United States Department of Labor
Employees' Compensation Appeals Board

N.H., Appellant	)	
and	)	**Docket No. 26-0494**
	)	**Issued: September 25, 2026**
U.S. POSTAL SERVICE, PHILADELPHIA NETWORK DISTRIBUTION CENTER, Philadelphia, PA, 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 5, 2026 appellant filed a timely appeal from March 26 and May 1, 2026 merit decisions 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.[2]

ISSUE

The issue is whether appellant has met her burden of proof to establish a medical condition causally related to the accepted November 21, 2025 employment incident.

[1] 5 U.S.C. § 8101 *et seq.*

[2] The Board notes that, following the May 1, 2026 decision, appellant submitted additional evidence to OWCP. However, the Board's *Rules of Procedures* 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.*

FACTUAL HISTORY

On November 21, 2025 appellant, then a 52-year-old mail handler assistant, filed a traumatic injury claim (Form CA-1) alleging that, on that same date, she was scanning boxes on the west wall when an all-purpose container (APC) slammed into the left side of her body, striking her left lower back, hip, knee, and ankle while in the performance of duty. She stopped work on November 21, 2025, and returned to full-time modified-duty work on January 7, 2026.

In support of her claim, appellant submitted an additional statement dated November 21, 2025, recounting the claimed employment incident, in which she described as scanning packages when an APC detached and slammed into her left thigh and knee, causing her severe pain from the forceful impact. OWCP also received statements of even date from her coworkers, G.G., J.D., and R.T., who attested to the circumstances surrounding the claimed employment incident.

In a November 21, 2025 note, Morgan Decker, a physician assistant, reported that appellant was evaluated in the emergency department on that date and could return to work.

Appellant submitted an unsigned after-visit summary from an emergency department trauma center, also dated November 21, 2025, documenting treatment with Dr. Christopher Michael Hartwell, a Board-certified internist, for a leg injury and left lower extremity contusion of multiple sites. She also submitted a scheduling notice for a January 28, 2026 medical appointment with Dr. Michelle Gorbonosov, Board-certified in family medicine.

In a December 10, 2025 development letter, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence required to establish her claim and provided a questionnaire for her completion. OWCP afforded appellant 60 days to submit the requested evidence.

Appellant submitted additional statements dated December 16, 2026, wherein she described the claimed November 21, 2025 employment incident and her course of medical treatment. She also submitted medical documentation dated November 21, 2025 through January 12, 2026, consisting of scheduling and appointment notices, documenting upcoming medical visits, x-ray referrals, after-visit summaries, x-rays of the left knee, hip, and pelvis dated December 17, 2025, diagnostic imaging photographs of the left knee, physical therapy and progress notes from physicians assistants, nurses, and physical therapists of even date. OWCP also received messages from appellant dated December 17 through 22, 2025 requesting completion of medical forms and an opinion on disability, a January 2, 2026 after-visit summary documenting treatment for left hip pain and greater trochanteric pain syndrome of the left lower extremity, and a January 12, 2026 note documenting appellant's telephone call to Dr. Emmanuel Gibon, a Board-certified orthopedic surgeon, regarding her left knee pain.

In statements received on December 16, 2025, appellant reported that on November 21, 2025 she was working light duty due to a previous June 25, 2024 employment injury and scanning boxes when she was struck by a detached metal cage from an APC. She related that a driver operating a U-Cart was hauling APC's when an APC cage struck a pole, caused it to detach from the U-Cart, and slammed into the left side of her body, resulting in immediate pain in her lower back, left hip, thigh, and knee as she fell forward. Appellant noted that she reported the incident to her supervisor and sought emergency medical treatment at the hospital.

In a December 17, 2025 report, Dr. Gibon evaluated appellant for left knee pain which had been present for one year and continued to worsen. He discussed the history of injury, relating that appellant was injured at work on November 21, 2025, claiming that her left side was hit by a driver. Dr. Gibon provided examination findings and reviewed a December 17, 2025 x-ray of the left knee which revealed bone-on-bone osteoarthritis isolated in the medial compartment. He diagnosed primary osteoarthritis of both knees and left hip pain. Dr. Gibon noted that appellant could be a candidate for a knee replacement and administered a steroid injection to the left knee as she had good relief from a left knee steroid injection three months prior.

In a December 23, 2025 work excuse note, Dr. Cheryl Bettigole, Board-certified in family medicine, noted that appellant was under her care and restricted from returning to work until January 7, 2026. In a duty status report (Form CA-17) of even date, she diagnosed contusions of hip and knee, noting that appellant's x-rays also demonstrated arthritis. Dr. Bettigole documented appellant's work restrictions and released her to part-time limited-duty work for four hours per day effective January 7, 2026.

In a January 2, 2026 report, Dr. Douglas Bryant, a Board-certified physiatrist, evaluated appellant for back pain and related that on November 21, 2025 appellant was hit on the left side of her back, and left hip and knee by a cage being carried by a truck, which exacerbated her chronic left knee pain and caused new low back pain. He noted that she was evaluated at the emergency room on November 21, 2025 and x-rays taken on that date revealed that the left ankle, knee, femur, and pelvis were negative for fracture, the pelvis demonstrated osteoarthritis of the bilateral hips, and a December 17, 2025 x-ray of the left knee revealed an impression of severe arthritis in the left medical compartment. Dr. Bryant discussed examination findings and diagnosed left hip pain, noting greater trochanteric pain syndrome and osteoarthritis, and acute left low back pain with left leg pain, noting a differential diagnosis which included myofascial back pain, lumbar facet syndrome, and degenerative disc disease. He restricted appellant from returning to work, recommended physical therapy, and ordered additional diagnostic testing for the lumbar spine and left hip.

In a follow-up letter dated January 14, 2026, OWCP advised appellant that it conducted an interim review, and the evidence remained insufficient to establish her claim. It noted that she had 60 days from the December 10, 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.

Thereafter, OWCP received additional evidence. In a January 23, 2026 statement, appellant described the claimed November 21, 2025 employment incident when an APC cage struck a pole, detached from the U-Cart, and forcefully struck her on the left side of her body. She reported that the driver stopped and assisted her following the injury, she immediately notified her supervisor about the employment incident, and sought emergency medical treatment at the hospital. Appellant also submitted a February 20, 2026 request for reasonable accommodations, wherein she requested a schedule adjustment through a reduction of hours from 40 to 30 hours per week due to ongoing physical therapy treatment, duty reassignment from tasks requiring heavy lifting and prolonged periods of walking, and station modification for placement in a seated position that required minimal bending.

In a January 2, 2026 note, Dr. Bryant reported that x-rays of the left hip and low back did not show any fracture but did reveal an impression of arthritis in the discs and facet joints of the low back, as well as arthritis in the hips and pelvic bones.

In a January 14, 2026 Form CA-17, Dr. Ruhee Shah, a family medicine specialist, documented appellant's work restrictions, and released her to part-time limited-duty work for five hours per day.

In a February 14, 2026 form report, Dr. Shah diagnosed lumbar strain and osteoarthritis flare. She reported that appellant required sedentary work and modified work restrictions through May 1, 2026 as she was unable to lift or bend. Dr. Shah noted complaints of left side back pain and left knee pain which required her to work in a seated position with minimal bending and lifting, and no lifting greater than 75 pounds. She limited appellant to working no more than six hours per day.

In a February 25, 2026 Form CA-17, Dr. Shah documented appellant's work restrictions, limiting her to part-time limited-duty work for six hours per day, effective March 9, 2026.

By decision dated March 26, 2026, OWCP denied appellant's claim, finding that the evidence of record was insufficient to establish a medical condition causally related to the accepted November 21, 2025 employment incident.

Appellant subsequently submitted additional medical evidence in support of her claim dated November 21, 2025 through April 21, 2026, including appointment and scheduling notices documenting upcoming medical visits, medical and referral orders, after-visit summaries, a March 30, 2026 x-ray of the left knee, and a March 31, 2025 physical therapy report.

In a March 17, 2026 report, Dr. Michael Maloney, Board-certified in family medicine, evaluated appellant for complaints of left hip pain. He described the November 21, 2025 employment incident, relating that appellant sustained an injury to her left leg, hip, knee, and back when a large metal cart struck her at work. Dr. Maloney discussed examination findings and reviewed a January 2, 2026 left hip x-ray which revealed mild-to-moderate bilateral hip joint osteoarthritis and degenerative changes of the bilateral sacroiliac joints, lower lumbar spine, and pubic symphysis, and diagnosed trochanteric bursitis of the left hip. He noted that appellant's pain was localized to the side of the left hip following the work-related trauma on November 21, 2025, and given her lateral left hip pain, history, and examination were all consistent with greater trochanteric pain syndrome, he opined that appellant likely sustained a true traumatic bursitis.

In a March 30, 2026 report, Dr. Gibon evaluated appellant, noted complaints of left knee pain, and administered a steroid injection to the left knee. He reported that she had severe left knee bone-on-bone osteoarthritis and was interested in having surgery as she was a candidate for knee arthroplasty given her advanced degenerative joint disease (DJD). Dr. Gibon noted that appellant's left knee unloader brace was broken and she would need a new one, noting that she had varus valgus instability. A left knee x-ray of even date documented tricompartmental osteoarthritis with severe joint space narrowing of the medial tibiofemoral compartment with bone-on-bone articulation and trace joint effusion.

OWCP also received a March 31, 2026 report from Orestes Quisumbing, a physical therapist.

On April 4, 2026 appellant requested reconsideration. On April 5 and 11, 2026 she submitted additional statements in support of her request for reconsideration.

In an April 21, 2026 report, Dr. Kate Temme, a Board-certified physiatrist, evaluated appellant for left knee pain following a November 21, 2025 employment incident when a metal cart hit the left side of her lower body and left knee, noting that appellant had a bad knee prior to the incident which flared and resulted in bursitis following the incident. She diagnosed left knee pain, severe left knee osteoarthritis flare, and possible occult fracture and unstable meniscal tear. After reviewing the anatomy of the left knee, Dr. Temme explained the risks for osteoarthritis flare after an injury, including high pain direct trauma that appellant experienced when she was hit by a heavy motorized cart at work. She noted her concern of the severity of appellant's pain and the effect on her basic functional status since her November 2025 injury. Dr. Temme recommended appellant continue offloading with a cane as her unloader brace was broken by the impact on the injury, which had previously been managing her symptoms.

By decision dated May 1, 2026, OWCP denied modification of the March 26, 2026 decision.

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 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 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. 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]

[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).

[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] *H.M.*, Docket No. 22-0343 (issued June 28, 2022); *T.J.*, Docket No. 19-0461 (issued August 11, 2020); *K.L.*, Docket No. 18-1029 (issued January 9, 2019); *John J. Carlone*, 41 ECAB 354 (1989).

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 nature of the relationship between the diagnosed condition and specific employment incident identified by the employee.[9]

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted November 21, 2025 employment incident.

In medical reports dated December 17, 2025 through March 30, 2026, Dr. Gibon evaluated appellant for worsening left knee pain which had been present since the November 21, 2025 employment incident. He reviewed diagnostic studies of the left knee revealing severe bone-on-bone osteoarthritis isolated in the medial compartment. Dr. Gibon discussed the history of injury, provided examination findings, administered left knee steroid injections, and diagnosed primary osteoarthritis of the knees, and left hip pain. He did not, however, provide an opinion on the cause of the diagnosed medical 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.[10] As such, this evidence is insufficient to establish appellant's claim.

In a December 23, 2025 Form CA-17 and work note, Dr. Bettigole diagnosed contusions of hip and knee, documented appellant's work restrictions, and released her to part-time limited-duty work for four hours per day effective January 7, 2026. In medical forms and CA-17 forms dated January 14 through February 25, 2026, Dr. Shah diagnosed lumbar strain and osteoarthritis flare, noted work restrictions, and limited appellant to working no more than six hours per day. However, neither Dr. Bettigole nor Dr. Shah provided 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 condition is of no probative value on the issue of causal relationship.[11] Therefore, this evidence is insufficient to establish appellant's claim.

In a January 2, 2026 report, Dr. Bryant evaluated appellant for back pain and related that on November 21, 2025, she was hit in the left side of her back and left hip and knee by a cage being carried by a truck, which exacerbated her chronic left knee pain and caused new low back pain. He reviewed diagnostic testing which revealed arthritis in the discs and facet joints of the low back, as well as arthritis in the hips and pelvic bones. Dr. Bryant discussed examination findings and diagnosed left hip pain, noting greater trochanteric pain syndrome and osteoarthritis,

[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] *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*, 41 ECAB 345, 352 (1989).

[10] *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).

[11] *See L.B.*, *id*.; *D.K., id*.

and acute left low back pain with left leg pain, noting a differential diagnosis which included myofascial back pain, lumbar facet syndrome, and degenerative disc disease. He explained that the November 21, 2025 employment incident exacerbated appellant's chronic left knee pain and caused new low back pain. While Dr. Bryant accurately noted the history of injury provided by appellant, he did not offer an opinion regarding the cause of appellant's condition.[12] 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 on the issue of causal relationship.[13] Therefore, this evidence is insufficient to establish appellant's claim.

In a March 17, 2026 report, Dr. Maloney evaluated appellant for complaints of left hip pain. He described the November 21, 2025 incident, relating that she sustained an injury to the left leg, hip, knee, and back when a large metal cart struck her at work. Dr. Maloney reviewed diagnostic testing, discussed examination findings, and diagnosed trochanteric bursitis of the left hip. He reported that appellant's pain was localized to the side of the hip following the work-related trauma on November 21, 2025, and given her lateral left hip pain, history, and examination were all consistent with greater trochanteric pain syndrome, he opined that appellant likely sustained a true traumatic bursitis. However, the Board has held that medical opinions that are speculative or equivocal are of diminished probative value.[14] Dr. Maloney's opinion as to the cause of appellant's diagnosed conditions is vague and speculative as he did not support his opinion with medical rationale explaining how the accepted November 21, 2025 employment incident caused her left knee condition.[15]

In an April 21, 2026 report, Dr. Temme described the November 21, 2025 employment incident where appellant injured her left knee and noted that the incident caused a flare of a prior injury and resulted in bursitis. She diagnosed left knee pain, severe left knee osteoarthritis, and possible occult fracture and unstable meniscal tear. Dr. Temme explained the risks for osteoarthritis flare following an injury such as that appellant experienced when she was hit by a heavy motorized cart at work. However, she did not explain with sufficient rationale how the accepted November 21, 2025 employment incident caused appellant's left knee condition.[16] 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.[17] Medical

[12] *M.H.*, Docket No. 25-0864 (issued January 5, 2026); *S.S.*, Docket No. 18-0081 (issued August 22, 2018).

[13] *See R.N.,* Docket No. 26-0291(issued June 18, 2026); *L.B., id.*; *D.K., supra* note 10.

[14] *See 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); *Z.B.,* Docket No. 17-1336 (issued January 10, 2019); *T.M.,* Docket No. 08-0975 (issued February 6, 2009).

[15] *S.M.,* Docket No. 24-0542 (issued July 11, 2024); *T.W.,* Docket No. 20-0767 (issued January 13, 2021); *L.D.,* Docket No. 19-1301 (issued January 29, 2020); *S.C.,* Docket No. 18-1242 (issued March 13, 2019).

[16] *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., supra* note 14.

[17] *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).

rationale is particularly necessary where, as here, there are preexisting conditions involving the same body parts.[18] Therefore, Dr. Temme's report is insufficient to establish the claim.

OWCP also received progress reports and notes from physician assistants, nurse practitioners, and physical therapists. However, certain healthcare providers such as nurses, physician assistants, and physical therapists are not considered physicians as defined under FECA and their reports do not constitute competent medical evidence.[19] Consequently, these medical findings or opinions are insufficient to meet appellant's burden of proof.[20]

Appellant also submitted unsigned documents detailing appointments, referrals, hospital visits, and medical treatment commencing November 21, 2025. The Board has held that reports that are unsigned or bear an illegible signature lack proper identification and cannot be considered probative medical evidence because the author cannot be identified as a physician.[21] Therefore, this evidence is of no probative value and insufficient to establish appellant's claim.[22]

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 employment factors caused any of the diagnosed conditions.[23] 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 November 21, 2025 employment incident, the Board finds that appellant has not met her burden of proof.[24]

[18] *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).

[19] 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* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (version 1.0, issued March 16, 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 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); *G.R.,* Docket No. 25-0540 (issued June 26, 2025) (physical therapists are not considered physicians under FECA).

[20] *T.H.*, Docket No. 23-1142 (issued March 28, 2024).

[21] *See L.R.,* Docket No. 26-0432 (issued July 9, 2026); *C.C.,* Docket No. 25-0776 (issued September 15, 2025); *P.V.,* Docket No. 25-0187 (issued March 17, 2025); *M.H.,* Docket No. 19-0162 (issued July 3, 2019); *see also Z.G.,* Docket No. 19-0967 (issued October 21, 2019); *D.D.,* 57 ECAB 734 (2006); *Merton J. Sills,* 39 ECAB 572, 575 (1988).

[22] *B.M.,* Docket No. 26-0249 (issued May 26, 2026).

[23] *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).

[24] *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 her burden of proof to establish a medical condition causally related to the accepted November 21, 2025 employment incident.

ORDER

IT IS HEREBY ORDERED THAT the March 26 and May 1, 2026 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: September 25, 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