United States Department of Labor
Employees' Compensation Appeals Board

B.L., Appellant	)	
and	)	**Docket No. 26-0510**
	)	**Issued: September 1, 2026**
U.S. POSTAL SERVICE, MARION POST OFFICE, Marion, IN, 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 11, 2026 appellant filed a timely appeal from a January 29, 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 June 12, 2025 appellant, then a 39-year-old postal carrier, filed an occupational disease claim (Form CA-2) alleging that he sustained right plantar fasciitis as a result of factors of his federal employment, including walking for miles while carrying mail, climbing stairs, entering and

[1] 5 U.S.C. § 8101 *et seq*.

exiting a work truck, and walking on broken sidewalks and uneven ground. He noted that he first became aware of his condition on January 15, 2025, and realized its relation to his federal employment on March 15, 2025.

On January 16, 2025 appellant sought treatment from Amanda Schuler, a nurse practitioner, for plantar fasciitis of the right heel. He underwent physical therapy.

In a January 22, 2025 report, Dr. Daniel Chianese, a podiatrist, diagnosed right heel plantar fasciitis. He examined appellant on March 25, 2025 and repeated his diagnosis. Dr. Chianese related that appellant jumped over something at work and felt a sharp pain in his right heel.

On June 5, 2025 appellant underwent right foot x-rays which demonstrated osteochondral defect of the lateral talar dome.

In a June 18, 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 respond.

OWCP subsequently received additional evidence. On June 16, 2025 appellant underwent a magnetic resonance imaging (MRI) scan of the right ankle which demonstrated an osteochondral lesion of the talar dome, mild degenerative changes at the ankle joint, and mild tendinosis or partial tear of the distal Achilles tendon.

Appellant completed OWCP's development questionnaire on June 30, 2025, and attributed his condition to walking, climbing stairs, and walking on uneven ground while in the performance of duty. OWCP also received an unsigned January 22, 2025 duty status report (Form CA-17).

In a June 30, 2025 report, Dr. Chianese related, "Although I cannot definitively state that [appellant] developed a partial Achilles tendon tear and plantar fasciitis in the right foot, there is reason to believe that this is related to the demands of his job." He explained that carrying extra weight while delivering mail by foot could reasonably lead to a repetitive stress injury such as plantar fasciitis and/or Achilles tendon tear. Dr. Chianese opined that a repetitive stress injury was in keeping with how appellant's symptoms developed over time.

In a follow-up July 29, 2025 letter, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish his claim. It advised that he had 60 days from the June 18, 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 response was received.

By decision dated September 3, 2025, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish a medical condition causally related to the accepted factors of appellant's federal employment.

OWCP continued to receive evidence. In a December 11, 2025 report, Dr. Chianese described appellant's accepted employment duties and the development of his progressive pain in the right heel, ankle, and lower leg. He reviewed the June 4, 2025 x-ray and the June 16, 2025 MRI scan, diagnosed partial tear/tendinosis of the right Achilles tendon, plantar fasciitis, and right

osteochondral defect of the lateral talar dome were consistent with chronic overuse, repetitive microtrauma, and biomechanical stress of the ankle and heel. Dr. Chianese opined that based on appellant's work duties, diagnostic findings, and the known mechanisms of these conditions, his work duties as a letter carrier were the primary and direct caused of his right Achilles tendon injury, plantar fasciitis, and osteochondral lesion. He explained that Achilles tendinopathy and partial tearing commonly result from repetitive loading, especially in occupations requiring continuous walking, climbing stairs, and irregular surfaces, while carrying weight such as a mail satchel which increased downward force on the posterior chain, and repeated acceleration/deceleration movements inherent in delivery routes. Dr. Chianese determined that appellant performed these motions daily five or six day a week and had done so for approximately 10 years. He further noted that plantar fasciitis develops repetitive, high-volume weight-bearing on hard surfaces. Dr. Chianese related that appellant's walking route required 8 to 10 miles of walking a day, constant heel strike impact, walking on concrete, asphalt, and uneven ground and carrying additional load while ambulating. He found that these conditions significantly elevated strain on the plantar fascia, leading to chronic inflammation and degeneration. Dr. Chianese related that osteochondral talar lesions frequently arise from chronic repetitive micro-injury especially in individuals performing continuous walking on uneven ground and abrupt directional changes which were unavoidable in foot delivery routes. He opined that 10 years of daily ankle loading, coupled with carrying mail and stepping off curbs and stairs, significantly increased compressive and shear forces across the talar dome, consistent with the MRI scan and x-ray findings. Dr. Chianese determined that appellant's hobbies and age were insufficient to have caused these conditions and that his repetitive work duties directly caused the diagnosed conditions.

On December 16, 2025 appellant requested reconsideration.

By decision dated January 29, 2026, OWCP denied modification.

LEGAL PRECEDENT

An employee seeking benefits under FECA[2] 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,[3] 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.[4] 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.[5]

[2] *Id.*

[3] *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).

[4] *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).

[5] *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).

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.[6]

The medical evidence required to establish causal relationship between a claimed specific condition and an employment incident is rationalized medical opinion evidence.[7] 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.[8]

ANALYSIS

The Board finds that this case is not in posture for decision.

In his December 11, 2025 report, Dr. Chianese described appellant's employment duties, discussed his medical history, reviewed diagnostic reports, and diagnosed partial tear/tendinosis of the right Achilles tendon, plantar fasciitis, and right osteochondral defect of the lateral talar dome. He explained that these diagnoses were consistent with chronic overuse, repetitive microtrauma, and biomechanical stress of the ankle and heel. Dr. Chianese opined that appellant's work duties as a letter carrier were the primary and direct caused of his right Achilles tendon injury, plantar fasciitis, and osteochondral lesion. He further opined that 10 years of daily ankle loading, coupled with carrying mail and stepping off curbs and stairs, significantly increased compressive and shear forces across the talar dome, consistent with the MRI scan and x-ray findings. Dr. Chianese explained that Achilles tendinopathy and partial tearing commonly resulted from repetitive loading, especially in occupations requiring continuous walking, climbing stairs, and irregular surfaces, while carrying weight such as a mail satchel which increased downward force on the posterior chain, and repeated acceleration/deceleration movements inherent in delivery routes. He further determined that plantar fasciitis develops repetitive, high-volume weight-bearing on hard surfaces. Dr. Chianese related that appellant's walking route required 8 to 10 miles of walking a day, constant heel strike impact, walking on concrete, asphalt, and uneven ground and carrying additional load while ambulating. He found that these conditions significantly elevated strain on the plantar fascia, leading to chronic inflammation and degeneration. Dr. Chianese related that osteochondral talar lesions frequently arise from chronic repetitive

[6] *D.J.,* Docket No. 26-0267 (issued May 15, 2026); *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).

[7] *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).

[8] *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 6.

micro-injury especially in individuals performing continuous walking on uneven ground and abrupt directional changes which were unavoidable in foot delivery routes.

It is well established that proceedings under FECA are not adversarial in nature and, while appellant has the burden of proof to establish entitlement to compensation, OWCP shares responsibility for the development of the evidence.[9] OWCP has an obligation to see that justice is done.[10] While Dr. Chianese's opinion is not fully rationalized, it is sufficient to require further development of the medical evidence.[11]

The case must therefore be remanded for further development. On remand, OWCP shall refer appellant to a specialist in the appropriate field of medicine, along with the case record, and a statement of accepted facts, for an examination and a rationalized medical opinion as to whether the accepted employment duties either caused or aggravated a medical condition.[12] If the second opinion physician disagrees with the opinion of Dr. Chianese, he or she must provide a fully-rationalized explanation as to why the accepted employment duties were insufficient to have caused or aggravated appellant's medical condition. Following this and such other further development as deemed necessary, OWCP shall issue a *de novo* decision.

CONCLUSION

The Board finds that this case is not in posture for decision.

[9] *See id*.; *see also A.P*., Docket No. 17-0813 (issued January 3, 2018); *Jimmy Hammons*, 51 ECAB 219, 223 (1999).

[10] *See D.F.,* Docket No. 26-0279 (issued July 6, 2026); *B.C.,* Docket No. 15-1853 (issued January 19, 2016); *E.J*., Docket No. 09-1481 (issued February 19, 2010); *John J. Carlone*, 41 ECAB 354 (1989).

[11] *Id*.; *see also C.A*., Docket No. 22-0067 (issued October 26, 2023); *D.S.,* Docket No. 17-1359 (issued May 3, 2019); *X.V*., Docket No. 18-1360 (issued April 12, 2019); *C.M*., Docket No. 17-1977 (issued January 29, 2019); *William J. Cantrell*, 34 ECAB 1223 (1983).

[12] *See L.L*., Docket No. 26-0085 (issued March 17, 2026); *C.C*., Docket No. 19-1631 (issued February 12, 2020).

ORDER

IT IS HEREBY ORDERED THAT the January 29, 2026 decision of the Office of Workers' Compensation Programs is set aside, and the case is remanded for further proceedings consistent with this decision of the Board.

Issued: September 1, 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