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U.S. DEPARTMENT OF LABOR

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

March 24, 2020

Date of Injury:  
Employee:

**CORRECTION**

Dear Mr.

This concerns your compensation case and your request for reconsideration received on

We have evaluated the evidence submitted and have reviewed the merits of your case under 5 U.S.C. 8128. You have provided sufficient evidence to warrant modification of the decision dated  
Based on the information received, the decision is now vacated.

The reasons for this decision are outlined in the enclosed Notice of Decision.

Please see the enclosed acceptance letter for a discussion of your rights and responsibilities.

Sincerely,

Kimberly M-W  
Senior Claims Examiner

Division of Federal Employees' Compensation

PAUL H FELSER, ESQ,  
7393 HODGSON MEMORIAL DRIVE  
SUITE 102  
SAVANNAH, GA 31406

File Number:  
Merit Review4-D-RECO

### NOTICE OF DECISION

Claimant Name:

Case Number:

ISSUE: The issue for determination is whether the evidence presented is of sufficient probative value to vacate the decision dated

REQUIREMENTS FOR ENTITLEMENT: In accordance with the regulations set forth in 20 CFR § 10.609, if an application for reconsideration is accompanied by new and relevant evidence or by an arguable case for error, OWCP will conduct a merit review of the case to determine whether the prior decision should be modified. If sufficient evidence exists to overturn the prior decision, it should be vacated.

BACKGROUND: On you filed a claim for Traumatic Injury indicating you sustained an injury or medical condition on as a result of your employment with the as a in You reported that you sustained an injury when you were running from a dog and you collided with the bumper of your service vehicle and hit your groin region.

On a formal decision was issued in your case finding that the third basic element, fact of injury-factual had not been met. The documentation upon which the decision was based included a challenge statement from and medical documentation: (CA-16, CA-17), work excuse, diagnostic test results (CT abdomen and pelvis), medical summary. Also the development letter dated asked to submit a response to the statement submitted by your employer regarding reporting the injury and your actions/treatment thereafter. You were also asked to provide a comprehensive medical summary from your attending physician which contained a history of your injury, results of any/all diagnostic testing, diagnosis of a condition and an explanation as to how the condition was caused by factors of your employment.

The reason for the decision was because you failed to respond to the development letter dated and there was insufficient evidence submitted which supported that the injury occurred as you described. Due to the inconsistencies noted there was doubt about the validity of your claim.

You disagreed with the decision and requested reconsideration by letter/appeal request form received on

DISCUSSION OF EVIDENCE: The evidence reviewed in support of your reconsideration request includes the following:

- Personal statement for a timeline of your injury and subsequent treatment for the period of through
- Discharge instructions from Regional Health.
- Medical consultation note from Medical Center (Dr. for treatment of an injury to your scrotum.
- Medical consultation note from Medical Center (Dr. for treatment of a possible Fournier Gangrene.
- Diagnostic test results for a CT of the abdomen and pelvis (duplicate copies submitted).

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- Medical summary from Dr. [redacted] for treatment of scrotal trauma.
- Medical notation from [redacted] Medical Center (Dr. [redacted] who diagnosed you with scrotal cellulitis (blunt trauma).
- Authorization of legal representation.
- Your personal statement in which you describe the development of your claim and response to the employing agency challenge statement on the validity of your claim.

**BASIS FOR DECISION:** The evidence is sufficient to vacate the decision dated [redacted] because you have issued a detailed response regarding the description of your injury, reporting to the employing agency and seeking medical care. Additionally, the medical documentation dated [redacted] and [redacted] offers a history of the injury, diagnosis and causal relationship of the diagnosed condition.

**CONCLUSION:** Therefore, the decision dated [redacted] is vacated and your case is now accepted for: **CELLULITIS OF SCROTUM and CRUSHING INJURY OF SCROTUM AND TESTIS, SEQUELA.**

Division of Federal Employees' Compensation