

OWCP, dog bites and multiple injuries



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You may have heard of the lyrics of an old spiritual song called Dem Bones: "Toe bone connected to the foot bone, Foot bone connected to the heel bone, Heel bone connected to the ankle bone, Ankle bone connected to the shin bone, Shin bone connected to the knee bone, Knee bone connected to the thigh bone..." One of my children's teachers once used the song to teach the class about human anatomy. It's a catchy tune.

As a letter carrier, I would often think about that song when I got up in the morning and it seemed like every one of my bones ached. Who would have thought letter carrying could be such a physically demanding occupation? Our job requires us to be in constant motion, be it reaching, pulling, walking or carrying. I think that the only time letter carriers are not moving is when they are on their break, having lunch, off work or retired. However, I know a lot of retired letter carriers who are still in constant motion.

The constant motion of the letter carrier is not lost on the canine population that follows our every movement. That's part of the reason why letter carriers file more claims for dog bites than for any other injury. Those of you who have suffered a dog bite know that the sudden, startling event is rarely limited to just the puncture wounds. Fending off a dog attack often includes slips, odd twists and falls that injure a myriad of connected body parts.

In cases of such traumatic injuries, the dog bite often dominates your attention, sometimes masking other injuries. Days later, as your wounds heal, other body parts may begin to let you know that you suffered more than one injury.

If you are lucky, a doctor performed a thorough physical examination and all of your injuries are listed in an initial report. Unfortunately, many injured workers struggle just to find a doctor and often are seen by nurse practitioners (NPs) or physician's assistants (PAs) in one of the urgent care centers that now are common. There are very capable and thorough NPs and PAs in urgent care clinics and doctor's offices. However, the Federal Employees' Compensation Act (FECA) requires that medical reports be signed or co-signed by a doctor.

A good rule of thumb for injured workers who were not examined by a doctor in an urgent clinic is to get an appointment with a doctor as soon as possible and get any medical reports co-signed by a doctor. Many claims have been denied due to the lack of a doctor's signature on an otherwise-thorough medical report.

Additionally, when all of the injuries suffered are not in an initial medical report, an injured worker needs to follow up with his or her doctor as soon as possible so that all injuries can be diagnosed, treated and included in a claim for compensation.

The diagnoses in an initial medical report often guide the claims' development. Claims examiners who process claims for the Office of Workers' Compensation (OWCP) look through initial medical reports searching for diagnoses with the appropriate codes; ensuring that all injuries suffered in a traumatic claim are diagnosed as soon as possible can eliminate delays in gaining acceptance of the claim. Confusing medical evidence will need to be explained.

If a claims examiner has questions regarding an element of a claim, he or she will mail a development letter to the injured worker requesting more precise medical documentation, often accompanied by questions to be answered by the injured worker. Development letters give the injured worker 30 days to provide the new medical report and answer any questions posed. Injured workers need to be mindful of the burden of proof they bear in an injury claim and respond to the development letter immediately.

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When OWCP accepts a claim, the injured worker will receive a notice of acceptance, listing the diagnosed conditions and appropriate ICD-10 codes. This notification follows the accepted conditions on every acceptance letter:

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) noted above.

Injured workers should carefully read the accepted conditions and consult with their doctor as soon as possible to submit medical reports that supplement or correct the accepted conditions. Subsequent conditions claimed need to be supported by a medical rationale that includes diagnoses and the objective medical evidence (physical exams, x-rays, MRI) used to make the diagnosis.

Doctors often find compliance with OWCP regulations tedious and can balk at providing new medical rationales, thinking that the reports previously submitted prove the diagnosed conditions. Like it or not, the law has been interpreted narrowly so that reference to and diagnosis of a medical condition is not enough. There must be an explanation of the connection between the work event and the diagnosed condition.

Alas, it's not as simple as Dem Bones.