

RECEIVED SEP 20 2018

File Number
Merit Review4-D-RECO

U.S. DEPARTMENT OF LABOR

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

September 17, 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
Based on the information received, the decision is now vacated.

The reasons for this decision are outlined in the enclosed Notice of Decision.

Sincerely,

Senior Claims Examiner

Division of Federal Employees' Compensation

PAUL FELSER
FELSER LAW FIRM
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.

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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 pain in both feet, (ankle area) and lower right back on as a result of your employment as a with the

Your claim was accepted for PLANTAR FASCIAL FIBROMATOSIS; POSTERIOR TIBIAL TENDINITIS, LEFT LEG; SPRAIN OF BACK, LUMBAR REGION, RIGHT.

On , you filed a claim for wage loss for the period thru . By letter dated , you were informed that the evidence in your case revealed you were capable of working 6 hours per day and 2 hours were paid for dates and . You were informed that medical evidence was needed to support you were totally disabled for dates and . You were afforded 30 days to provide the information to the Office.

On the Office processed your claim for wage loss for the period thru based on 14.01 hours, which included 2 hours for dates and

In a formal decision dated you were informed that your claim for total disability for the dates and were denied for the additional 12 hours (6 hours for date and 6 hours for date).

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 includes medical evidence from Dr. from thru

In his report dated , Dr. noted you were seen on that date for a follow up due to tibialis posterior tendinitis. He stated you reported having increase swelling and pain in your feet and ankle. Dr. provided objective findings from your office visit on and opined you were only capable of working 6 hours per day at sedentary duty for the next six weeks. During your office visit with Dr. on he stated you reported you continued to have pain and swelling in your ankles and noted you were only able to work 6 hours per day performing sedentary

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work. Dr. further noted on and you were temporary
totally disabled due to severe swelling and pain.

BASIS FOR DECISION: The evidence is sufficient to vacate the decision dated
because Dr. provided a sufficient medical rationale to support that
you were unable to work on and due to complications related to
your work injuries of

You were paid compensation for 2 hours for date and 2 hours for date
. Therefore, you are entitled to additional 6 hours for date and 6
hours for date

CONCLUSION: Therefore, the decision dated is vacated.

Your case is now approved for compensation for wage loss for additional 12 hours for
the period thru

Senior Claims Examiner

Division of Federal Employees' Compensation