

File Number:  
CA-1008 TI-D-ACC

U.S. DEPARTMENT OF LABOR

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LONDON, KY 40742-8311  
Phone: (202) 513-6860

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June 07, 2021

Date of Injury:  
Employee:

Dear

This is to notify you that your claim for a traumatic injury on  
following condition(s):

has been accepted for the

Diagnosed condition(s)

ICD-10 code(s)

SPRAIN OF UNSPECIFIED SITE OF LEFT KNEE, INITIAL  
ENCOUNTER

S83.92XA

STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK  
LEVEL, INITIAL ENCOUNTER

S16.1XXA

STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER  
BACK, INITIAL ENCOUNTER

S39.012A

**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.**

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 your injury results in lost time from work, you may be eligible to receive continuation of pay (COP) until you recover or return to light duty, up to a maximum of 45 calendar days; however, you may be subject to the three-day waiting period mandated by the Postal Accountability and Enhancement Act (Public Law 109-435). If wage loss continues after your entitlement to COP expires, you may claim compensation using Form CA-7.

If you have not been released to full duty, have your treating physician provide a medical report that includes appropriate work restrictions and a statement as to when you will be released back to full duty without restrictions.

***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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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.

Sincerely,

Federal Employees Program

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

PAUL H FELSER  
ESQ.  
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.

Please send a copy of the position description (including physical requirements) for the job held on date of injury.

Please submit an update regarding this employee's work status.