United States Department of Labor
Employees' Compensation Appeals Board

C.S., Appellant	)	
	)	**Docket No. 26-0539**
and	)	**Issued: October 13, 2026**
	)	
U.S. POSTAL SERVICE, ORTONVILLE POST OFFICE, Ortonville, MI, Employer	)	

Appearances:
Shelley K. Coe, 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 May 26, 2026, appellant, through counsel, filed a timely appeal from an April 17, 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.

ISSUES

The issues are: (1) whether OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective June 16, 2025, as she no longer had disability

[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.*

or residuals causally related to her accepted June 10, 2023 employment injury; and (2) whether appellant has met her burden of proof to establish continuing disability or residuals, on or after June 16, 2025, causally related to the accepted June 10, 2023 employment injury.

FACTUAL HISTORY

On July 10, 2023, appellant, then a 54-year-old postmaster, filed a traumatic injury claim (Form CA-1) alleging that on June 10, 2023 she developed post-traumatic stress disorder (PTSD), anxiety, and panic attacks when she was physically and verbally assaulted by a coworker while in the performance of duty. She stopped work on June 10, 2023 and has not returned to work. OWCP accepted the claim for PTSD. It paid appellant wage-loss compensation on the supplemental rolls from November 25 through December 2, 2023, and on the periodic rolls effective December 3, 2023.

In a narrative report, a work capacity evaluation for psychiatric/psychology conditions (Form OWCP-5a), and disability certificate all dated April 22, 2024, Dr. Madhu Mendiratta, an attending psychiatrist, advised that appellant was totally disabled from work due to anxiety, nightmares, flashbacks, depression. In notes dated April 22 and June 17, 2024, she advised that appellant was totally disabled from work due to the accepted condition of PTSD.

On May 16, 2024, OWCP referred appellant, together with the medical record, a statement of accepted facts (SOAF), and a series of questions, to Dr. Norman Miller, Board-certified orthopedic surgeon in psychiatry and neurology, for a second opinion examination to determine whether appellant continued to suffer from residuals and/or disability causally related to the accepted June 10, 2023 employment injury.

In a report dated June 25, 2024, Dr. Miller noted that he examined appellant on June 12, 2024, and that he reviewed the SOAF and the medical record. Dr. Miller discussed examination findings. He related that on mental examination appellant was oriented, had logical speech and coherent thoughts, was visibly upset and tearful and was able to recall an immediate and recent memory, had adequate insight and judgement, denied suicidal and homicidal thoughts, but was fearful and was in the process of purchasing a gun and obtaining a gun permit, carried Mace, and had a fund of knowledge and language. Dr. Miller opined that appellant did not suffer from residuals of the accepted condition of PTSD. He further opined that appellant was psychologically capable of performing the duties of her postmaster position. Dr. Miller advised that no further medical treatment was indicated for the accepted condition. In a June 12, 2024 work capacity evaluation (Form OWCP-5c), he reiterated his opinion regarding appellant's work capacity.

On July 9, 2024, OWCP requested that Dr. Miller provide medical rationale and examination findings supporting his opinion that appellant no longer had residuals or disability causally related to the accepted PTSD condition.

In an August 6, 2024 supplemental report, Dr. Miller opined that, based on his evaluation and review of the medical records provided, he was unable to diagnose PTSD. He related that appellant did not experience life-threatening events and the magnification of subjective symptoms were not consistent with PTSD, but rather with workplace issues confronting postal workers and

her lack of confidence and support from her employer. Dr. Miller indicated that she did not want to return to work because she could not trust the employing establishment.

In a notice dated September 5, 2024, OWCP advised appellant that it proposed to terminate her entitlement to wage-loss compensation and medical benefits based on Dr. Miller's opinion that the accepted employment-related condition had ceased without residuals or disability. It afforded her 30 days to submit additional evidence or argument challenging the proposed termination.

OWCP subsequently received reports dated September 5 and 11, 2024 from Dr. Mendiratta wherein she discussed her examination findings and continued to opine that appellant was unable to return to work.

In an October 1, 2024 response, appellant disagreed with the proposed termination action. She contended that she continued to suffer from residuals of her accepted June 10, 2023 employment injury.

Appellant submitted an October 2, 2024 report, wherein Dr. Mendiratta disagreed with Dr. Miller's opinion that appellant no longer required treatment and could return to work at the employing establishment. She contended that Dr. Miller's opinion was contradictory as he acknowledged that there were unresolved workplace issues but returned appellant to work in the same environment. Dr. Mendiratta noted that symptoms of PTSD fluctuated from time to time, but that appellant continued to have recurrent and intrusive recollections, difficulty sleeping, concentrating and a startle response when she encountered a postal worker.

Appellant also submitted a report dated September 12, 2024 from Tyrone Hairston, a licensed master social worker.

On November 5, 2024, OWCP referred appellant, together with a SOAF, medical record, and series of questions, to Dr. Harvey G. Ager, Board-certified in psychiatry and neurology, to resolve the conflict in the medical opinion evidence, between appellant's treating physician, Dr. Mendiratta, and Dr. Miller, an OWCP referral physician, as to whether appellant continued to have residuals and disability due to her accepted employment injury.

OWCP subsequently received additional reports dated October 31 and November 14, 2024 from Dr. Mendiratta who reiterated her opinion that appellant had continuing residuals and disability from work due to her accepted PTSD condition.

In a report dated December 2, 2024, Dr. Ager, serving as the impartial medical examiner (IME), based upon a review of appellant's history of injury, medical record, SOAF, and her mental examination, opined that appellant's accepted condition of PTSD had resolved. On mental examination he reported that appellant did not appear to be in any type of physical distress, pain, or discomfort. She requested that the office door remain open and was emotionally upset, shaking, and distraught, and at times agitated. As the interview progressed, she relaxed considerably and became less emotional. However, Dr. Ager noted that appellant did not appear to be in the throes of a major, disabling depression. She did not appear clinically anxious or to have a panic attack during the evaluation. Appellant was not in a state of hypervigilance which might be seen with PTSD, and there was no detachment of affect. She did not have the appearance of one who might

startle easily or appeared to be psychotic. Appellant was not hallucinating or delusional. Her stream of consciousness remained logical, linear, and goal directed in nature. Appellant's sensorium was clear, and she was alert and oriented to time, place and person. There were no defects noted in her attention or concentration. Appellant's long-term and short-term memory functions were well preserved. There were no problems noted with word finding. Appellant's intelligence quotient (IQ) was average and consistent with her educational and social background. Her insight was fair. Appellant's intellectual functions were well preserved and there were no signs of concretization or regression. Her judgment appeared intact, both on an operational and formal basis. Dr. Ager opined that she no longer suffered from the chronic accepted condition of PTSD or any other psychiatric condition which was aggravated, accelerated, or precipitated by the previously diagnosed condition. He explained that the accepted condition did not cause any objective findings based on his mental status examination. Dr. Ager further opined that appellant's prognosis was good and no further treatment for the accepted condition was necessary since her current objective mental status examination was not consistent with that diagnosis. Based on his mental evaluation, Dr. Ager opined that she could return to her date-of-injury position as a postmaster or be gainfully employed in any other position. In a Form OWCP-5c dated December 2, 2024, he advised that appellant could perform her usual job, eight hours per day.

In a notice dated February 13, 2025, OWCP advised appellant that it proposed to terminate her entitlement to wage-loss compensation and medical benefits based on Dr. Ager's impartial medical opinion that the accepted employment-related condition had ceased without residuals or disability. It afforded her 30 days to submit additional evidence or argument challenging the proposed termination.

OWCP subsequently received additional reports dated December 12, 2024 through February 25, 2025 from Dr. Mendiratta, who continued to opine that appellant had continuing residuals and disability from work due to her accepted PTSD condition.

In a statement dated March 10, 2025, appellant disagreed with the proposed action. She also disputed Dr. Ager's opinion and contended that his report contained many inaccurate statements. Appellant contended that she continued to suffer from residuals of her accepted June 10, 2023 employment injury.

Appellant submitted witness statements attesting to the June 10, 2023 employment injury.

OWCP thereafter received additional reports dated March 4 through June 2, 2025 from Dr. Mendiratta.

By decision dated June 16, 2025, OWCP terminated appellant's entitlement to wage-loss compensation and medical benefits, effective that date, finding that she no longer had disability or residuals causally related to her accepted June 10, 2023 employment injury. It accorded the special weight of the medical evidence to the opinion of Dr. Ager, the IME.

On July 15, 2025 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. A hearing was held on January 28, 2026.

OWCP received additional reports dated July 3 and 31, 2025 and February 23, 2026 from Dr. Mendiratta.

OWCP also received a report dated February 18, 2026, wherein Diane Buffalin, Ph.D., a licensed psychologist, noted that she interviewed appellant on February 17, 2026. She also noted appellant's history of injury. Dr. Buffalin diagnosed the accepted condition of PTSD as appellant met all diagnostic criteria. She noted that appellant could relate in specific detail how the perpetrator threw objects at her and made threating statements. Dr. Buffalin further noted that she often relived the traumatic events with concomitant, anxiety, and physical manifestations of hyperarousal and stress. She also noted that appellant avoided anything having to do with the employing establishment, including mail carriers and mailboxes. Dr. Buffalin related that she experiences anhedonia and lack of joy in any aspect of her life, including marriage and family. She also related that appellant experienced the standard physiological symptoms of anxiety, including insomnia, frequent urination, hypervigilance, panic attacks, and general hyperarousal that medication had been unable to ameliorate. Dr. Buffalin indicated that after 30 years of being productively employed and promoted based on her ability to meet standards appellant was currently unable to experience the benefits of productive employment. She was also experiencing discomfort in marital and social relationships. Dr. Buffalin indicated that appellant's problematic symptomatology had lasted for years despite psychotherapeutic and medical intervention. She was currently taking four different psychotropic medications that had not ameliorated her symptoms. Dr. Buffalin opined that her symptoms were currently exacerbated by the persistent belief that the employing establishment's system did not support her as a loyal employee. She noted that standard medication was not helpful and recommended that appellant undergo a pharmaco-genetic test to determine the optimal medication that "may" ameliorate some of her depression symptoms. Dr. Buffalin concluded that she "was not likely" to experience recovery unless and until the system recognized her injury.

By decision dated April 17, 2026, OWCP's hearing representative affirmed the June 16, 2025 decision.

LEGAL PRECEDENT -- ISSUE 1

Once OWCP accepts a claim and pays compensation, it has the burden of justifying modification or termination 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]

[3] *See M.B.,* Docket No. 24-0697 (issued July 25, 2024); *L.M.,* Docket No. 22-0342 (issued August 25, 2023); *T.C.,* Docket No. 20-1163 (issued July 13, 2021); *Paul L. Stewart,* 54 ECAB 824 (2003).

[4] *M.B., id.*; *A.T.,* Docket No. 20-0334 (issued October 8, 2020); *E.B.,* Docket No. 18-1060 (issued November 1, 2018).

[5] *M.B., id.*; *C.R.,* Docket No. 19-1132 (issued October 1, 2020); *G.H.,* Docket No. 18-0414 (issued November 14, 2018).

Section 8123(a) of FECA provides in pertinent part: "If there is disagreement between the physician making the examination for the United States and the physician of the employee, the Secretary shall appoint a third physician who shall make an examination."[6] The implementing regulation states that, if a conflict exists between the medical opinion of the employee's physician and the medical opinion of either a second opinion physician or an OWCP medical adviser, OWCP shall appoint a third physician to make an examination. This is called a referee examination and OWCP will select a physician who is qualified in the appropriate specialty and who has no prior connection with the case.[7]

In situations where there exist opposing medical reports of virtually equal weight and rationale and the case is referred to an IME for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based upon a proper factual background, must be given special weight.[8]

ANALYSIS -- ISSUE 1

The Board finds that OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective June 16, 2025, as she no longer had disability or residuals causally related to her accepted June 10, 2023 employment injury.

OWCP determined that a conflict in medical opinion existed between appellant's treating physician, Dr. Mendiratta, and Dr. Miller, an OWCP referral physician. It properly referred her to Dr. Ager, a physician Board-certified in psychiatry and neurology, for an impartial medical examination to resolve the conflict, pursuant to 5 U.S.C. § 8123(a).

In a December 2, 2024 report, Dr. Ager, serving as the IME, reviewed the SOAF and appellant's medical record. He performed a mental examination, which demonstrated essentially normal findings with the exception that appellant was emotionally upset, shaking, and distraught, and at times agitated. However, Dr. Ager reported that she relaxed considerably and became less emotional as the interview progressed. He opined that the accepted condition of PTSD had resolved. Dr. Ager explained that she no longer suffered from the accepted condition as there were no objective findings based on his mental status examination. He further opined that she could return to her postmaster position or be gainfully employed in any other position. Dr. Ager concluded that appellant's prognosis was good, and there was no need for further medical treatment.

Dr. Ager based his opinion on a proper factual and medical history and physical examination findings. He provided a well-rationalized opinion explaining that appellant's accepted employment-related condition had resolved. Accordingly, the Board finds that Dr. Ager's opinion constitutes the special weight of the medical opinion evidence and establishes

[6] 5 U.S.C. § 8123(a).

[7] 20 C.F.R. § 10.321.

[8] *See M.B., supra* note 3; *J.P.,* Docket No. 23-0075 (issued March 26, 2023); *C.M.,* Docket No. 20-1647 (issued October 5, 2021); *James P. Roberts,* 31 ECAB 1010 (1980).

that appellant no longer had disability or residuals, as of June 16, 2025, causally related to the accepted June 10, 2023 employment injury.[9]

Prior to the termination of compensation benefits appellant submitted a September 12, 2024 report from a licensed master social worker. Certain healthcare providers, such as social workers, are not considered physicians as defined under FECA.[10] Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits. Accordingly, this evidence is insufficient to overcome the special weight of the medical evidence accorded to Dr. Ager,[11] or to create a conflict in medical opinion with Dr. Ager.[12]

OWCP also continued to receive additional reports dated through June 2, 2025 from Dr. Mendiratta. However, Dr. Mendiratta was on one side of the conflict in medical opinion, which was resolved by Dr. Ager as the IME. The Board has long held that reports from a physician who was on one side of a medical conflict that an IME resolved, are generally insufficient to overcome the special weight accorded to the report of the IME, or to create a new conflict.[13] This evidence is, therefore, insufficient to establish the claim.

As the medical evidence of record establishes that appellant no longer had disability or residuals as of June 16, 2025, causally related to the accepted June 10, 2023 employment injury, the Board finds that OWCP met its burden of proof.

LEGAL PRECEDENT -- ISSUE 2

When OWCP properly terminates compensation benefits, the burden shifts to appellant to establish continuing residuals or disability after that date, causally related to the accepted employment injury.[14] To establish causal relationship between the condition as well as any

[9] *See R.A.,* Docket No. 26-0062 (issued May 1, 2026); *J.P.,* Docket No. 23-0075 (issued August 22, 2024); *C.M., id.*; *D.M.,* Docket No. 18-0746 (issued November 26, 2018); *R.H.*, 59 ECAB 382 (2008); *James P. Roberts*, *id.*

[10] Section 8101(2) of FECA provides that the term 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. § 8101(2); 20 C.F.R. § 10.5(t). *See also* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (version 1.0, issued March 16, 2026); *L.C.,* Docket No. 21-0161 (issued January 12, 2022) (as physical therapists, nurses, physicians, and social workers are not considered physicians under FECA, their opinions will not suffice for purposes of establishing entitlement to FECA benefits). *K.W.,* 59 ECAB 271, 279 (2007); *David P. Sawchuk,* 57 ECAB 316, 320 n.11 (2006); *see also C.M.,* Docket No. 24-0074 (issued July 12, 2024); *V.P.,* Docket No. 19-0645 (issued February 22, 2021); *C.A*., Docket No. 18-0824 (issued November 15, 2018) (social workers are not physicians as defined by FECA).

[11] *See R.A., supra* note 9; *M.M.,* Docket No. 25-0870 (issued December 18, 2025); *L.K.,* Docket No. 20-0443 (issued August 8, 2023).

[12] *See R.A., id.*; *M.M., id.*; *A.B.,* Docket No. 25-0504 (issued June 20, 2025); *S.G.,* Docket No. 23-0652 (issued October 11, 2023).

[13] *See S.V.,* Docket No. 25-0688 (issued September 5, 2025); *E.B.,* Docket No. 24-0780 (issued June 5, 2025); *E.H.,* Docket No. 19-1352 (issued December 18, 2019).

[14] *See C.W.,* Docket No. 26-0091 (issued March 17, 2026); *S.M.,* Docket No. 18-0673 (issued January 25, 2019); *C.S.,* Docket No. 18-0952 (issued October 23, 2018); *Manuel Gill,* 52 ECAB 282 (2001).

attendant disability claimed and the employment injury, an employee must submit rationalized medical evidence based on a complete medical and factual background, supporting such causal relationship.[15]

ANALYSIS -- ISSUE 2

The Board finds that appellant has not met her burden of proof to establish continuing disability or residuals, on or after June 16, 2025, causally related to the accepted June 10, 2023 employment injury.

Subsequent to the June 16, 2025 termination decision, OWCP received a February 18, 2026 report from Dr. Buffalin, who diagnosed PTSD and opined that appellant was unable to work. However, Dr. Buffalin did not provide a rationalized medical opinion explaining that appellant's diagnosed condition was causally related to the accepted employment injury. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain sufficient medical rationale.[16] Dr. Buffalin noted that appellant's condition was exacerbated by her persistent belief that the employing establishment did not support her as a loyal employee. She advised that she "was not likely" to recover from the accepted condition unless and until the employing establishment's system recognized her injury. Dr. Buffalin noted that standard medication was not helpful and recommended that appellant undergo testing to determine the optimal medication that "may" ameliorate some of her depression symptoms. The Board finds that Dr. Buffalin's opinion is speculative in nature and not supported by medical rationale.[17] Thus, this evidence is insufficient to establish continuing disability or residuals, on or after June 16, 2025, causally related to the accepted June 10, 2023 employment injury.

OWCP also received additional reports, wherein Dr. Mendiratta opined that appellant had continuing residuals and disability from work due to her accepted PTSD condition. 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/disability was related to employment factors.[18] For these reasons, the Board finds that his opinion is insufficient to establish continuing disability or residuals, on or after June 16, 2025, causally related to the accepted June 10, 2023 employment injury.

[15] *Id.*

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

[17] *R.B.,* Docket No. 19-0204 (issued September 6, 2019); *L.T.,* Docket No. 16-1677 (issued July 6, 2017).

[18] *See Y.D.*, Docket No. 16-1896 (issued February 10, 2017) (finding that a report is of limited probative value regarding causal relationship if it does not contain medical rationale describing the relation between work factors and a diagnosed condition/disability).

As the medical evidence of record is insufficient to establish continuing disability or residuals, on or after June 16, 2025, causally related to appellant's accepted June 10, 2023 employment injury, the Board finds that she has not met her burden of proof.[19]

CONCLUSION

The Board finds that OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective June 16, 2025, as she no longer had disability or residuals causally related to her accepted June 10, 2023 employment injury. The Board further finds that appellant has not met her burden of proof to establish continuing disability or residuals, on or after June 16, 2025, causally related to the accepted June 10, 2023 employment injury.

ORDER

IT IS HEREBY ORDERED THAT the April 17, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 13, 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

[19] *R.R.,* Docket No. 25-0090 (issued January 31, 2025); *C.L.*, Docket No. 23-0012 (issued April 26, 2024); *P.H.*, Docket No. 21-1072 (issued May 18, 2022); *R.C*., Docket No. 19-0376 (issued July 15, 2019).