



OWCP TRAINING REGION 9

Lynne Pendleton, NBA
Misty Wenger, RWCA

- Initial Claim Filing
- CA-16 Rules
- Adequate Medical Evidence
- Burden of Proof
- Fact of Injury
- Physician vs. Physicians Assistant
- MRI Testing
- Return to Work
- Common Problems
- Resources

Initial claim filing

- ☐ CA-1 – Traumatic Injury
- ☐ CA-2 – Occupational Disease
- ☐ CA-7 – Claim for Compensation
- ☐ CA-16 – Medical Authorization
- ☐ CA-17 – Duty Status Report

MOST FREQUENT VIOLATIONS



CA-2a Instead of CA-1/CA-2

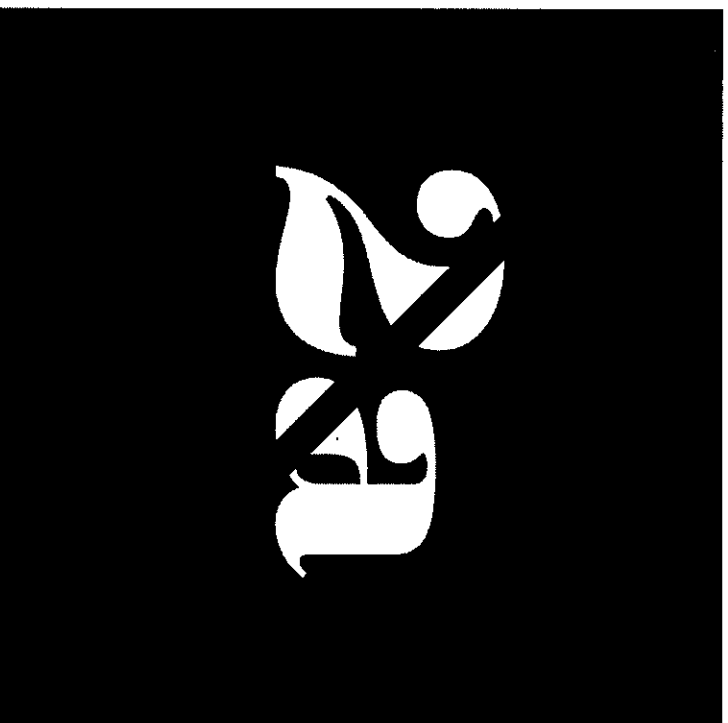
Failure to Provide Receipt

Failure to Provide CA-16

Delay Submission CA-1/CA-2

Delay Submission CA-7

SAY NAY TO “a”



CA-1

Traumatic Injury

A traumatic injury is defined as a wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable by time and place or occurrence and member of the body affected. It must be caused by a specific event or incident or series of events or incidents within a single day or work shift.

Filing CA-1

- ☐ CA-1 – Traumatic Injury
- ☐ Paper or ECOMP
- ☐ Receipt of Filing - Signed
- ☐ CA-16 – Medical Authorization
- ☐ CA-17 – Duty Status Report
- ☐ Continuation of Pay

How to File?

- Paper Copy
- File with USPS
- ECOMP
- Set up profile & file
- ECOMP.DOL.GOV

Welcome to ECOMP

The Employees' Compensation Office of the U.S. Department of Labor

What is ECOMP?

ECOMP is the U.S. Department of Labor's online system for filing and tracking workers' compensation claims. It is a secure, web-based system that allows you to file and track your claim online. It is a secure, web-based system that allows you to file and track your claim online. It is a secure, web-based system that allows you to file and track your claim online.

Have you been hurt on the job?

If you have been hurt on the job, you may be eligible for workers' compensation benefits. To file a claim, you must first report the injury to your employer. If your employer does not report the injury to the U.S. Department of Labor, you may file a claim directly with ECOMP.

Need to upload a document?

ECOMP allows you to upload documents related to your claim. This includes medical records, bills, and other documents that support your claim. To upload a document, click on the "Upload Document" link in the top right corner of the ECOMP website.

U.S. DEPARTMENT OF LABOR

Medical Providers:

- Contact your medical provider for more information.
- Visit ECOMP.DOL.GOV for more information.
- Visit www.dol.gov for more information.

Need to file a form?

Visit www.dol.gov for more information.

Sign In

Need to Sign Up?

Forgot Password?

Help

U.S. DEPARTMENT OF LABOR

Employees' Compensation Office

Get Your Receipt!

Note: This notice applies to all forms requesting information that you might receive from the Office in connection with the processing and adjudication of the claim you filed under the FECA.

Receipt of Notice of Injury

This acknowledges receipt of Notice of Injury sustained by (Name of injured employee)

Which occurred on (Mo. Day, Yr.)

At (Location)

Signature of Official Superior

Title

Date (Mo. Day, Yr.)

*U.S. GPO: 1999-454-845/12704

Print Form

Save Form

Reset Form

Form CA-1
Revised October 2018
Page 4

Rules of CA-16

20 CFR 10.300

(b) The employer shall issue Form CA-16 within four hours of the claimed injury. If the employer gives verbal authorization for such care, he or she should issue a Form CA-16 within 48 hours.

Rules of CA-16

20 CFR 10.300

(c) The employer is not required to issue a Form CA-16 more than one week after the occurrence of the claimed injury.

Rules of CA-16

CA-16 provides medical coverage for up to 60 days or \$1,500.00, whichever comes first.

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 U.S.C. 552(a)(1) or 5 U.S.C. 552(a)(7). Records and/or medical services requested may not be paid for until the request is approved. The request is subject to the Freedom of Information Act, 5 U.S.C. 552, and the Privacy Act of 1974, 5 U.S.C. 552a. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974, and OMB Circular No. A-105.

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:

WELHY MEDICAL CLINIC

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

JAMES, WILLIAM

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

01/02/03

4. Condition

CR LATER CARRIER

5. Description of Injury or Disease

REAR ENDED BY POV

6. You are authorized to provide medical care for the employee for a period of up to 90 days from a date shown in item 3, subject to the condition stated in item 4, and to the conditions indicated in item 7 or 8.

A. Your signature in item 3 of Part B certifies your agreement that the medical care requested is for the employee's condition and that payment by OWCP will be accepted as payment in full for all services.

B. ☒ I, the undersigned, am a duly licensed medical professional and I am authorized to provide medical care for the employee for the period of time stated in item 3 of Part B. Any surgery shall be performed by the medical facility or physician named in item 1.

C. ☐ There is a doubt whether the employee's condition is related to the employment. You are authorized to provide medical care for the employee for the period of time stated in item 3 of Part B. Any surgery shall be performed by the medical facility or physician named in item 1.

D. ☐ There is a doubt whether the employee's condition is related to the employment. You are authorized to provide medical care for the employee for the period of time stated in item 3 of Part B. Any surgery shall be performed by the medical facility or physician named in item 1.

E. ☐ There is a doubt whether the employee's condition is related to the employment. You are authorized to provide medical care for the employee for the period of time stated in item 3 of Part B. Any surgery shall be performed by the medical facility or physician named in item 1.

7. If a Division of Workers' Compensation Official (Type NO. 1 or 2, if a Division of Workers' Compensation Official)

Signature of Authorizing Official

Signature of Authorizing Official

Signature of Authorizing Official

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U.S. DEPARTMENT OF LABOR
OFFICE OF WORKERS' COMPENSATION PROGRAMS
1215 CONSTITUTION AVENUE, N.W.
WASHINGTON, D.C. 20540

NAME AND ADDRESS OF EMPLOYER
USPS - MAIL FACILITY
123 MAIN ST
ANYTOWN, STATE
10045

Local Address (including ZIP Code)

10045

DO NOT SEND THE COMPLETED FORM TO THE OFFICE

FORM 100-10
Rev. 10-2000

14. Employee's Name (Last, First, Middle)

PART B - ATTENDING PHYSICIAN'S REPORT

15. What History of Injury or Disease Did Employee Give You?

NO TOR VEHICLE ACCIDENT

16. Is there any History of Evidence of Consent or Pre-existing Injury, Condition, or Physical Impairment?

(If yes, please describe)

17. What are Your Findings? (Include results of X-rays, laboratory tests, etc.)

LUMBAR & CERVICAL SPRAIN

18. Do You Believe the Condition Found was Caused or Aggravated by the Employee's Activity? (Please explain your answer if "yes" is checked)

Yes ☒ No ☐

19. Did Injury Require Hospitalization?

Yes ☐ No ☒

20. Date of Discharge (mo., day, year)

01/02/03

21. Date of First Examination (mo., day, year)

01/02/03

22. Date of Last Examination (mo., day, year)

01/02/03

23. Date of Discharge from Hospital (mo., day, year)

01/02/03

24. What (other) type of Treatment Did You Provide?

PT

25. Will Permanent Effects, if Any, Be Your Attendant?

UNKNOWN

26. Period of Disability (mo., day, year) (Indicate date when you returned to work)

01/02/03 - UNKNOWN

27. Total Disability From (mo., day, year)

01/02/03 - UNKNOWN

28. If Employee is Able to Resume Work, Has He/She Been Advised?

Yes ☐ No ☒

29. If Employee is Able to Resume Work, Indicate the Extent of Physical Limitation and the Type of Work that Could Reasonably be Performed (mo., day, year)

N/A

30. General Remarks and Recommendations for Future Care, if indicated. Provide Name and Address.

WILL RESUME WORK 2 Wks PT 3x/wk

31. Do You Speculate? (If yes, please specify)

NO

32. SIGNATURE OF PHYSICIAN (Print Name and Address)

PORT JOLSON, MD

33. Address (No., Street, City, State, ZIP Code)

012345678

34. Tax Identification Number

010203

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402

MEDICAL BILL: Charges for your services should be presented to the appropriate health insurance plan. (AMA CP 40740409) OWC.

Grievances

Failure to provide CA-1 or CA-2

ELM 544.11: Immediate Supervisor Responsibility

544.111 General

When a notice of traumatic injury or occupational disease is filed, the immediate supervisor is responsible for doing the following:

- (a) Immediately ensuring that appropriate medical care is provided.
- (b) Providing the employee a Form CA-1 or a Form CA-2.

ELM 542.33:

Any employee or supervisor responsible for making reports in connection with an injury who willfully fails, neglects, or refuses to do so; induces, compels, or directs an injured employee to forego filing a claim; or willfully retains any notice, report, or paper required in connection with an injury may be subject to a fine of not more than \$500 or 1 year in prison, or both.

Grievances

Failure to provide receipt/copies of CA-1 or CA-2

ELM 544.11: Immediate Supervisor Responsibility
544.111 General

When a notice of traumatic injury or occupational disease is filed, the immediate supervisor is responsible for doing the following:

- (c) Completing the receipt attached to Form CA-1 or CA-2 and giving the receipt to the employee or the employee's representative.

EL 505 § 3.6 & 7:

Complete the receipt attached to CA-1 and give a copy to the employee...

Complete the "*Receipt of Notice of Occupational Disease or Illness*" and give it to the employee...

Grievances

Delay in forwarding CA-1 or CA-2

ELM 544.11: Immediate Supervisor Responsibility
544.111 General

When a notice of traumatic injury or occupational disease is filed, the immediate supervisor is responsible for doing the following:

- (f) Prompt completion and forwarding of Form CA-1 or CA-2 to the control office or control point on the same day it is received from the employee.

ELM 544.212: Time Limit

The control office or control point submits to the appropriate OWCP district office within 10 working days after it is received from the employee:

- (a) Completed Form CA-1 or Form CA-2.
- (b) Any other information or documents that have some bearing on the claim.

Grievances

Delay in forwarding CA-1 or CA-2

ELM 545.12:

Control point personnel must not, under any circumstances or for any reason, delay timely submission of reports or claim forms to the control office.

EL 505 § 4.7:

Do not, under any circumstances, delay submission of the CA-1. The 10-day period begins from the date of receipt by the postal official who initially receives the document.

EL 505 § 4.11:

...submit the original completed CA-2 and accompanying documentation to the OWCP district office as soon as possible, but no later than 10 working days from when the form was received by the official supervisor.

Grievances

Failure to provide a CA-16

ELM 545.21: Traumatic Injury

When an employee sustains a work-related traumatic injury that requires medical examination, medical treatment, or both, the control office or control point must authorize such examination and/or treatment by issuing a Form CA-16. Form CA-16 is used for all traumatic injuries requiring medical attention. The control office or control point must advise the employee of the right to an initial choice of physician (see 543.3). The control office or control point must promptly authorize medical treatment by issuing the employee a properly executed Form CA-16 within 4 hours of the claimed injury. If the control office or control point gives verbal authorization for care, Form CA-16 should be issued within 48 hours. The control office or control point is not required to issue a Form CA-16 more than one week after the occurrence of the claimed injury.

Exception: Issuance of Form CA-16 is not required for job-related first aid injuries where initial medical care is provided by either a postal physician or a contract physician and the employee voluntarily accepts this care (see 545.43).

Grievances

Failure to provide a CA-16

ELM 545.44: Outside Treatment in a Nonemergency Situation

(b) Form CA-16, Authorization for Examination and/or Treatment, must be issued to the employee's physician of choice promptly following the report of injury, as specified in 545.2..

EL 505 § 3.2:

Verbal authorization may be given for medical treatment initially and the CA-16 issued within 4 hours.

EL 505 § 3.3:

If the injury is an emergency and the employee needs medical attention immediately and selects a private physician or hospital, give verbal authorization and issue CA-16, Authorization for Examination and/or Treatment, within 4 hours. Coordinate transportation for the employee to his or her elected medical facility

Grievances

Failure to advise of right to choose physician

ELM 544.112:

In case of a traumatic injury, the supervisor must advise the employee of the following:

(a) The right to select a physician

EL 505 § 3.2:

Advise the employee of his or her right to treatment by a USPS contract medical provider or by a private physician or hospital of his or her choice.

When Management Fails to Follow FECA Procedures



FILE A GRIEVANCE!

Continuation of Pay

20 CFR 10.200

(a) For most employees who sustain a traumatic injury, the FECA provides that the employer must continue the employee's regular pay during any periods of resulting disability, up to a maximum of 45 calendar days. This is called continuation of pay, or COP. The employer, not OWCP, pays COP. Unlike wage loss benefits, COP is subject to taxes and all other payroll deductions that are made from regular income.

Continuation of Pay

20 CFR 10.200

(b) The employer must continue the pay of an employee, except for Postal Service employees pursuant to 5 U.S.C. 8117 and as provided below in paragraph (c) of this section, who is eligible for COP, and may not require the employee to use his or her own sick or annual leave, unless the provisions of §10.200(c), §10.220, or §10.222 apply..

Continuation of Pay

20 CFR 10.200

However, while continuing the employee's pay, the employer may controvert the employee's COP entitlement pending a final determination by OWCP. OWCP has the exclusive authority to determine questions of entitlement and all other issues relating to COP

Continuation of Pay

20 CFR 10.200

(c) Postal Service employees are not entitled to continuation of pay for the VerDate Sep2014 10:54 Aug 24, 2020 jkt 250066 PO 00000 Frm 00034 Fmt 8010 Sfmt 8010 Q:\20\20V1.TXT PC31 kpayne on VMOFRWIN702 with \$\$_JOB 25 Office of Workers' Compensation Programs, Labor § 10.210 first 3 days of temporary disability and may use annual, sick or leave without pay during that period, except that if the disability

Continuation of Pay

20 CFR 10.200

exceeds 14 days or is followed by permanent disability, the Postal Service employee may have that leave restored.

COP Eligibility

20 CFR 10.205

- (1) Have a “traumatic injury” as defined at §10.5(ee) which is job-related and the cause of the disability, and/or the cause of lost time due to the need for medical examination and treatment;
- (2) File Form CA-1 within 30 days of the date of the injury;
- (3) Begin losing time from work due to the traumatic injury within 45 days of the injury.

Continuation of Pay

20 CFR 10.220

An employer shall continue the regular pay of an eligible employee without a break in time for up to 45 calendar days, except when, and only when:

- (a) The disability was not caused by a traumatic injury;
- (b) The employee is not a citizen of the United States or Canada;
- (c) No written claim was filed within 30 days from the date of injury;

Continuation of Pay

20 CFR 10.220

- (d) The injury was not reported until after employment has been terminated;
- (e) The injury occurred off the employing agency's premises and was otherwise not within the performance of official duties;
- (f) The injury was caused by the employee's willful misconduct, intent to injure or kill himself or herself or another person, or was proximately caused by intoxication by alcohol or illegal drugs; or
- (g) Work did not stop until more than 45 days following the injury.

Continuation of Pay

20 CFR 10.221

Controverting COP

- When the employer stops an employee's pay for one of the reasons cited in § 10.220, the employer must controvert the claim for COP on Form CA-1, explaining in detail the basis for the refusal. The final determination on entitlement to COP always rests with OWCp.

Continuation of Pay

20 CFR 10.222

Can COP be terminated once begun?

Where the employer has continued the pay of the employee, it may be stopped only when at least one of the following circumstances is present:

- (1) Medical evidence which on its face supports disability due to a work-related injury is not received within 10 calendar days after the claim is submitted (unless the employer's own investigation shows disability to exist). Where the medical evidence is later provided, however, COP shall be reinstated retroactive to the date of termination;

Continuation of Pay

20 CFR 10.222

- (2) The medical evidence from the treating physician shows that the employee is not disabled from his or her regular position;
- (3) Medical evidence from the treating physician shows that the employee is not totally disabled, and the employee refuses a written offer of a suitable alternative position which is approved by the attending physician. If OWCP later determines that the position was not suitable, OWCP will direct the employer to grant the employee COP retroactive to the termination date.

Continuation of Pay

20 CFR 10.222

- (4) The employee returns to work with no loss of pay;
- (5) The employee's period of employment expires or employment is otherwise terminated (as established prior to the date of injury);
- (6) OWCP directs the employer to stop COP; and/or
- (7) COP has been paid for 45 calendar days.

Continuation of Pay

20 CFR 10.222

- (b) An employer may not interrupt or stop COP to which the employee is otherwise entitled because of a disciplinary action, unless a preliminary notice was issued to the employee before the date of injury and the action becomes final or otherwise takes effect during the COP period.
- (c) An employer cannot otherwise stop COP unless it does so for one of the reasons found in this section or § 10.220. Where an employer stops COP, it must file a controversy with OWCP, setting forth the basis on which it terminated COP, no later than the effective date of the termination.

Continuation of Pay

COP Hours

- Regular Carrier – 40 hours
- PTF or CCA – Average straight time hours within one year prior to date of injury. 20 CFR § 10.216
- Average hours for wage loss claimed after the COP period for a PTF or CCA may differ from COP hours.

Continuation of Pay

COP Grievances

Failure to pay COP or calculate correct rate of pay for COP:

Articles 13, 19, 21, ELM 540, EL 505, EL 307, & 20 CFR 10.216

Collection of COP after a denial:

Article 28

Request the collection of COP and/or change of hours from COP to AL, SL, or LWOP be held in abeyance until appeals processes have been exhausted.

When Management Fails to Follow FECA Procedures



FILE A GRIEVANCE!

ADEQUATE MEDICAL EVIDENCE

A. Brief History

B. Descriptions

C. Treatments

Burden of Proof

Timely Filed (FECA PM 2-0801)

Civilian Employee (FECA PM 2-0802)

Fact of Injury (FECA PM 2-0803)

☆Factual Evidence

☆Medical Diagnosis

Performance of Duty (FECA PM 2-0804)

Causal Relationship (FECA PM 2-0805)

Fact of injury

- Factual Component

In traumatic injury claims, to determine whether the injury in fact occurred, emphasis is on time, place, and circumstance. In occupational disease cases, the evidence should establish that the claimant was, in fact, exposed to the claimed work factors (amount, volume, duration, etc.).

a.(1) Claimant Statement (and any documentation submitted). A statement from the claimant or someone acting on the claimant's behalf is mandatory. In traumatic injury cases, the statement should indicate the nature of the injury and address when, where, and how it occurred. In occupational disease claims, the statement should describe the employment factors and/or exposures that are being attributed to the claimed condition(s).



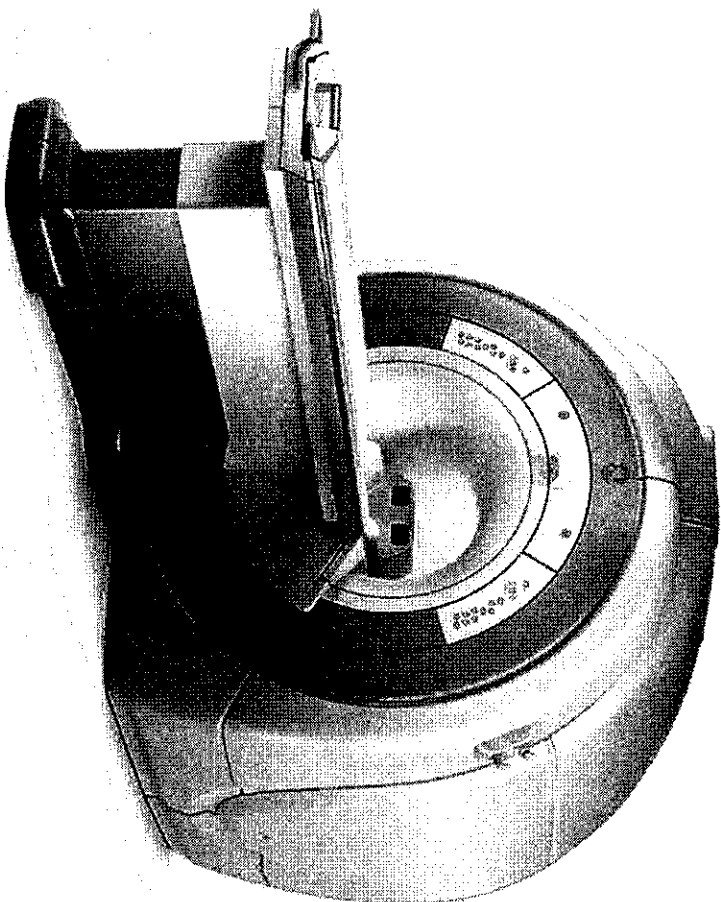
Are you a doctor?

Fact of injury

- Medical Component

- (1) A medical report is required from a qualified physician, as defined in 5 U.S.C. 8101(2), which states that, "physician" includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law. The term "physician" includes chiropractors only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist, and subject to regulation by the Secretary."
- (2) The medical report must provide a diagnosis linked to the injury, except in cases of visible injury. See FECA PM 2-0800-6 for more details regarding the acceptance of a case for a visible injury without a medical report (i.e. burns, lacerations, insect bites, etc.).

Prior Approval?



Authorizations

- Level 1 procedures (for example, office visits, MRIs without contrast, and some other routine diagnostic tests) do not require authorization. If you need a hard copy confirmation of this, complete an online authorization request on the Portal and print the message displayed after the request is submitted.
- Level 2, 3 and 4 procedures require authorization. These authorization requests can be made on the Portal or by faxing a completed authorization request and supporting documentation to 800-215-4901. The Medical Authorization forms are available on the Portal. Click on Resources - "Forms and References" and then choose DFEC. Forms are available for Durable Medical Equipment, General Medical/Surgery, and Physical Therapy authorizations. These forms request the specific information needed to process each type of authorization request.

Performance of Duty

On Premises

Clocked in performing assigned duties.

Before starting time and after clocking out.

a. Reasonable Interval

b. Property owned, controlled or managed by Postal Service

Off Premises

Performing assigned duties.

Where you were supposed to be.

Causal Relationship

- Direct Causation
 - Traumatic injuries
 - Occupational disease
- Aggravation
 - Traumatic injuries
 - Occupational disease
- Acceleration
 - Occupational disease
- Precipitation

Causal Relationship

Evidence Needed.

The question of causal relationship is a medical issue which usually requires reasoned medical opinion for resolution. This evidence should be obtained from a physician who has examined or treated the claimant for the condition for which compensation is claimed.

Medical narratives should not contain speculative words such as *likely, probably, may, or possibly*. These words raise red flags with the claims examiner, and they will use that to deny a claim saying the diagnosis is not definitive and of little probative value.

Causal Relationship

Physicians Qualified to Provide Opinions.

As defined by 5 U.S.C. 8101 (2), the term "physician" includes surgeons, osteopathic practitioners, podiatrists, dentists, clinical psychologists, optometrists and chiropractors within the scope of their practice as defined by state law. Registered nurses (RNs), licensed practical nurses (LPNs), physician assistants, nurse practitioners, certified nursing assistants, social workers and physical therapists are not physicians under the Act and, therefore, are not qualified to provide medical opinion to establish causal relationship.

- (1) A report of a physician assistant or a certified nurse practitioner will be considered medical evidence if countersigned by a qualified physician.
- (2) A clinical psychologist may serve as a treating physician for a work-related emotional condition. See 20 C.F.R. 10.312.
- (3) A chiropractor's opinion constitutes medical evidence only if a diagnosis of subluxation of the spine is made and supported by x-rays (Loras C. Digmann, 34 ECAB 1049). See 20 C.F.R. 10.311.

Short Form Closures

Certain cases which are considered very simple/minor traumatic injuries, and are not expected to involve large medical expenses, may be administratively closed (often referred to as "short form closure" cases) without formal adjudication by claims staff.

- Less than \$1500 in medical bills
- No lost time outside of COP period
- Minor injury

Development

- Read the letter
- Provide the documentation
- Answer the questions
- 30 days to provide requested information

CA-7

- Paper or ECOMP
- CA-1 - outside of COP or filed after 30 days
- CA-2
- Is your LWOP correctly input? 049

CA-2

Occupational Disease

Medical condition produced in the work environment *over a period longer than a single workday or shift* by such factors as systemic infection; *continued or repeated stress or strain*; or exposure to hazardous elements such as, but not limited to, toxins, poisons, fumes, noise, particulates or radiation, or other continued or repeated conditions or factors of the work environment.

Filing CA-2

- ☐ CA-2 – Occupational Disease
- ☐ Paper or ECOMP
- ☐ Receipt of Filing - Signed
- ☐ CA-17 – Duty Status Report
- ☐ CA-7 – If unable to work

CA-2

Employee Narrative

For your doctor to formulate a medical opinion that your duties as a letter carrier caused, aggravated, accelerated or precipitated your medical condition, you need to explain your day to day duties as a letter carrier. A written explanation of your job duties as a letter carrier provides your doctor with the information to form a rationalized medical opinion regarding causation. Most doctors are very busy, so keep you need to keep your explanation to one page.

Describe an average day on your route. Mail volume and deliveries fluctuate every day so avoid exact numbers. Describe how long you sort and deliver mail. Estimate mail volumes, weights, distances and repetitions. Never exaggerate. Use action words that describe your work factors like walking, carrying, reaching, pushing, pulling etc.

CA-2

Doctor Narrative

Once you have your job description completed, print a copy of it and take it to your doctor. The medical opinion of a board-certified specialist with expertise in your particular injury will have more weight with the Office of Workers' Compensation Programs (OWCP), than a general practitioner. You can research doctors online or ask your general practitioner for a referral. Not all doctors will accept Federal Worker's Compensation claims, so ask them if they do.

OWCP requires a rationalized medical narrative that describes the causal relationship between the work factors described in your explanation and the diagnosed injury. The narrative must be based on objective medical evidence such as tests, x-rays, or MRIs. In this medical narrative, your doctor will need to describe the physiological mechanism(s) by which the work factors outlined in your job description caused or contributed to the diagnosed condition.

CA-2

Questions 11 & 12

11. Date you first became aware of the disease or illness.

Your injury may have been going on for years, OWCP needs to have a rough estimate of when you had an initial diagnosis.

12. Date you first realized the disease or illness was caused or aggravated by your employment.

Even though you may have felt your injury was work related, OWCP will only accept the date your doctor tells you it is work related. The date your doctor signs his rationalized medical opinion will be the date you enter in question 12.

Return to Work

Carrier's responsibility

Return to Duty.

The injured employee must return to work upon notification by the attending physician that the employee is able to perform regular work or light duty, and the agency has advised that work within those restrictions is available. If the employee refuses to do so, the continued absence from work may result in an overpayment. COP may also be terminated if the employee refuses to respond to the agency's offer of work within five work days of receipt of the offer. The agency may make the offer to the employee over the telephone, but must confirm the offer in writing as soon as possible thereafter. The OWCP cannot evaluate the position to determine whether the position meets the claimant's physical restrictions until the position is offered in writing.

Return to Work

USPS Responsibility

ELM 546.12: Obligation (cont.)

1. To the extent that there is adequate work available within the employee's work limitation tolerances, within the employee's craft, in the work facility to which the employee is regularly assigned, and during the hours when the employee regularly works, that work constitutes the limited duty to which the employee is assigned.
2. If adequate duties are not available within the employee's work limitation tolerances in the craft and work facility to which the employee is regularly assigned within the employee's regular hours of duty, other work may be assigned within that facility.

Return to Work

USPS Responsibility

ELM 546.12: Obligation

When an employee has partially overcome the injury or disability, the Postal Service has the following obligation:

Current Employees. When an employee has partially overcome a compensable disability, the Postal Service must make every effort toward assigning the employee to limited duty consistent with the employee's medically defined work limitation tolerance (see 546.611). In assigning such limited duty, the Postal Service should minimize any adverse or disruptive impact on the employee. The following considerations must be made in effecting such limited duty assignments:

Return to Work

USPS Responsibility

ELM 546.12: Obligation (cont.)

3. If adequate work is not available at the facility within the employee's regular hours of duty, work outside the employee's regular schedule may be assigned as limited duty. However, all reasonable efforts must be made to assign the employee to limited duty within the employee's craft and to keep the hours of limited duty as close as possible to the employee's regular schedule.
4. An employee may be assigned limited duty outside of the work facility to which the employee is normally assigned only if there is not adequate work available within the employee's work limitation tolerances at the employee's facility. In such instances, every effort must be made to assign the employee to work within the employee's craft within the employee's regular schedule and as near as possible to the regular work facility to which the employee is normally assigned.

Return to Work

Modified Assignment

Employing agencies are expected to provide their injured employees with modified alternative-duty assignments during COP whenever possible, and claimants are expected to accept such offers of work.

ELM 545.32: Suitable Work

To be considered suitable by OWCP, the job offer must include the following:

- A description of the duties of the position.
- A description of the specific physical requirements of the position and any special demands of the workload or unusual working conditions.
- The organizational and geographical location of the job.
- The effective date of the position.
- The date the employee must accept or refuse the job offer.
- Pay rate information for the offered position.



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Resources

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