

RECEIVED JUL 17 2018

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 14 SEA
LONDON, KY 40742-8300
Phone: (206) 470-3100

July 12, 2018

Date of Injury:
Employee:

Dear

NOTICE OF DECISION

By letter dated _____ the Office issued a decision denying your claim for a schedule award as the evidence was not sufficient to establish that you sustained an impairment to a scheduled member due to your accepted work injury.

You disagreed with the _____ determination and on _____ requested a review of the written record with the Branch of Hearings and Review (H&R). On _____ H&R remanded the Office's _____ decision for referral to the District Medical Advisor (DMA). To comply with the remand, your file was referred on _____ to the office's DMA.

In a _____ narrative, the DMA reviewed the Statement of Accepted Facts (SOAF) and the medical records contained in the file for the purpose of providing a medical opinion regarding the schedule award of the right upper extremity. It was the DMA's opinion that he agreed with Dr. _____ medical report that you have a 5% impairment of the right upper extremity resulting from the accepted work injury of _____

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: 5% Left Upper Extremity
 2. Date of Maximum Medical Improvement: _____
 3. Period of Award: _____ (fraction of a day)
 4. Number of Weeks of Compensation: 15.6
 5. Weekly Pay: \$1506.84 X Compensation Rate: 75 % = \$1139.13
 6. Effective Date of Pay Rate: _____
 7. Your Payment and the Period Covered: \$15,561.00 from _____
 8. Your final payment and the period covered: \$2457.00 from _____
- Payment of your award ends when you have been paid for the last day shown in item 3 above.

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:
CA-181-D-S

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*.

The percentage of permanent impairment noted above was based on the medical findings and report of Dr. _____ dated _____ and the report of the District Medical Advisor (DMA) dated _____

IMPORTANT INFORMATION

Please read the following information carefully. Keep this award letter so you can refer to it when necessary. If you have questions concerning this award, write to the address shown in the letterhead.

- 1. HOW COMPENSATION IS PAID** - Direct deposit is the fastest and most secure way to receive your award payments. We strongly encourage you to submit a **Standard Form 1199A**, which will enable us to direct deposit your payment(s) into your bank. Your first payment will be issued within 30 days. If further payments are due, they will be made every four weeks until the expiration of the award.
- 2. LUMP SUM PAYMENTS** - If you are currently working, or if you are receiving retirement benefits from the Office of Personnel Management, you may be entitled to a "lump-sum" payment of your schedule award. Please contact the District Office at the address listed on the first page of this letter and specifically request information concerning this option.
- 3. CHANGE OF ADDRESS** - Notify this office immediately of any change of address either for correspondence or for direct deposit. Notification must be in writing, signed by you, to the address shown on the first page of this letter. Include your file number, your old address, and your new address.
- 4. CHANGE IN STATUS OF DEPENDENTS** - If your award is paid at the augmented rate of 3/4 because you have one or more dependents, you are required to provide written notification immediately of any change in status of your dependents, to the address on the first page of this letter. The notice must be signed by you and include your file number, the name of the dependent whose status changed, the effective date of the change, and the nature of the change in status. If you originally claimed only one dependent, and there is a change in the status of your sole dependent, do not cash any checks you receive after the change in status of that dependent. Return the checks promptly for adjustment by this Office.
- 5. RETURN TO WORK** - You may work or receive retirement benefits from the Office of Personnel Management (OPM) during the period of this award without any effect on your schedule award payments.

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6. SOCIAL SECURITY DISABILITY BENEFITS - Please contact your local Social Security Office regarding this award if you are receiving or have filed for Social Security Disability Benefits.

7. VA BENEFITS - You are required to notify this office if you have received, or are receiving any VA benefits for the same part of the body.

8. EXPIRATION OF AWARD – After the ending date of this award noted in item 3, your entitlement to compensation will be based solely on disability for work resulting from the accepted injury. You may claim continuing compensation by submitting evidence showing that the accepted injury prevents you from performing the kind of work you were doing when injured and from earning comparable wages. Please note that compensation for disability cannot be paid for any period during which you receive retirement benefits from OPM.

9. ATTORNEY AND REPRESENTATIVE FEES – Please be mindful of the following regarding fees for representative services:

- In each case where a representative's fee is desired, an application for approval of the fee must be submitted to OWCP.
- Fees collected prior to OWCP approval may constitute a misdemeanor under 18 U.S.C. § 292.
- Contingency fees are not allowed in any form. See 20 C.F.R. § 10.702 (a). Further, a fee will not be approved merely on the basis of a percentage of the amount of compensation awarded. All fees claimed for services rendered must be calculated on an hourly basis.
- The ultimate collection of the fee is a matter between the representative and the claimant.

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

Sincerely,

Senior Claims Examiner

Enclosures: Appeal Rights

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