

File Number: 062241060
CA-181-D-S

U.S. DEPARTMENT OF LABOR

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 Ms.

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: 5 %, Left arm
2. Date of Maximum Medical Improvement: 07/27/2013
3. Period of Award: 09/01/2014 to 12/19/2014 and a fraction of a day, .6
4. Number of Weeks of Compensation: 15.6
5. Weekly Pay: \$753.33 X Compensation Rate: 75 % = \$565.00
6. Effective Date of Pay Rate: 08/13/2009
7. After Cost-of-Living Adjustments, Your Weekly Compensation is: \$612.00
8. Your Payment and the Period Covered: \$1748.57 from 09/01/2014 to 09/20/2014.
9. Your Continuing Payment each Four Weeks: \$2448.00

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.

A schedule award is payable consecutively but not concurrently with an award for wage loss for the same injury. Therefore, the starting date of the schedule award has been adjusted to because you received compensation for disability through

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. 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.

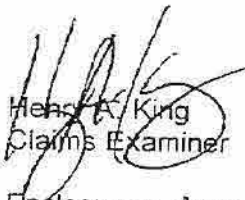
- 1. HOW COMPENSATION IS PAID** - Direct deposit is the fastest and most secure way to receive your award payments. **We strongly encourage you to submit a Standard Form 1199A, which will enable us to direct deposit your payment(s) into your bank.** Your first payment will be issued within 30 days. If 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.

File Number:
CA-181-D-S


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.

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

Sincerely,



Henry A. King
Claims Examiner



Darryl Waters
Senior Claims Examiner

Enclosures: Appeal Rights
Dr. _____ medical report dated _____
DMA schedule award report dated _____

JOHNNIE JR WRIGHT
REPRESENTATIVE
135 RIMER POND ROAD
BLYTHEWOOD, SC 29016

Case Number:
Employee:
Date: September 23, 2014

FEDERAL EMPLOYEES' COMPENSATION ACT APPEAL RIGHTS

If you disagree with the attached decision, you have the right to request an appeal. If you wish to request an appeal, you should review these appeal rights carefully and decide which appeal to request. There are 3 different types of appeal as outlined below. **YOU MAY ONLY REQUEST ONE TYPE OF APPEAL AT THIS TIME.**

Place an "X" on the attached form indicating which appeal you are requesting. Complete the information requested at the bottom of the form. Place the form on top of any material you are submitting. Then mail the form with attachments to the address listed for the type of appeal that you select. Always write the type of appeal you are requesting on the outside of the envelope ("HEARING REQUEST", "RECONSIDERATION REQUEST", or "ECAB REVIEW").

NOTE - If you have a substantially limiting physical or mental impairment, Federal disability nondiscrimination law gives you the right to receive help from DFEC in the form of communication assistance, accommodation and modification to aid you in the FECA claims process. For example, we will provide you with copies of documents in alternate formats, communication services such as sign language interpretation, or other kinds of adjustments or changes to account for the limitations of your disability. Please contact the appropriate office below to ask about this assistance.

1. HEARING: If your injury occurred on or after July 4, 1956, and you have not requested reconsideration, as described below, you may request a Hearing. To protect your right to a hearing, any request for a hearing must be made before any request for reconsideration by the District Office (5 U.S.C. 8124(b)(1)). Any hearing request must also be made in writing, within 30 calendar days after the date of this decision, as determined by the postmark of your letter. (20 C.F.R. 10.616). There are two forms of hearings, both conducted by a hearing representative. You may request either one or the other, but not both.

a. **Oral Hearing.** An informal oral hearing is conducted at a location near your home or by teleconference/videoconference. You may present oral testimony and written evidence in support of your claim. Any person authorized by you in writing may represent you at an oral hearing. At the discretion of the hearing representative, an oral hearing may be conducted by teleconference or videoconference.

b. **Review of the Written Record.** You may submit additional written evidence, which must be sent with your request for review. You will not be asked to attend or give oral testimony.

2. RECONSIDERATION: If you have additional evidence or legal argument that you believe will establish your claim, you may request, in writing, that OWCP reconsider this decision. The request must be signed, dated and received within one calendar year of the date of the decision. It must clearly state the grounds upon which reconsideration is being requested, and be accompanied by relevant evidence not previously submitted, such as medical reports, sworn statements, or a legal argument not previously made, which apply directly to the issue addressed by this decision. A person other than those who made this decision will reconsider your case. (20 C.F.R. 10.605-610)

3. REVIEW BY THE EMPLOYEES' COMPENSATION APPEALS BOARD (ECAB): If you believe that all available evidence that would establish your claim has already been submitted, you have the right to request review by the ECAB (20 C.F.R. 10.625). The ECAB will review only the evidence received prior to the date of this decision (20 C.F.R. Part 501). Request for review by the ECAB must be made within 180 days from the date of this decision. More information on the new Rules is available at www.dol.gov/ecab.

Case Number:
Employee:
Date: September 23, 2014
APPEAL REQUEST FORM

If you decide to appeal this decision, read these instructions carefully. You must specify which procedure you request by checking one of the options listed below. Place this form on top of any materials you submit. Be sure to mail this form, along with any additional materials, to the appropriate address. **YOU MAY ONLY REQUEST ONE TYPE OF APPEAL AT THIS TIME.**

ORAL HEARING

Depending on your geographical location, the issue involved in your case, the number of hearing requests in your area, and at the discretion of the hearing representative, we may expedite your appeal by providing you a telephone hearing or videoconference. Please check here if you would prefer a telephone hearing.

REVIEW OF THE WRITTEN RECORD

For each of these options, you must submit this form within 30 calendar days of the date of the decision. You may also submit additional written evidence with your request. Do not mail this appeal request to the District Office. You must mail your request to:

Branch of Hearings and Review
Office of Workers' Compensation Programs
P. O. Box 37117
Washington, DC 20013-7117

RECONSIDERATION:

Your request must be signed, dated and received by OWCP within 1 calendar year of the date of the decision. You must state the grounds upon which reconsideration is being requested. Your request must also include relevant new evidence or legal argument not previously made. Mail your request to:

DOL DFEC Central Mailroom
P. O. Box 8300
London, KY 40742

ECAB APPEAL:

Submit this form within 180 calendar days of the date of the decision. No additional evidence after the date of OWCP's decision will be reviewed. To expedite the processing of your ECAB appeal, you may include a completed copy of the AB 1 form used by ECAB to docket appeals available on the Department of Labor Web Site at www.dol.gov/ecab. Do not mail this appeal request to the District Office. You must mail your request to:

Employees' Compensation Appeals Board
200 Constitution Avenue NW, Room S-5220
Washington, DC 20210

SIGNATURE _____ TODAY'S DATE _____
PRINTED NAME _____ DECISION DATE _____
ADDRESS _____ PHONE _____
CITY _____ STATE _____ ZIP _____

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062241060



**COLUMBIA
CLINIC**
SPINE & JOINT SPECIALISTS

Physiatry & Rehabilitation Associates
113 Blaney Dr. Columbia, SC. 29223
www.ClinicOfColumbia.com

Usama A. Gabr, MD, FAAPMR, CIME

Phone: (803) 788-2225

Fax: (803) 788-2120

DISABILITY MEDICAL EVALUATION

Patient: Maepop Wright
DOB: 02/07/1954
Date of Injury: 08/13/2009
Date: 4-3-14

1- Primary Diagnosis for impairment:

Cervical radiculopathy and degenerative disc disease of the cervical spine, s/p cervical fusion surgery associated with chronic postsurgical shoulder pain

Previous Related Objective data for Primary Diagnosis:

Based on comprehensive review of all available medical documentations presented for review, objective diagnostic or clinical data to support primary diagnosis were identified including reports of imaging and Electrodiagnostics, operative reports, clinical course and neurosurgery input

Secondary Diagnoses considered:

Upper extremities intermittent weakness, persistent cervical radiculopathy associated with chronic pain syndrome and chronic shoulder impairment

Clinical Narrative and pertinent History:

Patient is a 59 year old AA right handed female who was injured during her casual work activities and was found to have cervical disc disease requiring surgical interventions, also had shoulder injury on the right required additional treatment and interventions by orthopedics, developed chronic pain syndrome secondary to her documented pathologies and had intensive treatment over the past three years resulted in some functional improvement. She was not able to return to her work activities since her injuries dated back to 08/13/2009. Her current diagnosis of late effect post cervical fusion surgery (ICD-722.81) and chronic cervical radiculopathy (ICD-723.4) is casually directly related to her occupational injury, she also has chronic pain syndrome (338.4) as well as chronic shoulder pain syndrome (ICD-338.2) and traumatic arthropathies of the right shoulder (ICD-716.11) shoulder rotator cuff injury (ICD-726.10), she had multiple and extensive treatments for the presenting symptoms and still continues to have disabling pain and weakness symptoms. She had multiple physician's evaluations and extensive multimodal treatments and comprehensive pain program with fluctuating functional outcome at best. Initially she was having difficulties laying down, and upper limbs ADLs activities, her social life and family situation has been greatly affected by her physical and secondary psychological sequel of the chronic pain and the treatment load related to the physical impairment including depression with noticeable improvement lately.

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Chronological Medical records reviewed; Imaging/Studies/Providers Reports/Operative report/Treatment reports:

- MRI imaging reviewed cervical spine.
- Complete available Neurosurgery records from initial consultation and recent notes after repeat cervical MRI and shoulder MRI, as well as Operative reports.

Past Medical History, surgical history, family history, medication list, vocational and functional history as well as full review of systems is attached at the end of this reports and considered in the preparation of this document.

Questions specific comments on case:

It is my opinion to a reasonable degree of medical certainty upon clinical assessment and review of records that the claimant impairment and disability had reached maximum medical improvement since no additional surgical interventions planned at this time.

Further recovery is not anticipated at this time, the clinical findings demonstrate that the medical condition is static and well-stabilized.

Selection of date of MMI is based on minimal medications load at this time and functional improvement after surgery and interventions and stable last three clinical encounters, date of MMI status assigned as July 27th, 2013, correlate with last clinical encounter and examination.

And hence with such impairment I believe that retaining and getting into productive work force will be a fairly difficult task, this disability is likely to be permanent especially with the general health issues.

Her current diagnosis of late effect post cervical fusion surgery (ICD-722.81) and chronic cervical radiculopathy (ICD-723.4) is casually directly related to her occupational injury, she also has chronic pain syndrome (338.4) as well as chronic shoulder pain syndrome (ICD-338.2) and traumatic arthropathies of the right shoulder (ICD-716.11) shoulder rotator cuff injury (ICD-726.10), she had multiple and extensive treatments for the presenting symptoms and still continues to have disabling pain and weakness symptoms. She had multiple physician's evaluations and extensive multimodal treatments and comprehensive pain program with fluctuating functional outcome at best. Initially she was having difficulties laying down, and upper limbs ADLs activities, her social life and family situation has been greatly affected by her physical and secondary psychological sequel of the chronic pain and the treatment load related to the physical impairment including depression with noticeable improvement lately.

OBJECTIVE PHYSICAL EXAM:

CONSTITUTIONAL:

VITAL SIGNS:

VS-PULSE: 70 Right Radial, Regular

VS-BLOOD PRESSURE: 130/75 left Arm Sitting

062241060



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PHYSICIAN & SURGEON

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Phone: (803) 788-2225

Fax: (803) 788-2120

VS-RESPIRATION: 18

GENERAL APPEARANCE: AA Female obese body habitus in no apparent distress.

No exaggerated pain behaviors. Facial appearance is relaxed. Gait and mobility also were slightly guarded secondary to frequent position changes.

POSTURE: Steady on stationary exam and negative Romberg test.

GAIT/STATION: within normal limits to age.

GENERAL EXAM:

HEAD/FACE: Normal facial appearance.

EARS/NOSE/THROAT: palate intact and without lesions. Oral mucosa is pink.

RESPIRATORY: Crossly normal efforts with symmetric chest wall expansion.

CARDIOVASCULAR:

PALPATION & AUSCULTATION: ARTERIAL &

EDEMA/VARICOSITIES: Pulses are symmetric and with Normal brisk capillary refill in fingers. No edema. No severe varicosities.

ABDOMEN: No palpable or pulestile masses.

MUSCULOSKELETAL EXAM:

CERVICAL EXAM: No erythema, ecchymosis or edema. No anterior tenderness, crepitation or deformity to palpation. Head and neck in neutral position. there is decreased range of motion of the neck rotation and flexion worse to the left about 50%, otherwise normal stability, he has some tenderness in the posterior neck and paraspinals. Surgical scar well healed in the neck.

LUMBAR SPINE, RIBS, PELVIS: No erythema, ecchymosis, or edema. There is normal range of motion to age.

EXTREMITIES:

UPPER EXTREMITIES:

INSPECTION: No erythema. No ecchymosis. No edema.

JOINT STABILITY: No shoulder instability or subluxation on the left, with decreased range of motion on the right

Abduction: 150 degrees, Adduction 30 degrees, External rotation: 70 degrees, Internal rotation 50 degrees.

No varus or valgus instability of the elbow. No joint instability of the digits.

Muscle strength in the upper limbs were graded as 5-/5. I was able to break strength on resistant muscle exam proximally with some guarding.

LOWER EXTREMITIES:

Within normal limits to age, mild non pitting edema noted at the ankle.

NEURO-EXAM:

ORIENTATION/MOOD/AFFECT: Appropriate, good thought process.

Cranial nerves: CN II through XII within normal limits.

SENSATION: no clear sensory level identified on repeated exam to light touch, pinprick and vibration sense exam.

COORDINATION: within normal limits

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Fax: (803) 788-2120

REFLEXES: Deep tendon reflexes are difficult to obtain secondary to body habitus but appears symmetric.

SPECIAL TESTS: Negative Planter reflex bilaterally. Positive Spurling's on the left reproducing cervical radicular symptoms on the left, Hoffman is negative bilaterally.

PERMENANT IMPAIRMENT DESIGNATION:

Using methodology detailed in the Guides of Permanent Impairment (6th edition-AMA), patient was assigned the following impairment rating according to the affected body region and WPI:

Cervical Region: Pseudoarthrosis and impaired motion of the cervical spine following fusion surgery at one level with documented cervical radiculopathy; She has nerve root nerve damage and chronic scars based on Electrodiagnostics, according to OWCP evaluation for impairment it measures the spinal nerve root deficits documented in the electrodiagnostic study nerve root deficits left C6-7 categorized as severe and need to be rated according

Shoulder Region: Diagnosis of rotator cuff injury s/p surgical repair and traumatic arthropathy of the right shoulder with residual range of motion impairment assigned to class 1 Grade C with midrange default at 5% UEI (Table 15-5 Shoulder Regional Grid: Upper extremity Impairment Page 403). Adjusted to Grade modifier 2 due range of motion impairment of moderate severity, numerical adjustment moved 2 points and final assigned rating of 7

% UEI translate to 4% WPI (Table 15-11 Page 420).

Please contact my office with appropriate patient permission with any questions or if additional information needed.

Usama Gabr, MD

Medical Director, COLUMBIA CLINIC

The complexity of this case review required extended claimant interview/examination in addition comprehensive medical records review which was performed on all submitted. If substantial additional information is to be presented in order to amend this report, an addendum to this report may be requested with appropriate additional review time.

ELECTRONICALLY SIGNED:

Usama A. Gabr, MD, FAAPMR, CIME; Disclaimer: This report was generated upon request of the party mentioned above and with written consent obtained from the claimants. It is not formulated for treatment purposes as the independent medical evaluator who performed the exam today testify to be free of bias and in accordance to published guidelines used for such purpose (In this case AMA GUIDES TO THE EVALUATION OF PERMENANT IMPAIRMENT edition 6th was used).

File Number: 062241060
DMA SA Memo1-ME-DM

Memo To: District Medical Advisor
From: Henry King, Claims Examiner
Date: May 15, 2014
Claimant: MAEPOP WRIGHT
Case Number: 062241060
Date of Injury: 08/13/2009
Subject: Request for Schedule Award Impairment

Accepted condition with ICD-9 code:

- 1. BRACHIAL NEURITIS OR RADICULITIS NOS,
- 2. DEGENERATION OF CERVICAL INTERVERTEBRAL DISC

*(L) C6 + (L) C7 moderate
Sensory Radiculopathy*

Please review the medical evidence of record.

For schedule award purposes, indicate permanent functional loss of use of the Right arm/Right shoulder, and the date of maximum medical improvement (MMI) using the AMA Guides, 6th edition. In order to be considered a complete and thorough evaluation of the medical evidence, your report must

[LUE]

1. Reference all pertinent objective and subjective findings, including any diagnostic evidence, and show how you applied the criteria/tables in the AMA Guides, 6th Edition.
2. Provide a clear explanation regarding your calculations. If any information is missing to correctly calculate the percentage, please indicate the specific evidence that is needed.
3. Also review and specifically comment on the impairment rating provided by Dr. Usama Gabr in the report dated 04/03/2014. If you disagree with the findings regarding the degree of impairment, please thoroughly discuss any points of disagreement. If there are differences noted between the figures that you arrive at and those of the physician, please explain thoroughly.
4. Provide the date that the claimant attained maximum medical improvement (MMI) and explain the basis for assigning that date.

MMI - 07/27/13

Case file # 062241060 pertains to the ADF C6-7 on 02/17/10 with residual (L) C6 & C7 Radiculopathy on EDS consisting of numbness/tingling & dysesthesia (L) arm with
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.

Continued

ME-DM

no motor defects @ arm. Based on
 AMA6 Newsletter the correct impairment
 for sensory nerve roots @ C6-C7 (Class I C
 with no adjustment equals 5% (3% for C6 +
 2% for C7) for moderate sensory defects. The AP
 Dr. Gabr assigned 11% WPI Based on Personal
 Spine Grads Table 17-2, p 564. FECA does not
 consider whole Person Impairment & does not
 provide a SA for spinal impairment.

Therefore, the correct impairment UE
 * is equal to 5% (five percent)

James W. Dymond
 05/19/14

* See attachment of
 Hearing Review 02/22/10 with
 repeatedly referenced @ Side &
 @ arm & @ UE involvement.

Rev. 08/21/03

On The Move for Christ Ministries of Blythewood

Dr. Johnnie Wright, Jr.
Pastor

135 Rimer Pond Road
Blythewood, South Carolina 29016
(803) 764-0923
revjwjr@yahoo.com

Director Tisha Carter
District Director OWCP
Department of Labor Suite 826
400 West Bay Street
Jacksonville, Florida 32202
(904) 366-0100

September 22, 2014

Dear Director Carter,

I am requesting that you look into the situation concerning OWCP case file numbers: 062241060 and 062217206 which also involves one of your employees' claims examiner Mr. Henry King. The reason I am requesting your attention in this matter is because we have been given conflicting information from Mr. King. Mr. King called me and my wife Maepop Wright (who is the claimant) upon the third week in the month of June 2014. Now prior to this call he sent us correspondence stating that we need our physician to review his rating of 7% which he had gave concerning my wife's medical impairment, because you're medical staff was not in agreement with the rating.

When he called us in the month of June he went on to say and I quote "disregard the letter that I sent to you for your physician review we have determined to use the rating that your physician had recommended which is 7%". We now have found this to be untrue, furthermore because of phone conversations which he express that things would go one way, and have turn out to be the opposite of what was stated in prior conversations.

These many inconsistencies and not being forthcoming has created an atmosphere of distrust with Mr. King, that in so much we have now retained an attorney to represent us in these matters. From the beginning

my wife has not had due process with Mr. King from a letter or phone call introducing himself and informing her that he is now the new case manager. The actions of Mr. King is unprofessional and unacceptable. I implore you Director Carter to please look into this matter so that my wife receives her due diligence. She was a 20 year employee with an impeccable service record which includes "Federal Woman of The Year Award" I look forward to hearing from you.

Sincerely,

Dr. Johnnie Wright, Jr.