United States Department of Labor
Employees' Compensation Appeals Board

M.M., Appellant	)	
and	)	**Docket No. 26-0550**
	)	**Issued: October 16, 2026**
U.S. POSTAL SERVICE, PHOENIX POST OFFICE, Phoenix, AZ, Employer	)	

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On May 28, 2026 appellant filed a timely appeal from an April 28, 2026 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 disability from work during the period April 4 through October 18, 2024, causally related to his accepted employment injury.

FACTUAL HISTORY

On July 31, 2024 appellant, then a 41-year-old mail processing clerk, filed an occupational disease claim (Form CA-2) alleging that he developed a knee condition due to factors of his federal

[1] 5 U.S.C. § 8101 *et seq.*

employment, including repetitive movements and rotations from sweeping and moving carts and cages. He noted that he first became aware of his condition on April 4, 2024, and realized its relationship to factors of his federal employment on April 11, 2024. Appellant stopped work on April 4, 2024, and returned to full-time modified-duty work on November 13, 2024. OWCP accepted the claim for aggravation of chondromalacia, right knee and tear of medial meniscus, current injury, right knee, initial encounter.

On October 31, 2024 appellant filed a claim for compensation (Form CA-7) for disability from work during the period April 4 through October 18, 2024.

In support of his claim, appellant submitted reports dated May 14 and August 9, 2024 from Clay Shorter, a physician assistant, documenting treatment for a right knee tear of the medial meniscus.

In an October 9, 2024 medical report, Dr. Steven Porter, a Board-certified orthopedic surgeon, evaluated appellant for a right knee condition due to complaints of pain and swelling. He noted that while this was his first visit, appellant was initially evaluated in May 2024 by his physician assistant and had been off work since April 2024. Dr. Porter discussed examination findings and provided a history of injury, reporting that appellant had no preexisting injuries prior to working for the employing establishment and indicated that his duties required pivots and squats on a regular basis which caused pain in the right knee with swelling and mechanical episodes catching and giving way. He reviewed diagnostic testing of the right knee which was consistent with a medial meniscus tear and chondral damage along the lateral tibial plateau and diagnosed acute tear of the medial meniscus and chondromalacia of the right knee. Dr. Porter opined that the medial meniscus tear was related to appellant's factors of federal employment, including turning and pivoting activities, without a preexisting problem, while the lateral chondral damage to the lateral tibial plateau was probably preexisting but exacerbated by his employment factors. He recommended physical therapy or cortisone injections for continued treatment of his symptoms, though he noted that this would not treat the meniscus tear which would ultimately require arthroscopic surgery for a partial medial meniscectomy and a gentle chondroplasty of the lateral tibial plateau if indicated. Dr. Porter concluded that appellant could complete light-duty work with restrictions of no kneeling, bending, squatting, pivoting, crawling, or climbing with a 10-pound lifting restriction.

In work restrictions also dated October 9, 2024, Dr. Porter reported that appellant was capable of performing light-duty work with restrictions of no lifting greater than 10 pounds, no pushing or pulling greater than 10 pounds, no kneeling or squatting, no climbing stairs or ladders, and no pivoting, crawling, or bending.

In a development letter dated November 5, 2024, OWCP informed appellant of the deficiencies of his disability claim for the period commencing April 4, 2024. It advised him of the type of medical evidence needed to establish his claim and afforded him 30 days to respond.

In a November 6, 2024 report, Dr. Porter evaluated appellant for a right knee tear of the medial meniscus which he opined was employment-related and preexisting chondromalacia of the lateral compartment which he opined was exacerbated by his employment injury. He related appellant's complaints of continued pain, swelling, and catching and locking episodes and reported

that he would move forward with a right knee arthroscopy with partial medial meniscectomy. Dr. Porter recommended that appellant continue with his current light-duty work status until after his surgery.

In a March 17, 2025 letter, OWCP requested that Dr. Porter provide a detailed medical report addressing appellant's medical condition and disability.

Thereafter, OWCP received additional evidence including an April 17, 2025 magnetic resonance imaging (MRI) scan of the right knee, an April 17, 2025 report from Erik Luchka, a physician assistant, and Dr. Porter's reports dated April 8 and 30, 2025.

In an April 8, 2025 report, Dr. Porter noted appellant's ongoing symptoms and recommended an updated MRI scan of the right knee to consider treatment options and arthroscopic repair, noting the prior study confirming his diagnosis was last taken on April 17, 2024.

In an April 30, 2025 report, Dr. Porter evaluated the May 17, 2025 right knee MRI scan and noted that cruciate and collateral ligaments were intact.

Appellant also submitted an April 17, 2024 MRI scan of the right knee and an April 17, 2025 report signed by Dr. Porter.

By decision dated August 1, 2025, OWCP denied appellant's claim for disability from work during the period April 4 through October 18, 2024 as the medical evidence of record was insufficient to establish her claim.

OWCP subsequently received additional evidence, including reports dated August 4 through 25, 2025 from Garrett Johnson, a physical therapist, and an August 27, 2025 report from Jacob McBride, a physical therapist, documenting treatment for her right knee condition.

In a September 3, 2025 report, Dr. Porter evaluated appellant for right knee pain following a work injury several months back which resulted in some lost time at work. He discussed physical examination findings and reviewed an April 16, 2025 MRI scan of the right knee which was consistent with a medial meniscus tear. Dr. Porter noted that appellant complained of discomfort with turning, pivoting, squatting, and kneeling activities and had missed some work due to this. He diagnosed chondromalacia of the right knee and recommended an independent medical examination to determine the best course of treatment.

On April 10, 2026 appellant requested reconsideration and provided statements attesting to her ongoing conditions and disability.

Appellant also submitted a February 18, 2026 report from Dr. Benjamin MacQueen, a Board-certified orthopedic surgeon, wherein he evaluated appellant for an initial consultation of a right knee injury which occurred on April 5, 2024 when appellant was performing repetitive and kneeling motions with the knee and felt pain the following morning. Dr. MacQueen noted that appellant sought treatment with Dr. Porter for a partial medial meniscectomy and was provided light-duty work restrictions since his injury, underwent physical therapy with minimal relief, and was currently not working. He provided physical examination findings and reviewed diagnostic

testing including an April 16, 2025 MRI scan of the right knee and right knee x-rays taken on that date which revealed bipartite patella. Dr. MacQueen diagnosed acute right knee medial meniscus tear and chondromalacia, stable chronic illness. He ordered a new right knee MRI scan due to suspected internal derangement of the knee or ligamentous instability and recommended appellant remain on his light-duty work restrictions.

By decision dated April 28, 2026, OWCP denied modification of the August 1, 2025 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim including that any disability or specific condition for which compensation is claimed is causally related to the employment injury.[2]

Under FECA the term "disability" means the incapacity, because of an employment injury, to earn the wages that the employee was receiving at the time of injury.[3] Disability is thus not synonymous with physical impairment, which may or may not result in an incapacity to earn wages.[4] An employee who has a physical impairment causally related to a federal employment injury, but who nevertheless has the capacity to earn the wages he or she was receiving at the time of injury, has no disability as that term is used in FECA.[5] When, however, the medical evidence establishes that the residuals or sequelae of an employment injury are such that, from a medical standpoint, they prevent the employee from continuing in his or her employment, he or she is entitled to compensation for loss of wages.[6]

The medical evidence required to establish causal relationship between a claimed period of disability and an employment injury is rationalized medical opinion evidence. 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 claimed disability and the accepted employment injury.[7]

For each period of disability claimed, the employee has the burden of proof to establish that he or she was disabled from work causally related to the accepted employment injury.[8] The Board will not require OWCP to pay compensation for disability in the absence of medical

[2] *S.W.*, Docket No. 18-1529 (issued April 19, 2019); *J.F.*, Docket No. 09-1061 (issued November 17, 2009); *Kathryn Haggerty*, 45 ECAB 383 (1994); *Elaine Pendleton*, 40 ECAB 1143 (1989).

[3] 20 C.F.R. § 10.5(f).

[4] *See L.W.*, Docket No. 17-1685 (issued October 9, 2018).

[5] *See K.H.*, Docket No. 19-1635 (issued March 5, 2020).

[6] *See D.R.,* Docket No. 18-0323 (issued October 2, 2018).

[7] *S.J.*, Docket No. 17-0828 (issued December 20, 2017); *Kathryn E. DeMarsh*, 56 ECAB 677 (2005).

[8] *See B.D.*, Docket No. 18-0426 (issued July 17, 2019); *Amelia S. Jefferson*, 57 ECAB 183 (2005); *Fereidoon Kharabi,* 52 ECAB 291, 293 (2001).

evidence directly addressing the specific dates of disability for which compensation is claimed. To do so would essentially allow an employee to self-certify their disability and entitlement to compensation.[9]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish disability from work for the period April 4 through October 18, 2024, causally related to his accepted employment injury.

In support of his claim, appellant submitted medical reports dated October 9, 2024 through September 3, 2025 from Dr. Porter. In his reports dated October 9, 2024, Dr. Porter evaluated appellant for a right knee condition due to complaints of pain and swelling, noting that he was initially evaluated in May 2024 by his physician assistant and had been off work since April 2024. He discussed examination findings, provided a history of injury, and diagnosed acute tear of the medial meniscus and chondromalacia of the right knee. Dr. Porter opined that the medial meniscus tear was related to appellant's factors of federal employment due to turning and pivoting activities without a preexisting problem, while the lateral chondral damage to the lateral tibial plateau was probably preexisting but exacerbated by his employment factors. He concluded that appellant could complete light-duty work with restrictions of no kneeling, bending, squatting, pivoting, crawling, or climbing with a 10-pound lifting restriction. Similarly, in a November 6, 2024 report, Dr. Porter reported that he would move forward with appellant's right knee arthroscopy with partial medial meniscectomy and recommended he continue with his current light-duty work status until after his surgery. The Board notes that Dr. Porter failed to provide an opinion that appellant was totally disabled from work for the period April 4 through October 18, 2024 causally related to his accepted employment injury. The Board 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.[10] Therefore, this evidence is insufficient to establish appellant's disability claim.

In an April 8, 2025 report, Dr. Porter noted appellant's ongoing symptoms and recommended an updated MRI scan of the right knee to consider treatment options and arthroscopic repair. In his April 30, 2025 report, he reviewed the May 17, 2025 right knee MRI scan and noted that cruciate and collateral ligaments were intact. On September 3, 2025, Dr. Porter evaluated appellant for right knee pain following a work injury, diagnosed chondromalacia of the right knee, and noted that he complained of discomfort with turning, pivoting, squatting, and kneeling activities and had missed some work due to this. However, Dr. Porter did not offer an opinion regarding appellant's disability status during the claimed period, causally related to the accepted employment injury. The Board 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.[11] Consequently, this evidence is also insufficient to establish appellant's disability claim.

[9] *Id.*

[10] *See T.H.*, Docket No. 23-0811 (issued February 13, 2024); *L.B.,* Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

[11] *Id*.

Appellant also submitted a February 18, 2026 report, wherein Dr. MacQueen discussed examination findings, reviewed diagnostic studies, provided assessments of acute right knee medial meniscus tear and chondromalacia, and recommended appellant remain on his light-duty work restrictions. However, Dr. MacQueen did not offer an opinion regarding appellant's disability status during the claimed period, causally related to the accepted employment injury. As noted above, the Board 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.[12] This evidence is, therefore, insufficient to establish appellant's disability claim.

Appellant also submitted reports from physician assistants and physical therapists. However, certain healthcare providers such as physician assistants and physical therapists are not considered physicians as defined under FECA.[13] Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits.[14] Therefore, this evidence is insufficient to establish appellant's claim.

The remaining medical evidence consists of diagnostic test results. The Board has held that diagnostic studies, standing alone, lack probative value as they do not address whether the accepted employment injury caused the claimed disability.[15] Such reports are therefore insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish disability from work during the period April 4 through October 18, 2024, causally related to his accepted employment injury, 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.

[12] *Id.*

[13] Section 8102(2) of FECA provides as follows: (2) 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 (version 1.1, issued April 24, 2026); *David P. Sawchuk,* 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA); *see also T.S.,* Docket No. 19-0056 (issued July 1, 2019) (physician assistants are not considered physicians under FECA); *G.R.,* Docket No. 25-0540 (issued June 26, 2025) (physical therapists are not considered physicians under FECA).

[14] *T.M.,* Docket No. 26-0397 (issued July 8, 2026).

[15] *See F.D.*, Docket No. 19-0932 (issued October 3, 2019); *J.S.*, Docket No. 17-1039 (issued October 6, 2017).

[16] *A.T.*, Docket No. 25-0224 (issued March 7, 2025).

CONCLUSION

The Board finds that appellant has not met his burden of proof to establish disability from work during the period April 4 through October 18, 2024, causally related to his accepted employment injury.

ORDER

IT IS HEREBY ORDERED THAT the April 28, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 16, 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