

² The Board notes that, following the June 25, 2025 decision, appellant submitted additional evidence to OWCP. However, the Board's *Rules of Procedures* 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 December 27, 2024 appellant, then a 52-year-old city carrier, filed a traumatic injury claim (Form CA-1) alleging that, on December 23, 2024, she twisted her right knee when she stepped on an uneven sidewalk covered in snow and ice while delivering mail in the performance of duty. She stopped work on December 24, 2024 and returned to full-time modified-duty work on February 4, 2025.

In a December 23, 2024 emergency department report, Dr. Ryan M. Seim, Board-certified in emergency medicine, evaluated appellant for an injury when she was working on that date and stepped on uneven ground causing her right knee to give out. Appellant grabbed a nearby railing to prevent her from falling. Dr. Seim related that she had injured the same knee at work a few months prior when she fell on the anterior portion of the knee and scraped it, resulting in ongoing issues. He provided physical examination findings and diagnosed a right knee injury. In a work status note of even date, Dr. Seim placed appellant on a restricted-duty work status.

In a December 26, 2024 report, Dr. Michael Berneking, Board-certified in family medicine, evaluated appellant for a right knee injury after a fall on December 23, 2024 when she was delivering mail, stepped on an uneven sidewalk, twisted her knee, and felt a pop. He noted that the fall caused her knee to turn inward resulting in treatment at the emergency room on the date of injury but continued to experience ongoing knee pain. Dr. Berneking reported his right knee examination findings of crepitus, slight swelling to medial aspect, and tenderness to palpation on medial aspect. He diagnosed internal derangement of right knee, right knee strain, initial encounter, and fall, initial encounter. Dr. Berneking provided work restrictions, recommended physical therapy, and ordered diagnostic testing for further evaluation.

In a December 26, 2024 work note, Dr. Berneking diagnosed fall and right knee sprain, checked a box marked “Yes” indicating that the December 23, 2024 injury was work related, and provided work restrictions. In a scheduling order of even date, he diagnosed internal derangement of right knee and right knee strain.

Progress notes and work restrictions dated December 26, 2024 through February 20, 2025 were received from Dorita D. Cline, a nurse practitioner, documenting treatment for appellant’s right knee strain following a December 23, 2024 injury after stepping on uneven pavement while delivering mail.

A January 8, 2025 magnetic resonance imaging (MRI) scan of the right knee was also submitted which demonstrated an impression of patellofemoral compartment osteoarthritis with near full-thickness chondral loss along the lateral patellar facet, small multiloculated capsular ganglia adjacent to the posterior root of the medial meniscus without a clear meniscal tear, and low-level degenerative signal within the posterior cruciate ligament without a local tear.

In a March 5, 2025 report, Dr. Phillip Dabrowski, an osteopath, Board-certified in orthopedic surgery, reported that appellant slipped and fell on December 23, 2024 and noted a prior fall in October 2024. He diagnosed patellofemoral arthritis of right knee.

In an April 17, 2025 development letter, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence required and provided a questionnaire for her completion. OWCP afforded appellant 60 days to submit the requested evidence.

In response to OWCP's development letter, appellant submitted an April 30, 2025 statement, further describing her history of injury and circumstances surrounding the December 23, 2024 employment incident. She explained that on October 3, 2024 she stepped from a yard onto a sidewalk full of leaves causing her right ankle to roll, which she had previously broken at work, and "smashed" her right knee into the cement of the sidewalk, resulting in severe bruising and abrasions. Appellant noted that she did not seek medical attention at that time despite her continued pain, and her condition healed. She related that subsequently on December 23, 2024, while walking to deliver mail, she stepped on uneven ground covered in snow and ice causing her right knee to give out, resulting in severe pain and swelling that worsened throughout the workday, causing her to seek treatment in the emergency room later that day.

Appellant also submitted additional medical evidence in support of her claim. In an April 16, 2025 progress report, Dr. Dabrowski documented treatment for her right knee injury.

In an April 22, 2025 attending physician's report (Form CA-20), Dr. Dabrowski diagnosed right knee patellofemoral arthritis after a December 23, 2024 slip and fall on ice. He responded "No" when asked if the condition was caused or aggravated by the employment activity described and determined that appellant was partially disabled as of March 5, 2025.

In a May 1, 2025 Form CA-20, Dr. Berneking diagnosed internal derangement of right knee and strain of right knee and opined that tripping and twisting her knee inward caused her to fall.

In a May 7, 2025 clinic note, Carly E. Jehnzen, a physician assistant, documented appellant's right knee steroid injection.

In a follow-up letter dated May 22, 2025, OWCP advised appellant that it conducted an interim review, and the evidence remained insufficient to establish her claim. It noted that she had 60 days from the April 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 response to OWCP's development letter, appellant submitted a statement on June 10, 2025 describing her history of injury and course of medical treatment, indicating that her October 2024 injury had resolved. She also submitted additional medical evidence in support of her claim.

In a May 14, 2025 clinic note, Conor McCabe, a physician assistant, documented appellant's right knee steroid injection.

In a May 21, 2025 clinic note, Dr. Dabrowski administered a right knee steroid injection. In a work note of even date, he reported that appellant was evaluated on that date and provided her limited-duty work restrictions from May 22 through June 4, 2025.

In a June 9, 2025 report, Dr. Dabrowski reported that appellant was initially evaluated on March 5, 2025 for a right knee injury following a December 23, 2024 slip and twist that occurred while she was working. He further noted that it had been reported that she had a direct fall in October 2024, though there were no physical abrasions present during her initial visit. Dr. Dabrowski noted examination findings of some patella tracks with crepitus in the right knee which could have been caused by one or more of these injuries and diagnostic studies revealed appellant developed patella femoral arthritis of the right knee. He opined that this “may have” developed due to many contributing factors including repetitive wear and tear on the joint as well as direct trauma. Dr. Dabrowski noted appellant’s treatment which included physical therapy and steroid injections of the right knee, provided minimal relief though she had success with hyaluronic acid injections and had since returned to full-time work without restrictions.

By decision dated June 25, 2025, OWCP denied appellant’s claim, finding that the evidence of record was insufficient to establish causal relationship between her diagnosed medical conditions and the accepted December 23, 2024 employment incident.

LEGAL PRECEDENT

An employee seeking benefits under FECA³ 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,⁴ 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.⁵ 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.⁶

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. First, 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. Second, the employee must submit sufficient evidence to establish that the employment incident caused an injury.⁷

³ *Id.*

⁴ *E.K.*, Docket No. 22-1130 (issued December 30, 2022); *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).

⁵ *S.H.*, Docket No. 22-0391 (issued June 29, 2022); *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).

⁶ *E.H.*, Docket No. 22-0401 (issued June 29, 2022); *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).

⁷ *H.M.*, Docket No. 22-0343 (issued June 28, 2022); *T.J.*, Docket No. 19-0461 (issued August 11, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.⁸ 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.⁹

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a right knee condition causally related to the accepted December 23, 2024 employment incident.

In reports dated December 23, 2024, Dr. Seim noted that appellant presented for evaluation after she stepped on uneven ground and her right knee gave out, resulting in an injury on that date. He further reported that she injured the same knee a few months prior when she fell on the anterior portion of the knee and scraped it, resulting in ongoing issues since that time. Dr. Seim diagnosed right knee injury and provided appellant modified-duty work restrictions. While he accurately noted the history of injury provided by appellant, Dr. Seim did not offer an opinion regarding the cause of appellant's condition.¹⁰ The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.¹¹ Therefore, this evidence is insufficient to establish appellant's claim.

In reports, forms, and referral orders dated December 26, 2024 through May 1, 2025, Dr. Berneking evaluated appellant for a right knee injury after a fall on December 23, 2024 when she was delivering mail, stepped on an uneven sidewalk, and twisted her knee. He noted that the fall caused her knee to turn and diagnosed internal derangement of right knee and right knee strain, and fall, initial encounter. However, Dr. Berneking provided no rationale for his opinion on causal relationship. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how a given medical condition/disability was related to employment factors.¹² In a December 26, 2024 work note, Dr. Berneking diagnosed fall and right knee sprain, and checked the box marked "Yes" indicating a December 23, 2024 work-related injury. The Board has held, however, that an affirmative check mark, without more by way of medical rationale regarding causal relationship is insufficient to

⁸ *S.M.*, Docket No. 22-0075 (issued May 6, 2022); *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).

⁹ *J.D.*, Docket No. 22-0935 (issued December 16, 2022); *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *Y.S.*, Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

¹⁰ *S.S.*, Docket No. 18-0081 (issued August 22, 2018).

¹¹ *See L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹² *See Y.D.*, Docket No. 16-1896 (issued February 10, 2017) (finding that a report is of limited probative value regarding causal relationship if it does not contain medical rationale describing the relation between work factors and a diagnosed condition/disability).

establish the claim.¹³ As Dr. Berneking merely offered conclusory opinions without supporting medical rationale, this evidence is insufficient to establish appellant's claim.

In reports dated March 3 through June 9, 2025 report, Dr. Dabrowski evaluated appellant for a right knee injury and administered steroid injections. However, he did not provide an opinion on causal relationship. As previously noted, medical evidence that does not offer an opinion on causation is of no probative value.¹⁴ In an April 22, 2025 Form CA-20, Dr. Dabrowski negated causal relationship between appellant's right knee patellofemoral arthritis and the accepted December 23, 2024 employment incident. He answered "No" indicating that appellant's diagnosis was not causally related to the employment incident. The Board has held that medical evidence that negates causal relationship is of no probative value.¹⁵

In a June 9, 2025 report, Dr. Dabrowski reported that appellant was evaluated for a right knee injury following a December 23, 2024 slip and twist that occurred while she was working. He further noted that it had been reported that she had a direct fall in October 2024, though there were no physical abrasions present during her initial visit. Dr. Dabrowski reported that appellant's examination revealed some patella tracks with crepitus in the right knee which could have been caused by one or more of these injuries and diagnostic studies revealed that she developed patella femoral arthritis of the right knee. He opined that this condition "may have" developed due to many contributing factors, including repetitive wear and tear on the joint and direct trauma. However, the Board has held that medical opinions that are speculative or equivocal are of diminished probative value.¹⁶ Dr. Dabrowski's opinion as to the cause of appellant's diagnosed conditions is vague and speculative as he did not support his opinion with medical rationale explaining how the accepted December 23, 2024 employment incident caused her right knee conditions.¹⁷ Furthermore, if a condition is preexisting, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related condition and the preexisting condition.¹⁸ The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how a given medical condition/disability was related to the employment incident.¹⁹ Without explaining how,

¹³ See *R.D.*, Docket No. 25-0746 (issued September 4, 2025); *F.M.*, Docket No. 23-0977 (issued February 6, 2024); *J.H.*, Docket No. 23-0159 (issued August 1, 2023); *C.S.*, Docket No. 18-1633 (issued December 30, 2019); *D.S.*, Docket No. 17-1566 (issued December 31, 2018); *Lillian M. Jones*, 34 ECAB 379, 381 (1982).

¹⁴ *Supra* note 11.

¹⁵ See *A.P.*, Docket No. 25-0737 (issued September 25, 2025); *T.W.*, Docket No. 19-0677 (issued August 16, 2019).

¹⁶ See *D.D.*, Docket No. 25-0751 (issued August 27, 2025); *F.S.*, Docket No. 22-0070 (issued June 14, 2023); *M.L.*, Docket No. 18-0153 (issued January 22, 2020); *N.B.*, Docket No. 19-0221 (issued July 15, 2019); *Z.B.*, Docket No. 17-1336 (issued January 10, 2019); *T.M.*, Docket No. 08-0975 (issued February 6, 2009).

¹⁷ *S.M.*, Docket No. 24-0542 (issued July 11, 2024); *T.W.*, Docket No. 20-0767 (issued January 13, 2021); *L.D.*, Docket No. 19-1301 (issued January 29, 2020); *S.C.*, Docket No. 18-1242 (issued March 13, 2019).

¹⁸ See *G.D.*, Docket No. 20-0966 (issued July 21, 2022); *R.C.*, Docket No. 19-0376 (issued July 15, 2019); Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013).

¹⁹ See *J.S.*, Docket No. 23-0930 (issued January 2, 2024); *D.Y.*, Docket No. 20-0112 (issued June 25, 2020); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

physiologically, the specific effects of stepping on uneven payment covered in snow and ice on December 23, 2024 caused, contributed to, or aggravated the diagnosed conditions, the opinion in these reports is of limited probative value and insufficient to establish appellant's claim.²⁰

Appellant also submitted treatment notes, work status notes, and form reports from physician assistants and nurse practitioners. However, certain healthcare providers such as nurses, and physician assistants are not considered physicians as defined under FECA and their reports do not constitute competent medical evidence.²¹ Consequently, these medical findings or opinions are insufficient to meet appellant's burden of proof.²²

The remaining medical evidence consists of a January 8, 2025 MRI scan of the right knee. The Board has held that diagnostic studies, standing alone, lack probative value as they do not address whether the employment factors caused any of the diagnosed conditions.²³ Such reports are therefore insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish causal relationship between appellant's diagnosed medical conditions and the accepted December 23, 2024 employment incident, the Board finds that she has not met her burden of proof.²⁴

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 appellant has not met her burden of proof to establish a medical condition causally related to the accepted December 23, 2024 employment incident.

²⁰ See *A.G.*, Docket No. 24-0647 (issued July 31, 2024); *T.F.*, Docket No. 20-0260 (issued June 12, 2020); *D.J.*, Docket No. 18-0694 (issued March 16, 2020); *K.G.*, Docket No. 18-1598 (issued January 7, 2020); *K.O.*, Docket No. 18-1422 (issued March 19, 2019).

²¹ 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); *P.S.*, Docket No. 17-0598 (issued June 23, 2017) (registered nurses are not considered physicians as defined under FECA).

²² *T.H.*, Docket No. 23-1142 (issued March 28, 2024).

²³ See *M.P.*, Docket No. 23-1131 (issued June 18, 2024); *V.A.*, Docket No. 21-1023 (issued March 6, 2023); *M.K.*, Docket No. 21-0520 (issued August 23, 2021); *F.D.*, Docket No. 19-0932 (issued October 3, 2019).

²⁴ *I.D.*, Docket No. 22-0848 (issued September 2, 2022); *T.G.*, Docket No. 14-751 (issued October 20, 2014).

ORDER

IT IS HEREBY ORDERED THAT the June 25, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: January 5, 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