United States Department of Labor
Employees' Compensation Appeals Board

J.P., Appellant	)	
	)	**Docket No. 26-0466**
and	)	**Issued: July 23, 2026**
DEPARTMENT OF THE AIR FORCE, TYNDALL AIR FORCE BASE, FL, 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 27, 2026 appellant filed a timely appeal from a February 23, 2026 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUE

The issue is whether appellant has met his burden of proof to establish a right knee condition causally related to the accepted August 5, 2025 employment incident.

FACTUAL HISTORY

On August 6, 2025 appellant, then a 44-year-old lead firefighter, filed a traumatic injury claim (Form CA-1) alleging that on August 5, 2025 he twisted his right knee when trying to catch a ball during an intramural softball game while in the performance of duty. He stopped

[1] 5 U.S.C. § 8101 *et seq.*

work on August 6, 2025. On the reverse side of the claim form, the employing establishment acknowledged that appellant was injured in the performance of duty.

In an August 6, 2025 report, Dr. Timothy Adamcryk, a Board-certified family medicine specialist, diagnosed knee effusion. In a return-to-work note of even date, he advised that appellant could return to work when cleared by an orthopedist specialist.

A computerized tomography (CT) scan dated August 6, 2025 noted an impression of mild tricompartmental degenerative arthrosis, slight lateral patellar subluxation, and small knee joint effusion.

In a state workers' compensation form report and clinical encounter summary dated August 14, 2025, Colin Gallien, a nurse practitioner, noted a history of right knee anterior cruciate ligament (ACL) repair. In an imaging order of even date, he ordered a magnetic resonance imaging (MRI) scan of appellant's right knee.

In an August 14, 2025 attending physician's report (Form CA-20), Dr. Carlos E. Moreyra, an orthopedic surgeon, recounted that appellant was injured during a softball game at work. He noted appellant's acute right knee pain and requested an MRI scan for further evaluation. Dr. Moreyra advised that the diagnosed condition was caused or aggravated by the work softball game. He further advised that appellant was partially disabled commencing August 5, 2025.

In a development letter dated August 26, 2025, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of medical evidence needed to establish his claim. OWCP afforded appellant 60 days to submit the necessary evidence.

OWCP received an undated order, wherein Mr. Gallien reiterated his diagnosis of acute right knee pain. Mr. Gallien advised that appellant could return to work without limitation.

OWCP, in a follow-up development letter dated September 22, 2025, advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish his claim. It noted that he had 60 days from the August 25, 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 an August 14, 2025 report, Mr. Gallien related that appellant had a history of right knee ACL repair. In a clinical encounter summary dated September 18, 2025, Mr. Gallien noted diagnoses of right knee osteoarthritis and history of ACL tear reconstruction. He also advised that appellant could return to work without limitation.

A September 7, 2025 MRI scan report of appellant's right knee noted an impression of intact ACL graft; mild degeneration of the medial meniscus without tear; and mild-to-moderate medial and patellofemoral compartment chondromalacia greater to the medial compartment with small areas of full-thickness defect and mild degenerative edema.

A note dated September 11, 2025 signed by Ritesh Upadhyay, a healthcare provider, provided diagnoses of other meniscus derangements, unspecified medial meniscus, right knee;

chondromalacia patellae, right knee; localized edema; and presence of other bone and tendon implants.

By decision dated October 27, 2025, OWCP accepted that the August 5, 2025 employment incident occurred, as alleged. However, it denied appellant's claim, finding that the medical evidence of record was insufficient to establish a diagnosed medical condition in connection with the accepted August 5, 2025 employment incident.

On November 20, 2025 appellant requested a review of the written record by a representative of OWCP's Branch of Hearings and Review. In support thereof, he submitted a November 20, 2025 report, wherein Dr. J.A. Wieck, a Board-certified orthopedic surgeon, diagnosed history of repair of ACL and sprain of medial collateral ligament of right knee.

By decision dated February 23, 2026, OWCP's hearing representative modified the October 27, 2025 decision to find a diagnosis of sprain of right knee medial collateral ligament. However, the claim remained denied as the medical evidence of record was insufficient to establish that the diagnosed medical condition was causally related to the accepted August 5, 2025 employment incident.

LEGAL PRECEDENT

An employee seeking benefits under FECA[2] 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 United States within the meaning of FECA, that the claim was timely filed, 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.[3] These are the essential elements of every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.[4]

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. There are two components involved in establishing fact of injury. 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.[5]

[2] *Id*.

[3] *C.G.,* Docket No. 20-0058 (issued September 30, 2021); *S.B.,* Docket No. 17-1779 (issued February 7, 2018); *J.P.,* 59 ECAB 178 (2007); *Joe D. Cameron,* 41 ECAB 153 (1989).

[4] *J.M.,* Docket No. 17-0284 (issued February 7, 2018); *R.C.,* 59 ECAB 427 (2008); *James E. Chadden, Sr.,* 40 ECAB 312 (1988).

[5] *T.H.,* Docket No. 19-0599 (issued January 28, 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.[6] 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 the specific employment incident identified by the claimant.[7]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a right knee condition causally related to the accepted August 5, 2025 employment incident.

In an August 6, 2025 report, Dr. Adamcryk diagnosed knee effusion. However, he did not offer an opinion on the cause of the condition. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition or disability is of no probative value on the issue of causal relationship.[8] Thus, this evidence is insufficient to establish appellant's claim.

In his return-to-work note of even date, Dr. Adamcryk advised that appellant may return to work when cleared by an orthopedist specialist. However, he again did not provide an opinion on whether the August 5, 2025 employment incident caused or contributed to a diagnosed medical condition.[9] As explained above, 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.[10] Therefore, this evidence is insufficient to establish appellant's claim.

OWCP also received an August 14, 2025 Form CA-20, wherein Dr. Moreyra noted that appellant was injured during the August 5, 2025 employment incident. Dr. Moreyra diagnosed acute right knee pain and opined that appellant's condition was caused or aggravated by the accepted employment incident. He, however, did not offer a rationalized medical explanation to support his conclusory opinion. The Board has held that medical evidence that does not offer a rationalized explanation by the physician on how the accepted employment incident

[6] *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).

[7] *A.S.,* Docket No. 19-1955 (issued April 9, 2020); *Leslie C. Moore,* 52 ECAB 132 (2000).

[8] *See J.C.,* Docket No. 26-0204 (issued April 21, 2026); *R.G.,* Docket No. 25-0342 (issued May 12, 2025); *N.B.,* Docket No. 24-0726 (issued September 23, 2024); *L.B.,* Docket No. 18-0533 (issued August 27, 2018); *D.K.,* Docket No. 17-1549 (issued July 6, 2018).

[9] *See L.G.,* Docket No. 23-0405 (issued August 11, 2023); *S.D.*, Docket No. 22-0405 (issued October 5, 2022); *A.D.*, Docket No. 22-0319 (issued September 6, 2022); *V.T.*, Docket No. 19-0910 (issued September 25, 2020).

[10] *Id.*

physiologically caused or aggravated the diagnosed conditions is of limited probative value.[11] Therefore, this evidence is insufficient to establish the claim.

In his October 9, 2025 report, Dr. Wieck noted appellant's history of repair of the right ACL and diagnosed right knee sprain of the medial collateral ligament. However, he did not provide an opinion on the cause of the diagnosed condition.[12] Therefore, this evidence is of no probative value and is insufficient to establish appellant's claim.

OWCP also received evidence signed by a nurse practitioner. However, certain healthcare providers such as nurse practitioners are not considered physicians as defined under FECA.[13] Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to compensation benefits.[14]

Additionally, OWCP received a note dated September 11, 2025 from Mr. Upadhyay. The Board has held that a medical report may not be considered probative medical evidence if there is no indication that the person completing the report qualifies as a physician under FECA.[15] Therefore, this report is insufficient to establish appellant's claim.

The remaining evidence of record consists of diagnostic studies. The Board has held, however, that diagnostic studies, standing alone, lack probative value on the issue of causal relationship as they do not address whether the accepted employment incident caused or contributed to the diagnosed conditions.[16]

As the medical evidence of record is insufficient to establish a right knee condition causally related to the accepted August 5, 2025 employment incident, the Board finds that appellant has not met his burden of proof.

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[11] *See T.L.,* Docket No. 23-0073 (issued January 9, 2023); *V.D.,* Docket No. 20-0884 (issued February 12, 2021); *Y.D.,* Docket No. 16-1896 (issued February 10, 2017).

[12] *Id.*

[13] Section 8101(2) of FECA provides that medical opinions can only be given by a qualified physician. This section defines a physician as 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. § 8101(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); *see also F.A.,* Docket No. 24-0014 (issued January 30, 2026) (neither nurse practitioners nor physician assistants are considered physicians as defined under FECA); *M.F.,* Docket No. 19-1573 (issued March 16, 2020) (medical reports signed solely by a physician assistant or a nurse practitioner are of no probative value as these care providers are not considered physicians as defined under FECA).

[14] *Id.*

[15] *C.D.,* Docket No. 23-0645 (issued October 25, 2023); *A.D.*, Docket No. 23-0148 (issued May 22, 2023); *A.D.*, Docket No. 22-1264 (issued May 15, 2023); *A.D.*, Docket No. 20-0179 (issued April 8, 2021); *C.S.*, Docket No. 19-1377 (issued February 26, 2020); *R.M.*, 59 ECAB 690 (2008).

[16] *A.J.,* Docket No. 25-0250 (issued May 27, 2025); *T.Y.,* Docket No. 25-0255 (issued April 2, 2025); *B.O.,* Docket No. 25-0049 (issued January 10, 2025); *A.D.,* Docket No. 24-0770 (issued October 22, 2024); *T.L.,* Docket No. 22-0881 (issued July 17, 2024); *C.S.,* Docket No. 19-1279 (issued December 30, 2019).

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 his burden of proof to establish a right knee condition causally related to the accepted August 5, 2025 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the February 23, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: July 23, 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