

RECEIVED MAR 18 2014

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 12 DEN
LONDON, KY 40742-8300
Phone: (303) 202-2500

March 10, 2014

Date of Injury:
Employee:

Dear Mr. _____ :

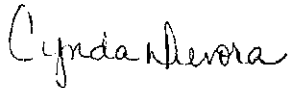
This concerns your compensation case and your request for reconsideration received on 02/11/2014.

We have evaluated the evidence submitted and have reviewed the merits of your case under 5 U.S.C. 8128. You have provided sufficient evidence to warrant modification of the decision dated 09/17/2013. Based on the information received, the decision is now vacated.

The reasons for this decision are outlined in the enclosed Notice of Decision.

Please see the enclosed acceptance letter for a discussion of your rights and responsibilities.

Sincerely,



Cynda Devora
Senior Claims Examiner

File Number:
Merit Review4-D-RECO

Cc:

PAUL FELSER
ATTORNEY
7 E CONGRESS ST STE 400
SAVANNAH, GA 31401

NOTICE OF DECISION

Claimant Name:

Case Number:

ISSUE: The issue for determination is whether the evidence presented is of sufficient probative value to vacate the decision dated 09/17/2013.

REQUIREMENTS FOR ENTITLEMENT: In accordance with the regulations set forth in 20 CFR § 10.609, if an application for reconsideration is accompanied by new and relevant evidence or by an arguable case for error, OWCP will conduct a merit review of the case to determine whether the prior decision should be modified. If sufficient evidence exists to overturn the prior decision, it should be vacated.

BACKGROUND: On _____ you filed a claim for Traumatic Injury indicating you sustained an injury or medical condition on _____ as a result of your employment. You cited that your injury occurred while a co working was laying atop your foot and ankle while you were in a twisted position.

On 09/17/2013 a formal decision was issued in your case finding insufficient medical evidence to meet the requirements of the third basic element, Fact of Injury, Medical. The documentation upon which the decision was based included a CA-16, Authorization for Examination and Treatment. The reason for the decision was that the Form CA-16 was not considered a valid medical document for the purpose of supporting your claim. It did not provide a diagnosis for your injury, the signature was not legible and it did not provide a medical history for your injury nor did it discuss objective medical finding for the injury itself.

You disagreed with the 09/17/2013 decision and requested reconsideration by letter/appeal request form received on 02/11/2014.

DISCUSSION OF EVIDENCE: The evidence reviewed in support of your reconsideration request includes Medical report; diagnosis and casual relationship statement from Dr. _____ dated 08/22/2013, 09/19/2013 and 11/07/2013, 11/14/2013, 11/19/2013, 12/17/2013 and medical narrative from Dr. _____ dated 12/18/2013 MRI of your left ankle dated 11/11/2013.

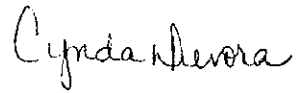
The evidence is sufficient to vacate the decision dated 09/17/2013 because in the new medical evidence that was submitted by Dr. _____, he states that you sustained a sprained ankle and a contusion of your foot. As a result you now have tenosynovitis of the foot and ankle as a result of the work injury of _____

BASIS FOR DECISION: The evidence is sufficient to vacate the decision dated 09/17/2013 because the file now clearly contains the sufficient medical documentation to support that you sustained a medical condition as a result of your Federal employment.

File Number:
Merit Review4-D-RECO

CONCLUSION: Therefore, the decision dated 09/17/2013 is vacated.

Your case is now accepted for sprain of ankle, other specified sites, left, 84509;
tenosynovitis of foot and ankle, left, 72706; contusion of foot, left, 92420.



Cynda Devora
Senior Claims Examiner