

RECEIVED AUG 12 2019

U.S. DEPARTMENT OF LABOR

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

August 07, 2019

Date of Injury:
Employee:

Dear

This Office issued a decision on 03/21/2019 denying your claim on the basis of Causal Relationship. You appealed this decision and the case was remanded back to this Office for further development. Your case was referred to a Second Opinion evaluation who found the diagnosis listed below was Causally Related to injury sustained at work.

This is to notify you that your claim for a traumatic injury on _____ has been accepted for the following condition(s):

Diagnosed condition(s)
CHONDROMALACIA, RIGHT KNEE

ICD-10 code(s)
M94.261

Please advise all medical providers who are treating you for this injury of the accepted ICD-10 code(s). Accurate coding facilitates timely bill processing.

If the current accepted condition(s) need to be revised or additional complications related to the current accepted condition(s) need to be added, your physician should explain in writing, with medical rationale, the relationship between any additional condition and the work injury or the current accepted condition(s) noted above.

If your injury results in lost time from work, you may be eligible to receive continuation of pay (COP) until you recover or return to light duty, up to a maximum of 45 calendar days; however, you may be subject to the three-day waiting period mandated by the Postal Accountability and Enhancement Act (Public Law 109-435). If wage loss continues after your entitlement to COP expires, you may claim compensation using Form CA-7.

If you have not been released to full duty, have your treating physician provide a medical report that includes appropriate work restrictions and a statement as to when you will be released back to full duty without restrictions.

Please refer to the attachment entitled "Now That Your Claim Has Been Accepted" for important information pertaining to how to contact us, medical authorizations, payment of bills, and returning to work.

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodation(s) and/or modification(s), please contact OWCP.

File Number:
CA-1008 TI-D-ACC

Sincerely,

Joseph B.
Division of Federal Employees' Compensation

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

PAUL H FELSER
FELSER LAW FIRM, PC
7393 HODGSON MEMORIAL DRIVE
SUITE 102
SAVANNAH, GA 31406

NOTICE TO EMPLOYING AGENCY:

If Form CA-7 claiming compensation for wage loss is filed, you are reminded that 20 C.F.R. §10.111(c) requires the submission of a CA-7 within 5 working days. Please fully complete any form submitted and provide contact information to avoid delay of payment.

Please send a copy of the position description (including physical requirements) for the job held on date of injury.

Please submit an update regarding this employee's work status.

It is noted that you challenged this claim and/or controverted COP because Fact of Injury was not established and Causal Relationship was not established. The case was initially denied on the basis of Causal Relationship. The decision was appeal to Hearings and Review and it was found that the burden of proof denying Causal Relationship rested with this Office and it was remanded to refer to a Second Opinion evaluation. The evidence, however, supports that this employee is a Federal employee who sustained a disabling traumatic injury in the performance of duty. The case has been accepted and you should continue the employee's regular pay for the period of disability not to exceed 45 days.