

Expanding accepted conditions



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Most of us who have cause to see a doctor for an injury are subject to a set of unwritten rules followed by the medical community of providers and insurers. These rules dictate a conservative protocol for the diagnosis and treatment of injuries, especially for musculoskeletal injuries commonly suffered by letter carriers. The medical community has embraced the conservative approach to treating injuries because it lowers costs and has produced better outcomes.

For injured workers who want to get their injuries treated quickly and return to work, the conservative treatment regimen can be frustrating.

Consider a letter carrier who has pain in his or her shoulder. The carrier might take an over-the-counter anti-inflammatory medication. In the best-case scenario, the pain goes away and the carrier continues working.

If the pain persists, the carrier may go to a doctor. The doctor, following his or her own conservative treatment protocol, performs a physical examination, perhaps takes an X-ray and makes a diagnosis of a shoulder sprain. The doctor then prescribes a combination of medication and physical therapy. That's appropriate treatment, approved by both the medical community and OWCP.

The letter carrier files a claim for the shoulder sprain and provides the necessary medical documentation, and the claim is accepted for the diagnosed shoulder sprain and OWCP approves physical therapy. If the conservative treatment is successful, the injured letter carrier returns to work.

If the conservative treatment fails and the carrier continues to suffer, the doctor may then request further diagnostic testing, usually in the form of an MRI. The MRI may reveal a torn rotator cuff or tendon. If that's the case, the doctor can request surgery to repair the injury based upon the MRI and the new diagnosis.

OWCP will generally approve surgery when there is adequate documentation based on an objective medical report, such as an MRI. If all goes well, the injured letter carrier recovers from surgery, gets additional physical therapy and returns to work. This is common in our craft.

The injured worker who receives conservative treatment for a diagnosed sprain needs to be mindful of what happens when the treatment reveals new diagnoses. While the claim was originally accepted as a sprain, the claim should be expanded to include the new diagnosis.

In fact, claim acceptance letters routinely encourage injured workers do so. This language is commonly found in acceptance letters:

If the current accepted condition(s) need to be revised or additional complications related to the current accepted

condition(s) need to be added, your physician should explain in writing, with medical rationale, the relationship between any additional condition and the work injury or the current accepted condition(s).

For many reasons, getting the new diagnoses accepted is essential to the long-term success of the claim.

Take the case of a letter carrier with the shoulder injury. Suppose the carrier has complications post-surgery and is unable to return to work. To determine why the letter carrier has not recovered, OWCP sends the carrier to a second opinion (SECOP) examination. The SECOP doctor is asked to determine whether the claimant has recovered from the accepted conditions.

If the claim is only accepted for a sprain, the SECOP doctor may determine the diagnosed sprain has resolved, as sprains do resolve over a short period of time. OWCP will inform the letter carrier that the accepted conditions have resolved and cease wage-loss compensation payments. The carrier is then faced with returning to work injured or trying to survive with no income.

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Injured workers can avoid this by paying close attention to medical evidence as they receive treatment. Requesting the claim be expanded to include new conditions as they are diagnosed is preferable to making such requests after claim problems arise.

It's not enough for the doctor to just make a diagnosis. The requirements for expanding the diagnosed conditions are the same as when proving the original injury: A doctor must provide a well-rationalized medical opinion that explains the relationship between the new diagnoses and the work-related injury.

Doctors are unaccustomed to writing new causal narratives after treatment has started. Injured workers seeking to expand their claims should meet with their doctors and request medical narratives specific to the new diagnoses. The April 2016 *Postal Record* column describes the type of medical report needed.

The importance of the injured worker’s responsibility in getting the new diagnoses accepted cannot be understated: OWCP places the burden of proof squarely on the injured worker. Maintaining a good relationship with your doctor is essential for getting the medical narratives needed to get all diagnosed conditions accepted by OWCP.