

File Number:
KC-CA-181-D-S

U S. DEPARTMENT OF LABOR OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 11 KCM
LONDON, KY 40742-8300
Phone: (816) 268-3040

April 16, 2013

Date of Injury:
Employee:

Dear :

Under the schedule award provisions of the Federal Employees' Compensation Act (FECA) at 5 U.S.C. 8107, the Office of Workers' Compensation Programs makes the following:

AWARD OF COMPENSATION

1. Degree and Nature of Permanent Impairment: an additional 3% for the right knee. This brings your total impairment ratings to 10% right leg schedule award due to the right knee condition.
2. Date of Maximum Medical Improvement: 1/22/2013
3. Period of Award: 1/22/2013 to 3/23/2013
4. Number of Weeks of Compensation: 8.64
5. Weekly Pay: \$922.12 X Compensation Rate: 75 % = \$691.59
6. Effective Date of Pay Rate: 1/4/2006
7. After Cost-of-Living Adjustments, Your Weekly Compensation beginning 1/22/13 is \$801.50 and effective 3/1/13 is \$815.00
8. Your Payment and the Period Covered: \$6968.34 for the period of 1/22/2013 to 3/23/2013

Payment of your award ends when you have been paid for the last day shown in item 3 above.

Section 8107 of the Federal Employees' Compensation Act (FECA) and its implementing regulations (20 CFR 10.404; see also 20 CFR Part 10) set forth the number of weeks of compensation to be paid for the permanent loss or loss of use of specified members, functions and organs of the body known as permanent impairment. The commencement period of the award is usually the date of maximum medical improvement, the date that the physical condition of the injured member has stabilized and is not expected to improve further.

The FECA, however, does not in most instances specify the manner by which the percentage loss of a member, function or organ shall be determined. To ensure consistent results and equal justice under the law, good administrative practice requires the use of uniform standards applicable to all claimants. The implementing regulations have adopted the American Medical Association, *Guides to the Evaluation of Permanent Impairment*, as the appropriate standard for evaluating schedule losses. Currently, schedule awards are calculated using the Sixth Edition of the AMA *Guides*.

If you have a disability (a substantially limiting physical or mental impairment), please contact our office/claims examiner for information about the kinds of help available, such as communication assistance (alternate formats or sign language interpretation), accommodations and modifications.

The percentage of permanent impairment noted above was based on the medical findings, report of Dr. [redacted] dated 1/22/2013, and the report of the District Medical Advisor (DMA) dated 2/1/2013. Copies of these reports are provided for your reference

Your treating physician, Dr. [redacted], first evaluated you for permanent impairment on 12/20/2011. The DMA stated that the rating offered was 3% for a medial meniscectomy and 25% for an anterior cruciate ligament tear with moderate laxity. The DMA notes that the ratings are each at the "E" value from a Grid diagnosis. The DMA referenced that Dr. [redacted] did not provide detailed information as to how he selected the "E" values for the diagnoses. In addition, the AMA Guides precludes using two grid diagnoses. In the case of two significant diagnoses, the examiner should use the diagnosis with the highest impairment. Therefore, his rating is not acceptable for schedule award purposes.

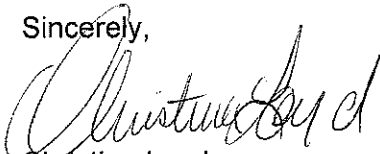
As a result of the deficiencies in Dr. [redacted] report, you were referred by this Office for a second opinion medical evaluation with Dr. [redacted] on 1/22/2013. Dr. [redacted] completed a thorough medical exam based on a complete medical history of your injury and the current Statement of Accepted Facts. Dr. [redacted] report indicated a 10% permanent impairment rating to your right leg due to the right knee injury using the Knee Regional Grid from the AMA Guides.

The report was forwarded to the DMA for evaluation of Dr. [redacted] calculations. The DMA concurred with Dr. [redacted] assessment.

You previously received an award for 7% permanent impairment for your leg due to your right knee injury. The previous awards must be subtracted from the 10% rating determined by Dr. [redacted] and the DMA. This resulted in the additional ratings of 3% for your right leg due to the right knee injury. The percentage of permanent impairment shown above was calculated by DMA, who applied the Guides to the medical findings provided by the second opinion specialist and provided an explanation for the calculation. The calculation is proper and in accordance with the Guides.

If you disagree with this decision, you should carefully review the attached appeal rights, and pursue whichever avenue is appropriate to your situation

Sincerely,



Christina Loyd
Senior Claims Examiner
CL/jsf

Enclosures: Appeal Rights; Important Information; and Medical Reports (Dr. [redacted] report and the DMA's reports dated 11/18/12 and 2/1/13).

1/22/13

PO BOX 10267
SAVANNAH, GA 31412

IMPORTANT INFORMATION

Please read the following information carefully. Keep this award letter so you can refer to it when necessary. If you have questions concerning this award, write to the address shown in the letterhead.

- 1. HOW COMPENSATION IS PAID** - Direct deposit is the fastest and most secure way to receive your award payments. **We strongly encourage you to submit a Standard Form 1199A, which will enable us to direct deposit your payment(s) into your bank.** Your first payment will be issued within 30 days. If further payments are due, they will be made every four weeks until the expiration of the award.
- 2. LUMP SUM PAYMENTS** - If you are currently working, or if you are receiving retirement benefits from the Office of Personnel Management, you may be entitled to a "lump-sum" payment of your schedule award. Please contact the District Office at the address listed on the first page of this letter and specifically request information concerning this option.
- 3. CHANGE OF ADDRESS** - Notify this office immediately of any change of address either for correspondence or for direct deposit. Notification must be in writing, signed by you, to the address shown on the first page of this letter. Include your file number, your old address, and your new address.
- 4. CHANGE IN STATUS OF DEPENDENTS** - If your award is paid at the augmented rate of 3/4 because you have one or more dependents, you are required to provide written notification immediately of any change in status of your dependents, to the address on the first page of this letter. The notice must be signed by you and include your file number, the name of the dependent whose status changed, the effective date of the change, and the nature of the change in status. If you originally claimed only one dependent, and there is a change in the status of your sole dependent, do not cash any checks you receive after the change in status of that dependent. Return the checks promptly for adjustment by this Office.
- 5. RETURN TO WORK** - You may work or receive retirement benefits from the Office of Personnel Management (OPM) during the period of this award without any effect on your schedule award payments.
- 6. SOCIAL SECURITY DISABILITY BENEFITS** - Please contact your local Social Security Office regarding this award if you are receiving or have filed for Social Security Disability Benefits.
- 7. VA BENEFITS** - You are required to notify this office if you have received, or are receiving any VA benefits for the same part of the body.
- 8. EXPIRATION OF AWARD** - After the ending date of this award noted in item 3, your entitlement to compensation will be based solely on disability for work resulting from the accepted injury. You may claim continuing compensation by submitting evidence showing that the accepted injury prevents you from performing the kind of work you were doing when injured and from earning comparable wages. Please note that compensation for disability cannot be paid for any period during which you receive retirement benefits from OPM.