

RECEIVED MAR 23 2020

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 19, 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:

| <u>Diagnosed condition</u> | <u>ICD-10 code</u> |
|--|--------------------|
| Sprain Left Knee Medial Ligament Resolving | S83.412A |

And no others.

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 medical reports document the condition resolving. Medical report dated _____ documented MMI anticipated in 2 or 3 weeks time. Medical report dated _____, documented that you stated no further complaints. On the _____ medical report the physician documented clinical finding for the left knee and there are no clinical findings supporting any disability from work. In addition, the physician released you to regular duty for pushing, pulling and lifting. Medical report dated _____, documented clinical findings for the left knee and the clinical findings do not support disability.

If the current accepted condition needs to be revised or additional complications related to the current accepted condition needs 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 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.

The evidence of record documented that you continued working after the date of injury. If you have not been released to full duty, have your treating physician provide a medical report that includes

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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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,

Claims Examiner

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.

It is noted that you challenged this claim because of willful misconduct. We advised you of and asked you the following questions in order to substantiate your claim of willful misconduct:

The employing agency is claiming possible willful misconduct because the employing agency is claiming that the claimant was not following proper procedures for loading mail into equipment.

The question of willful misconduct arises where at the time of the injury the employee was violating a safety rule, disobeying other orders of the employer, or violating a law.

Please provide a statement from the claimant's official superior which addresses the following questions:

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- Identify the full range of the employee's assigned duties.
- Fully describe the prohibited act in which the employee is accused of engaging.
- State how, when, and how often the employee or coworkers were informed of the prohibition. Copies of the notice should be provided if written notification of the prohibition has been given.
- Describe the manner in which the prohibition had been enforced and what disciplinary action, if any, had been taken against the employee or co-workers for prior violations.

Please provide a statement from the claimant's official superior which address the following questions if employing agency is alleging that claimant disobeyed other orders of the employer regarding loading mail in equipment.

- Submit a statement which identifies the particular order which was allegedly disobeyed.
- Give the reasons the employer found it desirable and necessary to issue this order.
- State how, when, the number of times, and the manner in which the employee and co-workers were informed of the order.

Provide copies of any written orders and describe how the order had been enforced and what disciplinary action was taken against the employee and co-workers for prior instances of disobedience.

The employing agency did not respond to the above requested questions. Therefore there is no material evidence of record from the employing agency supporting the employing agency's challenge. 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.