United States Department of Labor
Employees' Compensation Appeals Board

M.T., Appellant	)	
and	)	**Docket No. 26-0422**
	)	**Issued: July 20, 2026**
U.S. POSTAL SERVICE, NORTH TEXAS PROCESSING AND DISTRIBUTION CENTER, Coppell, TX, Employer	)	

Appearances:
Brett E. Blumstein, 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
JANICE B. ASKIN, Judge

JURISDICTION

On April 6, 2026 appellant, through counsel, filed a timely appeal from a January 22, 2026 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 over 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 a medical condition causally related to the accepted factors of her federal employment.

FACTUAL HISTORY

On July 18, 2023 appellant, then a 44-year-old maintenance mechanic, filed an occupational disease claim (Form CA-2) alleging that she sustained sprains of her elbows, wrists, and hands due to factors of her federal employment, including repetitive and constant use of her hands and arms while working with and assembling/installing postal equipment. She noted that she first became aware of her claimed condition on June 20, 2023 and realized its relation to the factors of her federal employment on July 11, 2023. Appellant stopped work on July 12, 2023.

On July 25 2023 the employing establishment challenged appellant's claim. It asserted that the work duties described were performed intermittently and not on a constant basis.

In a July 28, 2023 development letter, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of evidence needed to establish her claim and provided a questionnaire for her completion. OWCP afforded appellant 60 days to submit the necessary evidence. No response was received. In a separate development letter of even date, OWCP requested information from the employing establishment, including comments from a knowledgeable supervisor regarding appellant's allegations. It afforded the employing establishment 30 days to respond.

On August 25, 2023 OWCP received a position description from the employing establishment for appellant's job. The employing establishment advised that the maintenance mechanic position required intermittent bending and stooping while vacuuming automation equipment for up to four hours per day, but did not require "excessive pulling, pushing, or lifting."

In a follow-up letter dated August 28, 2023, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish her claim. It noted that she had 60 days from the July 28, 2023 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.

On August 29, 2023 OWCP received July 11, 2023 x-rays of the cervical spine which contained an impression of loss of normal cervical lordosis, and July 11, 2023 x-rays of the elbows, wrists, and hands which contained an impression of "within normal limits."

In a July 11, 2023 report, Dr. Ronnie D. Shade, an osteopath and Board-certified family practice physician, noted that appellant reported injuring her neck and upper and lower extremities at work on June 20, 2023 and experienced pain in these regions over a period of time. He documented physical examination findings of moderately decreased range of motion (ROM) of the cervical spine and positive Phalen's and Tinel's signs of the wrists. In a July 11, 2023 report, Dr. Shade diagnosed right carpal tunnel syndrome, left carpal tunnel syndrome, lesion of

the ulnar nerve of the right upper limb, lesion of the ulnar nerve of the left upper limb, radial styloid tenosynovitis, sprain of unspecified part of the right wrist and hand, sprain of unspecified part of the left wrist and hand, sprain of ligaments of the cervical spine, and radiculopathy of the cervical region. He opined that these diagnosed conditions were directly causally related to appellant's June 20, 2023 employment injury.

In notes dated July 11 through September 8, 2023, Dr. Shade advised that appellant was unable to work from July 11 through September 25, 2023 due to weakness, stiffness, and swelling of her elbows, wrists, and cervical spine. In a September 8, 2023 duty status report (Form CA-17), he indicated that the diagnoses listed in his July 11, 2023 report were the diagnoses due to injury and he determined that appellant was disabled from work from September 7 through 25, 2023.

In a completed September 8, 2023 development questionnaire, appellant asserted that the injuries to her neck and upper and lower extremities were caused by repetitive movement of her neck, elbows, wrists, and hands at work.

By decision dated October 4, 2023, OWCP denied appellant's claim, finding that the evidence of record was insufficient to establish that "the event(s)" occurred as she alleged. It determined that the requirements had not been met for establishing that she sustained injury as defined by FECA.

On October 11, 2023 appellant requested a review of the written record by a representative of OWCP's Branch of Hearings and Review.

OWCP subsequently received reports, dated August 2 through November 13, 2023, wherein Dr. Shade opined that appellant was disabled from work from July 11 through December 14, 2023 due to difficulty with grasping, pulling, pushing, lifting, and reaching. In September 25 and October 11, 2023 CA-17 forms, Dr. Shade determined that she was disabled from work from September 26 through November 13, 2023. In September 25, October 11 and November 13, 2023 notes, he advised that appellant was disabled from work from September 25 through December 14, 2023 due to weakness, stiffness, and swelling of her elbows, wrists, and cervical spine.

By decision dated January 17, 2024, OWCP's hearing representative set aside the October 4, 2023 decision, finding that appellant had established employment factors, as alleged, and that reports of Dr. Shade required further development of the medical evidence with regard to causal relationship. The hearing representative remanded the case to OWCP for further development, to be followed by a *de novo* decision.

On March 27, 2024 OWCP referred appellant, along with the medical record, a statement of accepted facts (SOAF), and series of questions, to Dr. George Cole, an osteopath and Board-certified orthopedic surgeon, for an examination and evaluation regarding whether she sustained a work-related occupational disease.

In a May 1, 2024 report, Dr. Cole documented physical examination findings, including ROM findings for the cervical spine, shoulders, elbows, wrists, lumbar spine, hips, knees, and ankles/feet, and reported 5/5 strength and intact sensation in all extremities. He indicated that

appellant had subjective complaints of pain and weakness in her arms and tingling in her fingers and that her complaints were inconsistent with the objective clinical findings. Both cubital tunnel testing and Phalen's testing produced tingling in the dorsal surfaces of all the fingers, a result which was not consistent with the examined dermatome. Dr. Cole noted that appellant's subjective active complaints were non-physiological and might be related to undiscovered metabolic factors. He opined that there were no diagnoses that were consistent with a work injury or that were "causally connected to the work environment." In a work capacity evaluation (Form OWCP-5c) dated May 8, 2024, Dr. Cole related that appellant could perform her usual job without restrictions.

By *de novo* decision dated May 21, 2024, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish a medical condition causally related to the accepted factors of her federal employment.

OWCP subsequently received a June 26, 2024 report wherein Dr. Shade opined that appellant was disabled from work from December 15, 2023 through May 28, 2024 due to difficulty with grasping, pulling, pushing, lifting, and reaching. Dr. Shade determined that she could return to limited-duty work on July 8, 2024.

In a September 10, 2024 report, Dr. John W. Ellis, a Board-certified family medicine practitioner, documented physical examination findings of decreased ROM of the cervical spine, wrists, and fingers, and positive Phalen's and Tinel's signs of the wrists. He diagnosed carpal tunnel syndrome in both upper limbs, ulnar nerve lesions in both upper limbs, radial styloid tenosynovitis, sprains of the wrists and hands, carpometacarpal joint osteoarthritis, sprain of ligaments of the cervical spine, and cervical radiculopathy. Dr. Ellis opined that these diagnosed conditions were directly causally related to appellant's job which involved repetitive hand, wrist, and elbow movements, along with lifting, pulling, pushing, and bending.

On October 16, 2024 appellant requested reconsideration of the May 21, 2024 decision.

By decision dated October 25, 2024, OWCP denied modification of its May 21, 2024 decision.

OWCP subsequently received a May 7, 2025 report wherein Dr. Shade opined that appellant was disabled from work from December 15, 2023 through January 16, 2024.

In a May 28, 2025 report, Dr. Shade noted that appellant reported that while performing her regular job duties she felt an onset of throbbing pain, spasms, numbness, tingling and weakness in the back of her neck, arms, elbows, wrists, and hands "due to overuse over a period of time." He reported physical examination findings of sharp spasms of the lateral neck when rotating her neck to the right and pain, numbness, tingling sensation, night pain, night cramps, weakness in her arms, greater in the right arm. Dr. Shade diagnosed right carpal tunnel syndrome, left carpal tunnel syndrome, lesion of the ulnar nerve of the right upper limb, lesion of the ulnar nerve of the left upper limb, radial styloid tenosynovitis, sprain of unspecified part of the right wrist and hand, sprain of unspecified part of the left wrist and hand, sprain of ligaments of the cervical spine, and radiculopathy of the cervical region. He noted appellant's work duties

requiring repetitive elbow, wrist, and hand movements, and opined that these diagnosed conditions were causally related to the accepted employment factors.

On June 5, 2025 appellant requested reconsideration. On June 11, 2025 OWCP determined that there was a conflict in the medical opinion between Drs. Shade and Cole on the issue of whether appellant developed a work-related occupational disease. On July 21, 2025 it referred appellant, along with the medical record, a SOAF, and series of questions, to Dr. Terry Beal, a Board-certified orthopedic surgeon, for an impartial medical examination and evaluation.

In a September 2, 2025 report, Dr. Beal, serving as the impartial medical examiner (IME), discussed x-rays of appellant's cervical spine, elbows, and hands. He noted that reference had been made in the medical record to an electromyogram/nerve conduction velocity (EMG/NCV) study, but that no report of that study was made available to him. Dr. Beal related the findings of his physical examination which included ROM testing of the cervical spine, shoulders, elbows, and wrists, and myotome testing of the upper and lower extremities. Regarding the shoulders, he indicated that the rotator cuffs and the biceps mechanisms were intact, there was no axillary/epitrochlear adenopathy, and there was no glenohumeral hypertrophy/synovitis or glenohumeral joint crepitation. The shoulders exhibited some irritability in the subacromial spaces bilaterally and ROM of the right shoulder was restricted. Dr. Beal noted that, regarding the hands, there was active motion of the digits and significant weakness of grip and pinch strength. He related that sensation of the lower extremities was basically intact and that palpation revealed that the hips, knees, ankles, and feet were within normal limits.

Dr. Beal addressed the diagnoses made by Dr. Shade, noting that the diagnoses of right carpal tunnel syndrome, left carpal tunnel syndrome, lesion of the ulnar nerve of the right upper limb, and lesion of the ulnar nerve of the left upper limb needed "to be confirmed with electrodiagnostic studies." With respect to the diagnoses of radial styloid tenosynovitis, sprain of unspecified part of the right wrist and hand, sprain of unspecified part of the left wrist and hand, sprain of ligaments of the cervical spine, and radiculopathy of the cervical region, Dr. Beal stated, "Considered to be part of the compensable diagnosis." He indicated that the question of whether appellant aggravated an underlying/preexisting condition was difficult to answer without obtaining "the recommended diagnostic studies." Dr. Beal noted that some preexisting cervical spine conditions might have been present, but the only available x-ray study was a July 11, 2023 cervical spine study that was "non-specific." He advised that not all electrodiagnostic studies were available for review.

By decision dated January 22, 2026, OWCP denied modification of the October 25, 2024 decision. It accorded the special weight of the medical evidence to the opinion of Dr. Beal, the IME.

LEGAL PRECEDENT

An employee seeking benefits under FECA[3] 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

[3] *Id*.

United States within the meaning of FECA, that the claim was filed with the applicable time limitation, that an injury was sustained while in the performance of duty, as alleged, and that any disability or specific condition for which compensation is claimed is causally related to the employment injury.[4] These are the essential elements of every compensation claim regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.[5]

In an occupational disease claim, appellant's burden of proof requires submission of the following: (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.[6]

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.[7] A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.[8] Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s).[9]

Section 8123(a) of FECA provides that if there is a disagreement between the physician making the examination for the United States and the physician of an employee, the Secretary shall appoint a third physician (known as a referee physician or impartial medical specialist) who shall make an examination.[10] For a conflict to arise, the opposing physicians' opinions must be of virtually equal weight and rationale.[11] In situations where the case is properly referred to an

[4] *S.P.*, Docket No. 26-0378 (issued June 22, 2026); *E.S.*, Docket No. 18-1580 (issued January 23, 2020); *M.E.*, Docket No. 18-1135 (issued January 4, 2019); *C.S.,* Docket No. 08-1585 (issued March 3, 2009); *Bonnie A. Contreras*, 57 ECAB 364 (2006).

[5] *J.C.*, Docket No. 26-0179 (issued March 25, 2026); *S.P.,* 59 ECAB 184 (2007); *Joe D. Cameron,* 41 ECAB 153 (1989); *Elaine Pendleton,* 40 ECAB 1143 (1989).

[6] *A.C.* Docket No. 25-0783 (issued September 15, 2025); *S.C.,* Docket No. 18-1242 (issued March 13, 2019).

[7] *W.M.,* Docket No. 14-1853 (issued May 13, 2020); *T.H.,* 59 ECAB 388, 393 (2008); *Robert G. Morris,* 48 ECAB 238 (1996).

[8] *T.C.*, Docket No. 24-0948 (issued January 10, 2025); *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

[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] 5 U.S.C. § 8123(a); *see E.L.,* Docket No. 20-0944 (issued August 30, 2021); *R.S.*, Docket No. 10-1704 (issued May 13, 2011); *S.T.*, Docket No. 08-1675 (issued May 4, 2009); *M.S.*, 58 ECAB 328 (2007).

[11] *R.C.*, Docket No. 26-0309 (issued June 11, 2026); *P.R.*, Docket No. 18-0022 (issued April 9, 2018); *see also Darlene R. Kennedy*, 57 ECAB 414 (2006); *Gloria J. Godfrey*, 52 ECAB 486 (2001); *James P. Roberts,* 30 ECAB 1010 (1980).

impartial medical specialist for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based upon a proper factual background, must be given special weight.[12]

ANALYSIS

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

OWCP properly determined that there was a conflict in the medical opinion between Dr. Shade, an attending physician, and Dr. Cole, the OWCP referral physician, on the issue of whether appellant sustained a work-related occupational disease. In order to resolve the conflict, OWCP referred appellant, pursuant to section 8123(a) of FECA, to Dr. Beal for an impartial medical examination and an opinion on the issue.[13]

In his September 2, 2025 report, Dr. Beal, the IME, noted that reference had been made in the medical record to an EMG/NCV study, but that no report of that study was made available to him. He further noted that the diagnoses of right carpal tunnel syndrome, left carpal tunnel syndrome, lesion of the ulnar nerve of the right upper limb, and lesion of the ulnar nerve of the left upper limb needed "to be confirmed with electrodiagnostic studies." Dr. Beal also indicated that the question of whether appellant aggravated an underlying/preexisting condition was difficult to answer without obtaining "the recommended diagnostic studies." He noted that some preexisting cervical spine conditions might have been present, but the only available x-ray study was a July 11, 2023 cervical spine study that was "non-specific." Dr. Beal advised that not all electrodiagnostic studies were available for review.

In a situation where OWCP secures an opinion from an IME for the purpose of resolving a conflict in the medical opinion evidence and the opinion from such examiner requires clarification or elaboration, OWCP has the responsibility to secure a supplemental report from the examiner for the purpose of correcting the defect in the original opinion.[14]

The case must therefore be remanded for further development of the medical evidence. On remand OWCP shall provide the requested diagnostic studies to Dr. Beal and then obtain a supplemental opinion that addresses whether appellant sustained a medical condition causally related to the accepted factors of her federal employment. If Dr. Beal is unable to clarify his original report or if his supplemental report is vague, speculative, or lacking in rationale, OWCP must refer the case to a new IME for the purpose of obtaining a rationalized medical opinion on this issue.[15] After this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

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[12] *See D.M.,* Docket No. 18-0746 (issued November 26, 2018); *R.H.,* 59 ECAB 382 (2008); *James P. Roberts*, *id*.

[13] *See supra* note 10.

[14] *P.H.*, Docket No. 24-0897 (issued November 20, 2024); *S.R.,* Docket No. 17-1118 (issued April 5, 2018); *Nancy Lackner (Jack D. Lackner),* 40 ECAB 232, 238 (1988); *Harold Travis,* 30 ECAB 1071, 1078 (1979).

[15] *See R.W.*, Docket No. 24-0746 (issued September 30, 2024); *M.C.,* Docket No. 22-1160 (issued May 9, 2023); *Talmadge Miller*, 47 ECAB 673 (1996).

CONCLUSION

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

ORDER

IT IS HEREBY ORDERED THAT the January 22, 2026 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: July 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