

File Number:
CA-1008 TI-D-ACC

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U.S. DEPARTMENT OF LABOR

OWCP/DFEC, PO Box 8311
LONDON, KY 40742-8311
Phone: (904) 366-0100

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September 04, 2020

Date of Injury:
Employee:

Dear

This is to notify you that your claim for a traumatic injury on 02/15/2019 has been accepted for the following condition(s):

Diagnosed condition(s)

INCOMPLETE ROTATOR CUFF TEAR OR RUPTURE OF LEFT
SHOULDER, NOT SPECIFIED AS TRAUMATIC

ICD-10 code(s)

M75112

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.

The evidence is not sufficient to support that M7542, Impingement Syndrome of the Left Shoulder and M19012 Primary Osteoarthritis, Left Shoulder is a direct cause, aggravation, or precipitation of your injury on . In addition, M75102 is an unspecified code and not acceptable. In further consideration of your claim, please have your attending physician submit a narrative medical report which includes the following within 30 days:

1. Dates of examination and treatment.
2. History and date of injury given by you to the physician.
3. Detailed description of findings.
4. Results of all X-ray and laboratory tests.
5. Diagnosis and clinical course of treatment followed.
6. The physician's opinion supported by a medical explanation as to how the reported work incident caused or aggravated a medical condition.

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

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.

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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.

Sincerely,

Division of Federal Employees' Compensation

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

PAUL H FELSER
ESQ.
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 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.