

**United States Department of Labor
Employees’ Compensation Appeals Board**

L.D., Appellant and DEPARTMENT OF HOMELAND SECURITY, FEDERAL PROTECTIVE SERVICE, Rochester, NY, Employer))))))))))))	Docket No. 20-0894 Issued: January 26, 2021

Appearances:
Alan J. Shapiro, Esq., for the appellant¹
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
JANICE B. ASKIN, Judge
PATRICIA H. FITZGERALD, Alternate Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On March 18, 2020 appellant, through counsel, filed a timely appeal from a March 3, 2020 merit decision of the Office of Workers’ Compensation Programs (OWCP). Pursuant to the Federal Employees’ Compensation Act² (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

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.*

ISSUES

The issues are: (1) whether appellant has met his burden of proof to establish that the acceptance of his claim should be expanded to include right carpal tunnel syndrome or other right wrist/hand condition sustained as a consequence of the accepted November 12, 2014 employment injury; and (2) whether appellant has met his burden of proof to establish a recurrence of disability for the period April 3 through August 21, 2015 causally related to the accepted November 12, 2014 employment injury.

FACTUAL HISTORY

This case has previously been before the Board under OWCP File No. xxxxxx806.³ The facts and circumstances of the case as set forth in the Board's prior order are incorporated herein by reference. The relevant facts are as follows.

On November 12, 2014 appellant, then a 43-year-old inspector-security/law enforcement, filed a traumatic injury claim (Form CA-1) alleging that, on that date, he sustained a right wrist injury during a one-handed handgun shooting exercise while in the performance of duty. OWCP assigned File No. xxxxxx405 to the claim. He stopped work on the date of the claimed injury. OWCP accepted appellant's claim for scapholunate ligament tear of the right wrist. Dr. Richard J. Miller, a Board-certified orthopedic surgeon, performed OWCP-authorized right wrist arthrotomy and scapholunate ligament repair surgery on November 25, 2014. The surgery included the implantation of an internal fixation device in appellant's right wrist.⁴ OWCP paid appellant wage-loss compensation on the supplemental rolls for disability from work commencing December 28, 2014. Dr. Miller released appellant to light-duty work with a 5- to 10-pound limit on lifting, pushing, and pulling.⁵ On March 18, 2015 appellant returned to light-duty work within these restrictions on a full-time basis. The work was clerical in nature and he was precluded from participating in weapons qualification and defense tactics. Appellant stopped work again on March 31, 2015.

On May 11, 2015 appellant filed a notice of recurrence (Form CA-2a) claiming that he sustained a recurrence of disability on March 31, 2015 due to his accepted November 12, 2014 right wrist injury (OWCP File No. xxxxxx806). He noted that he commenced using sick leave on March 31, 2015 and that April 3, 2015 was the date his pay stopped after his recurrence of disability occurred. Appellant claimed disability for the period March 31 through May 11, 2015. Regarding how the recurrence of disability occurred, appellant indicated that he never had full functionality in his right wrist/hand or absence of tingling/numbness symptoms since his November 12, 2014 employment injury. Moreover, his right wrist lost full functionality after he underwent surgery on January 30, 2015 to remove an internal fixation device. Appellant reported

³ *Order Remanding Case*, Docket No. 16-1742 (issued July 21, 2017).

⁴ On January 30, 2015 Dr. Miller performed OWCP-authorized surgery, including removal of the internal fixation device which he had implanted in appellant's right wrist on November 25, 2014.

⁵ The findings of March 19, 2015 x-rays of appellant's right wrist contained an impression of interval removal of the two wires fixating the scapholunate and scaphocapitate joints. There had been no significant interval change in alignment with mild persistent widening of the scapholunate interval.

that, while engaging in writing and typing at work, his right fingers began to tingle for longer periods than usual and then went numb. On the reverse side of the form, the employing establishment represented that following his original injury, appellant returned to work in a light-duty job performing administrative office tasks. Appellant was not authorized to perform any law enforcement-related activities, and the employing establishment did not issue him any law enforcement gear.

OWCP developed appellant's claimed recurrence as a new occupational disease claim (Form CA-2) sustained prior to March 31, 2015. Appellant provided a statement in which he indicated that he had tingling and numbness in his right wrist, which extended into his hand, since suffering his November 12, 2014 work injury. He also discussed the light-duty work he performed for the period March 18 through 31, 2015.

Appellant submitted a May 14, 2015 report from Dr. Miller who noted that appellant reported experiencing an onset of paresthesias suggestive of carpal tunnel following his return to light-duty work on March 18, 2015. Dr. Miller opined that appellant was 100 percent disabled and noted, "Return to light-duty work [March 18, 2015], with the above-noted symptoms immediately, thereafter, in association with his writing and clerical activities." He recommended that appellant undergo electromyogram and nerve conduction velocity (EMG/NCV) testing. In another report dated May 14, 2015, Dr. Miller noted that appellant had been followed for a November 12, 2014 right wrist injury with surgery performed on November 25, 2014. He indicated that appellant was able to return to light-duty work on March 18, 2015, subsequently developed carpal tunnel syndrome symptoms, and was taken off work on March 31, 2015.

The findings of June 11, 2015 EMG/NCV testing of the upper extremities revealed normal results. There was no electrophysiologic evidence for a right median/ulnar neuropathy or right cervical radiculopathy.

In a report dated June 15, 2015, Dr. Miller noted that appellant was seen in follow-up regarding "difficult issues that continue with regard to his right wrist, concerns about carpal tunnel syndrome, this following his [scapholunate ligament] surgery and capsulodesis [on November 25, 2014] and work-related injury [on November 12, 2014]." Dr. Miller further noted that appellant complained of right hand dysesthesias which seemed to be in the median nerve distribution, sparing the little finger. He opined that appellant's dysesthesias were likely related to carpal tunnel compressive neuropathy, but noted that the EMG/NCV testing showed normal findings. Dr. Miller released appellant to light duty with work limitations of no lifting, pushing, or pulling over 5 to 10 pounds.

In a July 29, 2015 development letter, OWCP requested that appellant submit additional evidence in support of his claim, including a physician's opinion supported by a medical explanation as to how the reported employment factors caused or aggravated a medical condition. It provided a questionnaire for his completion which posed questions regarding his work duties, symptoms, and medical treatment. On July 29, 2015 OWCP also requested additional information from the employing establishment. It afforded both parties 30 days to respond.

In response, appellant submitted an undated statement in which he explained that his modified assignment consisted of desk duty and that he was in charge of processing all police

evidence that was seized during multiple arrests made from November 2014 through March 2015. Appellant reported experiencing tingling and numbness in his right hand after making evidence entries.

Appellant also submitted a claim for compensation (Form CA-7) for disability from work for the period April 3 through July 24, 2015 due to his accepted November 12, 2014 employment injury.

In an undated letter, an area commander for the employing establishment indicated that, during March 2015, appellant performed administrative duties of a clerical nature, including addressing inventory for the employing establishment's field office, contacting security vendors in order to obtain quotes for security equipment repairs/upgrades, and conducting inspections. The area commander noted that he was aware that appellant had complained about right wrist pain to a coworker.

Appellant submitted an April 2, 2015 note in which Dr. Miller noted that it was his medical opinion that appellant should remain out of work until seen again in six weeks.

In a report dated August 10, 2015, Dr. Miller discussed the findings of his August 7, 2015 examination and indicated that right carpal tunnel syndrome "consequent to the original injury" of November 12, 2014 remained his working diagnosis. He acknowledged that there were no positive findings on EMG/NCV testing and indicated that therefore the diagnosis of right carpal tunnel syndrome was not assessed as confirmed. Dr. Miller further noted, "Nevertheless, I feel strongly that these symptoms (numbness and associated discomfort which occur intermittently) are consequent to the initial injury of [November 12, 2014], and ultimately secondary to the surgery of [November 25, 2014]. I would not consider this to be a 'new injury.'" He indicated that appellant could not lift, push, or pull more than five pounds.

By decision dated September 1, 2015, OWCP denied appellant's claim, finding that he had not met his burden of proof to establish a diagnosed medical condition causally related to the accepted factors of his federal employment. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

On September 28, 2015 appellant, through counsel, requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review. During the hearing held on May 18, 2016, appellant testified that he experienced continuous right wrist symptoms, including tingling and numbness extending into his right fingers, since his November 12, 2014 employment injury. Counsel asserted that appellant was really arguing that he sustained a recurrence of disability due to his November 12, 2014 employment injury in that he suffered worsening symptoms from the November 12, 2014 injury and the OWCP-authorized November 25, 2014 and January 30, 2015 surgeries. He also asserted that appellant sustained right carpal tunnel syndrome as a consequence of the November 12, 2014 employment injury. Counsel indicated that appellant was not claiming a new occupational injury as he only worked for a short period in a light-duty job in March 2015. He further argued that OWCP File No. xxxxxx806 should be administratively combined with OWCP File No. xxxxxx405.

By decision dated August 2, 2016, OWCP's hearing representative affirmed the September 1, 2015 decision, finding that appellant had not met his burden of proof to establish an employment-related occupational disease. The hearing representative also made a determination that appellant had not sustained a recurrence of disability on or after April 3, 2015 due to his November 12, 2014 work injury.

Appellant, through counsel, appealed the August 2, 2016 decision to the Board and, by order dated July 21, 2017,⁶ the Board set aside the August 2, 2016 decision and remanded the case to OWCP. With respect to the issue of a recurrence of disability due to the November 12, 2014 work injury, the Board found that the record in OWCP File No. xxxxxx806 lacked relevant information from OWCP File No. xxxxxx405. Consequently, the Board found that these files should be administratively combined. On remand, OWCP administratively combined OWCP File Nos. xxxxxx806 and xxxxxx405, designating the latter as the master file.

By decision dated November 16, 2017, OWCP denied appellant's occupational disease claim as he did not submit sufficient medical evidence to establish a diagnosed condition causally related to the accepted factors of federal employment. On November 22, 2017 appellant, through counsel, requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review. During the hearing held on April 12, 2018, counsel again argued that appellant sustained a recurrence of disability due to his November 12, 2014 employment injury and also sustained the condition of right carpal tunnel syndrome as a consequence of the same injury.

By decision dated May 18, 2018, OWCP's hearing representative affirmed the November 16, 2017 decision as modified to reflect that appellant's claim actually was a claim for recurrence of disability due to the accepted November 12, 2014 employment injury, rather than a claim for a new occupational injury. The hearing representative found that additional development of appellant's claim was necessary and directed OWCP to issue separate decisions upon return of the case record, including a decision considering whether appellant sustained right carpal tunnel syndrome or other right hand/wrist condition as a consequence of the accepted November 12, 2014 employment injury (including the associated surgeries), a decision considering whether appellant sustained a recurrence of disability commencing April 3, 2015 due to the accepted November 12, 2014 employment injury (including the associated surgeries), and a decision considering whether appellant's claims for compensation covering the period April 3 through August 21, 2015 should be paid.

By decision dated October 3, 2019, OWCP denied the expansion of the acceptance of appellant's claim to include the additional conditions of right carpal tunnel syndrome or other right wrist/hand conditions as a consequence of his accepted November 12, 2014 employment injury. It explained that the medical evidence was insufficient to establish causal relationship.

⁶ *Supra* note 3.

By separate decision dated October 3, 2019, OWCP determined that appellant had not met his burden of proof to establish a recurrence of disability for the period April 3 through August 21, 2015 due to his accepted November 12, 2014 employment injury.⁷ It explained that the medical evidence did not establish that appellant was disabled due to a material change or worsening of his employment-related conditions.

On October 10, 2019 appellant, through counsel, requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review. During the hearing held on January 9, 2020, appellant discussed additional details of his return to work in March 2015. Counsel asserted that appellant was improperly forced to file a claim for a new occupational injury when he actually was claiming injury as a consequence of the November 12, 2014 employment injury.

After the hearing, appellant submitted a January 24, 2020 report from Dr. Miller who provided a timeline regarding the development of appellant's medical condition and the course of his medical treatment. Dr. Miller provided an excerpt from his April 10, 2015 report in which he discussed appellant's right carpal tunnel symptoms.

By decision dated March 3, 2020, OWCP's hearing representative affirmed the two October 3, 2019 decisions.

LEGAL PRECEDENT -- ISSUE 1

When an employee claims that, a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.⁸

The claimant bears the burden of proof to establish a claim for a consequential injury.⁹ As part of this burden, he or she must present rationalized medical opinion evidence, based on a complete factual and medical background, establishing causal relationship. The opinion must be one of reasonable medical certainty and must be supported by medical rationale explaining the nature of the relationship of the diagnosed condition and the specific employment factors or employment injury.¹⁰

⁷ OWCP also issued another October 3, 2019 decision finding that appellant did not meet his burden of proof to establish a recurrence of disability due to his accepted November 12, 2014 employment injury. However, it did not provide appeal rights with this decision and the subject matter of the decision is essentially the same as the above-described October 3, 2019 decision denying a recurrence of disability for the period April 3 through August 21, 2015.

⁸ *J.R.*, Docket No. 20-0292 (issued June 26, 2020); *W.L.*, Docket No. 17-1965 (issued September 12, 2018); *V.B.*, Docket No. 12-0599 (issued October 2, 2012); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

⁹ *V.K.*, Docket No. 19-0422 (issued June 10, 2020); *A.H.*, Docket No. 18-1632 (issued June 1, 2020); *I.S.*, Docket No. 19-1461 (issued April 30, 2020).

¹⁰ *K.W.*, Docket No. 18-0991 (issued December 11, 2018).

Causal relationship is a medical issue and the medical evidence required to establish causal relationship is rationalized medical evidence.¹¹ Neither the mere fact that a disease or condition manifests 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.¹²

In discussing the range of compensable consequences, once the primary injury is causally connected with the employment, the question is whether compensability should be extended to a subsequent injury or aggravation related in some way to the primary injury.¹³ The basic rule is that, a subsequent injury, whether an aggravation of the original injury or a new and distinct injury, is compensable if it is the direct and natural result of a compensable primary injury.¹⁴ When an injury arises in the course of employment, every natural consequence that flows from that injury likewise arises out of the employment, unless it is the result of an independent intervening cause attributable to the claimant's own conduct.¹⁵

ANALYSIS -- ISSUE 1

The Board finds that appellant has not met his burden of proof to establish that the acceptance of his claim should be expanded to include right carpal tunnel syndrome or other right wrist/hand conditions sustained as a consequence of the accepted November 12, 2014 employment injury.

In support of his consequential injury claim, appellant submitted an August 10, 2015 report from Dr. Miller who indicated that right carpal tunnel syndrome "consequent to the original injury" of November 12, 2014 remained his working diagnosis. He acknowledged that there were no positive findings on EMG/NCV testing and indicated that therefore the diagnosis of carpal tunnel syndrome was not assessed as confirmed. Dr. Miller further noted, "Nevertheless, I feel strongly that these symptoms (numbness and associated discomfort which occur intermittently) are consequent to the initial injury of [November 12, 2014], and ultimately secondary to the surgery of [November 25, 2014]. I would not consider this to be a 'new injury.'"

The Board finds that, although Dr. Miller opined in his August 10, 2015 report that appellant's right wrist/hand symptoms were related to his accepted November 12, 2014 employment injury, his opinion is of limited probative value in establishing a specific diagnosed condition as a consequential employment injury because he did not provide adequate medical rationale in support of his opinion on causal relationship. Dr. Miller did not describe the medical process through which appellant's symptoms were related to the November 12, 2014 employment injury which was only accepted for scapholunate ligament tear of the right wrist. He implicated

¹¹ *G.R.*, Docket No. 18-0735 (issued November 15, 2018).

¹² *Id.*

¹³ *K.S.*, Docket No. 17-1583 (issued May 10, 2018).

¹⁴ *Id.*

¹⁵ *A.M.*, Docket No. 18-0685 (issued October 26, 2018); *Mary Poller*, 55 ECAB 483, 487 (2004).

the OWCP-authorized right wrist arthrotomy and scapholunate ligament repair surgery which he performed on November 25, 2014 as causing a consequential injury, but he did not provide a description of how this surgery could have caused such injury. For example, Dr. Miller did not identify diagnostic testing results or other findings which would have shown that complications from the November 25, 2014 surgery caused a consequential injury. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain adequate medical rationale explaining how a given medical condition/period of disability has an employment-related cause.¹⁶

The Board finds that Dr. Miller's August 10, 2015 report is of limited probative value in establishing a specific diagnosed condition sustain as a consequence of the accepted November 12, 2014 employment injury for the further reason that he provided an equivocal opinion regarding the diagnosis of appellant's right wrist/hand condition. Dr. Miller noted that his working diagnosis of right carpal tunnel syndrome could not be confirmed because there were no positive findings on EMG/NCV testing. The Board has held that an opinion which is equivocal in nature is of limited probative value regarding the issue of causal relationship.¹⁷ For the above-described reasons, Dr. Miller's August 10, 2015 report is insufficient to establish appellant's consequential injury claim.¹⁸

Appellant submitted a May 14, 2015 report from Dr. Miller who noted that appellant reported experiencing an onset of paresthesias suggestive of carpal tunnel following his return to light-duty work on March 18, 2015. Dr. Miller further noted, "Return to light-duty work [March 18, 2015], with the above-noted symptoms immediately, thereafter, in association with his writing and clerical activities." In another report dated May 14, 2015, he indicated that appellant was able to return to light-duty work on March 18, 2015 and that he subsequently developed carpal tunnel syndrome symptoms. The Board finds, however, that Dr. Miller's May 14, 2015 reports are of no probative value regarding appellant's claim for a right wrist/hand condition sustained as a consequence of his accepted November 12, 2014 injury because Dr. Miller did not provide an opinion in these reports that appellant sustained such an 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 probative value on the issue of causal relationship.¹⁹ Therefore, these reports are insufficient to establish appellant's consequential injury claim.

Appellant also submitted a June 15, 2015 report of Dr. Miller which is of no probative value regarding appellant's consequential injury claim because it does not provide an opinion that appellant sustained an injury as a consequence of his November 12, 2014 employment injury.²⁰ In this report,

¹⁶ See *T.T.*, Docket No. 18-1054 (issued April 8, 2020); *Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

¹⁷ See *E.B.*, Docket No. 18-1060 (issued November 1, 2018); *Leonard J. O'Keefe*, 14 ECAB 42, 48 (1962).

¹⁸ In a January 24, 2020 report, Dr. Miller provided an excerpt from his August 10, 2015 report in which he discussed appellant's right carpal tunnel symptoms. However, he did not provide additional explanation of the opinion contained in the August 10, 2015 report regarding the cause of the symptoms.

¹⁹ See *L.B.*, Docket No. 18-0533 (issued August 27, 2018).

²⁰ See *id.*

Dr. Miller noted that appellant was seen in follow-up regarding concerns about carpal tunnel syndrome that followed his November 12, 2014 injury and November 25, 2014 surgery. He indicated that appellant's dysesthesias were likely related to carpal tunnel compressive neuropathy, but noted that the EMG/NCV testing showed normal findings. While Dr. Miller delineated the timing of appellant's right wrist/hand symptoms, he did not provide an opinion on their cause. Therefore, this report also is insufficient to establish appellant's consequential injury claim.

For these reasons, the Board finds that appellant has not met his burden of proof to establish that the acceptance of his claim should be expanded to include right carpal tunnel syndrome or other right wrist/hand condition sustained as a consequence of the accepted November 12, 2014 employment injury.

LEGAL PRECEDENT -- ISSUE 2

A recurrence of disability means an inability to work after an employee has returned to work, caused by a spontaneous change in a medical condition which resulted from a previous compensable injury or illness and without an intervening injury or new exposure in the work environment.²¹ This term also means an inability to work because a light-duty assignment made specifically to accommodate an employee's physical limitations, and which is necessary because of a work-related injury or illness, is withdrawn or altered so that the assignment exceeds the employee's physical limitations. A recurrence does not occur when such withdrawal occurs for reasons of misconduct, nonperformance of job duties, or a reduction-in-force.²²

OWCP's procedures provide that a recurrence of disability includes a work stoppage caused by a spontaneous material change in the medical condition demonstrated by objective findings. That change must result from a previous injury or occupational illness rather than an intervening injury or new exposure to factors causing the original illness. It does not include a condition that results from a new injury, even if it involves the same part of the body previously injured.²³

An employee who claims a recurrence of disability due to an accepted employment-related injury has the burden of proof to establish by the weight of the substantial, reliable, and probative evidence that the disability for which he or she claims compensation is causally related to the accepted injury. This burden of proof requires that a claimant furnish medical evidence from a physician who, on the basis of a complete and accurate factual and medical history, concludes that, for each period of disability claimed, the disabling condition is causally related to the employment

²¹ 20 C.F.R. § 10.5(x); *see J.D.*, Docket No. 18-1533 (issued February 27, 2019).

²² *Id.*

²³ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Recurrences*, Chapter 2.1500.2b (June 2013); *L.B.*, Docket No. 18-0533 (issued August 27, 2018).

injury, and supports that conclusion with medical reasoning.²⁴ Where no such rationale is present, the medical evidence is of diminished probative value.²⁵

When an employee who is disabled from the job he or she held when injured on account of employment-related residuals returns to a limited-duty position or the medical evidence of record establishes that he or she can perform the limited-duty position, the employee has the burden of proof to establish by the weight of the reliable, probative, and substantial evidence a recurrence of total disability and to show that he or she cannot perform such limited-duty work.²⁶ As part of this burden, the employee must show a change in the nature and extent of the injury-related condition or a change in the nature and extent of the limited-duty job requirements.²⁷

ANALYSIS -- ISSUE 2

The Board finds that appellant has not met his burden of proof to establish a recurrence of disability for the period April 3 through August 21, 2015 causally related to the accepted November 12, 2014 employment injury.

Appellant submitted an April 2, 2015 note in which Dr. Miller noted that it was his medical opinion that appellant should remain out of work until seen again in six weeks. However, this report is of no probative value regarding appellant's claim for recurrence of disability for the period April 3 through August 21, 2015 because Dr. Miller did not relate the identified period of disability to the accepted November 12, 2014 employment injury or any other employment-related cause. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's disability is of no probative value on the issue of causal relationship.²⁸ Therefore, this note is insufficient to establish appellant's recurrence of disability claim.

Appellant also submitted a May 14, 2015 report in which Dr. Miller noted appellant's right wrist/hand symptoms and indicated that he was 100 percent disabled. In another May 14, 2015 report, he indicated that appellant was able to return to light-duty work on March 18, 2015, subsequently developed carpal tunnel syndrome symptoms, and was taken off work on March 31, 2015. In a June 15, 2015 report, Dr. Miller opined that appellant's reported dysesthesias were likely related to carpal tunnel neuropathy, and he released appellant to light duty with work limitations of no lifting, pushing, or pulling over 5 to 10 pounds. In a report dated August 10, 2015, he indicated that appellant could not lift, push, or pull more than five pounds. The Board finds that these reports also are of no probative value regarding appellant's claim for an employment-related recurrence of disability during the period April 3 through August 21, 2015

²⁴ *J.D.*, Docket No. 18-0616 (issued January 11, 2019); *see C.C.*, Docket No. 18-0719 (issued November 9, 2018).

²⁵ *H.T.*, Docket No. 17-0209 (issued February 8, 2018).

²⁶ *See D.W.*, Docket No. 19-1584 (issued July 9, 2020); *S.D.*, Docket No. 19-0955 (issued February 3, 2020); *Terry R. Hedman*, 38 ECAB 222 (1986).

²⁷ *Id.*

²⁸ *See D.K.*, Docket No. 17-1549 (issued July 6, 2018).

because they do not provide an opinion that the periods of total or partial disability identified in the reports were due to the accepted November 12, 2014 employment injury.²⁹

For these reasons, the Board finds that appellant has not met his burden of proof to establish a recurrence of disability for the period April 3 through August 21, 2015 causally related to the accepted November 12, 2014 employment injury.

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 that the acceptance of his claim should be expanded to include right carpal tunnel syndrome or other right wrist/hand condition sustained as a consequence of the accepted November 12, 2014 employment injury. The Board further finds that appellant has not met his burden of proof to establish a recurrence of disability for the period April 3 through August 21, 2015 causally related to the accepted November 12, 2014 employment injury.

²⁹ *See id.* In a January 24, 2020 report, Dr. Miller provided a timeline regarding the development of appellant's medical condition, but he did not provide an opinion on disability.

ORDER

IT IS HEREBY ORDERED THAT the March 3, 2020 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: January 26, 2021
Washington, DC

Janice B. Askin, Judge
Employees' Compensation Appeals Board

Patricia H. Fitzgerald, Alternate Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board