

File Number:
Merit Review4-D-RECO

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U.S. DEPARTMENT OF LABOR

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

March 10, 2017

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
Based on the information received, the decision is now vacated.

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

Sincerely,

Senior Claims Examiner

PAUL FELSER
7393 HODGSON MEMORIAL DRIVE
SUITE 102
SAVANNAH, GA 31406

If you have a disability (a substantially limiting physical or mental impairment), please contact our office/claims examiner for information about the kinds of help available, such as communication assistance (alternate formats or sign language interpretation), accommodations and modifications.

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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: On , you filed a claim for Traumatic Injury indicating you sustained an injury or medical condition on as a result of your employment as a with the Specifically, you stated while working from a ladder, you fell and your mouth impacted the ground. You noted that this incident caused an injury to your wrist and broken bottom denture.

By letter dated you were informed of the evidence needed to support your claim and afforded 30 days to provide the information to the Office.

On , a formal decision was issued in your case finding fact of injury medical was not established. The reason for the decision was that the medical evidence was not sufficient to establish that a medical condition was diagnosed in connection with the claimed event and/or work factors.

You disagreed with the decision and requested reconsideration by letter/appeal request form received on

The evidence reviewed in support of your reconsideration request includes:

- Medical evidence from Dr. from thru
- Medical evidence from Dr. ; dated
- Diagnostic reports dated and

DISCUSSION OF EVIDENCE: The medical evidence from Dr. from thru consisted of objective medical evidence from your office visits with him and an accurate history the work incident of . He diagnosed you as having contusions of the right hand, right wrist, and right elbow. Dr. also diagnosed you as having sprains of the right hand and wrist.

Dr. ; report dated revealed you were seen by him on that date and that you reported having wrist pain. He provided objective medical evidence from your office visit with him and diagnosed you as having pain in right wrist. Under the Federal Employees Compensation Act, a finding of "pain" alone is not sufficient since pain is not a valid diagnosis; rather, it is a symptom.

The diagnostic reports dated and consisted of an x-ray and mri of your right wrist.

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BASIS FOR DECISION: The evidence is sufficient to vacate the decision dated _____ because the medical evidence from Dr. I _____ supports that the work incident of _____ caused contusions of your right hand, right wrist and right elbow and sprains of your right hand and right wrist.

CONCLUSION: Therefore, the decision dated _____ is vacated.

Your case is now accepted for contusion of right hand, right wrist and right elbow and sprains of right hand and right wrist.

Senior Claims Examiner