

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

R.J., Appellant	)	
	)	
and	)	Docket No. 24-0885
	)	Issued: September 30, 2024
U.S. POSTAL SERVICE, NORTH HOUSTON	)	
POST OFFICE, North Houston, TX, Employer	)	
	)	

*Appearances:*  
*Appellant, pro se*  
*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 August 27, 2024 appellant filed a timely appeal from March 4 and May 14, 2024 merit decisions of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act<sup>1</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 factors of her federal employment.

**FACTUAL HISTORY**

On December 20, 2023 appellant, then a 42-year-old rural carrier, filed an occupational disease claim (Form CA-2) alleging that she developed carpal tunnel syndrome due to factors of her federal employment including repetitive motions while grasping, pushing, and picking up mail.

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<sup>1</sup> 5 U.S.C. § 8101 *et seq.*

She noted that she first became aware of her condition and realized its relation to her federal employment on December 11, 2023.

In a December 26, 2023 development letter, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence required and provided a questionnaire for her completion. OWCP afforded appellant 60 days to submit the necessary evidence.

Thereafter, OWCP received additional evidence, including an illegible copy of a December 19, 2023 authorization for examination and/or treatment (Form CA-16).

In a December 19, 2023 report, Dr. Timothy Seay, Board-certified in emergency medicine, recounted that appellant sustained an injury that day while pulling and pushing mail, driving a vehicle, and performing heavy lifting. On examination, he found bilaterally positive Tinel's and Phalen's signs at the wrists, greater on the left. Dr. Seay diagnosed carpal tunnel syndrome and provided work restrictions. In a duty status report (Form CA-17) of even date, he provided work restrictions.

In a December 26, 2023 report, Hillary Spivey, a nurse practitioner, prescribed wrist braces and medication.

Thereafter, OWCP received a December 26, 2023 chart note by Tiffany Galloway, a nurse practitioner, and a Form CA-17 of even date by a nurse practitioner whose signature is illegible.

OWCP also received a January 1, 2024 Form CA-17 bearing an illegible signature.

In a follow-up letter dated January 24, 2024, OWCP advised appellant that it had conducted an interim review, and the evidence remained insufficient to establish her claim. It noted that she had 60 days from the December 26, 2023 letter to submit the requested supporting evidence. OWCP further advised that if the evidence was not received during this time, it would issue a decision based on the evidence contained in the record.

Thereafter, OWCP received a January 18, 2024 report by Dr. Mark Henry, a Board-certified orthopedic surgeon, wherein he recounted appellant's symptoms of bilateral hand pain, stiffness, weakness, and paresthesias, left greater than right, over a period of years. Appellant's symptoms worsened significantly in December 2023. On examination, Dr. Henry observed tendon and ligament function in the bilateral upper extremities within normal limits. He diagnosed bilateral carpal tunnel syndrome. Dr. Henry prescribed bilateral wrist splints and physical therapy. He held appellant off work for the period January 22 through February 5, 2024 to recuperate after planned January 22, 2024 right carpal tunnel release surgery.

OWCP also received an illegible copy of a January 18, 2024 upper extremity nerve conduction velocity (NCV) study that was not signed.

In a February 5, 2024 report, Dr. Henry held appellant off work for the period February 5 through 26, 2024 pending planned left carpal tunnel release surgery.

In a February 26, 2024 report, Dr. Henry noted that appellant underwent left endoscopic carpal tunnel release on January 22, 2024, and right endoscopic carpal tunnel release on February 12, 2024, and that appellant was healing normally. He prescribed physical therapy.

In an activity restrictions report of even date, Dr. Henry noted work restrictions for the right wrist, limiting lifting, pulling, carrying, gripping, pushing, twisting, turning, and use of tools to 10 pounds of force.

By decision dated March 4, 2024, OWCP denied appellant's occupational disease claim, finding that the medical evidence of record was insufficient to establish causal relationship between her diagnosed conditions and the accepted factors of her federal employment.

In a February 5, 2024 report, Dr. Henry noted planned right endoscopic carpal tunnel release.

In an April 25, 2024 report, Dr. Henry indicated that appellant no longer required work restrictions for either upper extremity.

On May 10, 2024 appellant requested reconsideration. She asserted that on January 18, 2024 she asked Dr. Henry if her bilateral hand pain was work related, and he answered "Yes." Appellant attributed her condition to constant lifting, pulling, carrying, gripping, twisting, and turning her hands during 22 years of work as a letter carrier.

By decision dated May 14, 2024, OWCP denied modification of its March 4, 2024 decision.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>2</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 limitation of FECA,<sup>3</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>4</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>5</sup>

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<sup>2</sup> *Supra* note 1.

<sup>3</sup> *E.K.*, Docket No. 22-1130 (issued December 30, 2022); *F.H.*, Docket No. 18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued April 26, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>4</sup> *S.H.*, Docket No. 22-0391 (issued June 29, 2022); *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *J.H.*, Docket No. 18-1637 (issued January 29, 2020); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

<sup>5</sup> *E.H.*, Docket No. 22-0401 (issued June 29, 2022); *P.A.*, Docket No. 18-0559 (issued January 29, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *Delores C. Ellyett*, 41 ECAB 992 (1990).

To establish that an injury was sustained in the performance of duty in an occupational disease claim, an employee must submit the following: (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 employee.<sup>6</sup>

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.<sup>7</sup> A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factor(s) must be based on a complete factual and medical background.<sup>8</sup> Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factor(s).<sup>9</sup>

### ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted factors of her federal employment.

In support of her claim, appellant submitted a chart note and Form CA-17 report dated December 19, 2023 by Dr. Seay, wherein he noted appellant's work duties and diagnosed carpal tunnel syndrome. She also submitted reports by Dr. Henry dated January 18 through April 25, 2024, wherein he recounted a history of bilateral hand pain and paresthesias, diagnosed bilateral carpal tunnel syndrome, and noted that appellant underwent endoscopic left and right carpal tunnel release. However, these doctors did not offer an opinion on causal relationship. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is of no probative value on the issue of causal relationship.<sup>10</sup> As such, these reports are of no probative value, and are insufficient to establish appellant's claim.

OWCP also received a January 1, 2024 Form CA-17 containing an illegible signature, and an unsigned January 18, 2024 NCV study. However, the Board has long held that reports that are unsigned or bear an illegible signature lack proper identification and cannot be considered

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<sup>6</sup> *R.G.*, Docket No. 19-0233 (issued July 16, 2019); *see also Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994); *Victor J. Woodhams*, 41 ECAB 345 (1989).

<sup>7</sup> *S.M.*, Docket No. 22-0075 (issued May 6, 2022); *S.S.*, Docket No. 19-0688 (issued January 24, 2020); *A.M.*, Docket No. 18-1748 (issued April 24, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

<sup>8</sup> *N.F.*, Docket No. 24-0885 (issued August 23, 2024); *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

<sup>9</sup> *J.D.*, Docket No. 22-0935 (issued December 16, 2022); *T.L.*, Docket No. 18-0778 (issued January 22, 2020); *Y.S.*, Docket No. 18-0366 (issued January 22, 2020); *Victor J. Woodhams*, *supra* note 6.

<sup>10</sup> *G.M.*, Docket No. 24-0388 (issued May 28, 2024); *C.R.*, Docket No. 23-0330 (issued July 28, 2023); *K.K.*, Docket No. 22-0270 (issued February 14, 2023); *S.J.*, Docket No. 19-0696 (issued August 23, 2019); *M.C.*, Docket No. 18-0951 (issued January 7, 2019); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

probative medical evidence because the author cannot be identified as a physician.<sup>11</sup> Therefore this evidence is also insufficient to establish the claim.

Appellant also submitted reports by nurse practitioners. The Board has held, however, that medical reports signed solely by a physician assistant, nurse practitioner, registered nurse, or medical assistant are of no probative value as such healthcare providers are not considered physicians as defined under FECA and are, therefore, not competent to provide medical opinions.<sup>12</sup> Consequently, their medical findings and/or opinions will not suffice for the purpose of establishing entitlement to FECA benefits.<sup>13</sup> Accordingly, these reports are insufficient to satisfy appellant's burden of proof.

As the medical evidence of record is insufficient to establish causal relationship between a medical condition and the accepted factors of federal employment, the Board finds that appellant has not met her burden of proof.<sup>14</sup>

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 medical condition causally related to the accepted factors of her federal employment.

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<sup>11</sup> *L.B.*, Docket No. 21-0353 (issued May 23, 2022); *T.D.*, Docket No. 20-0835 (issued February 2, 2021); *Merton J. Sills*, 39 ECAB 572, 575 (1988).

<sup>12</sup> 5 U.S.C. § 8101(2) provides that physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law. See 20 C.F.R. § 10.5(t). See also Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (May 2023); *T.S.*, Docket No. 24-0605 (issued August 23, 2024) (medical reports signed solely by a nurse practitioner are of no probative value as these care providers are not considered physicians as defined under FECA); *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).

<sup>13</sup> *T.S.*, *id.*

<sup>14</sup> The Board notes that where the evidence of record establishes that the employing establishment issued a completed and properly executed Form CA-16 authorization, such form may constitute a contract for payment of medical expenses to a medical facility or physician. The form creates a contractual obligation, which does not involve the employee directly, to pay for the cost of the examination or treatment regardless of the action taken on the claim. See 20 C.F.R. § 10.300(c); *J.J.*, Docket No. 24-0724 (issued July 20, 2024); *J.G.*, Docket No. 17-1062 (issued February 13, 2018); *Tracy P. Spillane*, 54 ECAB 608 (2003). However, in the present case, the Form CA-16 of record is illegible. As it cannot be determined whether the Form CA-16 was completed and properly executed, it also cannot be determined if the Form CA-16 constituted a contract for payment of medical expenses.

**ORDER**

**IT IS HEREBY ORDERED THAT** the March 4 and May 14, 2024 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: September 30, 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