

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

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M.K., Appellant)	
)	
and)	Docket No. 26-0158
)	Issued: March 26, 2026
U.S. POSTAL SERVICE, PARKSIDE STATION)	
POST OFFICE, San Francisco, CA, Employer)	
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Appearances:
Michael J. Watson, for the appellant¹
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 December 5, 2025 appellant, through her representative, filed a timely appeal from an October 20, 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.

ISSUE

The issue is whether appellant has met her burden of proof to establish a right hip condition causally related to the accepted factors of her federal employment.

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.*

FACTUAL HISTORY

On October 6, 2023 appellant, then a 42-year-old city carrier, filed an occupational disease claim (Form CA-2) alleging that she developed a right hip condition due to factors of her federal employment. She noted that she first became aware of her condition on April 26, 2022, and realized its relationship to her federal employment on September 20, 2023. Appellant did not stop work.

In an accompanying statement, appellant indicated that she initially worked many hours for the employing establishment as a part-time flexible carrier, between 8 to 12 hours per day, six days per week. She explained that in 2014, she became a regular city letter carrier and made approximately 1,000 deliveries per day at various businesses and apartment complexes. Appellant mounted and dismounted her postal vehicle by stepping down and pivoting on her right leg. She also walked up and down multiple flights of stairs, stood on cement floors, carried tubs of mail, and delivered to neighborhood collection box units, which required her to pivot from left to right. Appellant indicated that she reduced her work hours to 40 hours per week in February 2023 due to medical restrictions from an unrelated employment injury in 2019.³ She explained that she underwent an x-ray of the right hip in April 2022 and a computerized tomography (CT) scan of the right hip in August 2022. Appellant also asserted that an orthopedic specialist opined that her condition was related to her employment duties.

In an October 13, 2023 development letter, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed to establish her claim. OWCP afforded appellant 60 days to submit the necessary evidence. No additional evidence was received.

In a follow-up letter dated November 13, 2023, 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 October 13, 2023 letter to submit the necessary evidence. OWCP 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.

In a medical report dated December 13, 2023, Dr. Robert Bruce Miller, a Board-certified psychiatrist, noted that appellant related complaints of pain in the right hip and that she had previously undergone a right hip injection and follow-up care in February and September 2023 with Dr. Ricardo A. Molina, a Board-certified orthopedic surgeon. He diagnosed grade 4 chondrosis of the right hip and fissuring of the cartilage of the anterior right hip joint. Dr. Miller recommended that appellant continue to work with the restrictions previously in place for her 2019 right shoulder injury.

By decision dated January 5, 2024, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish a medical diagnosis in connection with the accepted factors of her federal employment. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

³ Appellant previously filed a traumatic injury claim (Form CA-1) for an October 7, 2019 right shoulder injury, which OWCP accepted for incomplete rotator cuff tear or rupture under OWCP File No. xxxxxx662.

On June 12, 2024 appellant, through her representative, requested reconsideration of the January 5, 2024 decision. In support thereof, she submitted a November 9, 2023 narrative medical report by Dr. Miller, who noted that she related complaints of pain in her right hip for the past two years, which she attributed to an increase in her workload in 2020, 2021, and 2022. Dr. Miller noted her job duties and performed a physical examination of the right hip, during which he observed tenderness around the trochanteric bursa and piriformis, reduced range of motion with flexion and extension, reduced strength with abduction and adduction, and positive flexion, abduction and external rotation (FABER) maneuver. He reviewed diagnostic studies of the right hip including: an April 26, 2022 x-ray, which was normal; an August 30, 2022 CT scan, which demonstrated mild osteoarthritis, bilateral sacroiliac joint and subchondral sclerosis, and grade 4 chondrosis; and an August 31, 2023 magnetic resonance imaging (MRI) scan, which demonstrated mild-to-moderate cartilage thinning and fissuring of the central to anterior right hip joint cartilage. Dr. Miller diagnosed grade 4 chondrosis of the right hip and fissuring of the cartilage of the anterior right hip joint. He opined that the conditions were caused by appellant's employment duties, noting that repetitive flexion and extension of the right hip contributed to fissure of the cartilage. Dr. Miller also noted that the August 31, 2023 MRI scan findings were abnormal for a woman appellant's age.

In a development letter dated June 14, 2024, OWCP provided a questionnaire for appellant's completion and requested that she provide copies of all imaging studies and treatment records from her orthopedic specialist. In a separate letter of even date, it requested information from the employing establishment, including comments from a knowledgeable supervisor regarding appellant's allegations. OWCP afforded both parties 30 days to respond.

In a July 1, 2024 response to OWCP's development questionnaire, appellant denied any prior symptoms or activities outside of work involving her right hip.

On July 11, 2024 OWCP received the employing establishment's response to its development questionnaire, which indicated that it agreed with appellant's allegations. It also attached a May 12, 2022 duty status report (Form CA-17) by Dr. Miller, which indicated that her restrictions for the 2019 right shoulder injury included working five days per week for a total of 40 to 48 hours and no lifting or carrying greater than 10 pounds.

By decision dated July 31, 2024, OWCP found that the medical evidence established a diagnosis in connection with the accepted factors of appellant's federal employment. The claim remained denied, however, because the medical evidence was insufficient to establish causal relationship between her diagnosed conditions and the accepted factors of her federal employment.

On July 31, 2025 appellant, through her representative, requested reconsideration of OWCP's July 31, 2024 decision. In support thereof, she submitted a June 30, 2025 narrative medical report by Dr. Miller, who diagnosed grade 4 chondrosis of the right hip and fissuring of the cartilage of the anterior right hip joint. Dr. Miller opined that the conditions were caused by appellant's employment duties. He noted that her heavy workload, involving repetitive bending, twisting, and pivoting, or alighting from her work vehicle added pressure and stress on the hip in the movements against the hip femur against the actual cartilage of the hip socket.

By decision dated October 20, 2025, OWCP denied modification of the July 31, 2024 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA⁴ 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 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 identified employment factors.⁷

The medical evidence required to establish causal relationship between a diagnosed condition and the accepted employment factors 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 specific employment factors identified by the employee.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

⁴ *Supra* note 2.

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).

⁷ *S.R.*, Docket No. 24-0839 (issued October 30, 2024); *T.W.*, Docket No. 20-0767 (issued January 13, 2021); *L.D.*, Docket No. 19-1301 (issued January 29, 2020); *S.C.*, Docket No. 18-1242 (issued March 13, 2019).

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 *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *Y.S.*, Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

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).

ANALYSIS

The Board finds that this case is not in posture for decision.

Dr. Miller, in narrative medical reports dated November 9, 2023 and June 30, 2025, diagnosed grade 4 chondrosis of the right hip and fissuring of the cartilage of the anterior right hip joint. In the November 9, 2023 report, he noted that repetitive flexion and extension of the right hip contributed to the MRI scan findings of chondrosis and fissuring of the cartilage, which were in excess of what would be expected for a woman appellant's age. In the June 30, 2025 report, Dr. Miller noted that repetitive bending, twisting, and pivoting, or alighting from her work vehicle increased pressure and stress on the hip in the movements against the hip femur against the actual cartilage of the hip socket. Although his opinions are insufficiently rationalized to meet appellant's burden of proof to establish causal relationship, the Board finds that they are of sufficient probative quality to warrant additional development.¹¹

It is well established that proceedings under FECA are not adversarial in nature, nor is OWCP a disinterested arbiter. While the claimant has the burden of proof to establish entitlement to compensation, OWCP shares the responsibility in the development of the evidence to see that justice is done.¹²

The case shall, therefore, be remanded to OWCP for further development of the medical evidence. On remand, OWCP shall refer appellant, along with a statement of accepted facts and the medical record to a specialist in the appropriate field of medicine for a reasoned opinion as to whether appellant sustained a right hip condition causally related to the accepted factors of her federal employment. If the second-opinion physician disagrees with the opinion of Dr. Miller, he or she must provide a fully-rationalized explanation of why the accepted employment factors were insufficient to have caused or contributed to appellant's medical condition. After this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

CONCLUSION

The Board finds that this case is not in posture for decision.

¹¹ *J.C.*, Docket No. 26-0051 (issued February 17, 2026); *G.M.*, Docket No. 25-0728 (issued September 12, 2025); *E.J.*, Docket No. 09-1481 (issued February 19, 2010); *John J. Carlone*, 41 ECAB 354 (1989); *Horace Langhorne*, 29 ECAB 280 (1978).

¹² *See J.C., id.*; *K.H.*, Docket No. 25-0896 (issued December 29, 2025); *V.H.*, Docket No. 23-1013 (issued July 24, 2025); *M.S.*, Docket No. 23-1125 (issued June 10, 2024); *E.B.*, Docket No. 22-1384 (issued January 24, 2024); *J.R.*, Docket No. 19-1321 (issued February 7, 2020); *S.S.*, Docket No. 18-0397 (issued January 15, 2019).

ORDER

IT IS HEREBY ORDERED THAT the October 20, 2025 decision of the Office of Workers' Compensation Programs is set aside, and the case is remanded for further proceedings consistent with this decision of the Board.

Issued: March 26, 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