

File Number:
Merit Review4-D-RECO

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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

December 05, 2019

Date of Injury:
Employee:

Dear

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,

Senior Claims Examiner
Division of Federal Employees' Compensation

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

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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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 Occupational Disease indicating you sustained an injury or medical condition on as a result of your employment.

On a formal decision was issued in your case finding your case was denied on the 5th Basic Element, Causal Relationship. The reason for the decision was that the evidence received was not sufficient to establish that the diagnosed medical condition was causally related to the accepted work events as you described. The Office found that the medical evidence failed to provide an opinion from a physician on the causal relationship between the carpal tunnel condition and factors of your employment.

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 Medical records which covers the period of through in which you received treatment from (Right) carpal tunnel syndrome and (Right) trigger finger, billing statement/summary from Blue Cross/Blue Shield.

- Summary of medical bills for treatment.
- Explanation of Benefits from Blue Cross/Blue Shield.
- : Medical summary from in which you were treated for complaints of pain/numbness in right arm/hand from excessive writing at work.
- Work Status Report from
- : EMG/NCS Report.
- Medical summary in which your EMG results were discussed.
- Pre/post Operative notation for (right) carpal tunnel syndrome.
- : Medical summary for recheck of Right, Carpal tunnel syndrome.
- : Payment for services at Resurgens Orthopaedics, PC.
- : Treatment notes for trigger finger injection (follow-up).
- : Medical summary from Dr. in which he describes your medical treatment for carpal tunnel syndrome and trigger finger (Right). He denotes that your work duties have caused the diagnosed conditions.

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BASIS FOR DECISION: The evidence is sufficient to vacate the decision dated _____ because the medical summary from Dr. _____ offers a history of treatment for your condition and he provides an explanation as to how the condition was caused by the factors of your federal employment due to repetitive typing and writing.

CONCLUSION: Therefore, the decision dated _____ is vacated.

Your case is now accepted for CARPAL TUNNEL SYNDROME, RIGHT UPPER LIMB;
TRIGGER THUMB, RIGHT THUMB.

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