

File Number:
CA-181-D-S

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 27, 2019

Date of Injurv:
Employee:

Dear

Under the schedule award provisions of the Federal Employees' Compensation Act (FECA) at 5 U.S.C. 8107, the Office of Workers' Compensation Programs makes the following:

AWARD OF COMPENSATION

1. Degree and Nature of Permanent Impairment: 4% Left Arm
2. Date of Maximum Medical Improvement: 11/04/2018
3. Period of Award: 11/04/2018 to 01/30/2019; Fraction of a day
4. Number of Weeks of Compensation: 12.48 (87.36 days)
5. Weekly Pay: \$1,129.31 X Compensation Rate: 66 2/3% = \$790.50
6. Effective Date of Pay Rate: 07/29/2013
7. After Cost-of-Living Adjustments, Your Weekly Compensation is: N/A
8. Your Payment and the Period Covered: \$9,865.44 from 11/04/2018 to 01/30/2019.
9. Your Continuing Payment each Four Weeks: N/A

Payment of your award ends when you have been paid for the last day shown in item 3 above.

Section 8107 of the FECA and its implementing regulations set forth the number of weeks of compensation to be paid for the permanent loss or loss of use of specified members, functions and organs of the body known as permanent impairment. 20 C.F.R. 10.404; see also 20 C.F.R. Part 10. The commencement period of the schedule award is usually the date of maximum medical improvement, the date that the physical condition of the injured member has stabilized and is not expected to improve further.

The FECA, however, does not in most instances specify the manner by which the percentage loss of a member, function or organ shall be determined. To ensure consistent results and equal justice under the law, good administrative practice requires the use of uniform standards applicable to all claimants. The implementing regulations have adopted the American Medical Association, *Guides to the Evaluation of Permanent Impairment*, as the appropriate standard for evaluating schedule losses. Currently, schedule awards are calculated using the Sixth Edition of the AMA *Guides*.

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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You filed a claim under the Federal Employees' Compensation Act on _____ indicating that you sustained an injury on _____ as a result of your employment as a _____ with the _____ in _____. Specifically, you _____ Specifically, you stated that you reached up to change gears and heard a pop and burning sensation followed. Your claim was accepted for sprain of shoulder and upper arm, rotator cuff left.

On _____ you submitted a Form CA-7, Claim for Compensation, requesting a schedule award. Along with your claim we received a referral order for impairment rating dated _____ from _____ MD. On _____ the office notified you of the deficiencies in your claim and informed you of the evidence necessary to process your request for schedule award. Specifically, you were asked to submit medical documentation from your physician which indicated the date that you reached maximum medical improvement (MMI) along with a detailed description of any permanent impairment of the accepted extremity with calculations of the impairment.

In response to the letter dated _____ we received Dr. _____ medical report dated _____ providing an impairment of 12% upper extremity impairment. On _____ Dr. _____ report was forwarded to the District Medical Advisor (DMA) for review.

In memo dated 01/26/2019, the DMA advised of the discrepancies between his report and that of Dr. _____ which included Dr. _____ use of the grade modifiers and lack of comparison to the right shoulder with that of the left shoulder.

Therefore the percentage of permanent impairment noted above was based on the medical findings and report of Dr. _____ dated _____ and the report of the DMA dated 01/26/2019. Copies of these reports are provided for your reference.

The percentage of impairment shown above was calculated by a DMA, who applied the Guides to the medical findings provided by Dr. _____ and determined the date of maximum medical improvement based on the medical evidence of record. The impairment percentage above differs from the percentage provided by Dr. _____. In reviewing the evidence, the DMA has determined that Dr. _____ incorrectly applied the Guides to the findings on examination. A copy of the DMA's calculation, which explains this discrepancy, is attached. The weight of the medical evidence regarding the percentage of impairment is being given to the DMA because he correctly applied the Guides to the examination findings.

If you disagree with this decision, you should carefully review the attached appeal rights, and pursue whichever avenue is appropriate to your situation.

Sincerely,

Division of Federal Employees' Compensation

Enclosures: Appeal Rights