United States Department of Labor
Employees' Compensation Appeals Board

S.W., Appellant	)	
and	)	**Docket No. 26-0373**
	)	**Issued: October 6, 2026**
U.S. POSTAL SERVICE, EAST ST. LOUIS POST OFFICE, East St. Louis, MO, Employer	)	

Appearances:
Alan J. Shapiro, Esq., for the appellant[1]
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 March 12, 2026 appellant, through counsel, filed a timely appeal from a February 11, 2026 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[2] (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 expand the acceptance of her claim to include a right hip condition as causally related to, or consequential to, the accepted January 31, 2012 employment injury.

[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

This case has previously been before the Board.[3] The facts and circumstances as set forth in the Board's prior decision are incorporated herein by reference. The relevant facts are as follows.

On January 31, 2012 appellant, then a 52-year-old letter carrier, filed an occupational disease claim (Form CA-2) alleging that she developed a left knee condition due to factors of her federal employment. She noted that she had previously injured her right knee at work and was favoring her right leg during prolonged walking, standing, and bending.[4] Appellant noted that she first became aware of her condition and realized its relationship to her federal employment on January 31, 2012. She stopped work on April 20, 2012, returned to full-time modified-duty work on September 26, 2012, and retired from federal service on December 10, 2012. OWCP accepted the claim for sprain of medial collateral ligament (MCL) of left knee.

Appellant underwent arthroscopic partial medial meniscectomy of the left knee on June 13, 2012, left compartmental arthroplasty on February 19, 2015, and revision left total knee replacement (TKR) on May 3, 2017. On July 31, 2020 she underwent left total knee arthroplasty explant, left knee temporary antibiotic spacer placement, and bone biopsies of the distal femur, proximal tibia, and patella due to an infected implant.

On December 29, 2022 appellant, through counsel, requested expansion of the acceptance of her claim to include right hip osteoarthritis and trochanteric bursitis. In support of her expansion claim, she submitted an October 17, 2022 x-ray of the right hip, which revealed mild degenerative changes and noted a history of right hip pain for two to four weeks with "no known injury."

In an October 26, 2022 medical report, Jamaine Thomas, a physician assistant, noted that appellant related complaints of worsening right hip pain for the past two to three years, which she attributed to feeling "off balance as if one leg is longer than the other." He diagnosed trochanteric bursitis of the right hip and gluteal tendinitis of the right buttock.

In a development letter dated January 27, 2023, OWCP informed appellant of the deficiencies of her claim for expansion. It advised her of the type of medical evidence necessary and afforded her 30 days to respond.

OWCP subsequently received an October 13, 2022 medical report by Dr. Amardeep Shrestha, a Board-certified internist, who noted appellant's history of a right hip injection in December 2021. Dr. Shrestha performed a physical examination and diagnosed right trochanteric bursitis.

[3] Docket No. 25-0473 (issued May 15, 2025).

[4] OWCP assigned the present claim OWCP File No. xxxxxx230. Appellant has two previously accepted occupational disease claims for injuries involving her lower extremities, including September 18, 2000 bilateral bunion and hallux valgus deformities and bilateral plantar fasciitis under OWCP File No. xxxxxx128 and bilateral plantar fascial fibromatosis, bilateral stress fractures, and bilateral calcaneal spurs under OWCP File No. xxxxxx233. She also has a prior October 26, 2009 traumatic injury claim (Form CA-1), which OWCP accepted for sprain, tears of medial meniscus, and primary osteoarthritis of the right knee under OWCP File No. xxxxxx040. OWCP has administratively combined OWCP File Nos. xxxxxx128, xxxxxx233, xxxxxx040, and xxxxxx230, with the latter serving as the master file.

In a December 13, 2022 follow-up report, Dr. Shrestha diagnosed right hip trochanteric bursitis and acquired leg length discrepancy, which he indicated was "likely a risk factor for trochanteric bursitis, right shorter than left."

On November 7, 2023, OWCP referred appellant's case to Dr. Arthur S. Harris, a Board-certified orthopedic surgeon serving as an OWCP district medical adviser (DMA), for review and comment on appellant's expansion claim.

In a November 9, 2023 report, Dr. Harris opined that the record was insufficient to expand the January 31, 2012 claim to include a right hip condition.

On August 6, 2024, OWCP referred appellant, along with the medical record, a statement of accepted facts (SOAF), and a series of questions, to Dr. Michael Ralph, a Board-certified orthopedic surgeon, for a second opinion examination.

In an August 24, 2024 report, Dr. Ralph reviewed the medical record and SOAF and noted that appellant walked with a normal gait and had no obvious swelling or deformity of either knee. On physical examination, he observed good muscle strength of the lower extremities, slightly reduced range of motion of the left knee compared to the right, no significant instability, and complaints of pain when he "simply [touched] her skin." Dr. Ralph obtained leg length measurements and noted that appellant's right lower extremity was approximately two centimeters shorter than her left lower extremity. He also noted that the Allis test, which measures femoral lengths, was negative. Dr. Ralph opined that "there is no way" that the implant choices would explain a two-centimeter leg length discrepancy. He indicated that his "only conclusion is that the vast majority of this had been present all along and is just simply a normal variant." Dr. Ralph also explained that there were "no accepted objective clinical studies in the orthopedic literature to suggest that leg length discrepancies create other problems in and of themselves."

By decision dated October 9, 2024, OWCP denied expansion of the acceptance of appellant's claim to include a right hip condition as causally related to, or consequential to, the accepted January 31, 2012 employment injury.

On October 15, 2024, appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. A hearing was held on January 13, 2025.

By decision dated March 28, 2025, OWCP's hearing representative affirmed the October 9, 2024 decision.

On April 11, 2025, appellant, through counsel, appealed to the Board. By decision dated May 15, 2025,[5] the Board affirmed the March 28, 2025 decision, finding that appellant had not met her burden of proof to expand the acceptance of her claim to include a right hip condition as causally related to, or consequential to, the accepted January 31, 2012 employment injury.

OWCP continued to receive evidence including medical reports dated November 19, 2024 and May 14, 2025 by Dr. Ryan Michael Nunley, a Board-certified orthopedic surgeon. Dr. Nunley noted that appellant related complaints of leg length discrepancy and bilateral hip pain that "started

[5] *Supra* note 3.

years ago" and had worsened recently without injury or trauma. On November 19, 2024, she underwent bilateral greater trochanteric bursae injections by a physician assistant in his office. Dr. Nunley diagnosed bilateral greater trochanteric bursitis.

On November 7, 2025, appellant, through counsel, requested reconsideration before OWCP.

By decision dated February 11, 2026, OWCP denied modification of its March 28, 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] 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.[7] Thus, a subsequent injury, be it 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.[8]

To establish causal relationship between a specific condition, as well as any attendant disability claimed, and the employment injury, an employee must submit rationalized medical evidence.[9] The opinion of the physician must be based on a complete factual and medical background of the claimant, 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 factors identified by the claimant.[10]

ANALYSIS

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include a right hip condition as causally related to, or consequential to, the accepted January 31, 2012 employment injury.

Preliminarily, the Board notes that findings made in prior Board decisions are *res judicata*, absent any further review by OWCP under section 8128 of FECA.[11] It is, therefore, unnecessary

[6] *M.M.*, Docket No. 19-0951 (issued October 24, 2019); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

[7] *See J.M.*, Docket No. 19-1926 (issued March 19, 2021); *I.S.*, Docket No. 19-1461 (issued April 30, 2020); *see also Charles W. Downey*, 54 ECAB 421 (2003).

[8] *J.M.*, *id.*; *Susanne W. Underwood (Randall L. Underwood)*, 53 ECAB 139, 141 n.7 (2001).

[9] *See V.A.*, Docket No. 21-1023 (issued March 6, 2023); *M.W.*, 57 ECAB 710 (2006); *John D. Jackson*, 55 ECAB 465 (2004).

[10] *E.P.*, Docket No. 20-0272 (issued December 19, 2022); *I.J.*, 59 ECAB 408 (2008).

[11] *S.H.,* Docket No. 26-0168 (issued June 8, 2026); *P.N.,* Docket No. 25-0277 (issued March 6, 2025); *G.W.,* Docket No. 22-0301 (issued July 25, 2022); *M.D.,* Docket No. 19-0510 (issued August 6, 2019); *Clinton E. Anthony, Jr.,* 49 ECAB 476, 479 (1988).

for the Board to consider the evidence appellant submitted prior to the issuance of OWCP's March 28, 2025 decision as the Board considered that evidence in its May 15, 2025 decision.[12]

In support of her expansion claim, appellant submitted medical reports by Dr. Nunley dated November 19, 2024 and May 14, 2025. He noted her surgical history, subjective complaints, and examination findings and diagnosed bilateral greater trochanteric bursitis. Dr. Nunley did not, however, offer an opinion regarding the cause of that condition. Medical evidence which does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.[13] This evidence is, therefore, insufficient to establish appellant's expansion claim.

As the medical evidence of record is insufficient to establish expansion of the acceptance of the claim to include a right hip condition as causally related to, or consequential to, appellant's accepted employment injury, the Board finds that she 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 hip condition as causally related to, or consequential to, the accepted January 31, 2012 employment injury.

[12] *A.T.,* Docket No. 22-0716 (issued February 24, 2023); *G.W., id.*; *M.D., id.*

[13] *A.P.*, Docket No. 18-1690 (issued December 12, 2019); *J.H.*, Docket No. 19-0383 (issued October 1, 2019); *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 February 11, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 6, 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