United States Department of Labor
Employees' Compensation Appeals Board

M.G., Appellant	)	
and	)	**Docket No. 26-0357**
	)	**Issued: June 16, 2026**
U.S. POSTAL SERVICE, CLEVELAND POST OFFICE, Cleveland, OH, 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
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On March 6, 2026 appellant, through counsel, filed a timely appeal from a February 3, 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 following the February 3, 2026 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*.

ISSUE

The issue is whether appellant has met his burden of proof to establish a right knee condition causally related to the accepted November 21, 2023 employment incident.

FACTUAL HISTORY

On January 30, 2024 appellant, then a 57-year-old former manager of delivery operations, filed a traumatic injury claim (Form CA-1) alleging that on November 21, 2023 he injured his right knee while in the performance of duty. He recounted that he was shadowing an employee on a route on a rainy day and repeatedly tripped on uneven sidewalks and terrain. Appellant stopped work on November 24, 2023.[4]

In a statement dated December 5, 2023, K.G., appellant's coworker, indicated that appellant shadowed her on her route on November 21, 2023. She noted that she did not observe him trip or fall.

In a statement dated December 5, 2023, D.H., an employing establishment manager, indicated that appellant did not report an injury or that he had tripped on sidewalks or uneven terrain on November 21, 2023.

In a February 14, 2024 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence needed to establish his claim and provided a questionnaire for his completion. OWCP afforded appellant 60 days to submit the necessary evidence.

OWCP thereafter received a November 23, 2023 visit summary by Stephanie Caja, a physician assistant, who diagnosed right knee injury and fluid on knee. Ms. Caja noted that an x-ray was negative for fracture but did demonstrate an effusion in the joint. In a separate letter of even date, she indicated that appellant could return to light-duty work on November 27, 2023.

In a January 11, 2024 medical report, Dr. Courtney A. Chow, Board-certified in pain medicine and anesthesiology, noted that appellant related complaints of right knee pain, which he attributed to slipping and stumbling over a sidewalk while shadowing a postal carrier on November 21, 2023. She noted that he had a history of left knee arthroscopic meniscectomy in 2018. Dr. Chow performed a physical examination of the right knee and observed tenderness to palpation along the medial aspect. She diagnosed acute right knee pain and indicated that she "[suspected] right knee pain is due to ligamentous sprain." Dr. Chow recommended a right knee x-ray.

In a follow-up letter dated March 7, 2024, 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 February 14, 2024 letter to submit the necessary evidence. OWCP

[4] Appellant was terminated from the employing establishment on December 13, 2023.

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.

OWCP thereafter received a November 23, 2023 emergency room report by Dr. Donald L. Brizendine, an osteopathic emergency medicine specialist, who noted that appellant related complaints of right knee pain and swelling, which he attributed to sliding and twisting his knee while shadowing a postal carrier in the rain on November 21, 2023. Dr. Brizendine performed a physical examination and observed swelling, normal ROM, tenderness over the medial joint line, and a positive McMurray's test. He obtained an x-ray which demonstrated a small joint effusion. Dr. Brizendine diagnosed right knee injury and effusion of right knee joint.

In a March 4, 2024 response to OWCP's development questionnaire, appellant indicated that he told K.G. that it was hard to keep up with her on November 21, 2023 because he kept tripping over the sidewalks. He related that his right knee was swollen like a balloon the next day, so he sought treatment in the emergency room. Appellant related that he reported the injury to an employing establishment supervisor at a district office on December 2, 2023.

By decision dated May 20, 2024, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish a causal relationship between his diagnosed right knee condition and the accepted November 21, 2023 employment incident.

On May 21, 2024 appellant, through counsel, requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review, which was held on September 4, 2024.

In a September 4, 2024 after-visit summary, Dr. Heather A. Rainey, Board-certified in physiatry and sports medicine, diagnosed right knee arthritis and recommended home exercises and an injection.

By decision dated October 25, 2024, OWCP's hearing representative affirmed the May 20, 2024 decision.

OWCP continued to receive evidence, including a February 24, 2025 medical report by Dr. Catherine Watkins Campbell, an occupational and family medicine physician, who noted that appellant related complaints of right knee pain, which he attributed to repeatedly twisting his right knee while shadowing another carrier in the rain on November 21, 2023. She performed a physical examination and diagnosed strain of the right lower leg and knee sprain.

A May 6, 2025 magnetic resonance imaging (MRI) scan of the right knee demonstrated degenerative changes of the medial compartment and edema and thickening of the anterior cruciate ligament without evidence of laxity.

OWCP also received physical therapy reports.

On June 26, 2025 appellant, through counsel, requested reconsideration of OWCP's October 25, 2024 decision. In support thereof, he submitted medical reports dated June 3 and July 14, 2025 by Dr. Conjeevaram Maheshwer, a Board-certified orthopedic surgeon, who noted the history of the November 21, 2023 employment incident and documented physical examination findings. Dr. Maheshwer reviewed the May 6, 2025 right knee MRI scan and noted that there was

no evidence of tearing of the medial or lateral meniscus and that the cruciate and collateral ligaments were intact. He diagnosed unilateral primary arthritis of the right knee, which he opined was preexisting.

By decision dated August 11, 2025, OWCP denied modification of its October 25, 2024 decision.

OWCP continued to receive evidence.

In a medical report and attending physician's report (Form CA-20) dated September 11, 2025, Dr. Katherine Burke, an emergency medicine physician, noted the history of the November 21, 2023 employment incident and documented physical examination findings. She diagnosed unilateral primary osteoarthritis of the right knee and unspecified sprain of collateral ligament of right knee. Dr. Burke opined that appellant's ongoing right knee dysfunction was a direct and natural consequence of his work injury of November 21, 2023 when he stumbled on bad footing, got his feet stuck in a dip, and fell. She explained that "falling onto a grassy surface" caused abrupt impact motion of twisting, which placed excessive stress on the ligaments surrounding the right knee joint.

On November 5, 2025 appellant requested reconsideration of OWCP's August 11, 2025 decision. In support thereof, he submitted a November 4, 2025 narrative report by Dr. Burke, who diagnosed a right knee sprain and aggravation and acceleration of preexisting osteoarthritis of the right knee. Dr. Burke indicated that appellant planted his right foot with torsional and valgus stress on a flexed knee, which transmitted force through the knee joint and caused acute stretching and partial tearing of the supporting collateral ligaments and triggered an inflammatory cascade which accelerated cartilage loss beyond what would be expected for someone his age. She opined that the diagnosed conditions "[were] caused by acute mechanical overload of the collateral ligament complex resulting from the twisting and valgus force experienced during the fall."

By decision dated February 3, 2026, OWCP denied modification of its August 11, 2025 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA[5] 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.[6] These are the

[5] 5 U.S.C. § 8101 *et seq*.

[6] *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).

essential elements of every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.[7]

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.[8]

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.[9] 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.[10]

In any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship, therefore, involves aggravation, acceleration or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.[11]

ANALYSIS

The Board finds that appellant has met his burden of proof to establish swelling of the right knee causally related to the accepted November 21, 2023 employment incident.

OWCP found that the November 21, 2023 employment incident, in which appellant tripped on uneven sidewalks and terrain while shadowing another employee, had occurred at the time and place and in the manner alleged. In response to OWCP's development questionnaire, appellant related that his right knee was swollen like a balloon the next day, so he sought treatment in the emergency room. Dr. Brizendine, in an emergency room report dated November 23, 2023, noted the history of the November 21, 2023 employment incident and observed swelling on examination. OWCP's procedures provide that if a condition reported is a minor one, such as a burn, laceration, insect sting, or animal bite, which can be identified on visual inspection, and is reported promptly,

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

[8] *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).

[9] *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).

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

[11] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (May 2023); *M.B.,* Docket No. 20-1275 (issued January 29, 2021); *see R.D.,* Docket No. 18-1551 (issued March 1, 2019).

a case may be accepted without a medical report.[12] The Board therefore finds that appellant has met his burden of proof to establish swelling of the right knee.[13] The case will, therefore, be remanded to OWCP for payment of medical expenses and any attendant disability.[14]

The Board further finds, however, that appellant has not met his burden of proof to establish an additional medical condition as causally related to the accepted November 21, 2023 employment injury.

In her September 11, 2025 medical report, Dr. Burke diagnosed unilateral primary osteoarthritis of the right knee and unspecified sprain of collateral ligament of right knee. She opined that the conditions were caused by "falling onto a grassy surface." In a November 4, 2025 medical report, Dr. Burke diagnosed a right knee sprain and aggravation and acceleration of preexisting osteoarthritis of the right knee, which she opined were caused by twisting and valgus force experienced "during the fall." The Board has held that medical reports based on an incomplete or inaccurate history are of limited probative value.[15] For this reason, Dr. Burke's reports are insufficient to establish appellant's claim.

In a January 11, 2024 medical report, Dr. Chow diagnosed acute right knee pain and a "possible" ligamentous sprain. The Board has held that pain is a symptom, not a diagnosis of a medical condition.[16] The Board has also held that a medical report lacking a firm diagnosis is of no probative value.[17] Therefore, this evidence is insufficient to establish the claim.

In a September 4, 2024 after-visit summary, Dr. Rainey diagnosed right knee arthritis. In a February 24, 2025 medical report, Dr. Campbell diagnosed strain of unspecified muscle and tendon of the right lower leg and right knee sprain. However, neither physician offered an opinion regarding the cause of the diagnosed conditions. The Board has held that an opinion which does

[12] *See* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Initial Development of Claims*, Chapter 2.800.6a (May 2023); Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3c (May 2023). *See also R.H.*, Docket No. 20-1684 (issued August 27, 2021); *A.J.*, Docket No. 20-0484 (issued September 2, 2020) (the Board found appellant had met her burden of proof as the medical evidence established visible injuries in the form of ecchymosis and edema).

[13] *See E.A.*, Docket No. 24-0937 (issued October 24, 2024); *J.C.*, Docket No. 21-0406 (issued November 5, 2021); *R.H.*, *id.*; *A.J.*, *id*.; *see also W.R.*, Docket No. 20-1101 (issued January 26, 2021); *S.K.*, Docket No. 18-1411 (issued July 22, 2020).

[14] *See E.B.,* Docket No. 24-0471 (issued June 11, 2024); *J.N.*, Docket No. 24-0169 (issued April 26, 2024); *A.J.*, *id*.

[15] *See J.M.*, Docket No. 24-0586 (issued March 13, 2026); *S.E.*, Docket No. 26-0036 (issued January 29, 2026); *B.C.*, Docket No. 24-0036 (issued March 19, 2024); *S.B.*, Docket No. 21-0646 (issued July 22, 2022); *D.H.*, Docket No. 21-0537 (issued October 18, 2021); *T.B.*, Docket No. 17-0304 (issued May 16, 2017); *S.R.*, Docket No. 14-1086 (issued February 26, 2015) (medical conclusions based on an incomplete or inaccurate factual background are of limited probative value).

[16] *D.S.*, Docket No. 24-0888 (issued November 6, 2024); *T.S.*, Docket No. 24-0605 (issued August 23, 2024); *R.D.*, Docket No. 24-002 (issued January 24, 2024); *K.S.*, Docket No. 19-1433 (issued April 26, 2021); *S.L.*, Docket No. 19-1536 (issued June 26, 2020); *D.Y.*, Docket No. 20-0112 (issued June 25, 2020).

[17] *J.E.*, Docket No. 21-0810 (issued April 13, 2023); *P.C.*, Docket No. 18-0167 (issued May 7, 2019).

not address the cause of an employee's condition is of no probative value on the issue of causal relationship.[18] Thus, this evidence is insufficient to establish appellant's claim.

In medical reports dated June 3 and July 14, 2025, Dr. Maheshwer reviewed a May 6, 2025 MRI scan and diagnosed unilateral primary arthritis of the right knee, which he opined was preexisting. The Board has held that medical evidence that negates causal relationship is of no probative value.[19] As such, this evidence is insufficient to establish appellant's claim.

Appellant also submitted notes by Ms. Caja, a physician assistant, and physical therapy reports. These reports do not constitute competent medical evidence because neither physician assistants nor physical therapists are considered physicians as defined under FECA.[20] Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to compensation benefits.[21]

As the medical evidence of record is insufficient to establish an additional medical condition causally related to the accepted November 21, 2023 employment incident, the Board finds that appellant has not met his 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 and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has met his burden of proof to establish swelling of the right knee causally related to the accepted November 21, 2023 employment incident. The Board further finds, however, that he has not met his burden of proof to establish an additional medical condition as causally related to the accepted November 21, 2023 employment injury.

[18] *See C.M.,* Docket No. 25-0772 (issued December 15, 2025); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

[19] *See D.T.*, Docket No. 26-0189 (issued April 1, 2026); *M.H.,* Docket No. 25-0864 (issued January 5, 2026); *F.B.,* Docket No. 22-0679 (issued January 23, 2024); *see also M.J.,* Docket No. 05-577 (issued June 6, 2005).

[20] 5 U.S.C. § 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." 20 C.F.R. § 10.5(t). *See also* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (January 2013); *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); *F.A.*, Docket No. 24-0014 (issued January 30, 2026); *V.R.*, Docket No. 19-0758 (issued March 16, 2021) (physical therapists are not considered physicians under FECA); *C.K.*, Docket No. 19-1549 (issued June 30, 2020) (physical therapists are not considered physicians as defined under FECA).

[21] *F.A.*, *id.*; *V.R.*, Docket No. 19-0758 (issued March 16, 2021); *B.B.*, Docket No. 18-0732 (issued March 11, 2020).

ORDER

IT IS HEREBY ORDERED THAT the February 3, 2026 decision of the Office of Workers' Compensation Programs is reversed in part and affirmed in part. The case is remanded for further proceedings consistent with this decision of the Board.

Issued: June 16, 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