

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

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| A.D., Appellant |) | |
| |) | |
| and |) | Docket No. 24-0770 |
| |) | Issued: October 22, 2024 |
| U.S. POSTAL SERVICE, WEST ALLIS POST |) | |
| OFFICE, West Allis, WI, Employer |) | |
| |) | |

Appearances: *Case Submitted on the Record*
Alan J. Shapiro, Esq., for the appellant¹
Office of Solicitor, for the Director

DECISION AND ORDER

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

JURISDICTION

On July 17, 2024 appellant, through counsel, filed a timely appeal from a June 18, 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.

ISSUES

The issues are: (1) whether appellant has met her burden of proof to establish a recurrence of disability commencing June 19, 2020, causally related to the accepted August 12, 2019

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.*

employment injury; and (2) whether appellant has met her burden of proof to expand the acceptance of her claim to include complex regional pain syndrome (CRPS) as causally related to the accepted August 12, 2019 employment injury.

FACTUAL HISTORY

This case has been previously before the Board.³ The facts and circumstances of the case as set forth in the Board's prior order are incorporated herein by reference. The relevant facts are as follows.

On August 16, 2019 appellant, then a 32-year-old carrier technician, filed a traumatic injury claim (Form CA-1) alleging that on August 12, 2019 she sustained an injury to her left foot when a coworker pushed a hand pallet jack onto the top of her left foot while in the performance of duty.⁴ She stopped work on August 13, 2019. OWCP accepted the claim for contusion of the left foot. It paid appellant wage-loss compensation on the supplemental rolls beginning September 27, 2019. Appellant returned to full-time, full-duty work on October 26, 2019.

Beginning October 27, 2020, appellant filed claims for compensation (Form CA-7) for disability from work commencing June 6, 2020.

In an October 15, 2020 note, Dr. Robert A. Rawski, a podiatrist, diagnosed left peroneal tendinitis, stress fracture of the left foot, sinus tarsi syndrome of the left ankle, swelling of the left foot and ankle, left bunion, and left foot pain. He found that appellant was disabled from work.

In a November 4, 2020 development letter, OWCP informed appellant of the deficiencies of her disability claim. It advised her of the type of additional factual and medical evidence needed and afforded her 30 days to submit the necessary evidence.

OWCP subsequently received additional evidence. In a report dated September 1, 2020, Dr. Rawski diagnosed left foot pain and stress fracture of the metatarsal bone on the left foot. He related that he had prescribed physical therapy on January 23, 2020 and May 21, 2020.

In a letter dated November 2, 2020, appellant, through counsel, requested that OWCP expand the acceptance of her claim to include left peroneal tendinitis, stress fracture of the metatarsal bone of the left foot, sinus tarsi syndrome of the left ankle, swelling of the left ankle joint, and swelling of the left foot.

In notes dated October 15 and November 10, 2020, Dr. Rawski found that appellant was totally disabled until October 20 and December 1, 2020, respectively. In separate notes of even dates, he diagnosed peroneal tendinitis, stress fracture of the metatarsal bone of the left foot sinus tarsi syndrome of the left ankle, left sinus tarsi syndrome, tendinitis, and, on November 10, 2020, added the diagnosis of possible CRPS following fracture. Dr. Rawski prescribed physical therapy.

³ *Order Remanding Case*, Docket No. 22-0147 (issued July 1, 2022).

⁴ OWCP assigned the present claim OWCP File xxxxxx713. Appellant previously filed a Form CA-1 under OWCP File No. xxxxxx993 alleging that she sprained her left lower leg on March 25, 2019 when walking on an uneven surface while in the performance of duty.

Commencing November 11, 2020 appellant sought treatment from Melissa Post, a physical therapist.

In a November 12, 2020 report, Dr. Rawski recounted that he initially examined appellant due to her March 25, 2019 employment injury, that he examined x-rays, and diagnosed stress fracture of the fourth metatarsal which was likely missed on her original March 28, 2019 films. He noted that she described the injury as occurring when she stepped on uneven ground causing her left foot to invert. Dr. Rawski opined that the body's physiologic response was likely to aggressively evert the foot to bring it back to neutral which likely caused an unbalance to the muscle/tendon/ligament tension relationship and was too much stress for the distal fourth metatarsal, causing fracture. He then treated appellant on August 27, 2019 following the accepted August 12, 2019 employment injury and found that this incident likely irritated the already fragile and healing stress fracture of the fourth metatarsal of the left foot. On May 21, 2020 appellant reported improvement with physical therapy; however, on October 15, 2020 she experienced increased pain resulting in diagnoses of possible peroneal tendinitis and sinus tarsi syndrome "most likely from favoring the foot secondary to pain from the injury." Dr. Rawski reviewed his November 10, 2020 notes and indicated that CRPS was possible due to her hypersensitivity to normal stimuli in her left lower extremity. He reported that this condition could develop following an injury.

Dr. Rawski completed a December 1, 2020 note, opining that appellant was unable to work.

In a December 16, 2020 development letter, OWCP notified appellant that her claim for compensation implicated a recurrence of disability commencing June 19, 2010. It advised her of the type of additional factual and medical evidence needed and provided her with a questionnaire for her completion. OWCP afforded her 30 days to respond.

In a separate development letter also dated December 16, 2020, OWCP requested that Dr. Rawski provide additional medical opinion evidence and provided him with a list of questions. Dr. Rawski responded on December 23, 2020 and recounted appellant's symptoms of pain in the outside left ankle and at the area of the previous stress fracture. He reported findings of mild edema to the sinus tarsi and fifth metatarsal base area and direct pain on palpation to the distal course of the peroneal tendons and sinus tarsi. Dr. Rawski opined that, due to the close proximity of the previously-fractured fourth metatarsal appellant "compensated biomechanically by inverting her left foot and putting more pressure on the lateral column and lateral aspect of the subtalar joint causing sinus tarsi syndrome, swelling of the left ankle, swelling of the foot, and irritation to the peroneal tendons." He again explained how the March 25, 2019 employment injury resulted in the fourth metatarsal fracture as described in his November 12, 2020 report. Dr. Rawski opined that the August 12, 2019 employment injury was a substantial factor in aggravation beyond the normal progression of the preexisting condition of fourth metatarsal stress fracture.

In a December 29, 2020 note, Dr. Rawski found that appellant was totally disabled from December 29, 2020 through January 19, 2021. In a separate note of even date, he found that she was totally disabled and diagnosed stress fracture of metatarsal bone of the left foot, sinus tarsi syndrome of the left ankle, posterior tibial tendinitis of the left lower extremity left peroneal tendinitis, left bunion, and CRPS type 1 of the left lower extremity.

On January 5, 2021 appellant completed OWCP's development questionnaire and reported that she was in pain with irritation, swelling, and stiffness when standing or walking.

By decision dated January 21, 2021, OWCP denied appellant's claim for a recurrence of disability commencing June 19, 2020 causally related to her August 16, 2019 employment injury.

On January 26, 2021 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

OWCP continued to receive medical evidence. In a series of notes dated January 14 through 27 2021, Dr. Rawski found that appellant was totally disabled from December 29, 2020 through February 1, 2021. On January 21, 2021 appellant underwent electromyogram and nerve conduction velocity (EMG/NCV) studies.

Dr. Neal Pollack, an osteopath, completed a January 21, 2021 report and diagnosed left ankle sprain, left lower extremity neuropathy, and contusion of the left foot as a result of the August 12, 2019 employment injury.

In a narrative report dated January 26, 2021, Dr. Rawski reviewed appellant's diagnostic studies and found them abnormal. On physical examination he related that she was experiencing electric-type pain moving up toward the thigh from the left outside ankle, mild edema to the sinus tarsi on the left and to the proximal lateral column on the left, and mild pain to palpation along the posterior tibial tendon, sinus tarsi, and anterior left ankle. Dr. Rawski diagnosed CRPS type 1 of the left lower extremity, abnormal peripheral nerve study, stress fracture of the metatarsal bone of the left foot, peroneal tendinitis, sinus tarsi syndrome, and posterior tibial tendinitis of the left lower extremity. He prescribed additional physical therapy.

Appellant underwent a January 29, 2021 left foot magnetic resonance imaging (MRI) scan which demonstrated marrow edema in the medial aspect of the distal head of the first metatarsal suggesting joint arthropathy, tendinopathy of the peroneus brevis tendon without definite tear, mild edema and fluid in the sinus tarsi, and a small ganglion dorsal to the proximal pole lateral cuneiform.

On February 26, 2021 Dr. Rawski released appellant to perform modified-duty work four hours a day through March 23, 2021.

By decision dated March 31, 2021, OWCP expanded the acceptance appellant's claim to include temporary aggravation of a fracture of the fourth metatarsal of the left foot.

OWCP continued to receive medical evidence. Beginning April 22, 2021, Dr. Jennifer N. Klopstein, a Board-certified physiatrist, prescribed physical therapy.

A hearing was held on May 10, 2021.

By decision dated July 27, 2021, OWCP's hearing representative affirmed OWCP's January 21, 2021 decision.

On November 8, 2021 appellant, through counsel, appealed to the Board. By order dated July 1, 2022, the Board set aside the July 27, 2021 decision and directed OWCP to administratively combine OWCP File Nos. xxxxxx993 and xxxxxx713 followed by a *de novo* decision.⁵ On remand, OWCP administratively combined the files on September 15, 2022 with OWCP File No. xxxxxx713 designated as the master file.

Appellant continued to file Form CA-7 claims for compensation.

In a December 28, 2021 report, Dr. Jeffrey S. Quintana, a Board-certified anesthesiologist, examined appellant and related that she had a two-year history of a work-related injury which resulted in left lower extremity CRPS. On January 18, 2022 he performed a left-sided lumbar sympathetic block.

On September 13, 2022 Dr. Klopstein found that appellant was totally disabled from work on September 14 through 15, 2022 due to pain and swelling in her left foot.

By *de novo* decision dated October 27, 2022, OWCP denied appellant's claim for a recurrence of disability commencing June 19, 2020, finding that the medical evidence of record was insufficient to establish disability from work during the claimed period causally related to the accepted August 12, 2019 employment injury.

On November 1, 2022 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review. A hearing was held on May 17, 2023.

OWCP continued to receive medical evidence. In notes dated January 18, 2022 through February 9, 2023, Dr. Quintana diagnosed left lower extremity CRPS and neurogenic pain of the left foot. He described appellant's alleged March 25, 2019 employment injury of stepping on an uneven surface resulting in a stress fracture of the fourth metatarsal and also reviewed her August 12, 2019 accepted employment injury. Dr. Quintana opined that the August 12, 2019 employment injury resulted in her diagnosed condition.

On September 13, 2022 Dr. Klopstein examined appellant and reviewed January 23, 2020 left foot x-ray studies and a January 29, 2021 left foot MRI scan which demonstrated a posterior calcaneal enthesophyte, marrow edema in the medial aspect of the distal head of the first metatarsal, a small osteophyte, a small lobulated ganglion, tendinopathy of the peroneus brevis, and mild edema and fluid in the sinus tarsi. She released appellant to return to modified-duty work eight hours a day on November 29, 2022.

Dr. Quintana completed a June 29, 2023 report and recounted that appellant's left foot was impacted by a pallet jack while at work. He related her history of medical treatment and provided findings on physical examination including color and temperature changes of the left lower extremity along with pain and hypersensitivity which supported a diagnosis of CRPS type 1. Dr. Quintana opined that this condition was "from the work-related injury."

⁵ *Supra* note 3.

By decision dated July 17, 2023, OWCP's hearing representative set aside the October 27, 2022 decision and remanded the case for further development of the medical evidence regarding whether appellant sustained CRPS as causally related to the August 12, 2019 employment injury and whether she sustained a recurrence of employment-related disability beginning June 19, 2020.

On August 14, 2023 OWCP referred appellant, along with the medical record, a statement of accepted facts (SOAF), and a series of questions to Dr. Mysore S. Shivaram, a Board-certified orthopedic surgeon for a second opinion examination.

In an August 30, 2023 report, Dr. Shivaram reviewed the SOAF and the medical record, and listed appellant's symptoms including pain, swelling, achiness, tingling, numbness, and burning from the left foot to the left knee. He found no signs of CRPS on clinical examination, noting that she had normal skin color and temperature in the lower extremities with no trophic changes. Dr. Shivaram determined that there was no correlation between the August 12, 2019 employment injury and the diagnosis of CRPS 1. He noted that the medical records indicated that appellant had vague complaints of persistent pain with no associated findings recorded by her treating physicians to suggest the presence of CRPS 1. Dr. Shivaram determined that accepted employment injury had resolved with no need for further treatment and that appellant was capable of returning to her date-of-injury position. Regarding whether she was disabled beginning June 19, 2020, he indicated that appellant had primarily sustained a left foot contusion and sprain, which should have healed within four months. Dr. Shivaram noted that she had continued to complain of pain, but clinical examinations revealed no definite findings. He related that he was "unable to explain the reason for her disability beginning June 19, 2020 approximately 10 months following the reported injury at work."

In an October 23, 2023 development letter, OWCP advised appellant of the additional factual and medical evidence necessary to warrant expansion of the claim to include CRPS and provided a list of questions for her physician. It afforded appellant 30 days to respond.

On October 27, 2023 Dr. Shivaram provided an additional report addressing whether the condition of temporary aggravation of a stress fracture of the fourth metatarsal of the left foot had resolved. He opined that stress fractures were minor injuries of the foot which under normal circumstances should have completely healed within four months.

Dr. Quintana completed a November 2, 2023 report and related that appellant had sustained a work-related injury to her left lower extremity on August 12, 2019. He diagnosed CRPS type 1 based on her continued left lower extremity symptoms of pain, swelling, color and temperature changes, and hypersensitivity. Dr. Quintana opined that the CRPS diagnosis was related to the initial injury that occurred at work on August 12, 2019 and that she received significant relief with lumbar sympathetic blocks. He related that her improvement with the lumbar sympathetic block suggested a sympathetic component to her pain.

On November 14, 2023 OWCP requested a supplemental report from Dr. Shivaram addressing the findings of Dr. Quintana's November 2, 2023 report. On November 20, 2023 he related that there were no changes to the opinion that he had previously expressed.

By decision dated December 29, 2023, OWCP denied appellant's request to expand the acceptance of her claim to include CRPS as causally related to the August 12, 2019 employment injury.

By decision dated January 2, 2024, OWCP found that the evidence of record was insufficient to establish that appellant sustained a recurrence of disability commencing June 6, 2020, causally related to the accepted August 12, 2019 employment injury.

On January 9, 2024 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review regarding the December 29, 2023 denial of expansion. On January 18, 2024 appellant, through counsel, requested a hearing before a representative of OWCP's Branch of Hearings and Review regarding the January 2, 2024 denial of recurrence.

A hearing was held on April 5, 2024.

By decision dated June 18, 2024, OWCP's hearing representative affirmed the December 29, 2023 and January 2, 2024 OWCP decisions.

LEGAL PRECEDENT -- ISSUE 1

A recurrence of disability means an inability to work after an employee has returned to work, caused by a spontaneous change in a medical condition, which resulted from a previous compensable injury or illness and without an intervening injury or new exposure in the work environment.⁶ This term also means an inability to work because a light-duty assignment made specifically to accommodate an employee's physical limitations, and which is necessary because of a work-related injury or illness, is withdrawn or altered so that the assignment exceeds the employee's physical limitations. A recurrence does not occur when such withdrawal occurs for reasons of misconduct, nonperformance of job duties, or a reduction-in-force.⁷

OWCP's procedures provide that a recurrence of disability includes a work stoppage caused by a spontaneous material change in the medical condition demonstrated by objective findings. That change must result from a previous injury or occupational illness rather than an intervening injury or new exposure to factors causing the original illness. It does not include a condition that results from a new injury, even if it involves the same part of the body previously injured.⁸

An employee who claims a recurrence of disability due to an accepted employment-related injury has the burden of proof to establish by the weight of the substantial, reliable, and probative evidence that the disability for which he or she claims compensation is causally related to the

⁶ 20 C.F.R. § 10.5(x); *see M.A.*, Docket No. 23-0713 (issued April 26, 2024); *J.D.*, Docket No. 18-1533 (issued February 27, 2019).

⁷ *Id.*

⁸ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Recurrences*, Chapter 2.1500.2b (June 2013); *L.B.*, Docket No. 18-0533 (issued August 27, 2018).

accepted injury. This burden of proof requires that a claimant furnish medical evidence from a physician who, on the basis of a complete and accurate factual and medical history, concludes that, for each period of disability claimed, the disabling condition is causally related to the employment injury, and supports that conclusion with medical reasoning.⁹ Where no such rationale is present, the medical evidence is of diminished probative value.¹⁰

When an employee who is disabled from the job he or she held when injured on account of employment-related residuals returns to a limited-duty position or the medical evidence of record establishes that he or she can perform the limited-duty position, the employee has the burden of proof to establish by the weight of the reliable, probative, and substantial evidence a recurrence of total disability and to show that he or she cannot perform such limited-duty work.¹¹ As part of this burden, the employee must show a change in the nature and extent of the injury-related condition, or a change in the nature and extent of the limited-duty job requirements.¹²

ANALYSIS -- ISSUE 1

The Board finds that appellant has not met her burden of proof to establish a recurrence of disability commencing June 19, 2020, causally related to the accepted August 12, 2019 employment injury.

Appellant returned to full-time, full-duty work on October 26, 2019. She stopped work again, commencing June 19, 2020.

In his initial report and supplemental reports, Dr. Shivaram, the second opinion physician, noted his review of the SOAF and the medical record, and performed a physical examination. He opined that appellant could return to full, unrestricted duties and that her employment-related conditions had completely healed within four months. Dr. Shivaram noted that she had continued to complain of pain, but clinical examinations revealed no objective findings to support her subjective complaints. The Board finds that Dr. Shivaram's report is sufficiently rationalized and based on an accurate factual history, and thus, constitutes the weight of the medical evidence.

In notes dated September 1, 2020 through January 27, 2021, Dr. Rawski diagnosed left foot pain, left foot peroneal tendinitis, stress fracture of the metatarsal bone of the left foot, sinus tarsi syndrome of the left ankle, tendinitis. He found that appellant was totally disabled through February 1, 2021. On February 26, 2021 Dr. Rawski released appellant to perform modified-duty work four hours a day through March 23, 2021. In a January 21, 2021 note, Dr. Pollack found that appellant was totally disabled. In notes dated April 22, 2021 through September 13, 2022, Dr. Klopstein found that appellant had periods of total disability. The Board finds that these

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

¹⁰ *R.D.*, Docket No. 21-0857 (issued August 20, 2024); *H.T.*, Docket No. 17-0209 (issued February 8, 2018).

¹¹ *See D.W.*, Docket No. 19-1584 (issued July 9, 2020); *S.D.*, Docket No. 19-0955 (issued February 3, 2020); *Terry R. Hedman*, 38 ECAB 222 (1986).

¹² *C.B.*, Docket No. 19-0464 (issued May 22, 2020); *Terry R. Hedman, id.*; *R.N.*, Docket No. 19-1685 (issued February 26, 2020).

reports are of no probative value on the underlying issue of this case because Drs. Rawski, Pollack, and Klopstein did not provide an opinion that appellant sustained a recurrence of total disability on or after June 19, 2020 causally related to the accepted employment injuries of left foot contusion and temporary aggravation of a fracture of the fourth metatarsal of the left foot. Although these physicians denoted periods of disability, they did not provide an opinion on the cause of this disability. 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 of causal relationship.¹³ Therefore, this evidence is insufficient to establish appellant's claim.

The remaining medical evidence of record does not contain an opinion that she sustained a recurrence of disability on or after June 19, 2020, causally related to the accepted August 12, 2019 employment injury. As noted above, 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 of causal relationship.¹⁴ Therefore, this evidence is insufficient to establish appellant's claim.

Additionally, appellant submitted treatment notes from a physical therapist. The Board has held that certain healthcare providers such as physical therapists are not considered physicians as defined under FECA and, therefore, are not competent to provide a medical opinion. Therefore, this evidence is of no probative value and is insufficient to establish appellant's recurrence claim.¹⁵

Appellant also submitted a January 29, 2021 left foot MRI scan. However, diagnostic studies, standing alone, lack probative value on causal relationship as they do not address whether employment factors caused the diagnosed condition.¹⁶

As the medical evidence of record is insufficient to establish causal relationship between the claimed recurrence of disability and the accepted August 12, 2019 employment injury, the Board finds that appellant has not met her burden of proof.

¹³ See *T.L.*, Docket No. 22-0881 (issued July 17, 2024); *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).

¹⁴ *Id.*

¹⁵ 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). See Federal (FECA) Procedure Manual, *supra* note 7 at *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 *I.P.*, Docket No. 24-0121 (issued March 11, 2024) (physical therapists are not considered physicians as defined under FECA); *L.S.*, Docket No. 19-1768 (issued March 24, 2020) (physical therapists are not considered physicians under FECA).

¹⁶ *T.L.*, *supra* note 13; *C.S.*, Docket No. 19-1279 (issued December 30, 2019).

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.¹⁷

To establish causal relationship between the condition, as well as any attendant disability claimed 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.¹⁸ 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 the specific employment factors identified by the claimant.¹⁹ The weight of medical evidence is determined by its reliability, its probative value, its convincing quality, the care of analysis manifested, and the medical rationale expressed in support of the physician's opinion.²⁰

ANALYSIS -- ISSUE 2

The Board finds that appellant has not met her burden of proof to expand the acceptance of her claim to include CRPS as causally related to the accepted August 12, 2019 employment injury.

In reports dated August 30 through November 20, 2023, Dr. Shivaram noted his review of the SOAF and the medical record and performed a physical examination finding no signs of CRPS. He determined that there was no correlation between the August 12, 2019 employment injury and the diagnosis of CRPS 1. Dr. Shivaram related that the medical records indicated that appellant had vague complaints of persistent pain with no associated findings recorded by her treating physicians to suggest the presence of CRPS 1. The Board finds that Dr. Shivaram's reports have reliability, probative value, and convincing quality with respect to the conclusions reached regarding appellant's claim for the additional condition of CRPS related to her August 12, 2019 employment injury. Dr. Shivaram provided a thorough factual and medical history and accurately summarized the relevant medical evidence with medical rationale for his opinion that appellant had no objective findings of CRPS. As Dr. Shivaram's report is sufficiently rationalized and based on an accurate factual history, his opinion constitutes the weight of the medical evidence.²¹

In reports dated November 10, 2020 through January 26, 2021, Dr. Rawski added the diagnosis of possible CRPS following fracture due to her hypersensitivity to normal stimuli in her

¹⁷ See *A.M.*, Docket No. 22-0707 (issued October 16, 2023); *V.P.*, Docket No. 21-1111 (issued May 23, 2022); *S.B.*, Docket No. 19-0634 (issued September 19, 2019); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

¹⁸ *K.B.*, Docket No. 22-0842 (issued April 25, 2023); *T.K.*, Docket No. 18-1239 (issued May 29, 2019).

¹⁹ *B.A.*, Docket No. 23-0422 (issued November 29, 2023); *R.P.*, Docket No. 18-1591 (issued May 8, 2019).

²⁰ *Id.*

²¹ *S.B.*, Docket No. 20-0643 (issued January 27, 2021); *R.J.*, Docket No. 17-1365 (issued May 8, 2019).

left lower extremity. He reported that this condition could develop following an injury. Dr. Rawski related that she was experiencing electric-type pain moving up toward the thigh from the left outside ankle, mild edema to the sinus tarsi on the left and to the proximal lateral column on the left, and mild pain to palpation along the posterior tibial tendon, sinus tarsi, and anterior left ankle. He diagnosed CRPS type 1 of the left lower extremity. The Board finds that Dr. Rawski introduced an equivocal aspect to his opinion by indicating that appellant's CRPS could have been related to the August 12, 2019 employment injury. The Board has long held that an opinion, which is equivocal or speculative in nature is of limited probative value regarding the issue of causal relationship.²² As such, Dr. Rawski's reports are insufficient to meet appellant's burden of proof.

In reports dated December 28, 2021 through November 2, 2023, Dr. Quintana examined appellant and related that she had a two-year history of a work-related injury which resulted in left lower extremity CRPS. He described her alleged March 25, 2019 employment injury of stepping on an uneven surface resulting in a stress fracture of the fourth metatarsal and her August 12, 2019 accepted employment injury. Dr. Quintana opined that the August 12, 2019 injury resulted in the diagnosed condition. On November 2, 2023 he diagnosed CRPS type 1 based on appellant's continued left lower extremity symptoms of pain, swelling, color and temperature changes, and hypersensitivity. Dr. Quintana opined that the CRPS diagnosis was related to the initial injury that occurred at work on August 12, 2019 and that she had received significant relief with lumbar sympathetic blocks. He related that her improvement with the lumbar sympathetic block suggested a sympathetic component to her pain. However, Dr. Quintana did not provide sufficient medical rationale to explain how CRPS was causally related to the accepted employment injury. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how a given medical condition has an employment-related cause.²³ Therefore, this evidence is insufficient to establish appellant's expansion claim.

As the medical evidence of record is insufficient to establish expansion of the acceptance of appellant's claim to include CRPS as causally related to the accepted August 12, 2019 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.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish a recurrence of disability commencing June 19, 2020, causally related to the accepted August 12, 2019 employment injury. The Board further finds that she has not met her burden of proof to expand

²² *S.L.*, Docket No. 23-0152 (issued May 16, 2023); *see L.L.*, Docket No. 21-0981 (issued July 1, 2022); *C.A.*, Docket No. 21-0601 (issued November 15, 2021); *J.P.*, Docket No. 19-0216 (issued December 13, 2019); *T.M.*, Docket No. 08-0975 (issued February 6, 2009).

²³ *J.T.*, Docket No. 23-1176 (issued March 19, 2024); *L.G.*, Docket No. 21-0770 (issued October 13, 2022); *T.T.*, Docket No. 18-1054 (issued April 8, 2020); *Y.D.*, Docket No. 16-1896 (issued February 10, 2017).

the acceptance of her claim to include CRPS as causally related to the accepted August 12, 2019 employment injury.

ORDER

IT IS HEREBY ORDERED THAT the June 18, 2024 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 22, 2024
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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