

File Number:  
CA-1008 TI-D-ACC

**RECEIVED JUL 20 2020**

U.S. DEPARTMENT OF LABOR

OWCP/DFEC, PO BOX 34090  
SAN ANTONIO, TX 78265  
Phone: (904) 366-0100

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July 16, 2020

Date of Injury \_\_\_\_\_  
Employee: \_\_\_\_\_

Dear

This is to notify you that your claim for a traumatic injury on \_\_\_\_\_ has been accepted for the following condition(s):

Diagnosed condition(s)

HEATSTROKE,  
NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION

ICD-10 code(s)

T670XXA  
I214

**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 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 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.

***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 16, 2020

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Sincerely,

Division of Federal Employees' Compensation

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

PAUL H FELSER  
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.

It is noted that you challenged this claim because the medical evidence did not support causal relationship. The evidence, however, supports that this employee is a Federal employee who sustained a traumatic injury in the performance of duty; therefore, the case has been accepted.

Even though you indicated that there was a lack of medical evidence, we have received a report from Dr. Mohammad L. Ahmed, dated 03/18/2020, and the report from Rajat Jhanjee 08/20/2018, supporting causal relationship in this case. Additionally, it is noted that the medical evidence in its totality supports causal relationship.