

In a November 26, 2024 authorization for examination and/or treatment (Form CA-16), the employing establishment authorized appellant to seek medical care for the effects of his chest pain injury.

In a November 26, 2024 attending physician's report, Part B of Form CA-16, Dr. Janice Blanchard, a Board-certified emergency medicine specialist, noted appellant's history of injury as chest pain. She diagnosed rhinovirus and chest pain and checked a box marked "Yes" indicating a belief that the diagnosed conditions were caused or aggravated by the employment activity. Dr. Blanchard released appellant to light-duty work.

In a development letter dated December 20, 2024, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of medical evidence needed to establish his claim and provided an attending physician's report (Form CA-20) for completion by his treating physician. OWCP afforded appellant 60 days to respond. No evidence was received.

In a follow-up letter dated January 16, 2025, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish his claim. It noted that he had 60 days from the December 20, 2024 letter to submit the necessary evidence. OWCP further advised that if the medical evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

OWCP thereafter received additional evidence. In a November 26, 2024 hospital emergency department report, Dr. Blanchard related that appellant was arresting an individual who was resisting when he started having mid sternal chest tightness. Appellant's physical examination revealed regular heart rate and rhythm, normal peripheral perfusion. The chest wall had no tenderness, deformity or reproducible pain. Musculoskeletal findings revealed normal range of motion, no swelling and no deformity. Dr. Blanchard diagnosed rhinovirus and chest pain.

In a January 22, 2025 Form CA-20, Dr. Blanchard related appellant's history regarding the claimed November 26, 2024 employment incident. She noted that appellant's physical examination indicated normal cardiac and imaging findings. However, appellant tested positive on the respiratory panel for rhinovirus. Dr. Blanchard diagnosed rhinovirus and chest pain. She concluded that appellant had chest pain from the work incident.

By decision dated February 21, 2025, OWCP denied appellant's traumatic injury claim. It found that the November 26, 2024 employment incident occurred as alleged; however, the medical evidence of record failed to establish causal relationship between the employment incident and the claimed conditions.

On July 21, 2025 appellant requested reconsideration.

In a June 7, 2025 report, Dr. Blanchard noted that appellant presented to the emergency department on November 26, 2024 with chest pain after restraining someone in the line of duty. During the emergency department workup, appellant tested positive for rhinovirus. Dr. Blanchard explained that rhinovirus could potentially irritate the chest wall and pericardium but often individuals were not symptomatic unless some physical strain, such as that experienced by appellant at work, exacerbated it. She opined that the "muscular strain of having to restrain someone in the line of duty most likely led to the irritation" of appellant's muscles and caused pain. Dr. Blanchard concluded that appellant's "work in the line of duty led to his emergency department visit and the diagnosis of chest pain."

By decision dated July 28, 2025, OWCP denied modification of its February 21, 2025 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA² 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,³ that the claim was timely filed within the applicable time limitation period of FECA, 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.⁴ 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.⁵

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.⁶ There are two components involved in establishing fact of injury. The first component is whether the employee actually experienced the employment incident at the time and place, and in the manner alleged.⁷ The second component is whether the employment incident caused an injury.⁸

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.⁹ A physician's opinion on whether there is a causal relationship between the diagnosed condition and the employment injury must be based on a complete factual and medical background.¹⁰ Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and the accepted employment incident.¹¹

² *Id.*

³ *K.R.*, Docket No. 20-0995 (issued January 29, 2021); *A.W.*, Docket No. 19-0327 (issued July 19, 2019); *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 *J.B.*, Docket No. 20-1566 (issued August 31, 2021); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

⁶ *See D.H.*, Docket No. 25-0816 (issued November 18, 2025); *N.S.*, Docket No. 23-0535 (issued July 26, 2025); *D.B.*, Docket No. 18-1348 (issued January 4, 2019); *S.P.*, 59 ECAB 184 (2007).

⁷ *N.S., id.*; *D.S.*, Docket No. 17-1422 (issued November 9, 2017); *Bonnie A. Contreras*, 57 ECAB 364 (2006).

⁸ *D.H., supra* note 6; *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).

⁹ *C.G.*, Docket No. 25-0656 (issued August 14, 2025); *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

¹⁰ *S.V.*, Docket No. 22-1010 (issued February 21, 2023); *F.A.*, Docket No. 20-1652 (issued May 21, 2021); *M.V.*, Docket No. 18-0884 (issued December 28, 2018); *Victor J. Woodhams*, 41 ECAB 345, 352 (1989).

¹¹ *Id.*

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted November 26, 2024 employment incident.

In a November 26, 2024 hospital emergency department report, Dr. Blanchard related appellant's history of injury, provided physical examination findings, and diagnosed rhinovirus and chest pain. She, however, did not provide an opinion regarding causal relationship between appellant's rhinovirus condition and the accepted employment incident. 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.¹² Therefore, this evidence is insufficient to establish appellant's claim.

In a November 26, 2024 attending physician's report, Part B of Form CA-16, Dr. Blanchard checked a box marked "Yes" indicating that the diagnosed conditions were caused or aggravated by the employment activity. The Board has held that form reports which contain a box marked "Yes" in support of causal relationship, without further explanation or rationale, are insufficient to establish the claim.¹³ Therefore, this evidence is insufficient to establish appellant's claim.

In her January 22, 2025 Form CA-20, Dr. Blanchard explained that appellant had chest pain from the work incident and that he tested positive for rhinovirus on the respiratory panel. The Board has held, however, that medical evidence that states a conclusion but does not offer a rationalized medical explanation regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship.¹⁴ Thus, this evidence is insufficient to establish the claim.

OWCP also received a June 7, 2025 report, wherein Dr. Blanchard explained that rhinovirus could potentially irritate the chest wall and pericardium if some physical strain, such as that experienced by appellant, caused exacerbation. She opined that the muscular strain appellant experienced while attempting to restrain someone in the line of duty most likely led to the irritation. Dr. Blanchard concluded that appellant's employment incident led to his emergency department visit and the diagnosis of chest pain. However, her opinion that that the muscular strain of having to restrain someone in the line of duty most likely led to the irritation of appellant's muscles, is equivocal or speculative in nature and is of limited probative value.¹⁵ Therefore, this evidence is insufficient to establish appellant's claim.

¹² *L.H.*, Docket No. 26-0201 (issued April 6, 2026); *T.D.*, Docket No. 19-1779 (issued March 9, 2021); *L.B.*, Docket No. 18-0133 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹³ *J.O.*, Docket No. 26-0086 (issued April 3, 2026); *S.M.*, Docket No. 17-1727 (issued July 9, 2018); *see R.S.*, Docket No. 15-1834 (issued December 23, 2015); *Lillian M. Jones*, 34 ECAB 379, 381 (1982).

¹⁴ *See S.M.*, Docket No. 21-0149 (issued June 21, 2021); *J.W.*, Docket No. 18-0678 (issued March 3, 2020); *see V.T.*, Docket No. 18-0881 (issued November 19, 2018); *T.M.*, *supra* note 13; *S.E.*, Docket No. 08-2214 (issued May 6, 2009).

¹⁵ *A.P.*, Docket No. 26-0065 (issued February 27, 2026); *S.L.*, Docket No. 23-0152 (issued May 16, 2023); *see L.L.*, Docket No. 21-0981 (issued July 1, 2022); *C.A.*, Docket No. 21-0601 (issued November 15, 2021); *J.P.*, Docket No. 19-0216 (issued December 13, 2019); *T.M.*, Docket No. 08-0975 (issued February 6, 2009).

As there is no medical evidence of record to establish a medical condition causally related to the accepted November 26, 2024 employment incident, the Board finds that appellant has not met his burden of proof.¹⁶

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 medical condition causally related to the accepted November 26, 2024 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the July 28, 2025 decision of the Office of Workers' Compensation Programs is affirmed.¹⁷

Issued: May 12, 2026
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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

¹⁶ See *M.S.*, Docket No. 24-0857 (issued September 24, 2024).

¹⁷ The Board notes that the employing establishment issued a Form CA-16. A completed Form CA-16 authorization may constitute a contract for payment of medical expenses to a medical facility or physician, when properly executed. The form creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim. See 20 C.F.R. § 10.300(c); *S.G.*, Docket No. 23-0552 (issued August 28, 2023); *J.G.*, Docket No. 17-1062 (issued February 13, 2018); *Tracy P. Spillane*, 54 ECAB 608 (2003).