

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

A.W., Appellant)

and)

DEPARTMENT OF VETERANS AFFAIRS,)
ALEXANDRIA VA MEDICAL CENTER,)
Pineville, LA, Employer)

**Docket No. 24-0382
Issued: May 16, 2024**

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
VALERIE D. EVANS-HARRELL, Alternate Judge
JAMES D. MCGINLEY, Alternate Judge

JURISDICTION

On February 28, 2024 appellant, through counsel, filed a timely appeal from a February 13, 2024 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 her burden of proof to establish disability from work for the period commencing April 15, 2019, causally related to the accepted July 5, 2017 employment injury; and (2) whether appellant has met her burden of proof to expand the acceptance of her claim to include bilateral carpal tunnel syndrome (CTS) as causally related to the accepted July 5, 2017 employment injury.

FACTUAL HISTORY

On July 19, 2017 appellant, then a 49-year-old medical technician, filed a traumatic injury claim (Form CA-1) alleging that she sustained a right shoulder strain when she slipped and fell on an acorn in the employing establishment parking lot, while in the performance of duty. On October 6, 2017 OWCP accepted the claim for sprain of right rotator cuff capsule. On December 15, 2017 appellant underwent OWCP-authorized right shoulder arthroscopy, subacromial decompression, distal clavicle excision, biceps tenodesis, rotator cuff repair, and extensive labral debridement performed by Dr. Brett Cascio, an attending Board-certified orthopedic surgeon.

On June 11, 2018 appellant accepted a transitional light-duty job offer based on work restrictions that included lifting no more than one pound, reaching above shoulder, pushing/pulling, or climbing/kneeling.

OWCP subsequently expanded the acceptance of appellant's claim to include complete rotator cuff tear or rupture of right shoulder. On August 10, 2018 appellant underwent OWCP-authorized right shoulder arthroscopy revision, extensive labral debridement, subacromial decompression, and rotator cuff repair performed by Dr. Cascio.

On December 20, 2018 appellant returned to full-time modified duty with restrictions.

In a work capacity evaluation (Form OWCP-5c) dated March 15, 2019, Dr. Cascio agreed with the permanent restrictions set forth in a March 4, 2019 functional capacity evaluation (FCE). The March 4, 2019 FCE determined that appellant could return to her preinjury position as a "Job Match." Appellant could perform light-duty work with restrictions that included occasional lifting no more than 20 pounds from waist to shoulder, 30 pounds from floor to waist, and 20 pounds from floor to shoulder; and frequent lifting 15 pounds from waist to shoulder, 20 pounds from floor to waist, and 15 pounds from floor to shoulder.

In a May 1, 2019 Form OWCP-5c, Dr. Cascio advised that appellant was unable to work pending the results of an electromyogram (EMG). He noted that she experienced bilateral upper extremity numbness and pain with repetitive movements and lifting.

On May 10, 2019 appellant filed a claim for compensation (Form CA-7) due to disability from work for the period April 15 through May 10, 2019.

OWCP, by development letter dated May 21, 2019, advised appellant of the deficiencies of her disability claim. It advised her of the type of medical evidence needed and afforded her 30 days to respond.

OWCP subsequently received medical evidence, including a June 3, 2019 letter from Dr. Cascio. Dr. Cascio noted his treatment of appellant since October 23, 2017 following her July 5, 2019 employment injury. He further noted that following her OWCP-authorized December 15, 2017 and October 10, 2018 right shoulder surgeries and therapy, she was released to return to work with permanent restrictions as outlined by the March 4, 2019 FCE. Dr. Cascio related that during appellant's last office visit on April 15, 2019, she reported bilateral upper extremity numbness, and pain with repetitive movements including, reaching and grasping. He again advised that she was to remain on no work status until her EMG of the upper limbs was complete and reviewed by him.

An EMG performed on June 19, 2019 by Dr. Fayez Shamieh, a neurologist, revealed evidence suggesting the presence of severe right CTS involving the motor and sensory fibers, and evidence of mild left CTS involving the motor and sensory fibers.

By decision dated July 30, 2019, OWCP denied appellant's claim for compensation for disability from work for the period commencing April 15, 2019, finding that the medical evidence of record did not contain a rationalized medical opinion to establish that she was totally disabled for work during the claimed period due to her July 5, 2017 employment injury.

OWCP thereafter received an August 20, 2019 report from Dr. Cascio who reported his examination findings and provided assessments of mononeuropathies of upper limb; and CTS, bilateral upper limbs. He recommended right wrist carpal tunnel release.

Appellant filed an additional Form CA-7, claiming compensation for disability from work for the period April 16 through September 20, 2019.

In a development letter dated October 4, 2019, OWCP informed appellant that the medical evidence submitted was insufficient to establish disability for the period April 16 through September 20, 2019. It advised her of the type of additional medical evidence needed and afforded her 30 days to provide the necessary evidence.

OWCP subsequently received an April 15, 2019 report from Dr. Cascio. Dr. Cascio again examined appellant and reiterated his prior assessments of mononeuropathies of upper limb, and CTS, bilateral upper limbs. He also provided assessments of shoulder lesions and the accepted condition of complete rotator cuff tear or rupture of right shoulder.

In a work excuse note dated September 24, 2019, Dr. Cascio advised that appellant could return to work on September 30, 2019 with the restriction of no use of her right upper extremity.

In a November 19, 2019 letter, appellant, through counsel, requested reconsideration of the July 30, 2019 decision.

In a July 29, 2020 letter, appellant, through counsel, again requested reconsideration of the July 30, 2019 decision, contending that she had submitted sufficient medical evidence to establish her disability claim.

Dr. Cascio, in a February 10, 2020 work status report, advised that appellant was placed on no work status commencing April 16, 2019 and was released to return to work on

September 30, 2019 with the restriction of no use of the right upper extremity. He noted that she was scheduled to undergo right wrist carpal tunnel release upon workers' compensation approval.³ Dr. Cascio estimated that appellant could return to work approximately eight weeks following the surgery.

OWCP, by decision dated November 5, 2020, denied modification of its July 30, 2019 decision, again finding that appellant had not submitted rationalized medical opinion to establish that she was totally disabled for work during the claimed period due to her July 5, 2017 employment injury. It explained that her claim had not been accepted for CTS and the medical evidence from Dr. Cascio did not establish that this diagnosed condition was causally related to the accepted employment injury.

OWCP subsequently received additional medical evidence. In a December 3, 2020 report, Dr. Alan C. Schroeder, a Board-certified orthopedic surgeon, noted appellant's July 5, 2017 work-related injury and diagnosed right shoulder rotator cuff repair with multiple surgeries three times from 2017 through 2018, right hand numbness.

On October 1, 2021 appellant, through counsel, requested reconsideration of the November 5, 2020 decision. In support of the request, she submitted an August 26, 2021 narrative report by Dr. Juan Blanche, Jr., a Board-certified internist. Dr. Blanche related a history of July 5, 2017 employment injury and appellant's medical treatment, reviewed diagnostic studies, and reported his examination findings. He diagnosed CTS, bilateral upper limbs. Dr. Blanche opined that the diagnosed condition was caused by the accepted July 5, 2017 employment injury and resultant OWCP-authorized December 15, 2017 right shoulder arthroscopy, and appellant's activities during physical therapy. He described CTS as a condition that occurred when pressure was exerted on the median nerve which runs from the neck, out to the shoulder, and down the length of the arm then through a passage in the wrist called the carpal tunnel, which ends in the hand. Dr. Blanche noted that the median nerve controls the movement and feeling of the thumb and the movement of all the fingers, except the little finger. He related that finger/hand complications are common after arthroscopy rotator cuff repair and physical therapy of the arms. During physical therapy, a patient must move his or her arm and hand in certain movements, exercises, and stretches as instructed. Dr. Blanche indicated that while performing these movements in physical therapy, pressure and force is placed on the arm and hand. This pressure and movement during therapy can result in excessive pressure on the median nerve that runs down the length of the arm. When too much pressure is exerted on the nerve, it becomes compressed leading to carpal tunnel syndrome. Dr. Blanche noted that based on appellant's medical records and physical therapy reports that almost immediately following her OWCP-authorized December 15, 2017 arthroscopic right rotator cuff repair and during physical therapy she began to experience symptoms consistent with CTS. He concluded that appellant was totally disabled from work commencing April 15, 2019 as her CTS continued to progress without intervening cause. Dr. Blanche noted that any work she would have performed during the claimed period would have caused further aggravation of the progressing accepted conditions.

³ On October 25, 2019 OWCP denied authorization for carpal tunnel release.

Thereafter, OWCP received additional medical evidence from Dr. Blanche. In an August 26, 2021 medical evaluation form report, Dr. Blanche provided his physical examination findings. In a duty status report (Form CA-17) of even date, he advised that appellant was unable to work and listed her restrictions.

By decision dated December 17, 2021, OWCP denied modification of its November 5, 2020 decision. It found that Dr. Blanche's August 26, 2021 report was insufficient to establish that appellant's CTS condition was causally related to the accepted injury, and that appellant was disabled from work for the period commencing April 15, 2019.

OWCP continued to receive medical evidence. In reports dated July 18 and August 19 and 22, 2022, Dr. James Jackson, an osteopathic physician specializing in orthopedic surgery, noted appellant's medical history. He discussed his examination findings and provided assessments of other joint disorder, not elsewhere classified; pain in right shoulder; shoulder lesions; dislocation and sprain of joints and ligaments of shoulder girdle; and the accepted conditions of complete rotator cuff tear or rupture of right shoulder, and sprain of right rotator cuff capsule.

In progress notes dated April 26 and November 8, 2022, Dr. Cascio provided assessments of traumatic incomplete tear of right rotator cuff and strain of tendon of right rotator cuff.

In progress notes dated October 13, 2022, Julie Fruge, a nurse practitioner, provided an assessment of traumatic incomplete tear of right rotator cuff.

In a November 2, 2022 right shoulder magnetic resonance (MR) arthrogram report, Dr. Devin K. Tighe, a Board-certified diagnostic radiologist, provided impressions of partial tear and surgical changes from repair of the supraspinatus and infraspinatus, probable iatrogenic gadolinium within the substance of the subscapularis tendon, and partial full-thickness tear that could not be excluded; absence of the biceps tendon within the intra-articular portion; post resection or chronic tear with volume loss of the superior labrum; and surgical changes of the acromioclavicular joint and trace subacromial/subdeltoid bursal fluid.

On November 15, 2022 appellant requested reconsideration of the December 17, 2021 decision.

OWCP received additional medical evidence. In reports dated August 5 and December 7, 2022, Dr. Jackson reiterated his prior assessments of shoulder lesions; the accepted condition of complete rotator cuff tear or rupture of right shoulder; other joint disorder; and right shoulder pain.

In a January 5, 2023 operative report, Dr. Jackson noted that he performed OWCP-authorized right shoulder arthroscopy with revision of proximal biceps tenodesis, open; and extensive debridement which included release of the rotator interval, release of adhesions along the posterior border of the subscapularis, debridement of adhesions anterior and posterior of the rotator cuff, and debridement of the articular surface of the humeral head. His preoperative diagnosis was right shoulder recurrent bicipital tendinitis. Dr. Jackson's postoperative diagnoses included right shoulder proximal biceps with tendinitis with rotator cuff adhesions, significant

scarring within the rotator interval, and adhesions along the anterior border of the rotator cuff and anterior portion of the humeral head.

OWCP, by decision dated February 7, 2023, denied modification of its December 17, 2021 decision.

OWCP continued to receive medical evidence. Dr. Ronald McMorris, a chiropractor, in an August 26, 2021 report, opined that appellant could return to work when her job demands were not likely to aggravate the basic problem or increase her long-term pain.

In an April 26, 2022 report, Dr. Cascio noted that he performed a large joint aspiration/injection into appellant's right subacromial bursa.

OWCP received additional reports dated January 9, July 17, and August 5, 2023 from Dr. Jackson who reiterated his prior assessments of dislocation and sprain of joints and ligaments of shoulder girdle; and the accepted condition of sprain of right rotator cuff capsule. In a January 3, 2023 report, Dr. Jackson noted that appellant may have developed a tear of the right subscapularis and recommended an open bicep tenodesis surgical procedure.

On February 4, 2024 appellant requested reconsideration of the February 7, 2023 decision and submitted additional medical evidence. In an October 27, 2023 note, Dr. Jackson related that he agreed with Dr. Cascio's opinion that appellant had reached maximum medical improvement. He continued to diagnose dislocation and sprain of joints and ligaments of shoulder girdle; orthopedic aftercare; encounter for other orthopedic aftercare; and the accepted condition of sprain of right rotator cuff capsule.

OWCP, by decision dated February 13, 2024, denied modification.

LEGAL PRECEDENT -- ISSUE 1

An employee seeking benefits under FECA⁴ has the burden of proof to establish the essential elements of his or her claim, including that any disability or specific condition for which compensation is claimed is causally related to the employment injury.⁵ Under FECA, the term disability means incapacity, because of an employment injury, to earn the wages that the employee was receiving at the time of injury.⁶ For each period of disability claimed, the employee has the burden of proof to establish that he or she was disabled from work as a result of the accepted employment injury.⁷

⁴ *Supra* note 2.

⁵ *See C.B.*, Docket No. 20-0629 (issued May 26, 2021); *D.S.*, Docket No. 20-0638 (issued November 17, 2020); *F.H.*, Docket No. 18-0160 (issued August 23, 2019); *C.R.*, Docket No. 18-1805 (issued May 10, 2019); *Kathryn Haggerty*, 45 ECAB 383 (1994); *Elaine Pendleton*, 40 ECAB 1143 (1989).

⁶ 20 C.F.R. § 10.5(f); *J.S.*, Docket No. 19-1035 (issued January 24, 2020).

⁷ *T.W.*, Docket No. 19-1286 (issued January 13, 2020).

Whether a particular injury causes an employee to become disabled from work and the duration of that disability, are medical issues that must be proven by a preponderance of the reliable, probative, and substantial medical evidence.⁸ The medical evidence required to establish causal relationship between a claimed period of disability and an employment injury is rationalized medical opinion evidence. 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 claimed disability and the specific employment factors identified by the claimant.⁹

The Board will not require OWCP to pay compensation for disability in the absence of medical evidence directly addressing the specific dates of disability for which compensation is claimed. To do so, would essentially allow an employee to self-certify his or her disability and entitlement to compensation.¹⁰

ANALYSIS -- ISSUE 1

The Board finds that appellant has not met her burden of proof to establish disability from work for the period commencing April 15, 2019, causally related to the accepted July 5, 2017 employment injury.

In support of her claims for compensation, appellant submitted reports from Dr. Cascio. In his May 1, 2019 Form OWCP-5c report and June 3, 2019 reports, Dr. Cascio opined that appellant was unable to work pending the results of an EMG of the upper limbs. However, he did not provide an opinion on causal relationship. The Board has held that medical evidence that does not address whether the claimed disability is causally related to the accepted employment-related conditions is of no probative value.¹¹ In his remaining reports dated March 15, April 15, August 20, and September 24, 2019, February 10, 2020, and April 26, 2022, and progress notes dated April 26 and November 8, 2022, Dr. Cascio did not provide an opinion that appellant was disabled from work commencing April 15, 2019, causally related to the accepted employment injury. The Board has held that medical evidence that does not offer an opinion on causal relationship is of no probative value.¹² For these reasons, the Board finds that his reports and progress notes are insufficient to establish appellant's disability claim.

⁸ A.S., Docket No. 20-0406 (issued August 18, 2021); *Amelia S. Jefferson*, 57 ECAB 183 (2005).

⁹ T.L., Docket No. 20-0978 (issued August 2, 2021); V.A., Docket No. 19-1123 (issued October 29, 2019).

¹⁰ See C.T., Docket No. 20-0786 (issued August 20, 2021); M.J., Docket No. 19-1287 (issued January 13, 2020); *William A. Archer*, 55 ECAB 674 (2004); *Fereidoon Kharabi*, 52 ECAB 291-92 (2001).

¹¹ See S.M., 22-1209 (issued February 27, 2024); M.P., Docket No. 23-0759 (issued January 23, 2024); F.S., Docket No. 23-0112 (issued April 26, 2023); A.S., Docket No. 21-1263 (issued July 24, 2023); R.J., Docket No. 19-0179 (issued May 26, 2020); M.A., Docket No. 19-1119 (issued November 25, 2019); S.I., Docket No. 18-1582 (issued June 20, 2019); L.B., Docket No. 18-0533 (issued August 27, 2018); D.K., Docket No. 17-1549 (issued July 6, 2018).

¹² See S.D., Docket No. 22-1138 (issued January 9, 2024); L.B., *id.*; D.K., *id.*

Appellant also submitted reports from Dr. Blanche. In an August 26, 2021 narrative report, Dr. Blanche opined that she was totally disabled from work commencing April 15, 2019. He noted that any work appellant would have performed during the claimed period would have caused further aggravation of the progressing accepted conditions. While Dr. Blanche opined that she was disabled during the claimed period, he failed to attribute her disability to the July 5, 2017 employment injury.¹³ In a Form CA-17 also dated August 26, 2021, he again opined that appellant was totally disabled from work. This report did not, however, provide an opinion on causal relationship. Similarly, in his remaining report dated August 26, 2021, Dr. Blanche discussed his examination findings. He did not, however, provide an opinion that appellant was disabled from work commencing April 15, 2019, causally related to the July 5, 2017 employment injury. As discussed, medical evidence that does not offer an opinion on causal relationship is of no probative value.¹⁴ For these reasons, the Board finds that Dr. Blanche's reports are insufficient to establish appellant's disability claim.

Dr. Schroeder's December 3, 2020 report and Dr. Jackson's reports dated August 5, 2022 through October 27, 2023 are also insufficient to establish that appellant's disability commencing April 15, 2019 was causally related to the July 5, 2017 employment injury. Dr. Schroeder noted that appellant suffered from a history of right shoulder rotator cuff repair three times from 2017 through 2018, right hand numbness, and the July 5, 2017 employment injury. Dr. Jackson provided assessments of various right shoulder conditions and addressed appellant's surgical treatment. However, neither physician addressed whether appellant was disabled from work during the claimed period. As discussed above, medical evidence that does not offer an opinion on causal relationship is of no probative value.¹⁵ Therefore, this evidence is insufficient to establish appellant's disability claim.

In an August 26, 2021 report, Dr. McMorris, a chiropractor, indicated that appellant was totally disabled from work until her job demands were not likely to aggravate the basic problem or increase her long-term pain. This report, however, is of no probative medical value because he did not diagnose a spinal subluxation as demonstrated by x-ray to exist, and therefore does not qualify as a physician under FECA.¹⁶

¹³ See *M.K.*, Docket No. 22-0298 (issued August 10, 2022); *M.D.*, Docket No. 21-1270 (issued March 21, 2022); *M.A.*, Docket No. 20-0033 (issued May 11, 2020); *F.S.*, Docket No. 18-0098 (issued August 13, 2018); *P.W.*, Docket No. 17-0154 (issued June 9, 2017); see also *L.B.* and *D.K.*, *supra* note 11.

¹⁴ See *id.*

¹⁵ *Id.*

¹⁶ Section 8101(2) provides that under FECA the term physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by the applicable state law. 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). See Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(3) (May 2023). Chiropractors are considered physicians under FECA only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist and subject to regulations by the secretary. See 5 U.S.C. § 8101(2); *M.P.*, *supra* note 11; *P.T.*, Docket No. 21-0110 (issued December 8, 2021); *R.N.*, Docket No. 19-1685 (issued February 26, 2020); *Merton J. Sills*, 39 ECAB 572, 575 (1988).

Appellant also submitted a March 4, 2019 FCE report, June 19, 2019 EMG report, November 2, 2022 MR arthrogram report, January 5, 2023 laboratory report, and January 24, 2023 CT scan report. However, the Board has long held that diagnostic studies, standing alone, lack probative value, because they do not address whether the employment injury caused any of the diagnosed conditions or associated disability.¹⁷ For this reason, the diagnostic reports of record are insufficient to establish appellant's disability claim.

Additionally, appellant submitted evidence from a nurse practitioner. The Board has held that certain healthcare providers such as physician assistants and nurse practitioners are not considered physicians as defined under FECA.¹⁸ Consequently, their medical findings and/or opinions will not suffice for purposes of establishing entitlement to FECA benefits. Thus, this evidence is also insufficient to establish the disability claim.

As the medical evidence of record is insufficient to establish causal relationship between the claimed period of disability and the accepted employment injury, the Board finds that appellant has not met her burden of proof.

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 2

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 the condition as well as any additional conditions claimed and the employment injury, an employee must submit rationalized medical evidence.²⁰ 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

¹⁷ See *T.V.*, Docket No. 23-0803 (issued December 22, 2023); *T.W.*, Docket No. 20-1669 (issued May 6, 2021); *J.S.*, Docket No. 17-1039 (issued October 6, 2017).

¹⁸ 5 U.S.C. § 8101(2), *supra* note 16; 20 C.F.R. § 10.5(t). See Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (May 2023); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA). See also *A.B.*, Docket No. 23-0827 (issued December 27, 2023) (nurse practitioners are not considered physicians as defined under FECA); *K.S.*, Docket No. 22-0357 (issued October 13, 2022) (nurse practitioners are not considered physicians as defined under FECA).

¹⁹ *J.R.*, Docket No. 21-0790 (issued June 21, 2022); *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 *S.S.*, Docket No. 23-0391 (issued October 24, 2023); *T.K.*, Docket No. 18-1239 (issued May 29, 2019); *M.W.*, 57 ECAB 710 (2006); *John D. Jackson*, 55 ECAB 465 (2004).

by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment incident identified by the claimant.²¹

ANALYSIS -- ISSUE 2

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

In his August 26, 2021 report, Dr. Blanche discussed appellant's injury and resultant medical treatment, and provided support for the condition of bilateral CTS of the upper limbs as a result of the July 5, 2017 sprain of right rotator cuff capsule, initial encounter; and complete rotator cuff tear or rupture of right shoulder, not specified as traumatic. He explained how the physical therapy required by the December 15, 2017 OWCP-authorized arthroscopic right rotator cuff repair to treat the accepted conditions resulted in pressure on the median nerve of appellant's arms causing her bilateral CTS of the upper limbs.

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.²² OWCP has an obligation to see that justice is done.²³ While Dr. Blanche's opinion is insufficient to establish the claim, it is sufficient to require further development of the medical evidence.²⁴ The case, therefore, must be remanded for further development.

On remand OWCP shall refer appellant to a specialist in an appropriate field of medicine, along with the case record, and a statement of accepted facts for an opinion on causal relationship. If the physician opines that the additional diagnosed condition is not causally related, he or she must explain with rationale how or why their opinion differs from that of Dr. Blanche. After this and other such further development of the case record as deemed necessary, OWCP shall issue a *de novo* decision.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish disability from work for the period commencing April 15, 2019, causally related to the accepted July 5, 2017 employment injury. The Board further finds that this case is not in posture for decision with regard to whether appellant has met her burden of proof to expand the acceptance of her claim to include bilateral CTS as causally related to the accepted July 5, 2017 employment injury.

²¹ *S.S., id.; T.K., id.; I.J.*, 59 ECAB 408 (2008).

²² *K.C.*, Docket No. 23-0252 (issued January 8, 2024); *see L.B.*, Docket No. 23-0961 (issued December 15, 2023); *A.P.*, Docket No. 17-0813 (issued January 3, 2018); *Jimmy A. Hammons*, 51 ECAB 219, 223 (1999).

²³ *See K.C., id.; B.C.*, Docket No. 15-1853 (issued January 19, 2016); *E.J.*, Docket No. 09-1481 (issued February 19, 2010); *John J. Carlone*, 41 ECAB 354 (1989).

²⁴ *John J. Carlone, id.*

ORDER

IT IS HEREBY ORDERED THAT the February 13, 2024 decision of the Office of Workers' Compensation Programs is affirmed, in part, and set aside, in part. The case is remanded to OWCP for further proceedings consistent with this decision of the Board.

Issued: May 16, 2024
Washington, DC

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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

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