File Number: CA-181-D-S

U.S. DEPARTMENT OF LABOR

RECEIVED SEP 2 5 2014

OFFICE OF WORKERS' COMP PROGRAMS

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

September 23, 2014

Date of Injury: Employee:

Dear Mr.

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: Additional 6% right arm (10% previously paid in case number 062174923) for a total 16% right arm
- 2. Date of Maximum Medical Improvement: 01/31/2014
- 3. Period of Award: 01/31/2014 to 06/11/2014
- 4. Number of Weeks of Compensation: 18.72
- 5. Weekly Pay: \$1,767.67 X Compensation Rate: 75 % = \$1,375.75
- 6. Effective Date of Pay Rate: 06/28/2010
- 7. After Cost-of-Living Adjustments, Your Weekly Compensation is: \$1,407.66
- 8. Your Payment and the Period Covered: \$26,351.36 from 01/31/2014 to 06/11/2014.

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

Section 8107 of the FECA and its implementing regulations 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. 20 C.F.R. 10.404; see also 20 C.F.R. Part 10. The commencement period of the schedule 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.

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The percentage of permanent impairment noted above was based on the medical findings and report of Dr. dated and the report of the District Medical Advisor (DMA) dated Copies of these reports are provided for your reference.

The percentage of impairment shown above was calculated by a District Medical Advisor, who applied the Guides to the medical findings provided by your treating physician and determined the date of maximum medical improvement based on the medical evidence of record. The impairment percentage above differs from the percentage provided by your treating physician. In reviewing the evidence, the District Medical Advisor has determined that your physician incorrectly applied the Guides to the findings on examination. Dr. estimated 5% for your right arm. The DMA determined that your impairment rating should be an additional 6%.

A copy of the District Medical Advisor's calculation, which explains this discrepancy, is attached. The weight of the medical evidence regarding the percentage of impairment is being given to the District Medical Advisor because he correctly applied the Guides to the examination findings.

## 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.