

U.S. DEPARTMENT OF LABOR

RECEIVED JAN 24 2022

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

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January 20, 2022

Date of Injury:
Employee:

DENOVO NOTICE OF DECISION

Dear

As you know, your claim was remanded by the Branch of Hearings & Review on 09/21/2021. The office has taken the actions directed by the Hearing Representative and your claim for a traumatic injury on 09/19/2020 has been accepted for the following condition(s):

<u>Diagnosed condition(s)</u>	<u>ICD-10 code(s)</u>
AGGRAVATION OF SUPERIOR GLENOID LABRUM LESION OF RIGHT SHOULDER, INITIAL ENCOUNTER	S43431A

Please note that the second opinion report dated 11/29/2021 reports "I do feel that her injury aggravated an underlying preexisting condition as mentioned above. At this time I cannot classify this as temporary or permanent due to the fact that she is still being treated for the condition."

Thus, further development will be undertaken for determination of temporary versus permanent aggravation.

- Please submit to this office all medical reports/treatment notes for the right shoulder during the year 2020.

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.

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.

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:
CA-1008 TI-D-ACC

Sincerely,

Federal Employees Program

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

PAUL H FELSER
FELSER LAW FIRM, PC
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.