

RECEIVED JUL 25 2013

U.S. DEPARTMENT OF LABOR

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

July 24, 2013

Date of Injury:  
Employee:

Dear Mr \_\_\_\_\_ :

This is to notify you that the accepted conditions in your case have been updated. Your claim has been accepted for the following additional condition(s): bilateral arthritis of the shoulders, 715.21; and rotator cuff syndrome, left shoulder, 726.10. Your attorney had requested an expansion to include impingement syndrome, biceps tendon rupture and tendon tear as well, however, those conditions were already an accepted condition. A list of all accepted conditions in your case is below.

<u>Diagnosed condition(s)</u>	<u>ICD-9 code(s)</u>
SPRAIN OF SHOULDER, ROTATOR CUFF, RIGHT	8404
SPRAIN OF LEFT SHOULDER	840
IMPINGEMENT SYNDROME, BILATERAL SHOULDERS	7262
BILATERAL ARTHRITIS OF SHOULDERS	71521
ROTATOR CUFF SYNDROME, LEFT	72610

**Please advise all medical providers who are treating you for this injury of the newly accepted condition(s) with ICD-9 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.

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 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 1-850-558-1818, Monday – Friday, 8am – 8pm EST (this is a toll call).

***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

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,



Nancy L. Chasse  
Claims Examiner

PAUL FELSER  
FELSER LAW FIRM  
PO BOX 10267  
SAVANNAH, GA 31412