United States Department of Labor
Employees' Compensation Appeals Board

K.V., Appellant	)	
and	)	**Docket No. 26-0448**
	)	**Issued: July 29, 2026**
DEPARTMENT OF THE AIR FORCE, SUPPLY CHAIN MANAGEMENT, TINKER AIR FORCE BASE, OK, 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 April 17, 2026 appellant filed a timely appeal from a March 11, 2026 merit decision of the Office of Workers' Compensation Programs (OWCP).[1] 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.[3]

[1] Appellant submitted a timely oral argument request before the Board. 20 C.F.R. § 501.5(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). 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.

[2] 5 U.S.C. § 8101 *et seq*.

[3] The Board notes that following the March 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.*

ISSUE

The issue is whether appellant has met his burden of proof to establish a diagnosed medical condition in connection with the accepted factors of his federal employment.

FACTUAL HISTORY

On December 8, 2025 appellant, then a 51-year-old program controller, filed an occupational disease claim (Form CA-2) alleging that he developed a hypersensitivity to chemical fumes due to factors of his federal employment. He explained that on November 4, 2025 he experienced medical issues due to fumes in his work area. On November 17, 2025 appellant's entire office was evacuated and the office personnel were advised to telework or take leave due to chemical fumes. On November 20, 2025 he was told by his supervisor to go to the occupational health unit due to his shortness of breath, rapid heart rate, and high blood pressure and emergency medical personnel were summonsed. Appellant alleged that he experienced increasing headaches, shortness of breath, nausea, brain fog, dizziness, tightening of the esophagus and chest, and mental instability due to his chemical exposure. He noted that he first became aware of his condition and realized its relationship to his federal employment on November 4, 2025.

A November 10, 2025 recommendation for duty form from Dr. Marcus S. Snyder, Chief of Aerospace Medicine, advised that appellant was able to perform full-duty work with no restrictions.

In an emergency room after-visit summary dated November 20, 2025, Dr. Miri Son-Cha, a physician specializing in emergency medicine, diagnosed lightheadedness. In a note of even date, she requested appellant be allowed to wear a mask if necessary to avoid further malodorous smells while at work.

In a November 20, 2025 recommendation for duty form, Dr. David A. Hardy, an osteopath Board-certified in preventive medicine and aerospace medicine, noted that appellant complained of noxious odors coming through the vents at his post, causing chest tightness and tachycardia. He related appellant's diagnosis as "noxious odors thu vents." Dr. Hardy released appellant to full-duty work with no restrictions.

In a development letter dated December 16, 2025, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence needed and provided a questionnaire for his completion. OWCP afforded appellant 60 days to submit the necessary evidence. In a separate development letter dated December 16, 2025, it requested that the employing establishment provide information regarding appellant's claim, including comments from a knowledgeable supervisor. OWCP afforded the employing establishment 30 days to submit the requested information.

OWCP subsequently received emergency department provider notes dated November 20, 2025, wherein Dr. Son-Cha noted that appellant was seen for dizziness. Appellant related he started to feel lightheaded after smelling a chemical odor at work. Dr. Son-Cha provided results from a number of diagnostic and laboratory tests and concluded that appellant's full workup was unremarkable and that appellant was neurologically intact.

In a January 15, 2026 after-visit summary, Dr. Kelli Denise Koons, a Board-certified internist, noted appellant was seen for hypersensitivity to odor and shortness of breath. She recounted appellant's history of injury and indicated that appellant had a longstanding issue with sensitivity to smells, which had worsened over time. Dr. Koons assessed hypersensitivity to smells and dyspnea.

By decision dated March 11, 2026, OWCP denied appellant's occupational disease claim, finding that the evidence of record was insufficient to establish a medical diagnosis in connection with the accepted factors of his employment. Thus, it concluded that the requirements to establish an injury, as defined by FECA, had not been met.

LEGAL PRECEDENT

An employee seeking benefits under FECA[4] 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,[5] 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.[6] 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 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 claimant.[7]

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.[8] 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 diagnosed

[4] *Id.*

[5] *C.C.*, Docket No. 24-0132 (issued April 22, 2024); *D.D.,* Docket No. 19-1715 (issued December 3, 2020); *S.B.,* Docket No. 17-1779 (issued February 7, 2018); *J.P.,* 59 ECAB 178 (2007); *Joe D. Cameron,* 41 ECAB 153 (1989).

[6] *Y.G.,* Docket No. 20-0688 (issued November 13, 2020); *J.M.,* Docket No. 17-0284 (issued February 7, 2018); *R.C.,* 59 ECAB 427 (2008); *James E. Chadden, Sr.,* 40 ECAB 312 (1988).

[7] *T.M.,* Docket No. 20-0712 (issued November 10, 2020); *S.C.,* Docket No. 18-1242 (issued March 13, 2019); *R.H.,* 59 ECAB 382 (2008).

[8] *J.F.,* Docket No. 18-0492 (issued January 16, 2020); *A.M.,* Docket No. 18-1748 (issued April 24, 2019); *T.H.,* 59 ECAB 388, 393 (2008); *Robert G. Morris,* 48 ECAB 238 (1996).

condition and specific employment factors identified by the claimant.[9] 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, is sufficient to establish causal relationship.[10]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a diagnosed medical condition in connection with the accepted factors of his federal employment.

Dr. Son-Cha provided several reports dated November 20, 2025 in which she noted appellant's symptoms of lightheadedness and dizziness. OWCP subsequently received emergency department provider notes dated November 20, 2025 by Dr. Son-Cha in which she provided results from a number of diagnostic and laboratory tests and concluded that appellant's full workup was unremarkable and that appellant was neurologically intact. The Board finds that this evidence is insufficient to establish a medical diagnosis in connection with the accepted factors of appellant's employment.

OWCP also received an after-visit summary from Dr. Koons who assessed hypersensitivity to smells and dyspnea. The Board has, however, previously held that hypersensitivity,[11] and dyspnea[12] are symptoms, not firm medical diagnoses of any medical condition. This report is therefore insufficient to establish appellant's claim.

The record also contains duty forms from Dr. Snyder and Dr. Hardy finding appellant capable of performing full-duty work with no restrictions. However, neither Dr. Snyder nor Dr. Hardy diagnosed a specific medical condition. It is appellant's burden of proof to obtain and submit medical documentation containing a firm diagnosis in connection with the accepted employment factors. As these reports did not provide a firm diagnosis in connection with the accepted employment factors, they are therefore insufficient to meet appellant's burden of proof.

As the medical evidence of record is insufficient to establish a firm diagnosis in connection with the accepted employment factors, appellant has not met his burden of proof.[13]

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.

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[9] *A.M.,* Docket No. 18-0562 (issued January 23, 2020); *I.J.,* 59 ECAB 408 (2008); *Leslie C. Moore,* 52 ECAB 132 (2000).

[10] *E.W.,* Docket No. 19-1393 (issued January 29, 2020); *Gary L. Fowler,* 45 ECAB 365 (1994).

[11] *See M.M.*, Docket No. 18-1522 (issued April 22, 2019).

[12] *See J.W.,* Docket No. 11-1475 (issued December 7, 2011).

[13] *B.H.*, Docket No. 26-0067 (issued March 3, 2026); *J.C.*, Docket No. 24-0315 (issued May 7, 2024).

CONCLUSION

The Board finds that appellant has not met his burden of proof to establish a diagnosed medical condition in connection with the accepted factors of his federal employment.

ORDER

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

Issued: July 29, 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