

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

C.G., Appellant	)	
	)	
and	)	<b>Docket No. 24-0132</b>
	)	<b>Issued: April 22, 2024</b>
<b>DEPARTMENT OF THE NAVY, MILITARY</b>	)	
<b>SEALIFT COMMAND, Norfolk, VA, Employer</b>	)	
	)	

*Appearances:*  
Kelley Craig, Esq., for the appellant<sup>1</sup>  
Office of Solicitor, for the Director

*Case Submitted on the Record*

**DECISION AND ORDER**

Before:  
ALEC J. KOROMILAS, Chief Judge  
PATRICIA H. FITZGERALD, Deputy Chief Judge  
JANICE B. ASKIN, Judge

**JURISDICTION**

On November 27, 2023 appellant, through counsel, filed a timely appeal from a June 1, 2023 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act<sup>2</sup> (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

**ISSUE**

The issue is whether appellant has met her burden of proof to establish a medical condition causally related to the accepted employment exposure.

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<sup>1</sup> 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.

<sup>2</sup> 5 U.S.C. § 8101 *et seq.*

## **FACTUAL HISTORY**

On October 3, 2015 appellant, then a 45-year-old ordinary seaman, filed an occupational disease claim (Form CA-2) alleging that she sustained muscular skeletal dysfunction, Hashimoto's disease, and fatty liver disease as a result of exposure to lead, mercury, and unusually high levels of gadolinium while working. She noted that she was on the deck of a naval ship that sailed through a radioactive plume after March 11, 2011. Appellant noted that she first became aware of her condition and realized its relation to her federal employment on August 24, 2015.

A notification of personnel action (Standard Form (SF) 50) indicated that appellant was removed from federal employment, effective January 30, 2015.

In a report dated August 25, 2015, Dr. Catherine A. Waller, a family practitioner, indicated that appellant was being treated for heavy metal toxicity. She noted that appellant underwent diagnostic testing, which revealed that she had been exposed to lead, mercury, and unusually-high levels of gadolinium.

In an October 3, 2015 statement, appellant indicated that her muscular skeletal dysfunction started in 2012 with symptoms of intermittent muscle spasms of the lower back and legs, spells of nausea and vomiting, and excessive menstrual bleeding with clots. She also noted that she was diagnosed with Hashimoto's Disease in 2013, and fatty liver disease in 2015. Appellant recounted feeling a throat nodule, swelling with difficulty swallowing, headaches, and excessive weight gain. She described that, after the earthquake and subsequent tsunami in Japan on March 11, 2011, which damaged a nuclear reactor, she was performing her ship rover duties on the deck of the U.S.N.S. Pecos and learned that the ship was in the middle of a radioactive plume. Appellant further explained that, while providing relief efforts in the wake of the earthquake and tsunami, she was continuously exposed to all the airborne chemicals, heavy metals, and toxic substances, which traveled from the land to the waters that the ship was sailing in.

Appellant submitted a portion of a urine analysis report, which indicated that lead, mercury, and gadolinium were above the reference range; laboratory tests results dated August 7, 14, and 21, 2015; and an employing establishment radiation screening and risk assessment form dated June 7, 2011.

In a development letter dated October 29, 2015, OWCP informed appellant of the deficiencies of her occupational disease claim. It advised her of the type of factual and medical evidence needed and provided a questionnaire for her completion. In a separate development letter of even date, OWCP requested that the employing establishment provide additional information, including comments from a knowledgeable supervisor regarding appellant's allegations. It also requested that the employing establishment provide records regarding appellant's exposure to radiation or heavy metals. OWCP afforded both parties 30 days to respond.

Appellant submitted additional laboratory test results reports dated June 30, 2010 and October 21 and 31, 2015; a position description for an ordinary seaman; and nursing triage notes dated June 24 through October 7, 2010.

In a report dated August 6, 2015, Mary Wilson, a nurse practitioner, noted that appellant was a retired U.S. Navy seaman. She described that in 2011 appellant's ship went through a

nuclear plume after the tsunami in Japan. Ms. Wilson recounted that, while aboard the ship, appellant became ill with a myriad of symptoms, including muscle pain, acne, weight gain, headaches, and depression. She indicated that, during the current examination, appellant was unable to stand for more than five minutes at a time, was highly reactive to odors, and her voice became raspier. Ms. Wilson assessed exposure to nuclear reactor-tsunami in 2011, muscular pain and dysfunction “more than likely a result of nuclear exposure,” acne, Hashimoto’s thyroiditis, headaches, exposure to lead, and highly reactive-environmental exposures. In a report dated November 10, 2015, she indicated that heavy metal testing revealed levels of lead, aluminum, cadmium, and gadolinium that were still present.

In a letter dated November 12, 2015, Dr. Waller indicated that appellant had been a patient since August 6, 2015 and initially presented with a myriad of complaints, including muscle pain, acne, weight gain, headaches, and depression. She noted that appellant was unable to stand for more than five minutes at a time. Dr. Waller reported that appellant had heavy metal testing completed on August 10 and October 28, 2015, which revealed increased amount of gadolinium and positive results for lead, aluminum, and cadmium. She explained that appellant received chelation treatments and thyroid medication for Hashimoto’s thyroiditis and seemed to be doing well so far.

In a letter dated November 13, 2015, Dr. NiJuanna Irby-Johnson, a Board-certified internist, indicated that appellant had been under her care since 2011 and had complained of many nonspecific symptoms on different encounters. She explained that appellant obtained extensive workup and multiple opinions from many specialists without a clear underlying diagnosis. Dr. Irby-Johnson reported that appellant was finally diagnosed and treated for “elevated element excretion.”

OWCP received a fleet-based radiation dose estimate report, which indicated that crew members on the U.S.N.S. Pecos had a whole-body radiation dose estimate of 0.002 roentgen equivalent man (rem) and a thyroid radiation dose estimate of 0.028 rem.

In a November 16, 2015 response to OWCP’s development letter, appellant alleged that while working on the U.S.N.S. Pecos from March through April 2011 she was continually exposed to the environment while working on deck. She also explained that, during the night of March 28 to the morning of March 29, she was outside the ship’s house completing her rover duties and walked the entire ship, indoors and outdoors. Appellant asserted that the water was tested in Japan, but the results were not disclosed, so she did not know if she was consuming, washing, bathing, or cooking in contaminated water while aboard the ship. She also alleged that she could have been exposed to lead when she participated in the ship’s fuel tank cleaning. Appellant noted that she also worked in the ship’s paint locker, which stored paint and organic and inorganic solvents. She indicated that she handled wet mooring lines and her hands would get wet when they pulled the lines out of the water. Appellant contended that they were not provided with safety precautions nor protective equipment during the relief effort in Japan, but she was provided with a respirator to use while working daily to complete the ship’s preventive maintenance.

Appellant described that, while aboard the U.S.N.S. Pecos, she had nausea, vomiting, mild muscle issues, muscle tightness, and unusual menstrual cycle issues. She reported that she first became aware of the possible relationship between her musculoskeletal conditions and her employment when she began physical therapy in 2012. Appellant explained that the physical

therapist found that the tightness in her calves was not caused by her plantar fasciitis. She reported that the last physician that she saw was a toxicologist who tested her for heavy metals and carried out a toxic panel. Appellant indicated that she began treatments of chelation when the results came in, and has seen improvement in her symptoms.

In a development letter dated December 29, 2015, OWCP again requested that the employing establishment provide comments from a knowledgeable supervisor regarding the accuracy of appellant's statements relative to her occupational disease claim. It specifically asked that the employing establishment address whether her work duties exposed her to radiation, lead, gadolinium, or other heavy metals or toxins.

By decision dated February 12, 2016, OWCP denied appellant's claim, finding that it was untimely filed.

On March 8, 2016 appellant requested a hearing before a representative of OWCP's Branch of Hearings and Review, which was held on November 17, 2016.

Appellant submitted laboratory test results dated January 26, 2016.

In a report dated June 2, 2016, Dr. Opada Alzohaili, a Board-certified endocrinologist, indicated that appellant had been a patient since July 3, 2013. He noted that she suffered from thyroid nodules and had reported that she was exposed to radiation, numerous heavy metals, toxins, and chemical exposures while working on a naval ship during her employment. Dr. Alzohaili maintained that these exposures were a direct result of appellant's tour during the Japan Tomodachi relief effort while aboard the U.S.N.S. Pecos from March through December 2011. He opined that "this exposure could have caused [appellant's] thyroid nodules and Hashimoto Thyroiditis."

By decision dated January 31, 2017, OWCP's hearing representative modified the prior decision to find that appellant's claim was timely filed, that appellant was exposed to thyroid radiation when appellant was stationed on a ship near Tokyo in March 2011, and that she was diagnosed with thyroid nodules, Hashimoto's thyroiditis, and heavy metal toxicity. However, the claim remained denied as the medical evidence of record was insufficient to establish causal relationship between appellant's diagnosed conditions and the accepted employment exposure.

On January 26, 2018 appellant requested reconsideration. In undated statements, she noted her disagreement with the January 31, 2017 hearing decision and further discussed her work-related exposure to radiation and heavy metals.

Appellant submitted a radiation risk assessment form dated June 7, 2011 that indicated that during the ship's port visit in Okinawa, a decontamination team found alpha particles in the ventilation system of the ship. She also submitted a letter dated May 25, 2017 from Junichiro Koizumi, a then-former prime minister of Japan, who indicated that he was aware that, in the midst of rescue activities after the earthquake in March 2011, crew members of the U.S.S. Ronald Reagan and accompanying ships experienced severe damage to their health.

In an undated statement, Dr. Alzohaili indicated that appellant had been a patient since July 3, 2013 and suffered from hypothyroidism and thyroid nodules. He noted that her exposure to radiation, heavy metals, toxins and chemicals were a direct result of her tour during the Japan

Tomodachi relief effort from March 11 through December 2011. Dr. Alzohaili opined that “this exposure most likely caused [appellant’s] thyroid nodules and Hashimoto Thyroiditis.”

In a report dated June 1, 2017, Dr. Steven J. Karageanes, an osteopath and Board-certified family and sports medicine specialist, indicated that he had treated appellant for various musculoskeletal issues since October 2014. He reported that she was a victim of exposure to radiation, toxins, and heavy metals as a civilian on the naval ship U.S.N.S. Pecos from March through December 2011. Dr. Karageanes explained that a urinalysis in August 2015 revealed high concentrations of heavy metals and that appellant made significant progress after 21 treatments of ethylenediaminetetraacetic acid (EDTA) IV chelation treatments. He reported that she also suffered from fatty liver disease, prolonged menstrual bleeding, Hashimoto’s thyroiditis with nodules, depression, diabetes, morbid obesity, edema in the extremities, and elevated inflammation markers. Dr. Karageanes noted that he did not treat appellant for those conditions, but the conditions “could be correlated to radiation exposure.”

In a report dated January 22, 2018, Teri Leonardo, Ph.D., a toxicologist, described appellant’s work exposure on the U.S.N.S. Pecos during Operation Tomodachi. She reported that she had examined all medical documentation and OWCP’s denial letter. Dr. Leonardo indicated that she had discussed other possible exposure lengths with appellant, including her welding class. She opined that appellant’s medical conditions were “without a doubt due to [appellant’s] employment with the U.S. Navy while providing humanitarian aid during Operation Tomodachi in 2011.” Dr. Leonardo explained that, as far as the “possible” lead and arsenic exposure, there was no evidence to support that possible prior exposure would produce or compound appellant’s illnesses. She indicated that appellant was also exposed to alpha particles while on deck and to radiation without protective equipment. Dr. Leonardo explained that several possible health effects are associated with human exposure to radiation from uranium. She noted that, because all uranium isotopes mainly emit alpha particles that have little penetrating ability, the main radiation hazard from uranium occurs when uranium compounds are ingested or inhaled. Dr. Leonardo reported that radioactive particles may produce extensive biological damage to a person’s ovaries, kidneys, lungs, lymph nodes, blood, bones, breasts, stomach, and to fetuses. She opined that appellant’s illness was directly a result of her exposures received in March 2011.

By decision dated October 31, 2018, OWCP denied modification of the January 31, 2017 decision.

On September 10, 2019 appellant requested reconsideration.

In an August 12, 2019 addendum report, Dr. Alzohaili indicated that his medical rationale changed due to receiving confirmation in the last denial letter that appellant was exposed to the release of ionizing radiation and the medical record, which documented symptoms directly after the exposure. He described her exposure in March 2011 while on a naval ship near Japan and noted that, according to her medical file, she developed symptoms of Hashimoto’s disease days after the incident. Dr. Alzohaili explained that, prior to March 2011, there was no evidence of any thyroid related disease or symptoms. He noted that appellant’s symptoms included dry skin, excessive menstruation, hair thinning and falling out, weight gain, swollen/puffy face, nausea, muscle aches, and weakness. Dr. Alzohaili explained that, due to the timing of the symptom manifestations, he believed “more than likely” that her thyroid was compromised during her

exposure while working aboard the U.S.N.S. Pecos during Operation Tomodachi starting in March 2011.

In a report dated August 27, 2019, Dr. Stephen Kronberg, a Board-certified internist, indicated that appellant was referred to him for radiation poisoning and heavy metal exposure that occurred while she was stationed on the U.S.N.S. Pecos, which was near the Fukushima Daiichi nuclear power plant melt in March through December 2011. He reported that elements of heavy and nonheavy metals, including antimony, cadmium, cesium, gallium, thallium, uranium, tin, platinum, actinium, rubidium, bismuth, lead, mercury, aluminum, barium, and nickel were present in appellant's blood and urine tests. Dr. Kronberg explained that, since appellant's exposure, she had developed a number of health problems, including marked weight gain, diabetes mellitus type II, Hashimoto's thyroiditis, hypothyroidism, menometrorrhagia, and polymenorrhagia. He noted that she had also developed interstitial lung disease and that neuropsychological evaluation demonstrated multiple cognitive and psychomotor deficits. Dr. Kronberg opined that all of appellant's health problems had been caused by her exposure from the Fukushima Daiichi nuclear power plant meltdown. He explained that she had no health problems whatsoever prior to the exposure.

In an undated neuropsychologist report, Dr. Erin Mark, a clinical psychologist, noted evaluation dates of January 18, February 4 and 10, and March 18, 2019. She explained that appellant was referred for neuropsychological testing to rule out cognitive impairment after a several-year decline in cognitive functioning following exposure to ionizing radiation in 2011. Dr. Mark noted that appellant had concerns about memory, speech, and attention problems that began five to six years ago. She indicated that appellant was in good health until March 2011 when she was aboard the U.S.N.S. Pecos in the Sea of Japan and was exposed to ionizing radiation and other toxic substances from the earthquake and damage to the Fukushima Daiichi Nuclear Power Plant. Dr. Mark recounted that, since the exposure, appellant had a new onset of physical complaints involving multiple physical systems like difficulty breathing, weakness, reduced strength and stamina, nerve pain at multiple sites, and difficulty with concentration and memory. She listed appellant's test scores and explained that she demonstrated average verbal and nonverbal intellectual functioning, low-average auditory working memory, learning and memory performance below expectation, and impaired graphomotor processing speed and performance learning new auditory verbal information. Dr. Mark recommended repeat neuropsychological screening after several additional months of respiratory rehabilitation to monitor for improvement.

By decision dated December 3, 2019, OWCP denied modification of the October 31, 2018 decision.

On September 1, 2020 appellant requested reconsideration.

Appellant submitted progress notes dated October 3, 2013 through February 26, 2020 by Dr. Alzohaili who indicated that she was evaluated for type 2 diabetes mellitus with hyperglycemia, morbid obesity, thyroid nodule, and hypoglycemia.

In a report dated July 10, 2020, Dr. Michael R. Harbut, Board-certified in preventive and occupational medicine, explained that he was asked to evaluate appellant for the purpose of establishing causal relationship between her radiation exposure and her medical conditions. He indicated that she was exposed to ionizing radiation particles from March through April 2011

during Operation Tomodachi while she was employed aboard the U.S.N.S. Pecos. Dr. Harbut noted that appellant's medical file noted that, on March 22 and 23, 2011, she complained of excessive uterine bleeding. He reported that appellant complained of unusual bleeding and large clot formations irrespective of menstrual cycle until she had a hysterectomy in 2012. Dr. Harbut indicated that in 2013 she was also diagnosed with diabetes mellitus, type 2 and referenced a medical article about the development of radiation-induced diabetes and thyroid diseases. He explained that appellant had no chronic diseases and was in excellent health before her employment. Dr. Harbut explained the mechanism of chronically increased inflammatory cytokine levels following an exposure to ionizing radiation as a feasible cause in the development of radiation-induced diabetes and thyroid diseases. He noted that cytokines can disrupt the normal function of thyrocytes in the thyroid as well as beta cells in the pancreas. Dr. Harbut concluded that there was "no choice except to say that [appellant's] disease processes were initiated, proliferated, or accelerated by her exposure to ionizing radiation."

Appellant also submitted various medical research reports about radiation-induced diseases and the use of iodine prophylaxis following nuclear accidents, an employing establishment memorandum dated September 26, 2003 about the initial management of irradiated or radioactively contaminated personnel, diagnostic lab reports dated June 30, 2010, and material safety data sheets dated April 22, 2000, August 15, 2007, and May 2, 2009 for the paint and solvents that were in the paint locker and for the fuel onboard the U.S.N.S. Pecos.

By decision dated November 27, 2020, OWCP denied modification of the December 3, 2019 decision.

On November 18, 2021 appellant requested reconsideration.

In an August 26, 2021 addendum report, Dr. Harbut indicated that he was responding to the November 27, 2020 denial decision to discuss the summary of possible exposures, specifically lead, arsenic, and alloys outside of appellant's federal service. He explained that she was not in a school for welding, but took a welding course as part of the curriculum in pursuit of her associate degree. Dr. Harbut noted that the welding was done on only clean metals and conducted in a classroom setting with proper ventilation and appropriate personal protective equipment. He also reported that it was never confirmed that appellant was exposed to arsenic while living near a lake. Dr. Harbut indicated that enclosed laboratory tests did not identify elevated levels of lead or arsenic. He submitted a laboratory test dated September 24, 2021.

By decision dated June 1, 2023, OWCP denied modification of the November 27, 2020 decision.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>3</sup> has the burden of proof to establish the essential elements of his or her claim, including that the individual is an employee of the United States within the meaning of FECA, that the claim was timely filed within the applicable time

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<sup>3</sup> *Id.*

limitation of FECA,<sup>4</sup> that an injury was sustained in the performance of duty as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.<sup>5</sup> These are the essential elements of each and every compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.<sup>6</sup>

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the claimant.<sup>7</sup>

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.<sup>8</sup> The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and specific employment factors identified by the claimant.<sup>9</sup> 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, is sufficient to establish causal relationship.<sup>10</sup>

### ANALYSIS

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

In support of her claim, appellant provided a January 22, 2018 report from Dr. Leonardo who described that appellant was exposed to radiation without protective equipment while on the U.S.N.S. Pecos and noted that she had examined appellant's medical documentation. She opined that appellant's medical conditions were "without a doubt due to [appellant's] employment with the U.S. Navy while providing humanitarian aid during operation Tomodachi in 2011." Dr. Leonardo explained that the main radiation hazard from uranium occurs when uranium

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<sup>4</sup> *D.D.*, Docket No. 19-1715 (issued December 3, 2020); *S.B.*, Docket No. 17-1779 (issued February 7, 2018); *J.P.*, 59 ECAB 178 (2007); *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>5</sup> *Y.G.*, Docket No. 20-0688 (issued November 13, 2020); *J.M.*, Docket No. 17-0284 (issued February 7, 2018); *R.C.*, 59 ECAB 427 (2008); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

<sup>6</sup> *C.H.*, Docket No. 19-1781 (issued November 13, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Delores C. Ellyett*, 41 ECAB 992 (1990).

<sup>7</sup> *T.M.*, Docket No. 20-0712 (issued November 10, 2020); *S.C.*, Docket No. 18-1242 (issued March 13, 2019); *R.H.*, 59 ECAB 382 (2008).

<sup>8</sup> *J.F.*, Docket No. 18-0492 (issued January 16, 2020); *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *T.H.*, 59 ECAB 388, 393 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

<sup>9</sup> *A.M.*, Docket No. 18-0562 (issued January 23, 2020); *I.J.*, 59 ECAB 408 (2008); *Leslie C. Moore*, 52 ECAB 132 (2000).

<sup>10</sup> *E.W.*, Docket No. 19-1393 (issued January 29, 2020); *Gary L. Fowler*, 45 ECAB 365 (1994).



compounds are ingested or inhaled. She reported that radioactive particles may produce extensive biological damage to a person's ovaries, kidneys, lungs, lymph nodes, blood, bones, breasts, stomach, and to fetuses. Dr. Leonardo opined that appellant's illness was directly a result of her exposures received in March 2011.

Additionally, Dr. Harbut, in his July 10, 2020 report, indicated that appellant was exposed to ionizing radiation particles from March through April 2011 during Operation Tomodachi while she was employed aboard the U.S.N.S. Pecos. Dr. Harbut related that, on March 22 and 23, 2011, appellant had complained of excessive uterine bleeding. Dr. Harbut reported that appellant complained of unusual bleeding and large clot formations irrespective of menstrual cycle until she had a hysterectomy in 2012. He indicated that in 2013 she was also diagnosed with diabetes mellitus, type 2 and referenced a medical article about the development of radiation-induced diabetes and thyroid diseases. Dr. Harbut explained that appellant had no chronic diseases and was in excellent health before her employment. He explained the mechanism of chronically increased inflammatory cytokine levels following an exposure to ionizing radiation as a feasible cause in the development of radiation-induced diabetes and thyroid diseases. Dr. Harbut noted that cytokines can disrupt the normal function of thyrocytes in the thyroid as well as beta cells in the pancreas. He concluded that there was "no choice except to say that [appellant's] disease processes were initiated, proliferated, or accelerated by her exposure to ionizing radiation."

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.<sup>11</sup> OWCP has an obligation to see that justice is done.<sup>12</sup>

The Board finds that, while the reports of Drs. Leonardo and Harbut are insufficient to meet appellant's burden of proof, they are sufficient to require OWCP to further develop the medical evidence.<sup>13</sup>

The case must, therefore, be remanded to OWCP for further development. On remand, OWCP shall prepare a statement of accepted facts and refer the case to a specialist in the appropriate field of medicine, consistent with OWCP's procedures, to determine whether the accepted factors of her employment caused or aggravated her medical conditions.<sup>14</sup> If the second opinion physician opines that the diagnosed conditions are not causally related, he or she must explain with rationale how or why their opinion differs from those of Drs. Leonardo and Harbut.

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<sup>11</sup> See e.g., *M.G.*, Docket No. 18-1310 (issued April 16, 2019); *Walter A. Fundinger, Jr.*, 37 ECAB 200, 204 (1985); *Dorothy L. Sidwell*, 36 ECAB 699, 707 (1985); *Michael Gallo*, 29 ECAB 159, 161 (1978); *William N. Saathoff*, 8 ECAB 769-71.

<sup>12</sup> See *E.G.*, Docket No. 20-1184 (issued March 1, 2021); *A.J.*, Docket No. 18-0905 (issued December 10, 2018); *William J. Cantrell*, 34 ECAB 1233, 1237 (1983); *Gertrude E. Evans*, 26 ECAB 195 (1974).

<sup>13</sup> *C.C.*, Docket No. 20-0744 (issued October 26, 2020); *D.S.*, Docket No. 17-1359 (issued May 3, 2019); *William J. Cantrell*, 34 ECAB 1223 (1983).

<sup>14</sup> See Federal (FECA) Procedure Manual, Part 2 -- Claims, *Developing and Evaluation of Medical Evidence*, Chapter 2.810.9.b(1) (June 2015).

Following this and other such further development as deemed necessary, it shall issue a *de novo* decision.

**CONCLUSION**

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

**ORDER**

**IT IS HEREBY ORDERED THAT** the June 1, 2023 decision of the Office of Workers' Compensation Programs is set aside and the case is remanded for further proceedings consistent with this decision of the Board.

Issued: April 22, 2024  
Washington, DC

Alec J. Koromilas, Chief Judge  
Employees' Compensation Appeals Board

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

Janice B. Askin, Judge  
Employees' Compensation Appeals Board