

Medical evidence and OWCP, Part 4 —The CA-1 and traumatic injuries



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As city letter carriers, we sustain more traumatic injuries each year than any other group of federal employees. And unlike occupational disease cases, the majority of our traumatic injuries are initially accepted without further adjudication by OWCP if the appropriate CA-1 form is timely filed.

The implementing regulations of the FECA found at 20 CFR §10.5(ee) define a traumatic injury: “*Traumatic injury* means a condition of the body caused by a specific event

or incident, or series of events or incidents, within a single workday or shift. Such condition must be caused by external force, including stress or strain, which is identifiable as to time and place of occurrence and member or function of the body affected.”

Put simply, a traumatic injury occurs during a single day at work due to something specific that you can point to. If you can't point to an event or series of events, you might consider filing a CA-2 for occupational disease—depending on the diagnosis—even if the condition first manifests itself during the course of a single day.

The medical evidence needed to establish a traumatic injury claim is generally much simpler and more straightforward than an occupational disease claim. With the exception of the minor visible injuries that were discussed in last month's column, all other traumatic injuries will require a medical report signed by a physician that in all cases includes a diagnosis and, in most cases, includes a causal explanation.

The diagnosis must be based on objective clinical findings. It should be noted that OWCP views pain as a symptom and will not accept it as a diagnosis. The medical evidence should briefly describe how the attending physician arrived at the diagnosis. According to *FECA Procedure Manual 2-0810.5.b*, there are three general classes of objective clinical findings that establish diagnoses:

- (1) Physical findings, which are noted by the physician's visual inspection, palpation and manipulation of the body. They include readings of temperature, pulse, respiration, blood pressure, range of motion, etc.
- (2) Laboratory findings such as blood tests, urine and tissue samples, etc.
- (3) Reports of a diagnostic procedure, such as an x-rays, MRI, EMG, etc.

Once the attending physician has arrived at a diagnosis, they should then explain how the claimed incident led to

that diagnosis. In what OWCP calls “clear-cut” traumatic injuries, the causal explanation can be minimal. These injuries usually involve something outside the routine performance of duty such as a slip, trip, fall, equipment failure, animal attack, assault or vehicle accident. They are often impact injuries. Here is what *FECA Procedure Manual 2-0805.3.d(1)* says about “clear-cut” traumatic injuries:

- (1) In clear-cut traumatic injury claims, where the fact of injury is established and is clearly competent to cause the condition described (for instance, a worker falls from a scaffold and breaks an arm), a fully rationalized medical opinion is not needed. The physician's diagnosis and an affirmative statement are sufficient to accept the claim.

In our experience, OWCP claims examiners tend to require more detailed causal explanations in cases involving trauma to the body that occurs while engaged in otherwise routine work activities such as lifting, twisting, climbing stairs, reaching, stepping in and out of the vehicle, etc. Often these cases initially involve diagnoses of strains or sprains. Here, the attending physician should provide a brief biomechanical description of the injury, such as, “The weight of the parcel strained the muscles and ligaments of the lower back as my patient straightened up and twisted to the left to place the parcel on the shelf in their vehicle.”

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A more detailed causal explanation may also be required in traumatic injury cases involving a body part that has been previously injured, or has pre-existing or degenerative conditions. In such cases, claims examiners will expect the attending physician to show familiarity with the medical history of the affected part and to discuss the traumatic injury in the context of the previous injuries or preexisting conditions.

Finally, as was pointed out in October's column discussing the newly revised CA-20 form, we anticipate that in most traumatic injury cases, a conscientiously completed CA-20 form should result in the initial acceptance of the claim. OWCP, however, may still require additional medical evidence beyond the CA-20 in traumatic cases that involve previous injuries to the affected body part or pre-existing degenerative conditions in the affected part.

Next month's column will continue the discussion of medical evidence and OWCP.