

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS  
PO BOX 8300 DISTRICT 3 PHI  
LONDON, KY 40742-8300  
Phone: (267) 687-4160

April 14, 2020

Date of Injury:  
Employee:

Dear

**DE NOVO DECISION**

This is to notify you that your claim for an occupational disease has been accepted for the following conditions:

*The claim was originally denied via letter dated , . Or, this Office received your written and signed request for a Review of the Written Record. Via letter dated the Branch of Hearings and Review remanded the original denial of your claim and instructed this office to pursue further development. In accordance with this directive, your claim for occupational disease injury has been accepted.*

<u>Diagnosed condition(s)</u>	<u>ICD-10 code(s)</u>
SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE	S93.402A
SYNOVITIS AND TENOSYNOVITIS, LEFT ANKLE AND FOOT	M65.872

**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 conditions need to be revised or additional complications related to the current accepted conditions 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 conditions noted above.

If you lose time from work due to your work related condition, you may claim compensation using Form CA-7.

The evidence in your case file at this time indicates that you may not have returned to work in a full-time capacity. OWCP is not a retirement program and our primary goals are your medical recovery and return to full duty employment. We strive for an active team approach where OWCP, the employing agency, and the medical providers work collaboratively with you to facilitate medical recovery and sustainable return to work. Your case is currently being evaluated to determine what steps we can take to help you achieve these goals.

***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 OD-D-ACC

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.

Sincerely,

Division of Federal Employees' Compensation

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

CC:  
FELSER LAW FIRM, P.C.  
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.
- It is noted that you challenged this claim because the claimant failed to respond to the development letter sent by our office on [redacted]. You also state that the claimant did not show medical documentation to show fact of injury.

The evidence however supports a work related occupational disease injury in this case because the claimant did provide a response to the development letter sent by our office. The claimant has provided statements dated [redacted] identifying the factors of employment that he believed caused and/or contributed to his medical condition. Medical report dated [redacted] from [redacted] D.P.M. provides a detailed history of the claimed work factors, a discussion of the examination findings, a definitive diagnosis and an affirmative medical opinion supporting causation of the condition to the claimed employment factors.