United States Department of Labor
Employees' Compensation Appeals Board

S.A., Appellant	)	
and	)	**Docket No. 26-0222**
	)	**Issued: May 8, 2026**
U.S. POSTAL SERVICE, CARDISS COLLINS POST OFFICE, Chicago, IL, 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
JANICE B. ASKIN, Judge

JURISDICTION

On December 29, 2025 appellant filed a timely appeal from a November 21, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (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 medical condition causally related to the accepted June 2, 2025 employment incident.

FACTUAL HISTORY

On June 9, 2025 appellant, then a 40-year-old city carrier assistant, filed a traumatic injury claim (Form CA-1) alleging that on June 2, 2025 he injured his right thumb/hand while in the performance of duty. He recounted that he felt shooting pain, numbness, tingling, and weakness

[1] 5 U.S.C. § 8101 *et seq*.

after he pulled open an old metal mailbox that was stuck. Appellant stopped work on June 3, 2025, and returned to full-time modified-duty work on June 9, 2025.

In a medical report dated June 3, 2025, Dr. Bradley Kutka, Board-certified in emergency medicine, noted that appellant related complaints of right wrist and hand pain, weakness, and paresthesia, which he attributed to grasping and pulling open a stuck mailbox with his right thumb and index finger on June 2, 2025. He performed a physical examination of the right wrist and hand and observed tenderness over the first metacarpophalangeal joint, first metacarpal, and flexor retinaculum, positive Phalen's and Tinel's tests, and mildly decreased sensation over the thumb and index finger. Dr. Kutka reviewed an x-ray of the right hand, which was normal, and diagnosed right carpal tunnel syndrome (CTS).

In medical reports dated June 5 through August 8, 2025, Madeline Houde, a physician assistant, and Cheryl Culberson, a nurse practitioner, noted the history of the June 2, 2025 employment incident, documented physical examination findings, and diagnosed right CTS and paresthesia of the right thumb.

OWCP also received occupational therapy reports.

In an August 11, 2025 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence needed to establish his claim and provided a questionnaire for his completion. OWCP afforded appellant 60 days to submit the necessary evidence.

In a report dated August 27, 2025, Dr. Surbhi Panchal, a Board-certified orthopedic hand surgeon, noted that appellant related complaints of pain and numbness in his right hand, which he attributed to the June 2, 2025 employment incident. He performed a physical examination of the right hand and wrist and observed decreased sensation in the median nerve distribution with provocative maneuvers and positive Tinel's and Phalen's tests. Dr. Panchal diagnosed right wrist pain and probable right CTS. He recommended an electromyography and nerve conduction velocity (EMG/NCV) study. In a letter of even date, Dr. Panchal released appellant to return to light-duty work, up to eight hours per day with no mounted delivery.

In a follow-up report dated September 5, 2025, Dr. Panchal noted that appellant underwent an EMG/NCV study on September 3, 2025, which demonstrated mild-to-moderate CTS on the right. He diagnosed right CTS and recommended surgical release. Dr. Panchal opined that "the work injury was exacerbated by the underlying condition."

In a follow-up letter dated September 12, 2025, OWCP advised appellant that it had conducted an interim review, and the evidence submitted remained insufficient to establish his claim. It noted that he had 60 days from the August 11, 2025 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 an attending physician's report (Form CA-20) dated October 8, 2025, Dr. Panchal diagnosed right CTS and opined that "the [June 2, 2025] injury at work aggravated the underlying condition stated above."

By decision dated November 21, 2025, OWCP denied appellant's claim, finding that the medical evidence of record was insufficient to establish causal relationship between a medical

condition and the accepted June 2, 2025 employment incident. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

LEGAL PRECEDENT

An employee seeking benefits under FECA[2] 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.[3] These are the essential elements of every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.[4]

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it first must be determined whether fact of injury has been established. There are two components involved in establishing fact of injury. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time and place, and in the manner alleged. Second, the employee must submit sufficient evidence to establish that the employment incident caused an injury.[5]

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.[6] 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 the specific employment incident identified by the claimant.[7]

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.[8]

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[2] 5 U.S.C. § 8101 *et seq*.

[3] *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).

[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] *T.H.*, Docket No. 19-0599 (issued January 28, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

[6] *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).

[7] *A.S.*, Docket No. 19-1955 (issued April 9, 2020); *Leslie C. Moore*, 52 ECAB 132 (2000).

[8] 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 appellant has not met his burden of proof to establish a medical condition causally related to the accepted June 2, 2025 employment incident.

Dr. Panchal, in a report dated September 5, 2025 and a Form CA-20 dated October 8, 2025, diagnosed right CTS and opined that "the work injury was exacerbated by the underlying condition." However, he did not provide a rationalized medical explanation as to how the accepted June 2, 2025 employment incident caused or aggravated the diagnosed condition. The Board has held that medical evidence that does not offer a well-rationalized explanation of how the specific employment incident physiologically caused or aggravated the diagnosed condition is of limited probative value.[9] Therefore, this evidence is insufficient to establish appellant's claim.

In his June 3, 2025 medical report, Dr. Kutka diagnosed right CTS. In his August 27, 2025 report, Dr. Panchal diagnosed right wrist pain and probable right CTS. However, neither of these physicians offered an opinion regarding the cause of the diagnosed condition. The Board has held that an opinion which does not address the cause of an employee's condition is of no probative value on the issue of causal relationship.[10] Thus, this evidence is insufficient to establish appellant's claim.

Appellant also submitted reports from Ms. Houde, a physician assistant, and Ms. Culberson, a nurse practitioner, and occupational therapy reports. However, certain healthcare providers such as physician assistants, nurses, and occupational therapists, are not considered physicians as defined under FECA, and their reports do not constitute competent medical evidence.[11] Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to compensation benefits.[12]

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted June 2, 2025 employment incident, the Board finds that appellant has not met his burden of proof.

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[9] *See S.B.*, Docket No. 25-0839 (issued January 21, 2026); *D.D.*, Docket No. 25-0751 (issued August 27, 2025); *T.L.*, Docket No. 23-0073 (issued January 9, 2023); *V.D.*, Docket No. 20-0884 (issued February 12, 2021); *Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

[10] *See C.M.,* Docket No. 25-0772 (issued December 15, 2025); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

[11] Section 8102(2) of FECA provides as follows: physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law. 5 U.S.C. § 8102(2); 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 and occupational 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); *S.S.*, Docket No. 21-1140 (issued June 29, 2022) (physician assistants are not considered physicians under FECA and are not competent to provide medical opinions).

[12] *Id.*

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 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 medical condition causally related to the accepted June 2, 2025 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the November 21, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 8, 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