

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

_____)	
J.B., Appellant)	
)	
and)	Docket No. 26-0090
)	Issued: February 20, 2026
DEPARTMENT OF HOMELAND SECURITY,)	
TRANSPORTATION SECURITY)	
ADMINISTRATION, Anchorage, AK, 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 November 18, 2025 appellant filed a timely appeal from a September 23, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act¹ (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 his burden of proof to establish a right shoulder condition causally related to the accepted May 23, 2025 employment incident.

¹ 5 U.S.C. § 8101 *et seq.*

² The Board notes that, following the September 23, 2025 decision, OWCP received additional evidence. 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 May 27, 2025 appellant, then a 30-year-old transportation security administration officer, filed a traumatic injury claim (Form CA-1) alleging that on May 23, 2025 he injured his right shoulder while in the performance of duty. He noted that he heard a pop, felt pain, and noticed an indentation in his right shoulder when he picked up a bag during a security screening. Appellant stopped work on the date of injury and returned to work on May 29, 2025.

In a medical report dated May 27, 2025, Brian Harder, a physician assistant, noted that appellant related complaints of right shoulder pain, which he attributed to lifting luggage at work on May 23, 2025. He documented physical examination findings and obtained x-rays of the right shoulder, which were normal. Mr. Harder recommended a magnetic resonance imaging (MRI) scan of the right shoulder.

An MRI scan of the right shoulder dated May 27, 2025 demonstrated tendinopathy with fraying of the bursal and articular surfaces of the supraspinatus tendon with a low-grade interstitial insertion tear, mild tendinopathy of the superior aspect of the infraspinatus tendon without discrete tear, possible partial longitudinal tear of the long head of the biceps tendon, and acromioclavicular (AC) joint arthropathy and effusion.

In a medical report dated June 3, 2025, Dr. Lars Matkin, an orthopedic surgeon, noted that appellant related complaints of right shoulder pain, which he attributed to lifting luggage at work. He noted that he felt a pop and pain throughout his arm, and that approximately three to four hours later, he was unable to lift his arm past shoulder height. Dr. Matkin performed a physical examination, where he observed tenderness to palpation over the AC joint and biceps tendon, positive Speeds and impingement tests, pain with supraspinatus testing but no weakness, and negative Yergason's test. He reviewed the MRI scan and diagnosed right biceps tendinitis and AC joint arthritis. Dr. Matkin recommended physical therapy and referred appellant for an injection.

In a June 19, 2025 medical report, Dr. Jared Kirkham, a Board-certified physiatrist, reviewed appellant's MRI scan and performed an ultrasound-guided corticosteroid injection into the long head of the biceps tendon of the right shoulder. He diagnosed bicipital tendinitis of the right shoulder.

OWCP also received physical therapy reports.

In a July 17, 2025 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of additional factual and medical evidence required and provided a questionnaire for his completion. OWCP afforded appellant 60 days to submit the necessary evidence.

OWCP thereafter received a July 2, 2025 medical report by Dr. Kirkham, who noted the history of the May 23, 2025 employment incident and that appellant reported 50 percent pain relief from the June 19, 2025 corticosteroid injection. He documented physical examination findings and diagnosed chronic right shoulder pain, which he opined was most likely related to proximal biceps tendon pathology.

In a follow-up medical report and attending physician's report (Form OWCP-20) dated July 22, 2025, Dr. Matkin diagnosed "adhesive capsulitis exacerbated by biceps tendinitis" and

noted “increased inflammation post injury.” In a note of even date, he released appellant to return to full-duty work with no restrictions but noted that he “may need work accommodations for shoulder from time to time.”

In a medical report dated August 6, 2025, Dr. Daniel Cepela, a Board-certified orthopedic surgeon, noted that appellant related complaints of right shoulder pain. He reviewed his treatment and documented physical examination findings. Dr. Cepela diagnosed right shoulder biceps tendinitis with split thickness tearing and subacromial impingement with bone spur. He recommended surgery, including biceps tenodesis and subacromial decompression.

In a follow-up development letter dated August 19, 2025, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish his claim. It noted that he had 60 days from the July 17, 2025 letter to submit the necessary evidence. OWCP further advised that if the evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

In an August 25, 2025 medical report, Cynthia Henry, a physician assistant, noted that appellant was seen for a preoperative evaluation.

Dr. Cepela, in a September 3, 2025 amendment to his August 6, 2025 medical report, indicated that “the shoulder injury took place at [appellant’s] work on [May 23, 2025] while lifting his arm during the initial drop-down movement, he then reached back to pick up the bag when he felt a popping in his shoulder then immediate pain.” He opined that “his diagnosis is certainly a result of the work injury on [May 23, 2025].”

By decision dated September 23, 2025, OWCP denied appellant’s claim, finding that the evidence of record was insufficient to establish causal relationship between his diagnosed right shoulder condition and the accepted May 23, 2025 employment incident. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim, including the fact that the individual is an employee of the United States within the meaning of FECA,³ that the claim was timely filed within the applicable time limitation period of FECA, that an injury was sustained in the performance of duty, as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.⁴ These are the essential elements of each and every compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.⁵

³ *K.R.*, Docket No. 20-0995 (issued January 29, 2021); *A.W.*, Docket No. 19-0327 (issued July 19, 2019); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁴ *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁵ *J.B.*, Docket No. 20-1566 (issued August 31, 2021); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it first must be determined whether fact of injury has been established. There are two components involved in establishing fact of injury. The first component is that the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time and place, and in the manner alleged. The second component is whether the employment incident caused an injury.⁶

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.⁷ The opinion of the physician must be based on a complete factual and medical background of the employee, 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 specific employment incident identified by the employee.⁸

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a right shoulder condition causally related to the accepted May 23, 2025 employment incident.

Dr. Cepela, in his original August 6, 2025 medical report, diagnosed right shoulder biceps tendinitis with split thickness tearing and subacromial impingement with bone spur. In a September 3, 2025 amendment to his August 6, 2025 medical report, he noted the history of the May 23, 2025 employment incident and opined that the diagnosed conditions were “certainly a result of the work injury” on May 23, 2025. However, Dr. Cepela did not provide a rationalized medical explanation as to how appellant’s right shoulder condition was physiologically caused or aggravated by the accepted May 23, 2025 employment incident. The Board has held that medical evidence that does not offer a rationalized explanation by the physician of how the specific employment incident physiologically caused or aggravated the diagnosed condition(s) is of limited probative value.⁹ Therefore, this evidence is insufficient to establish appellant’s claim.

In a medical report, note, and Form OWCP-20 dated June 3 and July 22, 2025 and medical reports dated June 16 and July 2, 2025, Drs. Matkin and Kirkham, respectively, diagnosed bicipital tendinitis, adhesive capsulitis of the right shoulder, and right AC joint arthritis. However, neither physician offered an opinion regarding the cause of the diagnosed conditions. The Board has held that an opinion which does not address the cause of an employee’s condition is of no probative

⁶ *T.H.*, Docket No. 19-0599 (issued January 28, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

⁷ *S.S.*, Docket No. 19-0688 (issued January 24, 2020); *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

⁸ *A.S.*, Docket No. 19-1955 (issued April 9, 2020); *Leslie C. Moore*, 52 ECAB 132 (2000).

⁹ *See S.B.*, Docket No. 25-0839 (issued January 21, 2026); *D.D.*, Docket No. 25-0751 (issued August 27, 2025); *T.L.*, Docket No. 23-0073 (issued January 9, 2023); *V.D.*, Docket No. 20-0884 (issued February 12, 2021); *Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

value on the issue of causal relationship.¹⁰ Thus, these reports are insufficient to establish appellant's claim.

Appellant also submitted physical therapy notes and reports by Mr. Harder and Ms. Henry, both physician assistants. Certain healthcare providers such as physical therapists and physician assistants are not considered physicians as defined under FECA and their reports do not constitute competent medical evidence.¹¹ Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to compensation benefits.¹²

As the medical evidence of record is insufficient to establish causal relationship between a diagnosed right shoulder condition and the accepted May 23, 2025 employment incident, the Board finds that appellant has not met his 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 and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has not met his burden of proof to establish a right shoulder condition causally related to the accepted May 23, 2025 employment incident.

¹⁰ *T.D.*, Docket No. 19-1779 (issued March 9, 2021); *L.B.* Docket No. 18-0533 (issued August 27, 2018); *D.K.* Docket No. 17-1549 (issued July 6, 2018).

¹¹ Section 8102(2) of FECA provides as follows: physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law. 5 U.S.C. § 8102(2); 20 C.F.R. § 10.5(t). See Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (May 2023); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA); see also *S.S.*, Docket No. 21-1140 (issued June 29, 2022) (physician assistants are not considered physicians under FECA and are not competent to provide medical opinions).

¹² *T.H.*, Docket No. 23-1142 (issued March 28, 2024).

ORDER

IT IS HEREBY ORDERED THAT the September 23, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: February 20, 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