

File Number:
ff-O-NO

RECEIVED MAR 14 2014

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 6 JAC
LONDON, KY 40742-8300
Phone: (904) 366-0100

March 13, 2014

Date of Injury:
Employee:

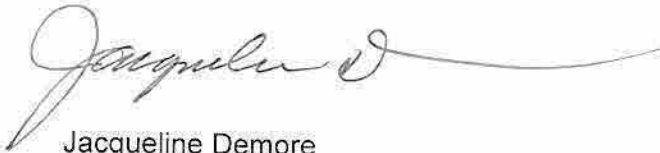
PAUL FELSER
P.O. BOX 10267
SAVANNAH, GA 31412

Dear Mr. Felser:

This letter is in reference to your letter dated 03/11/2014. The medical evidence dated 02/27/2014 has been reviewed. The recurrence and the surgical request for a right shoulder arthroscopy rotator cuff repair have been approved.

A copy of the recurrence decision has been mailed to you and the employee.

Sincerely,



Jacqueline Demore
Claims Examiner

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.

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PO BOX 8300 DISTRICT 6 JAC
LONDON, KY 40742-8300
Phone: (904) 366-0100

March 13, 2014

Date of Injury:
Employee:

Dear Ms.

This is to notify you that your claim for recurrence effective _____ has been ACCEPTED by this office.

This acceptance was based on the following evidence:

Medical note dated 02/24/2014 signed by Dr. _____ opined "otherwise failed conservative care. There is no new injury to her right rotator cuff, there are no other contributing factors, there are no other options to treat her rotator cuff tear. This is certainly related to her prior work injury lip to 20% of rotator cuff repairs will fail and this one has".

A list of all accepted conditions in your case is below:

<u>Diagnosed condition(s)</u>	<u>ICD-9 code(s)</u>
SPRAIN OF SHOULDER AND UPPER ARM, ROTATOR CUFF RIGHT	8404
SPRAIN OF SHOULDER AND UPPER ARM OTHER SPECIFIED SITES, RIGHT	8408
OTHER AFFECTIONS OF SHOULDER REGION NOT ELSEWHERE CLASSIFIED, RIGHT	7262
COMPLETE ROTATOR CUFF RUPTURE, RIGHT	72761
DISPLACEMENT OF CERVICAL INTERVERTEBRAL DISC WITHOUT MYELOPATHY	7220
CERVICAL SPONDYLOSIS WITHOUT MYELOPATHY	7210

We have authorized the following medical treatment associated with this recurrence:

**(29827) ARTHROSCOP ROTATOR CUFF REPAIR, Right 03/13/2014 thru 04/13/2014
Please call this office with your surgical date once scheduled.**

If you have lost time from work due to your recurrence, and have not already completed a CA-7 form, please submit a form CA-7 through your employing agency (for intermittent dates please include form

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.

File Number:
REC ACCEPT (Disability)-D-RECU

CA-7a). Please ensure that you also provide relevant medical evidence from a qualified physician to support the periods claimed.

As a reminder, OWCP must approve in advance any surgery or procedure other than emergency surgery (that is, a procedure which must be performed right away to preserve life or the function of an organ or body part). You (or your medical provider) should contact OWCP for authorization at least 30 days before the intended date of the procedure. We will advise you of the information needed to determine whether OWCP can authorize the requested procedure. Medical providers should contact our medical authorization and bill processing contractor (ACS) for all authorizations and billing questions. Automated information is available 24 hours per day at 1-866-335-8319 or online at <http://owcp.dol.acs-inc.com>. The medical authorization fax line is 1-800-215-4901. If you, your physician, or other medical providers require direct contact with a customer service representative, you may call 1-850-558-1818, Monday – Friday, 8am – 8pm EST (this is a toll call).

If you have any questions regarding your claim, you may contact the Office at the phone number and address listed above. Note that you can also view your case and compensation claim status, billing updates including reimbursements, coverage limitations, and other information on line via the Claimant Query System (CQS) at <http://owcp.dol.acs-inc.com>. General information can be obtained on the Department of Labor website at <http://www.dol.gov/owcp/dfec/index.htm>.

Note - You can submit documentation pertaining to your FECA case to the address at the top of this letter, OR you can electronically upload documents into your case using the Employees' Compensation Operations and Management Portal (ECOMP). You can access ECOMP from any internet browser at: <https://www.ecomp.dol.gov/>. When you access the website, choose the "Upload Document" option. You will be asked to provide your case number, last name, date of birth and date of injury to upload a document. ECOMP will then provide you with a Tracking Number so that you can verify when OWCP has received your document. For more detailed information about this document submission feature, visit the ECOMP website and click "Help."

Sincerely,



Jacqueline Demore
Claims Examiner

CC:

PAUL FELSER
P.O. BOX 10267
SAVANNAH, GA 31412