

The high cost of small government



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In a 1986 news conference, President Ronald Reagan famously said: “The nine most terrifying words in the English language are: ‘I’m from the government and I’m here to help.’ ” Reagan’s words spawned an entire industry focused on eliminating federal regulations, reducing taxes and ultimately shrinking the federal government.

In 2013, a Republican Congress enacted budget sequestration, automatic spending cuts intended to shrink the federal budget deficit. The sequestration’s effect on federal agencies and the federal employees who staff them has been substantial, leaving vacant positions unfilled and increasing the workloads of those employees left behind.

Injured workers filing claims with OWCP have not been immune from the consequences of sequestration. While the number of workplace injuries suffered by letter carriers continues to grow, the number of employees at OWCP available to handle claims has remained static. As OWCP faces a hiring freeze of unknown duration, the potential for fewer employees able to handle incoming and existing claims is real. Injured workers will bear the cost of smaller government.

So what can injured workers do? We can start by making a claims examiner’s job easier. That’s not as hard as one might think. OWCP regulations may appear to be complex, but they are surprisingly direct. And the regulations are easy to find; just go to the “Injured on the Job” page at nalc.org.

Every injured worker needs to be proactive in the claims process. That begins on the first day a claim is filed. OWCP places the burden of proof in any claim squarely on the shoulders of the injured worker.

The first step in filing a claim is filling out the proper claim form. Prior to doing so, the injured worker should read the instructions.

While this may sound simplistic or even derogatory, I doubt most claimants take the time to read the instructions prior to filling out the claim form. We are conditioned to skipping the instructions in the name of expediency.

Anyone using a smart phone or computer periodically receives a message asking permission to update the machine’s software. To do so, we are asked to agree to a set of rules that few if any ever read. Yet we click “agree” and move on, not knowing what we have just agreed to.

That’s the wrong approach when filing a claim. Filling out a claim form may be the most important action in an injured worker’s career and it must be taken seriously. You cannot trust your supervisor or manager to fill out the form properly; you must do it yourself.

Once you have read the employee instructions on the claim form, read the supervisor’s instructions. Most

claimants would be surprised to read the very first sentence in the supervisor’s instructions for the CA-1: “At the time the form is received, complete the receipt of notice of injury and give it to the employee.”

There’s no exception for completing the receipt of notice of injury when the supervisor finishes their section of the form, returns from lunch, finishes their scan report etc. The message could not be any clearer; when an injured worker submits the claim form, they get the receipt. The supervisor instructions on the CA-2 are similar.

Many injured workers have never received the receipt because they have never taken the time to read all of the instructions. Once the claim form has been submitted to the supervisor and the receipt is in hand, ask for a copy of the completed form.

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Second to a properly completed form, the most important document in any claim is going to be a doctor’s medical report that establishes causal relationship, which means the medical evidence establishes that the diagnosed injury is causally related to specific work factors. Here’s where the injured worker’s ability to communicate with their doctor is most important.

Most doctors are interested in diagnosing a condition and providing treatment to get the patient healthy. Writing medical narratives that meet the arcane specifications of OWCP are rarely understood by injured workers or their doctors. However, there are a few important elements of a medical report that claims examiners look for:

- Has the doctor defined the work factors causing the injury or condition?
- Has the doctor physically examined the patient and run diagnostic tests, such as X-rays or MRIs?
- Has the doctor diagnosed specific condition(s), including the appropriate ICD 10 code(s)?
- Has the doctor determined *with reasonable medical certainty* the specific work factors that caused, aggravated, accelerated or precipitated the diagnosed condition?

Medical reports don’t need to be lengthy, they just need to contain these specific elements. A doctor will never know what the claims examiner is looking for if the injured worker does not tell them.

The less work it takes to review a claim file for the necessary elements, the easier it is to come to a decision. Let’s not let a smaller government prevent us from swiftly receiving the benefits we are entitled to.