

# Medical evidence and OWCP, Part 11

## The medical evidence required to expand claims to include unaccepted conditions that are work-related (continued)



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Ever since OWCP created the new medical treatment adjudicator (MTA) position in 2023, it has been much easier to expand claims to include work-related injuries and conditions not initially accepted by the claims examiner (CE).

As discussed in more detail in the May 2023 column, the new MTAs have the authority to expand claims to 1) include a more severe condition for a body part already

accepted by the CE, e.g., a case has been accepted for knee strain, but the medical evidence shows the actual diagnosis was meniscal tear; and 2) include a condition in a new body part where the link to approved treatment is clear and unambiguous, e.g., accepting a chipped tooth due to intubation during approved surgery if documented in operative report. Note that only CEs, not MTAs, can expand a claim to include conditions in a new body part where the link to approved treatment is not clear and unambiguous.

Requests for claim expansion should be made by through the “upload document” link under “Forms” in ECOMP and under “Document Type” “Request for Claims Expansion” should be selected.

While the process of expanding claims has become more expedited, both MTAs and CEs still require medical evidence to support the expansion of a claim.

It is not uncommon in an OWCP claim for the CE to initially accept some minor or temporary condition such as a strain or sprain, yet for the injured employee’s attending physician to later determine that either the original injury involved a more serious condition that was not initially diagnosed or that it caused or contributed to an additional medical condition.”The above can happen for several reasons:

- The other serious condition was not initially present and developed over time. For example, injuries to the spine might not fully manifest themselves until sometime after the initial injury.
- The other serious condition, while initially present, does not show up in diagnostic testing until a later date. For example, stress fractures often do not show up in X-rays until the body lays down new calcium to repair the fracture.
- The other serious condition might not be initially diagnosed because medical practitioners are

conservative in their approach to injury. They do not use expensive or invasive diagnostic procedures until the strain or sprain does not heal as expected.

In all of these cases, a failure to expand the accepted claim to include the other diagnosed condition(s) can harm the injured employee later on. Consider the following scenario.

A letter carrier injures her back lifting a heavy tray of flats. OWCP accepts her claim for lumbar strain. The physician later discovers two herniated discs, but no attempt is made to expand the claim. The Postal Service provides the carrier with full-time limited duty. Four years later, the USPS rescinds the assignment and sends the injured carrier home. The carrier submits a CA-7 for compensation based on the withdrawal of limited duty.

OWCP decides to send the injured carrier to a physician for a second opinion as to whether or not the accepted condition of lumbar strain has resolved itself. The second opinion physician determines that the accepted strain should have healed years earlier. Based on this, OWCP denies compensation and terminates medical benefits.

If an injured employee’s physician discovers that another condition is associated with the injury that caused a less serious condition such as a strain or sprain, the employee should seek to expand their claim. In fact, if that employee has a strain or sprain that persists for more than a few months, they should ask their physician whether or not there is a more serious additional or underlying condition.

In order to expand an accepted claim, the medical evidence must be in the form of a detailed narrative medical report containing the following key items:

- A written statement by the physician reflecting knowledge of the employee’s injury or conditions of employment believed to be the causative factor(s). They should ideally include a written statement from the employee describing the injury or conditions of employment.
- A definitive diagnosis based on objective clinical findings of the other additional condition(s) related to the accepted traumatic injury or occupational disease.
- An opinion in definitive terms (no speculation). Are the newly diagnosed conditions caused, aggravated, accelerated or precipitated by the injury and/or the conditions of employment described by the employee?

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## Veterans Group

For more information, go to [nalc.org/veterans](http://nalc.org/veterans).



## Resources for veterans' mental health

**D**irector of Safety and Health Manuel L. Peralta Jr.'s column on page 53 in this issue deals with mental health resources for letter carriers. Veterans have additional resources available to them. Information about those resources can be found below.

### U.S. Department of Veterans Affairs

From its home page, [va.gov](http://va.gov), scroll down a bit until you reach the "Top Pages" section, then hover over to "Get mental health care" and click there. This takes you to [va.gov/healthcare/health-needs-conditions/mental-health](http://va.gov/healthcare/health-needs-conditions/mental-health). This page gives you a starting point to assist you with frequently asked questions.

One example you will find in scrolling through those questions is: "Can I speak to a fellow veteran who's been through this before?"

Yes. The BeThere peer assistance program, in partnership with Military OneSource, offers support to service members (including National Guard soldiers and reservists), their families, and transition-

ing veterans up to 365 days after separation or retirement. Through this program, you can talk privately with peer coaches who are veterans, service members or military spouses.

### Military OneSource

To talk with a peer coach, call Military OneSource's free, confidential peer support services at 800-342-9647. This service is available 24 hours a day, 365 days a year.

### Veterans Crisis Line and Military Crisis Line

Another resource is the Veterans Crisis Line and Military Crisis Line (live chat at [veteranscrisisline.net](http://veteranscrisisline.net)). Are you a veteran in crisis or concerned about one? Call 988, then press 1. Text to 838255. Connect with the Veterans Crisis Line to reach caring, qualified responders with the Department of Veterans Affairs. Many of them are veterans themselves. You don't have to be enrolled in VA benefits or health care to connect.

### Join the NALC Veterans Group

The NALC Veterans Group is designed to provide NALC members—both active and retired letter carriers—who are also military veterans the ability to connect with fellow NALC veterans and stay informed on issues of importance to letter carrier veterans. It is free to join.

Members receive a pin as a symbol of gratitude for their military service and membership in NALC.

If you are interested in joining the group, complete the sign-up card at [nalc.org/veterans](http://nalc.org/veterans).

## Medical evidence and OWCP (continued)

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- A medical rationale for the opinion that the accepted claim should be expanded to include the other diagnosed conditions. This is very important, and it should include a discussion of the pathological or other medical relationship between the diagnosis and the injury or conditions of employment, as well as an explanation of how any test results formed a basis for the opinion. The physician also should provide a detailed case history of the injury and an expla-

nation of why the other condition was not initially diagnosed.

**If your claim needs expansion, it is important that your physician understands what's outlined above.** Most physicians don't focus on the cause of injury. Their concern is with therapeutic care. Because of FECA provisions, however, OWCP focuses almost entirely on the cause of the claimed condition. This difference in approach can result in claims failing to be properly expanded.