

**United States Department of Labor  
Employees' Compensation Appeals Board**

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<b>A.B., Appellant</b>	)	
	)	
<b>and</b>	)	<b>Docket No. 25-0881</b>
	)	<b>Issued: February 6, 2026</b>
<b>U.S. POSTAL SERVICE, GREENSBORO POST OFFICE, Greensboro, NC, Employer</b>	)	
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*Appearances:*  
*Alan J. Shapiro, Esq., for the appellant<sup>1</sup>*  
*Office of Solicitor, for the Director*

*Case Submitted on the Record*

**ORDER REMANDING CASE**

Before:  
ALEC J. KOROMILAS, Chief Judge  
PATRICIA H. FITZGERALD, Deputy Chief Judge  
VALERIE D. EVANS-HARRELL, Alternate Judge

On September 15, 2025, appellant, through counsel, filed a timely appeal from an August 21, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP).<sup>2</sup> The Clerk of the Appellate Boards docketed the appeal as No. 25-0881.

On July 11, 2019 appellant, then a 49-year-old labor custodian, filed a traumatic injury claim alleging that on November 28, 2017 she sustained left ankle tendon damage when her left ankle rolled as she pushed a hamper on cracked pavement while in the performance of duty.

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<sup>1</sup> 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.

<sup>2</sup> The Board notes that, following the August 21, 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.*

OWCP accepted the claim for left ankle ligament sprain, and aggravation of posterior left leg tibial tendinitis/posterior tibial dysfunction.

By decision dated May 23, 2025, OWCP denied appellant's request for expansion of the acceptance of her claim to include consequential left foot plantar fasciitis and left bunion.

OWCP subsequently received additional evidence.

On May 29, 2025, appellant, through counsel, requested a review of the written record by a representative of OWCP's Branch of Hearings and Review.

Subsequently, OWCP received additional evidence, including a June 24, 2025 report by Dr. John D. Walsh, a Board-certified emergency room physician. Dr. Walsh concluded that based on appellant's clinical course, physical examination findings, diagnostic imaging, and history of medical treatment, her CRPS, left ankle joint contracture, altered gait, and plantar fasciitis of the left foot were the direct and natural consequences of the accepted work injury and its surgical management. The cause of each condition was discussed separately. A further explanation was provided that these conditions were not independent or unrelated occurrences, but a part of a continuous medical trajectory stemming from the original trauma to the ankle and the medical reconstructive treatment process that followed.

In a report dated July 24, 2025, Dr. Walsh, requested the expansion of the acceptance of appellant's claim to include consequential conditions of type 2 lower limb CRPS, left ankle joint contracture, bilateral foot plantar fasciitis, left foot bunion, left foot acquired flat foot, and altered gait syndrome. He opined that these conditions were causally related to the original injury and postsurgical complications. Dr. Walsh explained that appellant's CRPS was a known complication of foot surgery involving nerve-rich areas and developed as a neuropathic consequence of surgical trauma and nerve sensitization. He explained that appellant developed consequential bilateral plantar fasciitis as a result of her forefoot striking gait to avoid pressure from her CRPS. Appellant's toe walking combined with limited dorsiflexion from contracture led to repetitive strain of the plantar fascia calcaneal. Dr. Walsh opined that appellant developed a consequential bunion and acquired flatfoot deformity. He explained that her bunion was caused by chronic forefoot loading which caused lateral deviation of the left first metatarsophalangeal joint. Specifically, this condition was a biomechanical consequence of the accepted employment injury, chronic altered gait, and postsurgical anatomy. With respect to the acquired flatfoot deformity, Dr. Walsh explained that her planovalgus deformity progressed due to the accepted posterior tibial tendon dysfunction, overuse, and continued abnormal mechanics.

By decision dated August 21, 2025, an OWCP hearing representative affirmed the May 23, 2025 decision denying expansion of the acceptance of appellant's claim to include left foot plantar fasciitis and bunion as consequential injuries. The hearing representative found that the medical evidence of record was insufficient to establish causal relationship between the diagnosed consequential conditions and the accepted employment injury. The hearing representative referenced the July 24, 2025 report of Dr. Walsh and not the June 24, 2025 report.

The Board, having duly considered this matter, finds that the case is not in posture for decision.

In the case of *William A. Couch*,<sup>3</sup> the Board held that, when adjudicating a claim, OWCP is obligated to consider and address all evidence properly submitted by a claimant and received by OWCP before the final decision is issued.

OWCP received a report by Dr. Walsh dated June 24, 2025. OWCP's hearing representative, however, did not review this report. As OWCP's hearing representative did not consider or address this medical evidence of record, the hearing representative failed to follow OWCP's procedures by not considering all relevant medical reports of record.<sup>4</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>5</sup> On remand, OWCP shall review all evidence of record. Following this and other such further development as deemed necessary, it shall issue a *de novo* decision. Accordingly,

**IT IS HEREBY ORDERED THAT** the August 21, 2025 decision of the Office of Workers' Compensation Programs is set aside, and the case is remanded for further proceedings consistent with this order of the Board.

Issued: February 6, 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

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<sup>3</sup> 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).

<sup>4</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>5</sup> *See A.P.*, Docket No. 25-0719 (issued November 17, 2025); *A.B.*, *supra* note 3; *C.S.*, Docket No. 18-1760 (issued November 25, 2019); *Yvette N. Davis*, 55 ECAB 475 (2004); *see also William A. Couch*, *supra* note 3.