

employment, which included standing at his case, carrying parcels, and walking to and from his truck.² He noted that he first became aware of his claimed condition on September 1, 2019, and realized its relationship to his federal employment on December 18, 2020. On April 26, 2021 OWCP accepted his claim for strain of muscle, fascia, and tendon of the posterior muscle group at thigh level, left thigh. It paid appellant wage-loss compensation on the supplemental rolls commencing February 11, 2021.

In a July 1, 2025 letter, OWCP requested that Dr. David Barnes, an osteopathic attending family practitioner, provide an opinion regarding whether appellant continued to have residuals or disability causally related to his accepted employment-related injury. It afforded him 30 days to respond.

In a response dated July 3, 2025, Dr. Barnes diagnosed the accepted condition of strain of muscle, fascia, and tendon of the posterior muscle group at thigh level, left thigh. He opined that appellant continued to have residuals of the accepted condition that consisted of muscle tightness with mild tenderness. However, Dr. Barnes also opined that appellant had reached maximum medical improvement (MMI). He noted that appellant had not received treatment for the accepted condition for over one year and no current treatment had been ordered. In an accompanying work capacity evaluation (Form OWCP-5c) of even date, Dr. Barnes advised that appellant could not perform his usual job, but appellant could work with permanent restrictions, four hours per day. He indicated that his work hours would never increase.

On July 21, 2025 OWCP referred appellant, together with the medical record, a statement of accepted facts (SOAF), and a series of questions, to Dr. Junaid Makda, a Board-certified orthopedic surgeon, for a second opinion examination to determine whether appellant continued to suffer from residuals and/or disability causally related to the accepted employment injury.

In a September 24, 2025 medical report, Dr. Makda related appellant's complaints and noted his review of the SOAF and the medical record. On physical examination, he observed no tenderness to palpation in the left or right hamstring. There was also no tenderness to palpation over the left or right greater trochanter. Straight-leg-raising reproduced some symptoms in the lower lumbar spine. There was 4/5 strength in the bilateral iliopsoas and 5/5 strength in the bilateral quadriceps, tibialis anterior, extensor hallucis longus, and gastroc soleus. There was a negative clonus. A Babinski test was normal. Reflexes were normal. Sensation was intact to light touch. Dr. Makda provided impressions of left hamstring strain, resolved, and lumbar spondylosis. He opined that appellant had recovered from the accepted condition of strain of muscle/fascia/tendon of the posterior muscle groups. Dr. Makda explained that his symptoms were mostly in the lower lumbar spine with radiation and there was no tenderness to palpation over the hamstring muscle. He further opined that appellant was able to perform his date-of-injury job as a city letter carrier as it related to the accepted left thigh condition. Dr. Makda explained that appellant had no tenderness to palpation and magnetic resonance imaging (MRI)

² OWCP assigned the present claim OWCP File No. xxxxxx447. Under OWCP File No. xxxxxx856, OWCP accepted appellant's December 12, 2004 traumatic injury claim (Form CA-1) for lumbar sprain. Appellant subsequently filed an additional claim before OWCP. Under OWCP File No. xxxxxx202, it accepted appellant's December 11, 2023 occupational disease claim for lumbar sprain and sacroiliac sprain. OWCP has not administratively combined appellant's claim files.

scans showed no hamstring strain. He advised that no further treatment was required for the accepted condition. Dr. Makda noted that appellant was undergoing physical therapy for symptoms he believed stemmed from his lumbar spine condition. In a Form OWCP-5c of even date, he advised that appellant could perform his usual job without restriction.

In a notice dated November 14, 2025, OWCP advised appellant that it proposed to terminate his wage-loss compensation and medical benefits based on Dr. Makda's opinion that the accepted employment-related condition had ceased without residuals or disability. It afforded him 30 days to submit additional evidence or argument challenging the proposed termination.

In a November 25, 2025 note, Dr. Barnes related that appellant was performing modified-duty work, four hours per day, when he called in sick during the period October 27 through November 7, 2025. He advised, however, that he could not provide an opinion regarding his illness since he was not his primary care physician, but that in terms of his accepted work injury, he was on a four hour per day work restriction.

By decision dated January 2, 2026, OWCP terminated appellant's wage-loss compensation and medical benefits, effective that date, finding that Dr. Makda's opinion constituted the weight of the medical opinion evidence that appellant no longer had residuals or disability causally related to the accepted employment injury.

LEGAL PRECEDENT

Once OWCP accepts a claim and pays compensation, it has the burden of proof to justify termination or modification of an employee's benefits.³ After it has determined that, an employee has disability causally related to his or her federal employment, OWCP may not terminate compensation without establishing that the disability has ceased or that it is no longer related to the employment.⁴ Its burden of proof includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.⁵

The right to medical benefits for an accepted condition is not limited to the period of entitlement for disability compensation.⁶ To terminate authorization for medical treatment, OWCP must establish that appellant no longer has residuals of an employment-related condition which require further medical treatment.⁷

³ *R.G.*, Docket No. 22-0165 (issued August 11, 2022); *D.G.*, Docket No. 19-1259 (issued January 29, 2020); *S.F.*, 59 ECAB 642 (2008); *Kelly Y. Simpson*, 57 ECAB 197 (2005); *Paul L. Stewart*, 54 ECAB 824 (2003).

⁴ *See R.P.*, Docket No. 17-1133 (issued January 18, 2018); *Jason C. Armstrong*, 40 ECAB 907 (1989); *Charles E. Minnis*, 40 ECAB 708 (1989); *Vivien L. Minor*, 37 ECAB 541 (1986).

⁵ *R.L.*, Docket No. 22-1175 (issued May 11, 2023); *M.C.*, Docket No. 18-1374 (issued April 23, 2019); *Del K. Rykert*, 40 ECAB 284, 295-96 (1988).

⁶ *P.K.*, Docket No. 22-1345 (issued June 28, 2023); *A.G.*, Docket No. 19-0220 (issued August 1, 2019); *T.P.*, 58 ECAB 524 (2007); *Kathryn E. Demarsh*, 56 ECAB 677 (2005); *Furman G. Peake*, 41 ECAB 361, 364 (1990).

⁷ *See A.G., id.*; *James F. Weikel*, 54 ECAB 660 (2003); *Pamela K. Guesford*, 53 ECAB 727 (2002).

ANALYSIS

The Board finds that OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective January 2, 2026, as he no longer had disability or residuals causally related to his accepted employment injury.

OWCP terminated appellant's wage-loss compensation and medical benefits, effective January 2, 2026, based on the September 24, 2025 report of Dr. Makda, the second opinion physician. Dr. Makda found no tenderness to palpation in the left or right hamstring, no tenderness to palpation over the left or right greater trochanter, full strength, normal reflexes, intact sensation, and no clonus or Babinski. He provided impressions of left hamstring strain, resolved, and lumbar spondylosis. Dr. Makda opined that appellant had recovered from the accepted condition of strain of muscle, fascia, and tendon of the posterior muscle group of the left thigh. He explained that appellant's symptoms were mostly in the lower lumbar spine with radiation and there was no tenderness to palpation over the hamstring muscle. Dr. Makda further opined that appellant was able to perform his date-of-injury job as a city letter carrier. He explained that appellant had no tenderness to palpation and MRI scans showed no hamstring strain. Dr. Makda advised that no further medical treatment was required for the accepted condition. He noted that appellant's current physical therapy treatment was related to his lumbar spine symptoms.

Dr. Makda based his opinion on a proper factual and medical history and appellant's physical examination findings. He provided sufficient medical rationale for his opinion that appellant did not have residual injury or disability, causally related to the accepted employment injury. Accordingly, OWCP properly relied on his September 24, 2025 second opinion report in terminating appellant's wage-loss compensation and medical benefits effective January 2, 2026.⁸

OWCP also received reports from Dr. Barnes, appellant's attending physician, prior to the termination of appellant's compensation benefits. In a note dated July 3, 2025, Dr. Barnes diagnosed the accepted condition of strain of muscle, fascia, and tendon of the posterior muscle group at thigh level, left thigh. He opined that appellant continued to have residuals of the accepted condition that consisted of muscle tightness with mild tenderness, yet he also opined that appellant had reached MMI and that he had not received any treatment for the accepted condition for over one year and no current treatment had been ordered. In an accompanying Form OWCP-5c of even date, Dr. Barnes advised that while appellant could not perform his usual job, he could work with permanent restrictions, four hours per day. He advised that appellant's work hours would never increase. Dr. Barnes' report, however, is of diminished probative value as he did not provide medical rationale explaining how and/or why appellant had continuing disability and/or residuals as of January 2, 2026 causally related to the accepted employment injury.⁹ The Board, therefore, finds that this evidence is insufficient to overcome

⁸ *C.C.*, Docket No. 19-1062 (issued February 6, 2026); *see S.M.*, Docket No. 18-0673 (issued January 25, 2019); *see also A.F.*, Docket No. 16-0393 (issued June 24, 2016).

⁹ *See F.A.*, Docket No. 24-0014 (issued January 30, 2026); *D.G.*, Docket No. 25-0703 (issued August 28, 2025); *E.H.*, Docket No. 23-0503 (issued July 20, 2023); *L.S.*, Docket No. 19-0959 (issued September 24, 2019); *J.F.*, Docket No. 17-1716 (issued March 1, 2018).

the weight of the medical evidence or create a conflict with Dr. Makda's September 24, 2025 second opinion report.

In his November 25, 2025 note, Dr. Barnes related that he could not provide an opinion regarding appellant's illness and absence from work during the period October 27 through November 7, 2025 because he was not his primary care physician. While he indicated that appellant had a permanent restriction of four hours of work per day, he did not provide a rationalized medical opinion that appellant continued to have residuals or disability as of January 2, 2026 causally related to the accepted employment injury. The Board, however, has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition or disability is of no probative value on the issue of causal relationship.¹⁰ Therefore, this evidence is insufficient to overcome the weight of the medical opinion evidence accorded to Dr. Makda regarding continuing work-related disability/residuals or to create a conflict in the medical opinion evidence.¹¹

The Board finds, therefore, that OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective January 2, 2026.

CONCLUSION

The Board finds that OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective January 2, 2026, as he no longer had disability or residuals causally related to his accepted employment injury.

¹⁰ See *C.W.*, Docket No. 26-0091 (issued March 17, 2026); *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).

¹¹ See *C.W.*, *id.*; *K.A.*, Docket No. 26-0031 (issued February 26, 2026); *D.C.*, Docket No. 22-1177 (issued December 6, 2023).

ORDER

IT IS HEREBY ORDERED THAT the January 2, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 8, 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