United States Department of Labor
Employees' Compensation Appeals Board

J.O., Appellant	)	
	)	**Docket No. 26-0529**
and	)	**Issued: September 1, 2026**
	)	
DEPARTMENT OF VETERANS AFFAIRS, VETERANS HEALTH ADMINISTRATION OFFICE OF COMMUNITY CARE, Denver, CO, 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 14, 2026 appellant filed a timely appeal from a March 2, 2026 merit decision of the Office of Workers' Compensation Programs (OWCP).[1] 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.

[1] Appellant also appealed from a May 8, 2025 OWCP decision denying her claim for compensation for intermittent disability from work commencing December 12, 2024. The Board's jurisdiction, however, encompasses any final adverse decision issued by OWCP within 180 days of the date appellant filed this appeal. The Board's *Rules of Procedure* at 20 C.F.R. § 501.3(e) provides in pertinent part: "Any notice of appeal must be filed within 180 days from the date of issuance of a decision of the OWCP." As appellant filed her appeal with the Board on May 14, 2026, more than 180 days following the issuance of OWCP's May 8, 2025 decision, the Board does not have jurisdiction to review it.

[2] 5 U.S.C. § 8101 *et seq*.

ISSUES

The issues are: (1) whether OWCP met its burden of proof to terminate appellant's entitlement to wage-loss compensation and medical benefits, effective May 8, 2025, as she no longer had disability or residuals causally related to her accepted August 26, 2019 employment injury; and (2) whether appellant has met her burden of proof to establish continuing disability or residuals, on or after May 8, 2025, causally related to the accepted August 26, 2019 employment injury.

FACTUAL HISTORY

On August 27, 2019 appellant, then a 37-year-old contact representative, filed a traumatic injury claim (Form CA-1) alleging that on August 26, 2019 she sustained left knee and left shoulder injuries when she fell down stairs as she exited the building during a fire alarm while in the performance of duty. OWCP initially accepted the claim for left knee sprain. It subsequently expanded acceptance of the claim to include left knee medial meniscus tear. OWCP paid appellant wage-loss compensation on the supplemental rolls from October 21, 2019 until May 18, 2024.

On May 29, 2024, OWCP referred appellant, together with the medical record, a statement of accepted facts (SOAF), and a series of questions, to Dr. Qing-Min Chen, a Board-certified orthopedic surgeon, for a second opinion examination to determine whether appellant continued to suffer from residuals and/or disability causally related to the accepted work-related injury.

In a June 21, 2024 medical report, Dr. Chen noted his review of the SOAF and the medical record. He related appellant's current complaints and provided findings on examination of the left knee. Dr. Chen observed multiple well-healed incisions. There was no erythema, ecchymosis, edema, clinical masses, or deformities. There was hypersensitivity to light touch over the anterior aspect of the knee. Dr. Chen reported range of motion measurements for the right and left knee. On neurological examination he found 5/5 motor strength. Sensation was intact to light touch of the bilateral lower extremity dermatomes in all distributions. There was one fourth deep tendon reflexes of the bilateral patellar. On further physical examination of the left knee, Dr. Chen noted that it was stable to varus and valgus stress, stable to Lachman's test, and stable to posterior drawer. There was a positive patellar grind test and negative McMurray test. There was 2+ radial pulses equal and symmetric. There was also an antalgic gait involving the left leg. There were no Waddell's signs. Dr. Chen diagnosed the accepted conditions of left knee sprain and left knee meniscus tear. He opined that appellant had no active residuals of her accepted work-related conditions. Dr. Chen explained that, based on appellant's last arthroscopic surgery, there did not appear to be any amount of substantial arthritis in the medial compartment. He further explained that a May 26, 2022 note, wherein Dr. Presley Swann, a Board-certified orthopedic surgeon, indicated that appellant had pain all over the knee including the lateral and posterior sides was without any physiologic explanation. Dr. Chen further opined that appellant could perform her contact representative position. He noted that the position mostly involved advisory and consultation roles. It was also sedentary that it may require some lifting up to 20 pounds and mostly use of a computer and telephone. Dr. Chen noted that appellant reported having problems with sitting, but he did not see any real obvious reason for her complaint. Regarding the accepted condition of left knee meniscus tear, he noted that sitting did not really affect the medial or lateral compartment as there was not much load on those joints, but sitting in theory may affect the

patellofemoral joint, but there was no evidence that that particular portion of the knee was affected by appellant's injury. Dr. Chen indicated that no restrictions were applicable. He also noted that further surgical treatment was unnecessary as "we do not have anything specifically surgical to go after." Dr. Chen concluded that appellant's prognosis was poor as it was unclear as to what was causing her pain, but there was no need for further medical treatment. In a work capacity evaluation (Form OWCP-5c) of even date, Dr. Chen reiterated his opinion regarding appellant's work capacity.

In a notice dated March 27, 2025, OWCP advised appellant that it proposed to terminate her entitlement to wage-loss compensation and medical benefits based on Dr. Chen's opinion that the accepted employment-related conditions had ceased without residuals or disability. It afforded her 30 days to submit additional evidence or argument challenging the proposed termination.

In an April 7, 2025 e-mail and April 12, 2025 letter, appellant disputed Dr. Chen's opinion. She also disagreed with OWCP's proposed termination. Appellant contended that she continued to suffer from residuals of her accepted August 26, 2019 employment injury. She also contended that she sustained right knee complex regional pain syndrome (CRPS) causally related to her accepted employment injury.

By decision dated May 8, 2025, OWCP terminated appellant's entitlement to wage-loss compensation and medical benefits, effective that date, finding that Dr. Chen's opinion constituted the weight of the medical opinion evidence that appellant no longer had residuals or disability causally related to the accepted August 26, 2019 employment injury.

OWCP subsequently received a June 10, 2025 report wherein Dr. Harold Hunt, a Board-certified orthopedic surgeon, related a history of the accepted August 26, 2019 employment injury and appellant's complaint of left knee pain. He discussed his examination findings and reviewed diagnostic test results. Dr. Hunt provided assessments of primary osteoarthritis of the left knee.

OWCP also received a May 27, 2025 report, wherein Dr. Steven Swinehart, a Board-certified orthopedic surgeon, noted that appellant presented for evaluation of her left knee pain. Dr. Swinehart discussed his findings on physical examination of both knees. He provided assessments of right knee chondromalacia and left knee osteoarthritis.

On January 15, 2026, appellant requested reconsideration of the May 8, 2025 decision. In support thereof, she submitted medical evidence.

A July 1, 2025 left knee magnetic resonance imaging (MRI) scan read by Dr. Clinton Anderson, a Board-certified diagnostic radiologist, provided impressions of degenerated and postoperative medial meniscus, tricompartmental chondromalacia most marked within the medial joint compartment, and joint effusion.

In a September 2, 2025 request for medical documentation, Marissa Synder, a nurse practitioner, diagnosed left knee degeneration, fraying, irregularity of the free margin of the anterior horn, body, and posterior horn of the medial meniscus; and moderate-to-marked diffuse thinning and irregularity articular cartilage medial joint compartment, small marginal osteophytes, trace reactive bone marrow, edema medial femoral condyle, and medial tibial plateau. She listed appellant's physical restrictions and requested reasonable accommodation.

By decision dated March 2, 2026, OWCP denied modification of the May 8, 2025 decision.

LEGAL PRECEDENT -- ISSUE 1

Once OWCP accepts a claim and pays compensation, it has the burden of proof to justify termination or modification of an employee's benefits.[3] After it has determined that, an employee has disability causally related to his or her federal employment, OWCP may not terminate compensation without establishing that the disability has ceased or that it is no longer related to the employment.[4] Its burden of proof includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.[5]

The right to medical benefits for an accepted condition is not limited to the period of entitlement for disability compensation.[6] To terminate authorization for medical treatment, OWCP must establish that appellant no longer has residuals of an employment-related condition which require further medical treatment.[7]

ANALYSIS -- ISSUE 1

The Board finds that OWCP met its burden of proof to terminate appellant's entitlement to wage-loss compensation and medical benefits, effective May 8, 2025, as she no longer had disability or residuals causally related to her accepted August 26, 2019 employment injury.

OWCP terminated appellant's entitlement to wage-loss compensation and medical benefits, effective May 8, 2025, based on the June 21, 2024 report of Dr. Chen, OWCP's second opinion physician. Dr. Chen found essentially normal findings on physical examination of appellant's knees, with the exception of hypersensitivity to light touch over the anterior aspect of the left knee and a positive patellar grind test related to the left knee. He opined that appellant had no active residuals of her accepted work-related conditions. Dr. Chen explained that she had no substantial arthritis in the medial compartment based on her last left knee arthroscopic surgery. He further explained that Dr. Swann's May 26, 2022 note provided no physiologic explanation for his finding that appellant had pain in the lateral and posterior sides of her left knee. Also, there was no evidence that the patellofemoral joint was affected by the accepted left knee meniscus tear. Dr. Chen further opined that appellant could perform her contact representative position. He related that appellant's sedentary position mostly involved advisory and consultation roles and use of a computer and telephone and required lifting no more than 20 pounds. Dr. Chen maintained

[3] *R.G.,* Docket No. 22-0165 (issued August 11, 2022); *D.G.,* Docket No. 19-1259 (issued January 29, 2020); *S.F.,* 59 ECAB 642 (2008); *Kelly Y. Simpson,* 57 ECAB 197 (2005); *Paul L. Stewart,* 54 ECAB 824 (2003).

[4] *See R.P.,* Docket No. 17-1133 (issued January 18, 2018); *Jason C. Armstrong,* 40 ECAB 907 (1989); *Charles E. Minnis,* 40 ECAB 708 (1989); *Vivien L. Minor,* 37 ECAB 541 (1986).

[5] *R.L.,* Docket No. 22-1175 (issued May 11, 2023); *M.C.,* Docket No. 18-1374 (issued April 23, 2019); *Del K. Rykert,* 40 ECAB 284, 295-96 (1988).

[6] *P.K.,* Docket No. 22-1345 (issued June 28, 2023); *A.G.,* Docket No. 19-0220 (issued August 1, 2019); *T.P.,* 58 ECAB 524 (2007); *Kathryn E. Demarsh,* 56 ECAB 677 (2005); *Furman G. Peake,* 41 ECAB 361, 364 (1990).

[7] *See A.G., id.*; *James F. Weikel,* 54 ECAB 660 (2003); *Pamela K. Guesford,* 53 ECAB 727 (2002).

that there was no obvious reason for her reported problems with sitting as it did not affect the medial or lateral compartment of the left knee as there was not much load on those joints. He also noted that further surgical treatment was unnecessary as "we do not have anything specifically surgical to go after." Dr. Chen concluded that appellant's prognosis was poor as it was unclear as to what was causing her pain, but there was no need for further medical treatment.

Dr. Chen based his opinion on a proper factual and medical history and appellant's physical examination findings. He provided medical rationale for his opinion that appellant did not have residual injury or disability. Accordingly, OWCP properly relied on his June 21, 2024 second opinion report in terminating appellant's wage-loss compensation and medical benefits for the August 26, 2019 employment injury.[8]

The Board, therefore, finds that OWCP properly terminated appellant's entitlement to wage-loss compensation and medical benefits, effective May 8, 2025.

LEGAL PRECEDENT -- ISSUE 2

When OWCP properly terminates compensation benefits, the burden shifts to appellant to establish continuing residuals or disability after that date, causally related to the accepted employment injury.[9] To establish causal relationship between the condition as well as any attendant disability claimed and the employment injury, an employee must submit rationalized medical evidence based on a complete medical and factual background, supporting such causal relationship.[10]

ANALYSIS -- ISSUE 2

The Board finds that appellant has not met her burden of proof to establish continuing disability or residuals, on or after May 8, 2025, causally related to the accepted August 26, 2019 employment injury.

After OWCP's May 8, 2025 termination of her wage-loss compensation and medical benefits, appellant submitted additional evidence.

In a June 10, 2025 report, Dr. Hunt recounted appellant's history of injury on August 26, 2019, and provided an assessment of primary osteoarthritis of the left knee. Dr. Swinehart, in a May 27, 2025, report provided assessments of right knee chondromalacia and left knee osteoarthritis. However, neither physician provided an opinion that appellant continued to have residuals or disability due to her accepted employment injury. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no

[8] *See E.D.,* Docket No. 26-0411 (issued July 23, 2026); *F.M.,* Docket No. 25-0599 (issued July 25, 2025); *C.W.,* Docket No. 21-0943 (issued February 17, 2023); *W.C.,* Docket No. 18-1386 (issued January 22, 2019); *D.W.,* Docket No. 18-0123 (issued October 4, 2018); *Melvina Jackson,* 38 ECAB 443 (1987).

[9] *See C.W.,* Docket No. 26-0091 (issued March 17, 2026); *S.M.,* Docket No. 18-0673 (issued January 25, 2019); *C.S.,* Docket No. 18-0952 (issued October 23, 2018); *Manuel Gill,* 52 ECAB 282 (2001).

[10] *Id.*

probative value on the issue of causal relationship.[11] Therefore, this evidence is insufficient to establish appellant's claim for continuing disability or residuals.

Appellant also submitted a September 2, 2025 request for medical documentation from Ms. Synder, a nurse practitioner. However, the Board has held that nurse practitioners are not considered physicians under FECA and, therefore, are not competent to provide a medical opinion.[12]

Lastly, appellant submitted a July 1, 2025 left knee MRI scan. The Board has held that diagnostic studies, standing alone, lack probative value on the issue of causal relationship.[13]

As the medical evidence of record is insufficient to establish continuing disability or residuals, on or after May 8, 2025, causally related to appellant's accepted August 26, 2019 employment injury, the Board finds that she has not met her burden of proof.[14]

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 OWCP met its burden of proof to terminate appellant's entitlement to wage-loss compensation and medical benefits, effective May 8, 2025, as she no longer had disability or residuals causally related to her accepted August 26, 2019 employment injury. The Board further finds that appellant has not met her burden of proof to establish continuing disability or residuals, on or after May 8, 2025, causally related to the accepted August 26, 2019 employment injury.

[11] *See B.B.,* Docket No. 25-0661 (issued September 9, 2025); *L.B.,* Docket No. 25-0766 (issued September 5, 2025); *G.R.,* Docket No. 25-0540 (issued June 26, 2025); *F.S.,* Docket No. 23-0112 (issued April 26, 2023); *L.B.,* Docket No. 18-0533 (issued August 27, 2018); *D.K.,* Docket No. 17-1549 (issued July 6, 2018).

[12] 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) (May 2023); *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 T.W.,* Docket No. 26-0237 (issued July 17, 2026) (nurse practitioners are not considered physicians as defined under FECA).

[13] *A.L.,* Docket No. 25-0492 (issued May 27, 2025); *F.D.,* Docket No. 19-0932 (issued October 3, 2019); *J.S.,* Docket No. 17-1039 (issued October 6, 2017).

[14] *R.R.,* Docket No. 25-0090 (issued January 31, 2025); *C.L.*, Docket No. 23-0012 (issued April 26, 2024); *P.H.*, Docket No. 21-1072 (issued May 18, 2022); *R.C*., Docket No. 19-0376 (issued July 15, 2019).

ORDER

IT IS HEREBY ORDERED THAT the March 2, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

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