United States Department of Labor
Employees' Compensation Appeals Board

T.F., Appellant	)	
and	)	**Docket No. 26-0578**
	)	**Issued: October 28, 2026**
U.S. POSTAL SERVICE, COLUMBIA POST OFFICE, Columbia, SC, Employer	)	

Appearances:
Paul H. Felser, Esq., for the appellant[1]
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 June 8, 2026 appellant, through counsel, filed a timely appeal from a February 20, 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.[3]

[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*.

[3] The Board notes that, following the February 20, 2026 decision, OWCP received additional evidence. However, the Board's *Rules of Procedure* provides: "The Board's review of a case is limited to the evidence in the case record that was before OWCP at the time of its final decision. Evidence not before OWCP will not be considered by the Board for the first time on appeal." 20 C.F.R. § 501.2(c)(1). Thus, the Board is precluded from reviewing this additional evidence for the first time on appeal. *Id*.

ISSUE

The issue is whether appellant has met her burden of proof to establish a medical condition causally related to the accepted factors of her federal employment.

FACTUAL HISTORY

On November 10, 2023 appellant, then a 42-year-old rural carrier associate, filed an occupational disease claim (Form CA-2) alleging that she developed a bulging disc and a right hip injury due to factors of her federal employment, including repetitive lifting and moving of packages while in the performance of duty. She noted that she first became aware of her claimed conditions on July 25, 2023, and realized their relationship to her federal employment on October 19, 2023. Appellant stopped work on July 25, 2023.

In a development letter dated November 22, 2023, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed to establish her claim and provided a questionnaire for her completion. OWCP afforded appellant 60 days to respond. In a separate letter dated November 22, 2023, it requested information from the employing establishment regarding appellant's claim, including comments from a knowledgeable supervisor. OWCP afforded the employing establishment 30 days to respond.

In a December 11, 2023 response to OWCP's development questionnaire, appellant related that her job duties included sorting and delivering mail and packages using her personal vehicle, which required her to repetitively twist and reach into the backseat for small items and enter and exit her vehicle throughout the day to retrieve and deliver large packages. She indicated that her back pain began in March 2023. Appellant also related that, on July 22, 2023, she experienced right hip pain and difficulty walking after she covered the duties of an absent clerk in addition to completing her own delivery route.

In a follow-up letter dated December 18, 2023, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish her claim. It noted that she had 60 days from the November 22, 2023 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.

A magnetic resonance imaging (MRI) scan of the right hip dated December 26, 2023 demonstrated likely mild chondral thinning, serpiginous mild irregular signal abnormality in the center acetabulum which appeared contiguous, and mild surrounding bone marrow edema with some cystic areas and no distinct fracture line.

OWCP also received an employing establishment position description for rural carrier associate.

By decision dated January 24, 2024, OWCP accepted that appellant had established the implicated employment factors. However, it denied her claim, finding that she had not submitted medical evidence establishing a diagnosis in connection with the accepted employment factors. OWCP found that appellant had not met the requirements for establishing an injury as defined by FECA.

OWCP subsequently received a September 5, 2023 medical report by Isaac Stappas, a physician assistant, who noted that appellant related a "non-traumatic onset of right hip pain in February 2023." Mr. Stappas documented physical examination findings and diagnosed right hip pain.

In a letter dated December 21, 2023, Erin S. Castellano, an advanced practice registered nurse, prescribed a support animal to reside with appellant on a full-time basis due to chronic pain, anxiety disorder, and severe depression. In a progress note of even date, she diagnosed right hip pain, neuropathy, lumbar spinal stenosis, arthralgia, myalgia, cervicalgia, and adductor tendinitis of right hip.

In a medical report dated December 29, 2023, Dr. George Pappas, a Board-certified orthopedic surgeon, noted that appellant complained of right hip pain, which she indicated was "aggravated by hip flexion and rotation, sleeping, and getting in and out of her postal truck." He performed a physical examination of the right hip and observed groin pain with flexion, positive FADIR test and labral stress testing, and stiffness and groin pain with FABER sign. Dr. Pappas reviewed a September 5, 2023 right hip x-ray, which demonstrated mild degenerative changes, and the December 26, 2023 MRI scan, which he indicated demonstrated likely degenerative acetabular labrum tearing and subchondral cyst formation of the acetabulum consistent with osteoarthritis or high-grade chondromalacia. He diagnosed pain in right hip.

On February 20, 2024 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. A hearing was held on May 8, 2024. The hearing representative held the record open for 30 days for the submission of additional evidence. No additional evidence was received.

By decision dated July 9, 2024, OWCP's hearing representative modified the January 24, 2024 decision to find that the medical evidence of record was sufficient to establish a diagnosed condition in connection with the accepted employment factors. However, the claim remained denied as the medical evidence of record was insufficient to establish causal relationship.

OWCP continued to receive evidence, including a July 27, 2023 medical report by Dr. Benjamin A. Schell, a Board-certified orthopedic surgeon, who noted that appellant related complaints of bilateral low back pain and right anterolateral hip and groin pain for the past five to six months, which she attributed to "working as a mail carrier and getting worse while on the job." Dr. Schell documented physical examination findings and diagnosed low back pain, radiculopathy, and lumbar spondylosis.

In a follow-up report dated August 2, 2023, Dr. Schell noted his review of diagnostic studies including: an MRI scan of the lumbar spine dated March 24, 2023, which demonstrated degenerative disc height loss and bilateral facet diastases with right foraminal disc protrusion and bilateral stenosis at L4-5; a July 20, 2023 x-ray of the pelvis, which demonstrated minimal osteoarthritis changes throughout the hips; and a July 28, 2023 x-ray of the lumbar spine, which demonstrated mild retrolisthesis at L5-S1. He diagnosed lumbar spondylosis and radiculopathy.

An MRI scan of the lumbar spine dated August 28, 2023 demonstrated early scattered osteoarthritis and a broad-based central to bilateral disc protrusion at L4-5 with nerve root involvement.

OWCP also received follow-up progress reports by Dr. Schell dated August 28 and October 19, 2023.

On July 8, 2025 appellant, through counsel, requested reconsideration of OWCP's July 9, 2024 decision.

By decision dated July 25, 2025, OWCP denied modification.

On November 24, 2025 appellant, through counsel, requested reconsideration of OWCP's July 25, 2025 decision. In support thereof, she submitted a narrative report dated July 30, 2025, wherein Dr. Schell noted that her job duties included bending, heavy lifting, and mounting and dismounting her postal vehicle multiple times per day. Dr. Schell diagnosed right anterior groin and hip pain with radiation into the right medial thigh, low back pain with radiculopathy, right hip acetabular labrum tear with impingement, and borderline lateral dysplasia. He opined that appellant's job duties "directly contributed to the development of the back and hip conditions."

By decision dated February 20, 2026, OWCP denied modification of the July 25, 2025 decision.

LEGAL PRECEDENT

An employee seeking benefits under FECA[4] has the burden of proof to establish the essential elements of his or her claim including the fact that the individual is an employee of the United States within the meaning of FECA, that the claim was timely filed, 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 employment injury.[5] These are the essential elements of every compensation claim regardless of whether the claim is predicated on a traumatic injury or an occupational disease.[6]

In an occupational disease claim, appellant's burden of proof requires submission of 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. The opinion of the physician must be based on a complete factual and medical background, 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

[4] 5 U.S.C. § 8101 *et seq*.

[5] *C.G.*, Docket No. 20-0058 (issued September 30, 2021); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

[6] *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

[7] *A.C.*, Docket No. 25-0783 (issued September 15, 2025); *S.C.*, Docket No. 18-1242 (issued March 13, 2019).

the specific employment incident.[8] Neither the mere fact that a disease or condition manifests itself during a period of employment, nor the belief that the disease or condition was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship.[9]

In any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship, therefore, involves aggravation, acceleration or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.[10]

ANALYSIS

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

In support of her claim, appellant submitted a narrative report dated July 30, 2025, wherein Dr. Schell diagnosed right anterior groin and hip pain with radiation into the right medial thigh, low back pain with radiculopathy, right hip acetabular labrum tear with impingement, and borderline lateral dysplasia. He opined that her job duties "directly contributed to the development of the back and hip conditions." However, Dr. Schell did not provide sufficient medical rationale in support of his opinion. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how an employment activity could have caused or aggravated a medical condition.[11] Therefore, Dr. Schell's July 30, 2025 report is insufficient to establish appellant's claim.

In a July 27, 2023 medical report, Dr. Schell noted that appellant related complaints of bilateral low back pain and right anterolateral hip and groin pain for the past five to six months, which she attributed to working as a mail carrier. He diagnosed low back pain, radiculopathy, and lumbar spondylosis. In follow-up reports dated August 2 through October 19, 2023, Dr. Schell diagnosed lumbar spondylosis and radiculopathy. However, he did not offer an opinion regarding the cause of the diagnosed conditions. The Board has held that an opinion which does not address the cause of an employee's condition is of no probative value on the issue of causal relationship.[12] Thus, this evidence is insufficient to establish appellant's claim.

In a medical report dated December 29, 2023, Dr. Pappas noted that appellant related complaints of right hip pain, which she indicated was "aggravated by hip flexion and rotation, sleeping, and getting in and out of her postal truck." However, he did not provide sufficient

[8] *S.S.*, Docket No. 18-1488 (issued March 11, 2019).

[9] *J.L.*, Docket No. 18-1804 (issued April 12, 2019).

[10] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (May 2023); *M.B.,* Docket No. 20-1275 (issued January 29, 2021); *see R.D.,* Docket No. 18-1551 (issued March 1, 2019).

[11] *See Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

[12] *See C.M.,* Docket No. 25-0772 (issued December 15, 2025); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

medical rationale in support of his opinion.[13] Therefore, this evidence is insufficient to establish the claim.

Appellant also submitted reports by Mr. Stappas, a physician assistant, and Ms. Castellanos, an advanced practice registered nurse. However, certain healthcare providers such as physician assistants and registered nurses are not considered physicians as defined under FECA, and their reports do not constitute competent medical evidence.[14] Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to compensation benefits.[15]

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.[16] 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 employment factors, the Board finds that appellant 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 and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

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

[13] *Supra* note 12.

[14] Section 8102(2) of FECA provides as follows: 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 supra* note 10 at Chapter 2.805.3a(1) (May 2023); *David P. Sawchuk,* 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical and occupational therapists are not competent to render a medical opinion under FECA). *See also A.C.,* Docket No. 24-0661 (issued September 11, 2024) (advanced practice registered nurses are not considered physicians as defined under FECA and, therefore, are not competent to provide a medical opinion); *S.S.,* Docket No. 21-1140 (issued June 29, 2022) (physician assistants are not considered physicians under FECA and are not competent to provide medical opinions); *P.S.,* Docket No. 17-0598 (issued June 23, 2017) (registered nurses are not considered physicians as defined under FECA).

[15] *Id*.

[16] *See C.B.,* Docket No. 25-0772 (issued December 15, 2025); *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).

ORDER

IT IS HEREBY ORDERED THAT the February 20, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 28, 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