United States Department of Labor
Employees' Compensation Appeals Board

T.B., Appellant	)	
and	)	**Docket No. 26-0372**
	)	**Issued: June 30, 2026**
DEPARTMENT OF JUSTICE, FEDERAL BUREAU OF INVESTIGATION, New York, NY, 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 10, 2026 appellant, through counsel, filed a timely appeal from a February 10, 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 10, 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 medical condition causally related to the accepted July 3, 2024 employment incident.

FACTUAL HISTORY

On July 11, 2024 appellant, then a 28-year-old criminal investigator/special agent, filed a traumatic injury claim (Form CA-1) alleging that on July 3, 2024 he injured his left knee while in the performance of duty. He recounted that while sprinting during a mandatory annual physical fitness test, his left knee buckled and he felt immediate sharp pain. Appellant did not stop work.

An x-ray of the left knee dated July 25, 2024 demonstrated mild degenerative changes preferentially affecting the medial compartment of the left knee without acute displaced fracture.

In a July 25, 2024 medical report, Dr. Tony S. Wanich, a Board-certified orthopedic surgeon and sports medicine specialist, noted that appellant related complaints of left knee pain and a history that "he was doing his fitness test for work last month when he was running around the track and his ankle collapsed inward when he was on the edge." He performed a physical examination of the left knee and observed moderate effusion, pain with palpation of the medial joint line, and a positive McMurray's test. Dr. Wanich reviewed the July 25, 2024 x-ray, diagnosed left knee pain, and recommended a magnetic resonance imaging (MRI) scan of the left knee.

An MRI scan of the left knee dated August 1, 2024 demonstrated a prior medial meniscectomy without meniscus or ligament tear and mild chondral wear and surface fibrillation over the medial femoral condyle and patella without focal high-grade defect.

OWCP also received reports from Daniel Chen, a physical therapist, dated October 8 through November 18, 2024. In a report dated October 28, 2024, he noted that appellant related a new symptom of sharp left lateral kneecap pain after an incident 10 days prior when "he was at the gym doing step downs when his knee buckled and he ended up hitting his knee."

An x-ray of the pelvis and lower extremities dated November 26, 2024 revealed mild joint space narrowing of the left knee.

An MRI scan of the left knee dated December 13, 2024 demonstrated no change compared to the August 1, 2024 scan.

In a December 17, 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 7, 2024 follow-up report by Dr. Wanich who noted that appellant related ongoing difficulty with weightbearing and loading activities due to medial knee pain and swelling. He reviewed diagnostic studies, performed a physical examination, and diagnosed left knee pain status post meniscectomy. Dr. Wanich indicated that appellant "may be having some pain due to his prior meniscectomy."

In a medical report dated November 26, 2024, Dr. Ayoosh Pareek, a Board-certified orthopedic surgeon, noted that appellant related a history of a left knee twisting injury while apprehending a suspect for which he underwent a partial medial meniscectomy in 2016. He also noted that he "had another incident of this year where he had a twisting or valgus moment." Dr. Pareek documented physical examination findings and diagnosed left knee pain with concern for worsening patellofemoral chondromalacia.

In a follow-up report dated December 18, 2024, Dr. Pareek reviewed the December 13, 2024 left knee MRI scan and diagnosed left knee pain with concern for worsening patellofemoral chondromalacia, left knee prior partial medial meniscectomy, and superficial medial femoral condyle chondromalacia.

In a December 27, 2024 response to OWCP's questionnaire, appellant indicated: "I am claiming that during my mandatory physical fitness test on [July 3, 2024], my left knee was injured during the 300-meter sprint event." He also noted that he had a prior injury to the left knee in 2016 for which he underwent surgery and recovered.

In an attending physician's report (Form CA-20) dated December 31, 2024, Dr. Pareek diagnosed left patella chondromalacia and opined that the condition was caused or aggravated by an employment activity. He noted that "during physical fitness along with his job in law enforcement likely resulted in this condition."

In a report dated January 9, 2025, Dr. Wanich documented physical examination findings and noted that appellant had failed conservative treatment. He recommended a diagnostic arthroscopy of the left knee to evaluate the chondral surfaces.

In a follow-up development letter dated January 29, 2025, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish his claim. It noted that he had 60 days from the December 17, 2024 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. No further evidence was received.

By decision dated February 25, 2025, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish causal relationship between a medical condition and the accepted July 3, 2024 employment incident. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

On March 4, 2025 appellant, through counsel, requested a hearing before a representative of OWCP's Branch of Hearings and Review.

In a medical narrative dated March 18, 2025, Dr. Wanich recommended a diagnostic arthroscopy-chondroplasty to address the chondral irregularities shown on the MRI scans. He opined that appellant "sustained an injury to his left knee during a fitness test at work on July 3, 2024."

On May 6, 2025 appellant, through counsel, converted his request for a hearing to a request for a review of the written record.

By decision dated July 21, 2025, OWCP's hearing representative affirmed the February 25, 2025 decision.

OWCP continued to receive evidence, including a physical therapy report by Mr. Chen dated September 10, 2024, who noted that appellant related that his left knee pain began on July 3, 2024 "after he was running on a track and where he landed on the edge and he noticed his knee buckled."

On November 13, 2025 appellant, through counsel, requested reconsideration of OWCP's July 21, 2025 decision. In support thereof, he submitted a November 10, 2025 narrative medical report by Dr. Sami E. Moufawad, a Board-certified physiatrist, who indicated that appellant was "performing a 300-meter sprint, and he stepped at the edge between the concrete and the grass. He twisted his left ankle, his left knee turned inward, and he fell landing on his left knee." Dr. Moufawad also noted that he "eventually had arthroscopy with removal of a piece of cartilage that was broken off." He performed a physical examination and observed tenderness to palpation of the left knee medial joint line, left patella, and left medial ankle ligament, increased pain with McMurray's test in the left knee, and reduced strength of the left ankle compared to the right. Dr. Moufawad diagnosed chondromalacia patella of the left knee, left patellofemoral syndrome, aggravation of left knee osteoarthritis, and left ankle sprain. He opined that the conditions were caused by the July 3, 2024 employment incident and explained that "when [appellant] fell and he twisted his knee medially, that led to acute trauma to the patellofemoral cartilage" and "upon stepping at the edge of the hard surface, his ankle rolled, that led to a sprain."

By decision dated February 10, 2026, OWCP denied modification of the July 21, 2025 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA[4] 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.[5] These are the essential elements of every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.[6]

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

[4] 5 U.S.C. § 8101 *et seq*.

[5] *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).

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

time and place, and in the manner alleged. Second, the employee must submit sufficient evidence to establish that the employment incident caused an injury.[7]

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.[8] 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.[9]

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.[10]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted July 3, 2024 employment incident.

In support of his claim, appellant submitted a November 10, 2025 narrative medical report by Dr. Moufawad, who diagnosed chondromalacia patella of the left knee, left patellofemoral syndrome, aggravation of left knee osteoarthritis, and left ankle sprain causally related to the July 3, 2024 employment incident. However, his opinion is based on an inaccurate history that appellant rolled his left ankle and fell onto his left knee. In his Form CA-1 and his December 27, 2024 response to OWCP's questionnaire, appellant indicated that his left knee buckled. He did not indicate that he fell onto the left knee or that his left ankle was involved in any way. Medical reports based on an incomplete or inaccurate history are of limited probative value.[11] For this reason, Dr. Moufawad's November 10, 2025 report is insufficient to establish appellant's claim.

In a medical report dated July 25, 2024, Dr. Wanich diagnosed left knee pain. On November 7, 2024, he indicated that appellant "may be having some pain due to his prior meniscectomy." In a follow-up report dated January 9, 2025, Dr. Wanich recommended a diagnostic arthroscopy of the left knee to evaluate the chondral surfaces but did not provide a diagnosis. The Board has held that pain is a description of a symptom, not a clear diagnosis of a

[7] *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).

[8] *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).

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

[10] 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).

[11] *See 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).

medical condition.[12] Moreover, a medical report lacking a firm diagnosis is of no probative value.[13] Therefore, this evidence is insufficient to establish the claim.

In a medical narrative dated March 18, 2025, Dr. Wanich opined that appellant "sustained an injury to his left knee during a fitness test at work on July 3, 2024." However, Dr. Wanich failed to provide rationale for his conclusory opinion. The Board has held that medical evidence that does not offer a rationalized explanation by the physician of how the accepted employment incident physiologically caused or aggravated the diagnosed condition(s) is of limited probative value.[14] This evidence is therefore insufficient to establish the claim.

In a medical report dated November 26, 2024, Dr. Pareek diagnosed left knee pain with concern for worsening patellofemoral chondromalacia. In a follow-up report dated December 18, 2024, he diagnosed left knee pain with concern for worsening patellofemoral chondromalacia, left knee prior partial medial meniscectomy, and superficial medial femoral condyle chondromalacia. However, Dr. Pareek did not offer an opinion regarding the cause of the diagnosed conditions. The Board has held that an opinion which does not address the cause of an employee's condition is of no probative value on the issue of causal relationship.[15] Thus, this evidence is insufficient to establish appellant's claim.

In a Form CA-20 dated December 31, 2024, Dr. Pareek diagnosed left patella chondromalacia and opined that the July 3, 2024 physical fitness test along with his job in law enforcement "likely resulted in this condition." However, his opinion that appellant's employment duties "likely resulted" in left chondromalacia patella is equivocal or speculative in nature and is of limited probative value.[16] Therefore, this evidence is insufficient to establish appellant's claim.

Appellant also submitted reports by Mr. Chen, a physical therapist. However, certain healthcare providers such as physical therapists are not considered physicians as defined under FECA, and their reports do not constitute competent medical evidence.[17] Consequently, their

[12] *D.R.,* Docket No. 18-1408 (issued March 1, 2019); *D.A.,* Docket No. 18-0783 (issued November 8, 2018).

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

[14] *S.E.*, *supra* note 11; *S.B.*, *supra* note 11; *T.L.,* Docket No. 23-0073 (issued January 9, 2023); *V.D.,* Docket No. 20-0884 (issued February 12, 2021); *Y.D.,* Docket No. 16-1896 (issued February 10, 2017).

[15] *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).

[16] *A.P.,* Docket No. 26-0065 (issued February 27, 2026); *S.L.,* Docket No. 23-0152 (issued May 16, 2023); *see L.L.,* Docket No. 21-0981 (issued July 1, 2022); *C.A.,* Docket No. 21-0601 (issued November 15, 2021); *J.P.,* Docket No. 19-0216 (issued December 13, 2019); *T.M.,* Docket No. 08-0975 (issued February 6, 2009).

[17] Section 8102(2) of FECA provides as follows: 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. § 8102(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 and occupational therapists are not competent to render a medical opinion under FECA). *See also 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).

medical findings and/or opinions will not suffice for purposes of establishing entitlement to compensation benefits.[18]

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted July 3, 2024 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 not met his burden of proof to establish a medical condition causally related to the accepted July 3, 2024 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the February 10, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 30, 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

[18] *Id.*