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U.S. DEPARTMENT OF LABOR

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

December 15, 2016

Date of Injury:  
Employee:

Dear

On we received a request from your attorney, Paul Felser to expand your case to include right shoulder impingement and right shoulder AC arthritis. Based on the medical report from Dr. dated , your case has been expanded to accept right shoulder impingement, M7541. A list of all accepted conditions in your case is below.

<u>Diagnosed condition(s)</u>	<u>ICD code(s)</u>
BICIPITAL TENOSYNOVITIS, RIGHT	ICD09 72612
RIGHT SHOULDER TEAR, IMPINGEMENT	ICD09 8404
RIGHT SHOULDER IMPINGEMENT	ICD10 M7541

**Please advise all medical providers who are treating you for this injury of the newly accepted conditions with ICD codes. Accurate coding facilitates timely bill processing.**

The aggravation of right shoulder AC arthritis cannot be accepted at this time. In Dr. report, he states:

"These conditions were felt to be related to her work related injury as they were all present on initial exam. This would also include AC arthritis which was considered to be the least aggravation of pre-existing condition."

Dr. provides no objective findings to support an aggravation. To accept an aggravation there must be diagnostic evidence which shows a material change after the injury.

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.

As a reminder, OWCP must approve in advance any surgery or procedure other than emergency surgery (that is, a procedure which must be performed right away to preserve life or the function of an organ or body part). You (or your medical provider) should contact OWCP for authorization at least 30 days before the intended date of the procedure. We will advise you of the information needed to determine whether OWCP can authorize the requested procedure. Medical providers should contact

***If you have a disability (a substantially limiting physical or mental impairment), please contact our office/claims examiner for information about the kinds of help available, such as communication assistance (alternate formats or sign language interpretation), accommodations and modifications.***

File Number:  
CA-1008 (New Condition)-D-ACC

our medical authorization and bill processing contractor (ACS) for all authorizations and billing questions. Automated information is available 24 hours per day at 1-866-335-8319 or online at <http://owcp.dol.acs-inc.com>. The medical authorization fax line is 1-800-215-4901. If you, your physician, or other medical providers require direct contact with a customer service representative, you may call 1-844-493-1966, Monday – Friday, 8am – 8pm EST.

If you have any questions regarding your claim, you may contact the Office at the phone number and address listed above. Note that you can also view your case and compensation claim status, billing updates including reimbursements, coverage limitations, and other information on line via the Claimant Query System (CQS) at <http://owcp.dol.acs-inc.com>. General information can be obtained on the Department of Labor website at <http://www.dol.gov/owcp/dfec/index.htm>.

Sincerely,

Claims Examiner

PAUL FELSER  
7393 HODGSON MEMORIAL DR  
STE 102  
SAVANNAH, GA 31406