United States Department of Labor
Employees' Compensation Appeals Board

A.P., Appellant	)	
and	)	**Docket No. 26-0604**
	)	**Issued: October 15, 2026**
U.S. POSTAL SERVICE, CRANBERRY PROCESSING & DISTRIBUTION CENTER, Cranberry Township, PA, 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:
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On June 17, 2026 appellant, through counsel, filed a timely appeal from a June 8, 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 June 8, 2026 decision, appellant submitted additional evidence to OWCP and with her appeal to the Board. 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 right knee condition causally related to the accepted July 19, 2025 employment incident.

FACTUAL HISTORY

On July 19, 2025 appellant, then a 59-year-old distribution clerk, filed a traumatic injury claim (Form CA-1) alleging that on that day she sustained a right knee meniscus tear lifting and unloading all-purpose and containers and wires for several trucks while in the performance of duty. She related that she experienced pain in the front and back of her knee which radiated down her leg as she turned her body. On the reverse side of the claim form, J.H., appellant's supervisor, indicated that she was injured in the performance of duty. Appellant stopped work on July 19, 2025.

In a July 19, 2025 report, Dr. F. Richard Heath, a Board-certified emergency medicine physician, noted that appellant worked at a warehouse moving boxes and carts. He reported that during her overnight shift, appellant experienced progressively worsening right knee pain which radiated down the right leg to the point weightbearing was painful. Appellant was uncertain as to how the pain started but stated it could have been while she was walking and turning from one location to another. She denied falling. Dr. Heath stated that a right knee x-ray showed severe osteoarthritis and that appellant also had a likely meniscal tear based on her description of the onset of her symptoms. He diagnosed right knee meniscal tear.

A July 19, 2025 right knee x-ray revealed moderate osteoarthritis of the lateral compartment. A July 19, 2025 unilateral lower limb venous duplex of the right leg found no evidence of deep venous thrombosis.

On July 28, 2025 appellant was seen by Board-certified orthopedic surgeons, Dr. Anton Plakseychuk and Dr. Jonathan Hughes. In a July 28, 2025 report, Dr. Plakseychuk reported that on July 19, 2025 appellant was loading trucks at her job and twisted her right knee. He noted that she had an established diagnosis of severe right knee arthritis and had received three injections in the right knee over the years. Dr. Plakseychuk diagnosed primary osteoarthritis of the right knee.

In a separate July 28, 2025 medical report, Dr. Hughes reported that on July 19, 2025 appellant was moving boxes at the employing establishment when she twisted her right knee and felt severe pain with radiation into the posterior aspect of the knee just above the ankle with increased swelling and difficulty with weight bearing. He noted that appellant had an established diagnosis of severe right knee arthritis. Dr. Hughes reported appellant's physical examination findings and provided an impression of acute exacerbation of underlying right knee arthritis.

In a July 31, 2025 medical report, Dr. Yram Groff, a Board-certified orthopedic surgeon, reported the history of injury as appellant was unloading a truck and had a sudden onset of severe pain in her right knee. He noted that she was previously diagnosed with advanced arthritis, but no intervention was required and she was able to work and ambulate without significant right knee pain until the July 19, 2025 work injury. Dr. Groff provided examination findings and diagnosed right knee end-stage valgus arthritis aggravated by July 19, 2025 occupational injury, previously symptomatic, but tolerable. In a work status note of even date, he provided work restrictions.

In a September 11, 2025 report, Dr. Plakseychuk assessed right knee end-stage valgus arthritis aggravated by a July 19, 2025 occupational injury, previously symptomatic but tolerable. In a report dated September 15, 2025, he noted appellant's medical course. Dr. Plakseychuk noted that appellant's right knee x-ray demonstrated significant osteophyte formation lateral aspect of right knee with decreased joint space, and possible preexisting lateral plateau fracture. He administered a right knee injection.

In a September 17, 2025 development letter, 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 submit the necessary evidence.

OWCP subsequently received a September 11, 2025 progress report wherein Dr. Hughes noted examination findings and diagnosed right end-stage knee osteoarthritis, with acute exacerbation.

In a follow-up letter dated October 22, 2025, 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 September 17, 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.

OWCP continued to receive medical evidence. A July 28, 2025 right knee x-ray demonstrated severe Riddick changes in the lateral compartment with valgus deformity.

In a September 11, 2025 report, Dr. Groff reiterated his prior findings. In progress reports dated September 15 and October 10, 2025, Dr. Plakseychuk reiterated his prior findings.

In an October 27, 2025 attending physician's report (Form CA-20), Dr. Plakseychuk noted that appellant was loading trucks at work on July 19, 2025 when she twisted her right knee. Appellant developed severe pain in the medial knee and was unable to bear weight. Dr. Plakseychuk diagnosed right knee degenerative joint disease which he opined was caused or aggravated by her employment activity of July 19, 2025. He explained that moving heavy items could aggravate the knee diagnosis.

By decision dated November 21, 2025, OWCP denied appellant's traumatic injury claim, finding that the evidence of record was insufficient to establish that the July 19, 2025 employment incident occurred as alleged. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

On November 24, 2025 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

In a January 2, 2026 report, Dr. Hughes related that, on July 28, 2025, he diagnosed appellant with an acute exacerbation of her underlying right knee osteoarthritis. He explained that osteoarthritis was a chronic condition and an exacerbation could result in increased pain, swelling and limitations in activities of daily living, including work. Dr. Hughes further explained that increased knee pain with patellofemoral osteoarthritis could result from activities such as kneeling,

bending, squatting, walking up and down stairs, standing or walking for a prolonged period of time.

OWCP also received a copy of a March 19, 2026 operative report wherein Dr. Plakseychuk indicated that appellant had undergone right total knee arthroplasty two weeks prior. He further indicated that appellant subsequently had difficulty bending the knee and therefore underwent manipulation of the right knee under anesthesia on March 13, 2026.

A hearing was held on March 20, 2026. By decision dated June 8, 2026, OWCP's hearing representative modified the prior OWCP decision to find that appellant had established that an employment incident occurred on July 19, 2025, as alleged. However, she found that the claim remained denied as the medical evidence of record was insufficient to establish causal relationship between appellant's diagnosed right knee condition and the accepted July 19, 2025 employment incident.

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]

To determine whether a federal employee has sustained a traumatic injury in the performance of duty, it first must be determined whether fact of injury has been established. There are two components involved in establishing fact of injury. First, the employee must submit sufficient evidence to establish that he or she actually experienced the employment incident at the time and place, and in the manner alleged. Second, the employee must submit sufficient evidence to establish that the employment incident caused an injury.[7]

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.[8] The opinion of the physician must be based on a complete factual and medical background of the employee, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the

[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] *T.H.,* Docket No. 19-0599 (issued January 28, 2020); *K.L.,* Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone,* 41 ECAB 354 (1989).

[8] *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).

nature of the relationship between the diagnosed condition and the specific employment incident identified by the claimant.[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 right knee condition causally related to the accepted July 19, 2025 employment incident.

In support of her claim, appellant submitted a July 19, 2025 medical report wherein Dr. Heath stated that appellant's right knee x-ray showed severe osteoarthritis and, based on appellant's description of the onset of her symptoms, she likely had a meniscal tear. He, however, did not offer an opinion regarding the cause of appellant's right knee condition. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.[11] Therefore, this evidence is insufficient to establish appellant's claim.

OWCP also received reports wherein Dr. Plakseychuk noted the history of the July 19, 2025 injury and presented examination findings. In reports dated July 28, September 15, and October 20, 2025, he diagnosed primary osteoarthritis of right knee. However, Dr. Plakseychuk did not offer an opinion regarding the cause of the diagnosed condition. As previously noted, 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] Therefore, this evidence is insufficient to establish the claim.

In a September 11, 2025 report, Dr. Plakseychuk assessed right knee end-stage valgus arthritis aggravated by a July 19, 2025 occupational injury, previously symptomatic, but tolerable. However, he failed to provide medical rationale for his conclusory opinion. The Board has held that medical evidence that does not offer a rationalized explanation by the physician of how the accepted employment incident physiologically caused or aggravated the diagnosed condition(s) is of limited probative value.[13] Therefore, this evidence is insufficient to establish appellant's claim.

In an October 27, 2025 Form CA-20, Dr. Plakseychuk diagnosed right knee degenerative joint disease which he opined was caused or aggravated by her employment activity as moving

[9] *A.S.,* Docket No. 19-1955 (issued April 9, 2020); *Leslie C. Moore,* 52 ECAB 132 (2000).

[10] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (version 1.2 May 4, 2026); *M.B.,* Docket No. 20-1275 (issued January 29, 2021); *see R.D.,* Docket No. 18-1551 (issued March 1, 2019).

[11] *See K.A.,* Docket No. 26-0031 (issued February 26, 2026); *B.B.,* Docket No. 25-0661 (issued September 9, 2025); *L.B.,* Docket No. 18-0533 (issued August 27, 2018); *D.K.,* Docket No. 17-1549 (issued July 6, 2018).

[12] *See id.*; *see also C.M.,* Docket No. 25-0772 (issued December 15, 2025).

[13] *See S.E.,* Docket No. 26-0036 (issued January 29, 2026); *T.L.,* Docket No. 23-0073 (issued January 9, 2023); *V.D.,* Docket No. 20-0884 (issued February 12, 2021); *Y.D.,* Docket No. 16-1896 (issued February 10, 2017).

heavy items could aggravate the knee diagnosis. While Dr. Plakseychuk provided an affirmative opinion in support of causal relationship, he did not offer sufficient rationale to support his opinion.[14] Medical reports consisting solely of conclusory statements without sufficient rationale are of diminished probative value.[15] Therefore, this evidence is insufficient to establish appellant's claim.

In his July 28 and September 11, 2025 reports, Dr. Hughes provided an impression of acute exacerbation of underlying right knee arthritis. In his January 2, 2026 report, he explained that osteoarthritis was a chronic condition. Dr. Hughes further stated that increased knee pain with patellofemoral osteoarthritis could result from activities such as kneeling, bending, squatting, walking up and down stairs, standing or walking for a prolonged period of time. Dr. Groff, in his July 31 and September 11, 2025 reports, diagnosed right knee end-stage valgus arthritis aggravated by a July 19, 2025 occupational injury, previously symptomatic but tolerable. However, neither Dr. Hughes nor Dr. Groff provided medical rationale for their conclusory opinions. The Board has held that medical evidence that does not offer a rationalized explanation by the physician of how the accepted employment incident physiologically caused or aggravated the diagnosed condition(s) is of limited probative value.[16] This evidence is therefore insufficient to establish the claim.

Appellant also submitted several diagnostic studies. However, diagnostic studies, standing alone, lack probative value as they do not address causal relationship.[17] This evidence is therefore insufficient to establish the claim.

OWCP also received a March 19, 2026 operative report by Dr. Plakseychuk. However, as this report did not offer an opinion regarding the cause of appellant's condition it is of no probative value on the issue of causal relationship.[18]

As the medical evidence of record is insufficient to establish a right knee condition causally related to the accepted July 19, 2025 employment incident, 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.

[14] *See S.J.,* Docket No. 26-0123 (issued April 10, 2026); *J.S.,* Docket No. 25-0231 (issued March 7, 2025); *A.C.,* Docket No. 24-0661 (issued September 11, 2024); *R.B.,* Docket No. 23-1027 (issued April 3, 2024); *S.B.,* Docket No. 24-0064 (issued February 28, 2024); *S.C.,* Docket No. 21-0929 (issued April 28, 2023); *J.D.,* Docket No. 19-1953 (issued January 11, 2021); *M.W.,* Docket No. 14-1664 (issued December 5, 2014).

[15] *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).

[16] *See id*.

[17] *See J.S.,* Docket No. 26-0155 (issued May 20, 2026); *A.V.,* Docket No. 19-1575 (issued June 11, 2020).

[18] *See supra* note 11; *see also A.B.,* Docket No. 19-0734 (issued August 22, 2019).

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish a right knee condition causally related to the accepted July 19, 2025 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the June 8, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 15, 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