

Make an appointment with your doctor—now!



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Filing a successful claim with the Office of Workers' Compensation Programs (OWCP) requires a coordination of efforts from the injured worker, a doctor and the Postal Service. OWCP puts the injured worker in the driver's seat. The injured worker is responsible for proving the facts of the injury, as well as showing that the injury was suffered in the performance of duty, and that specific work factors caused, accelerated or aggravated the diagnosed injury.

While the burden of proof is on the injured worker, the most important evidence in any claim usually comes from a doctor. In other words, OWCP places the burden of proof on the injured worker, but doesn't really care what the worker thinks caused the injury. OWCP cares only about what your doctor thinks caused your injury.

The Postal Service's immediate responsibility in every claim is to advise an injured worker of the right to see the doctor of his or her choice; that's the injured worker's choice, not the Postal Service's choice. Failure to advise an injured worker of the choice is a violation of both federal law and Postal Service regulations.¹

When pursuing a workers' compensation claim, injured workers have to overcome an institutional bias against injured workers seeking workers' compensation. The media readily reports on the rare cases of workers' compensation fraud, causing undue harm to the vast majority of legitimately injured workers.

Communicating to your doctor that you are focused on getting your injuries healed and returning to work often tempers those negative attitudes.

Finding the right doctor can be a problem for injured workers who do not have an established relationship with a doctor. If you cannot find a doctor who will treat your federal workers' compensation claim, OWCP has a provider search portal that is found at: owcpmed.dol.gov/portal/providersearch/displaySearchForm.do.

The search function allows you to choose the provider type (choose "Physician"), the state, city or ZIP code and the specialty. You may find it necessary to call more than one doctor's office, as some of the doctors on the list may no longer accept federal workers' compensation cases.

OWCP regulations require that the Postal Service provide an injured worker with a CA-16 Authorization for Examination and/or Treatment.

The CA-16 acts like a payment voucher, is good for 60 days, and will pay your doctor of choice and any referrals to specialists. The Postal Service has four hours to provide the CA-16 to the injured worker.² Advising your doctor of

choice that you have a CA-16 that guarantees payment can alleviate resistance in taking on your case.

Due to the nature of our work, letter carriers' most common injuries are musculoskeletal in nature; they are best treated by orthopedic specialists. The opinion of a specialist in the appropriate field of medicine often will carry more weight than the opinion of a non-specialist or a specialist in an unrelated field. A board-certified orthopedic surgeon's medical report will carry more weight than a family practitioner or a non-certified specialist.

Once you find a doctor to treat you, you need to build a good rapport with him or her. Having a willing partner in your doctor's office is essential. OWCP claims require a steady stream of medical reports to ensure that necessary treatments get approved and wage-loss compensation gets paid.

Accepted OWCP claims often result in a lifetime of treatment, so establishing a good long-term working relationship with your doctor is essential.

If an injury results in lost-time and the injured worker needs to file a CA-7 claim for wage-loss compensation, OWCP will not pay compensation if there is a lack of medical evidence to support continuing disability. Injured workers should schedule regular periodic medical appointments to ensure that the medical evidence is provided to OWCP and wage-loss compensation is paid.

OWCP has time-frame guidelines for injured workers who are on the periodic rolls and no longer file CA-7s. In those cases, medical evidence in a periodic roll case is reviewed annually and the file should contain a physician's rationalized opinion with regard to whether continued disability is causally related to the employee's accepted injury or illness.

OWCP categorizes each case and the category determines what medical evidence is required. OWCP regulations now require medical evidence once a year in cases where temporary total disability payments are being paid; medical evidence every two years in cases in which payments are being made for a loss of wage-earning capacity; and medical evidence every three years in cases in which the claims examiner has determined, and the supervisory claims examiner has verified, that due to the severity of the disability no wage-earning capacity exists.

Despite those categories, claims examiners often refer an injured worker for a second-opinion examination if there have not been regular periodic medical reports. To prevent routine referrals for second-opinion examinations, injured workers on the periodic rolls should schedule doctor's visits every three months.

1. 20CFR10.300(d), *Employee and Labor Relations Manual (ELM)* 544.112.a.

2. *ELM* 545.21