# United States Department of Labor
# Employees' Compensation Appeals Board

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| **V.G., Appellant** | ) | |
| **and** | ) | **Docket No. 20-0982** |
| | ) | **Issued: June 17, 2021** |
| **U.S. POSTAL SERVICE, SEMINOLE PROCESSING & DISTRIBUTION CENTER, Orlando, FL, Employer** | ) | |

*Appearances:*
*Wayne Johnson, Esq.*, for the appellant[1]
*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 April 4, 2020 appellant, through counsel, filed a timely appeal from an October 7, 2019 merit decision of the Office of Workers' Compensation Programs (OWCP).[2] Pursuant to the

[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] The Board notes that appellant has another appeal pending before the Board under Docket No. 20-0455, concerning July 1, 2019 OWCP decisions. That appeal is not addressed in this decision and will proceed under its own docket number.

Federal Employees' Compensation Act[3] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.[4]

## ***ISSUE***

The issue is whether appellant has met her burden of proof to establish that the acceptance of her claim should be expanded to include right shoulder rotator cuff tear, right carpal tunnel syndrome, and right stenosis tenosynovitis sustained as a consequence of her accepted January 23, 2011 employment injury.

## ***FACTUAL HISTORY***

On January 23, 2011 appellant, then a 46-year-old mail handler, filed a traumatic injury claim (Form CA-1) alleging that on that date she injured her left hand when she helped a coworker clear up a jam in the dolley maker while in the performance of duty. She did not stop work. OWCP accepted her claim for left hand sprain and subsequently expanded acceptance of her claim to include left carpal tunnel syndrome, left cubital tunnel syndrome, left trigger finger (long and little fingers), and other joint derangement of left shoulder and left arm. Appellant subsequently underwent various OWCP-authorized surgeries for her left upper extremity conditions.[5] OWCP paid her wage-loss compensation, effective January 13, 2013.[6]

In a May 29, 2014 report, Dr. Richard M. Blecha, a Board-certified orthopedic surgeon, discussed appellant's history of her January 23, 2011 employment injury and also noted that appellant underwent surgery for her right rotator cuff in 2008. He recounted that appellant always believed that this condition was due to repetitive use of her shoulder on the job, but noticed that this past year she had used her right shoulder more as she received treatment for her left shoulder. Dr. Blecha indicated that appellant also complained of worsening right shoulder pain, numbness in the thumb, index, and long finger on the right hand identical to her previous left-sided carpal tunnel syndrome symptoms, and ongoing back and neck pain. Upon physical examination, he observed positive Tinel's testing over the median nerve of the right wrist and right ulnar nerve. Sensory testing of the right upper extremity was unremarkable except for decreased light touch in the right long and index fingers. Dr. Blecha diagnosed left shoulder internal derangement and rotator cuff syndrome, left shoulder impingement, post arthroscopic surgery, left wrist post neurolysis median nerve of the left wrist, post neurolysis ulnar nerve and anterior transposition of the left elbow, status post tenolysis trigger fingers of the left little, ring, and long fingers, right

[3] 5 U.S.C. § 8101 *et seq.*

[4] The Board notes that, following the October 7, 2019 decision, appellant submitted additional evidence to OWCP. However, the Board's *Rules of Procedure* provides: "The Board's review of a case is limited to the evidence in the case record that was before OWCP at the time of its final decision. Evidence not before OWCP will not be considered by the Board for the first time on appeal." 20 C.F.R. § 501.2(c)(1). Thus, the Board is precluded from reviewing this additional evidence for the first time on appeal. *Id*

[5] On July 1, 2011 appellant underwent OWCP-approved left carpal tunnel, left cubital tunnel, and left trigger finger release surgery. She stopped work, but returned to full-time limited duty on August 10, 2011. On January 10, 2013 appellant underwent OWCP-authorized left shoulder arthroscopic surgery and stopped work again.

[6] Appellant retired from federal employment, effective May 1, 2014. She elected to receive Civil Service Retirement Benefits.

ulnar dysfunction, C8-T1 entrapment of the right upper extremity, internal derangement and partial thickness tear of the right shoulder, right wrist carpal tunnel syndrome, and cervical and lumbar disc syndrome.

In a July 28, 2014 narrative report and a diagnosis update form report, Dr. Blecha requested to upgrade appellant's accepted conditions to include right shoulder partial thickness rotator cuff tear, right wrist carpal tunnel syndrome, and right index finger stenosing tenosynovitis. He recounted that appellant was doing fairly well after her 2008 right shoulder surgery, but as she developed left shoulder problems her right shoulder became symptomatic again. Dr. Blecha reported: "it is felt that her current level of symptomatology is due to increased use of the right shoulder secondary to limited use of the left." He also noted that over the last few years appellant had developed symptoms of right-sided carpal tunnel syndrome "felt to be compensatory because she was using the right hand more than the left when the left was symptomatic." Dr. Blecha further indicated that appellant had developed triggering of the right index finger, which she stated was probably due to the fact that she was using the finger more because of some residual pain and soreness at the left hand. He provided examination findings and noted that previous diagnostic testing supported appellant's conditions of right shoulder partial thickness tear of the rotator cuff, right wrist carpal tunnel syndrome, and right index finger stenosing tenosynovitis.[7] Dr. Blecha opined that all three of the problems were "felt to be compensatory resulting from overuse of the right upper extremity as she was troubled by symptoms of the accepted conditions present in the left upper extremity."

Appellant also received medical treatment from Dr. Robert R. Reppy, an osteopath who specializes in family medicine. In reports dated September 29 and October 22, 2014, Dr. Reppy reviewed appellant's medical records and recounted her current complaints of neck pain and trigger finger deformity of her right index finger. He provided examination findings and diagnosed right shoulder partial thickness tear of the supraspinatus and infraspinatus tendon, bilateral rotator cuff syndrome, left wrist status postsurgical carpal tunnel and cubital tunnel syndrome release, status post-surgical release of the trigger fingers of the left 3rd, 4th, and 5th fingers, left shoulder impingement syndrome, right ulnar neuropathy, entrapment of the C8-T1 nerve roots, left shoulder status postoperative arthroscopic surgery on the left shoulder and right shoulder internal derangement and impingement syndrome. In an October 22, 2014 report, Dr. Reppy opined that appellant's right shoulder pain was consequential to the left-sided injury, due to the extra work stress put on that shoulder to compensate.

In a November 26, 2014 follow-up evaluation report, Dr. Reppy recounted appellant's complaints of right upper extremity pain in the hand, wrist, and elbow. He described the January 23, 2011 injury and noted that appellant had left hand surgery in July 2011. Dr. Reppy reported that, by August, appellant began to have symptoms on the right arm because she was forced to utilize the right arm to compensate for the loss of use of the left arm from surgery. Regarding the right upper extremity symptoms that developed, he explained that, "first was the right trigger finger deformity after that appellant developed the right wrist pain from the carpal tunnel and then lastly she developed the nerve entrapment syndrome of the elbow." Dr. Reppy

[7] A May 28, 2013 right shoulder magnetic resonance imaging (MRI) scan report revealed acromiohumeral impingement and partial thickness tears of the supraspinatus and infraspinatus tendons. An April 14, 2014 bilateral upper extremity nerve conduction velocity (NCV) study demonstrated findings suggestive of mild carpal tunnel syndrome on the right and early or mild carpal tunnel syndrome on the left.

conducted an examination and diagnosed right upper extremity conditions of right shoulder rotator cuff tear, right wrist carpal tunnel syndrome, stenosing tenosynovitis, and right cubital tunnel syndrome involving the ulnar nerve. He continued to treat appellant for her right upper extremity symptoms and provided reports dated December 19, 2014 through March 20, 2015.

In a February 13, 2015 letter, Dr. Reppy explained that, while the original injury focused on the left shoulder, appellant had to rely more upon the right upper extremity after the left shoulder surgery. He opined that "based on physical exam[ination], objective evidence, and my medical experience, her upper extremity diagnosis are, in fact, consequential injury to her original date of injury of 1/23/11 and should be compensable." Dr. Reppy continued to treat appellant for her complaints of right upper extremity, cervical, and low back pain and provided reports dated April 24 through July 10, 2015. He requested that OWCP include appellant's right shoulder and right upper extremity conditions to her list of accepted diagnoses.

In reports dated April 14 and May 13, 2015, Dr. Samy Bishai, an orthopedic surgeon, recounted appellant's complaints of problems with her right shoulder, elbow, wrist, and hand in very similar conditions to the ones on the left. Upon examination of her right shoulder, he observed tenderness overlying the anterior, lateral, and posterior aspects. Dr. Bishai diagnosed right upper extremity conditions of right shoulder joint internal derangement, right shoulder impingement syndrome, and partial thickness tear of the supraspinatus and infraspinatus tendons. He reported that appellant had a consequential injury to her right shoulder and right upper extremity as a result of the injuries to her left shoulder, elbow, and wrist. Dr. Bishai indicated that appellant "had to overuse the right upper extremity in order to be able to continue working."

On June 3, 2015 appellant underwent a NCV study, which revealed an abnormal study of the upper extremities. The report noted evidence to suggest the presence of right C8-T1 entrapment and the possibility of right median mononeuritis.

A June 27, 2015 right upper extremity MRI scan report revealed a full-thickness tear involving the supraspinatus tendon, partial tearing of the long head of the biceps tendon, and mild degenerative arthritis involving the acromioclavicular (AC) joint.

In a July 13, 2015 letter, Dr. Reppy noted that office notes from 2013 reported that appellant had developed right shoulder and arm symptoms due to all the lifting and maneuvers that she performed with her upper extremities. He also pointed out that physicians, including Drs. Bishai and Blecha, had requested that appellant's right shoulder and wrist conditions be added to her list of accepted conditions.

In an August 24, 2015 letter, OWCP informed appellant that it had received the request for expansion of her claim to include consequential right upper extremity conditions. It requested additional evidence in support of her claim for a consequential injury, including a physician's rationalized medical opinion fully explaining how the current diagnosed conditions were related to the accepted January 23, 2011 employment injury. OWCP afforded appellant 30 days to submit additional evidence.

Appellant continued to submit medical reports from Dr. Reppy dated August 21 through October 23, 2015 regarding his medical treatment for her complaints of low back, bilateral shoulder, and neck pain.

OWCP also received a September 20, 2015 letter by Dr. Reppy, who cited to *Arnold Gustafson*[8] and alleged that it was not necessary to prove a sufficient contribution of employment factors to a condition for the purpose of establishing causal relationship. Dr. Reppy noted diagnoses of status post right shoulder rotator cuff repair in 2008, right wrist carpal tunnel syndrome, stenosing tenosynovitis, right cubital tunnel syndrome with ulnar involvement, and bilateral supraspinatus and infraspinatus tears. He opined that appellant's symptoms were directly related to her employment and that the conditions had not resolved. Dr. Reppy described the January 23, 2011 employment injury to her left upper extremity and explained that, because appellant had to rely more on her right arm during the postsurgical recovery period, she began to experience right arm symptoms by August of that year. He reported that appellant's right shoulder preexisting injury was aggravated and became a consequential injury after appellant's left arm became severely compromised by the hand surgery and subsequent recovery, which necessitated over-reliance on the other arm.

By decision dated November 23, 2015, OWCP denied expansion of the acceptance of appellant's claim to include a consequential injury. It found that the medical evidence of record did not demonstrate that weakness or impairment caused by her work-related injury or illness led to an aggravation of the original injury or to a new injury.

On November 22, 2016 appellant, through counsel, requested reconsideration of the November 23, 2015 decision.

Appellant continued to receive medical treatment from Dr. Reppy and submitted reports dated January 22, 2016 through January 13, 2017 regarding his treatment for her low back, neck, and bilateral shoulder pain. Dr. Reppy provided examination findings and noted right upper extremity diagnoses of supraspinatus and infraspinatus tears of both shoulders, right cubital tunnel syndrome, right wrist carpal tunnel syndrome, stenosing tenosynovitis, and status post right rotator cuff and clavicle surgery and repair in 2008.

OWCP also received additional diagnostic reports, including a May 14, 2016 right shoulder MRI scan report and an August 10, 2016 bilateral upper extremity NCV study report.

Appellant submitted a February 1, 2017 report by Dr. Gary K. Arthur, a Board-certified psychiatrist and neurologist, who opined that appellant's depression and anxiety were directly related to and caused by her physical disabilities and pain resulting from her January 23, 2011 work injury.

By decision dated February 16, 2017, OWCP denied modification of the November 23, 2015 decision. It found that the medical evidence of record was insufficient to establish that appellant's diagnosed right shoulder and arm conditions were causally related or consequential to appellant's accepted January 23, 2011 employment injury.

On February 16, 2018 appellant, through counsel, requested reconsideration.

Appellant continued to receive medical treatment from Dr. Reppy and submitted reports dated April 7 through September 15, 2017, regarding his treatment for her low back, neck, and

[8] 41 ECAB 438 (1989).

bilateral shoulder pain. Dr. Reppy provided examination findings and diagnosed right upper extremity conditions of bilateral shoulder supraspinatus and infraspinatus tears, right carpal tunnel syndrome, right cubital tunnel syndrome, stenosing tenosynovitis, and right trigger finger.

In reports dated October 3 and December 12, 2017, Dr. Mark A. Seldes, a Board-certified family medicine specialist, recounted appellant's complaints of continued pain in her left shoulder, elbow, and wrist despite prior surgeries. He indicated that appellant also had prior right shoulder, elbow, and wrist surgeries for carpal tunnel symptoms and requested that OWCP add the diagnoses of right carpal tunnel syndrome, right lesion of the ulnar nerve, and right shoulder rotator cuff tear as "consequential injuries." Upon examination of appellant's right shoulder, Dr. Seldes observed tenderness overlying the anterior, lateral, and posterior aspects of the right shoulder. Examination of appellant's right elbow revealed slight tenderness over the medial aspect of the medial epicondyle as well as mild tenderness along the ulnar aspect of the forearm. Dr. Seldes also reported positive Tinel's and Phalen's testing on the right side. He diagnosed right upper extremity conditions of right ulnar nerve dysfunction, internal derangement of the right shoulder joint, right shoulder impingement syndrome, partial thickness tear of the supraspinatus and infraspinatus tendons of the right shoulder joint, and status postoperative release of carpal tunnel and cubital tunnel release. Dr. Seldes reported that appellant suffered from "consequential injuries to her right shoulder, elbow, wrist, and forearm secondary to the original injuries of her left shoulder, elbow, wrist, and forearm since the patient had overused and abuse her right upper extremity in doing most of the activities at work." He continued to treat appellant for her bilateral upper extremity symptoms and submitted reports dated February 1 through May 1, 2018.

In a February 7, 2018 report, Dr. Arthur again opined that appellant's depression and anxiety were directly related to, and caused by, her physical disabilities and pain resulting from the January 23, 2011 employment injury.

Appellant also began receiving medical treatment from Dr. Scott Gordon, a Board-certified orthopedic surgeon, for conditions of left elbow osteoarthritis and left thumb and index trigger finger conditions. He submitted reports and attending physician report forms (Form CA-20) dated January 9 through May 3, 2018.

By decision dated July 9, 2018, OWCP denied modification of the February 16, 2017 decision.

On July 9, 2019 appellant, through counsel, requested reconsideration.

Appellant submitted reports dated August 1, 2018 through June 19, 2019 by Dr. Seldes. Dr. Seldes indicated that appellant's left elbow continued to worsen and requested that OWCP add the conditions of left elbow osteoarthritis and left elbow lateral epicondylitis to her claim.

A November 21, 2018 left elbow MRI scan revealed chronic osteoarthritis of the olecranon trochlea joint, lateral epicondylitis, and moderate osteoarthritis with prominent osteophytes.

OWCP also received reports and state workers' compensation forms dated January 10 through March 7, 2019 by Dr. Anup Patel, a Board-certified internist, who described the January 2011 left elbow and shoulder injury. Dr. Patel provided examination findings and diagnosed left elbow osteoarthritis and left elbow lateral epicondylitis. He recommended left elbow total replacement surgery.

In an April 17, 2019 report and state workers' compensation form, Dr. George White, a Board-certified orthopedic surgeon, indicated that he treated appellant for severe degenerative arthritis of the left elbow. He reported examination findings of limited mobility and pain in the left elbow. Dr. White diagnosed left elbow primary osteoarthritis and left neuritis lesion of the ulnar nerve. He noted that appellant could work with restrictions.

By decision dated October 7, 2019, OWCP denied modification of the July 9, 2018 decision.

## ***LEGAL PRECEDENT***

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.[9]

The claimant bears the burden of proof to establish a claim for a consequential injury.[10] 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.[11] Additionally, the opinion of the physician must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale, explaining the nature of the relationship between the diagnosed condition and the specific employment factor(s) or employment injury.[12]

Causal relationship is a medical issue and the medical evidence required to establish causal relationship is rationalized medical evidence.[13] 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.[14]

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.[15] 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.[16] When an

[9] *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).

[10] *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).

[11] *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

[12] *M.V.*, Docket No. 18-0884 (issued December 28, 2018); *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

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

[14] *Id.*

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

[16] *Id.*

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.[17]

## ***ANALYSIS***

The Board finds that appellant has not met her burden of proof to establish that the acceptance of her claim should be expanded to include right shoulder rotator cuff tear, right carpal tunnel syndrome, and right stenosis tenosynovitis sustained as a consequence of her accepted January 23, 2011 employment injury.

In support of her request for a consequential injury, appellant submitted reports by Dr. Blecha dated May 29 and July 28, 2014. In his initial May 29, 2014 report, he accurately described the January 23, 2011 employment injury and noted that appellant complained of worsening right shoulder pain, numbness in the thumb, index, and long finger on the right hand identical to her previous left-sided carpal tunnel syndrome symptoms. Dr. Blecha indicated appellant's right shoulder symptoms increased this past year due to "increased use of the right shoulder secondary to limited use of the left." He reported that appellant's right-sided elbow, wrist, and trigger finger conditions had developed because she was using the right hand more than the left while the left was symptomatic. Dr. Blecha requested that appellant's claim be upgraded to include right shoulder partial thickness tear of the rotator cuff, right wrist carpal tunnel syndrome, and right index finger stenosing tenosynovitis. He opined that all three of the problems were "felt to be compensatory resulting from overuse of the right upper extremity as she was troubled by symptoms of the accepted conditions present in the left upper extremity."

The Board finds that, although Dr. Blecha opined that appellant's right shoulder, right wrist, right hand, and right trigger finger conditions were a consequence of her accepted January 23, 2011 employment injury, his opinion is of limited probative value in establishing a consequential employment injury because he did not provide adequate medical rationale in support of his opinion. Dr. Blecha did not describe the medical process through which appellant's right upper extremity symptoms were related to the accepted January 23, 2011 employment injury.[18] He did not provide specific detail as to how appellant actually compensated for her left arm injury at work or describe the medical process of how increased use of her right upper extremity resulted in her diagnosed right shoulder, wrist, and hand conditions.[19] These reports, therefore, are insufficient to establish appellant's claim.

Likewise, in reports dated April 14 and May 13, 2015, Dr. Bishai also opined that appellant had consequential right shoulder and hand injuries due to overuse of the right upper extremity in order to continue working. In reports dated October 3 and December 12, 2017, Dr. Seldes further

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

[18] *See L.D.*, Docket No. 20-0894 (issued January 26, 2021); *see also L.B.*, Docket No. 19-1907 (issued August 14, 2020).

[19] Medical evidence that states a condition but does not offer any rationalized medical explanation regarding the cause of an employee's condition is of limited probative value on the issue of causal relationship. *D.H.*, Docket No. 17-1913 (issued December 13, 2018); *J.F.*, Docket No. 09-1061 (issued November 17, 2009); *A.D.*, 58 ECAB 149 (2006)

reported that appellant suffered from "consequential injuries to her right shoulder, elbow, wrist, and forearm secondary to the original injuries of her left shoulder, elbow, wrist, and forearm." While Drs. Bishai and Seldes provide an affirmative opinion that supported causal relationship, neither physician offered a rationalized medical explanation to support his opinion.[20]

Similarly, in reports and letters dated October 22, 2014 through September 20, 2015, Dr. Reppy provided examination findings and diagnosed right upper extremity conditions of right shoulder partial thickness tear of the supraspinatus and infraspinatus tendon, right ulnar neuropathy, and right shoulder internal derangement and impingement syndrome. He indicated that appellant had right shoulder surgery in 2008, but her current right shoulder pain worsened due to the extra work stress put on that shoulder to compensate for her left hand injury. Dr. Reppy explained that, after appellant's July 2011 left hand surgery, she had to use her right arm to compensate for the loss of use of her left arm. He reported that appellant's right shoulder preexisting injury was aggravated and became a consequential injury after appellant's left arm became severely compromised by the hand surgery and subsequent recovery.

The Board finds that Dr. Reppy's opinion regarding a consequential injury is of little probative value because he did not provide adequate medical rationale in support of his opinion. Dr. Reppy did not explain how physiologically appellant's use of her right arm at work caused her right shoulder, wrist, and hand conditions.[21] Such rationale is particularly necessary as appellant had a preexisting right shoulder condition.[22] In any case where a preexisting condition involving the same part of the body is present and the issue of causal relationship, therefore, involves aggravation, acceleration, or precipitation, the physician must provide a rationalized medical opinion that differentiates between the effects of the work-related injury or disease and the preexisting condition.[23] Thus, Dr. Reppy's reports are insufficient to establish appellant's claim.

The additional medical reports, including diagnostic reports and Drs. Arthur, Patel, and White's reports, are also of no probative value in establishing appellant's right upper extremity conditions as a consequence of the accepted January 23, 2011 employment injury since none of these reports provide an opinion that appellant sustained consequential right shoulder, wrist, or hand conditions.[24] 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

[20] *T.T.*, Docket No. 19-0319 (issued October 26, 2020); *C.W.*, Docket No. 19-1747 (issued September 2, 2020).

[21] *See C.H.*, Docket No. 20-0228 (issued October 7, 2020); *see also D.J.*, Docket No 16-0663 (issued October 20, 2016).

[22] *V.G.*, Docket No. 19-0908 (issued October 25, 2019).

[23] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3e (January 2013); *K.G.*, Docket No. 18-1598 (issued January 7, 2020); *M.S.*, Docket No. 19-0913 (issued November 25, 2019).

[24] *See T.T.*, Docket No. 20-0687 (issued December 11, 2020); *see also L.B.*, Docket No. 18-0533 (issued August 27, 2018).

of causal relationship.[25] These reports, therefore, are insufficient to establish appellant's consequential injury claim.

On appeal counsel argues that all the medical evidence demonstrated that appellant suffered an injury due to having to compensate for her accepted conditions. As explained above, appellant submitted insufficient medical evidence to establish causal relationship between her right shoulder rotator cuff tear, right carpal tunnel syndrome, and right stenosis tenosynovitis conditions and the accepted January 23, 2011 employment injury.

The Board finds that appellant has not met her burden of proof to establish that the acceptance of her claim should be expanded to include right shoulder rotator cuff tear, right carpal tunnel syndrome, and right stenosis tenosynovitis sustained as a consequence of the January 23, 2011 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 her burden of proof to establish that the acceptance of her claim should be expanded to include right shoulder rotator cuff tear, right carpal tunnel syndrome, and right stenosis tenosynovitis sustained as a consequence of her accepted January 23, 2011 employment injury.[26]

[25] *See E.R.*, Docket No. 20-0880 (issued December 2, 2020); *L.B., id.*; *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

[26] Should appellant wish to expand her claim to include emotional conditions, she may submit a request to OWCP.

## ***ORDER***

**IT IS HEREBY ORDERED THAT** the October 7, 2019 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 17, 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