United States Department of Labor
Employees' Compensation Appeals Board

K.P., Appellant	)	
and	)	**Docket No. 26-0457**
	)	**Issued: September 4, 2026**
U.S. POSTAL SERVICE, MINNEAPOLIS POST OFFICE, Minneapolis, MN, 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 April 6, 2026 appellant filed a timely appeal from an October 15, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP).[1] Pursuant to the Federal Employees'

[1] Pursuant to the Board's *Rules of Procedure*, an appeal is considered filed when received by the Clerk of the Appellate Boards. 20 C.F.R. § 501.3(e)-(f). However, when the date of receipt would result in a loss of appeal rights, the appeal will be considered to have been filed as of the date of the U.S. Postal Service postmark or other carriers date markings. *Id.* at § 501.3(f)(1). The 180th day following OWCP's October 15, 2025 decision was April 13, 2026. Because using April 16, 2026, the date the appeal was received by the Clerk of the Appellate Boards, would result in the loss of appeal rights, the date of the postmark is considered the date of filing. The date of the U.S. Postal Service postmark is April 6, 2026, rendering the appeal timely filed.

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]

ISSUE

The issue is whether appellant has met his burden of proof to establish a right knee condition causally related to the accepted November 28, 2022 employment incident.

FACTUAL HISTORY

On November 30, 2022 appellant, then a 51-year-old rural carrier, filed a traumatic injury claim (Form CA-1) alleging that on November 28, 2022 he sustained injury to his right knee when he slipped and fell onto his right side as he was walking back to his vehicle while in the performance of duty. He stopped work on November 30, 2022.[4]

In support of his claim, appellant submitted November 30, 2022 x-rays of his right knee, which demonstrated osteoarthritis with the appearance of bone-on-bone contact at the medial joint compartment, associated mild articular sclerosis, and patellofemoral arthrosis with prominent osteophytes.

In a November 30, 2022 report, Dr. Nicholas D. Velasquez, a Board-certified family practitioner, recounted that on November 28, 2022 appellant slipped on ice while delivering a parcel and fell to the ground onto his right side. He was able to rise, stand, and bear weight, and continued working for one-and-a-half hours. The following morning, appellant noticed significant right knee pain at the anterolateral aspect along the inferior joint line, worsened by driving and improved with rest. On examination, Dr. Velasquez noted "mildly increased swelling over the right knee" in comparison with the left knee, and a mildly antalgic gait. He diagnosed acute pain of right knee, and fall, initial encounter. Dr. Velasquez indicated that there was a question as to whether appellant's pain was "[s]econdary to inflammation from mild trauma related to fall," an exacerbation of possible underlying osteoarthritis based on osteoarthritis revealed by prior imaging studies of the left knee, and a "possible cartilaginous/meniscal injury" based on prior findings in the left knee, or a ligamentous injury. He ordered x-rays, prescribed medication, and referred appellant for physical therapy. In a work slip of even date, Dr. Velasquez held appellant off work for the period November 29 through 30, 2022.

[2] 5 U.S.C. § 8101 *et seq*.

[3] The Board notes that following the October 15, 2025 decision, appellant submitted additional evidence to OWCP and with his 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*.

[4] OWCP assigned the present claim OWCP File No. xxxxxx535. On July 31, 2025 appellant filed an occupational disease claim (Form CA-2) regarding the November 28, 2023 employment injury. OWCP assigned the July 31, 2025 CA-2 claim OWCP File No. xxxxxx639. On October 15, 2025 it advised that File No. xxxxxx639 was a duplicate claim of File No. xxxxxx535. OWCP deleted File No. xxxxxx639 and moved all evidence to File No. xxxxxx535.

Appellant returned to full-time, modified-duty work on December 2, 2022. He stopped work again intermittently thereafter.

In reports dated December 1, 2022, Todd E. Plocher, a certified physician assistant, diagnosed acute pain of the right knee and returned appellant to work with restrictions.

January 5, 2023 x-rays of appellant's right knee demonstrated degenerative changes especially in the medial, tibiofemoral, and patellofemoral spaces, and a tear of the posterior horn of the medial meniscus. A January 5, 2023 magnetic resonance imaging (MRI) scan of the right knee revealed an impression of a posterior horn medial meniscal tear, and degenerative changes especially in the medial tibiofemoral and patellofemoral spaces.

In reports dated January 30, 2023, Mr. Plocher diagnosed acute medial meniscal tear of the right knee. He maintained appellant on restricted duty.

In a March 2, 2023 report, Dr. Ann C. Sudoh, Board-certified in family medicine and sports medicine, recounted a history of the claimed November 28, 2022 employment incident when appellant "fell on ice and twisted his knee." On examination of the right knee, Dr. Sudoh observed "very slight tenderness over the anteromedial aspect, especially at the anteromedial joint line and medial patellar facet." She diagnosed "[r]ight knee pain due to degenerative medial meniscus tear and exacerbation of osteoarthritis." In a separate report of even date, Dr. Sudoh diagnosed post-traumatic osteoarthritis of the right knee. She returned appellant to restricted duty.

In a May 22, 2025 report, Dr. Sudoh noted appellant's right knee pain with a history of "advanced osteoarthritis within his right knee." On examination, she observed tenderness to palpation over the medical joint line, slight tenderness over the lateral joint line, and some pitting edema. Dr. Sudoh diagnosed right knee osteoarthritis. She indicated that she had administered a cortisone injection to appellant's right knee.

In an undated statement received by OWCP on July 31, 2025, appellant further described his history of injury and medical treatment. He noted that following a February 9, 2023 steroid injection to the right knee, he experienced minimal pain and swelling, with another right knee injection on November 21, 2024. Appellant further noted that a May 2025 injection did not relieve his symptoms.

In after-visit summaries dated February 9, 2023, November 21, 2024, and May 22, 2025, Dr. Sudoh treated appellant with a series of right knee injections. An after-visit summary dated July 28, 2025 indicated that appellant was seen by Austin Fournier, a certified physician assistant, for chronic right knee pain.

In an August 6, 2025 development letter, OWCP notified appellant of the deficiencies of his claim. It advised him of the type of factual and medical evidence needed and provided a questionnaire for his completion. OWCP afforded him 60 days to respond. In a separate development letter of even date, it requested that the employing establishment provide information regarding the alleged November 28, 2022 employment injury. OWCP afforded the employing establishment 30 days to respond.

In a follow-up letter dated September 3 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 August 6, 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 new evidence was received.

By decision dated October 15, 2025, OWCP accepted that appellant had established that the November 28, 2025 employment incident occurred, as alleged. However, it denied his claim, finding that the medical evidence of record was insufficient to establish a right knee condition casually related to the accepted employment incident. OWCP concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

LEGAL PRECEDENT

An employee seeking benefits under FECA 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 within the applicable time limitation period of FECA, 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 each and every compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.[6]

To determine if an employee has sustained a traumatic injury in the performance of duty, OWCP begins with an analysis of whether fact of injury has been established. Fact of injury consists of two components that must be considered in conjunction with one another. The first component is whether the employee actually experienced the employment incident that allegedly occurred at the time and place, and in the manner alleged.[7] The second component is whether the employment incident caused an injury.[8]

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 the specific employment incident.[9] Neither the mere fact that a disease or condition manifests

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

[6] *K.M.,* Docket No. 15-1660 (issued September 16, 2016); *L.M.,* Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett,* 41 ECAB 992 (1990).

[7] *B.P.,* Docket No. 16-1549 (issued January 18, 2017); *Elaine Pendleton,* 40 ECAB 1143 (1989).

[8] *M.H.,* Docket No. 18-1737 (issued March 13, 2019); *John J. Carlone,* 41 ECAB 354 (1989).

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

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.[10]

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.[11]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish a right knee condition causally related to the accepted November 28, 2022 employment incident.

Dr. Velasquez, in a November 30, 2022 report, provided a history of the accepted November 28, 2022 employment incident, and diagnosed acute right knee pain and a fall. He indicated that appellant's pain could be due to "inflammation from mild trauma related to fall," an exacerbation of possible underlying osteoarthritis, a "possible cartilaginous/meniscal injury[,]" or ligamentous injury. However, the Board has long held that medical opinions that are speculative or equivocal in nature are of diminished probative value.[12] Therefore, this evidence is insufficient to establish the claim.

Dr. Sudoh, in reports dated March 2, 2023, recounted the accepted November 28, 2022 employment incident, diagnosed "[r]ight knee pain due to degenerative medial meniscus tear and exacerbation of osteoarthritis[,]" and post-traumatic osteoarthritis of the right knee. In a May 22, 2025 report, she noted appellant's history of advanced osteoarthritis of the right knee and diagnosed right knee osteoarthritis. Dr. Sudoh thus diagnosed a degenerative meniscal tear, and a worsening of preexisting, underlying osteoarthritis of the right knee. However, she did not provide medical rationale differentiating between the effects of the November 28, 2022 employment incident, and the effects of the preexisting conditions of medial meniscal degeneration and osteoarthritis.[13] These reports are thus insufficient to establish appellant's claim.

OWCP received after-visit summaries dated February 9, 2023, November 21, 2024, and May 22, 2025 indicating that appellant was treated by Dr. Sudoh with a series of right knee injections. However, Dr. Sudoh did not provide an opinion on causal relationship. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's

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

[11] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (May 2023); *T.B.*, Docket No. 26-0372 (issued June 30, 2026); *M.B.,* Docket No. 20-1275 (issued January 29, 2021); *see R.D.,* Docket No. 18-1551 (issued March 1, 2019).

[12] *See T.F.,* Docket No. 26-0439 (issued July 27, 2026); *D.D.,* Docket No. 25-0751 (issued August 27, 2025); *F.S.,* Docket No. 22-0070 (issued June 14, 2023); *M.L.,* Docket No. 18-0153 (issued January 22, 2020); *N.B.,* Docket No. 19-0221 (issued July 15, 2019).

[13] *Supra* note 11.

condition or disability is of no probative value on the issue of causal relationship.[14] Therefore, this evidence is insufficient to establish appellant's claim.

OWCP also received reports from certified physician assistants. However, certain healthcare providers such as physician assistants, nurses, and physical and occupational therapists are not considered physicians as defined under FECA.[15] Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits.[16] Therefore, this evidence is insufficient to establish appellant's claim.

OWCP also received imaging studies of the right knee, including November 30, 2022 and January 5, 2023 x-rays, and a January 5, 2023 MRI scan. However, diagnostic studies, standing alone, lack probative value on causal relationship as they do not address whether employment factors caused the diagnosed condition.[17] Thus, this evidence is insufficient to establish appellant's claim.

As the medical evidence of record is insufficient to establish a right knee condition causally related to the accepted November 28, 2022 employment incident, the Board finds that appellant has not met his 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(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 right knee condition causally related to the accepted November 28, 2022 employment incident.

[14] *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).

[15] Section 8101(2) provides that 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* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, 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*; *T.S.,* Docket No. 19-0056 (issued July 1, 2019) (a physician assistant is not considered a physician as defined under FECA).

[16] *See id.*

[17] *C.S.,* Docket No. 19-1279 (issued December 30, 2019).

ORDER

IT IS HEREBY ORDERED THAT the October 15, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: September 4, 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