United States Department of Labor
Employees' Compensation Appeals Board

A.F., Appellant	)	
and	)	**Docket No. 26-0338**
	)	**Issued: June 3, 2026**
DEPARTMENT OF VETERANS AFFAIRS, SAN FRANCISCO VA MEDICAL CENTER, San Francisco, CA, 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
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On February 27, 2026 appellant filed a timely appeal from a January 28, 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.[2]

[1] 5 U.S.C. § 8101 *et seq.*

[2] Appellant submitted a timely request for oral argument before the Board. 20 C.F.R. § 501.5(b). In support of her oral argument request, she asserted that oral argument should be granted because OWCP mishandled her claim and improperly stated that she did not submit medical evidence. 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). The Board, in exercising its discretion, denies appellant's request for oral argument because this matter requires an evaluation of the medical evidence required. As such, the arguments on appeal can be adequately addressed in a decision based on a review of the case record. Oral argument in this appeal would not serve a useful purpose. Therefore, the oral argument request is denied and this decision is based on the case record as submitted to the Board.

ISSUE

The issue is whether appellant has met her burden of proof to establish a medical condition causally related to the accepted factors of her federal employment.

FACTUAL HISTORY

On September 7, 2023 appellant, then a 42-year-old personnel management officer, filed an occupational disease claim (Form CA-2) alleging that she sustained chondromalacia patella of both knees and multiloculated Baker's cyst of the left knee due to factors of her federal employment, including tripping over a chair in which a coworker was a sitting and fell to the floor on both hands and knees while in the performance of duty. She indicated that she first became aware of her claimed conditions on September 17, 2014 and that she first realized their relation to her federal employment on February 4, 2023. Appellant did not stop work.

In a September 11, 2023 development letter, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of evidence needed and provided a questionnaire for her completion. OWCP afforded appellant 60 days to respond.

Appellant did not submit a response to the development questionnaire, but on September 21, 2023 OWCP received several documents, including an unsigned September 17, 2014 employee visit record referencing an injury on that date, and February 23 and March 4, 2015 notes wherein an individual with an illegible signature detailed her symptoms.

In a follow-up October 3, 2023 letter, OWCP 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 September 11, 2023 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.

On November 3, 2023 OWCP received medical evidence. A March 17, 2023 magnetic resonance imaging (MRI) scan of the right knee contained an impression of chondromalacia patella. A left knee MRI scan of even date contained an impression of chondromalacia patella and multiloculated Baker's cyst. In November 2, 2023 clinical notes, Dr. Avionna Baldwin, a Board-certified orthopedic surgeon, indicated that appellant reported that she fell at work in 2016 with subsequent bilateral knee pain and noted that she had patellofemoral cartilage wear as demonstrated by diagnostic testing.

By decision dated November 14, 2023, OWCP accepted that appellant had established the implicated employment factors. However, it denied her claim, finding that she had not submitted medical evidence containing a medical diagnosis in connection with the accepted employment factors. OWCP found that appellant had not met the requirements for establishing an injury as defined by FECA.

On December 5, 2023 appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

Appellant subsequently submitted a March 4, 2024 report wherein Charlene Lincoln, an acupuncturist, noted that she treated appellant on that date.

An oral hearing was held on March 6, 2024.

On March 8, 2024 OWCP received a March 7, 2024 report wherein Dr. Patrick J. McGahan, a Board-certified orthopedic surgeon, indicated that appellant reported that she experienced bilateral knee pain since she fell 10 years prior while working for the employing establishment. Dr. McGahan reported physical examination findings and discussed the diagnostic testing findings. He stated, "[Appellant] has a diagnosis of [bilateral] knee chondromalacia patella that is related to her workplace injury that occurred in 2014. She reports that she fell directly on to her knees in 2014. She denies prior injury or pain to her knee. It is reasonable that her current condition was caused by the workplace injury of 2014."

By decision dated April 8, 2024, OWCP's hearing representative affirmed the November 14, 2023 decision.

On February 14, 2025 appellant requested reconsideration of the April 8, 2023 decision. She subsequently resubmitted the March 7, 2024 report of Dr. McGahan.

By decision dated April 17, 2025, OWCP denied modification of the April 8, 2023 decision.

Appellant submitted an October 13, 2025 report wherein Dr. Moshe Lewis, a Board-certified physiatrist, discussed the September 17, 2014 fall and diagnosed chondromalacia patellae of both knees, bilateral medial meniscus tears, and synovial cyst of the popliteal space (Baker's cyst) of the left knee. Dr. Lewis opined that the mechanism of injury (direct impact to knees during a workplace fall) was medically consistent with her current diagnosis and the chronicity of her symptoms. He stated that this mechanism of injury was well established in orthopedic literature as a cause of post-traumatic chondromalacia and meniscal injury due to compressive forces and cartilage disruption at the patellofemoral interface. Dr. Lewis advised that it was medically reasonable that the initial trauma produced cartilage damage and possible subclinical meniscal injury, and that repetitive occupational stress (walking, sitting-to-standing transitions, and prolonged weight-bearing) aggravated these conditions over time, leading to persistent pain and degenerative changes visible on diagnostic testing.

Appellant also submitted the first page of an unsigned report dated September 16, 2025.

On January 15, 2026 appellant requested reconsideration of the April 17, 2025 decision. She again resubmitted the March 7, 2024 report of Dr. McGahan.

By decision dated January 28, 2026, OWCP modified the April 17, 2025 decision to find that the medical evidence of record was sufficient to establish a diagnosed medical condition in connection with the accepted employment factors. However, the claim remained denied as the medical evidence of record was insufficient to establish causal relationship.

LEGAL PRECEDENT

An employee seeking benefits under FECA 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 within the applicable time limitation period of FECA, 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 each and every compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.[4]

In an occupational disease claim, appellant's burden of proof requires submission of the following: (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 employee.[5]

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.[6] 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.[7]

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted employment factors.

Appellant submitted a March 7, 2024 report wherein Dr. McGahan stated, "[Appellant] has a diagnosis of [bilateral] knee chondromalacia patella that is related to her workplace injury that occurred in 2014. She reports that she fell directly on to her knees in 2014. She denies prior injury or pain to her knee. It is reasonable that her current condition was caused by the workplace injury of 2014." Appellant also submitted an October 13, 2025 report wherein Dr. Lewis discussed the September 17, 2014 fall and diagnosed chondromalacia patellae of both knees, bilateral medial meniscus tears, and synovial cyst of the popliteal space (Baker's cyst) of the left knee. He opined that the mechanism of injury (direct impact to knees during a workplace fall) was medically consistent with her current diagnosis and the chronicity of her symptoms. Dr. Lewis stated that this mechanism of injury was well established in orthopedic literature as a cause of post-traumatic chondromalacia and meniscal injury due to compressive forces and cartilage disruption at the patellofemoral interface. He advised that it was medically reasonable that the initial trauma produced cartilage damage and possible subclinical meniscal injury, and that repetitive occupational stress (walking, sitting-to-standing transitions, and prolonged weight-bearing)

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

[4] *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett,* 41 ECAB 992 (1990).

[5] *A.C.* Docket No. 25-0783 (issued September 15, 2025); *S.C.,* Docket No. 18-1242 (issued March 13, 2019).

[6] *S.S.,* Docket No. 18-1488 (issued March 11, 2019).

[7] *J.L.,* Docket No. 18-1804 (issued April 12, 2019).

aggravated these conditions over time, leading to persistent pain and degenerative changes visible on diagnostic testing.

However, the Board finds that neither Dr. McGahan nor Dr. Lewis provided sufficient medical rationale in support of their opinion that appellant sustained a medical condition causally related to the accepted employment factors. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how an employment activity could have caused or aggravated a medical condition.[8] Therefore, this evidence is insufficient to establish appellant's claim.

Appellant submitted November 2, 2023 clinical notes wherein Dr. Baldwin indicated that appellant reported that she fell at work in 2016 with subsequent bilateral knee pain and noted that she had patellofemoral cartilage wear as demonstrated by diagnostic testing. However, the Board notes that this evidence does not contain an opinion that appellant sustained a medical condition causally related to the accepted employment factors. 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.[9] Therefore, this evidence is insufficient to establish appellant's claim.

Appellant submitted a March 4, 2024 report by Ms. Lincoln, an acupuncturist. However, certain healthcare providers such as physician assistants, nurses, and physical and occupational therapists are not considered physicians as defined under FECA.[10] Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits.[11] Therefore, this evidence is insufficient to establish appellant's claim.

Appellant submitted the first page of an unsigned report dated September 16, 2025. She also submitted an unsigned September 17, 2014 employee visit record, and February 23 and March 4, 2015 notes wherein an individual with an illegible signature detailed her symptoms. The Board has held that unsigned reports and reports that bear illegible signatures lack proper identification and cannot be considered probative medical evidence as the author cannot be identified as a physician.[12] Thus, this evidence is of no probative value and is insufficient to establish appellant's claim.

[8] *See Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

[9] *See F.S.,* Docket No. 23-0112 (issued April 26, 2023); *L.B.,* Docket No. 18-0533 (issued August 27, 2018); *D.K.,* Docket No. 17-1549 (issued July 6, 2018).

[10] Section 8101(2) provides that physician includes 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); *David P. Sawchuk,* 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA); *G.R.,* Docket No. 25-0540 (issued June 26, 2025) (physical therapists are not considered physicians under FECA); *G.P.,* Docket No. 24-0763 (issued October 11, 2024) (acupuncturists are not considered physicians under FECA).

[11] *See id.*

[12] *See B.S.,* Docket No. 22-0918 (issued August 29, 2022); *S.D.,* Docket No. 21-0292 (issued June 29, 2021); *C.B.*, Docket No. 09-2027 (issued May 12, 2010); *Merton J. Sills,* 39 ECAB 572, 575 (1988).

As the medical evidence of record is insufficient to establish causal relationship between her diagnosed conditions and the accepted employment factors, the Board finds that appellant has not met her burden of proof.

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 her burden of proof to establish a medical condition causally related to the accepted employment factors.

ORDER

IT IS HEREBY ORDERED THAT the January 28, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 3, 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