

ISSUE

The issue is whether appellant has met her burden of proof to expand the acceptance of her claim to include a right shoulder condition as causally related to, or consequential to, the accepted February 8, 2011 employment injury.

FACTUAL HISTORY

On February 9, 2011 appellant, then a 40-year-old rural carrier associate, filed a traumatic injury claim (Form CA-1) alleging that on February 8, 2011 she sustained an injury when she attempted to dig her stuck postal vehicle out of icy snow buildup with a shovel and felt a pop at the back of her left shoulder while in the performance of duty. She also indicated that she might have pulled a muscle in the middle of her back. Appellant did not stop work. OWCP initially accepted her claim for left shoulder sprain.⁴

On April 28, 2011 OWCP expanded the acceptance of appellant's claim to include neck sprain. On August 5, 2011 it expanded the acceptance of her claim to include aggravation of cervical degenerative disc disease at the C6-7 level.⁵

In an October 4, 2022 report, Dr. Prem Parmar, a Board-certified orthopedic surgeon, discussed appellant's accepted February 8, 2011 and January 11, 2018 employment injuries. He reported that she had rotator cuff tears which had progressed since magnetic resonance imaging (MRI) scans were obtained two years prior, noting that recent MRI scans revealed a full-thickness tear of the supraspinatus tendon on the right with a near complete full-thickness tear of the supraspinatus tendon on the left. Dr. Parmar opined that appellant's repetitive work activities from 2009 through 2018, including reaching, pushing, and pulling with her arms at the chest level and above, had "led or significantly led" to her bilateral rotator cuff tears. He reported that it was well known in the orthopedic community that such repetitive activities "can lead to these tears." Dr. Parmar requested that additional conditions be accepted as work related, including right shoulder rotator cuff tear and left shoulder rotator cuff tear.

In an April 16, 2023 letter, Dr. Parmar discussed appellant's accepted February 8, 2011 and January 11, 2018 employment injuries and opined that her repetitive activities as a postal carrier which required reaching, lifting, pulling, and delivering the mail "caused, accelerated, and aggravated her shoulder conditions and have led to her having a rotator cuff tear." He further opined that her lifting of a heavy box on January 11, 2018 accelerated her rotator cuff condition as well. Dr. Parmar reported that it was well known in the orthopedic community and it was his opinion that repetitive job duties at chest level or above increased the risk of shoulder/rotator cuff problems and he stated that appellant's case was a perfect example of this. He indicated that the

⁴ OWCP assigned the present claim OWCP File No. xxxxxx807. Under OWCP File No. xxxxxx382, OWCP accepted a January 12, 2016 traumatic injury resulting in a sprain of a ligament of the left ankle. Under OWCP File No. xxxxxx814, OWCP accepted a January 11, 2018 traumatic injury resulting in cervical muscle spasm, other cervical disc displacement at the C3-4, C5-6, and C6-7 levels, and cubital tunnel syndrome. Under OWCP File No. xxxxxx356, appellant filed a Form CA-1 alleging that on June 1, 2018 she sustained injuries to her neck, left arm, left lower back, left leg, and left ankle when she fell while leaving a doctor's appointment. OWCP has administratively combined OWCP File Nos. xxxxxx382, xxxxxx814, xxxxxx356, and xxxxxx807, with the latter designated as the master file.

⁵ Appellant was terminated from the employing establishment effective September 14, 2022.

outstretching of her arm as she repeatedly reached, pulled, and lifted mail each shift for hours at work had led to wear and tear on her rotator cuffs, and that her lifting of a heavy package at work on January 11, 2018 resulted in increased symptoms. Dr. Parmar reported that the force exerted on appellant's already weakened rotator cuffs when she lifted the heavy package on January 11, 2018 created sudden stress which in turn caused increased symptoms in both shoulders. He recommended that she undergo bilateral shoulder arthroscopic rotator cuff repairs. Dr. Parmar further opined that appellant's repetitive job activities as a postal carrier for nine years, as well as the documented work injuries of her shoulders, were directly responsible for her bilateral rotator cuff tears.

In a June 7, 2023 letter, appellant, through counsel, requested expansion of the accepted conditions of her claim to include right shoulder full-thickness tear of the rotator cuff, and left shoulder high-grade near full-thickness tear of the rotator cuff.

On August 8, 2023 OWCP referred appellant, along with the medical record, a statement of accepted facts (SOAF), and a series of questions, for a second opinion examination and evaluation with Dr. Edwin Roeder, a Board-certified orthopedic surgeon, regarding appellant's injury-related condition, including whether she sustained work-related rotator cuffs tears of her shoulders.

In a September 1, 2023 report, Dr. Roeder discussed appellant's factual and medical history, including her prior accepted employment injuries, and reported the findings of his physical examination. Upon bilateral range of shoulder motion, he observed 160 degrees of flexion and 160 degrees of external rotation. Dr. Roeder noted that appellant had pain with supraspinatus isolation and resulting mild weakness. Appellant had 5/5 strength in her deltoid, biceps, and interossei muscles bilaterally. Dr. Roeder indicated that the diagnosis of a left rotator cuff tear was consistent with the medical findings. He advised that appellant described insidious onset of right shoulder pain sometime before 2018, but that there was no clear documented history of trauma to the right shoulder in connection with the accepted February 8, 2011 employment, injury, the accepted January 11, 2018 employment injury, or any other documented trauma. Dr. Roeder reported that it was a generally accepted medical opinion that rotator cuff tears could occur by degenerative mechanisms as well as trauma, and he opined that appellant's right rotator cuff condition was degenerative and preexisting in nature. He noted that appellant had continued bilateral shoulder tenderness, pain, and weakness with rotator cuff strength testing, and that MRI scans revealed bilateral rotator cuff tears which had failed to improve with time and required surgery. Dr. Roeder indicated, "As stated above, the left shoulder condition is attributed to the industrial claim. The right shoulder condition is unrelated to the industrial claim." He reported that appellant's right shoulder pain began insidiously in the absence of trauma, and he opined that the right rotator cuff tear was degenerative in origin and a result of non-industrial chronic degenerative tendinopathy of the rotator cuff. Dr. Roeder advised that she could perform full-duty work, but noted that the limitations caused by her right shoulder condition were due to preexisting, degenerative tearing of the right rotator cuff. In a September 1, 2023 work capacity evaluation (Form OWCP-5c), he opined that appellant could not perform her usual job but could work eight hours per day in a sedentary position.

On October 12, 2023 OWCP expanded the acceptance of appellant's claim to include rotator cuff tear of the left shoulder.

In an October 12, 2023 development letter, OWCP informed appellant of the deficiencies of her expansion claim with respect to her claim for a rotator cuff tear of the right shoulder. It advised her of the type of evidence needed and afforded her 30 days to respond.

In a November 6, 2023 report, Dr. Parmar reported physical examination findings, noting that rotator cuff strength testing revealed pain and weakness on the left which was more symptomatic than pain and weakness on the right. He advised that appellant's right shoulder "still needs an updated accepted diagnosis" and stated that his "opinions on her left and right shoulder[s] have not changed from previous."

On November 8, 2023 OWCP requested that Dr. Roeder clarify his September 1, 2023 report with respect to appellant's right shoulder condition.

In a November 21, 2023 supplemental report, Dr. Roeder advised that he had not changed his prior opinion that appellant's right rotator cuff tear was nonindustrial, noting that there was no history obtained at his September 1, 2023 examination or mentioned in any of the medical records of a single traumatic event that corresponded to the onset of right shoulder pain. He indicated that on September 1, 2023 she described her right shoulder pain beginning "some time" after 2011, but before January 11, 2018. Dr. Roeder noted that some studies had described associations between repetitive lifting and overhead work with rotator cuff tearing, suggesting cumulative trauma as an occupational cause of rotator cuff injury. He reported that the medical records and the history obtained from appellant revealed that when she returned to work in late-2011, she was given permanent restrictions which specifically avoided overhead lifting, lifting more than 25 pounds, and working more than eight hours per day. Dr. Roeder stated, "The restrictions would have eliminated the types of activities some might associate with rotator cuff injury. Thus, it is my opinion that occupational cumulative trauma with [the employing establishment] was not a cause of right shoulder problems." He opined that neither trauma nor cumulative trauma was the cause of appellant's right shoulder problems, and that the evidence supported the finding that underlying degeneration was the cause of her right shoulder pain. Dr. Roeder further explained that the accepted January 11, 2018 injury did not result in any acute injury or aggravation of her right shoulder.

On December 15, 2023 appellant underwent OWCP-authorized left shoulder arthroscopy with rotator cuff repair, biceps tenodesis, subacromial decompression, distal clavicle excision, and glenohumeral debridement of the labral tear with regard to OWCP File No. xxxxxx807.

In June 11 and August 20, 2024 reports, Dr. Parmar indicated that impingement testing revealed positive results in the right shoulder, and that rotator cuff strength testing revealed some pain and weakness in the right shoulder.

In a September 16, 2024 letter, counsel requested that OWCP address appellant's expansion request relative to her right shoulder condition.

In an October 24, 2024 development letter, OWCP informed appellant of the deficiencies of her expansion claim with respect to her claim for a rotator cuff tear of the right shoulder. It advised her of the type of evidence needed and afforded her 30 days to respond.

Appellant subsequently submitted an October 29, 2024 report wherein Dr. Parmar repeated his opinion that her right shoulder condition was caused and accelerated by her repetitive work activities from 2011 through 2018. He indicated that these work activities were "responsible for

causing her symptoms entirely or accelerating or aggravating her underlying condition of right shoulder rotator cuff syndrome with impingement and eventually led to partial thickness cuff tear which I believe clinically she has.” Dr. Parmar stated, “It is my impression the patient has a right shoulder rotator cuff tear whose cause is due to her repetitive work activities which I have mentioned are the cause and accelerated her condition.”

In a January 21, 2025 report, Dr. Parmar indicated that impingement testing revealed positive results in the right shoulder, and that rotator cuff strength testing revealed some pain and weakness in the right shoulder.

By decision dated February 25, 2025, OWCP denied appellant’s expansion claim, finding that she had not met her burden of proof to expand the acceptance of her claim to include a right shoulder condition as causally related to, or consequential to, the accepted employment injuries.

On March 7, 2025 OWCP received a March 4, 2025 letter wherein Dr. Parmar indicated that, with respect to appellant’s right shoulder, he completely agreed with Dr. Roeder that appellant did not have a traumatic rotator cuff tear based on the history she gave him. Dr. Parmar reported that he had always believed that her repetitive job activities as a postal carrier over a decade or so had caused the rotator cuff tear in her right shoulder or aggravated an underlying condition. He advised that the opinions he provided in his October 4, 2022 and October 29, 2024 reports had not changed. Appellant also submitted medical records pertaining to her December 15, 2023 left rotator cuff repair and a March 4, 2025 note wherein Dr. Parmar recommended restrictions on use of the right arm.

On March 27, 2025 appellant requested a telephonic hearing before a representative of OWCP’s Branch of Hearings and Review.

A hearing was held on August 27, 2025 at which appellant argued that she sustained a right shoulder condition because she had to increase the use of her right upper extremity after her accepted February 8, 2011 employment injury.

In a September 26, 2025 brief, counsel continued to argue for acceptance of a right shoulder condition. Appellant submitted additional medical documents, most of which had previously been of record. In a September 16, 2025 report, Dr. Parmar indicated that impingement testing revealed positive results in the right shoulder, and that rotator cuff strength testing revealed some pain and weakness in the right shoulder. In a note of even date, he recommended restrictions on use of the right arm.

By decision dated November 4, 2025, OWCP’s hearing representative affirmed OWCP’s February 25, 2025 decision.

LEGAL PRECEDENT

When an employee claims that a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.⁶

The claimant bears the burden of proof to establish a claim for a consequential injury.⁷ 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. The opinion must be one of reasonable medical certainty and must be supported by medical rationale explaining the nature of the relationship of the diagnosed condition and the specific employment factors or employment injury.⁸

Causal relationship is a medical issue and the medical evidence required to establish causal relationship is rationalized medical evidence.⁹ 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.¹⁰

When an injury arises in the course of employment, every natural consequence that flows from that injury likewise arises out of the employment, unless it is the result of an independent intervening cause attributable to the claimant's own intentional misconduct.¹¹ The basic rule is that a subsequent injury, whether an aggravation of the original injury or a new and distinct injury, is compensable if it is the direct and natural result of a compensable primary injury.¹²

ANALYSIS

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include a right shoulder condition as causally related to, or consequential to, the accepted February 8, 2011 employment injury.

In a September 1, 2023 report, Dr. Roeder advised that appellant described insidious onset of right shoulder pain sometime before 2018, but that there was no clear documented history of

⁶ *J.R.*, Docket No. 20-0292 (issued June 26, 2020); *W.L.*, Docket No. 17-1965 (issued September 12, 2018); *V.B.*, Docket No. 12-0599 (issued October 2, 2012); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

⁷ *V.K.*, Docket No. 19-0422 (issued June 10, 2020); *A.H.*, Docket No. 18-1632 (issued June 1, 2020); *I.S.*, Docket No. 19-1461 (issued April 30, 2020).

⁸ *K.W.*, Docket No. 18-0991 (issued December 11, 2018).

⁹ *G.R.*, Docket No. 18-0735 (issued November 15, 2018).

¹⁰ *Id.*

¹¹ *I.S.*, Docket No. 19-1461 (issued April 30, 2020); *A.M.*, Docket No. 18-0685 (issued October 26, 2018); *Mary Poller*, 55 ECAB 483, 487 (2004).

¹² *J.M.*, Docket No. 19-1926 (issued March 19, 2021); *Susanne W. Underwood (Randall L. Underwood)*, 53 ECAB 139, 141 n. 7 (2001).

trauma to the right shoulder in connection with the accepted February 8, 2011 employment, injury, the accepted January 11, 2018 employment injury, or any other documented trauma. He opined that her right rotator cuff condition was degenerative and preexisting in nature. Dr. Roeder advised that appellant's right shoulder pain began insidiously in the absence of trauma, and he opined that the right rotator cuff tear was degenerative in origin and a result of non-industrial chronic degenerative tendinopathy of the rotator cuff.

In a November 21, 2023 supplemental report, Dr. Roeder advised that he had not changed his prior opinion that appellant's right rotator cuff tear was nonindustrial, noting that there was no history obtained at his September 1, 2023 examination or mentioned in any of the medical records of a single traumatic event that corresponded to the onset of right shoulder pain. He indicated that on September 1, 2023 she described her right shoulder pain beginning "some time" after 2011, but before January 11, 2018. Dr. Roeder reported that the medical records and the history obtained from appellant revealed that when she returned to work in late-2011, she was given permanent restrictions which specifically avoided overhead lifting, lifting more than 25 pounds, and working more than eight hours per day. He stated, "The restrictions would have eliminated the types of activities some might associate with rotator cuff injury. Thus, it is my opinion that occupational cumulative trauma with [the employing establishment] was not a cause of right shoulder problems." Dr. Roeder opined that neither trauma nor cumulative trauma was the cause of appellant's right shoulder problems, and that the evidence supported the finding that underlying degeneration was the cause of her right shoulder pain. He further explained that the accepted January 11, 2018 injury did not result in any acute injury or aggravation of her right shoulder.

The Board finds that the weight of the medical opinion evidence with respect to OWCP's denial of appellant's request to expand the acceptance of her claim to include a right shoulder condition is represented by the well-rationalized opinion of Dr. Roeder, the OWCP referral physician. The September 1 and November 21, 2023 reports of Dr. Roeder establish that appellant did not sustain a right shoulder condition causally related to, or consequential to, the accepted employment injuries. The Board has reviewed the opinion of Dr. Roeder and finds that it has reliability, probative value, and convincing quality with respect to its conclusions regarding the relevant issue of additional work-related conditions.¹³

In support of her request that the acceptance of her claim be expanded to include a right shoulder condition, appellant submitted several reports by Dr. Parmar.

In an October 4, 2022 report, Dr. Parmar opined that appellant's repetitive work activities from 2009 through 2018, including reaching, pushing, and pulling with her arms at the chest level and above, had "led or significantly led" to her right and left rotator cuff tears. He indicated that it was well known in the orthopedic community that such repetitive activities "can lead to these tears." In an April 16, 2023 letter, Dr. Parmar opined that appellant's repetitive activities as a postal carrier which required reaching, lifting, pulling, and delivering the mail "caused, accelerated, and aggravated her shoulder conditions and have led to her having a rotator cuff tear." Moreover, he opined that the force exerted on her already weakened rotator cuffs when she lifted the heavy package on January 11, 2018 created sudden stress which in turn caused increased symptoms in both shoulders. Dr. Parmar further opined that appellant's repetitive job activities as

¹³ *P.G.*, Docket No. 24-0437 (issued June 26, 2024); *S.V.*, Docket No. 23-0474 (issued August 1, 2023).

a postal carrier for nine years, as well as the documented work injuries of her shoulders, were directly responsible for her right and left rotator cuff tears.

In a November 6, 2023 report, Dr. Parmar advised that appellant's right shoulder "still needs an updated accepted diagnosis" and stated that his "opinions on her left and right shoulder[s] have not changed from previous." In an October 29, 2024 report, he opined that her right shoulder condition was caused and accelerated by her repetitive work activities from 2011 through 2018. Dr. Parmar indicated that these work activities were "responsible for causing [appellant's] symptoms entirely or accelerating or aggravating her underlying condition of right shoulder rotator cuff syndrome with impingement and eventually led to partial thickness cuff tear which I believe clinically she has." In a March 4, 2025 letter, he reported that he had always believed that her repetitive job activities as a postal carrier over a decade or so had caused the rotator cuff tear in her right shoulder or aggravated an underlying condition.

The Board notes, however, that none of these reports by Dr. Parmar contains a rationalized medical opinion that appellant sustained a right shoulder condition causally related to, or consequential to, the accepted employment injuries. 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.¹⁴

Appellant also submitted a series of reports, dated June 11, 2024 through September 16, 2025, wherein Dr. Parmar indicated that impingement testing revealed positive results in the right shoulder, and that rotator cuff strength testing revealed some pain and weakness in the right shoulder. In March 4 and September 16, 2025 notes, he recommended restrictions on use of the right arm. However, these reports do not contain an opinion on the cause of appellant's right shoulder condition. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.¹⁵ Therefore, this evidence is insufficient to establish appellant's expansion claim for a right shoulder condition.

As the Board finds that the medical evidence of record is insufficient to establish expansion of the acceptance of the claim to include a right shoulder condition causally related to the accepted employment injury, 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 appellant has not met her burden of proof to expand the acceptance of her claim to include a right shoulder condition as causally related to, or consequential to, the February 8, 2011 accepted employment injury.

¹⁴ See *T.T.*, Docket No. 18-1054 (issued April 8, 2020); *Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

¹⁵ 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).

ORDER

IT IS HEREBY ORDERED THAT the November 4, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 4, 2026
Washington, DC

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

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board