

File Number:  
CA-1008 OD-D-ACC

U.S. DEPARTMENT OF LABOR

**RECEIVED APR 27 2020**

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OWCP/DFEC, PO BOX 34090  
SAN ANTONIO, TX 78265  
Phone: (857) 264-4600

April 23, 2020  
April 23, 2020

Date of Injury:  
Employee:

Dear

**NOTICE OF DE NOVO DECISION**

This is to notify you that pursuant to the hearing decision rendered on additional medical development to second opinion physician Dr. \_\_\_\_\_ and subsequent to occupational disease has been accepted for the following condition(s): MD, your claim for an

Diagnosed condition(s)

PERMANENT AGGRAVATION OF LEFT SHOULDER  
GLENOHUMERAL JOINT ARTHRITIS

ICD-10 code(s)

M19.012

**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.**

**In addition, the following surgical procedure is authorized at the expense of this office: Left Total Shoulder Arthroplasty.**

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 you lose time from work due to your work related condition, you may claim compensation using Form CA-7.

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.***

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Sincerely,

Division of Federal Employees' Compensation

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

UNITED STATES POSTAL SERVICE  
HEADQUARTERS & HEADQUARTERS FIELD UNITS  
INJURY COMPENSATION OFFICE  
475 L' ENFANT PLAZA, SW, ROOM 9801  
WASHINGTON, DC 20260

PAUL H FELSER  
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.