

² 5 U.S.C. § 8101 *et seq.*

ISSUE

The issue is whether appellant has met her burden of proof to establish a left knee condition causally related to the accepted employment factors.

FACTUAL HISTORY

On March 29, 2022 appellant, then a 55-year-old letter carrier, filed an occupational disease claim (Form CA-2) alleging that she sustained a left knee injury due to factors of her federal employment including placing more pressure on her left knee following a prior work-related right knee injury. She noted that she first became aware of her condition on August 25, 2021, and realized its relation to her federal employment on March 26, 2022.³ Appellant stopped work on March 29, 2022.

In a development letter dated April 6, 2022, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed to establish her claim and afforded her 60 days to provide the necessary evidence. In a separate development letter of even date, OWCP requested that the employing establishment provide additional information, including comments from a knowledgeable supervisor regarding appellant's allegations. It afforded the employing establishment 30 days to respond.

OWCP subsequently received a March 29, 2022 report from Dr. Rommel G. Childress, a Board-certified orthopedic surgeon. Dr. Childress related that appellant had increased left knee pain following a May 2021 right knee injury. Appellant had explained that when she used a cane for her right knee condition more pressure was placed on her left knee while walking and climbing stairs. On physical examination of the left knee, Dr. Childress reported a large effusion, some minimum crepitus, 85 degrees flexion, and lacking five degrees of extension. He diagnosed left knee swelling, with likely chronic stress and strain secondary to significant right knee injury. In a note of even date, Dr. Childress opined that appellant had been totally disabled from work since March 28, 2022, and continued to be disabled from work due to severe knee pain and swelling.

A March 31, 2022 x-ray report of appellant's left knee related mild arthritic change with small joint effusion suspected and no acute fracture. A magnetic resonance imaging (MRI) scan of even date noted radial and horizontal posterior medial meniscal tears, small joint effusion, and tricompartmental cartilage thinning most conspicuously involving the patellofemoral compartment.

In an April 7, 2022 note, Dr. Childress released appellant to return to work on April 18, 2022.

³ OWCP assigned the present claim OWCP File No. xxxxxx225. Under OWCP File No. xxxxxx599, OWCP accepted a May 19, 2020 traumatic injury (Form CA-1) from which appellant sustained a tooth fracture; sprain of the right knee, hand, wrist; muscle and tendon front wall thorax strains; left diaphragm disorder; and T5-6 wedge compression fracture. Under OWCP File No. xxxxxx169, it accepted a right knee meniscus tear, and aggravation of preexisting right knee medial and patellofemoral compartment osteoarthritis, due to a May 19, 2021 traumatic injury.

By decision dated May 9, 2022, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish a medical diagnosis in connection with the accepted employment factors.

On June 8, 2022 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. A hearing was held on October 6, 2022.

By decision dated November 21, 2022, OWCP's hearing representative found that a left knee condition had been diagnosed, however, the medical evidence of record was insufficient to establish causal relationship between the diagnosed condition and the accepted employment factors. The hearing representative also instructed OWCP to administratively combine OWCP File Nos. xxxxxx599 and xxxxxx169 with the current claim, OWCP File No. xxxxxx225.⁴

By decision dated November 28, 2022, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish causal relationship between the diagnosed left knee condition and the accepted employment factors.

On December 28, 2022 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. A hearing was held on June 14, 2023.

By decision dated August 28, 2023, OWCP's hearing representative affirmed the November 28, 2022 decision.

On February 19, 2025 appellant, through counsel, requested reconsideration.⁵

By decision dated September 19, 2025, OWCP denied modification.

LEGAL PRECEDENT

An employee seeking benefits under FECA⁶ 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,⁷ 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

⁴ On November 23, 2022 OWCP administratively combined OWCP File Nos. xxxxxx169, xxxxxx225, and xxxxxx599, with the latter designated as the master file.

⁵ Under OWCP File No. xxxxxx431, OWCP accepted appellant's occupational disease claim for right forearm, wrist and hand contusions, and aggravation of right knee buckling/instability. On May 28, 2024, OWCP administratively combined OWCP File No. xxxxxx431 with OWCP File Nos. xxxxxx169, xxxxxx225, and xxxxxx599.

⁶ *Supra* note 2.

⁷ *A.V.*, Docket No. 25-0682 (issued August 7, 2025); *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.⁸ 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.⁹

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 casually related to the identified employment factors.¹⁰

The medical evidence required to establish causal relationship between a diagnosed condition and the accepted employment factors is rationalized medical opinion evidence.¹¹ 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 factors identified by the employee.¹² Neither the mere fact that a disease or condition manifests itself during a period of employment, nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.¹³

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a left knee condition causally related to the accepted employment factors.

In his March 29, 2022 report, Dr. Childress diagnosed left knee swelling due to likely chronic stress and strain on the knee secondary to significant right knee injury. However, the Board has held that medical opinions couched with the term “likely” are speculative or equivocal

⁸ *A.V., id.*; *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).

⁹ *A.V., id.*; *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).

¹⁰ *A.V., id.*; *S.R.*, Docket No. 24-0839 (issued October 30, 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).

¹¹ *A.V., id.*; *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).

¹² *A.V., id.*; *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).

¹³ *A.V., id.*; *L.W.*, Docket No. 24-0947 (issued January 31, 2025); *T.H.*, Docket No. 18-1736 (issued March 13, 2019); *Dennis M. Mascarenas*, 49 ECAB 215 (1997).

in character and have little probative value.¹⁴ Thus, this evidence is insufficient to establish the claim.

The record also contains a March 29, 2022 note from Dr. Childress who found appellant totally disabled due to severe knee pain and swelling, and an April 7, 2022 note, wherein he released appellant to return to work on April 18, 2022. These reports however offered no opinion regarding the cause of appellant's left knee condition. 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.¹⁵ Therefore, this evidence is insufficient to establish appellant's claim.

Appellant also submitted several diagnostic studies. However, diagnostic studies, standing alone, lack probative value as they do not address causal relationship.¹⁶

As the medical evidence of record is insufficient to establish a left knee condition causally related to the accepted employment factors, the Board finds that appellant has not met her 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(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 left knee condition causally related to the accepted employment factors.

¹⁴ See *S.C.*, Docket No. 25-0989 (issued January 21, 2026); *B.D.*, Docket No. 25-0852 (issued December 1, 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).

¹⁵ See *K.A.*, Docket No. 26-0031 (issued February 26, 2026); *B.B.*, Docket No. 25-0661 (issued September 9, 2025); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹⁶ See *J.S.*, Docket No. 26-0155 (issued May 20, 2026); *A.V.*, Docket No. 19-1575 (issued June 11, 2020).

ORDER

IT IS HEREBY ORDERED THAT the September 19, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 14, 2026
Washington, DC

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board