



## **ISSUES**

The issues are: (1) whether OWCP met its burden of proof to establish that appellant's accepted condition had resolved as of May 2, 2023; (2) whether appellant has met her burden of proof to establish continuing disability or residuals, on or after May 2, 2023, causally related to the accepted July 27, 2021 employment injury; (3) whether appellant has met her burden of proof to establish expansion of the acceptance of the claim to include additional conditions as causally related to the accepted July 27, 2021 employment injury; and (4) whether appellant has met her burden of proof to establish entitlement to continuation of pay (COP).

## **FACTUAL HISTORY**

On October 3, 2021 appellant, then a 60-year-old nurse, filed a traumatic injury claim (Form CA-1) alleging that on August 30, 2021 she sustained a COVID-19 vaccine-related injury to her left arm and shoulder while in the performance of duty. She explained that she received the COVID-19 vaccination on July 27, 2021, and experienced increased pain and weakness in her left arm and shoulder that had not resolved. Appellant stopped work on September 3, 2021.<sup>3</sup>

In support of her claim, appellant submitted a September 1, 2021 note, wherein Dr. Kim C. Hendrick, a family medicine specialist, advised that appellant was unable to work from September 1 through 9, 2021, due to illness and arm weakness in reaction to the COVID-19 vaccine, but that she could return to work on September 10, 2021. On September 13, 2021 Dr. Hendrick continued to hold appellant off work through September 27, 2021. In a note dated October 11, 2021, he advised that appellant was unable to work until October 19, 2021.

On October 7, 2021 the employing establishment controverted the claim, asserting that the vaccine was administered on July 27, 2021 off the agency's premises and appellant was not engaged in official "off-premises" duties. It further contended that the injury was not reported on an OWCP-approved form within 30 days of the incident.

In a development letter dated October 14, 2021, 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 30 days to provide the necessary information.

On October 21, 2021 Dr. Henry Hagenstein, an osteopath specializing in neurology, treated appellant for pain on the top of her shoulder that radiates into the upper arm. Appellant reported a minor injury to the left arm. An electromyogram and nerve conduction velocity (EMG/NCV) study revealed no abnormalities. Dr. Hagenstein diagnosed paresthesia of the skin.

By decision dated December 17, 2021, OWCP denied appellant's traumatic injury claim, finding that she had not established that the August 30, 2021 traumatic injury occurred in the

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<sup>3</sup> On November 20, 2021 appellant filed a Form CA-1 alleging that on May 3, 2021 she sustained back and neck pain when she lifted a blanket warmer machine off a trapped coworker while in the performance of duty. She indicated that she stopped work on May 5, 2021, and returned on May 10, 2021. OWCP assigned that claim OWCP File No. xxxxxx999.

performance of duty, as alleged. It concluded, therefore, that the requirements had not been met to establish an injury as defined under FECA.

On January 14, 2022 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. A hearing was held on April 11, 2022.

In support of her claim, appellant submitted a May 5, 2021 note, wherein Dr. Hendrick advised that appellant could return to work on May 10, 2021. In an October 18, 2021 note, Dr. Hendrick advised that appellant was unable to work from October 18 through 31, 2021 due to illness, and could return to work on November 1, 2021.

Appellant provided an immunization record dated July 27, 2021, signed by Dr. Hendrick, which documented that she received a COVID-19 vaccine on that date. She also submitted an August 26, 2021 test result, which revealed that she tested positive for COVID-19.

In a report dated December 16, 2021, Dr. James Heming, an osteopath specializing in orthopedic surgery, evaluated appellant for complaints of left shoulder pain. Appellant told him that she believed that the pain may have started when she lifted a blanket warmer machine at work, and that it may have been compounded by her COVID-19 vaccination. On physical examination, Dr. Heming observed a significant amount of guarding with her left shoulder, limiting any objective information. He noted that there were significant limitations in measuring range of motion due to appellant's unwillingness to cooperate. Dr. Heming further observed that there did not appear to be any strength deficit with her elbow at her side when testing internal and external rotation, but that she complained of pain. He diagnosed subjective left shoulder pain with no objective findings on clinical examination. An attached EMG/NCV study obtained on October 21, 2021 demonstrated normal results.

A magnetic resonance imaging (MRI) scan of the left shoulder dated December 27, 2021, demonstrated a combination of significant tendinosis and a partial-thickness tear involving the cranial-subscapularis tendon, with tendinosis of the supraspinatus. The report noted no full-thickness retracted rotator cuff tendon tear or atrophy of the rotator cuff muscle.

By decision dated June 27, 2022, OWCP's hearing representative set aside the December 17, 2021 decision, and remanded the case for further development with regard to whether the employment incident occurred in the performance of duty.

In a development letter dated August 26, 2022, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed. OWCP afforded appellant 30 days to submit the necessary evidence. No response was received.

By *de novo* decision dated September 27, 2022, OWCP again denied appellant's claim, finding that the medical evidence of record was insufficient to establish causal relationship between appellant's diagnosed condition(s) and the accepted employment incident.

On October 4, 2022 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

In support of her claim, appellant submitted an October 3, 2022 report, wherein Dr. Sami E. Moufawad, a Board-certified physiatrist, described the July 27, 2021 employment incident. Dr. Moufawad noted that the MRI scan of appellant's left shoulder obtained on December 27, 2021 demonstrated tendinosis and partial tearing of the rotator cuff. On physical examination, he noted that her short-term memory was limited, and she had a rash over her arms and around the clavicle on both sides. Dr. Moufawad observed multiple trigger points around the shoulder blade and upper trapezius, tenderness on palpation of the subacromial area, impingement without instability, and mild atrophy of the supraspinatus and infraspinatus. He diagnosed left rotator cuff tendinosis and partial thickness tear, cervical disc bulge, left cervical radiculitis at C7, myofascial pain at the base of the neck and shoulder blade, and late reaction to viral vaccination. Dr. Moufawad noted that appellant developed a reaction to the vaccine with body aches, fever, diarrhea, nausea, vomiting, and rash. He indicated that appellant later developed chronic difficulty focusing, difficulty with calculation, and memory. Dr. Moufawad opined that all of these symptoms were related to the late effects of viral infection or vaccination. He advised that the findings on the left shoulder MRI scan were not from the needle injection, rather the pain in the shoulder was the inflammatory reaction related to the vaccine and also the fever she developed after the vaccination, which led to a worsening of the pain in the left shoulder. Dr. Moufawad noted that his objective medical opinions were to a reasonable degree of medical probability, and were based on the analysis of the mechanism of injury, the clinical progress, the review of the medical records, the clinical findings on examination, and findings on the imaging studies.

On November 8, 2022 the employing establishment further challenged appellant's claim.

Following a preliminary review, by decision dated January 9, 2023, OWCP's hearing representative set aside the September 27, 2022 decision, finding that Dr. Moufawad's opinion was sufficiently rationalized to require further medical development with regard to whether appellant sustained a diagnosed medical condition as a result of her COVID-19 vaccination on July 27, 2021. He remanded the case for a referral for a second opinion examination.

On February 16, 2023 OWCP referred appellant, the medical record, including a January 23, 2023 statement of accepted facts (SOAF), and a series of questions, to Dr. Christine M. Cisneros, a Board-certified physiatrist, for a second opinion evaluation.

In a March 13, 2023 report, Dr. Cisneros noted her review of the history of injury, the SOAF, and the medical record, and reported the findings on physical examination. She found that appellant was not able to perform a range of motion examination of the left shoulder and back, due to pain. Dr. Cisneros found no muscle spasms or scoliosis. She further found that the thoracic kyphotic curve and lumbar lordotic curve were maintained, that appellant's gait was slow but unremarkable, and that appellant did not identify any issues with memory. Dr. Cisneros related that frequent side effects of the COVID-19 vaccination include fever, chills, myalgias, headaches and other transient symptoms. Dr. Cisneros added that COVID-19 vaccines could result in Guillain-Barre and thrombotic events, although that was rare. She advised that the symptomology appellant reported had not been established as arriving from COVID-19 vaccinations. Dr. Cisneros advised that the transient inflammatory reaction commonly experienced such as a painful left shoulder, body aches, fever, are transient and resolve readily. She further advised that appellant's concerns were related to the COVID-19 vaccine. Dr. Cisneros opined that while

appellant's symptoms of painful shoulder, fever, and body aches were attributable to the COVID-19 vaccine, they were transient and have resolved.

OWCP requested that Dr. Moufawad review Dr. Cisneros March 13, 2023 report and comment on whether he agreed or disagreed with her findings and conclusions. No response was received.

By decisions dated May 2, 2023, OWCP accepted appellant's claim for adverse effect of other viral vaccines initial encounter, resolved as of May 2, 2023. However, it denied expansion of the acceptance of appellant's claim to include additional medical conditions as causally related to the July 27, 2021 employment injury.<sup>4</sup>

By separate decision dated May 2, 2023, OWCP denied appellant's claim for COP, finding that she had not reported her injury on an OWCP-approved form within 30 days of her July 27, 2021 employment injury. It noted that the denial of COP did not affect her entitlement to other compensation benefits.

On May 9, 2023 appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. A hearing was held on October 12, 2023.

OWCP subsequently received a January 4, 2022 form report, wherein Dr. Hendrick noted appellant was temporarily totally disabled from work. In an attending physician's report (Form CA-20) dated December 20, 2021, he diagnosed rule out rotator cuff injury. Dr. Hendrick checked a box marked "Yes," indicating that the diagnosed conditions were caused or aggravated by the described employment incident. In a Form CA-20 dated January 19, 2022, he diagnosed partial tear of rotator cuff and tendinosis. Dr. Hendrick again checked a box marked "Yes," indicating that the diagnosed conditions were caused or aggravated by the described employment incident.

On June 5, 2023 Alina Gale, a physician assistant, treated appellant who diagnosed post-traumatic stress disorder, adjustment disorder, injury to the left rotator cuff, COVID-19 long haul, and generalized anxiety disorder.

On November 13, 2023 Darby Hawes, a licensed social worker, diagnosed major depressive disorder, generalized anxiety, and post-traumatic stress disorder.

By decision dated March 4, 2024, OWCP's hearing representative affirmed the May 2, 2023 decisions, finding that the weight of the medical evidence rested with the second opinion physician, Dr. Cisneros.<sup>5</sup>

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<sup>4</sup> On May 2, 2023 OWCP formally accepted appellant's claim for adverse effect of other viral vaccines initial encounter, resolved as of May 2, 2023

<sup>5</sup> Although OWCP's hearing representative found that appellant had not met her burden of proof establish that appellant's accepted condition had resolved as of May 2, 2023, the appropriate issues for review were whether OWCP met its burden of proof to establish that appellant's accepted condition had resolved as of May 2, 2023 and whether appellant has met her burden of proof to establish continuing disability or residuals, on or after May 2, 2023, causally related to the accepted July 27, 2021 employment injury.

## LEGAL PRECEDENT -- ISSUE 1

Once OWCP accepts a claim, it has the burden of justifying termination or modification of an employee's compensation benefits.<sup>6</sup> It may not terminate compensation without establishing that the disability ceased, or that it was no longer related to the employment injury.<sup>7</sup> OWCP's burden of proof in terminating compensation includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.<sup>8</sup>

The right to medical benefits for an accepted condition is not limited to the period of entitlement for disability.<sup>9</sup> To terminate authorization for medical treatment, OWCP must establish that appellant no longer has residuals of an employment-related condition, which would require further medical treatment.<sup>10</sup>

## ANALYSIS -- ISSUE 1

The Board finds that OWCP met its burden of proof to establish that appellant's accepted condition had resolved as of May 2, 2023.

OWCP referred appellant to Dr. Cisneros for a second opinion evaluation regarding her traumatic injury claim. In a March 13, 2023 report, Dr. Cisneros noted her review of the history of injury and the SOAF, and provided examination findings. She opined that the transient inflammatory reaction experienced by appellant such as a painful left shoulder, body aches, fever, was transient, and resolved. Dr. Cisneros advised that the symptoms appellant was currently experiencing were chronic, and there was no medical literature to support that any of her concerns were directly related to the COVID-19 vaccine, whether direct issues, or through exacerbation or acceleration of prior medical conditions. She concluded that appellant's chronic symptoms have no direct, or indirect tie, to the administration of the COVID-19 vaccine that was received on July 27, 2021. With regard to the symptoms or conditions that are directly attributable to the COVID-19 vaccine that was administered on July 27, 2021, such as painful shoulder, fever, body aches, those were transient and had resolved.

The Board has reviewed the opinion of Dr. Cisneros and notes that she provided a thorough factual and medical history and accurately summarized the relevant medical evidence. She further

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<sup>6</sup> *K.C.*, Docket No. 23-0526 (issued December 22, 2023); *A.M.*, Docket No. 18-1243 (issued October 7, 2019); *Gewin C. Hawkins*, 52 ECAB 242, 243 (2001); *Alice J. Tysinger*, 51 ECAB 638, 645 (2000).

<sup>7</sup> *K.C.*, *id.*; *S.P.*, Docket No. 19-0196 (issued June 24, 2020); *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).

<sup>8</sup> *K.C.*, *id.*; *D.G.*, Docket No. 19-1259 (issued January 29, 2020); *M.C.*, Docket No. 18-1374 (issued April 23, 2019); *Del K. Rykert*, 40 ECAB 284, 295-96 (1988).

<sup>9</sup> *P.G.*, Docket No. 24-0437 (issued June 26, 2024); *J.W.*, Docket No. 19-1014 (issued October 24, 2019); *L.W.*, Docket No. 18-1372 (issued February 27, 2019).

<sup>10</sup> *P.G.*, *id.*; *L.S.*, Docket No. 19-0959 (issued September 24, 2019); *R.P.*, Docket No. 18-0900 (issued February 5, 2019).

provided medical rationale for her opinion. Accordingly, the Board finds that Dr. Cisneros' second opinion constitutes the weight of the medical evidence.

As the medical evidence of record establishes that appellant's accepted condition had resolved as of May 2, 2023, the Board finds that OWCP met its burden of proof.

### **LEGAL PRECEDENT -- ISSUE 2**

When OWCP properly terminates compensation benefits, the burden shifts to appellant to establish continuing residuals or disability after that date, causally related to the accepted employment injury.<sup>11</sup> 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.<sup>12</sup>

### **ANALYSIS -- ISSUE 2**

The Board finds that this case is not in posture for decision with regard to whether appellant has met her burden of proof to establish continuing residuals or disability on or after May 2, 2023, causally related to the accepted July 27, 2021 employment injury.

Following OWCP's May 2, 2023 decisions, OWCP received additional medical evidence. In a January 4, 2022 form report, Dr. Hendrick noted that appellant was temporarily totally disabled from work. In a Form CA-20 dated December 20, 2021, he diagnosed rule out rotator cuff injury. Dr. Hendrick checked a box marked "Yes," indicating that the diagnosed conditions were caused or aggravated by the described employment incident. In a Form CA-20 dated January 19, 2022, he diagnosed partial tear of rotator cuff and tendinosis. Dr. Hendrick again checked a box marked "Yes," indicating that the diagnosed conditions were caused or aggravated by the described employment incident. In a June 5, 2023 note, Ms. Gale treated appellant who diagnosed post-traumatic stress disorder, adjustment disorder, injury to the left rotator cuff, COVID-19 long hauler, and generalized anxiety disorder. On November 13, 2023 Ms. Hawes diagnosed major depressive disorder, generalized anxiety, and post-traumatic stress disorder. OWCP, however, did not consider or address this evidence in its September 19, 2025 decision.

In the case of *William A. Couch*,<sup>13</sup> the Board held that, when adjudicating a claim, OWCP is obligated to consider all evidence properly submitted by a claimant and received by OWCP

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<sup>11</sup> See *P.B.*, Docket No. 21-0894 (issued February 8, 2023); *V.W.*, Docket No. 20-0693 (issued June 2, 2021); *D.G.*, *supra* note 8; *S.M.*, Docket No. 18-0673 (issued January 25, 2019); *J.R.*, Docket No. 17-1352 (issued August 13, 2018).

<sup>12</sup> *Id.*

<sup>13</sup> *William A. Couch*, 41 ECAB 548, 553 (1990); see also *Order Remanding Case, A.B.*, Docket No. 22-0179 (issued June 28, 2022); *Order Remanding Case, S.H.*, Docket No. 19-1582 issued May 26, 2020); *R.D.*, Docket No. 17-1818 (issued April 3, 2018).

before the final decision is issued. As OWCP did not review the above-noted evidence of record in its September 19, 2025 decision, it failed to follow its procedures.<sup>14</sup>

As Board decisions are final with regard to the subject matter appealed, it is crucial that OWCP consider and address all relevant evidence received prior to the issuance of its final decision.<sup>15</sup> On remand, OWCP shall review all relevant evidence submitted by appellant regarding whether she had continuing residuals or disability on or after May 2, 2023, causally related to the accepted July 27, 2021 employment injury. Following this and other such further development as deemed necessary, it shall issue a *de novo* decision.

### **LEGAL PRECEDENT -- ISSUE 3**

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.<sup>16</sup> 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 intervening cause attributable to the claimant's own intentional misconduct.<sup>17</sup> Thus, a subsequent injury, be it 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.<sup>18</sup>

To establish causal relationship between a specific condition and the accepted employment injury, an employee must submit rationalized medical evidence.<sup>19</sup> The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of

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<sup>14</sup> OWCP's procedures provide that all evidence submitted should be reviewed and discussed in the decision. Evidence received following development that lacks probative value should also be acknowledged. Whenever possible, the evidence should be referenced by author and date. Federal (FECA) Procedure Manual, Part 2 -- Claims, *Initial Denials*, Chapter 2.1401.5b(2) (November 2012).

<sup>15</sup> See *A.B.*, *supra* note 13; *C.S.*, Docket No. 18-1760 (issued November 25, 2019); *Yvette N. Davis*, 55 ECAB 475 (2004); see also *William A. Couch*, *supra* note 13.

<sup>16</sup> *M.M.*, Docket No. 19-0951 (issued October 24, 2019); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

<sup>17</sup> See *J.M.*, Docket No. 19-1926 (issued March 19, 2021); *I.S.*, Docket No. 19-1461 (issued April 30, 2020); see also *Charles W. Downey*, 54 ECAB 421 (2003).

<sup>18</sup> *J.M.*, *id.*; *Susanne W. Underwood (Randall L. Underwood)*, 53 ECAB 139, 141 n.7 (2001).

<sup>19</sup> See *V.A.*, Docket No. 21-1023 (issued March 6, 2023); *M.W.*, 57 ECAB 710 (2006); *John D. Jackson*, 55 ECAB 465 (2004).

reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the accepted employment injury.<sup>20</sup>

### **ANALYSIS -- ISSUE 3**

The Board finds that appellant has not met her burden of proof to establish expansion of the acceptance of the claim to include additional conditions as causally related to the accepted July 27, 2021 employment injury.

OWCP referred appellant to Dr. Cisneros for a second opinion evaluation regarding her traumatic injury claim. In a March 13, 2023 report, Dr. Cisneros noted her review of the history of injury and the SOAF and provided examination findings. She advised that the symptoms appellant was experiencing were chronic, and there was no medical literature to support that any of her concerns were directly related to the COVID-19 vaccine, whether direct issues, or through exacerbation or acceleration of prior medical conditions. Dr. Cisneros concluded that appellant's chronic symptoms have no direct, or indirect tie, to the administration of the COVID-19 vaccine that was received on July 27, 2021.

The Board has reviewed the opinion of Dr. Cisneros and notes that she provided a thorough factual and medical history and accurately summarized the relevant medical evidence. She further provided medical rationale for her opinion. Accordingly, the Board finds that Dr. Cisneros' second opinion constitutes the weight of the medical evidence.

The evidence submitted after the opinion of Dr. Cisneros is insufficient to overcome the weight of the medical evidence, or to create a conflict.<sup>21</sup>

As the medical evidence of record is insufficient to establish expansion of the acceptance of the claim to include additional conditions as causally related to the accepted July 27, 2021 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.

### **LEGAL PRECEDENT -- ISSUE 4**

Section 8118(a) of FECA authorizes COP, not to exceed 45 days, to an employee who has filed a claim for a period of wage loss due to a traumatic injury with his or her immediate superior on a form approved by the Secretary of Labor within the time specified in section 8122(a)(2) of

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<sup>20</sup> *E.P.*, Docket No. 20-0272 (issued December 19, 2022); *I.J.*, 59 ECAB 408 (2008).

<sup>21</sup> *See L.B.*, Docket No. 25-0363 (issued August 25, 2025).

this title.<sup>22</sup> This latter section provides that written notice of injury shall be given within 30 days.<sup>23</sup> The context of section 8122 makes clear that this means within 30 days of the injury.<sup>24</sup>

OWCP's regulations provide, in pertinent part, that to be eligible for COP, an employee must: (1) have a traumatic injury which is job related and the cause of the disability and/or the cause of lost time due to the need for medical examination and treatment; (2) file Form CA-1 within 30 days of the date of the injury; and (3) begin losing time from work due to the traumatic injury within 45 days of the injury.<sup>25</sup>

#### **ANALYSIS -- ISSUE 4**

The Board finds that appellant has not met her burden of proof to establish entitlement to COP.

Appellant filed her Form CA-1 on October 3, 2021, claiming COP. As her claim for COP was filed more than 30 days after the claimed July 27, 2021 employment injury, the Board finds it untimely, pursuant to sections 8118(a) and 8122(a)(2) of FECA.<sup>26</sup> As such, appellant has not met her burden of proof to establish entitlement to COP.

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 OWCP met its burden of proof to establish that appellant's accepted condition had resolved as of May 2, 2023. The Board further finds that the case is not in posture for decision with regard to whether appellant has met her burden of proof to establish continuing disability or residuals, on or after May 2, 2023, causally related to the accepted July 27, 2021 employment injury. The Board also finds that appellant has not met her burden of proof to establish expansion of the acceptance of the claim to include additional conditions as causally related to the accepted July 27, 2021 employment injury. The Board additionally finds that appellant has not met her burden of proof to establish entitlement to COP.

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<sup>22</sup> *Supra* note 2 at § 8118(a).

<sup>23</sup> *Id.* at § 8122(a)(2).

<sup>24</sup> *E.M.*, Docket No. 20-0837 (issued January 27, 2021); *J.S.*, Docket No. 18-1086 (issued January 17, 2019); *Robert M. Kimzey*, 40 ECAB 762-64 (1989); *Myra Lenburg*, 36 ECAB 487, 489 (1985).

<sup>25</sup> 20 C.F.R. § 10.205(a)(1-3); *see also T.S.*, Docket No. 19-1228 (issued December 9, 2019); *J.M.*, Docket No. 09-1563 (issued February 26, 2010); *Dodge Osborne*, 44 ECAB 849 (1993); *William E. Ostertag*, 33 ECAB 1925 (1982).

<sup>26</sup> *Supra* notes 23 and 24.

**ORDER**

**IT IS HEREBY ORDERED THAT** the March 4, 2024 decision of the Office of Workers' Compensation Programs is affirmed in part and set aside in part. The case is remanded for further proceedings consistent with this decision of the Board.

Issued: February 13, 2026  
Washington, DC

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

Janice B. Askin, Judge  
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge  
Employees' Compensation Appeals Board