

Claim denied? Don't despair. Appeal!



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Letter carriers file a total of about 24,000 injury claims yearly with the Office of Workers' Compensation Programs (OWCP). Approximately 90 percent are for traumatic injuries—the rest are for occupational diseases. OWCP generally attempts to adjudicate traumatic injury claims in 45 days. Occupational disease claims take about 90 days.

During the adjudication process, OWCP accepts many traumatic injuries as short-form closures. These are claims where the injured

worker is expected to incur less than \$1,500 in medical expenses and have his or her lost time covered by Continuation of Pay (COP).

Injured workers will get a letter explaining the short-form closure that advises them to file a CA-7 for wage-loss compensation if they exceed the 45 days of COP. Once the CA-7 is filed, OWCP will notify the worker by letter that the claim will be formally adjudicated.

If the OWCP claims examiner does not think the claim has sufficient factual or medical evidence for acceptance, a development letter will be issued, giving the worker 30 days to provide the necessary evidence for formal adjudication.

Some workers get the formal adjudication notice or development letter and incorrectly think that their claim has been denied. Every letter from OWCP should be thoroughly examined. Many claims are denied because the worker did not respond to the development letter.

Injured workers can avoid this by checking their ECOMP dashboard daily. Development letters are found under the "Letter" tab, labeled as Response Required, allowing the worker to respond to the letter immediately.

Most development letters will ask for a medical report where a doctor provides an explanation of how the injury was caused by the work event. Workers need to read the entire letter, as there may be specific questions for them to answer at the end of the letter. Despite having sufficient medical evidence to get the claim accepted, the claim will be denied if the worker fails to answer the questions at the end of the letter.

OWCP will issue a Notice of Decision when a claim is accepted or denied. An acceptance letter will list the accepted conditions and include important information regarding claims for compensation and OWCP billing procedures. Injured workers should carefully read the accepted conditions, as OWCP will generally accept the claim for the least-impairing condition.

For example, a knee injury may be accepted as a sprain even when there is evidence in the file indicating a torn meniscus or ligament. When that happens, the worker needs to contact his or her doctor and get an additional medical report that links the tears to the original injury.

Getting additional medical conditions accepted at the beginning of your claim is essential in getting further treatments authorized.

When your claim is denied

When you receive a Notice of Decision denying your claim, don't despair!

Carefully read the denial letter and look for the explanation provided in the Basis for Denial section. There, you will find the exact reason or reasons why the claim was denied. In most cases, the denial is based on the lack of a rationalized medical report providing the causal relationship between the injury and specific work factors.

The Basis for Denial section of the denial letter should be given to your doctor immediately so that additional medical evidence can be provided as soon as possible.

OWCP will include an appeal form with every decision. If your claim is denied and you want to present your factual and medical evidence directly to an OWCP employee, check off the box for an oral hearing with the branch of hearings and review. Carefully fill out the bottom of the form, making sure that you list the date of the decision you are appealing. You can upload the completed form via ECOMP, choosing "Branch of Hearings and Review" in the drop-down menu.

Oral hearings are preferable when there are questions regarding the fact of injury. It gives the worker the opportunity to explain the facts surrounding the injury and allows the hearing's representative to ask questions that can further clear up any misinformation regarding the injury, including letters or challenges provided by the Postal Service.

The only downside of requesting an oral hearing is that it can take three to six months to get the hearing scheduled, and then up to 75 days to get a decision.

However, if you get sufficient evidence into the file prior to the hearing, the hearings representative can accept the case without it ever going to hearing. Oral hearings must be requested within 30 days of the date of the decision.

Whatever appeal route you may choose, don't despair! Contact your national business agent's office and ask for a referral to a regional workers' compensation assistant who can offer expert guidance on your appeal.