

**United States Department of Labor
Employees' Compensation Appeals Board**

C.W., Appellant)	
)	
and)	Docket No. 26-0091
)	Issued: March 17, 2026
DEPARTMENT OF THE TREASURY,)	
INTERNAL REVENUE SERVICE,)	
Holtsville, NY, Employer)	
)	

Appearances:
Thomas S. Harkins, Esq., for the appellant¹
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
PATRICIA H. FITZGERALD, Deputy Chief Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On November 18, 2025 appellant, through counsel, filed a timely appeal from a June 13, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act² (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUES

The issues are: (1) whether OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective April 26, 2024, as she no longer had disability or residuals causally related to her accepted September 26, 2003 employment injury; and

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.*

(2) whether appellant has met her burden of proof to establish continuing disability or residuals, on or after April 26, 2024, causally related to her accepted September 26, 2003 employment injury.

FACTUAL HISTORY

This case has previously been before the Board on a different issue.³ The facts and circumstances of the case as set forth in the Board's prior decision are incorporated herein by reference. The relevant facts are as follows.

On September 30, 2003 appellant, then a 42-year-old tax technician, filed a traumatic injury claim (Form CA-1) alleging that on September 26, 2003 she sustained lower extremity injuries when she tripped and fell while in the performance of duty. She stopped work on the date of injury. OWCP initially accepted the claim for bilateral knee contusions and right ankle sprain. It paid appellant wage-loss compensation for disability from work on the supplemental rolls, effective March 3, 2004, and on the periodic rolls, effective July 11, 2004.⁴

In June 2004, OWCP expanded the acceptance of appellant's claim to include reflex sympathetic dystrophy (RSD), a condition also known as complex regional pain syndrome (CRPS), of the right upper limb and right lower limb. It later expanded the acceptance of appellant's claim to include enthesopathy of the right hip.

On December 8, 2004 appellant returned to light-duty work on a part-time basis. On July 13, 2005 she stopped work and, on March 1, 2008, she retired on disability retirement.

In a May 31, 2022 report, Dr. Dalya Elhady, a Board-certified anesthesiologist and pain medicine physician, noted that appellant presented with complaints of full body pain. She reported the findings of appellant's physical examination, including tenderness to palpation of the neck, back, and bilateral upper and lower extremities. Appellant exhibited 5/5 strength in the muscle groups of the bilateral upper and lower extremities, and intact sensation to light touch in the bilateral upper and lower extremities. Dr. Elhady diagnosed chronic pain syndrome, CRPS type 1 of the upper extremity, and CRPS type 1 of the lower extremity. On October 18, 2022 she reported similar examination findings and diagnosed chronic pain syndrome, CRPS type 1 of the upper extremity, CRPS type 1 of the lower extremity, muscle spasm, and chronic migraine headache without aura.

On July 21, 2023 OWCP referred appellant, along with a statement of accepted facts (SOAF), the medical record, and a series of questions to Dr. George Cole, an osteopath and Board-certified orthopedic surgeon, for a second opinion examination regarding whether she had continuing work-related disability/residuals.

On September 19, 2023 OWCP received a September 5, 2023 report, wherein Dr. Elhady reported that appellant exhibited 5/5 strength in the muscle groups of the bilateral upper and lower

³ Docket No. 08-0756 (issued February 6, 2009).

⁴ OWCP assigned the present claim OWCP File No. xxxxxx760. It previously accepted, under OWCP File No. xxxxxx967, that appellant sustained a traumatic injury on November 20, 2002 resulting in left knee contusion, left knee sprain, and left knee surgery. OWCP administratively combined OWCP File No. xxxxxx967 and OWCP File No. xxxxxx760, with the latter designated as the master file.

extremities, and intact sensation to light touch in the bilateral upper and lower extremities. Dr. Elhady diagnosed chronic pain syndrome, CRPS type 1 of the upper extremity, CRPS type 1 of the lower extremity, muscle spasm, chronic migraine headache without aura, insomnia, depression, chronic prescription opiate use, bilateral knee pain, sacrococcygeal disorders, other chronic pain, and bilateral sacroiliitis.

In a September 27, 2023 report, Dr. Cole discussed appellant's factual and medical history, including her treatment for right upper limb and right lower CRPS caused by the accepted September 26, 2003 employment injury. He reported the findings of his physical examination, noting that appellant complained of pain all over her body and that her gait had normal cadence and velocity without signs of limp or antalgia. Dr. Cole reported negative results of straight leg raise testing bilaterally and full pain-free range of motion (ROM) of the thoracolumbar spine. There was no difference between the legs in color, temperature, or hair pattern, and the circumference of each calf was 41.5 centimeters. Dr. Cole indicated that bilateral shoulder ROM was limited by trapezius pain rather than internal derangement, and that she had full pain-free ROM in the other upper and lower extremity joints. There was no gross deformity, swelling, or warmth in the elbows, forearms, wrists, fingers, knees, ankles, or feet. Dr. Cole indicated that appellant had 5/5 strength in the upper and lower extremity muscle groups and sensation was intact in the upper and lower extremities. He diagnosed resolved right knee contusion, resolved left knee contusion, resolved sprain of right ankle ligaments, resolved CRPS of the right upper limb, resolved CRPS of the right lower limb, and resolved enthesopathy of the right hip.

With respect to appellant's upper and lower body areas, Dr. Cole noted that she had symmetrical reflexes and strength, hyperactive sensation which was somewhat subjective, and normal ROM in all body parts, except for the shoulders where ROM was limited by trapezius symptoms. He opined that appellant's subjective complaints did not correspond to the objective findings. Dr. Cole indicated that, after review of the medical records and his orthopedic examination findings, he had concluded that there were no current diagnoses causally connected to the work injury. He noted that appellant had pitting edema in both ankles, but that this was related to a cardiovascular condition unrelated to the work injury. Dr. Cole opined that there were no objective clinical findings consistent with a diagnosis of CRPS and noted that there were no findings from his examination which correlated with the criteria established by the Budapest Criteria. He stated that there were no current diagnoses that were causally connected to the work injury and that all diagnoses listed in the SOAF had resolved. Dr. Cole explained that there were no objective clinical findings which continued to show that these diagnoses were active, and he found that there was no indication for further treatment of any kind. He further opined that, based on the objective clinical findings and diagnostic study findings, appellant could return to her date-of-injury job as a tax technician. In an October 6, 2023 work capacity evaluation (Form OWCP-5c), Dr. Cole advised that she could perform her usual job without restrictions. He noted that due to a nonwork-related comorbidity, appellant was not likely to return to work.

On November 8, 2023 OWCP received an October 5, 2023 report, wherein Dr. Elhady reported physical examination findings and diagnosed chronic pain syndrome, CRPS type 1 of the upper extremity, CRPS type 1 of the lower extremity, muscle spasm, chronic migraine headache without aura, insomnia, depression, chronic prescription opiate use, bilateral knee pain, sacrococcygeal disorders, other chronic pain, bilateral sacroiliitis, and diffuse myofascial pain syndrome. In an October 31, 2023 report, Marche L. Johnson, a nurse practitioner, diagnosed chronic pain syndrome, CRPS type 1 of the upper extremity, CRPS type 1 of the lower extremity,

muscle spasm, chronic migraine headache without aura, insomnia, depression, chronic prescription opiate use, bilateral knee pain, sacrococcygeal disorders, other chronic pain, and bilateral sacroiliitis.

On December 15, 2023 OWCP received a December 5, 2023 report wherein Dr. Elhady diagnosed chronic pain syndrome, CRPS type 1 of the upper extremity, CRPS type 1 of the lower extremity, muscle spasm, chronic migraine headache without aura, insomnia, depression, chronic prescription opiate use, bilateral knee pain, sacrococcygeal disorders, other chronic pain, bilateral sacroiliitis, and diffuse myofascial pain syndrome.

On January 5, 2024 OWCP requested that Dr. Cole clarify his September 27, 2023 report with respect to continuing work-related disability/ residuals. It noted that he should review and consider additional recent reports by Dr. Elhady.

In a February 12, 2024 supplemental report, Dr. Cole discussed the examinations performed by Dr. Elhady between September 5 and December 5, 2023, noting that Dr. Elhady provided no notations regarding changes in color, temperature, or hair growth in appellant's bilateral upper and lower extremities. He indicated that the results of the examinations by Dr. Elhady were very similar to those he obtained in his examination. Dr. Cole advised that appellant had symmetrical reflexive strength and sensation in the bilateral upper and lower extremities, and that there were no changes in color, temperature, or hair growth in the bilateral upper or lower extremities. He stated, "[Appellant] has been treated for this diagnosis for many years without any objective clinical findings to support the diagnosis." Dr. Cole indicated that appellant's pain level was 9/10 a month after being treated by trigger point nerve blocks. He advised that it remained his conclusion that appellant had reached a fixed and stable state, and that there were no indications for treatment of any kind for the accepted diagnoses listed in the SOAF. Dr. Cole noted that appellant had significant pain behaviors, and she had been treated for depression and anxiety.

On March 15, 2024 OWCP received a March 6, 2024 report wherein Dr. Elhady diagnosed chronic pain syndrome, CRPS type 1 of the upper extremity, CRPS type 1 of the lower extremity, muscle spasm, chronic migraine headache without aura, insomnia, depression, chronic prescription opiate use, bilateral knee pain, sacrococcygeal disorders, other chronic pain, bilateral sacroiliitis, and diffuse myofascial pain syndrome.

In a March 22, 2024 notice, OWCP informed appellant that it proposed to terminate her wage-loss compensation and medical benefits based on Dr. Cole's opinion that the accepted September 26, 2003, employment-related injury had ceased without residuals or disability. It afforded her 30 days to submit additional evidence or argument challenging the proposed termination action.

On April 10, 2024 OWCP received a March 28, 2024 prescription note, wherein Dr. Robert C. Lowry, a Board-certified pain management physician, recommended massage therapy. Appellant also resubmitted a November 29, 2022 prescription note wherein Dr. Elhady recommended that she use an electrotherapy device for her chronic pain syndrome and muscle spasms.

By decision dated April 26, 2024, OWCP terminated appellant's wage-loss compensation and medical benefits, effective that date, finding that Dr. Cole's opinion constituted the weight of

the medical opinion evidence and established that appellant no longer had disability or residuals causally related to her accepted September 26, 2003 employment injury.

On March 18, 2025 appellant, through counsel, requested reconsideration of the April 26, 2024 decision. Counsel argued that there was a conflict in the medical opinion evidence regarding continuing work-related disability/residuals.

Appellant submitted a May 2, 2024 OWCP report, wherein Dr. Lowry discussed her accepted September 26, 2003 employment injury and indicated that she reported continuing issues with this injury. Dr. Lowry detailed the findings of his physical examination, noting that appellant complained of discomfort and pain in her right upper and lower extremities, bilateral knees, and right ankle, as well as weakness in her hands and legs, numbness/tingling in her hands, knees, and feet, and coldness, swelling, and burning in her hands and feet. A review of appellant's systems revealed no skin, metabolic, musculoskeletal, or central nervous system disorders. Dr. Lowry found that appellant had allodynia/hypersensitivity of the right upper extremity and right lower extremity, and mild tenderness of the right ankle. Appellant exhibited no sensory deficits, and motor strength and deep tendon reflexes were normal. Dr. Lowry indicated that appellant's "accepted diagnoses" were CRPS of the right upper limb, CRPS of the right lower limb, right knee contusion, left knee contusion, and right ankle sprain. He stated, "Following complete review of the patient's past medical history, history of present injuries, previous treatment modalities including physician therapy and home exercise, and a thorough physical examination, the patient was informed of the tentative diagnosis as referenced above...." Dr. Lowry noted that it was his opinion that appellant had a fall at work on September 26, 2003 and sustained injury to her "right upper and lower extremities, bilateral knees, and right ankle which resulted in her current diagnoses and constitutes fact of injury which resulted in her condition and warrants her need for medical treatment such as physical rehabilitation, medications, and alteration of occupational demands as she recuperates from the effects of these injuries."

By decision dated June 13, 2025, OWCP denied modification of its April 26, 2024 decision.

LEGAL PRECEDENT -- ISSUE 1

Once OWCP accepts a claim and pays compensation, it has the burden of proof to justify termination or modification of an employee's benefits.⁵ After it has determined that, an employee has a disability causally related to his or her employment, OWCP may not terminate compensation without establishing that the disability has ceased or that it is no longer related to the employment.⁶ Its burden of proof includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.⁷

⁵ *Z.D.*, Docket No. 19-0662 (issued December 5, 2019); *see R.P.*, Docket No. 17-1133 (issued January 18, 2018); *S.F.*, 59 ECAB 642 (2008); *Kelly Y. Simpson*, 57 ECAB 197 (2005); *Paul L. Stewart*, 54 ECAB 824 (2003).

⁶ *See R.P., id.*; *Jason C. Armstrong*, 40 ECAB 907 (1989); *Charles E. Minnis*, 40 ECAB 708 (1989); *Vivien L. Minor*, 37 ECAB 541 (1986).

⁷ *See P.T.*, Docket No. 21-0328 (issued May 2, 2022); *Del K. Rykert*, 40 ECAB 284, 295-96 (1988).

The right to medical benefits for an accepted condition is not limited to the period of entitlement for disability.⁸ To terminate authorization for medical treatment, OWCP must establish that appellant no longer has residuals of an employment-related condition, which would require further medical treatment.⁹

ANALYSIS -- ISSUE 1

The Board finds that OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective April 26, 2024, as she no longer had disability or residuals causally related to her accepted September 26, 2003 employment injury.

In a September 27, 2023 report, Dr. Cole, the OWCP referral physician, opined that appellant's subjective complaints did not correspond to the objective findings and diagnosed resolved right knee contusion, resolved left knee contusion, resolved sprain of right ankle ligaments, resolved CRPS of the right upper limb, resolved CRPS of the right lower limb, and resolved enthesopathy of the right hip. He indicated that, after review of the medical records and his orthopedic examination findings, he had concluded that there were no current diagnoses causally connected to the work injury. Dr. Cole noted that appellant had pitting edema in both ankles, but that this was related to a cardiovascular condition unrelated to the work injury. He opined that there were no objective clinical findings consistent with a diagnosis of CRPS and noted that there were no findings from his own examination which correlated with the criteria established by the Budapest Criteria. Dr. Cole stated that there were no current diagnoses that were causally connected to the work injury and that all diagnoses listed in the SOAF had resolved. He explained that there were no objective clinical findings which continued to show that these diagnoses were active, and he opined that, based on the objective clinical findings and diagnostic study findings, appellant could return to her job as a tax technician.

In a February 12, 2024 supplemental report, Dr. Cole indicated that the findings of the examinations by Dr. Elhady were very similar to those he obtained in his examination, including the findings that appellant had symmetrical reflexive strength and sensation in the bilateral upper and lower extremities, and that there were no changes in color, temperature, or hair growth in the bilateral upper or lower extremities. He advised that it remained his conclusion that appellant had reached a fixed and stable state, and that there were no indications for treatment of any kind for the accepted diagnoses listed in the SOAF.

The Board finds that the weight of the medical evidence is represented by the thorough, well-rationalized opinion of Dr. Cole, who found that appellant ceased to have disability or residuals causally related to her accepted September 26, 2003 employment injury. The Board has reviewed the opinion of Dr. Cole and notes that it has reliability, probative value and convincing quality with respect to its conclusions regarding the relevant issue of the present case. Dr. Cole's opinion provided a thorough factual and medical history and accurately summarized the relevant

⁸ *T.P.*, 58 ECAB 524 (2007); *Kathryn E. Demarsh*, 56 ECAB 677 (2005); *A.P.*, Docket No. 08-1822 (issued August 5, 2009). See also *Furman G. Peake*, 41 ECAB 361, 364 (1990).

⁹ *T.C.*, Docket No. 20-1163 (issued July 13, 2021); *James F. Weikel*, 54 ECAB 660 (2003); *Pamela K. Guesford*, 53 ECAB 727 (2002); *Furman G. Peake*, *id.*

medical evidence.¹⁰ Dr. Cole provided medical rationale for his opinion by explaining that the objective medical findings of record did not demonstrate that appellant continued to have disability/residuals causally related to the accepted September 26, 2003 employment injury.

Appellant submitted reports dated September 5, 2023 through March 6, 2024 wherein Dr. Elhady, an attending physician, diagnosed several conditions, including CRPS type 1 of the upper extremity and CRPS type 1 of the lower extremity. In a November 29, 2022 prescription note, Dr. Elhady recommended that appellant use an electrotherapy device for her chronic pain syndrome and muscle spasms. However, she did not provide an opinion that appellant continued to have disability or residuals causally related to the accepted September 26, 2003 employment injury. Appellant also submitted a March 28, 2024 prescription note wherein Dr. Lowry, an attending physician, stated, “Evaluate and treat for massage therapy for accepted conditions.” However, Dr. Lowry did not provide an opinion on continuing work-related disability/residuals. 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.¹¹ Therefore, this evidence is insufficient to overcome the weight of the medical opinion evidence accorded to Dr. Cole regarding continuing work-related disability/residuals or create a conflict in the medical opinion evidence.¹²

The Board finds, therefore, that OWCP met its burden of proof to terminate appellant’s wage-loss compensation and medical benefits, effective April 26, 2024.

LEGAL PRECEDENT -- ISSUE 2

When OWCP properly terminates compensation benefits, the burden shifts to appellant to establish continuing residuals or disability after that date, causally related to the accepted employment injury.¹³ To establish causal relationship between the condition as well as any attendant disability claimed and the employment injury, an employee must submit rationalized medical evidence based on a complete medical and factual background, supporting such causal relationship.¹⁴

ANALYSIS -- ISSUE 2

The Board finds that appellant has not met her burden of proof to establish continuing disability or residuals, on or after April 26, 2024, causally related to her accepted September 26, 2003 employment injury.

¹⁰ See *W.C.*, Docket No. 18-1386 (issued January 22, 2019); *Melvina Jackson*, 38 ECAB 443 (1987).

¹¹ 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).

¹² See *K.A.*, Docket No. 26-0031 (issued February 26, 2026); *D.C.*, Docket No. 22-1177 (issued December 6, 2023).

¹³ See *S.M.*, Docket No. 18-0673 (issued January 25, 2019); *C.S.*, Docket No. 18-0952 (issued October 23, 2018); *Manuel Gill*, 52 ECAB 282 (2001).

¹⁴ *Id.*

After the April 26, 2024 termination of her wage-earning compensation and medical benefits, appellant submitted a May 2, 2024 report wherein Dr. Lowry detailed the findings of his physical examination, noting that a review of appellant's systems revealed no skin, metabolic, musculoskeletal, or central nervous system disorders. Dr. Lowry found that appellant had allodynia/hypersensitivity of the right upper extremity and right lower extremity, and mild tenderness of the right ankle. He indicated that appellant's "accepted diagnoses" were CRPS of the right upper limb, CRPS of the right lower limb, right knee contusion, left knee contusion, and right ankle sprain. Dr. Lowry stated, "Following complete review of the patient's past medical history, history of present injuries, previous treatment modalities including physician therapy and home exercise, and a thorough physical examination, the patient was informed of the tentative diagnosis as referenced above...." He noted that it was his opinion that appellant had a fall at work on September 26, 2003 and sustained injury to her "right upper and lower extremities, bilateral knees, and right ankle which resulted in her current diagnoses and constitutes fact of injury which resulted in her condition and warrants her need for medical treatment such as physical rehabilitation, medications, and alteration of occupational demands as she recuperates from the effects of these injuries."

However, Dr. Lowry did not provide a rationalized medical opinion regarding continuing work-related disability/residuals. He failed to explain how specific objective findings demonstrated that appellant had disability or residuals of the accepted September 26, 2003 employment injury on or after April 26, 2024. 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 has an employment-related cause.¹⁵ Therefore, this evidence does not establish continuing disability or residuals on or after April 26, 2024 causally related to the accepted September 26, 2003 employment injury.

As the medical evidence of record is insufficient to establish causal relationship between the claimed period of disability and the accepted September 26, 2003 employment injury on or after April 26, 2024, 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 OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective April 26, 2024, as she no longer had disability or residuals causally related to her accepted September 26, 2003 employment injury. The Board further finds that appellant has not met her burden of proof to establish continuing disability or residuals, on or after April 26, 2024, causally related to her accepted September 26, 2003 employment injury.

¹⁵ See *T.T.*, Docket No. 18-1054 (issued April 8, 2020); *Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

ORDER

IT IS HEREBY ORDERED THAT the June 13, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 17, 2026
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board