United States Department of Labor
Employees' Compensation Appeals Board

V.C., Appellant	)	
and	)	**Docket No. 26-0380**
	)	**Issued: June 29, 2026**
U.S. POSTAL SERVICE, NORTH HOUSTON POST OFFICE, Houston, TX, 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 18, 2026 appellant, through counsel, filed a timely appeal from a February 27, 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.

[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.*

ISSUE

The issue is whether appellant has met her burden of proof to establish a medical condition causally related to the accepted September 24, 2024 employment incident.

FACTUAL HISTORY

On October 9, 2024 appellant, then a 59-year-old rural carrier, filed a traumatic injury claim (Form CA-1) alleging that on September 24, 2024 she sustained injury to her left hand and wrist when pulling very hard to open unit mailbox doors, on a daily basis, while in the performance of duty. She stopped work on the date of injury.

Appellant submitted an October 7, 2024 report wherein Dr. Baher Maximos, a Board-certified general and hand surgeon, indicated that appellant reported pain at the base of her left thumb, pain in the ulnar aspect of her left wrist, and numbness and tingling in her left hand. She indicated that her symptoms had existed for approximately two years but had become worse in the last few months. Dr. Maximos reported physical examination findings, noting that appellant had positive Tinel's test in both wrists. He diagnosed injury of the triangular fibrocartilage complex (TFCC) of the left wrist, carpal tunnel syndrome of the left wrist, and primary osteoarthritis of the first carpometacarpal (CMC) joint of the left hand.

In a December 16, 2024 duty status report (Form CA-17), Dr. Maximos indicated that appellant had been able to perform regular work since November 20, 2024.

A November 18, 2024 electromyogram/nerve conduction velocity (EMG/NCV) study of the left upper extremity contained an impression of "normal electrodiagnostic study."

Appellant also submitted unsigned progress notes dated November 18 and December 16, 2024.

In a February 3, 2025 development letter, OWCP notified appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed and provided a questionnaire for her completion. OWCP requested that appellant indicate whether her injury resulted from the "work incident/factor(s)" confined to the one workday or work shift on September 24, 2024, or whether it resulted from exposure to the "work incident/factor(s)" for a period longer than one workday or work shift. It afforded her 60 days to respond.

On February 18, 2025 OWCP received a November 14, 2024 magnetic resonance imaging (MRI) scan of the left wrist which contained an impression of mild extensor carpi ulnaris tendinosis, severe first CMC joint osteoarthritis, and trace radiocarpal compartment effusion.

On March 2, 2025 OWCP received a February 26, 2025 statement wherein appellant clarified that her claimed injury occurred at work on September 24, 2024 when she tugged with both hands to open a mailbox unit door and felt something pull in her left hand. In a February 24, 2025 attending physician's report (Form CA-20), Dr. Maximos diagnosed injury of the TFCC of the left wrist, carpal tunnel of the left wrist, and CMC joint osteoarthritis. He opined that these conditions were the result of repetitive wrist rotation with flexion and extension, along with

carrying objects, which caused damage to the wrist, forearm ligaments, and stabilizing structures. Dr. Maximos listed the mechanism of injury as "at work, opening a door to mailbox."

In a follow-up March 13, 2025 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 February 3, 2025 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.

Appellant subsequently submitted a March 26, 2025 report wherein Dr. Maximos discussed appellant's reported symptoms and his treatment of her conditions. Dr. Maximos indicated that she engaged in repetitive motion at work, including sorting mail, opening containers, twisting objects, and engaging in pinching maneuvers. He noted that diagnostic testing supported diagnoses of TFCC injury, mild extensor carpi ulnaris tendinitis, and CMC osteoarthrosis of the thumb joint. Dr. Maximos stated, "Given her job duties, physical examination findings, and diagnostic results, it is my expert medical opinion that the conditions for which I am evaluating and treating her wrist tendonitis, TFCC injury, and CMC arthrosis are directly related to her occupational requirements and repetitive physical activities at work."

By decision dated April 15, 2025, OWCP accepted that appellant had established the occurrence of the "work event(s)," as alleged. However, it denied her claim, finding that she had not submitted sufficient medical evidence to establish a medical condition casually related to the accepted "work event(s)." OWCP concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

On May 7, 2025 appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. The request was later converted to a request for a review of the written record.

On May 8, 2025 OWCP received a May 2, 2025 report wherein Dr. Maximos diagnosed extensor carpi ulnaris tendinosis of the left wrist, thumb CMC joint osteoarthritis of the left hand, and TFCC injury of the left wrist. Dr. Maximos opined that these diagnoses were directly related to the physical demands and cumulative repetitive strain associated with appellant's long-term work at the employing establishment. With respect to the "occupational exposure and mechanism of injury," he indicated that she had spent several years performing physically intensive tasks involving repetitive, forceful, and prolonged use of her left hand and wrist. Dr. Maximos discussed appellant's job duties and indicated that repetitive motion at work had caused degenerative microtrauma and thickening of the extensor carpi ulnaris tendon and progressive degeneration of the articular cartilage of the left CMC joint, and likely had contributed to TFCC degeneration of the left wrist. He stated, "It is my professional medical opinion that [appellant's] diagnoses are the direct result of cumulative occupational exposure from her work as a postal letter carrier. These are not isolated or spontaneous injuries, but rather conditions consistent with repetitive stress, overuse, and cumulative trauma disorders well-documented in the medical literature."

Appellant submitted an unsigned June 9, 2025 report progress note. In June 9 and July 7, 2025 CA-17 forms, Dr. Maximos indicated that appellant had been able to perform regular work

since November 20, 2024. In a June 9, 2025 note, he advised that appellant was excused from work from June 9 through 11, 2025.[3]

In a December 2, 2025 report, Dr. Maximos diagnosed CMC arthritis, arthritis of CMC joint of left thumb, osteoarthritis of first CMC joint, injury of TJCC of the left wrist, and carpal tunnel syndrome of the left wrist.

By decision dated February 27, 2026, OWCP's hearing representative affirmed the April 15, 2025 decision as modified to clarify that appellant had claimed injury due to the September 24, 2024 employment incident of pulling open a mailbox unit door. The hearing representative found that the medical evidence of record remained insufficient to establish a medical condition causally related to the accepted September 24, 2024 employment incident.

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.[4] 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.[5]

To determine if an employee has sustained a traumatic injury in the performance of duty, OWCP begins with an analysis of whether fact of injury has been established. Fact of injury consists of two components that must be considered in conjunction with one another. The first component is whether the employee actually experienced the employment incident that allegedly occurred at the time and place, and in the manner alleged.[6] The second component is whether the employment incident caused an injury.[7]

[3] The case record contains an authorization for examination and/or treatment (Form CA-16) which contains Dr. Maximos' signature but was not completed by him. A properly completed Form CA-16 form authorization may constitute a contract for payment of medical expenses to a medical facility or physician, when properly executed. The form creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim. The period for which treatment is authorized by a Form CA-16 is limited to 60 days from the date of issuance, unless terminated earlier by OWCP. 20 C.F.R. § 10.300(c); *P.R.,* Docket No. 18-0737 (issued November 2, 2018); *N.M.,* Docket No. 17-1655 (issued January 24, 2018); *Tracy P. Spillane,* 54 ECAB 608 (2003).

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

[5] *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).

[6] *B.P.,* Docket No. 16-1549 (issued January 18, 2017); *Elaine Pendleton*, 40 ECAB 1143 (1989).

[7] *M.H.,* Docket No. 18-1737 (issued March 13, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

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.[8] 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.[9]

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.[10] 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.[11]

To determine if an employee has sustained a traumatic injury in the performance of duty, OWCP begins with an analysis of whether fact of injury has been established. Fact of injury consists of two components that must be considered in conjunction with one another. The first component is whether the employee actually experienced the employment incident that allegedly occurred at the time and place, and in the manner alleged.[12] The second component is whether the employment incident caused an injury.[13]

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.[14] Neither the mere fact that a disease or condition manifests

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

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

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

[11] *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).

[12] *B.P.,* Docket No. 16-1549 (issued January 18, 2017); *Elaine Pendleton*, 40 ECAB 1143 (1989).

[13] *M.H.,* Docket No. 18-1737 (issued March 13, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

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

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.[15]

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted September 24, 2024 employment incident.

Appellant submitted a February 24, 2025 Form CA-20 wherein Dr. Maximos diagnosed injury of the TFCC of the left wrist, carpal tunnel of the left wrist, and CMC joint osteoarthritis. He opined that these conditions were the result of repetitive wrist rotation with flexion and extension, along with carrying objects, which caused damage to the wrist, forearm ligaments, and stabilizing structures. Dr. Maximos listed the mechanism of injury as "at work, opening a door to mailbox." In a March 26, 2025 report, he noted that diagnostic testing supported diagnoses of TFCC injury, mild extensor carpi ulnaris tendonitis, and CMC osteoarthrosis of the thumb joint. Dr. Maximos stated, "Given her job duties, physical examination findings, and diagnostic results, it is my expert medical opinion that the conditions for which I am evaluating and treating her wrist tendonitis, TFCC injury, and CMC arthrosis are directly related to her occupational requirements and repetitive physical activities at work." In a May 2, 2025 report, he diagnosed extensor carpi ulnaris tendinosis of the left wrist, thumb CMC joint osteoarthritis of the left hand, and TFCC injury of the left wrist. Dr. Maximos opined that these diagnoses were directly related to the physical demands and cumulative repetitive strain associated with appellant's long-term work at the employing establishment. He stated, "It is my professional medical opinion that [appellant's] diagnoses are the direct result of cumulative occupational exposure from her work as a postal letter carrier. These are not isolated or spontaneous injuries, but rather conditions consistent with repetitive stress, overuse, and cumulative trauma disorders well-documented in the medical literature."

However, these reports do not contain a rationalized medical opinion that appellant sustained a medical condition causally related to the accepted September 24, 2024 employment incident. 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.[16] Therefore, this evidence is insufficient to establish appellant's claim.

Appellant submitted an October 7, 2024 report wherein Dr. Maximos diagnosed injury of the left wrist, carpal tunnel syndrome of the left wrist, and primary osteoarthritis of the first CMC joint of the left hand. In December 16, 2024, and June 9 and July 7, 2025 CA-17 forms, he indicated that appellant had been able to perform regular work since November 20, 2024. In a June 9, 2025 note, Dr. Maximos advised that she was excused from work from June 9 through 11, 2025. In a December 2, 2025 report, Dr. Maximos diagnosed CMC arthritis, arthritis

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

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

of CMC joint of left thumb, osteoarthritis of first CMC joint, injury of TJCC of the left wrist, and carpal tunnel syndrome of the left wrist.

However, these reports do not contain an opinion on the cause of any diagnosed medical condition. 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.[17] Therefore, this evidence is insufficient to establish appellant's claim.

Appellant submitted diagnostic test results from 2024. However, diagnostic studies, standing alone, lack probative value on causal relationship as they do not address whether employment factors caused the diagnosed condition.[18]

Appellant also submitted unsigned progress notes dated November 18 and December 16, 2024, and June 9, 2025. 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.[19] Thus, this evidence is of no probative value and is insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted September 24, 2024 employment incident, the Board finds that she 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 September 24, 2024 employment incident.

[17] *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).

[18] *C.S.,* Docket No. 19-1279 (issued December 30, 2019).

[19] *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).

ORDER

IT IS HEREBY ORDERED THAT the February 27, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 29, 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