

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

C.L., Appellant)	
)	
and)	Docket No. 23-0012
)	Issued: April 26, 2024
U.S. POSTAL SERVICE, SALMON POST OFFICE, Salmon, ID, Employer)	
)	

Appearances:
Lisa Varughese, Esq., for the appellant¹
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
PATRICIA H. FITZGERALD, Deputy Chief Judge
VALERIE D. EVANS-HARRELL, Alternate Judge
JAMES D. MCGINLEY, Alternate Judge

JURISDICTION

On October 3, 2022 appellant, through counsel, filed a timely appeal from an April 6, 2022 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.³

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 an 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.*

³ The Board notes that following the April 6, 2022 decision, OWCP received additional evidence. 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.*

ISSUES

The issues are: (1) whether OWCP has met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective March 26, 2021, as she no longer had disability or residuals causally related to her accepted October 24, 2017 employment injury; (2) whether appellant has met her burden of proof to establish continuing employment-related disability or residuals, on or after March 26, 2021, causally related to the accepted October 24, 2017 employment injury; and (3) whether appellant has met her burden of proof to expand the acceptance of her claim to include a right biceps tendinopathy condition causally related to the accepted October 24, 2017 employment injury.

FACTUAL HISTORY

On December 14, 2017 appellant, then a 45-year-old rural carrier, filed a traumatic injury claim (Form CA-1) alleging that on October 24, 2017 she injured her right shoulder when she lifted a 60-pound parcel out of a gurney while in the performance of duty. She did not initially stop work. OWCP accepted the claim for strain of muscles and tendons of right shoulder rotator cuff, and a right shoulder rotator cuff tear.⁴ Appellant underwent a right open rotator cuff repair on March 13, 2018. On September 26, 2019 she underwent a second right rotator cuff repair. Appellant accepted a modified job offer on November 21, 2019. OWCP paid her wage-loss compensation benefits on its supplemental rolls as of December 7, 2019.

A June 4, 2020 electromyogram/nerve conduction velocity (EMG/NCV) study revealed borderline compression of the right upper extremity at the level of the wrist (carpal tunnel syndrome), likely asymptomatic.

In a June 17, 2020 duty status report (Form CA-17), Dr. Timothy Woods, an orthopedic surgeon and sports medicine specialist, diagnosed right shoulder cuff tear and right carpal tunnel due to the October 24, 2017 employment injury. He provided restrictions for part-time limited-duty work. Dr. Woods opined that a second opinion was warranted given appellant's ongoing symptoms, somewhat contradictory nerve studies, and mixed clinical findings. In the corresponding June 17, 2020 report, he indicated that appellant had not delivered mail as a rural mail carrier since August 2019, and that she had been provided help with tasks that she could not complete on her own, such as casing mail and lifting significant weight with right arm. Dr. Woods provided examination findings and reported diagnostic findings. This included a follow-up magnetic resonance imaging (MRI) arthrogram, which was negative for a labral injury, follow-up EMG/NCV studies which were reported as normal, and an MRI arthrogram which did not show any evidence of a redisruption or re-tear of the right shoulder supraspinatus tendon, which had been repaired twice. Dr. Woods stated that appellant's symptoms were likely permanent as the MRI arthrogram performed in the last three months did not reveal an explainable cause for her ongoing shoulder symptoms. He recommended a referral for a second opinion as he had exhausted all possible explanations for appellant's continuing shoulder symptoms.

⁴ Appellant has prior accepted right arm (shoulder) conditions under OWCP File No. xxxxxx917 (for a December 16, 2008 injury) and OWCP File No. xxxxxx914 (for a December 22, 2009 injury). Appellant did not receive medical treatment for these conditions after 2010. OWCP has not administratively combined these claims with the current claim, OWCP File No. xxxxxx347.

On November 20, 2020 OWCP referred appellant, along with a November 20, 2020 statement of accepted facts (SOAF) and the medical record, for a second opinion evaluation with Dr. Brian Tallerico, an osteopath specializing in orthopedic surgery, for an opinion as to whether appellant continued to have residuals and disability due to her accepted right shoulder conditions.

In a December 19, 2020 report, Dr. Tallerico reviewed the November 20, 2020 SOAF and appellant's medical record, including diagnostic studies. He requested copies of appellant's post-operative MRI arthrograms of the right shoulder, copies of her EMG/NCV studies, and a copy of the report from the orthopedic surgeon appellant indicated she saw in December. In a January 24, 2021 addendum, Dr. Tallerico noted his review of additional evidence, which included diagnostic studies and a December 10, 2020 report from Dr. Allison R. Kinsler, a Board-certified orthopedic surgeon. He diagnosed right rotator cuff tear related to the work injury, with subsequent open repair and subsequent partial re-tear of the right rotator cuff followed by revision rotator cuff repair related to work injury. Appellant's ongoing right shoulder pain of unclear etiology was also noted. Dr. Tallerico related that appellant had an unimpressive postsurgical MRI arthrogram of the right shoulder; and possible bilateral carpal tunnel syndrome unrelated to the work injury, but possibly contributing to right upper extremity symptoms. On physical examination, he found that appellant had no evidence of atrophy of the shoulder girdle, including the supraspinatus and infraspinatus fossae with excellent shoulder range of motion. Appellant also had a benign examination regarding rotator cuff strength and impingement testing. Dr. Tallerico reviewed her diagnostic studies and indicated that there were surgical changes and likely carpal tunnel syndrome. Therefore, he opined that appellant's subjective complaints somewhat outweighed the objective findings on examination and radiographic studies. Based on his evaluation of appellant and the postsurgical diagnostic studies, Dr. Tallerico opined that appellant's work-related conditions had resolved and that appellant did not require further treatment. In his report and in a December 19, 2020 work capacity evaluation (Form OWCP-5c), he opined that appellant was at maximum medical improvement and was capable of returning to her date-of-injury position with no restrictions, noting that occasional anti-inflammatories may be needed for symptomatic relief.

In a December 10, 2020 report, Dr. Kinsler noted appellant's history of injury, her medical treatment and that she was working with restrictions. She noted appellant's physical examination findings and noted that her shoulder x-rays demonstrated acute osseous abnormalities and pinned metallic rotator cuff anchor in the greater tuberosity. Dr. Kinsler indicated that appellant's shoulder arthrogram demonstrated interstitial tear of supraspinatus and infraspinatus with possible partial delamination of articular sided supraspinatus, and that the biceps tendon was intact with no obvious labral pathology, and normal articular cartilage. She diagnosed tendinopathy of right biceps tendon and traumatic incomplete tear of right rotator cuff. Dr. Kinsler indicated that appellant's anterior shoulder pain was likely related to residual biceps tendinopathy, which could potentially resolve with surgical treatment, specifically a biceps tendinopathy. She opined that a biceps tendinopathy should also help with appellant's persistent interstitial tearing of her rotator cuff, which was essentially a delamination of the tendon. Dr. Kinsler indicated that appellant wanted to proceed with the proposed diagnostic shoulder arthroscopy with biceps tendinopathy and repair of the interstitial tear.

On January 8, 2021 appellant accepted a January 6, 2021 part-time limited-duty rural carrier assignment.

By decision dated February 5, 2021, OWCP denied authorization of the requested arthroscopic rotator cuff repair and arthroscopy biceps tendinopathy based on the opinion of

Dr. Tallerico, the second opinion physician, who opined that no additional treatment was necessary as the work-related conditions had resolved.

On February 5, 2021 OWCP also issued a notice of proposed termination of wage-loss compensation and medical benefits. It indicated that the weight of the medical opinion evidence rested with the well-rationalized opinion of Dr. Tallerico, the second opinion physician, who found that appellant no longer had residuals or disability causally related to the accepted October 24, 2017 employment injury. OWCP afforded appellant 30 days to submit additional evidence or argument.

Following the issuance of the notice of proposed termination, OWCP received a February 23, 2021 letter from appellant; a March 5, 2021 response from appellant's counsel; copies of previously-submitted medical reports; and a March 13, 2020 right shoulder MRI scan report, which noted intrasubstance tear of the supraspinatus and infraspinatus tendons.

OWCP also received a May 20, 2019 report, wherein Dr. Woods indicated that appellant had a rotator cuff tear from a traumatic injury. Dr. Woods discussed appellant's right shoulder symptoms and results of a May 16, 2019 MRI scan. He opined that appellant required a repeat right shoulder arthroscopy with possible rotator cuff repair. Dr. Woods also opined that appellant's right shoulder condition was related to her work injury.

By decision dated March 26, 2021, OWCP finalized the notice of proposed termination of appellant's wage-loss compensation and medical benefits, effective March 26, 2021. It found that Dr. Tallerico's December 19, 2020 opinion constituted the weight of the medical opinion evidence that appellant no longer had any residuals or disability due to the accepted October 24, 2017 employment injury and appellant could return to her date-of-injury position as a rural carrier with no permanent restrictions.

On August 26, 2021 appellant, through counsel, requested reconsideration and submitted additional evidence.

In an April 15, 2021 report, Dr. Kinsler recounted the history of appellant's employment injury. She also reported appellant's medical course, indicating that she took over appellant's care for her persistent shoulder symptoms after Dr. Woods recommended treatment from a shoulder specialist. Dr. Kinsler explained that appellant's March 13, 2020 MRI scan of the right shoulder showed persistent interstitial tearing of the supraspinatus and infraspinatus tendons. She explained that interstitial tears of the rotator cuff were difficult to see in an open formal or arthroscopic procedure, as it essentially involves delamination of the tendons. Dr. Kinsler related that tendinosis was a damaged tendon with small tears or disorganized fibers, with a hard, thickened and rubbery appearance. She opined that appellant continued to have disability and residuals from her accepted work-related conditions plus an additional unaccepted condition related to her October 24, 2017 work-related injury. Based on her review of appellant's history, examination findings, and diagnostic studies, Dr. Kinsler opined that appellant's work-related injury caused tendinopathy of right biceps tendon (biceps tendinosis) and traumatic incomplete tear of right rotator cuff and that those diagnoses were exacerbated by appellant's return to work in her preinjury position. She provided a medical explanation as to how the motion of appellant lifting packages from the bottom of the cart while bent over the side of the cart placed a strain on appellant's bicep muscles, particularly in her dominant right arm, and how that excessive strain caused inflammation and damage of the tendon in the right biceps. Dr. Kinsler also indicated that

as appellant's initial MRI scans showed a rotator cuff tear, the tendinopathy was likely overlooked to address the more severe problem of the tear. She indicated that appellant's symptoms of anterior pain in the right arm were consistent with the diagnosis of bicep tendinopathy. Dr. Kinsler noted that there was nothing in appellant's medical or personal history which would have caused her right bicep tendinopathy other than the October 24, 2017 employment injury. Therefore, she recommended that such condition be accepted as part of appellant's claim.

By decision dated November 24, 2021, OWCP denied modification of its March 26, 2021 termination decision. It further denied appellant's request for expansion of the acceptance of the claim, finding that the medical evidence of record was insufficient to establish a biceps condition causally related to the October 24, 2017 employment injury.

In a letter dated January 11, 2022, appellant, through counsel, requested reconsideration. She submitted additional evidence which documented that she underwent surgery on August 6, 2021 for right shoulder arthroscopic rotator cuff repair and biceps tenodesis with physical therapy thereafter. Postsurgical progress reports from Dr. Kinsler were also received.

By decision dated April 6, 2022, OWCP denied modification of its November 24, 2021 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.⁵ After it has determined that, an employee has disability causally related to his or her federal employment, it may not terminate compensation without establishing that the disability has ceased or that it is no longer related to the employment.⁶ OWCP's burden of proof includes the necessity of furnishing rationalized medical opinion evidence based on a proper factual and medical background.⁷ The right to medical benefits for an accepted condition is not limited to the period of entitlement for disability compensation.⁸ 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.⁹

ANALYSIS -- ISSUE 1

The Board finds that OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective March 26, 2021, as she no longer had disability or residuals causally related to her accepted October 24, 2017 employment injury.

⁵ *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).

⁶ *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).

⁷ *M.C.*, Docket No. 18-1374 (issued April 23, 2019); *Del K. Rykert*, 40 ECAB 284, 295-96 (1988).

⁸ *A.G.*, Docket No. 19-0220 (issued August 1, 2019); *A.P.*, Docket No. 08-1822 (issued August 5, 2009); *T.P.*, 58 ECAB 524 (2007); *Kathryn E. Demarsh*, 56 ECAB 677 (2005); *Furman G. Peake*, 41 ECAB 361, 364 (1990).

⁹ *See A.G., id.*; *James F. Weikel*, 54 ECAB 660 (2003); *Pamela K. Guesford*, 53 ECAB 727 (2002).

OWCP based its decision to terminate appellant's wage-loss compensation and medical benefits on the December 19, 2020 and January 24, 2021 reports of Dr. Tallerico, OWCP's second opinion physician, who found that appellant no longer had disability or residuals due to her accepted October 24, 2017 employment injury.

In his December 19, 2020 and January 24, 2021 reports, Dr. Tallerico reviewed a SOAF, discussed appellant's factual and medical history and reported findings on physical examination. He reported that appellant had no evidence of atrophy of the shoulder girdle with excellent shoulder range of motion. Appellant also had a benign examination regarding rotator cuff strength and impingement testing. Following the receipt and review of additional medical evidence, Dr. Tallerico, in his January 24, 2021 report, noted that his review of the postsurgical diagnostic studies noted surgical changes and likely carpal tunnel syndrome. He also indicated that appellant's subjective complaints somewhat outweighed the objective findings on examination and radiographic studies. Based on his evaluation of appellant and the postsurgical diagnostic studies, Dr. Tallerico opined that the work-related conditions had resolved, further treatment was not required, and that appellant could return to work in her date-of-injury position without restrictions.

The Board has reviewed the opinion of Dr. Tallerico and finds that it has reliability, probative value, and convincing quality with respect to its conclusions regarding the issue of continuing work-related disability and residuals. Dr. Tallerico reviewed the SOAF, provided a thorough factual and medical history and accurately summarized the relevant medical evidence. He provided medical rationale for his opinion by explaining that appellant had no objective evidence of the October 24, 2017 employment injury.¹⁰ Accordingly, the Board finds that OWCP properly relied on Dr. Tallerico's second opinion report in terminating her wage-loss compensation and medical benefits.¹¹

OWCP received reports dated May 19, 2019 and June 17, 2020 from appellant's treating physician, Dr. Woods. Dr. Woods provided examination findings and reported diagnostic findings. He related that a follow-up MRI arthrogram of appellant's right shoulder was negative for a labral injury, follow-up EMG/NCV studies which were reported as normal, and an MRI arthrogram which did not show any evidence of a re-disruption or re-tear of the right shoulder supraspinatus tendon, which had been repaired twice. Dr. Woods stated that appellant's symptoms were likely permanent, there was no explainable cause for her ongoing shoulder symptoms. The Board finds that this report supported the termination of appellant's medical and wage-loss compensation benefits as Dr. Woods concluded that there was no objective evidence of appellant's accepted conditions.

Prior to the termination of appellant's compensation benefits OWCP also received a December 10, 2020 report from Dr. Kinsler. However, Dr. Kinsler failed to provide a well-rationalized opinion, with supporting objective evidence, to explain that appellant's accepted conditions had not resolved. While she diagnosed tendinopathy of right biceps tendon, a nonaccepted condition, and traumatic incomplete tear of right rotator cuff/persistent interstitial tearing of the rotator cuff, in this report she offered no opinion or medical explanation as to how

¹⁰ See *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).

¹¹ *D.D.*, Docket No. 21-1029 (issued February 22, 2022); *R.P.*, Docket No. 20-0891 (issued September 20, 2021); *N.G.*, Docket No. 18-1340 (issued March 6, 2019); *A.F.*, Docket No. 16-0393 (issued June 24, 2016).

such conditions were causally related to the October 24, 2017 work 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.¹² Dr. Kinsler's report is, therefore, of no probative value.

As the weight of the evidence established that appellant's accepted conditions had resolved, the Board finds that OWCP met its burden of proof to terminate appellant's medical and wage-loss compensation and medical benefits, effective March 26, 2021.¹³

LEGAL PRECEDENT -- ISSUE 2

When OWCP properly terminates compensation benefits, the burden shifts to appellant to establish continuing disability or residuals, on or after that date, causally related to the accepted employment injury.¹⁴ 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 a causal relationship.¹⁵

ANALYSIS -- ISSUE 2

The Board finds that appellant has not met her burden of proof to establish continuing employment-related disability or residuals, on or after March 26, 2021, causally related to the accepted October 24, 2017 employment injury.

OWCP continued to receive medical evidence following OWCP's March 26, 2021 termination decision.

In an April 15, 2021 report, Dr. Kinsler asserted that, in terms of the rotator cuff tear, appellant still had residuals because her surgeries were performed in an open format, and it did not allow her surgeon to thoroughly evaluate the joint. She noted that she disagreed with the second opinion physician because, although appellant had a partially-healed rotator cuff, there was untreated biceps pathology which is a significant source of appellant's pain. Thus, Dr. Kinsler opined that appellant had restrictions from work and required additional treatment is conclusory.¹⁶ Her report is therefore of diminished probative value and is insufficient to establish that appellant had continuing residuals or disability on or after March 26, 2021.

¹² *S.J.*, Docket No. 19-0696 (issued August 23, 2019); *M.C.*, Docket No. 18-0951 (issued January 7, 2019); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

¹³ *P.J.*, Docket No. 22-0905 (issued November 15, 2022).

¹⁴ *See G.H.*, Docket No. 20-0892 (issued July 9, 2021); *J.R.*, Docket No. 20-0211 (issued November 5, 2020); *S.M.*, Docket No. 18-0673 (issued January 25, 2019); *Manuel Gill*, 52 ECAB 282 (2001).

¹⁵ *G.H., id.; L.S.*, Docket No. 19-0959 (issued September 24, 2019); *C.L.*, Docket No. 18-1379 (issued February 3, 2019); *T.M.*, Docket No. 08-0975 (issued February 6, 2009).

¹⁶ *See J.T.*, Docket No. 20-1470 (issued October 8, 2021); *A.T.*, Docket No. 20-0334 (issued October 8, 2020).

On August 6, 2021 appellant underwent right shoulder arthroscopic rotator cup repair and biceps tenodesis. Dr. Kinsler's postsurgical reports, however, fail to provide an opinion on causal relationship. These reports, therefore, are of no probative value regarding the issue on appeal.¹⁷

As the medical evidence of record is insufficient to establish continuing residuals or disability on or after March 26, 2021 due to appellant's accepted employment injury, the Board finds that she has not met her burden of proof.¹⁸

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.

LEGAL PRECEDENT -- ISSUE 3

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.¹⁹

To establish causal relationship between a condition and the employment event or incident, the employee must submit rationalized medical opinion evidence based on a complete factual and medical background, supporting such a causal relationship.²⁰ The opinion of the physician must be one of reasonable certainty, and must explain the nature of the relationship between the diagnosed condition and the accepted employment injury.²¹

ANALYSIS -- ISSUE 3

The Board also finds that this case is not in posture for decision regarding expansion of the acceptance of the claim to include right biceps tendinopathy.

Dr. Kinsler, in an April 15, 2021 report, opined that acceptance of appellant's claim should be expanded tendinopathy of the right bicep. She explained that interstitial tears of the rotator cuff were difficult to discern and diagnose, even during open or arthroscopic procedure, as they essentially involved delamination of the tendons. Dr. Kinsler explained that when appellant reached to the bottom of her cart to lift packages she had to strain to lift from the bottom of the car, lift the packages up over the cart, and return to a normal standing position. This motion placed strain on appellant's biceps and the excessive strain thus caused inflammation and damage to the

¹⁷ See *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).

¹⁸ *P.H.*, Docket No. 21-1072 (issued May 18, 2022); *R.C.*, Docket No. 19-0376 (issued July 15, 2019).

¹⁹ *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).

²⁰ *D.E.*, Docket No. 20-0936 (issued June 24, 2021); *S.L.*, Docket No. 19-0603 (issued January 28, 2020); *T.E.*, Docket No. 18-1595 (issued March 13, 2019); *T.F.*, Docket No. 17-0645 (issued August 15, 2018).

²¹ *Id.*

right bicep tendon. Dr. Kinsler opined that appellant's work-related injury caused tendinopathy of right biceps tendon as reflected by her MRI scan which revealed persistent interstitial tearing.

The Board finds that Dr. Kinsler's opinion, while not sufficiently rationalized to meet appellant's burden of proof, is sufficient to require further development.²²

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 in the development of the evidence.²³ OWCP has an obligation to see that justice is done.²⁴

On remand, OWCP shall refer appellant, a SOAF, and the medical record to Dr. Tallerico for an evaluation and a well-rationalized opinion as to whether the diagnosed right biceps tendinopathy condition is causally related to the accepted October 24, 2017 employment injury. If Dr. Tallerico opines that the diagnosed condition is not causally related to the accepted employment injury, he must explain, with rationale, how or why the opinion differs from that of Dr. Kinsler. Following this and such other further development as deemed necessary, OWCP shall issue a *de novo* decision regarding appellant's claim.

CONCLUSION

The Board finds that OWCP met its burden of proof to terminate appellant's wage-loss compensation and medical benefits, effective March 26, 2021, as she no longer had disability or residuals causally related to her accepted October 24, 2017 employment injury. The Board further finds that appellant has not met her burden of proof to establish continuing residuals or disability, on or after March 26, 2021, causally related to the accepted October 24, 2017 employment injury. The Board also finds that the case is not in posture for decision regarding expansion of the acceptance of the claim to include right biceps tendinopathy.²⁵

²² *T.M.*, Docket No. 19-1556 (issued May 6, 2020); *J.G.*, Docket No. 17-1062 (issued February 13, 2018); *A.F.*, Docket No. 15-1687 (issued June 9, 2016); *John J. Carlone*, 41 ECAB 354 (1989).

²³ *T.M., id.*; *C.H.*, Docket No. 18-0108 (issued July 19, 2018); *Walter A. Fundinger, Jr.*, 37 ECAB 200, 204 (1985); *Dorothy L. Sidwell*, 36 ECAB 699, 707 (1985).

²⁴ *T.M., id.*; *William J. Cantrell*, 34 ECAB 1233, 1237 (1983).

²⁵ The Board notes that OWCP has not issued a final decision as to whether appellant's claim should be expanded for acceptance of a carpal tunnel condition.

ORDER

IT IS HEREBY ORDERED THAT the April 6, 2022 decision of the Office of Workers' Compensation Programs is affirmed in part and set aside in part. The case is remanded for further proceedings consistent with this decision of the Board.

Issued: April 26, 2024
Washington, DC

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

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

James D. McGinley, Alternate Judge
Employees' Compensation Appeals Board