United States Department of Labor
Employees' Compensation Appeals Board

S.S., Appellant	)	
and	)	**Docket No. 26-0352**
	)	**Issued: June 26, 2026**
U.S. POSTAL SERVICE, PROCESSING & DISTRIBUTION CENTER, Lansing, MI, 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 March 4, 2026 appellant filed a timely appeal from a January 30, 2026 merit decision of the Office of Workers' Compensation Programs (OWCP).[1] 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] Appellant 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). In support of the oral argument request, appellant asserted that oral argument should be granted because her doctor had reported that her disability was intermittent. The Board, in exercising its discretion, denies appellant's request for oral argument because 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.

[2] 5 U.S.C. § 8101 *et seq*.

[3] The Board notes that following the January 30, 2026 decision, appellant submitted additional evidence to OWCP and with her appeal to the Board. 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.*

ISSUE

The issue is whether appellant has met her burden of proof to establish intermittent disability from work for the period September 13, 2025 through January 6, 2026, causally related to her accepted employment injury.

FACTUAL HISTORY

On December 3, 2024 appellant, then a 50-year-old mail processing clerk, filed a traumatic injury claim (Form CA-1) alleging that on November 23, 2024 she sustained an injury to her left wrist and right shoulder when sweeping mail to an automated machine while in the performance of duty. She stopped work on November 23, 2024, and returned to modified duty on November 25, 2024.

In a letter dated January 7, 2025, OWCP informed appellant that it had converted her traumatic injury claim to an occupational disease claim because her claim involved events that occurred over more than one work shift.

By decision dated January 16, 2025, OWCP accepted appellant's occupational disease claim for a right shoulder strain of unspecified muscle, fascia and tendon at the shoulder and upper arm.[4]

Appellant resumed full-time regular-duty work on June 14, 2025.

On November 7, 2025 appellant filed a claim for compensation (Form CA-7) for intermittent disability from work for the period September 13 through October 24, 2025.

In a development letter dated November 17, 2025, OWCP informed appellant of the deficiencies of her disability claim. It advised her of the type of medical evidence needed to establish her claim and afforded her 30 days to submit the necessary evidence.

On November 18, 2025 appellant filed a Form CA-7 for intermittent disability from work for the period October 25 through November 7, 2025.

OWCP subsequently received a September 11, 2025 return to work form from Patrick Cooper, a certified nurse practitioner, noting appellant's work restrictions. In a report dated September 11, 2025 Jonathon Cartier, a physician assistant, diagnosed right arm strain of the muscle, fascia, and tendon at the shoulder and upper arm. He also noted that he had modified appellant's work restrictions. In a September 30, 2025 report, Mr. Cooper listed a diagnosis of strain of unspecified muscle, fascia and tendon at shoulder and upper right arm. In a return-to-work form of the even date, he related that appellant could return to work with restrictions.

A September 29, 2025 right shoulder magnetic resonance imaging (MRI) scan demonstrated impressions of supraspinatus and infraspinatus tendinosis with irregular tearing with additional areas of mild-to-moderate bursal-sided fraying of the infraspinatus; mild subscapularis tendinosis without significant tearing; mild-to-moderate proximal long head biceps tendinosis; mild degenerative changes of the glenohumeral joint with small joint effusion; degeneration and

[4] By separate decision, also dated January 16, 2025, OWCP denied appellant's entitlement to continuation of pay (COP).

tearing of the superior to posterosuperior labrum; mild-to-moderate acromioclavicular osteoarthritis; os acromiale with mild-to-moderate hypertrophic changes; and mild subacromial subdeltoid bursitis.

In an October 3, 2025 form report, Dr. Maria C. Opolka, a Board-certified osteopathic family practitioner, related that appellant's right shoulder rotator tear started in November 2024 and was reinjured on September 3, 2025. She indicated that appellant was incapacitated from September 4 through 9, 2025. Dr. Opolka additionally indicated that it would be medically necessary for appellant to be absent from work on an intermittent basis approximately one to two times per month over the next six months. She opined that appellant would not be able to perform one or more of her essential job functions due to flare ups.

In an October 29, 2025 note, Dr. Meredith C. Heisey, a Board-certified orthopedic surgeon, related that appellant required a surgical procedure that was necessary for appellant's diagnosed right shoulder conditions of complete rotator cuff tear or rupture, not specified as traumatic, and bicipital tendinitis.

In a November 2, 2025 report, Dr. Heisey noted the history of appellant's right shoulder pain, reviewed diagnostic testing, and provided examination findings. She diagnosed a complete rotator cuff tear and biceps tendinitis, noting that appellant would proceed with the recommended surgery. Dr. Heisey opined that appellant would be off work for 14 weeks following the January 8, 2026 surgery.

In a November 20, 2025 note, Dr. Opolka indicated that appellant was off work on September 16, September 23, September 30, October 16, October 17, and October 24, 2025 due to her work-related injury.

In a November 21, 2025 form report, Steve Waskiewicz, a nurse practitioner, related appellant's restrictions. In a narrative report of the same date, he related appellant's physical examination findings and reiterated appellant's diagnosis of right arm strain of the unspecified muscle, fascia and tendon at the shoulder and upper arm level.

In two separate reports both dated December 31, 2025, Dr. Opolka advised that appellant was unable to perform "any and all" work duties due to the November 23, 2024 work injury to her right shoulder. She explained that the flare ups were brought on by excessive use to the right arm which caused the arm to have no mobility. In these reports, Dr. Opolka indicated that appellant was incapacitated on September 16, September 23, September 30, October 16, October 17, October 24, December 29 and December 30, 2025.

Appellant continued to file CA-7 forms for disability from work for the period December 27, 2025 through January 9, 2026.

On January 8, 2026 Dr. Heisey performed appellant's right shoulder arthroscopic rotator cuff repair.

By decision dated January 30, 2026, OWCP denied appellant's Form CA-7 claim for disability from work during the period September 13, 2025 through January 6, 2026, finding that the medical evidence of record was insufficient to establish disability from work during the claimed period causally related to her accepted employment injury.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim, including that any disability or specific condition for which compensation is claimed is causally related to the employment injury.[5] For each period of disability claimed, the employee has the burden of proof to establish that he or she was disabled from work as a result of the accepted employment injury.[6] Whether a particular injury causes an employee to become disabled from work, and the duration of that disability, are medical issues that must be proven by a preponderance of probative and reliable medical opinion evidence.[7]

Under FECA the term "disability" means the incapacity, because of an employment injury, to earn the wages that the employee was receiving at the time of injury. Disability is thus not synonymous with physical impairment, which may or may not result in an incapacity to earn wages. An employee who has a physical impairment causally related to a federal employment injury, but who nevertheless has the capacity to earn the wages he or she was receiving at the time of injury, has no disability as that term is used in FECA.[8]

Causal relationship is a medical issue, and the medical evidence required to establish causal relationship is rationalized medical evidence.[9] Rationalized medical evidence is medical evidence, which includes a physician's detailed medical opinion on the issue of whether there is a causal relationship between the claimant's claimed disability and the accepted employment injury. The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the claimed period of disability and the accepted employment injury.[10]

The Board will not require OWCP to pay compensation for disability in the absence of medical evidence directly addressing the specific dates of disability for which compensation is claimed. To do so would essentially allow an employee to self-certify his or her disability and entitlement to compensation.[11]

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[5] *See D.A.,* Docket No. 26-0214 (issued April 21, 2026); *M.F.,* Docket No. 24-0445 (issued May 23, 2024); *C.B.,* Docket No. 20-0629 (issued May 26, 2021); *D.S.,* Docket No. 20-0638 (issued November 17, 2020); *B.O.,* Docket No. 19-0392 (issued July 12, 2019); *D.W.,* Docket No. 18-0644 (issued November 15, 2018); *Kathryn Haggerty,* 45 ECAB 383 (1994); *Elaine Pendleton,* 40 ECAB 1143 (1989).

[6] *Id. See also* 20 C.F.R. § 10.501(a); *K.H.,* Docket No. 25-0906 (issued January 30, 2026); *V.P.,* Docket No. 21-1111 (issued May 23, 2022); *C.E.,* Docket No. 19-1617 (issued June 3, 2020); *M.M.,* Docket No. 18-0817 (issued May 17, 2019); *T.A.,* Docket No. 18-0431 (issued November 7, 2018); *see also Amelia S. Jefferson,* 57 ECAB 183 (2005).

[7] 20 C.F.R. § 10.5(f); *B.O., supra* note 5; *N.M.,* Docket No. 18-0939 (issued December 6, 2018).

[8] *Id.*

[9] *C.J.,* Docket No. 21-1424 (issued February 27, 2024); *J.M.,* Docket No. 19-0478 (issued August 9, 2019).

[10] *R.H.,* Docket No. 18-1382 (issued February 14, 2019).

[11] *C.E., supra* note 6; *M.M., supra* note 6; *see V.B.,* Docket No. 18-1273 (issued March 4, 2019); *S.M.,* Docket No. 17-1557 (issued September 4, 2018); *William A. Archer,* 55 ECAB 674, 679 (2004); *Fereidoon Kharabi,* 52 ECAB 291, 293 (2001).

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish intermittent disability from work for the period September 13, 2025 through January 6, 2026, causally related to her accepted employment injury.

OWCP received an October 3, 2025 report from Dr. Opolka who opined that due to appellant's work-related right shoulder rotator cuff tear, it was medically necessary for appellant to be absent from work on an intermittent basis approximately one to two times per month over the next six months. She opined that due to "flare ups" appellant would not be able to perform one or more of her essential job functions. The Board notes that right shoulder rotator cuff tear is not an accepted condition. While Dr. Opolka generally opined that appellant would be disabled from work on an intermittent basis, she did not offer a rationalized opinion, based on objective medical findings, explaining why appellant would not be able to perform her employment duties due to the accepted condition during the claimed period.[12] Therefore, this evidence is insufficient to establish appellant's disability claim.[13]

In a November 20, 2025 note, Dr. Opolka indicated that appellant was off work on September 16, September 23, September 30, October 16, October 17 and October 24, 2025 due to her work-related injury. In her December 31, 2025 report, she indicated that appellant was incapacitated on the same dates, as well as December 29 and December 30, 2025, because she was unable to perform "any and all" work duties. Dr. Opolka related that appellant's November 23, 2024 work injury caused her arm to become immobile. While Dr. Opolka explained that excessive use of the right arm caused the arm to become immobile, she failed to explain, with rationale, how the accepted right shoulder strain caused or contributed to the claimed disability such that appellant was unable to perform her light-duty position. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how a given medical condition/disability was related to the accepted employment injury.[14]

Dr. Heisey, in reports dated October 29 and November 2, 2025, offered no opinion regarding appellant's disability status during the claimed period, causally related to the accepted employment injury. 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.[15] This evidence is, therefore, insufficient to establish appellant's disability claim.

Appellant also submitted reports from nurse practitioners and a physician assistant. The Board has held, however, that medical reports signed solely by a nurse practitioner or a physician assistant are of no probative value as such healthcare providers are not considered physicians as

[12] *See C.W.*, Docket No. 26-0091 (issued March 17, 2026).

[13] *M.R.,* Docket No. 26-0020 (issued January 21, 2026).

[14] *See F.J.*, Docket No. 25-0094 (issued February 19, 2025); *S.K.,* Docket No. 18-1537 (issued June 20, 2019; *Y.D.,* Docket No. 16-1896 (issued February 10, 2017) (a report is of limited probative value regarding causal relationship if it does not contain medical rationale describing the relation between work factors and a diagnosed condition/disability).

[15] *See J.D.,* Docket No. 25-0884 (issued April 22, 2026); *L.B.,* Docket No. 18-0533 (issued August 27, 2018); *D.K.,* Docket No. 17-1549 (issued July 6, 2018).

defined under FECA and are, therefore, not competent to provide medical opinions.[16] Consequently, their medical findings and/or opinions will not suffice for the purpose of establishing entitlement to FECA benefits. This evidence is, therefore, insufficient to establish the disability claim.

The remaining evidence of record consists of diagnostic studies. The Board, however, has held that diagnostic studies, standing alone, lack probative value on the issue of causal relationship as they do not address whether the accepted employment injury caused the claimed disability.[17]

As the medical evidence of record is insufficient to establish intermittent disability from work during the period September 13, 2025 through January 6, 2026, causally related to her accepted employment injury, 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 intermittent disability from work for the period September 13, 2025 through January 6, 2026, causally related to her accepted employment injury.

[16] 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); *see also S.B.,* Docket No. 26-0230 (issued April 21, 2026) (medical reports signed solely by a nurse practitioner are of no probative value as such healthcare providers are not considered physicians as defined under FECA and are, therefore, not competent to provide medical opinions); *N.H.,* Docket No. 26-0136 (issued March 18, 2026) (neither nurse practitioners nor physician assistants are considered physicians as defined under FECA); *F.A.,* Docket No. 24-0014 (issued January 30, 2026) (neither nurse practitioners nor physician assistants are considered physicians as defined under FECA).

[17] *F.D.,* Docket No. 19-0932 (issued October 3, 2019); *J.S.,* Docket No. 17-1039 (issued October 6, 2017).

ORDER

IT IS HEREBY ORDERED THAT the January 30, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 26, 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