# United States Department of Labor
# Employees' Compensation Appeals Board

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| **J.M., Appellant** | ) | |
| **and** | ) | **Docket No. 26-0553** |
| | ) | **Issued: October 9, 2026** |
| **U.S. POSTAL SERVICE, LAGUNA NIGUEL POST OFFICE, Laguna Niguel, CA, Employer** | ) | |

*Appearances:*
*Appellant, pro se*
*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
VALERIE D. EVANS-HARRELL, Alternate Judge

## ***JURISDICTION***

On June 1, 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 a medical condition causally related to the accepted factors of his federal employment.

## ***FACTUAL HISTORY***

On March 30, 2025 appellant, then a 54-year-old city carrier, filed an occupational disease claim (Form CA-2) alleging that he developed osteoarthritis and degenerative joint disease (DJD) of the right knee, due to factors of his federal employment, including delivering mail. He noted

[1] 5 U.S.C. § 8101 *et seq.*

that this activity caused his knee pain to intensify, rendering him unable to complete his duties. Appellant indicated that he first became aware of his condition and realized its relation to his federal employment on March 17, 2025.[2] On the reverse side of the claim form, the employing establishment indicated that he stopped work on March 18, 2025 and, upon his return on March 21, 2025, he was assigned to office work only.

In support of his claim, appellant submitted a March 18, 2025 report from Dr. Andrew H. Messiha, a Board-certified physiatrist wherein he reported treating appellant for bilateral chronic knee pain due to advanced degenerative changes including osteoarthritis/degenerative joint disease with full-thickness loss of cartilage in the right knee, as well as completed meniscus tearing. Dr. Messiha noted that appellant had failed conservative treatments including steroid and hyaluronic acid gel injections (visco supplementation) and the use of daily pain medication. He explained that due to failed treatments and progressive worsening of pain, appellant's activity tolerance and mobility were declining and he would be proceeding with knee replacement surgery with Dr. Lance Montgomery, a Board-certified orthopedic surgeon, likely to be performed in four weeks. Dr. Messiha opined that appellant was capable of working full time, but due to his declining activity tolerance and increased pain, he was having difficulty tolerating work in the field making deliveries. Appellant had requested full-time office work as he tolerated those duties well.

In an April 4, 2025 development letter, OWCP informed appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence needed to establish his claim and provided a questionnaire for his completion. OWCP afforded appellant 60 days to submit the necessary evidence. In a separate development letter of even date, it requested that the employing establishment provide additional information regarding appellant's occupational disease claim, including comments from a knowledgeable supervisor. OWCP afforded the employing establishment 30 days to respond. No additional evidence was received.

In a follow-up letter dated June 30, 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 April 4, 2025 letter to submit the necessary evidence. OWCP further advised that if the evidence was not received during this time, it would issue a decision based on the evidence contained in the record. No additional evidence was received.

By decision dated August 21, 2025, OWCP denied appellant's claim, finding that appellant had not established the implicated factors of his federal employment. Consequently, it concluded that the requirements had not been met to establish an injury as defined by FECA.

On October 9, 2025 appellant requested reconsideration.

In support thereof, appellant submitted magnetic resonance imaging (MRI) scans of the left knee and right knee dated March 28, 2017 and February 12, 2024, respectively.

[2] OWCP assigned the present claim OWCP File No. xxxxxx919. Appellant previously filed a traumatic injury claim (Form CA-1) for a March 4, 2015 injury which OWCP accepted under OWCP File No. xxxxxx394 for sprains of the left knee and leg, and back sprain. OWCP has not administratively combined these claims.

In an October 6, 2025 narrative report, Dr. Montgomery discussed appellant's history of injury, noting a 2015 work-related injury under OWCP File No. xxxxxx394 which resulted in several injuries to the left knee, including a complex meniscal tear and anterior cruciate ligament (ACL) trace inflammation. He further reported that MRI scan studies conducted in 2017 later demonstrated degenerative changes in both knees, including deterioration of the right knee. Because appellant's right-knee pain continued, additional MRI scan studies were ordered on February 12, 2024 and he was provided a modified work schedule on March 18, 2025. Dr. Montgomery noted that appellant subsequently discussed surgical treatment during his April 21, 2025 evaluation, and underwent a right total knee arthroplasty on August 14, 2025. He explained that appellant's 2015 left knee injury was the consequence of the deterioration of the right knee, that protecting the left knee while favoring the right knee, the compensation and imbalance over time burdened his right knee, with additional weight and strain causing degenerative breakdown of the cartilage accelerating the osteoarthritis, that linked to arthritis was degeneration of the meniscus, and over time he was diagnosed with a complex meniscal tear prior to the surgery.

By decision dated January 2, 2026, OWCP denied modification of its August 21, 2025 decision.

In a statement dated January 12, 2026, appellant described his repetitive employment duties as a letter carrier and the circumstances surrounding his injury.

On February 18, 2026 appellant requested reconsideration.

By decision dated April 28, 2026, OWCP modified the January 2, 2026 decision to find that appellant had established the implicated factors of his federal employment, as described. However, the claim remained denied as the medical evidence of record was insufficient to establish causal relationship between a medical condition and the accepted factors of appellant's federal employment.

## ***LEGAL PRECEDENT***

An employee seeking benefits under FECA[3] has the burden of proof to establish the essential elements of his or her claim, including that the individual is an employee of the United States within the meaning of FECA, that the claim was timely filed within the applicable time limitation of FECA,[4] 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

[3] *Supra* note 1.

[4] *E.K.*, Docket No. 22-1130 (issued December 30, 2022); *F.H.*, Docket No. 18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued April 26, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

employment injury.[5] 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.[6]

To establish that an injury was sustained in the performance of duty in an occupational disease claim, an employee must submit the following: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.[7]

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.[8] A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.[9] 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 appellant's specific employment factor(s).[10]

## ***ANALYSIS***

The Board finds that appellant has not met his burden of proof to establish a medical condition causally related to the accepted factors of his federal employment.

In support of his claim, appellant submitted a March 18, 2025 report wherein Dr. Messiha discussed appellant's treatment for bilateral chronic knee pain due to advanced degenerative changes including osteoarthritis/degenerative joint disease with full thickness loss of cartilage in the right knee, as well as completed meniscus tearing. He noted the history of injury, provided examination findings, administered steroid injections, and diagnosed primary osteoarthritis of the knees, and worsening pain. However, Dr. Messiha did not provide an opinion on the cause of the diagnosed medical condition. The Board has held that medical evidence that does not offer an

[5] *S.H.*, Docket No. 22-0391 (issued June 29, 2022); *L.C.,* Docket No. 19-1301 (issued January 29, 2020); *J.H.,* Docket No. 18-1637 (issued January 29, 2020); *James E. Chadden, Sr.,* 40 ECAB 312 (1988).

[6] *E.H.,* Docket No. 22-0401 (issued June 29, 2022); *P.A.,* Docket No. 18-0559 (issued January 29, 2020); *K.M.,* Docket No. 15-1660 (issued September 16, 2016); *Delores C. Ellyett,* 41 ECAB 992 (1990).

[7] *R.G.*, Docket No. 19-0233 (issued July 16, 2019); *see also Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994); *Victor J. Woodhams*, 41 ECAB 345 (1989).

[8] *S.M.*, Docket No. 22-0075 (issued May 6, 2022); *S.S.*, Docket No. 19-0688 (issued January 24, 2020); *A.M.,* Docket No. 18-1748 (issued April 24, 2019); *Robert G. Morris,* 48 ECAB 238 (1996).

[9] *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

[10] *J.D.*, Docket No. 22-0935 (issued December 16, 2022); *T.L.,* Docket No. 18-0778 (issued January 22, 2020); *Y.S.,* Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams, supra* note 7.

opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.[11] As such, this evidence is insufficient to establish appellant's claim.

In an October 6, 2025 narrative report, Dr. Montgomery discussed appellant's history of injury, noting a 2015 work-related injury which resulted in several injuries to the left knee, including a complex meniscal tear and ACL trace inflammation. He referenced MRI scan studies conducted in 2017 and 2024 and noted that appellant underwent a right total knee arthroplasty on August 14, 2025. Dr. Montgomery explained that appellant's 2015 left knee injury was the consequence of the deterioration of the right knee, that protecting the left knee while favoring the right knee, the compensation and imbalance over time burdened his right knee, with additional weight and strain causing degenerative breakdown of the cartilage and accelerating the osteoarthritis, and that link to arthritis was degeneration of the meniscus, and over time he was diagnosed with a complex meniscal tear prior to the surgery. Dr. Montgomery, however, did not explain with sufficient rationale how the accepted employment factors caused appellant's right knee condition.[12] A medical report is of limited probative value on the issue of causal relationship if it contains an opinion regarding causal relationship which is unsupported by medical rationale.[13] Medical rationale is particularly necessary where, as here, there are preexisting conditions involving the same body parts.[14] Therefore, Dr. Montgomery's report is insufficient to establish the claim.

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

As the medical evidence of record is insufficient to establish a medical condition causally related to the accepted factors of federal employment, the Board finds that appellant has not met his burden of proof.[16]

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[11] *G.M.,* Docket No. 24-0388 (issued May 28, 2024); *C.R.,* Docket No. 23-0330 (issued July 28, 2023); *K.K.,* Docket No. 22-0270 (issued February 14, 2023); *S.J.,* Docket No. 19-0696 (issued August 23, 2019); *M.C.,* Docket No. 18-0951 (issued January 7, 2019); *L.B.,* Docket No. 18-0533 (issued August 27, 2018); *D.K.,* Docket No. 17-1549 (issued July 6, 2018).

[12] *See C.B., (S.B),* Docket No. 19-1629 (issued April 7, 2020); *V.T.,* Docket No. 18-0881 (issued November 19, 2018); *S.E.,* Docket No. 08-2214 (issued May 6, 2009); *T.M.,* Docket No. 08-0975 (issued February 6, 2009).

[13] *J.W.,* Docket No. 25-0011 (issued November 19, 2024); *B.W.,* Docket No. 21-0536 (issued March 6, 2023); *M.M.,* Docket No. 20-1557 (issued November 3, 2021).

[14] *R.W.,* Docket No. 19-0844 (issued May 29, 2020); *A.M.,* Docket No. 19-1138 (issued February 18, 2020); *A.J.,* Docket No. 18-1116 (issued January 23, 2019).

[15] *See M.P.*, Docket No. 23-1131 (issued June 18, 2024); *V.A.*, Docket No. 21-1023 (issued March 6, 2023); *M.K.*, Docket No. 21-0520 (issued August 23, 2021); *F.D.*, Docket No. 19-0932 (issued October 3, 2019).

[16] *I.D.*, Docket No. 22-0848 (issued September 2, 2022); *T.G.*, Docket No. 14-751 (issued October 20, 2014).

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 factors of his federal employment.[17]

## ***ORDER***

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

Issued: October 9, 2026
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

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

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

[17] On return of the case record, OWCP may consider administratively combining appellant's other lower extremity claim files with the present claim.