

# Medical evidence and OWCP, Part 8: What the attending physician should understand in responding to medical reports from OWCP-directed exams (continued)



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This column continues the discussion on providing guidance to the attending physician on how to effectively respond to adverse SECOP (second opinion) reports.

Last month's column ended with a discussion on the importance that OWCP claims examiners (CEs) place on the medical history in medical reports. *FECA Procedure Manual (PM) 2-0810.5* puts it this way:

a. History. A medical opinion is only as good as the 'frame of reference' on which it is based. It should be based on an adequate factual and medical background. In other words, the record should show whether the history obtained by the physician is substantially in accord with the facts of the accident or accepted employment conditions... the physician's opinion relating a condition to an injury at work lacks probative value [if] there is no indication that the physician is basing the opinion on an accurate history.

After considering the medical history, the next criterion that CEs follow in weighing a medical report is how well reasoned or well rationalized the report is. According to *FECA PM 2-0810.6.2*: "A medical opinion consisting solely of a conclusive statement regarding disability, without supporting rationale, is of little probative value."

The medical rationale or explanation in a report can vary tremendously depending on the issue involved. While OWCP schedules most SECOP exams to resolve issues in accepted cases, in recent years we have seen OWCP sometimes send claimants to SECOPs in occupational disease (CA-2) cases where the initial acceptance is still being adjudicated.

Typical issues to be resolved by SECOPs in accepted cases may include the necessity of various proposed medical treatments including surgery, the extent of permanent impairment in applications for schedule awards, the need for durable medical equipment, etc. The most common reason by far for a SECOP, however, is to determine the existence or extent of disability (including work restrictions) for purposes of wage-loss compensation, returning to work, or vocational rehabilitation.

It should be understood that "disability" for OWCP is an economic concept: the inability to work or earn a wage due to the conditions accepted by OWCP. Disability can be either partial or total, temporary or permanent. When the injured worker and attending physician disagree with a SECOP's findings regarding the nature and extent of disability, the attending physician should respond to the SECOP with a medi-

cal report that provides a rationalized explanation for the disagreement.

Whenever OWCP sends a claimant to an OWCP-directed exam, such as a SECOP, it must prepare a Statement of Accepted Facts (SOAF) and medical questions for the selected physician to answer. Claimants can find both the SOAF and the questions to be answered in the SECOP scheduling documents in their ECOMP file. The SOAF and questions define and limit the scope of the independent medical exam or SECOP. They provide the framework within which physicians form an opinion regarding a particular medical issue or question. The SOAF is also the mechanism that separates factual findings from medical findings and opinions. Common errors include a CE's failure to list all of the accepted conditions, or to provide a complete medical history in the SOAF.

The questions can cover a range of issues:

- the history of the injury,
- the diagnosis, prognosis,
- clinical findings,
- causal relationship of work factors with injury,
- the nature and extent of disability,
- the status of the claimant's recovery,
- the specifics of the treatment plan,
- projected date of return to work,
- reasons for the length of disability,
- recommendations for work restrictions,
- the appropriateness of medical care,
- the possibility of vocational rehabilitation,
- and in cases involving pre-existing conditions, whether or not the work-related worsening is temporary or permanent.

The injured worker and their physician should scrutinize both the SOAF and questions to be answered carefully for accuracy, completeness and appropriateness. The attending physician should then also answer the questions that were posed to the SECOP and state any disagreements they might have with the SECOP physician's responses to the questions.

In order to rationalize their opinion, the attending physician should base their answers and disagreements on recent clinical encounters summarizing any clinical observations, physical findings, and/or diagnostic testing done during these encounters. If the clinical encounters took place after the SECOP exam or if the SECOP physician did not consider recent medical findings done prior to the SECOP, the attending physician should stress these facts in their report.

*FECA PM 2-0810.6.2* summarizes what CEs are to look

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After the contract was awarded in February of 2021, Oshkosh built a prototype vehicle according to the design specifications laid out by the Postal Service. In July of that year, a group of 20 letter carriers from various parts of the country traveled to Oshkosh, WI, to review the NGDV.

After reviewing the vehicle, each one sat down with the group of engineers from both the Postal Service and Oshkosh Defense to give their opinion of the vehicle. They also offered suggestions to improve the NGDV, based on their knowledge of mail delivery and their experience driving the LLV and FFV. Based on this feedback, the Postal Service and Oshkosh made several changes to improve the vehicle. These modifications not only helped improve the safety of the vehicle, but they also had a positive impact on the comfort of the letter carriers who will operate the NGDV.

The changes in the cab area of the vehicle include an improved driver's-side door window handle to make it more comfortable to open and close the window; the addition of a third window shade to bridge the gap between the two shades on the right and left of the windshield; and the movement of the driver's-side seat controls from the left to the right of the seat, which allows letter carriers to adjust the seat while standing outside of the vehicle when necessary. In the cargo area, these changes include the addition of a long handle on the inside of the curb-side cargo door to aid in the opening and closing of the door; the addition of a strap on the inside of the rear cargo door to make it easier to open from the cargo area; and, the redesign of the locking mechanism for the shelves in the cargo area to make them similar to the shelves in the Promaster van. Between the cab and cargo areas, the position of the partition door between the cab and cargo areas has been reconfigured. Originally, the opening of this door was situated behind the driver's seat. Now, the opening is behind the mail trays in the cab area, to make it easier for letter carriers to move mail trays from the back of the NGDV. Other improvements based on the feedback from letter carriers



include the addition of anti-slip material to the surface of the footwells located at the driver's-side and curb-side doors; the addition of a "porch light" above the driver's-side window to help illuminate the area around curb-side boxes during low light conditions; and the redesign of the rear lights to replicate the lights on the LLV.

As 2024 continues, more NGDVs will be produced at the Oshkosh manufacturing plant in Spartanburg, SC. As of now, the Postal Service plans to purchase at least 60,000 NGDVs for implementation across the country. Of this total, 45,000 will be battery electric vehicles while the remainder will be operated by an internal combustion engine. Both variants will be a mixture of front-wheel and all-wheel drive; however, the exact numbers of each are not known as of right now.

Once the NGDVs are produced and delivered to the Postal Service, they will be deployed throughout the delivery network. Though the deployment schedule has not yet been announced by the Postal Service, the current plan is to have all 60,000 NGDVs produced and deployed within the next six years.

**As NALC learns more about which offices and routes will receive the NGDV, we will keep the membership posted on the NALC website and through articles in *The Postal Record*.**

## Medical evidence (continued)

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for in determining whether or not a medical opinion is well rationalized:

[The] explanation and discussion are what constitute medical 'reasoning' or 'rationale.' Sufficient objective data (findings on examination, test results, etc.) should be present so that a reviewer can determine on what specific evidence the medical conclusions were based. A well-reasoned medical

opinion should also be consistent with the findings upon examination. Findings may be noted during physical examination, laboratory testing, and diagnostic procedures. Sufficient objective data (findings on examination, test results) should be included in the report to support the medical conclusions.

**Next month's column will continue the discussion of the criteria CEs employ when weighing one medical report against another.**