

² The Board notes that, following the February 2, 2026 decision, appellant submitted additional evidence to OWCP. 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.*

FACTUAL HISTORY

On November 19, 2025 appellant, then a 62-year-old city carrier, filed a traumatic injury claim (Form CA-1) alleging that on November 18, 2025 he injured his left knee while in the performance of duty. He explained that he was delivering a parcel and experienced a sharp pain behind his left knee. On the reverse side of the claim form, the employing establishment controverted the claim contending that there was no hazards at the accident scene that would have caused the alleged injury. Appellant stopped work on November 19, 2025, and returned to part-time modified duty on December 22, 2025.

In a November 26, 2025 development letter, 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.

In a report dated November 19, 2025, Dr. Thomas D. Santoro, a Board-certified diagnostic radiologist, reviewed the x-rays and diagnosed left knee pain with no acute fracture, malalignment, or joint effusion.

On December 4, 2025 Dr. John S. Tipton, a Board-certified family practitioner, examined appellant due to left knee pain. He related that while walking at work, appellant experienced a popping sensation in his left knee followed by swelling. Dr. Tipton performed a physical examination and described minimal knee effusion, tenderness to palpation, and limited flexion. He diagnosed rupture of the anterior cruciate ligament of the left knee, internal derangement of the left knee joint, and effusion of the left knee joint. Dr. Tipton recommended a magnetic resonance imaging (MRI) scan to confirm the diagnosis.

On December 18, 2025 Dr. Tipton completed a duty status report (Form CA-17) diagnosing left knee pain and internal derangement. He checked a box marked "Yes" to indicate that appellant provided a history of walking and experiencing a pop in his left leg. A left knee MRI scan of even date demonstrated a complete radial tear of the posterior horn of the medial meniscus of the left knee.

On January 2, 2026 Dr. Nicole Perry, an orthopedic surgeon, completed a Form CA-17 diagnosing meniscal tear. She noted a November 18, 2025 date of injury and checked a box marked "Yes" to indicate that appellant provided a history of walking and experiencing a pop in his left leg. In a separate note of even date, Dr. Perry released appellant to return to full-duty work.

In a follow-up letter dated January 5, 2026, OWCP advised appellant that it had conducted an interim review, and the evidence submitted remained insufficient to establish his claim. It noted that he had 60 days from the October 28, 2025 letter to submit the necessary evidence. OWCP further advised that if sufficient evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

In a January 15, 2026 report, Dr. Perry related appellant's history of walking to deliver a package and experiencing a sudden, sharp, onset of pain in his left knee, likening the situation to being shot from behind. She diagnosed left knee meniscus tear. Dr. Perry opined that the

mechanism of injury described, *i.e.*, ambulation with subsequent difficulty bearing weight, was consistent with a meniscal injury. She further opined that the temporal relationship between the work incident and the immediate onset of symptoms, along with objective clinical findings, supported a causal connection. Dr. Perry concluded that the November 18, 2025 employment incident was the direct cause of appellant's left knee meniscus tear.

By decision dated February 2, 2026, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish causal relationship between his diagnosed condition(s) and the accepted November 18, 2025 employment incident.

LEGAL PRECEDENT

An employee seeking benefits under FECA³ 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.⁴ These are the essential elements of every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.⁵

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.⁶

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.⁷ 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.⁸

³ *Supra* note 1.

⁴ *L.H.*, Docket No. 26-0201 (issued April 6, 2026); *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).

⁵ *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁶ *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).

⁷ *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).

⁸ *A.S.*, Docket No. 19-1955 (issued April 9, 2020); *Leslie C. Moore*, 52 ECAB 132 (2000).

ANALYSIS

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

Dr. Perry, in her January 15, 2026 report, related appellant's history of walking to deliver a package and experiencing a sudden, sharp, onset of pain in his left knee, likening the situation to being shot from behind. She diagnosed left knee meniscus tear. Dr. Perry opined that the mechanism of injury described, *i.e.*, ambulation with subsequent difficulty bearing weight, was consistent with a meniscal injury. She further opined that the temporal relationship between the work incident and the immediate onset of symptoms, along with objective clinical findings supported a causal connection. Dr. Perry concluded the November 18, 2025 employment incident was the direct cause of appellant's left knee meniscus tear. Although her opinion is insufficiently rationalized to meet appellant's burden of proof to establish causal relationship, the Board finds that it is of sufficient probative quality to warrant additional development.⁹

It is well established that proceedings under FECA are not adversarial in nature, nor is OWCP a disinterested arbiter. While the claimant has the burden of proof to establish entitlement to compensation, OWCP shares the responsibility in the development of the evidence to see that justice is done.¹⁰

The case shall, therefore, be remanded to OWCP for further development of the medical evidence. On remand, OWCP shall refer appellant, along with a statement of accepted facts and the medical record to a specialist in the appropriate field of medicine for a reasoned opinion as to whether appellant sustained a medical condition causally related to the accepted November 18, 2025 employment incident. If the second-opinion physician disagrees with the opinion of Dr. Perry, he or she must provide a fully-rationalized explanation of why the accepted employment incident is insufficient to have caused or contributed to appellant's medical condition. After 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.

⁹ *J.C.*, Docket No. 26-0235 (issued April 30, 2026); *J.K.*, Docket No. 26-0015 (issued February 25, 2026); *G.M.*, Docket No. 25-0728 (issued September 12, 2025); *E.J.*, Docket No. 09-1481 (issued February 19, 2010); *John J. Carlone*, 41 ECAB 354 (1989); *Horace Langhorne*, 29 ECAB 280 (1978).

¹⁰ See *J.C.*, and *J.K.*, *id.*; *K.H.*, Docket No. 25-0896 (issued December 29, 2025); *V.H.*, Docket No. 23-1013 (issued July 24, 2025); *M.S.*, Docket No. 23-1125 (issued June 10, 2024); *E.B.*, Docket No. 22-1384 (issued January 24, 2024); *J.R.*, Docket No. 19-1321 (issued February 7, 2020); *S.S.*, Docket No. 18-0397 (issued January 15, 2019).

ORDER

IT IS HEREBY ORDERED THAT the February 2, 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: June 5, 2026
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board