

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 29, 2019

Date of Injury:  
Employee:

Dear Ms.

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)

Strain of muscle, fascia and tendon at neck level

S16.31XXA

**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.

In several medical reports; dated 06/04/2019; 06/13/2019; 06/20/2019; 07/11/2019 and 07/24/2019, Dr. provided you with an additional diagnosis, i.e. degeneration of cervical intervertebral disc. However, the evidence on file is insufficient to accept these conditions because there is no medical opinion that relates the conditions by direct cause, aggravation, or precipitation to the accepted work event that occurred on 05/29/2019. The medical report provided by Dr. dated 07/24/2019 advising "that it appears that there was probably some level of degenerative disk problem going on with her neck initially and the car accident seemed to be at the point which it became very symptomatic leading the neck pain and headaches, and I think that is seems logical that played a role in the development of the more severe symptoms."

Medical opinions which are speculative or equivocal in character have little probative value. Opinions which can be characterized as equivocal, speculative or conjectural are those which contain language which is unclear or vague.

***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: 062429371  
CA-1008 TI-D-ACC

To establish causal relationship, the medical evidence of record must demonstrate the work injury caused or contributed to the diagnosed medical condition(s). The medical evidence must contain a rationalized physician's opinion based on an accurate medical and factual history, which relates a diagnosed medical condition to the work injury. Rationalized medical evidence means the physician must explain with medical reasons how and why a medical condition is related to the work injury.

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.

The evidence in your case file at this time indicates that you may not have returned to work in a full-time capacity. OWCP is not a retirement program and our primary goals are your medical recovery and return to full-duty employment. We strive for an active team approach where OWCP, the employing agency, and the medical providers work collaboratively with you to facilitate medical recovery and sustainable return to work. Your case is currently being evaluated to determine what steps we can take to help you achieve these goals.

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,

Kako K. / Claims Examiner  
Division of Federal Employees' Compensation

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

UNITED STATES POSTAL SERVICE  
GULF ATLANTIC DISTRICT PERFORMANCE CLUSTER  
INJURY COMPENSATION OFFICE  
1100 KINGS ROAD, ROOM 207  
JACKSONVILLE, FL 32203

PAUL H FELSER  
ESQ  
FELSER LAW FIRM, P.C.  
7393 HODGSON MEMORIAL DRIVE  
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.



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CA-1008 TI-D-ACC

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.

Although you state that the employee was on her way home in her private vehicle used for work. Please note that when an employee is required to use his or her own vehicle as part of his job during the working day, the trip to and from work is by that fact alone embraced within the course of employment.