

File Number:
Merit Review4-D-RECO

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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

February 01, 2017

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.

Please see the separately mailed acceptance letter for a discussion of your rights and responsibilities.

Sincerely,

Senior Claims Examiner

PAUL FELSER, ESQ.
FELSER LAW FIRM P.C.
7393 HODGSON MEMORIAL DRIVE SUITE 102
SAVANNAH, GA 31406

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:
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. Specifically, you reported carpal tunnel complaints in your left wrist due to continuous use of vibratory tools, loading/unloading assets in jig and awkward positioning while working.

By letter dated _____ the Office requested additional factual and medical evidence to support your claim. Your employing agency was also asked to submit evidence pertaining to your allegations. On _____ a formal decision was issued in your case finding the medical evidence failed to include a diagnosis in connection with the injury and/or implicated work factors.

You disagreed with the _____ decision and appealed to the Branch of Hearings and Review. In a decision dated _____ the Hearing Representative determined the basis of the denial was to be changed from a lack of medical evidence to establish any medical condition, to a denial based on a lack of medical evidence establishing the assessment of left carpal tunnel syndrome resulted from, or was worsened by, the implicated work factors.

Your Attorney representative disagreed with the _____ decision and requested reconsideration by submission of a letter/appeal request received on _____. By letter dated _____ the employing agency was notified of the appeal request and of the Office's intent to proceed with a merit review of the claim.

DISCUSSION OF EVIDENCE: The evidence reviewed in support of your reconsideration request includes an office visit report dated _____ by Dr. _____ of Premier Orthopaedics. In this record, Dr. Marsh states he dictated a letter or _____ in which he asserted his affirmative opinion on the causal relation between your repetitive activities at work. On review of the case record, this letter is not included in the medical documentation.

Dr. _____ goes on to describe the job duties as including the use of pneumatic tools, seven hours per day as well as the use of a variety of hand tools on a repetitive basis, increasing the stress on the hand and the wrist. In his "assessment and plan," Dr. _____ reports you were suffering from carpal tunnel syndrome of the left wrist, successfully treated with a carpal tunnel release. He asserts, "It is my opinion that the repetitive activities, some of which are listed above, are causally related to the carpal tunnel

File Number:
Merit Review4-D-RECO

syndrome diagnosis and necessitated the carpal tunnel release which was done on

BASIS FOR DECISION: The evidence is sufficient to vacate the decision dated because the record now includes an affirmative physician's opinion, relating the implicated work factors to the diagnosed left carpal tunnel syndrome.

CONCLUSION: Therefore, the decision dated is vacated.

Your case is now accepted for CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB;
ICD10 code G56.02.

Senior Claims Examiner