

U.S. DEPARTMENT OF LABOR

OWCP/DFEC, PO BOX 34090  
SAN ANTONIO, TX 78265  
Phone: (857) 264-4600

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July 15, 2020

Date of Injury:  
Employee:

Dear

**DeNovo Decision**

Per the Decision of the Branch of Hearings and Review dated \_\_\_\_\_, the case was remanded to the Office for further development of the medical evidence. On \_\_\_\_\_ you were directed to a second opinion medical examination with Dr. \_\_\_\_\_. Based on Dr. \_\_\_\_\_ report your claim for an occupational disease has been accepted for the following condition(s):

Diagnosed condition(s)

POST-TRAUMATIC STRESS DISORDER, RESOLVED  
MAJOR DEPRESSIVE DISORDER, RESOLVED

ICD-10 code(s)

F4310  
F331

**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 you lose time from work due to your work related condition, 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.*

July 15, 2020

File Number:  
CA-1008 OD-D-ACC

Sincerely,

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 submit an update regarding this employee's work status.