving as OWCP's district medical adviser, for review and evaluation of whether a neurostimulator was medically necessary and causally related to appellant's March 31, 2020 employment injury. In a report dated July 6, 2020, Dr. Souayah diagnosed superior glenoid labrum lesion of left shoulder, left nerve impingement, and chronic pain syndrome. He opined that a neurostimulator was medically necessary for, and causally related to, the March 31, 2020 employment injury.

[3] OWCP assigned the present claim OWCP File No. xxxxxx950. Appellant previously filed CA-1 forms alleging left upper extremity injuries, including that on May 14, 2010 she injured her left shoulder when she fell into a wall; that on January 28, 2016 she sustained nerve damage, a torn left shoulder, and bulging discs in her neck while holding a binder; and that on January 2, 2018 she sustained nerve damage and tears in the left shoulder and scapula when she was hit by a chair. OWCP assigned those claims OWCP File Nos. xxxxxx679, xxxxxx528, and xxxxxx039, respectively. Appellant's claims have not been administratively combined by OWCP.

On December 15, 2022, appellant underwent OWCP-authorized percutaneous insertion of trial neuro-electrodes in the suprascapular notch by Dr. Travnicek, followed by OWCP-authorized implantation of a left peripheral nerve stimulator with electrode leads on February 23, 2023 and lead revision on March 2, 2023. Dr. Travnicek noted that she had chronic intractable left shoulder labral pain that had failed conservative treatment.

An electromyography/nerve conduction velocity (EMG/NCV) study dated July 24, 2024 demonstrated "chronic neuropathic potentials in the left C8-T1 distribution."

Appellant subsequently came under the care of Dr. Hashim Qureshi, Board-certified in anesthesiology and pain medicine. In notes dated February 23 through October 25, 2024, Dr. Qureshi noted the history of the June 8, 2014 roller coaster injury and the March 31, 2020 work injury, documented physical examination findings, and administered cervical epidural steroid injections.

In reports dated December 20, 2024 and March 21, 2025, Dr. Qureshi noted worsening left shoulder pain, limited range of motion (ROM), intermittent swelling, and vasomotor/sudomotor changes. He diagnosed anterior to posterior tear of superior glenoid labrum of left shoulder, left shoulder pain, cervicalgia, and chronic regional pain syndrome (CRPS) type II, causally related to the March 31, 2020 employment injury. Dr. Qureshi indicated that the peripheral nerve stimulator implant had become ineffective and recommended a trial spinal cord stimulator.

In an April 23, 2025 letter, OWCP informed appellant of the deficiencies of her claim for expansion to include CRPS as causally related to the March 31, 2020 employment injury. It advised her of the type of evidence needed to establish her claim and afforded her 30 days to respond.

OWCP subsequently received a June 25, 2024 medical report by Dr. Edgar Evangelista, a neurologist, who diagnosed strains of the cervical portion of the trapezius muscles, cervical radicular pain, neuropathic pain of upper extremity, cramp and spasm, and paresthesia of skin.

In follow-up reports dated April 25 through September 25, 2025, Dr. Qureshi diagnosed CRPS, causally related to the March 31, 2020 employment injury. In a medical report and attending physician's report dated December 12, 2025, he noted objective findings of sudomotor/vasomotor changes and ongoing impingement along the left shoulder with resulting neuropathy/neuritis. Dr. Qureshi diagnosed cervicalgia, left shoulder pain, and CRPS, causally related to the March 31, 2020 employment injury. He explained that the impact of the March 31, 2020 employment injury caused trauma and subsequent neuropathy.

Appellant submitted a statement dated April 30, 2025 in response to OWCP's April 23, 2025 development letter.

On February 19, 2026, Dr. Qureshi requested the expansion of the acceptance of appellant's claim to include cervicalgia and CRPS as causally related to, or consequential to, the accepted March 31, 2020 employment injury. He observed ongoing neuropathic pain of the left upper extremity, limited ROM, intermittent swelling, and vasomotor/sudomotor changes.

On March 6, 2026 Dr. Qureshi indicated that appellant had undergone an unauthorized trial spinal cord stimulator. She reported approximately 50 percent pain relief in the left shoulder with dysesthesia/vasomotor changes along the left upper extremity.

By decision dated March 24, 2026, OWCP denied expansion of the acceptance of appellant's claim to include additional conditions as causally related to, or consequential to, the accepted March 31, 2020 employment injury. However, it merely explained that she had not established "the factual circumstances" of her injury.

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]

To establish causal relationship between a condition and the employment event or incident, the employee must submit rationalized medical opinion evidence based on a complete factual and medical background, supporting such a causal relationship.[5] The opinion of the physician must be one of reasonable certainty, and must explain the nature of the relationship between the diagnosed condition and the accepted employment injury.[6]

In discussing the range of compensable consequences, once the primary injury is causally connected with the employment, the question is whether compensability should be extended to a subsequent injury or aggravation related in some way to the primary injury. 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.[7]

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.[8]

ANALYSIS

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

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[4] *N.M.*, Docket No. 26-0021 (issued March 11, 2026); *S.P.*, Docket No. 25-0669 (issued November 25, 2025); *S.L.*, Docket No. 24-0220 (issued May 15, 2024); *N.U.*, Docket No. 22-1329 (issued April 18, 2023); *J.R.*, Docket No. 20-0292 (issued June 26, 2020); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

[5] *S.L.*, *id.*; *B.W.*, Docket No. 21-0536 (issued March 6, 2023); *D.E.*, Docket No. 20-0936 (issued June 24, 2021); *S.L.*, Docket No. 19-0603 (issued January 28, 2020).

[6] *Id.*

[7] *See L.M.*, Docket No. 23-0605 (issued December 5, 2023); *D.L.*, Docket No. 21-0047 (issued February 22, 2023); *D.H.*, Docket Nos. 20-0041 & 20-0261 (issued February 5, 2021).

[8] *D.F.*, Docket No. 25-0528 (issued June 9, 2025); 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).

The issue of expansion of acceptance of the claim is medical in nature and therefore requires an evaluation of the medical evidence of record.[9] In its March 24, 2026 decision, OWCP denied appellant's expansion claim. However, rather than explaining whether the medical evidence of record established expansion, it merely explained that appellant had not established "the factual circumstances" of her March 31, 2020 employment injury.[10]

Section 8124(a) of FECA provides that OWCP shall determine and make a finding of fact and make an award for or against payment of compensation.[11] Its regulations at 20 C.F.R. § 10.126 provide that the decision of the Director of OWCP shall contain findings of fact and a statement of reasons.[12] As well, OWCP's procedures provide that the reasoning behind OWCP's evaluation should be clear enough for the reader to understand the precise defect of the claim and the kind of evidence, which would overcome it.[13]

The Board finds that OWCP did not discharge its responsibility to set forth findings of fact and a clear statement of reasons explaining the disposition so that appellant could understand the basis for the decision, *i.e.*, whether she had met her burden of proof to establish an additional medical condition causally related to, or consequential to, the accepted March 31, 2020 employment injury.[14] Therefore, the Board shall set aside OWCP's March 24, 2026 decision and remand the case for findings of fact and a statement of reasons for its decision pursuant to the standard set forth in section 5 U.S.C. § 8124(a) and 20 C.F.R. § 10.126.

On remand, for full and fair adjudication, OWCP shall administratively combine OWCP File Nos. xxxxxx679, xxxxxx528, and xxxxxx039 with the present claim.[15] This will allow OWCP to consider all relevant reports and accompanying evidence in developing appellant's expansion claim.[16]

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[9] *Supra* notes 6 and 7.

[10] *E.H.,* Docket No. 21-1295 (issued April 25, 2022); *see also Order Remanding Case, C.G.,* Docket No. 20-0051 (issued June 29, 2020); *Order Remanding Case, K.K.,* Docket No. 19-0652 (issued September 19, 2019); *R.T.,* Docket No. 19-0604 (issued September 13, 2019); *R.C.,* Docket No. 16-0563 (issued May 4, 2016).

[11] 5 U.S.C. § 8124(a).

[12] 20 C.F.R. § 10.126.

[13] *Supra* note 8 at Part 2 -- Claims, *Disallowances*, Chapter 2.1400.5 (February 2013) (all decisions should contain findings of fact sufficient to identify the benefit being denied and the reason for the disallowance).

[14] *See Order Remanding Case, J.B.,* Docket No. 24-0760 (issued August 28, 2024); *Order Remanding Case, J.D.,* Docket No. 24-0044 (issued April 22, 2024); *Order Remanding Case, R.G.,* Docket No. 23-0011 (issued June 14, 2023); *Order Remanding Case, C.G.,* Docket No. 20-0051 (issued June 29, 2020); *see also* 20 C.F.R. § 10.607(b).

[15] *Supra* note 8 at Part 2 -- Claims, File *Maintenance and Management*, Chapter 2.400.8c(3) (March 16, 2026); *see Order Remanding Case, C.B.*, Docket No. 25-0603 (issued July 3, 2025); *Order Remanding Case*, *J.L.*, Docket No. 24-0785 (issued November 1, 2024); *Order Remanding Case*, *M.T.*, Docket No. 24-0753 (issued September 23, 2024); *Order Remanding Case*, *K.W.*, Docket No. 22-1258 (issued March 14, 2023).

[16] *Id. See also K.G.,* Docket No. 21-0068 (issued July 29, 2022); *D.J.,* Docket No. 20-0997 (issued November 20, 2020); *S.D.,* Docket No. 19-0590 (issued August 28, 2020).

Following 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 a decision.

ORDER

IT IS HEREBY ORDERED THAT the March 24, 2026 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 17, 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