United States Department of Labor
Employees' Compensation Appeals Board

O.R., Appellant	)	
and	)	**Docket No. 25-0070**
	)	**Issued: January 13, 2025**
DEPARTMENT OF HOMELAND SECURITY, TRANSPORTATION SECURITY ADMINISTRATION, Miami, FL, Employer	)	

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On October 30, 2024 appellant filed a timely appeal from June 27 and October 22, 2024 merit decisions of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (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 his burden of proof to expand the acceptance of his claim to include a right quadriceps and/or right knee condition causally related to or as a consequence of his accepted employment injuries.

[1] 5 U.S.C. § 8101 *et seq*.

FACTUAL HISTORY

This case has previously been before the Board.[2] The facts and circumstances of the case as set forth in the Board's prior decision and orders are incorporated herein by reference. The relevant facts are as follows.

On May 12, 2017 appellant, then a 34-year-old former transportation security officer, filed a traumatic injury claim (Form CA-1) alleging that on May 14, 2013 he aggravated a preexisting lumbar condition when dragging luggage while in the performance of duty. OWCP assigned this claim OWCP File No. xxxxxx403 and accepted it for an aggravation of a herniated disc at L5-S1. On April 1, 2017 appellant underwent a right inferior L5 hemilaminectomy, a right S1 anterior hemilaminectomy and foraminotomy, a partial facetectomy at L5, lysis of adhesions, and excision of an L5-S1 disc herniation.[3]

By decision dated July 7, 2017, OWCP denied appellant's traumatic injury claim as he had not factually established the occurrence of the alleged employment incident. It concluded, therefore, that the requirements had not been met to establish an injury as defined by FECA.

On its own motion, by decision dated September 18, 2017, OWCP modified the July 7, 2017 decision finding that appellant had established that the May 14, 2013 employment incident occurred, as alleged. However, it further found that he had not established a diagnosed condition causally related to the accepted May 14, 2013 employment incident.

On October 17, 2017 appellant requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review.

By decision dated January 26, 2018, OWCP's hearing representative vacated the September 18, 2017 decision, and accepted the claim for an aggravation of a herniated disc at L5-S1. He further found that the evidence was sufficient to require further development of the issue of whether appellant sustained a right lower extremity condition, in particular a knee condition, caused or aggravated by his April 22, 2013 and/or May 13, 2013 employment injuries and resultant surgery. OWCP's hearing representative referenced medical evidence contained in OWCP File No. xxxxxx033.

On February 8, 2018 OWCP advised appellant that it had accepted his claim for an aggravation of an L5-S1 herniated lumbar disc.

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[2] *Order Remanding Case*, Docket No. 18-1583 (issued September 17, 2019); *Order Remanding Case*, Docket Nos. 19-1241, 20-0373, & 20-0506 (issued June 23, 2020); Docket No. 23-0157 (issued July 25, 2023).

[3] Appellant has a previously accepted claim for a lumbar sprain and a herniated disc at L5-S1 on April 22, 2013, assigned OWCP File No. xxxxxx033. On May 22, 2017 appellant filed a Form CA-1 alleging that he injured his right knee on August 6, 2014 when performing lunges as part of a physical therapy/work conditioning program while in the performance of duty. OWCP assigned that claim OWCP File No. xxxxxx404. Appellant also has a claim for a December 9, 2014 traumatic injury under OWCP File No. xxxxxx125, and an occupational disease claim for an emotional condition under OWCP File No. xxxxxx667. Appellant's claims have been administratively combined by OWCP, with OWCP File No. xxxxxx033 serving as the master file.

On March 29, 2018 OWCP referred appellant to Dr. Clinton G. Bush, III, a Board-certified orthopedic surgeon, for a second opinion examination on the issue of whether he sustained a right knee condition causally related to or as a consequence of his April 22 and/or May 14, 2013 employment injuries. In the accompanying statement of accepted facts (SOAF), it noted that appellant currently worked in private employment.

In a report dated April 18, 2018, Dr. Bush provided his review of the medical evidence. He noted that it appeared that appellant had sustained an initial injury on April 22, 2013, and an aggravation of that injury on May 14, 2013. Dr. Bush indicated that appellant related that his right knee pain began in August 2014 while he performed work-hardening exercises. On examination of the spine, he found a negative straight leg raise with full range of motion and no spasm or crepitus. Dr. Bush further found normal alignment of the lower extremities without atrophy of the quadriceps or calves or sensory deficits. He diagnosed an apparent disc herniation and radiculopathy at L5-S1 due to the April 22, 2013 employment injury, status post-laminectomy and discectomy, and internal derangement of the right knee including a femoral trochlear chondral defect and a ruptured popliteal cyst. Dr. Bush noted appellant's belief that his back injury and right knee condition were related. He disagreed that he had right quadriceps atrophy due to altered gait mechanics resulting from the injury to his lumbar spine. Dr. Bush noted that the nerves affected by appellant's employment injury were the right L5 and S1 nerve roots, which did not innervate the quadriceps muscle. He further asserted that he had not found quadriceps atrophy on examination or that the medical evidence supported a gait abnormality. Dr. Bush noted that appellant had not informed his employer that work activities injured his knee. He advised that diagnostic studies showed anatomical pathology of the knee. Dr. Bush opined that there was no causal relationship between appellant's right knee symptoms and his April 22, 2013 employment injury.

By decision dated May 16, 2018, OWCP denied appellant's claim for a consequential right knee condition.

Appellant appealed to the Board on August 13, 2018.

In a report dated August 21, 2019, Dr. Jesse Z. Shaw, an osteopath, evaluated appellant for pain in his bilateral thighs and noted that he described an injury performing physical therapy. He diagnosed left hip and right thigh pain, and a strain of the muscles, fascia, and tendons of the left thigh. Dr. Shaw noted that when squatting appellant's right knee was higher than his left knee. He attributed appellant's symptoms of right quadriceps atrophy to his lumbar spine injury, and referenced an October 26, 2015 report. Dr. Shaw advised that appellant's joint effusion and ruptured popliteal cyst demonstrated on diagnostic studies were due to exercises he performed in physical therapy around August 6, 2014 and "to other work-related factors." He noted that appellant was not able to walk or put pressure on his right leg for a year after surgery due to swelling, and thus developed a strength imbalance rendering the right lower extremity prone to injury.

In an order dated September 17, 2019, the Board set aside OWCP's May 16, 2018 decision.[4] The Board found that OWCP, in its January 26, 2018 decision, and Dr. Bush, the

[4] *Order Remanding Case*, Docket No. 18-1583 (issued September 17, 2019).

OWCP referral physician, had referenced evidence not contained in the current file. The Board further indicated that appellant had filed a claim for a traumatic injury on August 6, 2014 to his right knee resulting from performing lunges in physical therapy under OWCP File No. xxxxxx404. The Board remanded the case for OWCP to combine OWCP File Nos. xxxxxx033, xxxxxx403, and xxxxxx404 and thereafter issue a *de novo* decision.

Subsequently, OWCP received an unsigned March 7, 2015 impairment evaluation from Dr. Stephen S. Wender, a Board-certified orthopedic surgeon, who determined that appellant had 10 percent whole person impairment due to his back condition. On examination, Dr. Wender found three-eighths of an inch of atrophy on the right *versus* the left lower extremity.

In a report dated April 5, 2016, Dr. Samy F. Bishai, an orthopedic surgeon, described appellant's complaints of back pain, weakness, and atrophy of the right quadriceps, pain and swelling in the right knee joint, calf swelling, and right leg radiculopathy. He recounted appellant's history of employment injuries on April 22 and May 14, 2013 treated with surgery on April 1, 2014. On examination Dr. Bishai found right knee tenderness and some "wasting or atrophy of the vastus medialis of the quadriceps muscle group of the right knee." For the right lower extremity, he diagnosed slight atrophy of the vastus medialis of the right knee joint and to rule out internal derangement. Dr. Bishai opined that "the vastus medialis atrophy is not related to a primary pathology in the right knee joint but is rather related to his back condition." He attributed it to the May 14, 2013 employment injury rather than the initial April 22, 2013 employment injury.

By decision dated December 30, 2019, OWCP denied appellant's request to expand the acceptance of his claim to include a right knee condition due to his herniated L5-S1 lumbar disc.

On January 6, 2020 appellant appealed to the Board. The Clerk of the Appellate Boards assigned Docket No. 20-0506.[5]

By order dated June 23, 2020, the Board set aside the December 30, 2019 decision and remanded the case for OWCP to administratively combine OWCP File Nos. xxxxxx033, xxxxxx403, xxxxxx404, and xxxxxx125, followed by a *de novo* decision.[6]

OWCP thereafter administratively combined appellant's claims. The relevant medical evidence received in appellant's other claim files, included a magnetic resonance imaging (MRI) scan of the right knee, obtained on April 23, 2015, revealed joint effusion and a 1.2-centimeter defect in the trochlea.

[5] While the appeal in Docket No. 20-0506 was pending, OWCP issued a January 7, 2020 decision correcting the December 30, 2019 decision denying appellant's request to expand the acceptance of his claim to include a right knee condition due to his herniated L5-S1 lumbar disc. Appellant appealed the January 7, 2020 decision to the Board. By order dated June 23, 2020, the Board declared the January 7, 2020 OWCP decision null and void and dismissed appellant's appeal in Docket No. 20-0533, as there was no final adverse decision over which the Board could take jurisdiction. The Board explained that the January 7, 2020 decision involved the same issue that was already on appeal in Docket No. 20-0506. *Order Dismissing Appeal*, Docket No. 20-0533 (issued June 23, 2020).

[6] *Order Remanding Case*, Docket Nos. 19-1241, 20-0373, & 20-0506 (issued June 23, 2020).

In an undated note, Dr. Shaw recounted appellant's history of an April 22, 2013 injury to his back lifting luggage at work with symptoms of right radiculopathy. He underwent a lumbar laminectomy and discectomy on April 12, 2014. Appellant complained of pain in his right knee and leg spasms while undergoing physical therapy. On examination, Dr. Shaw observed weakness of the quadriceps and tenderness of the right thigh. He diagnosed right quadriceps muscle weakness and atrophy, right knee effusion, and a defect of the trochlea of the right knee cartilage. Dr. Shaw attributed the right quadriceps atrophy to "the injury to his lumbar spine which led to non-physiological altered gait mechanics thus leading to pathologic knee symptoms." He found that appellant's symptoms resulted from the April 22, 2013 injury to his lumbar spine.

In a progress report dated October 5, 2015, Dr. Shaw discussed appellant's complaints of pain in the right thigh and knee. On examination he observed 4/5 strength in the left thigh with intact sensation, no swelling, and a normal gait. Dr. Shaw diagnosed unspecified right joint effusion, right muscle wasting and atrophy, and right muscle weakness. He related, "There is atrophy of the right quadricep leading to a non-physiological altered gait mechanics leading to pathological knee symptoms. I do believe [appellant's] symptoms are a result from a prior injury." Dr. Shaw provided similar progress reports on November 16, 2015 and February 15, 2016.

In a November 13, 2015 progress report, Dr. Jonathan A. Hyde, an orthopedic surgeon, noted a normal examination of the right knee and lower leg. He diagnosed other intervertebral lumbar disc displacement. Dr. Hyde reviewed the April 23, 2015 MRI scan of the right knee. He indicated that he had previously told appellant that his knee pain was "not a direct consequence of his herniated disc or the resultant spine surgery, considering he relates quadriceps atrophy which would be from the L4 nerve root which is not the case. As far as having a knee cartilage defect of the trochlea, the pathology would be more of a biomechanical problem that would directly cause pain to his knee, as well as cause quadriceps atrophy."

A March 31, 2016 MRI scan of the right knee revealed joint effusion with findings of a ruptured popliteal cyst and findings suggestive of a bone bruise without definite fracture.

In a report dated June 14, 2017, Dr. Bishai noted that in his report of April 5, 2016 he had attributed appellant's vastus medialis atrophy to a back condition from his May 14, 2013 employment injury rather than a pathology of the knee joint. He related that the May 14, 2013 employment injury had caused an aggravation of the original April 22, 2013 employment injury and the "development of radiculopathy due to compression of a nerve root in the back. It was my opinion that the atrophy to the vastus medialis is related to compression of a nerve root secondary to the back condition. I do not believe that it is directly related to his knee condition as a primary injury." Dr. Bishai advised that kneeling to check oversize bags may have contributed to appellant's right knee joint problems. He related that the MRI scan findings of joint effusion and a bone bruise "could have resulted from the type of work that he does…."

By decision dated August 5, 2020, OWCP denied appellant's request to expand the acceptance of his claim to include a right knee and right quadriceps condition causally related to any of his employment injuries.

On August 17, 2020 appellant appealed to the Board.

By decision dated July 25, 2023, the Board set aside the August 5, 2020 decision.[7] The Board found a conflict in medical opinion between Drs. Shaw and Bishai, appellant's treating physicians, and Dr. Bush, the second opinion physician, regarding whether appellant sustained a right lower extremity condition causally related to his accepted employment injuries. The Board remanded the case for OWCP to refer appellant to an impartial medical examiner (IME) to resolve the conflict in the medical opinion evidence regarding whether acceptance of appellant's claim should be expanded to include a right quadriceps or right knee condition due to an accepted employment injury, followed by a *de novo* decision.

On September 21, 2023 OWCP referred appellant, the case record, and a statement of accepted facts (SOAF), to Dr. Jon D. Donshik, a Board-certified orthopedic surgeon specializing in surgery of the spine, for an impartial medical examination.

In a report dated November 9, 2023, Dr. Donshik provided his review of the history of injury and medical records. On examination he found full range of motion of the knees and a negative straight leg raise bilaterally. Dr. Donshik diagnosed lumbar radiculitis and right knee pain unrelated to the 2013 employment injury. He noted that appellant had not complained of knee pain after the injury.

By *de novo* decision dated January 31, 2024, OWCP denied appellant's request to expand its acceptance of the claim to include a right quadriceps or right knee condition causally related to his accepted work injuries.

On February 5, 2024 appellant, through then-counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

Following a preliminary review, by decision dated March 12, 2024, OWCP's hearing representative vacated the January 31, 2024 decision. The hearing representative found that Dr. Donshik had addressed only the May 14, 2013 employment injury and had failed to sufficiently explain his conclusions. The hearing representative remanded the case for OWCP to update its SOAF and obtain a supplemental report from Dr. Donshik.

OWCP prepared an updated SOAF and supplemental questions; however, Dr. Donshik declined to provide an addendum because appellant consistently contacted his office, engaging in harassing conduct, thereby causing him and his staff to feel uncomfortable. On April 25, 2024 it referred appellant to Dr. Andrew M. Hutter, a Board-certified orthopedic surgeon, for an impartial medical examination.

In a report dated May 17, 2024, Dr. Hutter discussed appellant's history of injuries in April and May 2013, which were treated with a lumbar discectomy in April 2014, and provided his review of the medical evidence of record. On examination of the right knee he found no swelling, warmth, or erythema, full range of motion, no tenderness to palpation of the medial and lateral joint lines or with patellofemoral compression, a negative McMurray's test, a negative Anterior drawer test, no varus or valgus laxity, and minimal tenderness over the medial cruciate ligament. Dr. Hutter diagnosed status post lumbar decompression for lumbar radiculopathy and right knee

[7] Docket No. 23-0157 (issued June 25, 2023).

pain with a history of a Baker's cyst. He noted that appellant had a low back injury and subsequently developed right knee problems and an apparent Baker's cyst. Dr. Hutter indicated that he found no indication of a Baker's cyst or any quadriceps atrophy of significance. He opined that the lumbar injury was employment related but not any right knee pathology. Dr. Hutter agreed that any atrophy in the quadriceps would be related to lumbar disc pathology at L1, L2, or L3 but found nothing in MRI scans consistent with such a finding. He provided work restrictions.

On May 31, 2024 appellant asserted that Dr. Hutter had not completely responded to OWCP's questions.

By decision dated June 27, 2024, OWCP denied appellant's request to expand the acceptance of his claim to include a right quadriceps or right knee condition causally related to his accepted employment injuries.

On June 29, 2024 appellant requested a review of the written record before a representative of OWCP's Branch of Hearings and Review. He submitted a July 3, 2023 report from Dr. Bush, who opined that appellant's "right knee symptoms and the findings of a ruptured popliteal cyst with resultant right calf pain" were not related to the April 22, 2013 employment injury. Dr. Bush advised that appellant's right knee symptoms were not related to changes on MRI scan at T12-L1 or between L3 and S1. He also determined that there was insufficient evidence to support causation between squatting or kneeling at work and the formation of a right knee popliteal cyst.

Appellant further submitted an addendum from Dr. Bush diagnosing lumbar intervertebral disc displacement due to an April 22, 2013 employment injury and lumbar strain from May 13, 2013 and December 9, 2014 employment injuries.

By decision dated October 22, 2024, OWCP's hearing representative affirmed the June 27, 2024 decision.

LEGAL PRECEDENT

Where 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.[8]

The medical evidence required to establish causal relationship between a specific condition, as well as any attendant disability claimed, and the employment injury, is rationalized medical opinion evidence.[9] 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.[10] Additionally, the opinion of the physician must be expressed

[8] *L.M.*, Docket No. 23-1040 (issued December 29, 2023); *J.R.*, Docket No. 20-0292 (issued June 26, 2020); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

[9] *C.S.*, Docket No. 23-0746 (issued December 11, 2023); *T.C.*, Docket No. 19-1043 (issued November 8, 2019); *M.W.*, 57 ECAB 710 (2006); *John D. Jackson*, 55 ECAB 465 (2004).

[10] *E.M.*, Docket No. 18-1599 (issued March 7, 2019); *Robert G. Morris*, 48 ECAB 238 (1996).

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 the specific employment factor(s) identified by the claimant.[11]

The employee also bears the burden of proof to establish a claim for a consequential injury.[12] In discussing the range of compensable consequences, once the primary injury is causally connected with the employment, the question is whether compensability should be extended to a subsequent injury or aggravation related in some way to the primary injury. The basic rule is that a subsequent injury, whether an aggravation of the original injury or a new and distinct injury, is compensable if it is the direct and natural result of a compensable primary injury.[13]

Section 8123(a) of FECA provides that, if there is disagreement between an OWCP-designated physician and the employee's physician, OWCP shall appoint a third physician who shall make an examination.[14] When there exist opposing medical reports of virtually equal weight and rationale and the case is referred to an IME for the purpose of resolving the conflict, the opinion of such specialist, if sufficiently well rationalized and based upon a proper factual background, must be given special weight.[15]

ANALYSIS

The Board finds that appellant has not met his burden of proof to expand the acceptance of his claim to include a right quadriceps and/or right knee condition causally related to or as a consequence of his accepted employment injuries.

Preliminarily, the Board notes that it is unnecessary for the Board to consider the evidence appellant submitted prior to the issuance of OWCP's August 5, 2020 decision as the Board considered this evidence in its July 25, 2023 decision. Findings made in prior Board decisions are *res judicata* absent further review by OWCP under section 8128 of FECA.[16]

The Board, on prior appeal, found that a conflict existed between Dr. Shaw and Bishai, appellant's treating physicians, and Dr. Bush, an OWCP referral physician, regarding whether he had sustained a right lower extremity condition causally related to his accepted employment injuries. The Board instructed OWCP to refer him for an impartial medical examination, pursuant

[11] *D.W.*, Docket No. 22-0136 (issued October 10, 2023); *M.V.*, Docket No. 18-0884 (issued December 28, 2018); *I.J.*, 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

[12] *T.A.*, Docket No. 21-0798 (issued January 31, 2023); *V.K.*, Docket No. 19-0422 (issued June 10, 2020); *A.H.*, Docket No. 18-1632 (issued June 1, 2020); *I.S.*, Docket No. 19-1461 (issued April 30, 2020).

[13] *A.J.*, Docket No. 23-0404 (issued September 8, 2023); *K.S.*, Docket No. 17-1583 (issued May 10, 2018).

[14] 5 U.S.C. § 8123(a); *see also* 20 C.F.R. § 10.321.

[15] *See D.M.*, Docket No. 22-1139 (issued January 19, 2023); *K.D.*, Docket No. 19-0281 (issued June 30, 2020); *Y.A.*, 59 ECAB 701 (2008); *Darlene R. Kennedy*, 57 ECAB 414 (2006); *Gloria J. Godfrey*, 52 ECAB 486 (2001); *James P. Roberts*, 31 ECAB 1010 (1980).

[16] *D.S.*, Docket No. 22-0323 (issued September 26, 2022); *J.A.*, Docket No. 18-1586 (issued April 9, 2019); *Clinton E. Anthony, Jr.*, 49 ECAB 476, 479 (1998); *Lillian M. Jones*, 34 ECAB 379, 381 (1982).

to 5 U.S.C. § 8123(a), for resolution of the conflict. OWCP subsequently referred appellant to Dr. Donshik for an impartial medical examination; however, after he declined to respond to its request for clarification of his report, it properly referred appellant to Dr. Hutter for a new impartial medical examination.[17]

On May 17, 2024 Dr. Hutter reviewed appellant's history of injuries in April and May 2013 and lumbar discectomy in April 2014. He noted that appellant complained of right knee problems and an apparent Baker's cyst after a low back injury. Dr. Hutter provided examination findings for the right knee of no swelling, warmth, or erythema, full range of motion, no tenderness to palpation of the medial and lateral joint lines or with patellofemoral compression, a negative McMurray's test, a negative Anterior drawer test, no varus or valgus laxity, and minimal tenderness over the medial cruciate ligament. He related that he had found no evidence of significant quadriceps atrophy or a Baker's cyst on examination. Dr. Hutter found that any right knee pathology was unrelated to the lumbar injury. He advised that any quadriceps atrophy would be due to lumbar disc pathology at L1, L2, or L3, which was not supported by diagnostic studies.

The Board finds that Dr. Hutter accurately described the accepted employment injuries and noted his review of the medical record. Dr. Hutter performed a thorough clinical examination and provided detailed findings. He provided a rationalized opinion regarding whether the acceptance of appellant's claim should be expanded, noting normal findings on examination with no significant atrophy or a Baker's cyst. The Board therefore finds that Dr. Hutter's opinion is entitled to the special weight accorded to an IME and establishes that appellant has not met his burden of proof to expand the acceptance of his claim to include a right lower extremity condition causally related to his accepted employment injuries.[18]

The remaining evidence submitted following Dr. Hutter's report is insufficient to support claim expansion. In a July 3, 2023 report, Dr. Bush found that appellant's right knee symptoms and ruptured popliteal cyst were unrelated to the April 22, 2013 employment injury. In an addendum, he provided no opinion regarding whether the acceptance of appellant's claim should be expanded to include a right knee condition. Consequently, Dr. Bush's reports are insufficient to meet his burden of proof to expand the acceptance of his claim.[19]

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.

[17] When OWCP obtains an opinion from an IME which requires clarification or elaboration, OWCP must secure a supplemental report from the specialist to correct the defect. If the IME is unavailable or unwilling to provide a supplemental opinion, OWCP shall refer appellant for a new IME to obtain a rationalized medical opinion on the issue. *See S.S.*, Docket No. 24-0147 (issued July 2, 2024); *P.J.*, Docket No. 23-1168 (issued February 6, 2024); *Talmadge Miller*, 47 ECAB 673 (1996); *Harold Travis*, 30 ECAB 1071, 1078 (1979).

[18] *See A.P.*, Docket No. 24-0170 (issued March 26, 2024); *M.G.*, Docket No. 23-0674 (issued October 3, 2023); *F.A.*, Docket No. 20-1652 (issued May 21, 2021).

[19] *See T.T.*, Docket No. 24-0538 (issued June 25, 2024); *R.C.*, Docket No. 21-1018 (issued September 1, 2023); *R.P.*, Docket No. 22-1349 (issued June 12, 2023); *F.S.*, Docket No. 23-0112 (issued April 26, 2023).

CONCLUSION

The Board finds that appellant has not met his burden of proof to expand the acceptance of his claim to include a right quadriceps or right knee condition causally related to or as a consequence of his accepted employment injuries.

ORDER

IT IS HEREBY ORDERED THAT the June 27 and October 22, 2024 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: January 13, 2025
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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