

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 6 JAC
LONDON, KY 40742-8300
Phone: (904) 366-0100

October 16, 2018

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
ATTORNEY
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 Traumatic Injury indicating you sustained an injury on while employed with the as a . You stated the injury occurred on when cutting and clearing brushes/trees from the water canoe trail.

On you were advised of the deficiencies in your claim and afforded 30 days to submit additional evidence. Following development, a formal decision was issued on denying your claim. Specifically, your physician reported that an injury occurred on and not as you alleged. Based on these findings, your claim was denied on causal relationship as the medical evidence failed to establish that the diagnosed left shoulder condition was causally related to the work injury.

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 include a addendum to narrative report dated correcting the date of injury to

BASIS FOR DECISION: The evidence is sufficient to vacate the decision dated because the medical evidence now establishes that the diagnosed left shoulder rotator cuff tear was caused by the claimed work injury.

CONCLUSION: Therefore, the decision dated is vacated.

Your case is now approved for incomplete rotator cuff tear or rupture of the left shoulder
Division of Federal Employees' Compensation