

File Number:
Merit Review4-D-RECO

RECEIVED SEP 21 2020

U.S. DEPARTMENT OF LABOR

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

Want Faster Service?
Upload a document at ecomp.dol.gov

September 16, 2020

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 [redacted]. 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,

Division of Federal Employees' Compensation

PAUL H FELSER
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.

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

You stated that on or around _____ while working (typing/writing), I noticed tightness in my 3rd and 4th finger's. By the end of the day my fingers 3rd, 4th and 5th finger's had sharp pain that radiates up my hand and into my wrist/forearm and a knot between my 3/4 finger.

On _____ your claim was denied for Fact of Injury – Medical. The documentation upon which the decision was based included

- Form CA-2 Notice of Occupational Disease and Claim for Compensation.
- Standard Form 50
- Position Description
- Medical Memo dated _____ and note signed by Dr. _____ MD

The reason for the decision was that pain is not a valid diagnosis.

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

On _____ a formal decision was issued in your case identifying the Fact of Injury element criteria was met yet still lacking for Causal Relationship. The documentation reviewed included:

- An undated, unsigned account of your duties as a _____
- Your letter of _____
- Treatment notes of Dr. _____ dated _____
- Treatment notes of Dr. _____ dated _____
- Treatment notes of Dr. _____ dated _____

The reason for the decision was that your physicians failed to provide medical rationale connecting the diagnosis provided to factors from your employment.

File Number:
Merit Review4-D-RECO

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

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

- Treatment notes by Dr. _____ dated _____ to 1. _____ with diagnosis of bilateral carpal tunnel, right wrist tenosynovitis (De Quervain) and cervical radiculopathy (C5).¹
- Treatment notes by Dr. _____ dated _____ and _____
- A diagnostic test dated _____
- Treatment note by Dr. _____ dated _____
- A treatment note by a _____ dated _____

The diagnostic test dated _____, while considered medical, lack rationale and must be discussed in a medical treatment note linking the findings to the diagnosis as a result of your work factors. Therefore, it is limited in its probative value.

In the medical evidence dated _____ to _____ by Dr. _____, he renders sufficient information to support the medical conditions of bilateral carpal tunnel, right wrist tenosynovitis are related to your work activities and opines the necessity for a more ergonomical work environment.

The condition of cervical radiculopathy continues to be deficient as there is no medical discussion for how working and sitting at a computer could cause or aggravate this medical condition.

It is found in the _____ treatment note by Dr. _____ that the cyst is *not work related*. However, he does state your repetitive motions aggravated the underlying condition. Therefore, it is considered.

The Nurse Practitioner's note is not considered as it is not counter-signed by a licensed physician as defined by this program.

BASIS FOR DECISION: The evidence is sufficient to vacate the decision dated _____ because the medical practitioners provided sufficient information to accept your claim.

CONCLUSION: Therefore, the decision dated _____ vacated.

Your case is now accepted for CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMB; GANGLION, RIGHT HAND; RADIAL STYLOID TENOSYNOVITIS [DE QUERVAIN].

¹Cervical radiculopathy (C4/C5) is accepted under claim 062431186.

File Number:
Merit Review4-D-RECO

The condition of cervical radiculopathy (C4/C5) continues to be denied for lack of causal relationship to your work factors of sitting at a computer and typing/writing.

Regards,

Division of Federal Employees' Compensation