

FECA

- **The Federal Employees Compensation Act**
- Dated back as far as 1916 (With significant changes through the years)
- No significant amendments since 1974



FECA BENEFITS

1. Paid out of the federal employees Compensation Fund
2. Fund is financed through appropriations from Congress
3. Reimbursed by federal agencies through chargeback process

EMPLOYEES COVERED UNDER FECA

- 1) The FECA program covers all civilians employed by the Federal Government
- 2) Full time employees
- 3) Part time employees
- 4) Benefits paid to employees for any disability or death caused by an injury or illness sustained during employees work for the federal government.



BENEFITS NOT COVERED

- 1) Injury or Condition caused by willful misconduct of the employee.
- 2) Injury caused by the employee's intention to bring injury to self or other person.
- 3) Injury caused by intoxication of the employee.



what to do when your girlfriend is on skype

LAW – FEDERAL EMPLOYEES' COMPENSATION ACT (FECA)

- The FECA PROVIDES:
 - MEDICAL CARE
 - CONTINUATION OF PAY (COP)
 - WAGE LOSS COMPENSATION
 - SCHEDULE AWARDS
 - VOCATIONAL REHABILITATION
 - DEATH BENEFITS



OWCP

The Office of Workers' Compensation

- Process all FECA claims
- Adjudicate all FECA claims
- Can order claimant to submit to a medical examination from a doctor contracted to federal gov.

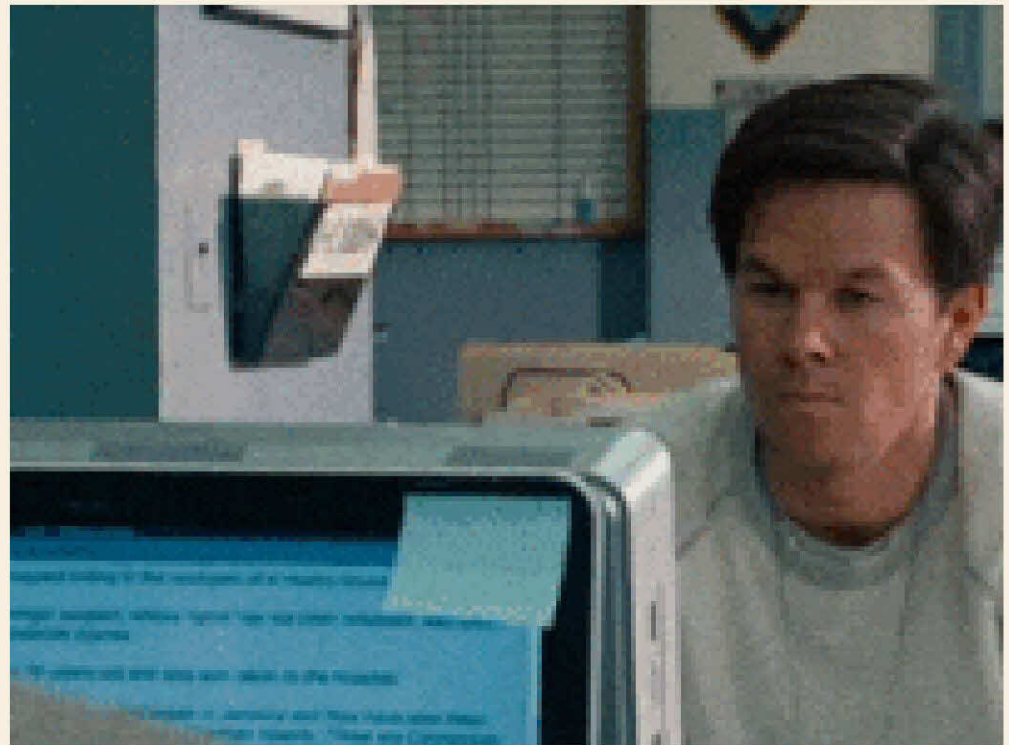
OWCP

- Difficult for Carriers to Understand
- Cumbersome Claims processing system
- Frustrating
- Always seems to be accused of false claims.



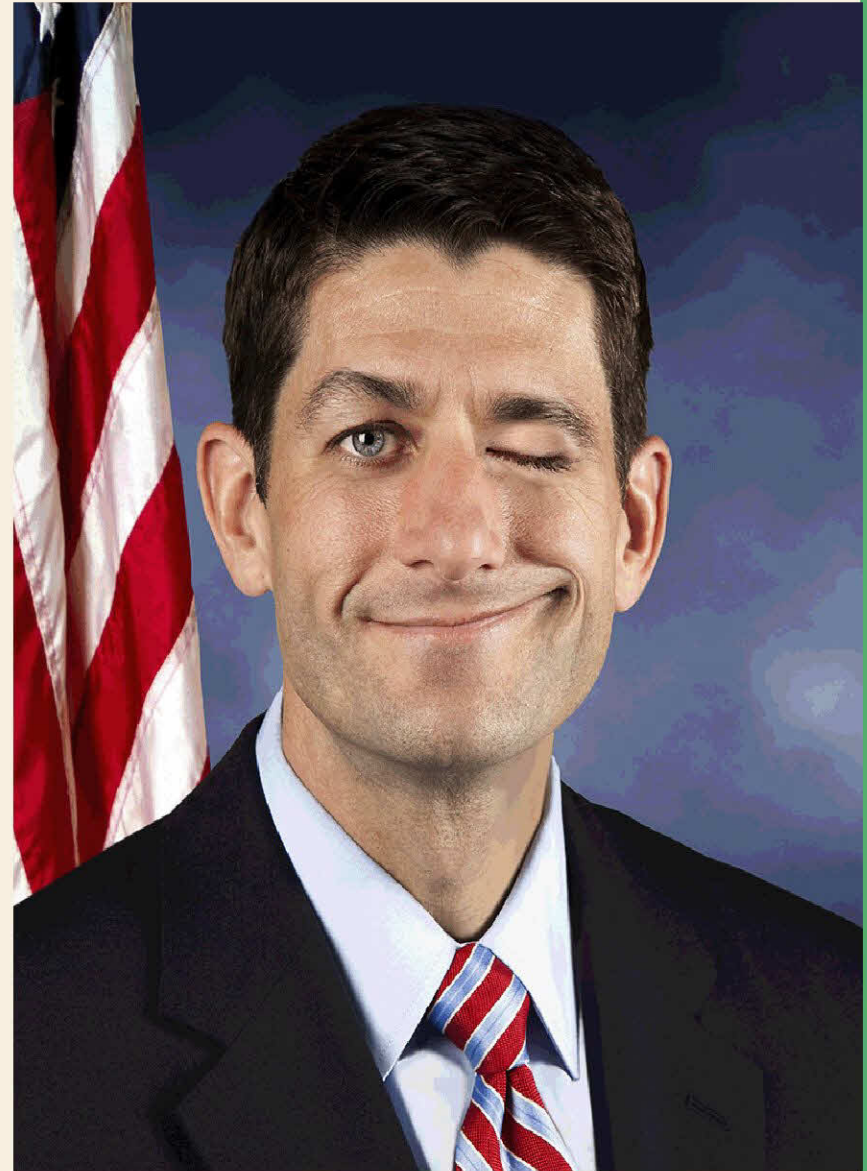
EMPLOYEE RESPONSIBILITIES'

- Completing ALL forms.
- Submitting Medical Information
- Letting the Attending Physician know what work is available within their restrictions.



EMPLOYER RESPONSIBILITIES'

- Completing ALL forms.
- Obtaining all of the facts
- Timely submitting forms and attachments.



TYPES OF INJURY

- CA-1
- Traumatic Injury
 - Caused by a specific event or incident, or series of events or incidents, during a single work day or work shift...



CA-1 TRAUMATIC INJURY



- Accident or event occurs within one shift or work day.
- **CA-1**
 - Initiates Continuation of Pay (COP).
 - Authorization for Medical Treatment
 - Provides the initial Medical Report (CA-20)
 - Guarantees Payment for Medical Treatment (CA-16)

CHOICE OF TREATING PHYSICIAN

- Employees' are permitted to select their treating physician when they suffer an On the Job Injury.
- The rules are simple and unambiguous.



CA-16

- **543.3 Medical Care**
- FECA guarantees the employee the right to an initial choice of physician.
- The employee is entitled to receive all medical services, appliances, or supplies that a qualified physician prescribes and OWCP determines necessary to treat the injury.
- For continued payment of medical expenses by OWCP, a change of the employee's initial choice of physician is permitted only with OWCP approval.
- Referrals for further examination, testing, or medical care by the physician designated on the Form CA-16 are covered. (See 545.4 for *implementing medical care.*)

CA-16

- Used ONLY for Traumatic Injury cases. (CA-1)
- It is used in most cases where a CA-1 is completed and the injured worker seeks medical attention.
- **Exception:**
 - *First Aid Injury – minor injury that requires no more than two medical visits, with the second visit including a confirmed recovery.*
- *If an injury involves work restrictions, disability, or limited duty it is not a “first aid” case.*
- *If an injured employee seeks medical attention from their own treating physician, even if it is “first aid” – a CA-16 must be provided!*

CA-16

- The CA-16 is normally issued within 4-hours of the injury.
- A manager/supervisor can give oral authorization for medical care, but the CA-16 must be issued to the provider within 48-hours.



CA-16

INSTRUCTIONS

Authorization for Examination And/Or Treatment

U.S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs



The following request for information is required under (5 USC 8101 et. seq.). Benefits and/or medical services expenses may not be paid or may be subject to suspension under this program unless this report is completed and filed as requested. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and OMB Cir. No. A-108.

OMB No.: 1215-0103
Expires: 10-31-2008

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

PART A - AUTHORIZATION

1. Name and Address of the Medical Facility or Physician Authorized to Provide the Medical Service:

2. Employee's Name (last, first, middle)

3. Date of Injury (mo., day, yr.)

4. Occupation

5. Description of Injury or Disease:

6. You are authorized to provide medical care for the employee for a period of up to sixty days from the date shown in item 11, subject to the condition stated in item A, and to the condition indicated either 1 or 2, in item B.

A. Your signature in item 35 of Part B certifies your agreement that all fees for services shall not exceed the maximum allowable fee established by OWCP and that payment by OWCP will be accepted as payment in full for said services.

B. ☐ 1 Furnish office and/or hospital treatment as medically necessary for the effects of this injury. Any surgery other than emergency must have prior OWCP approval.

☐ 2 There is doubt whether the employee's condition is caused by an injury sustained in the performance of duty, or is otherwise related to the employment. You are authorized to examine the employee using indicated non-surgical diagnostic studies, and promptly advise the undersigned whether you believe the condition is due to the alleged injury or to any circumstances of the employment. Pending further advice you may provide necessary conservative treatment if you believe the condition may be to the injury or to the employment.

7. If a Disease or Illness is Involved, OWCP Approval for Issuing Authorization was Obtained from: (Type Name and Title of OWCP Official)

8. Signature of Authorizing Official:

9. Name and Title of Authorizing Official: (Type or print clearly)

10. Local Employing Agency Telephone Number:

11. Date (mo., day, year)

12. Send one copy of your report: (Fill in remainder of address)

13. Name and Address of Employee's Place of Employment:

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

Health & Resource Management
District
Room

Public Burden Statement

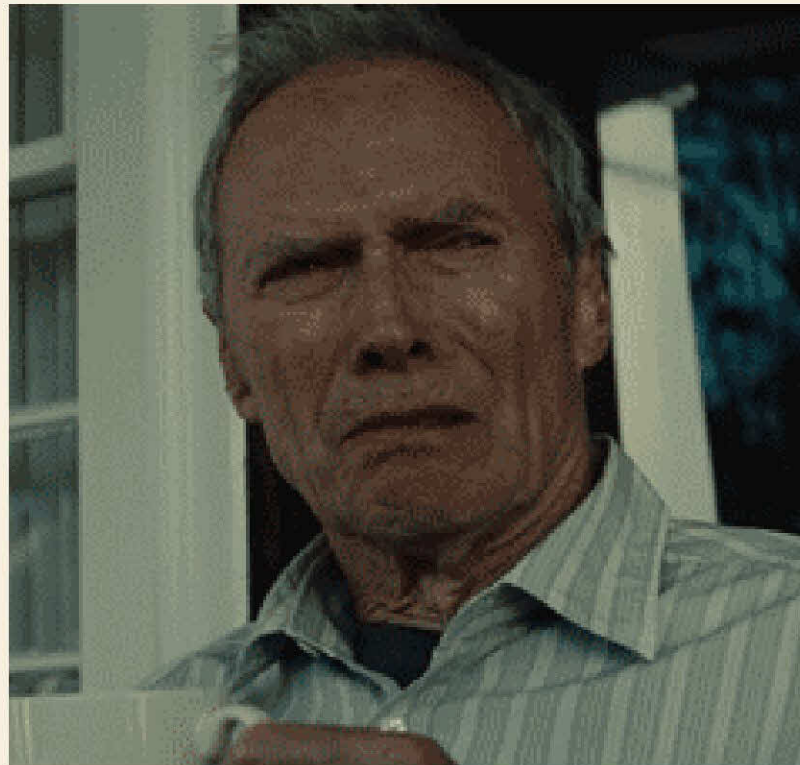
We estimate that it will take an average of 5 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S-3229, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND THE COMPLETED FORM TO THIS OFFICE

Form CA-16
Rev. Feb. 2005

TRAUMATIC INJURY

- Continuation of Pay (COP)
- When an employee files a claim for a Traumatic Injury he/she is eligible for Continuation of Pay (COP).
- (20 CFR 10.205(a) & ELM 545.721).
- Employee must elect COP on the CA-1 Form



TRAUMATIC INJURY

- Continuation of Pay (COP) Eligibility
 - 1) Have a traumatic injury.
 - 2) File Form CA-1 within 30 days of the date of the injury and elect COP.
 - 3) Begin losing time from work within 45 days of the injury.



TRAUMATIC INJURY – 3-DAY WAIT

- ALL traumatic injuries are subject to a 3-day waiting period.



CA-1 TRAUMATIC INJURY

- COP involves a 3-day waiting period.
- AL, SL, or LWOP are the injured workers' choices.
- If the injury requires that the employee be off work for 14-days or more, the leave will be changed to COP.



COP

- The first 10-days of COP are automatic.
- USPS can cancel COP **IF** the injured carrier does not provide the appropriate medical information within 10-days of the accident/incident.

CANCELLED

TRAUMATIC INJURY

- Continuation of Pay (COP)
- 545.733 Controversion With COP Provided
 - In all situations, except as described in 545.732 above, the employer may controvert entitlement to COP, but must continue the employees regular pay pending a final determination by OWCP. OWCP has the exclusive authority to determine questions of entitlement and all other issues relating to COP.

ELM 545.741 STOPPING COP *(BACK OF THE CA-1 CITES THE SAME)*

- **After payment of COP is initiated, it may be stopped only when one of the following circumstances is present:**
 - a) Medical evidence supporting disability due to a work-related injury is not received within 10 calendar days after the claim is submitted (unless the results of the accident investigation shows disability to exist).
 - b) The medical evidence from the treating physician shows that the employee is not disabled from the date-of-injury position.
 - c) Medical evidence from the treating physician shows that the employee is not totally disabled and the employee refuses a written job offer that is approved by the attending physician.
 - d) The employee returns to work with no loss of pay.
 - e) The employee's period of employment expires or employment is otherwise terminated as established prior to the date of injury (i.e., a casual or other employee with a specific term of employment). (See explanation in 545.743.)
 - f) Termination of employment is established prior to the date of injury.
 - g) OWCP directs the employer to stop COP.
 - h) COP has been paid for 45 calendar days.
 - i) The control office or control point must file a controversion with OWCP setting forth the basis on which COP is stopped, no later than the effective date of the termination.

TACS CODES

- 071 – COP CODE
- 049 – LWOP WHILE COLLECTING OWCP WAGES



TYPES OF INJURES

- OCCUPATIONAL ILLNESS CA-2
 - A condition that is caused by continued or repeated exposure to elements of the work environment over a period longer than one work day or shift.



TYPES OF INJURES

- Recurrence CA-2a
- A **work stoppage** that occurs after an employee has returned to work following a preceding period of disability and is the result of:
 - *A spontaneous return of symptoms (disability) of a previously accepted work-related condition without intervening cause; or*
 - A return or increase of disability due to a consequential injury.

OWCP NOTIFICATION LETTER

- Normally received within 7 to 10 days after the claim is processed and sent to OWCP
- Notifies the employee that the CA-1 has been received
- Assigns a Claim number to the injury



File Number:
Case Create Letter-O-OT

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 3 PHI
LONDON, KY 40742-8300
Phone: (267) 687-4160

February 2018

Date of Injury:
Employee:

Dear

We have received your claim, and it has been assigned the case number noted above. Your case has been assigned to the Philadelphia district office.

For General Information About the Claims Process	The Federal Employees' Compensation Act (FECA) provides Federal employees who sustain a work related injury or illness with benefits such as medical care, wage loss replacement, and help in returning to work. You may wish to visit our website for additional information. The "Basic Information on New Claims" section will provide you with information that may be helpful to you in understanding the claims process. http://www.dol.gov/owcp/dfec/index.htm
Evidence Required to Accept Your Claim	For your case to be accepted, you should submit a report from a medical doctor containing 1) a description of your work injury, 2) a medical diagnosis, and 3) an explanation of how your medical condition was caused by the claimed work event(s). Other information may also be required, as determined by the Claims Examiner.
To Submit Documentation to Us	To submit documentation related to your case, you can mail the information to the address at the top of this letter or you may electronically submit it for immediate receipt. Electronically uploaded documents will be directly entered into your FECA case using the Employees' Compensation Operations and Management Portal (ECOMP). You can access ECOMP from any internet browser at: https://www.ecomp.dol.gov/
For Information About Your Case	You can view your case and compensation claim status, billing updates (including reimbursements), coverage limitations, and other information via the Claimant Query System (CQS) by clicking on the word "Claimant" next to the FECA photo online at: http://owcpmed.dol.gov

Sincerely,

Consolidated Case Create Facility

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.

AFTER THE CLAIM IS FILED

THE FALL OUT

- DEVELOPMENTAL LETTER!!!
- UNPAID BILLS!!!



SITUATION - DEVELOPMENTAL LETTER

- Initial information is insufficient.
- Medical,
- Employer Issue,
- Employee, or
- ALL of the above

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 3 PHIL
LONDON, KY 40742-8300
Phone (267) 687-4160

January 26, 2016

Date of Injury [REDACTED]
Employee [REDACTED]

[REDACTED]
[REDACTED]

Dear Mr. [REDACTED]

This Office is in receipt of your claim for a traumatic injury that you filed on [REDACTED]. You are employed as a letter carrier by the United States Postal Service in [REDACTED] Pennsylvania. You stated that you sustained an injury on [REDACTED] which resulted from stepping out of a truck and twisting your left knee. You claim as the nature of your injury a left knee sprain/strain.

Initial evidence received in support of your claim includes the following:

- (1) CA-16 form (Authorization for Examination And/or Treatment) dated [REDACTED]
- (2) Attending Physician's Report (Form CA-20) dated [REDACTED]. The identity of the medical provider who signed this form is unknown due to an illegible signature. On this form, you were diagnosed with a "possible" derangement of the left knee. The word "possible" does not render a definitive diagnosis.
- (3) Your faxed written statement of 01/24/2016.

We received information from your employing agency notification that you have no annual leave or sick leave, and that you were out of work from 12/3/2015 to 01/12/2016 due to an off the job motor vehicle accident.

In order for a claim to be accepted under the Federal Employees' Compensation Act (FECA), the claim must meet 5 basic elements. The claim must:

- (1) Be Timely Filed
- (2) Be made by a Federal Civil Employee
- (3) Establish Fact of Injury, which has both a factual and medical component. Factually, the injury, accident or employment factor alleged must have actually occurred. Medically, a medical condition must be diagnosed in connection with the injury or event.
- (4) Establish Performance of Duty. The injury and/or medical condition must have arisen during the course of employment and within the scope of compensable work factors.
- (5) Establish Causal Relationship, which means the medical evidence establishes that the diagnosed condition is causally related to the injury or event.

The documentation received to date has been reviewed, and it is insufficient to support your claim because:

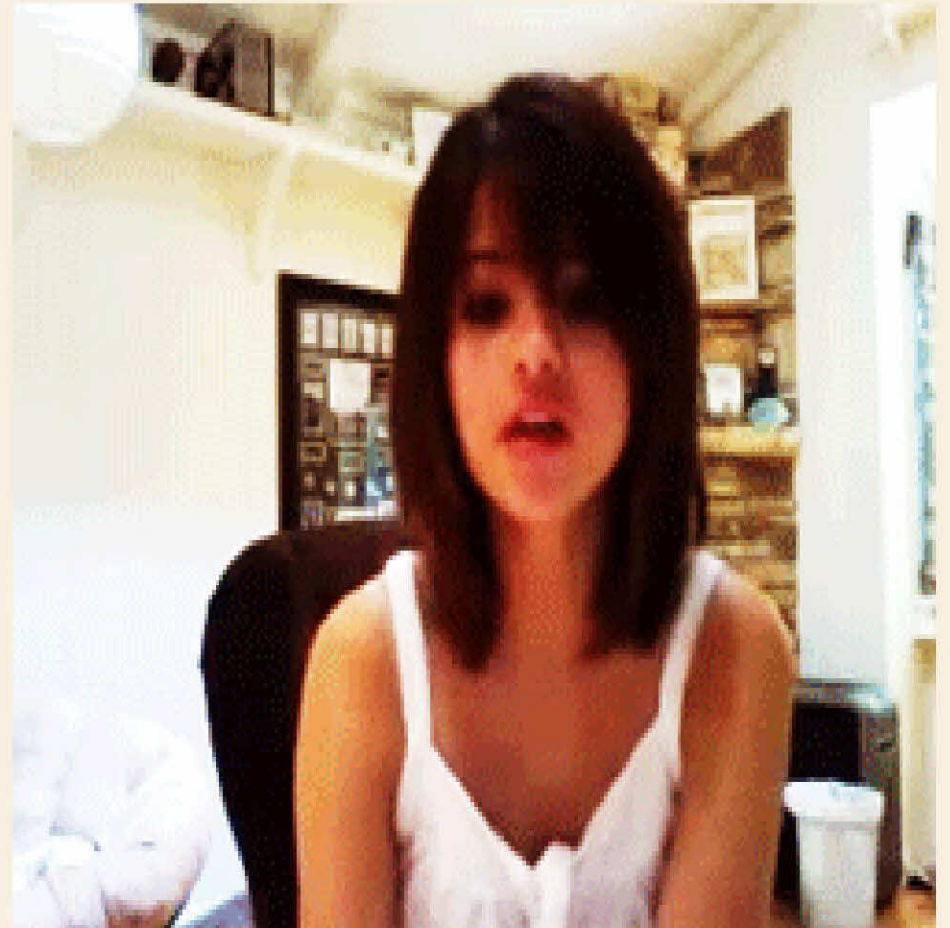
If you have a disability (a substantially limiting physical or mental impairment), please contact our office/claims examiner for information about the kinds of help available, such as communication assistance (alternate formats or sign language interpretation), accommodations and modifications.

*Five Basic Elements for
EVERY claim:*

- 1) Timely Filed*
- 2) Federal Civil Employee*
- 3) Fact of Injury*
- 4) Performance of Duty*
- 5) Causal Relationship*

SITUATION - DEVELOPMENTAL LETTER

- Must READ
- Slowly,
- More than once,
- Get to the FACTS!



U.S. DEPARTMENT OF LABOR

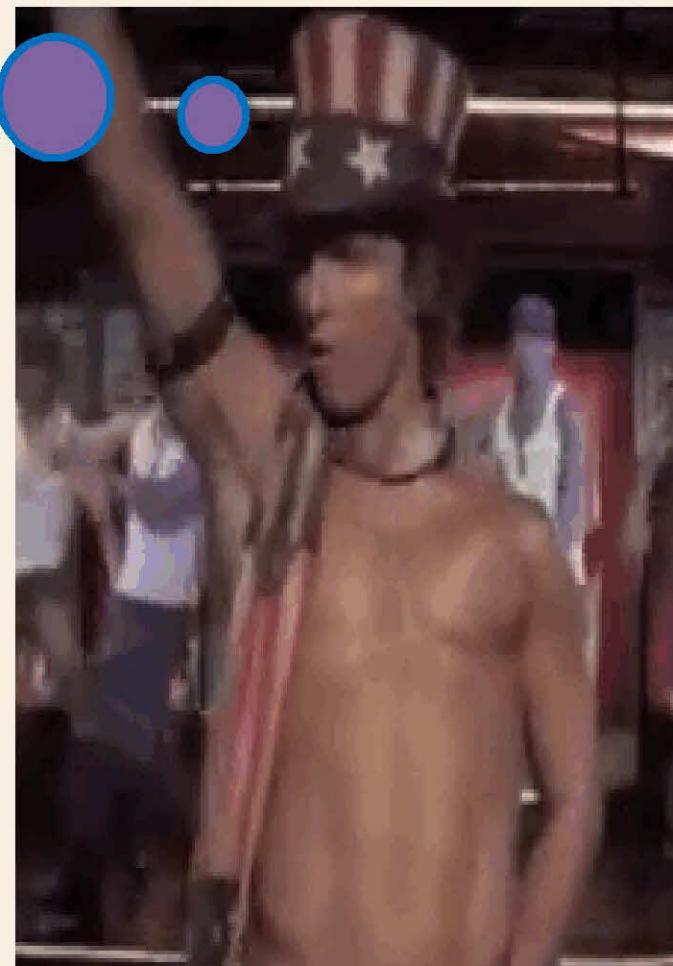
YOU STATED that you sustained an injury on 00/00/00 which resulted from stepping out of a truck and twisting your left knee. You claim as the nature of your injury a **left knee sprain/strain**.

In order to establish a claim for compensation, the claimant must:

- (1) Establish that the injury or event was a compensable work-related injury or event.
- (2) Be made by a Federal Civilian.
- (3) Establish Fact of Injury, which means the medical component. Factually, the injury, accident or employment factor must have actually occurred. Medically, a medical condition must be diagnosed in connection with the injury or event.
- (4) Establish Performance of Duty. The injury and/or medical condition must have arisen during the course of employment and within the scope of compensable work factors.
- (5) Establish Causal Relationship, which means the medical evidence establishes that the diagnosed condition is causally related to the injury or event.

The documentation received to date has been reviewed, and it is insufficient to support your claim because

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



U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 3 PHI
LONDON KY 40312-8300

January 28, 2013

- 1) *No definitive diagnosis*
- 2) *Physicians report not legible*
- 3) ***“POSSIBLE”*** *derangement!*
- 4) *Asks six questions.*

(3)

We received information that you were on sick leave, and that you were involved in a vehicle accident.

In order for a claim to be accepted under the Federal Employees' Compensation Act (FECA), the claim must meet 5 basic elements. The claim must:

- (1) Be Timely Filed
- (2) Be made by a Federal Civil Employee
- (3) Establish Fact of Injury, which has both a factual and medical component. Factually, the injury, accident or employment factor alleged must have actually occurred. Medically, a medical condition must be diagnosed in connection with the injury or event.
- (4) Establish Performance of Duty. The injury and/or medical condition must have arisen during the course of employment and within the scope of compensable work factors.
- (5) Establish Causal Relationship, which means the medical evidence establishes that the diagnosed condition is causally related to the injury or event.

The documentation received to date has been reviewed, and it is insufficient to support your claim because:

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.



EMPLOYER STATES:

NO ANNUAL LEAVE OR SICK LEAVE,
and that you were out of work
from 12/3/2015 to 01/12/2016
due to an off the job motor
vehicle accident.

identity of the medical
On this form, you were
word "possible" does not render a

01/24/2016

from your employing agency notification that you have no annual leave or
sick leave, and that you were out of work from 12/3/2015 to 01/12/2016 due to an off the job motor
vehicle accident

In order for a claim to be accepted under the Federal Employees' Compensation Act (FECA), the
claim must meet 5 basic elements. The claim must

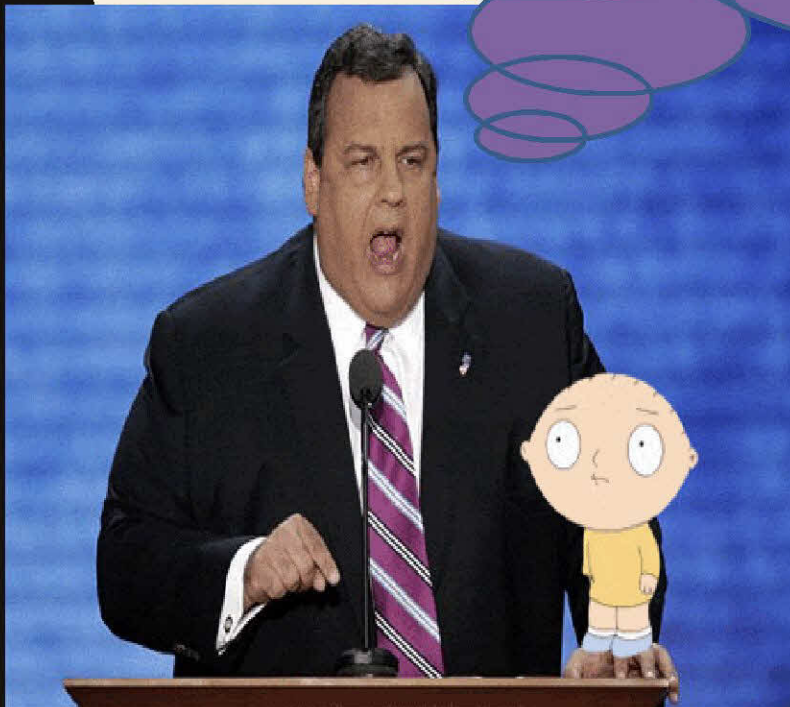
- (1) Be Timely Filed
- (2) Be made by a Federal Civil Employee
- (3) Establish Fact of Injury, which has both a factual and medical component. Factually, the
injury, accident or employment factor alleged must have actually occurred. Medically, a
medical condition must be diagnosed in connection with the injury or event.
- (4) Establish Performance of Duty. The injury and/or medical condition must have arisen
during the course of employment and within the scope of compensable work factors.
- (5) Establish Causal Relationship, which means the medical evidence establishes that the
diagnosed condition is causally related to the injury or event.

The documentation received to date has been reviewed, and it is insufficient to support your claim
because

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



This sentence would indicate that management **CONTROVERTED** this claim?



File Number -
TI FM-dev (basic)-O-I

FEDERAL EMPLOYEES' COMP PROGRAMS
PHI

...that you filed on [REDACTED] You are
...ates Postal Service in [REDACTED] Pennsylvania You
... which resulted from stepping out of a truck and
... nature of your injury a left knee sprain/strain

... report of your claim includes the following

- (1) CA-16 form (Authorization for Examination And/or Treatment dated [REDACTED])
- (2) Attending Physician's Report (Form CA-20) dated [REDACTED] The identity of the medical provider who signed this form is unknown due to an illegible signature. On this form, you were diagnosed with a "possible" derangement of the left knee. The word "possible" does not render a definitive diagnosis.
- (3) Your faxed written statement of 01/24/2016

We received information from your employing agency notification that you have no annual leave or sick leave, and that you were out of work from 12/3/2015 to 01/12/2016 due to an off the job motor vehicle accident.

In order for a claim to be accepted under the Federal Employees' Compensation Act (FECA), the claim must meet 5 basic elements. The claim must

- (1) Be Timely Filed
- (2) Be made by a Federal Civil Employee
- (3) Establish Fact of Injury, which has both a factual and medical component. Factually, the injury, accident or employment factor alleged must have actually occurred. Medically, a medical condition must be diagnosed in connection with the injury or event.
- (4) Establish Performance of Duty. The injury and/or medical condition must have arisen during the course of employment and within the scope of compensable work factors.
- (5) Establish Causal Relationship, which means the medical evidence establishes that the diagnosed condition is causally related to the injury or event.

The documentation received to date has been reviewed, and it is insufficient to support your claim because

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

Reviewing a DOL Denial

File Number -
TI FM-dev (basic)-O-I

U S DEPARTMENT OF LABOR

January

*Documentation
received is insufficient
to support your claim:*

Initial

- (1) CA-16 form
- (2) Attending Physician's statement from a provider who signed the statement and was diagnosed with a "possible" or "definitive" diagnosis
- (3) Your faxed written statement

We received information from your employer that you have no annual leave or sick leave, and that you were on leave from 01/12/2015 due to an off the job motor vehicle accident.

In order for a claim to be compensable under the Federal Employees' Compensation Act (FECA), the claim must meet 5 basic requirements. Your claim must:

- (1) Be Timely
- (2) Be made by a Federal Employee
- (3) Establish Arising Out of Employment, which has both a factual and medical component. Factually, the injury or event must be an employment factor alleged must have actually occurred. Medically, a medical condition must be diagnosed in connection with the injury or event.
- (4) Establish Performance of Duty. The injury and/or medical condition must have arisen during the course of employment and within the scope of compensable work factors.
- (5) Establish Causal Relationship, which means the medical evidence establishes that the diagnosed condition is causally related to the injury or event.

The documentation received to date has been reviewed, and it is insufficient to support your claim because:

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

Physician's opinion as to how your injury resulted in the condition diagnosed has not been met!!!!

physician's opinion supported by a medical explanation as to how the reported work
injury caused or aggravated a medical condition

NOTE – Medical evidence must be submitted by a qualified physician. Nurse practitioners and physician assistants are not considered qualified physicians under the FECA unless the medical report is countersigned by a physician. Also, under the FECA, a "physician" includes chiropractors only if there is a diagnosed spinal subluxation and it is demonstrated by x-ray. Lastly, note that medical evidence must contain a valid medical diagnosis. A finding of "pain" alone is not sufficient since pain is not a valid diagnosis; rather, it is a symptom.

This evidence is crucial in consideration of your claim. You may wish to discuss the contents of this letter with your physician.

Your case will be held open for 30 days to afford you an opportunity to submit the requested information. If the information is not received during the allotted period, a decision will be made based upon the evidence in file.

Please note that we cannot take action on any Form CA7, Claim for Compensation, submitted prior to the adjudication of your case. If your case is approved, any pending claims for compensation will be reviewed for payment at that time. Medical evidence establishing disability during the entire period claimed is required prior to payment; therefore, please arrange for the submission of this evidence if it has not already been submitted.

Reviewing a DOL Denial

In order to substantiate the factual elements of your claim, please respond to the questions[s] on the attached questionnaire, sign and date the questionnaire, and return it to the office!

File Number
TI FM-dev (basic)-0-1

A physician's opinion as to how your injury results from the accident and the medical treatment provided

In order to substantiate the factual elements of your claim, please respond to the questions[s] on the attached questionnaire, sign and date the questionnaire, and return it to the office!

6

NOTE – Medical evidence must be provided by a qualified medical professional. Physician assistants are not qualified to provide medical evidence. A medical report is countersigned by a physician only if there is a diagnosis demonstrated by x-ray. Lastly, note that medical evidence must contain a diagnosis. A finding of "pain" alone is not sufficient since pain is not a valid diagnosis or symptom.

This evidence will be considered in the adjudication of your claim. You may wish to discuss the contents of this report with your physician.

Your case will be held open for 30 days to afford you an opportunity to submit the requested information. If the information is not received during the allotted period, a decision will be made based upon the evidence in file.

Please note that we cannot take action on any Form CA7, Claim for Compensation, submitted prior to the adjudication of your case. If your case is approved, any pending claims for compensation will be reviewed for payment at that time. Medical evidence establishing disability during the entire period claimed is required prior to payment; therefore, please arrange for the submission of this evidence if it has not already been submitted.

Reviewing a DOL Denial

File Number
TI FM-dev (basic)-O-I

A physician's opinion as to how your injury resulted in the condition diagnosed has not been provided

In order to substantiate the factual elements of your claim, please complete the attached questionnaire, sign and date the questionnaire.

The medical portion of your claim has also been reviewed and found insufficient.

The medical evidence submitted in your case does not contain a diagnosis.

The received medical evidence does not in any legible fashion identify the physician who wrote the Attending Physician's report of [REDACTED]

In further consideration of your claim, please have your attending physician complete a medical report which includes the following:

1. Dates of examination and treatment
2. History and date of injury given by you to the physician
3. Detailed description of findings
4. Results of all X-ray and laboratory tests
5. Diagnosis and clinical course of treatment followed
6. The physician's opinion supported by a medical explanation as to how the reported work incident caused or aggravated a medical condition

NOTE -- Medical evidence must be submitted by a qualified physician. Nurse practitioners and physician assistants are not considered qualified physicians under the FECA unless the medical report is countersigned by a physician. Also, under the FECA, a "physician" includes chiropractors only if there is a diagnosed spinal subluxation and it is demonstrated by x-ray. Lastly, note that medical evidence must contain a valid medical diagnosis. A finding of "pain" alone is not sufficient since pain is not a valid diagnosis, rather, it is a symptom.

This evidence is crucial in consideration of your claim. You may wish to discuss the contents of this letter with your physician.

Your case will be held open for 30 days to afford you an opportunity to submit the requested information. If the information is not received during the allotted period, a decision will be made based upon the evidence in file.

Please note that we cannot take action on any Form CA7, Claim for Compensation, submitted prior to the adjudication of your case. If your case is approved, any pending claims for compensation will be reviewed for payment at that time. Medical evidence establishing disability during the entire period claimed is required prior to payment; therefore, please arrange for the submission of this evidence.

Questions cannot be answered by the treating physician with two or three words on prescription pad or fax memo.

A physician's opinion as to how your injury resulted in the condition diagnosed has not been provided

In order to substantiate the factual elements of your claim, please respond to the questions on the attached questionnaire, sign and date the questionnaire, and return it to the Bureau.

The medical portion of your claim has also been reviewed and found to be insufficient.

The medical evidence submitted in your case does not contain a diagnosis.

The received medical evidence does not in any legible fashion identify the medical professional who wrote the Attending Physician's report of [REDACTED]

In further consideration of your claim, please have your attending physician submit a medical report which includes the following:

1. Dates of examination and treatment
2. History and date of injury given by you to your physician
3. Detailed description of findings
4. Results of all X-ray and laboratory tests
5. Diagnosis and clinical course of treatment followed
6. The physician's opinion supported by a medical explanation as to how the injury incident caused or aggravated a medical condition

NOTE -- Medical evidence must be submitted by a qualified physician. Nurse practitioners, physician assistants are not considered qualified physicians under the FECA unless their report is countersigned by a physician. Also, under the FECA, a "physician" includes only if there is a diagnosed spinal subluxation and it is demonstrated by x-ray. Lastly, medical evidence must contain a valid medical diagnosis. A finding of "pain" alone is insufficient since pain is not a valid diagnosis, rather, it is a symptom.

This evidence is crucial in consideration of your claim. You may wish to discuss the contents of this letter with your physician.

Your case will be held open for 30 days to afford you an opportunity to submit the required information. If the information is not received during the allotted period, a decision will be based upon the evidence in file.

Please note that we cannot take action on any Form CA7, Claim for Compensation, until the adjudication of your case. If your case is approved, any pending claims for compensation will be reviewed for payment at that time. Medical evidence establishing disability during the period claimed is required prior to payment; therefore, please arrange for the submission of medical evidence if it has not already been submitted.

A qualified physician
MUST submit the
medical evidence and
answer the
questions!



Weight? indeterminate.

A physician's opinion as to how your injury resulted in the condition diagnosed has not been provided

In order to substantiate the factual elements of your claim, please respond to the question(s) on the attached questionnaire, sign and date the questionnaire, and return it to this Office.

The medical portion of your claim has also been reviewed and found to be insufficient

The medical evidence submitted in your case does not contain a diagnosis

The received medical evidence does not in any legible fashion identify the medical provider who wrote the Attending Physician's report of [REDACTED]

In further consideration of your claim, please have your attending physician submit a narrative medical report which includes the following

- 1 Dates of examination and treatment
- 2 History and date of injury given by you to the physician
- 3 Detailed description of findings
- 4 Results of all X-ray and laboratory tests
- 5 Diagnosis and clinical course of treatment followed
- 6 The physician's opinion supported by a medical explanation as to how incident caused or aggravated a medical condition

NOTE – Medical evidence must be submitted by a qualified physician. Nurse practitioner assistants are not considered qualified physicians under the FECA unless report is countersigned by a physician. Also, under the FECA, a "physician" includes only if there is a diagnosed spinal subluxation and it is demonstrated by x-ray. Last, medical evidence must contain a valid medical diagnosis. A finding of "pain" alone since pain is not a valid diagnosis, rather, it is a symptom.

This evidence is crucial in consideration of your claim. You may wish to discuss the contents of this letter with your physician.

Your case will be held open for 30 days to afford you an opportunity to submit the requested information. If the information is not received during the allotted period, a decision will be made based upon the evidence in file.

Please note that we cannot take action on any Form CA7, Claim for Compensation, submitted prior to the adjudication of your case. If your case is approved, any pending claims for compensation will be reviewed for payment at that time. Medical evidence establishing disability during the entire period claimed is required prior to payment; therefore, please arrange for the submission of this evidence if it has not already been submitted.

*Must send the
information to OWCP
within 30-days of the
date of the letter.*

File Number [REDACTED]
T1 FM-dev (basic)-O-1

NOTE - You can mail the requested information to the address at the top of this letter OR you may electronically submit this information for immediate receipt

Electronically uploaded documents will be directly entered into your FECA case using the Employees' Compensation Operations and Management Portal (ECOMP) You can access ECOMP from any internet browser at:

<https://www.ecomp.dol.gov/>

When you access the website, choose the "Upload Document" option. You will be asked to provide your case number, last name, date of birth and date of injury to upload a document. ECOMP will then provide you with a Tracking Number so that you can verify when OWCP has received your document. For more detailed information about this document submission feature, visit the ECOMP website and click "Help."

Sincerely,

[REDACTED]

Claims Examiner

TO THE EMPLOYING AGENCY:

If the employee was treated at an agency medical facility for this injury, the employing agency must provide the treatment notes directly to OWCP

UNITED STATES POSTAL SERVICE
PHILADELPHIA PERFORMANCE CLUSTER
INJURY COMPENSATION OFFICE
7500 LINDBERGH BOULEVARD, RM 3041-C
PHILADELPHIA, PA 19178

*You or the claimant
can submit the
information via U.S.
Mail or
ELECTRONICALLY via
ECOMP...*

Claims Examiner
questionnaire:

Provide direct
answers,

Use SIMPLE
TERMS

Remember ***THIS IS
NOT A Labor
Management
VENUE***

File Number [REDACTED]
[REDACTED] dev (basic)-O-I

Questionnaire for Completion – Sign, Date and Return it to this Office

State where you were and what you were doing at the time your injury occurred. Provide a detailed description as to how your injury occurred (For example, if you fell, state how far you fell, how you landed, etc. If lifting was the cause of the injury, describe the object handled, its weight, what you did with it, etc.)

State the immediate effects of the injury and what you did immediately thereafter

Did you sustain any other injury, either on or off duty, between the date of injury and the date it was first reported to (a) your supervisor and (b) to a physician? If so, describe

Please give the name and address of the physician you first consulted and the date you were first examined for this injury

Describe (a) your condition between the date of injury and the date you first received medical attention and (b) the nature and frequency of any home treatment

Did you have any similar disability or symptoms before the injury? If so, describe the prior condition. Please send records of all prior treatment

STATEMENT OF CERTIFICATION BY CLAIMANT

I certify that each and every statement made in response to the above questions is true to the best of my knowledge. I further understand that any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment, or both

Signature _____ Date _____

WHAT IS NEEDED IN A MEDICAL REPORT

- 20 CFR section 10.330
- What are the requirements for medical reports?
- A medical report from the treating physician is required and must include:
 - a) Dates of examinations and treatments
 - b) History given by employee
 - c) Physical findings
 - d) Results of diagnostic testing



TIM MULVENNA, VICE
PRESIDENT
BRANCH 157, NALC