United States Department of Labor
Employees' Compensation Appeals Board

C.M., Appellant	)	
	)	**Docket No. 26-0040**
and	)	**Issued: June 1, 2026**
	)	
U.S. POSTAL SERVICE, DUNCAN POST OFFICE, Duncan, SC, Employer	)	

Appearances:
Eric B. Blowers, 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 October 16, 2025 appellant, through counsel, filed a timely appeal from a September 23, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP).[2]

[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] Appellant, through counsel, submitted a timely request for oral argument 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). Counsel indicated that he requested oral argument to highlight errors in the development and adjudication of appellant's case. The Board, in exercising its discretion, denies appellant's request for oral argument because this matter pertains to an evaluation of the weight of the medical evidence presented. As such, the Board finds that the arguments on appeal can adequately be addressed in a decision based on a review of the case record. 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.

Pursuant to the Federal Employees' Compensation Act[3] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.[4]

ISSUE

The issue is whether appellant has met her burden of proof to expand the acceptance of her claim to include bilateral knee unilateral primary arthritis and primary osteoarthritis of the left foot and ankle, as causally related to, or consequential to, the accepted employment injury.

FACTUAL HISTORY

On October 11, 2023 appellant, then a 53-year-old rural delivery specialist, filed an occupational disease claim (Form CA-2) alleging that she developed bilateral knee pain, low back pain, and left ankle pain due to factors of her federal employment, including casing and pulling down mail, loading trays and packages into a van, and delivering mail to over 1,100 mail boxes a day. She noted that she first became aware of her condition on February 15, 2023, and realized its relationship to her federal employment on September 18, 2023.[5]

OWCP subsequently received an August 21, 2023 report, wherein Dr. Yashbir Rana, Board-certified in occupational medicine, related appellant's complaints of episodic, sharp lower lumbar pain radiating into the left lateral ankle with associated numbness in the left lower extremity, and a burning sensation in the left dorsal foot that extended to the anterior ankle post-surgery. Dr. Rana indicated that appellant's current symptoms were the direct result of appellant's May 25, 2022 employment injury. He obtained an electromyography and nerve conduction velocity (EMG/NCV) study, which revealed bilateral sural sensory neuropathy and the suggestion of left-sided L5-S1 radiculopathy.

In an October 23, 2023 report, Dr. Rana noted that appellant presented with employment-related complaints of the lumbar region, bilateral knees, and left ankle. He diagnosed other intervertebral disc degeneration, lumbar region, other spondylosis with radiculopathy, lumbar region, lumbar radiculopathy, subluxation of L4-5 lumbar vertebra, unilateral primary osteoarthritis of the right knee, unliteral primary osteoarthritis of the left knee, and primary osteoarthritis of the left ankle and foot. Dr. Rana returned appellant to full-time modified duty with restrictions.

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[3] 5 U.S.C. § 8101 *et seq*.

[4] The Board notes that following the September 23. 2025 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.*

[5] OWCP assigned the present claim OWCP File No. xxxxxx162. Appellant has a prior traumatic injury claim (Form CA-1) alleging that, on May 25, 2022, she sprained her left foot and ankle when she pushed a cart through a door and fell while in the performance of duty. OWCP assigned that claim OWCP File No. xxxxxx560 and, on June 29, 2022, accepted it for sprain of unspecified ligament of left ankle and unspecified sprain of left foot. On October 24, 2023, OWCP administratively combined OWCP File Nos. xxxxxx162 and xxxxxx560, with the latter designated as the master file.

On November 29, 2023, OWCP accepted appellant's occupational disease claim for other spondylosis with radiculopathy, lumbar region, and lumbar radiculopathy. It advised appellant that it had not accepted other intervertebral lumbar disc degeneration, subluxation of the L4-5 lumbar vertebra, unilateral primary osteoarthritis of the right knee, unilateral primary osteoarthritis of the left knee, and primary osteoarthritis of the left ankle and foot.

On November 20, 2023, OWCP referred appellant, along with the medical record, a statement of accepted facts (SOAF),[6] and a series of questions to Dr. Glenn L. Scott, a Board-certified orthopedic surgeon, for a second opinion regarding the nature and extent of her accepted employment injury, and her work capacity. It also requested an opinion regarding expansion of the acceptance of the claim to include additional conditions.

In a January 10, 2024 report, Dr. Scott noted his review of the SOAF and medical record. On examination, he observed an antalgic gait on the left side with restricted dorsiflexion of the left foot, restricted lumbar motion with paraspinal spasm, a healing surgical incision of the left ankle with some tenderness and a slightly positive Tinel's sign, equivocal weakness of the right side of the left ankle and on extension of the left great toe, prominent left Achilles contracture, and a left knee effusion. Dr. Scott provided an impression of left ankle sprain, status postoperative arthroscopy with debridement and repair of anterior talofibular ligament/calcaneofibular ligament (ATFL/CFL) complex, left Achilles contracture with gait derangement, osteoarthritis of both knees, "[m]ultilevel degenerative joint disease with facet arthroplasty[,]" and lumbar radiculopathy with sciatica. He opined that appellant's altered gait pattern had aggravated preexisting intervertebral disc degeneration and L4-5 subluxation, and permanently aggravated preexisting unilateral primary osteoarthritis of the left knee. Regarding appellant's right knee, Dr. Scott opined that the arthritic changes in appellant's right knee were preexistent, related to normal wear and tear, with no evidence of primary causation by her work activities. He returned appellant to modified duty with restrictions for four hours a day.

In a February 1, 2024 report, Dr. Rana noted that an October 3, 2023 magnetic resonance imaging (MRI) scan of the left ankle demonstrated an impression of mild degenerative changes of the tibiotalar joint, and October 11, 2023 x-rays revealed mild degeneration of the right knee and moderate degeneration of the left knee. He related appellant's description of her job duties during the previous 23 years, which included frequent lifting up to 70 pounds, frequent pulling and pushing up to 20 pounds, bending, squatting and twisting while casing and delivering mail, climbing stairs, walking on uneven surfaces, and entering and exiting her vehicle approximately 350 times in one work shift. Dr. Rana opined that constant bending, heavy lifting, entering or exiting her vehicle 700 times a day "to carry heavy packages up steep driveways and uneven surfaces" caused wear and tear on the bilateral knees and left ankle, resulting in joint degeneration. He explained that repetitive heavy lifting and carrying over uneven surfaces over 23 years "place abnormal mechanical loading on both knees and [the] left ankle," which "added stress to these cells in her joint spaces, kickstarting an inflammatory cascade which has damaged the cells in these affected joint spaces." Sustained inflammation over 23 years, coupled with chronic overuse, led to "degenerative changes inside the joint spaces, causing osteoarthritis to develop." Dr. Rana requested that OWCP expand its acceptance of the conditions in the claim to include unilateral

[6] The November 30, 2023 SOAF indicated that the claim was filed "for a work-related injury that occurred on February 15, 2023."

primary arthritis of the bilateral knees, and primary osteoarthritis of the left ankle and foot. He opined that these conditions were a direct result of appellant's job duties which had "directly caused her current medical conditions."

By decision dated February 27, 2024, OWCP denied expansion of the acceptance of appellant's claim to include an additional diagnosis of unilateral primary osteoarthritis of the bilateral knees, and primary osteoarthritis of the left ankle and foot as causally related to the accepted employment injury.

In a March 7, 2024 report, Dr. Rana opined that the injuries to appellant's lumbar spine, knees, and left ankle were "a direct result of her repetitively bending, twisting, lifting heavy packages up to 70 [pounds], constantly getting in/out of her delivery vehicle, carrying heavy packages up to 70 [pounds] while walking on uneven surfaces and up hilly driveways[,]" and delivering mail to 1,100 mailboxes while entering and exiting her vehicle 350 times a shift over 23 years. He explained that these job duties caused wear and tear on appellant's lumbar spine, bilateral knees, and left ankle, "causing joint degeneration and chronic soft tissue inflammation around these affected areas." OWCP also received a series of reports by Dr. Rana dated March 7 through May 10, 2024, wherein he reiterated his support for expanding acceptance of the claim to include unilateral primary osteoarthritis of the bilateral knees, and primary osteoarthritis of the left ankle and foot.

On March 14, 2024, appellant, through counsel, requested a review of the written record by a representative of OWCP's Branch of Hearings and Review.

Following a preliminary review, by decision dated June 21, 2024, an OWCP hearing representative vacated the February 27, 2024 decision, finding a conflict of medical opinion between Dr. Scott, for the government, and Dr. Rana, for appellant, regarding whether the additional diagnosed conditions were causally related to the accepted employment conditions by direct cause, aggravation, or precipitation. The hearing representative remanded the case for further development, including selecting an impartial medical examiner (IME) and obtaining their opinion on expansion, followed by a *de novo* decision.[7]

On August 20, 2024, OWCP referred appellant, together with an updated SOAF,[8] the medical record, and a series of questions, to Dr. John Evans, a Board-certified orthopedic surgeon, for an impartial medical examination regarding expansion of the acceptance of the claim.

In a November 7, 2024 report, Dr. Evans, serving as the impartial medical examiner (IME), recounted appellant's history of injury as an alleged injury occurring on February 15, 2023 while casing and pulling down mail and loading trays and packages into a van. He reviewed the SOAF and the medical evidence of record, and noted appellant's chief complaints of low back, bilateral knee, and left ankle pain. On physical examination, Dr. Evans observed tenderness to palpation of the left lumbosacral region and left sacroiliac joint, restricted lumbar motion, a tender left lateral ankle surgical incision, well-healed left ankle arthroscopic portals, left ankle inversion limited to

[7] OWCP continued to receive additional reports by Dr. Rana dated July 12 through February 3, 2025, wherein he reiterated his prior opinion regarding expansion of the accepted condition in the claim.

[8] The July 11, 2024 SOAF indicated that the claim was filed "for a work-related injury that occurred on February 15, 2023."

10 degrees due to surgery, absent patellar and Achilles reflexes bilaterally, and tenderness to palpation of the bilateral knees and left ankle. He noted an impression of nonspecific chronic or chronic recurrent low back pain with continued complaints of axial and non-verifiable radicular symptoms, nonspecific let ankle pain post-ligament reconstruction, and nonspecific bilateral knee pain. Dr. Evans added that lumbar spondylosis was "an imaging diagnosis and not a clinical diagnosis." He noted that in response to the questions as to whether appellant's fall at work on May 25, 2022 aggravated preexisting medical conditions, that he spoke with OWCP's contracted appointment scheduler "and clarified that this question is actually asking whether the" February 15, 2023 employment injury aggravated the accepted left ankle and foot sprains caused by the May 25, 2022 employment incident. On that basis, Dr. Evans opined that the February 15, 2023 "work injury did not aggravate" preexisting medical conditions. He asserted that there was "no clinical or imaging evidence that any anatomic or musculoskeletal alteration/change occurred in [appellant's] knees or left ankle on" February 15, 2023. Dr. Evans alleged that dating appellant's "left ankle symptoms to the" February 15, 2023 "work incident is subjective and not supported by objective findings that could relate her symptoms to the incident.

On December 23, 2024, OWCP requested that Dr. Evans provide a supplemental report addressing whether the diagnosed conditions of unilateral primary osteoarthritis of the right knee, unilateral primary osteoarthritis of the left knee, and primary osteoarthritis of the left ankle and foot, were causally related to the accepted employment injury by direct cause, aggravation, or precipitation.

In reports dated January 21 and February 4, 2025, Dr. Avner Griver, a Board-certified physiatrist, provided a history of the May 25, 2022 employment injury and subsequent treatment. He related that appellant wore a controlled ankle motion (CAM) boot on her left lower extremity for 10 to 11 months following surgery, which necessitated increased physical effort and altered gait. Dr. Griver noted findings on examination and diagnosed bilateral knee pain, pes anserinus buritis of the bilateral knees, unspecified internal derangement of the bilateral knees, and bilateral patellar chondromalacia. Reports of diagnostic studies were received.

In a February 5, 2025 supplemental report, Dr. Evans noted that the diagnoses of unilateral primary osteoarthritis of the bilateral knees, and primary osteoarthritis of the left ankle and foot, were added by Dr. Rana on November 20, 2023, nine months following "the alleged work incident" on February 15, 2023. The diagnoses were based on appellant's subjective complaints, an October 3, 2023 left ankle MRI scan report and October 11, 2023 bilateral knee x-rays, "eight months after the alleged work incident and one month before the exam." Dr. Evans contended that there was no review of appellant's medical records "from before the alleged work incident, no review of her outside activities, and no investigation into risk factors for knee and ankle pain such as age, psychiatric comorbidity, obesity, family history, gender, or sporting activities." He concluded that appellant may have sustained additional, unresolved conditions, but they were "not caused, aggravated, or precipitated" by the February 15, 2023 work incident.

By *de novo* decision dated March 6, 2025, OWCP denied expansion of the claim to include the additional conditions of bilateral knee unilateral primary arthritis, and primary osteoarthritis of the left foot and ankle. It accorded the special weight of the medical evidence to the opinion of Dr. Evans, the IME.

On March 31, 2025, appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

In an April 15, 2025 report, Dr. Ajay Garg, a Board-certified internist, opined that appellant's job duties, including repetitive heavy lifting, bending, twisting, delivering mail to 1,100 mailboxes each shift, and getting in and out of her vehicle 350 times a shift, caused wear and tear on her lumbar spine, bilateral knees, and left ankle, "causing joint degeneration and chronic soft tissue inflammation around these affected areas." He opined that appellant's job duties caused lumbar intervertebral disc degeneration, lumbar spondylosis with radiculopathy, lumbar radiculopathy, subluxation of the L4-5 vertebra, unilateral primary osteoarthritis of the bilateral knees, and primary osteoarthritis of the left ankle and foot. OWCP also received a series of reports by Dr. Rana dated May 27 through August 12, 2025 wherein he reiterated prior diagnoses and support for expansion of the accepted conditions in the claim.

A hearing was held on August 22, 2025.

By decision dated September 23, 2025, OWCP's hearing representative affirmed the March 6, 2025 decision.

LEGAL PRECEDENT

When an employee claims that a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.[9]

To establish causal relationship between a condition and the employment event or incident, the employee must submit rationalized medical opinion evidence based on a complete factual and medical background, supporting such a causal relationship.[10] The opinion of the physician must be one of reasonable certainty, and must explain the nature of the relationship between the diagnosed condition and the accepted employment injury.[11]

In discussing the range of compensable consequences, once the primary injury is causally connected with the employment, the question is whether compensability should be extended to a subsequent injury or aggravation related in some way to the primary injury. The basic rule is that a subsequent injury, whether an aggravation of the original injury or a new and distinct injury, is compensable if it is the direct and natural result of a compensable primary injury.[12]

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[9] *N.M.*, Docket No. 26-0021 (issued March 11, 2026); *S.P.*, Docket No. 25-0669 (issued November 25, 2025); *S.L.*, Docket No. 24-0220 (issued May 15, 2024); *N.U.*, Docket No. 22-1329 (issued April 18, 2023); *J.R.*, Docket No. 20-0292 (issued June 26, 2020); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

[10] *S.L.*, *id.*; *B.W.*, Docket No. 21-0536 (issued March 6, 2023); *D.E.*, Docket No. 20-0936 (issued June 24, 2021); *S.L.*, Docket No. 19-0603 (issued January 28, 2020).

[11] *Id.*

[12] *See L.M.*, Docket No. 23-0605 (issued December 5, 2023); *D.L.*, Docket No. 21-0047 (issued February 22, 2023); *D.H.*, Docket Nos. 20-0041 & 20-0261 (issued February 5, 2021).

Section 8123(a) of FECA provides that, if there is disagreement between the physician making the examination for the United States and the physician of the employee, the Secretary shall appoint a third physician who shall make an examination.[13] This is called a referee examination and OWCP will select a physician who is qualified in the appropriate specialty and who has no prior connection with the case. In situations where there exist opposing medical reports of virtually equal weight and rationale and the case is referred to an IME 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.[14]

ANALYSIS

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

In his November 7, 2024 report, Dr. Evans opined that the February 15, 2023 "work injury did not aggravate" preexisting medical conditions. He further opined in his November 7, 2024 and February 5, 2025 reports that the February 15, 2023 employment injury did not cause or aggravate a medical condition in appellant's knees or left ankle as there was no objective evidence of physiologic changes occurring on February 15, 2023. However, Dr. Evans did not provide sufficient rationale for his conclusory opinions. The Board has held that a medical report is of limited probative value on the issue of causal relationship if it contains a conclusion regarding causal relationship which is unsupported by medical rationale.[15]

It is well established that proceedings under FECA are not adversarial in nature, nor is OWCP a disinterested arbiter.[16] While the claimant has the responsibility to establish entitlement to compensation, OWCP shares responsibility in the development of the evidence to see that justice is done.[17] Once it undertakes development of the record, it must do a complete job in procuring medical evidence that will resolve the issue in the case.[18]

The case must, therefore, be remanded to OWCP. On remand, OWCP shall prepare an updated SOAF, which clarifies that this is an occupational disease claim. It shall then provide the updated SOAF to Dr. Evans and request that he provide a rationalized supplemental opinion

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[13] 5 U.S.C. § 8123(a). *See N.M.*, *supra* note 9; *D.M.*, Docket No. 25-0317 (issued April 15, 2025); *R.C.*, Docket No. 18-0463 (issued February 7, 2020); *see also G.B.*, Docket No. 16-0996 (issued September 14, 2016).

[14] 20 C.F.R. § 10.321. *See also D.M.*, *id.*; *J.H.*, Docket No. 22-0981 (issued October 30, 2023); *N.D.*, Docket No. 21-1134 (issued July 13, 2022); *Darlene R. Kennedy*, 57 ECAB 414 (2006); *Gloria J. Godfrey*, 52 ECAB 486 (2001); *James P. Roberts*, 31 ECAB 1010 (1980).

[15] *See C.B. (S.B.),* Docket No. 19-1629 (issued April 7, 2020); *V.T.,* Docket No. 18-0881 (issued November 19, 2018); *S.E.*, Docket No. 08-2214 (issued May 6, 2009); *T.M.*, Docket No. 08-0975 (issued February 6, 2009).

[16] *N.L.,* Docket No. 19-1592 (issued March 12, 2020); *M.T.,* Docket No. 19-0373 (issued August 22, 2019); *B.A.,* Docket No. 17-1360 (issued January 10, 2018).

[17] *P.T.,* Docket No. 21-0138 (issued June 14, 2021); *S.S.,* Docket No. 18-0397 (issued January 15, 2019); *Donald R. Gervasi,* 57 ECAB 281, 286 (2005); *William J. Cantrell,* 34 ECAB 1233, 1237 (1983).

[18] *L.N.,* Docket No. 22-0497 (issued September 14, 2023); *G.M.,* Docket No. 19-1931 (issued May 28, 2020); *W.W.,* Docket No. 18-0093 (issued October 9, 2018).

regarding expansion of the acceptance of the claim to include bilateral knee unilateral primary arthritis and primary osteoarthritis of the left foot and ankle, as causally related to**,** or consequential to, the accepted employment injury. Following this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

CONCLUSION

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

ORDER

IT IS HEREBY ORDERED THAT the September 23, 2025 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: June 1, 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