

# The medical evidence required to support wage-loss compensation



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**I**njured letter carriers often have the misconception that once the Office of Workers' Compensation Programs (OWCP) has accepted their claim, they will automatically receive wage-loss compensation if their accepted conditions have disabled them from working. Not so. Whenever OWCP initially accepts a claim, it accepts the claim for medical benefits only, regardless of the severity of the injury. Every acceptance letter, however, informs claimants that if they have lost time

from work due to their work-related condition(s), they may claim compensation using Form CA-7.

Claimants should be aware that once a CA-7 is submitted, the payment of wage-loss compensation is not automatic. It still must go through an adjudication process. The claims examiner assigned to the case reviews the case file for medical reports that establish the claimant's disability. Claimants and their attending physicians should bear in mind that OWCP claims examiners have no medical expertise or training. They will not review or interpret chart notes or the medical record as a whole to determine whether or not the claimant is disabled. The disability must be established and explained by the attending physician in a medical report.

Every request for wage-loss compensation needs to be supported by contemporaneous medical evidence from the attending physician that explains why the injured worker has been disabled from performing the duties of their position for the period in question due to their accepted condition(s). If the case file does not contain this evidence, the claims examiner will issue a formal decision denying wage-loss compensation and provide appeal rights.

For this reason, if claimants are missing work because they are totally disabled from working or partially disabled from performing their regular duties, they should obtain periodic medical reports from their attending physicians that document and explain their disabilities. And they should do this even before their claim has been accepted. This is especially true in CA-2 occupational disease claims, where it may take months—and sometimes even years—for the claim to be accepted.

**While most doctors have no problem writing simple medical notes excusing their patients from work when they are sick, doctors often don't understand the level of detail and explanation OWCP requires in order to pay wage-loss compensation. All medical reports supporting compensation should summarize any clinical ob-**

servations, physical findings, and/or diagnostic testing done during exams for the period in question. The attending physician should state that based on their contemporaneous clinical observations on the listed exam dates, the claimant was disabled from performing the letter carrier position's duties, and the physician should provide a reasoned explanation for why this is so. Such reasons might include the need for physical therapy and work hardening, lack of mobility, limited range of motion, inability to drive, inability to bear weight, inability to stand for prolonged periods, inability to bend, stoop or twist, prescription pain medications regime, etc.

In writing the report, the attending physician also should be aware that OWCP does not accept pain as either a diagnosis or an explanation for not working. Admittedly, this goes against common sense because most people seek medical attention because of pain. Any mention of pain, however, raises red flags with OWCP. And claims examiners, lacking medical training, will assert that the pain is subjective and that they need objective findings. To get around this, the attending physician should focus on physical findings and restrictions that arise out of the pain, without mentioning the pain itself: "The limited range of motion and immobility are objective physical findings that are directly correlated with and arise out of the accepted cervical and lumbosacral conditions..." etc.

In addition, claimants and their physicians should be aware that OWCP will not take into account fear of reinjury, or prophylactic measures taken to prevent further injury, as justifications for putting the claimant off work. The attending physician should not mention these reasons in their report.

**Many claimants are unaware of what OWCP requires** in medical reports supporting wage-loss compensation until late in the game, after they have filed a CA-7. As mentioned above, some claims, especially occupational disease claims, may take a year or more to be accepted. In these claims, claimants often learn of the medical evidence required for wage-loss compensation only after they receive a development letter issued prior to a formal decision denying compensation.

In such cases, any medical report supporting wage-loss compensation will become something of a history project. Because OWCP requires medical evidence that is contemporaneous with claimed periods of disability, the after-the-fact report should include a bullet point list of all the dates when the attending physicians saw the claimant during the claimed period of compensation, and then provide a rationalized explanation as outlined above. The attending physician should emphasize that this explanation is based on the contemporaneous observations and findings made during the listed exams.