

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

N.H., Appellant)	
)	
and)	Docket No. 26-0136
)	Issued: March 18, 2026
U.S. POSTAL SERVICE, POST OFFICE,)	
Richmond, VA, 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
PATRICIA H. FITZGERALD, Deputy Chief Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On November 26, 2025, appellant filed a timely appeal from an October 8, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act¹ (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUE

The issue is whether appellant has met his burden of proof to establish a left knee condition causally related to the accepted factors of his federal employment.

¹ 5 U.S.C. § 8101 *et seq.*

FACTUAL HISTORY

This case has previously been before the Board.² The facts and circumstances of the case as set forth in the Board's prior order are incorporated herein by reference. The relevant facts are as follows.

On May 27, 2023, appellant, then a 67-year-old clerk/special delivery messenger, filed an occupational disease claim (Form CA-2) alleging that he developed severe left knee osteoarthritis due to factors of his federal employment, including a previously accepted July 7, 1992 right knee employment injury.³ He explained that his left knee condition was a consequential injury of his accepted right knee injury and had progressively worsened, requiring surgery on both knees. Appellant noted that he first became aware of his condition and realized its relation to his federal employment on October 7, 2022. On the reverse side of the claim form, the employing establishment noted that appellant's last day in pay status was June 27, 2005. OWCP assigned the claim OWCP File No. xxxxxx900.

In a development letter dated June 2, 2023, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence necessary and provided a questionnaire for his completion. OWCP afforded appellant 60 days to submit the necessary evidence.

In response, appellant submitted a June 3, 2023 statement and a completed development questionnaire dated June 3, 2023.

Hospital records dated April 29, 2022 through April 21, 2023 were also submitted. These records included April 29, 2022 right knee x-rays, which revealed right total knee arthroplasty (TKA); April 29, 2022 left knee x-rays, which revealed unchanged mild osteoarthritis of the medial compartment; and an April 21, 2023 report from Charles R. Pfeiffer, a family nurse practitioner, who provided an assessment of left knee osteoarthritis, and right knee TKA at end of life.

In a June 30, 2022 note, Dr. William C. Foster, a Board-certified orthopedic surgeon, noted appellant's history of right knee TKA in 1997 with bilateral knee pain, left worse than right, present for several years with no inciting traumatic event. He indicated that appellant was a postal worker prior to his right knee injury and had been on disability since 2005. A left knee meniscus tear in 2016 was noted. Dr. Foster related examination findings, and his review of appellant's bilateral knee x-rays. He related that appellant's left knee x-ray revealed moderate medial compartment arthritis and the right knee x-ray revealed intact hardware with degenerative changes in the adjacent bone. Dr. Foster provided an assessment of bilateral knee pain. He opined that

² *Order Remanding Case*, Docket No. 25-0087 (issued January 22, 2025).

³ Under OWCP File No. xxxxxx870, OWCP accepted a July 7, 1992 traumatic injury claim (Form CA-1) for tear of medial meniscus of right knee, old disruption of medial collateral ligament right knee, sprain of unspecified sites, right knee and leg, and unspecified arthropathy, right lower leg. Appellant continues to receive wage-loss compensation on the periodic rolls under OWCP File No. xxxxxx870. OWCP File No. xxxxxx870 also contains subsidiary File No. xxxxxx503, for a December 5, 1988 initial claim to the right knee, which OWCP accepted for right knee sprain and aggravation of preexisting arthritis of the right knee.

appellant's left knee pain was likely attributable to chronic degenerative changes in the medial compartment.

By decision dated August 17, 2023, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish causal relationship.

On August 13, 2024, appellant requested reconsideration. He stated that OWCP had received a doctor's report dated October 7, 2022, which indicated that his right and left knee conditions were the reason he was unable to work, and on November 4, 2022, OWCP had indicated medical with causal relationship was identified during review. Appellant further stated that he had been receiving compensation benefits since June 2005 for his right leg/knee and that his left leg/knee was used to compensate. He indicated that he did not injure his left knee; rather his condition was just wear and tear "due to permanent aggravation." No additional evidence was received.

By decision dated August 20, 2024, OWCP denied appellant's request for reconsideration of the merits of his claim, pursuant to 5 U.S.C. § 8128(a).

On November 5, 2024, appellant filed an appeal to the Board. By order dated January 22, 2025,⁴ the Board set aside OWCP's August 20, 2024 decision and remanded the case for OWCP to administratively combine the present claim, OWCP File No. xxxxxx900, and OWCP File No. xxxxxx870, followed by a *de novo* decision.

On February 25, 2025, OWCP administratively combined appellant's claims under OWCP File Nos. xxxxxx900 and xxxxxx870, with OWCP File No. xxxxxx870 designated as the master file.

Dr. Foster, in a work capacity evaluation (Form OWCP-5c) dated October 7, 2022, advised that appellant was unable to perform his usual work duties due to worn out right total knee replacement and severe left knee osteoarthritis. He also opined that appellant had permanent restrictions and was only able to work four hours a day.

By decision dated February 28, 2025, OWCP denied modification of its August 20, 2024 decision.⁵

On September 26, 2025, appellant requested reconsideration.

In May 21 and August 8, 2025 reports, Vincent Zummo, a physician assistant, listed appellant's diagnosis as left knee pain secondary to osteoarthritis.

By decision dated October 8, 2025, OWCP denied modification.

⁴ *Supra* note 2.

⁵ OWCP erroneously identified the August 20, 2024 decision as an August 13, 2024 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA⁶ has the burden of proof to establish the essential elements of his or her claim, including 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 of FECA,⁷ 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.⁸ 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.⁹

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.¹⁰

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.¹¹ The opinion of the physician must be based upon 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 factors.¹²

The claimant bears the burden of proof to establish a claim for a consequential injury.¹³ As part of this burden, he or she must present rationalized medical opinion evidence, based on a complete factual and medical background, establishing causal relationship.¹⁴ The opinion of the physician must be expressed in terms of a reasonable degree of medical certainty, and must be

⁶ *Supra* note 1.

⁷ *F.H.*, Docket No. 18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued April 26, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

⁸ *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *J.H.*, Docket No. 18-1637 (issued January 29, 2020); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

⁹ *P.A.*, Docket No. 18-0559 (issued January 29, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *Delores C. Ellyett*, 41 ECAB 992 (1990).

¹⁰ *S.C.*, Docket No. 18-1242 (issued March 13, 2019); *R.H.*, 59 ECAB 382 (2008).

¹¹ *V.S.*, Docket No. 25-0836 (issued February 26, 2026); *D.D.*, Docket No. 25-0751 (issued August 27, 2025); *C.C.*, Docket No. 10-2054 (issued July 8, 2011).

¹² *Id.*

¹³ *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *J.H.*, *supra* note 8; *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

¹⁴ *F.A.*, Docket No. 20-1652 (issued May 21, 2021); *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Victor J. Woodhams*, 41 ECAB 345 (1989).

supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and appellant's employment injury.¹⁵

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a left knee condition causally related to the accepted factors of his federal employment.

In a medical report dated June 29, 2022, Dr. Foster related that appellant was a postal worker when he sustained his 1992 right knee injury and that he had been receiving disability benefits since 2005. He further noted that x-rays of appellant's left knee revealed moderate medial compartment osteoarthritis. In a Form OWCP-5c dated October 7, 2022, Dr. Foster advised that appellant was unable to perform his usual work duties due to worn-out right total knee replacement and severe left knee osteoarthritis. The Board finds that Dr. Foster did not offer an opinion in either of his reports regarding the cause of the diagnosed left knee osteoarthritis. Medical evidence which does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.¹⁶ These reports are therefore insufficient to establish appellant's claim.

Appellant also submitted reports solely by a family nurse practitioner and a physician assistant. These reports do not constitute competent medical evidence because neither nurse practitioners nor physician assistants are considered physicians as defined under FECA.¹⁷ Thus, this evidence is insufficient to establish appellant's expansion claim.

As the medical evidence of record is insufficient to establish that appellant's left knee condition as causally related to factors of his federal employment, or consequential to the accepted July 7, 1992 right knee injury, the Board finds that he 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(a) 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 left knee condition causally related to the accepted factors of his federal employment.

¹⁵ *M.M.*, Docket No. 20-1557 (issued November 3, 2021); *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

¹⁶ *A.P.*, Docket No. 18-1690 (issued December 12, 2019); *J.H.*, Docket No. 19-0383 (issued October 1, 2019); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹⁷ 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 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 *F.A.*, Docket No. 24-0014 (issued January 30, 2026) (neither nurse practitioners nor physician assistants are considered physicians as defined under FECA).

ORDER

IT IS HEREBY ORDERED THAT the October 8, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 18, 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