

File Number:
HR10-D-H

RECEIVED SEP 05 2017

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 50
LONDON, KY 40742-8300
Phone: (202) 693-0045

Date of Injury:
Employee:

Dear

This is in reference to your workers' compensation claim. Pursuant to your request for a hearing, the case file was transferred to the Branch of Hearings and Review.

A hearing was held on [redacted]. As a result of such hearing, it has been determined that the decision issued by the District Office should be vacated and the case remanded to the district office for further action as explained in the enclosed copy of the Hearing Representative's Decision.

Your case file has been returned to the Cleveland District Office. You may contact that office by writing to our Central Mail Room at the following address:

US DEPARTMENT OF LABOR
OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 9 CLE
LONDON, KY 40742-8300

Sincerely,

Electronically Signed

Hearing Representative

PAUL H FELSER
ATTORNEY AT LAW
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.

Washington DC, August 31, 2017

U.S. DEPARTMENT OF LABOR
Office of Workers' Compensation Programs

DECISION OF THE HEARING REPRESENTATIVE

In the matter of the claim for compensation under Title 5, U.S. Code 8101 *et seq.* of
claimant; Employed by the _____ in
Case no. _____

Hearing was held by telephone on _____ As a result, the decisions of the Office
dated _____ and _____ are hereby set aside, and the case is remanded for
additional actions, for the reasons set forth below:

The issues for consideration are (1) whether the claim should be expanded to include additional work-related medical conditions; (2) whether the claimant is entitled to a schedule award.

The claimant is an employee of the _____ She filed form CA-2 "Notice of Occupational Disease" on _____ alleging that she developed back problems due to heavy lifting, pushing and carrying in the course of her work for the _____ where she worked as both a _____ and _____ for over 23 years. The claim was accepted for exacerbation and permanent aggravation of lumbar disc disease; and cervical herniated disc. Cervical disc surgery was approved and performed in 1988.

On _____ Dr. _____ MD, examined the claimant. He noted that the claimant had a work injury in _____ He stated that the claimant had neck pain and difficulty ambulating. He stated that the claimant had lumbar and cervical issues related to her work injury, and hip issues that were not.

On _____ Dr. _____ stated that the claimant had chronic radiculopathy in the upper extremity, C8 bilaterally due to neck cervical stenosis. He stated that the claimant had 15% whole person impairment, or 25% impairment to the right upper extremity. He stated that the claimant also had chronic lower extremity radiculopathy due to lumbar stenosis post surgery. He stated that she had 17% whole person impairment or 42% lower extremity impairment. Dr. _____ stated that the claimant had bilateral hip osteoarthritis, bilateral knee osteoarthritis, and bilateral carpal tunnel syndrome. He stated that the hip and knee conditions were not related to the claimant's employment.

On _____ the claimant filed a claim for Schedule Award.

In a report dated _____ Dr. _____ stated, in part, that he believed the carpal tunnel syndrome was related to the claimant's employment.

