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U.S. DEPARTMENT OF LABOR

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OWCP/DFEC, PO BOX 34090
SAN ANTONIO, TX 78265
Phone: (904) 366-0100

April 24, 2020
April 24, 2020

Date of Injury:
Employee:

Dear

This concerns your compensation case and your request for reconsideration received on

We have evaluated the evidence submitted and have reviewed the merits of your case under 5 U.S.C. 8128. You have provided sufficient evidence to warrant modification of the decision dated [redacted].
Based on the information received, the decision is now vacated.

The reasons for this decision are outlined in the enclosed Notice of Decision.

Please see the separately mailed acceptance letter for a discussion of your rights and responsibilities.

Sincerely,

Division of Federal Employees' Compensation

PAUL H FELSER
FELSER LAW FIRM
7393 HODGSON MEMORIAL DR-STE 102
SAVANNAH, GA 31406

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: _____
Merit Review4-D-RECO

NOTICE OF DECISION

Claimant Name:
Case Number:

ISSUE: The issue for determination is whether the evidence presented is of sufficient probative value to vacate the decision dated _____

REQUIREMENTS FOR ENTITLEMENT: In accordance with the regulations set forth in 20 CFR § 10.609, if an application for reconsideration is accompanied by new and relevant evidence or by an arguable case for error, OWCP will conduct a merit review of the case to determine whether the prior decision should be modified. If sufficient evidence exists to overturn the prior decision, it should be vacated.

BACKGROUND: BACKGROUND: On _____ you filed a claim for Traumatic Injury indicating you sustained an injury or medical condition on _____, as a result of your employment as an _____ with the _____
The injury or condition resulted from descending a ladder onto the floor. You indicated that you rolled your left foot on its side.

Following appropriate development, on _____ a formal decision was issued in your case finding that the medical component of the third basic element, Fact of Injury, had not been met. The reason for the decision was that you did not submit any medical evidence containing a medical diagnosis in connection with the event.

You disagreed with the _____ decision and requested reconsideration by letter/appeal request form received on _____. In a decision dated _____, the initial denial of your claim was modified from a denial based on fact of injury to a denial based on causal relationship. The medical evidence included a diagnosis which could be associated with the _____ incident, but did not include a physician's rationalized opinion on causal relationship.

Your attorney disagreed with the _____ decision and requested reconsideration by letter/appeal request form received on _____.

DISCUSSION OF EVIDENCE: The evidence reviewed in support of your reconsideration request includes a report by Dr. _____, DPM dated 1 _____.

BASIS FOR DECISION: The evidence is sufficient to vacate the decision dated _____ because the new medical evidence includes Dr. _____ opinion, with explanation, addressing how the _____ work incident in which you were descending a ladder and rolled your left foot/ankle resulted in the foot fractures diagnosed.

File Number: |
Merit Review4-D-RECO

CONCLUSION: Therefore, the decision dated | is vacated.

Your case is now accepted for NON-DISPLACED FRACTURE OF CUBOID BONE OF LEFT FOOT; NON-DISPLACED FRACTURE OF FOURTH METATARSAL BONE, LEFT FOOT; and NON-DISPLACED FRACTURE OF THIRD METATARSAL BONE, LEFT FOOT.

Division of Federal Employees' Compensation