

File Number:
CA-1008 (New Condition)-D-ACC

RECEIVED OCT 04 2019

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 11 KCM
LONDON, KY 40742-8300
Phone: (816) 268-3040

October 01, 2019

Date of Injury:
Employee:

Dear

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): Complex Regional Pain Syndrome of Left Lower Leg/Reflex Sympathetic Dystrophy. Although previous correspondence indicated that this condition had been accepted, no formal acceptance letter was ever issued. A list of all accepted conditions in your case is below.

Diagnosed condition(s)

COMPLEX REGIONAL PAIN SYNDROME I OF LEFT LOWER
LIMB/REFLEX SYMPATHETIC DYSTROPHY
LEFT KNEE LATERAL MENISCUS TEAR
LEFT PELVIC MUSCLE DYSFUNCTION

ICD code(s)

ICD10 G90522
ICD09 8362
ICD09 7899

No further action will be taken with the 1/11/19 proposed termination of your compensation benefits.

Please advise all medical providers who are treating you for this injury of the newly accepted condition(s) with ICD code(s). Accurate coding facilitates timely bill processing.

Only treatment for the condition(s) shown above is authorized. For further consideration of a claim expansion for additional or consequential conditions, send a written claim expansion request accompanied by a medical report from your physician explaining, with medical rationale, the relationship between any specific additional condition and the work incident or your job duties. The medical report should include the ICD-10 code(s) for the new condition(s).

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 (Conduent) for all authorizations and billing questions. Automated information is available 24 hours per day at 1-866-335-8319 or online at <http://owcpmed.dol.gov>. 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 1-844-493-1966, Monday – Friday, 8am – 8pm EST.

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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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://owcpmed.dol.gov>. General information can be obtained on the Department of Labor website at <http://www.dol.gov/owcp/dfec/index.htm>.

Sincerely,

Division of Federal Employees' Compensation

PAUL H FELSER
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SAVANNAH, GA 31406