United States Department of Labor
Employees' Compensation Appeals Board

K.B., Appellant	)	
and	)	**Docket No. 26-0467**
	)	**Issued: July 22, 2026**
DEPARTMENT OF HEALTH & HUMAN SERVICES, INDIAN HEALTH SERVICES, PINE RIDGE HOSPITAL, Pine Ridge, SD, Employer	)	

Appearances:
Alan J. Shapiro, 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 27, 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.[3]

[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.*

[3] The Board notes that OWCP received additional evidence following the January 22, 2026 decision. 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 at the time of its final decision 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 her burden of proof to establish a diagnosed medical condition in connection with the accepted November 10, 2025 employment incident.

FACTUAL HISTORY

On November 15, 2025 appellant, then a 46-year-old health aid and technician, filed a traumatic injury claim (Form CA-1) alleging that, on November 10, 2025, she injured her head, back, neck, right hip, and right leg while in the performance of duty. She explained that she was in the back of an ambulance providing care to a patient when she fell onto the floor and medication box after the driver slammed on the brakes of the ambulance. Appellant stopped work on November 11, 2025.

In support of her claim, appellant submitted hospital records, which included an unsigned November 10, 2025 document that provided care instructions for appellant's diagnoses of sprain and fracture, severe bruises, head injury, and back pain.

In a development letter dated November 21, 2025, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of medical evidence needed to establish her claim. OWCP afforded appellant 60 days to submit the necessary evidence.

OWCP subsequently received additional medical evidence. In a November 15, 2025 medical report, Nick R. Alonzo, a physician assistant, noted a history that on November 10, 2025 appellant was caring for a patient in the back of an ambulance when she fell as the ambulance braked. He assessed arthralgia of the right pelvis/hip/femur and contusion with intact skin surface of the right hip.

In a November 17, 2025 patient chart note, Dr. Emmett T. McEleney, a Board-certified orthopedic surgeon, recounted a history that appellant fell while working in an ambulance when the ambulance driver decelerated the vehicle. He discussed his examination findings regarding appellant's right hip and knee and provided assessments of arthralgia of hip and knee.

OWCP, in a follow-up letter dated December 18, 2025, 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 November 21, 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.

Thereafter, OWCP received additional medical evidence. In a December 16, 2025 attending physician's report (Form CA-20), Dr. McEleney reiterated appellant's history of injury. He noted that a magnetic resonance imaging (MRI) scan revealed questionable small right anterosuperior labral tear with paralabral cyst. Dr. McEleney diagnosed other internal derangement of the right knee and contusion of the right hip. He opined that the diagnosed conditions were caused or aggravated by the described employment activity.

In patient chart notes dated December 11 and 23, 2025, Dr. McEleney again examined appellant and reiterated his assessments of arthralgia of hip and knee, and other internal derangement of the right knee. He also assessed right hip labral pathology and right knee pain of unclear etiology.

In a December 30, 2025 office note, Dr. David R. Woodard, an orthopedic surgeon, noted that appellant presented for evaluation of persistent right hip and knee pain following a work-related accident in which she was thrown onto her right side in an ambulance. He noted that appellant had a prior small meniscal tear. Dr. Woodard reported his examination findings and diagnosed possible right hip labral tear with persistent pain without significant cartilage wear and right knee meniscal tear with early osteoarthritis.

In a January 7, 2026 Form CA-20, Dr. McEleney restated appellant's history of injury on November 10, 2025, his diagnoses of other internal derangement of the right knee and contusion of right hip, and his opinion that the diagnosed conditions were caused or aggravated by the described employment activity.

In Form CA-20 of even date, Dr. Woodard restated appellant's history of injury on November 10, 2025. He diagnosed tear of right acetabular labrum. Dr. Woodward opined that the diagnosed condition "may" have been caused or aggravated by the trauma of the described employment activity.

In a report dated January 5, 2026, Dr. Stephen Takasaki, a Board-certified family medicine specialist, performed a large joint arthrocentesis/injection to treat appellant's diagnosis of tear of right acetabular labrum, initial encounter.

In a December 29, 2025 report, Brittany R. Blount, a physician assistant, recounted appellant's history of injury on November 10, 2025 and assessed thoracic spine pain.

A November 13, 2025 authorization for examination and/or treatment (Form CA-16), signed by a healthcare provider with an illegible signature, noted a history that on November 10, 2025 appellant was thrown while riding in an ambulance when the driver slammed onto the brakes of the vehicle. The healthcare provider diagnosed right hip and knee pain and checked a box marked "Yes" indicating that the diagnosed condition was caused or aggravated by the described employment activity.

In clinical notes dated January 9, 2026, Dr. Kerry Blackham, a Board-certified family medicine specialist, noted that appellant presented for a preoperative physical examination. He discussed his examination findings and medically cleared her to undergo right knee arthroscopic partial medial meniscectomy.

OWCP also received right hip and right knee MRI scans dated November 21 and December 18, 2025, an operating room scheduling form dated January 2, 2026, and a preoperative laboratory report dated January 9, 2026.

By decision dated January 22, 2026, OWCP accepted that the November 10, 2025 employment incident occurred, as alleged. However, it denied appellant's claim, finding that the medical evidence of record was insufficient to establish a medical condition in connection with the accepted November 10, 2025 employment incident.

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 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.[5] These are the essential elements of every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.[6]

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.[7]

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue. The opinion of the physician must be based on a complete factual and medical background, 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.[8] 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.[9]

Pursuant to OWCP's procedures, no development of a claim is necessary where the condition reported is a minor one, which can be identified on visual inspection by a lay person (*e.g.*, burn, laceration, insect sting, or animal bite).[10] No medical report is required to establish a minor condition such as a contusion.[11]

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[4] *Supra* note 2.

[5] *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).

[6] *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.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).

[8] *V.C.,* Docket No. 26-0380 (issued June 29, 2026); *S.S.,* Docket No. 18-1488 (issued March 11, 2019).

[9] *V.C., id.*; *J.L.,* Docket No. 18-1804 (issued April 12, 2019).

[10] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Initial Development of Claims*, Chapter 2.800.6a (May 2023). *See also id.* at Part 2 -- Claims, *Causal Relationship,* Chapter 2.805.3c (May 2023); *D.J.,* Docket No. 25-0581 (issued September 17, 2025); *A.J.*, Docket No. 19-1289 (issued December 31, 2019).

[11] *Id.*; *see also B.C.*, Docket No. 20-0498 (issued August 27, 2020); *S.H.*, Docket No. 20-0113 (issued June 24, 2020); *M.A.*, Docket No. 13-1630 (issued June 18, 2014).

ANALYSIS

The Board finds that appellant has met her burden of proof to establish a diagnosed medical condition in connection with the accepted November 10, 2025 employment incident.

In support of her claim, appellant submitted CA-20 forms dated December 16, 2025 and January 7, 2026, wherein Dr. McEleney diagnosed internal derangement of the right knee and contusion of right hip. He noted appellant's history of injury and opined that the right knee and hip conditions were caused or aggravated by the accepted November 10, 2025 employment incident. The Board thus finds that appellant has established diagnosed medical conditions in connection with the accepted November 10, 2025 employment incident.

As appellant's right hip contusion is a visible injury, the case must be remanded for OWCP to apply its procedures regarding the acceptance of visible injuries.[12] The case shall further be remanded for consideration of the medical evidence with regard to whether appellant has met her burden of proof to establish that her diagnosed internal derangement of the right knee is causally related to the accepted employment incident. Following this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.[13]

CONCLUSION

The Board finds that appellant has met her burden of proof to establish a diagnosed medical condition in connection with the accepted November 10, 2025 employment incident.[14]

[12] *Supra* notes 10-11.

[13] *M.C.,* Docket No. 26-0006 (issued February 18, 2026).

[14] The Board notes the employing establishment issued a January 13, 2026 Form CA-16. A completed Form CA-16 authorization may constitute a contract for payment of medical expenses to a medical facility or physician, when properly executed. The form creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim. *See* 20 C.F.R. § 10.300(c); *S.G.,* Docket No. 23-0552 (issued August 28, 2023); *J.G.,* Docket No. 17-1062 (issued February 13, 2018); *Tracey P. Spillane,* 54 ECAB 608 (2003).

ORDER

IT IS HEREBY ORDERED THAT the January 22, 2026 decision of the Office of Workers' Compensation Programs is reversed, and this case is remanded for further proceedings consistent with this decision of the Board.

Issued: July 22, 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