United States Department of Labor
Employees' Compensation Appeals Board

G.C., Appellant	)	
and	)	**Docket No. 26-0360**
	)	**Issued: July 17, 2026**
DEPARTMENT OF VETERANS AFFAIRS, MARTINEZ VA MEDICAL CENTER, Martinez, CA, 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 March 9, 2026, appellant filed a timely appeal from a February 11, 2026 merit decision of the Office of Workers' Compensation Programs (OWCP).[1] Pursuant to the Federal Employees'

[1] Appellant timely requested oral argument before the Board. 20 C.F.R. § 501.2(b). Pursuant to the Board's *Rules of Procedure,* oral argument may be held in the discretion of the Board. 20 C.F.R. § 501.5(a). In support of her request for oral argument, appellant indicated that she wished to present information about her claimed medical conditions, the employing establishment's alleged denial of a reasonable accommodation, with resulting retirement and financial hardship. The Board, in exercising its discretion, denies appellant's request for oral argument because the arguments on appeal can adequately be addressed in a decision based on a review of the case record. Oral argument in this appeal would further delay issuance of a Board decision and not serve a useful purpose. As such, the oral argument request is denied, and this decision is based on the case record as submitted to the Board.

Compensation Act[2] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.[3]

ISSUE

The issue is whether appellant has met her burden of proof to establish disability from work during the period June 3 through November 29, 2024, causally related to the accepted employment injury.

FACTUAL HISTORY

On August 31, 2024 appellant, then a 61-year-old nurse, filed an occupational disease claim (Form CA-2) alleging that she developed a right ring trigger finger, mild right carpal tunnel syndrome, and reinjured her right wrist following prior right carpal tunnel release due to factors of her federal employment, including keyboarding and using a computer mouse "with overwhelming work (not enough staff)."[4] She noted that she first became aware of her condition on October 10, 2023 and realized its relationship to her federal employment on June 13, 2024. Appellant did not immediately stop work.

In a June 25, 2024 report, Dr. Mark Norton Skinner, a Board-certified orthopedic surgeon, noted that appellant's follow-up nerve conduction velocity studies demonstrated mild carpal tunnel syndrome, which was typical for her history.

In a September 25, 2024 report, Dr. Saraswathy Balasingam, an internist, opined that appellant's acquired right ring trigger finger, right carpal tunnel reinjury, and right lateral epicondylitis, were repetitive strain injuries caused by computer keyboarding at work.

In a report dated October 9, 2024, Dr. Andrew M. Ho, a Board-certified orthopedic surgeon, recounted appellant's history of right carpal tunnel syndrome with recurrent symptoms. He noted that appellant had worked as the employing establishment's dermatology care manager "but now disabled." On examination, Dr. Ho observed a well-healed right distal forearm scar, a positive Tinel's sign at the right carpal tunnel, an equivocal Phalen's sign, a positive Durkan's test at 30 seconds, and a tender nodule at the volar metacarpophalangeal joint area of the right ring finger. A December 21, 2023 electrodiagnostic study demonstrated mild right carpal tunnel syndrome. Dr. Ho diagnosed right ring finger stenosing tenosynovitis and right carpal tunnel

[2] 5 U.S.C. § 8101 *et seq*.

[3] The Board notes that following the February 11, 2026 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*.

[4] OWCP assigned the present claim OWCP File No. xxxxxx580. Previously, on June 26, 2024, appellant filed an occupational disease claim (Form CA-2) alleging that she sustained emotional conditions which resulted in a bleeding perforating stress ulcer in her aorta, and injuries to her femoral and external iliac arteries due to factors of her federal employment, including overwork. OWCP assigned that claim OWCP File No. xxxxxx786. OWCP has not administratively combined appellant's claims.

syndrome with recurrent symptoms improved after she stopped work. In a note dated October 22, 2024, Dr. Ho described treatment of appellant's right ring trigger finger and noted a long history of right carpal tunnel syndrome. He noted that despite initial improvement of her symptoms, her right-hand pain and numbness returned two years prior. Dr. Ho noted that appellant's electrodiagnostic tests from 2023 showed a mild right sensory median mononeuropathy.

In a January 30, 2025 report, Dr. Balasingam opined that appellant sustained unspecified synovitis and tenosynovitis of the left hand while "[c]ompensating for her right hand." She attributed appellant's bilateral hand injuries to computer use, repetitive heavy lifting, transferring and moving patients, and overwork during two years of short staffing at the employing establishment.

On March 10, 2025 OWCP accepted the claim for lateral epicondylitis of the left elbow, de Quervain's/radial styloid tenosynovitis, right ring trigger finger, and right carpal tunnel syndrome.[5]

In a March 17, 2025 report, Dr. Balasingam recounted that appellant had "not worked since May 2024" due to employment-related upper extremity injuries and other conditions. She related that appellant was not provided work within her restrictions.

In a March 31, 2025 development letter, OWCP requested that Dr. Balasingam provide a current medical report and complete a work capacity evaluation (Form OWCP-5).[6]

Commencing March 27, 2025, appellant filed a series of claims for compensation (Form CA-7) for total disability from work during the periods June 3 through 14, June 20 through 29, July 15 through September 6, and September 23 through November 29, 2024.

In statements dated April 1, 2025, appellant alleged that the employing establishment did not offer her work within medical restrictions related to accepted carpal tunnel syndrome and trigger finger conditions, as well as a cardiovascular issue under a separate claim[7] for which she had been granted reasonable accommodation. She submitted copies of e-mails between herself and her managers regarding the reasonable accommodation process and medical retirement.

OWCP subsequently received an incomplete copy of appellant's April 16, 2024 reasonable accommodation request due to complications from "stress ulcer" surgery with stent placement, claudication, back, hip, and lower extremity pain, and shortness of breath. On June 5, 2024, the employing establishment approved appellant's request for reasonable accommodation. On September 4, 2024, the employing establishment indicated that a reassignment search during the period June 17 through August 23, 2024 found "no viable reassignment options available."

[5] OWCP initially denied the claim by decision dated December 3, 2024. Following additional development, by decisions dated March 10, 2025, OWCP vacated the December 3, 2024 decision and accepted the claim.

[6] OWCP subsequently received a February 28, 2025 notification of personnel action (Standard Form (SF)-50) which indicated that appellant voluntarily retired from federal employment effective that date.

[7] *Supra* note 4.

In an April 1, 2025 statement, the employing establishment controverted appellant's claim for disability compensation. It explained that she was off work "due to an unrelated illness" under a separate claim for the period April 3 through June 24, 2023, and returned to work from June 26, 2023 through May 20, 2024 with intermittent leave. Appellant had been off work commencing May 21, 2024 "to the date of her voluntary retirement" effective February 28, 2025 for unknown reasons.

In an April 9, 2025 development letter, OWCP notified appellant of the deficiencies in her disability claim and advised her of the type of evidence needed for the claimed dates of disability. It afforded her 30 days to respond.

OWCP subsequently received an April 2, 2025 work capacity evaluation (Form OWCP-5c) wherein Dr. Balasingam found appellant able to work for four hours a day at the sedentary physical demand level with restrictions.

OWCP also received a May 1, 2024 form report wherein Dr. Balasingam prescribed work restrictions related to the low back, lower extremities, and both feet.

OWCP also received a May 2, 2024 form report wherein Dr. James P. Voigtlander, a Board-certified orthopedic surgeon, provided work restrictions due to severe sacroiliac joint pain.

OWCP also received an unsigned report, which indicated that appellant was incapacitated for the period January 27, 2023 through November 30 2024.

By decision dated June 5, 2025, OWCP denied appellant's claim for disability from work during the period June 3 through November 29, 2024, finding that the medical evidence of record was insufficient to establish disability from work causally related to the accepted employment injury.

In a June 12, 2025 report, Dr. Balasingam explained that appellant's carpal tunnel syndrome, trigger finger, de Quervain's tenosynovitis, and lateral epicondylitis could lead to pain and reduced function, "especially in tasks that involve repetitive motion or prolonged use of the hands and wrists." She recounted that chronic pain and swelling in the bilateral hands significantly affected appellant's "ability to perform job-related tasks effectively since Oct[ober] 2023 and has gotten worse since" with limitation on performing "standard job duties without accommodations" such as administrative duties or computer work. Dr. Balasingam opined that it was crucial for appellant "to focus on treatment and rehabilitation before returning to work." Appellant had sought suitable employment through the employing establishment but had not been provided "an appropriate job that fits her current capabilities." She recommended that appellant "refrain from continuing in a regular job setting that does not allow for necessary accommodation."

On June 22, 2025 appellant, *via* OWCP's Employees' Compensation Operations & Management Portal (ECOMP), requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

OWCP subsequently received a June 5, 2024 email, wherein the employing establishment noted that appellant was no longer able to perform the essential functions of her current position

due to functional limitations caused by unspecified disabilities. It requested that appellant seek reasonable accommodation.

In a June 23, 2025 statement, appellant asserted that she was disabled from work as the employing establishment was unable to accommodate unspecified employment-related conditions.

In a November 17, 2025 statement, appellant asserted that she developed hypertension due to mandatory overtime, and then being denied overtime during a period of short staffing that caused an overwhelming workload.

A hearing was held on January 5, 2026. Appellant testified that she was forced to retire as she was not provided a job within her medical restrictions.[8]

OWCP subsequently received appellant's May 19 and 25, 2025 statements regarding the development of her claims and financial hardship after she retired.

By decision dated February 11, 2026, OWCP's hearing representative affirmed the June 5, 2025 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim including that any disability or specific condition for which compensation is claimed is causally related to the employment injury.[9] Under FECA, the term "disability" means the incapacity, because of an employment injury, to earn the wages that the employee was receiving at the time of injury.[10] Disability is, thus, not synonymous with physical impairment, which may or may not result in an incapacity to earn wages.[11] An employee who has a physical impairment causally related to a federal employment injury, but who nevertheless has the capacity to earn the wages he or she was receiving at the time of injury, has no disability as that term is used in FECA.[12] When, however, the medical evidence establishes that the residuals or sequelae of an employment injury are such that, from a medical standpoint, they prevent the

[8] In February 3, 2026 comments on the hearing, the employing establishment asserted that appellant voluntarily retired and had intermingled her claims.

[9] *S.F.,* Docket No. 20-0347 (issued March 31, 2023); *S.W.,* Docket No. 18-1529 (issued April 19, 2019); *J.F.,* Docket No. 09-1061 (issued November 17, 2009); *Kathryn Haggerty,* 45 ECAB 383 (1994); *Elaine Pendleton,* 40 ECAB 1143 (1989).

[10] 20 C.F.R. § 10.5(f).

[11] *See H.B.,* Docket No. 20-0587 (issued June 28, 2021); *L.W.,* Docket No. 17-1685 (issued October 9, 2018).

[12] *See H.B., id.*; *K.H.,* Docket No. 19-1635 (issued March 5, 2020).

employee from continuing in his or her employment, he or she is entitled to compensation for loss of wages.[13]

The medical evidence required to establish causal relationship between a claimed period of disability and an employment injury is rationalized medical opinion evidence. 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 claimed disability and the accepted employment injury.[14]

The Board will not require OWCP to pay compensation for disability in the absence of medical evidence directly addressing the specific dates of disability for which compensation is claimed. To do so would essentially allow an employee to self-certify his or her disability and entitlement to compensation.[15]

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish disability from work during the period June 3 through November 29, 2024, causally related to the accepted employment injury.

OWCP received a May 1, 2024 form report wherein Dr. Balasingam prescribed work restrictions related to the low back, lower extremities, and both feet, but did not address the accepted employment-related upper extremity injuries. In a May 2, 2024 form report, Dr. Voigtlander provided work restrictions due to severe sacroiliac joint pain. In a September 25, 2024 report, Dr. Balasingam opined that appellant's acquired right ring trigger finger, right carpal tunnel reinjury, and right lateral epicondylitis, were repetitive strain injuries caused by computer keyboarding at work. In a January 30, 2025 report, she opined that appellant sustained unspecified synovitis and tenosynovitis of the left hand while "[c]ompensating for her right hand." Dr. Balasingam attributed appellant's bilateral hand injuries to computer use, repetitive heavy lifting, transferring and moving. In a March 17, 2025 report, she recounted that appellant had "not worked since May 2024" due to employment injuries and was not provided work within her restrictions. In a June 12, 2025 report, Dr. Balasingam explained that carpal tunnel syndrome, trigger finger, de Quervain's tenosynovitis, and lateral epicondylitis had reduced appellant's "ability to perform job-related tasks" without accommodations commencing in October 2023. In an April 2, 2025 Form OWCP-5c, she also noted work restrictions for the period April 2, 2025 onward. However, none of these reports provided an opinion on disability during the claimed

[13] *See D.R.,* Docket No. 18-0323 (issued October 2, 2018).

[14] *F.B.,* Docket No. 22-0679 (issued January 23, 2024); *Y.S.,* Docket No. 19-1572 (issued March 12, 2020).

[15] *K.C.*, Docket No. 26-0269 (issued May 18, 2026); *J.B.,* Docket No. 19-0715 (issued September 12, 2019); *Fereidoon Kharabi,* 52 ECAB 291, 293 (2001).

period. Thus, this evidence is of no probative value and is insufficient to establish appellant's disability claim.[16]

OWCP also received a report dated June 25, 2024 wherein Dr. Skinner diagnosed right ring trigger finger and right lateral epicondylitis. However, he likewise did not provide an opinion on disability during the claimed period. Thus, this evidence is of no probative value and is insufficient to establish appellant's disability claim.[17]

In a October 22, 2024, Dr. Ho diagnosed right ring trigger finger and right carpal tunnel syndrome. However, he likewise did not provide an opinion on disability during the claimed period. Thus, this evidence is of no probative value and is insufficient to establish appellant's disability claim.[18] In the October 9, 2024 report, Dr. Ho noted that appellant was disabled from work, but did not explain with sufficient rationale how appellant's claimed disability resulted from the accepted employment injury. 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 disability was related to the accepted employment injury.[19] Thus, this evidence is insufficient to establish appellant's disability claim.

OWCP also received an unsigned, report, indicating that appellant was incapacitated for the period January 27, 2023 through November 30, 2024. The Board has held that unsigned reports and reports that bear illegible signatures lack proper identification and cannot be considered probative medical evidence as the author cannot be identified as a physician.[20] Thus, this evidence is of no probative value and is insufficient to establish appellant's disability claim.

As the medical evidence of record is insufficient to establish disability from work during the claimed period causally related to the accepted employment injury, the Board finds that appellant has not met her burden of proof.[21]

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[16] *M.C.*, Docket No. 26-0252 (issued May 6, 2026); *T.K.,* Docket No. 26-0004 (issued February 18, 2026); *C.L.,* Docket No. 26-0005 (issued January 29, 2026).

[17] *Id.*

[18] *Id.*

[19] *S.Y.,* Docket No. 20-0347 (issued March 31, 2023); *T.B.,* Docket No. 20-0255 (issued March 11, 2022); *Y.D.,* Docket No. 16-1896 (issued February 10, 2017).

[20] *See B.M.*, Docket No. 26-0249 (issued May 26, 2026); *B.S.,* Docket No. 22-0918 (issued August 29, 2022); *S.D.,* Docket No. 21-0292 (issued June 29, 2021); *C.B.,* Docket No. 09-2027 (issued May 12, 2010); *Merton J. Sills,* 39 ECAB 572, 575 (1988).

[21] The Board notes that appellant's claim under OWCP File No. xxxxxx786, concerning a claimed emotional condition and consequential cardiovascular conditions, is presently on remand to OWCP to determine if the evidence under that claim establishes causal relationship between the accepted employment factor and the claimed conditions. *See supra* note 4.

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 disability from work during the period June 3 through November 29, 2024, causally related to the accepted employment injury.

ORDER

IT IS HEREBY ORDERED THAT the February 11, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 17, 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