File Number:
CA-1008 TI-D-ACC

RECEIVED SEP 16 2019

U.S. DEPARTMENT OF LABOR

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

September 12, 2019

Date of Injury:
Employee:

Dear

DE NOVO

In compliance with the Decision of the Hearing Representative dated the decision dated was affirmed in part and remanded in part for further development to support causal relationship of the work-injury.

Therefore, in compliance with the Remand Order issued on , this is to notify you that your claim has been accepted. As directed by the Remand Order you attended a second opinion examination on and the second opinion examiner, Dr. , opined that the diagnose conditions listed below are causally related to the employment factors on . Dr. advised that the mechanism of the injury felt to reasonably resulted in the bilateral median nerves at the wrists (hyperextension) and (hyperflexion) at the right elbow.

This is to notify you that your claim for a traumatic injury on has been accepted for the following condition(s):

Diagnosed condition(s)	ICD-10 code(s)
CARPAL TUNNEL SYNDROME, BILATERAL UPPER LIMB	**G56.03**
LESION OF ULNAR NERVE, RIGHT UPPER LIMB	**G56.21**

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.

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. If wage loss continues after your entitlement to COP expires, you may claim compensation using Form CA-7.

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 not been released to full duty, have your treating physician provide a medical report that includes appropriate work restrictions and a statement as to when you will be released back to full duty without restrictions.

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,

Division of Federal Employees' Compensation

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

PAUL H FELSER
FELSER LAW FIRM, P.C.
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.