

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

D.H., Appellant)	
)	
and)	Docket No. 26-0033
)	Issued: February 10, 2026
DEPARTMENT OF JUSTICE, FEDERAL)	
BUREAU OF PRISONS, FEDERAL)	
CORRECTIONAL INSTITUTION BUTNER,)	
Butner, NC, Employer)	
)	

Appearances:
Alan J. Shapiro, Esq., for the appellant¹
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 October 13, 2025, appellant, through counsel, filed a timely appeal from a September 26, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act² (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

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.*

ISSUE

The issue is whether appellant has met his burden of proof to expand the acceptance of his claim to include primary osteoarthritis of the shoulders, hips, and knees, and lumbar intervertebral disc degeneration as causally related to, or consequential to, the accepted June 17, 2024 employment injury.

FACTUAL HISTORY

On August 6, 2024, appellant, then a 50-year-old correctional officer, filed an occupational disease claim (Form CA-2) alleging that he developed pain in his shoulders, right wrist, and fingers due to factors of his federal employment, including pulling heavy cell doors and typing. He noted that he first became aware of his condition on June 17, 2024 and realized its relationship to his federal employment on July 12, 2024. Appellant did not stop work.

In an August 1, 2024 narrative medical report, Dr. James Patton, a Board-certified neurologist, noted that appellant related increased pain and reduced range of motion (ROM) in his shoulders, low back, hips, knees, and ankles, which he attributed to strenuous repetitive motions at work for the past 26 years, including lifting, pushing, pulling, reaching, grasping, squatting, walking, standing, and twisting. He also related soreness, numbness, and tingling in the soles of his feet, which he attributed to wearing hard boots on hard floors and constantly walking. Dr. Patton performed a physical examination of appellant's shoulders and observed positive Apley's and Hawkins signs and reduced ROM with external rotation due to pain in the right shoulder and positive Dugas and Yergerson's tests and reduced ROM due to pain with flexion and abduction, bilaterally. On examination of the hips and sacrum, he observed positive signs of a sacroiliac joint injury and reduced ROM, bilaterally. On examination of the knees, Dr. Patton noted positive valgus stress and drawer signs and reduced ROM with flexion, bilaterally, and a positive varus stress test on the right. On examination of the ankles, he observed positive drawer signs, bilaterally. Dr. Patton diagnosed primary osteoarthritis of the shoulders, hips, and knees, lumbar intervertebral disc degeneration, and bilateral plantar fascial fibromatosis. He opined that the diagnosed conditions were caused by appellant's repetitive work duties. Dr. Patton explained that repetitive overhead lifting caused increased loading forces on the shoulder joints, which led to damage to the cartilage and articular surfaces of the bones and increased inflammation and degeneration of the shoulders. He also explained that repetitive motions like walking, standing, bending, twisting, lifting, pushing, and pulling increased loading forces on appellant's spine, hips, and knees and caused compression of the discs, increased inflammation in the joints, and degeneration. Dr. Patton also explained that repetitive walking, squatting, kneeling, and pivoting caused over-stretching of the plantar fascia and inflammation in the feet.

In response to an August 6, 2024, OWCP development questionnaire, appellant submitted a September 26, 2024 statement wherein he described various aspects of his job duties that "took a toll" on his body, including inmate altercations, riots, cell extractions, and use of force. He also related that he operated heavy cell doors which strained his shoulders, engaged in prolonged periods of standing and running on concrete, sat for long periods while overseeing inmates at medical facilities, wore heavy protective equipment, and participated in rigorous training exercises.

By decision dated October 7, 2024, OWCP accepted appellant's occupational disease claim for bilateral plantar fasciitis.

OWCP continued to receive evidence, including reports by Drs. Logan Evans and Kenneth Bauer, both chiropractors, dated August 9 through November 1, 2024, for treatment of bilateral plantar fascial fibromatosis.

On October 28, 2024, Dr. Patton requested expansion of the acceptance of appellant's claim to include primary osteoarthritis of the shoulders, hips, and knees and intervertebral disc degeneration of the lumbar spine. He reiterated his August 1, 2024 opinions addressing causal relationship.

In follow-up reports dated November 1 and December 6, 2024, Dr. Patton noted that appellant's complaints and examination findings remained unchanged. He indicated that he was tolerating full-duty work and recommended therapeutic exercises.

By decision dated May 30, 2025, OWCP denied expansion of the acceptance of appellant's claim to include primary osteoarthritis of the shoulder, hips, and knees, and lumbar intervertebral disc degeneration as causally related to, or consequential to, the accepted June 17, 2024 employment injury.

On June 5, 2025, appellant, through counsel, requested a review of the written record by a representative of OWCP's Branch of Hearings and Review.

OWCP thereafter received a June 9, 2025 follow-up report by Dr. Patton, whose findings and opinions remained unchanged.

By decision dated September 26, 2025, OWCP's hearing representative affirmed OWCP's May 30, 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.³ 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.⁴ 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.⁵

To establish causal relationship between a specific condition, as well as any attendant disability claimed, and the employment injury, an employee must submit rationalized medical

³ *M.M.*, Docket No. 19-0951 (issued October 24, 2019); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

⁴ *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).

⁵ *J.M.*, *id.*; *Susanne W. Underwood (Randall L. Underwood)*, 53 ECAB 139, 141 n.7 (2001).

evidence.⁶ The opinion of the physician must be based on a complete factual and medical background of the claimant, 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 factors identified by the claimant.⁷

ANALYSIS

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

In support of his expansion claim, appellant submitted an August 1, 2024 narrative medical report by Dr. Patton, who documented appellant's history and physical examination findings and diagnosed primary osteoarthritis of the shoulders, hips, and knees, and lumbar intervertebral disc degeneration. He opined that repetitive overhead lifting caused increased loading forces on the shoulder joints which damaged the cartilage and articular surfaces of the bones and increased inflammation and degeneration. Dr. Patton also explained that appellant's repetitive walking, standing, bending, twisting, lifting, pushing, and pulling increased loading forces on his spine, hips, and knees which caused compression of the discs, increased inflammation in the joints, and degeneration.

It is well established that proceedings under FECA are not adversarial in nature and, while appellant has the burden of proof to establish entitlement to compensation, OWCP shares responsibility for the development of the evidence and to see that justice is done.⁸

While the Board finds that the August 1, 2024 report from Dr. Patton is not fully rationalized, it is sufficient to require further development of the evidence.⁹

The case shall therefore be remanded for OWCP to refer appellant to a specialist in the appropriate field of medicine, along with the case record and a statement of accepted facts, for an evaluation and a well-rationalized opinion as to whether any diagnosed condition is causally related to the accepted employment factors.¹⁰ If the physician opines that there is no diagnosed condition causally related to the accepted employment factors, he or she must provide a rationalized explanation as to why their opinion differs from those articulated by Dr. Patton. After this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

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

⁷ *E.P.*, Docket No. 20-0272 (issued December 19, 2022); *I.J.*, 59 ECAB 408 (2008).

⁸ See *A.K.*, Docket No. 20-1426 (issued March 8, 2021); *B.C.*, Docket No. 15-1853 (issued January 19, 2016); *E.J.*, Docket No. 09-1481 (issued February 19, 2010); *John J. Carlone*, 41 ECAB 354 (1989).

⁹ *Id.*

¹⁰ See *J.K.*, Docket No. 20-0816 (issued May 4, 2022); Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (May 2023); *C.C.*, Docket No. 19-1631 (issued February 12, 2020).

CONCLUSION

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

ORDER

IT IS HEREBY ORDERED THAT the September 26, 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: February 10, 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