United States Department of Labor
Employees' Compensation Appeals Board

S.R., Appellant	)	
and	)	**Docket No. 25-0799**
	)	**Issued: January 29, 2026**
U.S. POSTAL SERVICE, POST OFFICE, Indianapolis, IN, Employer	)	

Appearances:
Alan J. Shapiro, Esq., for the appellant[1]
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 August 25, 2025 appellant, through counsel, filed a timely appeal from a July 28, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[2] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction to consider 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 her burden of proof to establish bilateral carpal tunnel syndrome causally related to the accepted factors of her federal employment.

FACTUAL HISTORY

This case has previously been before the Board.[3] The facts and circumstances as set forth in the Board's prior decisions are incorporated herein by reference. The relevant facts are as follows.

On January 13, 2021 appellant, then a 57-year-old sales, service, and distribution associate, filed an occupational disease claim (Form CA-2) alleging that she injured her upper extremities due to factors of her federal employment which required repetitive use of her arms and hands. She noted that she first became aware of her conditions and realized their relation to her federal employment on August 8, 2020. Appellant did not stop work.

In a development letter dated January 14, 2021, OWCP advised appellant of the type of factual and medical evidence needed to establish her claim and provided a questionnaire for her completion. By separate development letter of even date, it requested additional information from the employing establishment, including comments from a knowledgeable supervisor regarding her allegations. OWCP afforded both parties 30 days to respond.

In a January 12, 2021 form report, Jacqueline S. Cole, a nurse practitioner, noted a diagnosis of bilateral carpal tunnel syndrome and indicated that appellant could return to work on January 13, 2021.

OWCP received a report dated January 18, 2021 from Dr. Robert Falender, a Board-certified orthopedic surgeon, specializing in hand surgery. Dr. Falender related that appellant experienced numbness and tingling in both of her hands. He noted that she performed repetitive work which aggravated her condition and possibly caused it. Dr. Falender diagnosed bilateral hand numbness.

OWCP received a medical report dated January 21, 2021 from Dr. Vince Hume, a Board-certified physiatrist. Dr. Hume noted that appellant's electrodiagnostic study revealed evidence of bilateral-moderate sensorimotor median mononeuropathy located at the carpal tunnel. He diagnosed bilateral hand numbness.

In a January 25, 2021 response to OWCP's development questionnaire, appellant related that her job duties included pushing heavy containers, unloading trays of letters, carrying tubs and trays, unloading, scanning, and tossing packages into carts, delivering packages, and working the retail station.

[3] Docket No. 25-0326 (issued March 11, 2025); Docket No. 24-0540 (issued August 2, 2024); Docket No. 22-0245 (issued July 18, 2022).

In a report dated February 17, 2021, Dr. Casimir R. Starsiak, an osteopathic physician specializing in orthopedic surgery, diagnosed bilateral carpal tunnel syndrome and related that appellant experienced numbness and tingling in both hands. He also indicated that she wanted to proceed with right carpal tunnel release.

By decision dated February 24, 2021, OWCP accepted that the implicated employment factors occurred; however, it denied appellant's claim finding that the medical evidence of record was insufficient to establish causal relationship between her diagnosed bilateral carpal tunnel syndrome and the accepted employment factors. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

OWCP continued to receive medical evidence. In a report dated January 21, 2021, Dr. Hume reviewed appellant's nerve conduction velocity and electrodiagnostic studies and related that her right median motor nerves showed prolonged distal onset latency and reduced amplitude, her bilateral ulnar motor nerves showed decreased conduction velocity, and her bilateral median sensory nerves showed prolonged distal peak latency and decreased conduction velocity.

On November 15, 2021 appellant, through counsel, requested reconsideration of OWCP's February 24, 2021 decision and submitted a report dated September 3, 2021 from Dr. Jeffery Bollenbacher, an osteopath Board-certified in orthopedic surgery. Dr. Bollenbacher related that appellant complained of bilateral wrist pain and right elbow pain. He noted her diagnoses as bilateral carpal tunnel syndrome, right greater than left, medial epicondylitis of the right elbow, lateral epicondylitis of the right elbow, ulnar nerve entrapment noted on the right elbow, and cubital tunnel syndrome. Dr. Bollenbacher opined that appellant's injury was consistent with her occupation and caused by long-term overuse of her right elbow and wrists.

By decision dated November 18, 2021, OWCP denied modification of its February 24, 2021 decision.

Appellant appealed to the Board. The Board, by decision dated July 18, 2022, affirmed OWCP's November 18, 2021 decision.[4]

On April 4, 2023 appellant, through counsel, requested reconsideration. In support thereof, she submitted a November 1, 2021 report from a provider with an illegible signature diagnosing right carpal tunnel syndrome, and right cubital tunnel syndrome. In a November 16, 2021 operative report, Dr. Bollenbacher performed an unauthorized right wrist carpal tunnel release, right elbow cubital tunnel release, and modified Nischl procedure of medial epicondyle. Dr. Bollenbacher indicated that appellant required physical therapy and could only use her left hand. He examined her on December 21, 2022 and recounted her symptoms of continued wrist and elbow pain. Dr. Bollenbacher described appellant's work activities of sorting mail and lifting packages. He provided additional diagnoses following the November 16, 2021 surgery of flexor carpi ulnar tenodesis of the right wrist, and right elbow lateral epicondylitis. On February 11, 2022 Dr. Bollenbacher determined that she could return to full-duty work with no restrictions. In a February 15, 2023 note, he related that appellant worked at the employing establishment and that

[4] Docket No. 22-0245 (issued July 18, 2022).

due to cumulative trauma with repetitive motion she had developed carpal and cubital tunnel syndromes.

By decision dated October 6, 2023, OWCP denied modification of its November 18, 2021 decision.

On March 25, 2024 appellant, through counsel, requested reconsideration of the October 6, 2023 decision. In support thereof, she provided a February 6, 2024 report, wherein Dr. Bollenbacher diagnosed right elbow cubital tunnel and epicondylitis of the right elbow, and bilateral carpal tunnel syndrome with resulting surgeries. Dr. Bollenbacher opined that these conditions were consistent with an occupational injury due to long-term overuse. He related that appellant was employed as a postal worker, moving multiple packages and weights with both arms for many years.

By decision dated March 27, 2024, OWCP denied modification of the October 6, 2023 decision.

Appellant appealed to the Board. The Board, by decision dated August 2, 2024, affirmed OWCP's March 27, 2024 decision.[5]

On January 30, 2025 appellant, through counsel, requested reconsideration. In support thereof, she provided a January 14, 2025 report wherein Dr. Bollenbacher diagnosed right elbow cubital tunnel and epicondylitis of the right elbow and bilateral carpal tunnel syndrome and provided her surgical history. Dr. Bollenbacher explained that carpal tunnel syndrome was the compression of the median nerve as it traversed through the carpal tunnel in the wrist and that cubital tunnel syndrome was the compression of the ulnar nerve as it traversed through the cubital tunnel in the elbow. He further noted that epicondylitis was inflammation of the epicondyles of the elbow. Dr. Bollenbacher explained that compression occurred when inflammation was present in the tunnels and that an electromyogram (EMG) could be used to confirm the diagnoses. He opined that inflammation of these areas could be induced with long-term overuse and repetitive motions, such as pushing, pulling, and lifting. Dr. Bollenbacher described appellant's repetitive job duties of sorting, lifting, pushing, and pulling parcels of various weights and quantity and concluded that the diagnoses of right elbow cubital tunnel, right elbow epicondylitis and bilateral carpal tunnel syndrome were consistent with her occupation due to long-term overuse and repetitive motions including pushing, pulling, and lifting.

By decision dated January 31, 2025, OWCP denied modification.

Appellant appealed to the Board. The Board, by decision dated March 11, 2025, affirmed OWCP's January 31, 2025 decision.[6]

On July 14, 2025 appellant, through counsel, requested reconsideration. In support thereof, she provided a July 7, 2025 report wherein Dr. Sami E. Moufawad, a Board-certified physiatrist,

[5] Docket No. 24-0540 (issued August 2, 2024).

[6] Docket No. 25-0326 (issued March 11, 2025).

related that appellant was employed as a postal worker, moving multiple packages and weights with both her arms for many years. Dr. Moufawad diagnosed carpal tunnel syndrome or focal median neuropathy at the wrists bilaterally, cubital tunnel syndrome bilaterally, and right lateral epicondylitis. He opined that the diagnoses were the result of the work-related injury on August 8, 2020. Dr. Moufawad noted that appellant's position required repetitive use of the upper extremities and that nine tendons and the median nerve passed through the carpal tunnel at the wrist. He explained that repeated use of the hands and fingers led to microtrauma of the tendons and that this microtrauma induced inflammation. Dr. Moufawad noted that while inflammation was a process involved in the healing of tissue injury, in the case of repeated trauma, the inflammatory process becomes a pathological process and led to focal swelling or edema. He explained that repetitive motion will lead to microtrauma of the tendons which lead to inflammation and swelling or increased volume of the tendons which results in focal compression of the median nerve at the carpal tunnel or carpal tunnel syndrome. Dr. Moufawad further explained the structure of the cubital tunnel at the elbow and that repetitive use of the elbow would lead to repetitive rubbing of the structures surrounding the ulnar nerve within the cubital tunnel, which caused microtrauma, which resulted in an inflammatory reaction and swelling around the ulnar nerve, causing compression of the nerve which resulted in weakness in the hand and numbness in the fingers or cubital tunnel syndrome. He noted that a similar process occurred in the Guyon canal in the wrist with repetitive motion of flexion and extension of the wrist leading to rubbing of the nerve sheath with swelling and compression of the ulnar nerve at the Guyon canal. Dr. Moufawad also clarified how lateral epicondylitis at the elbow resulted from repetitive motion of the wrists and elbows, with an increased mechanical toll on the extensor carpi radialis brevis and increased pulling pressure of the muscles on the lateral epicondyle. He opined that repeated motion on a continuous basis led to increased mechanical toll and decreased ability of recovery inducing the inflammatory reaction and the pathology of lateral epicondylitis. Dr. Moufawad concluded that repetitive use of the upper limbs with a strenuous mechanical load on the structures of the wrists and elbows lead to the development of carpal tunnel syndrome on both sides, cubital tunnel on both sides, and right lateral epicondylitis.

By decision dated July 28, 2025, OWCP denied modification.

LEGAL PRECEDENT

An employee seeking benefits under FECA[7] has the burden of proof to establish the essential elements of his or her claim, including that the individual is an employee of the United States within the meaning of FECA, that the claim was timely filed within the applicable time limitation of FECA,[8] 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

[7] *Supra* note 2.

[8] *F.H.*, Docket No. 18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued April 26, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

employment injury.[9] 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.[10]

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.[11]

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.[12] The opinion of the physician must be based upon a complete factual and medical background, 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.[13]

ANALYSIS

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

Preliminarily, the Board notes that it is unnecessary to consider the evidence appellant submitted prior to the issuance of the January 31, 2025 decision because the Board considered that evidence in its March 11, 2025 decision. Findings made in prior Board decisions are *res judicata* absent any further review by OWCP under section 8128 of FECA.[14]

Dr. Moufawad, in a July 7, 2025 report, recounted an accurate, detailed history of injury. He explained that carpal tunnel syndrome was the compression of the median nerve as it ran through the carpal tunnel in the wrist, that cubital tunnel syndrome was the compression of the ulnar nerve as it ran through the cubital tunnel in the elbow, and that epicondylitis was inflammation of the epicondyles of the elbow. Dr. Moufawad described appellant's job duties of repetitive motions including lifting, pushing, and pulling mail weighing up to 70 pounds, and concluded that the diagnoses of right elbow cubital tunnel, right elbow epicondylitis, and bilateral carpal tunnel syndrome were consistent with her occupation due to these activities. He explained

[9] *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *J.H.*, Docket No. 18-1637 (issued January 29, 2020); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

[10] *P.A.*, Docket No. 18-0559 (issued January 29, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *Delores C. Ellyett*, 41 ECAB 992 (1990).

[11] *P.L.*, Docket No. 19-1750 (issued March 26, 2020); *R.G.*, Docket No. 19-0233 (issued July 16, 2019); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, *id*.

[12] *I.J.*, Docket No. 19-1343 (issued February 26, 2020); *T.H.*, 59 ECAB 388 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

[13] *D.C.*, Docket No. 19-1093 (issued June 25, 2020); *see L.B.*, Docket No. 18-0533 (issued August 27, 2018).

[14] *G.W.*, Docket No. 22-0301 (issued July 25, 2022); *M.D.*, Docket No. 19-0510 (issued August 6, 2019); *Clinton E. Anthony, Jr.*, 49 ECAB 476, 479 (1988).

that the repetitive use of the upper limbs with a strenuous mechanical load on the structures of the wrists and elbows lead to the development of carpal tunnel syndrome on both sides, cubital tunnel on both sides, and right lateral epicondylitis.

Although Dr. Moufawad's opinion is insufficiently rationalized to meet appellant's burden of proof to establish causal relationship, the Board finds that it is of sufficient probative quality to warrant additional development.[15] It is well established that proceedings under FECA are not adversarial in nature and, while appellant has the burden to establish entitlement to compensation, OWCP shares responsibility in the development of the evidence.[16] OWCP has an obligation to see that justice is done.[17]

The case shall, therefore, be remanded to OWCP for further development of the medical evidence. On remand, OWCP shall refer appellant, along with a statement of accepted facts, and the case record to a specialist in the appropriate field of medicine for a reasoned opinion as to whether appellant sustained right elbow cubital tunnel, right elbow epicondylitis, and bilateral carpal tunnel syndrome causally related to the accepted factors of his federal employment. If the second-opinion physician disagrees with the opinion of Dr. Moufawad, he or she must provide a fully rationalized explanation of why the accepted employment factors are insufficient to have caused or contributed to appellant's medical conditions. After 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 decision.

[15] *G.M.*, Docket No. 25-0728 (issued September 12, 2025); *E.J.*, Docket No. 09-1481 (issued February 19, 2010); *John J. Carlone*, 41 ECAB 354 (1989); *Horace Langhorne*, 29 ECAB 280 (1978).

[16] *Id.*; *see also C.S.*, Docket No. 24-0819 (issued October 16, 2024); *S.G.*, Docket No. 22-0330 (issued April 4, 2023); *see M.G.*, Docket No. 18-1310 (issued April 16, 2019); *Walter A. Fundinger, Jr.*, 37 ECAB 200, 204 (1985); *Michael Gallo*, 29 ECAB 159, 161 (1978).

[17] *A.E.,* Docket No. 25-0894 (issued December 17, 2025); *A.J.,* Docket No. 18-0905 (issued December 10, 2018); *B.C.,* Docket No. 15-1853 (issued January 19, 2016); *E.J.,* Docket No. 09-1481 (issued February 19, 2010); *John J. Carlone, supra* note 15.

ORDER

IT IS HEREBY ORDERED THAT the July 28, 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: January 29, 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