

U.S. DEPARTMENT OF LABOR

EMPLOYMENT STANDARDS ADMINISTRATION
OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 9 CLE
LONDON, KY 40742-8300
Phone: (216) 357-5100

March 30, 2009

Date of Injury: 06/20/2007
Employee: ROBERT D. HAEFNER

ROBERT DANIEL HAEFNER
50464 ELMWOOD CT
PLYMOUTH, MI 48170

Dear Mr. HAEFNER:

This concerns your compensation case and your request for reconsideration received 02/17/2009.

We have evaluated the evidence submitted in support of your request for review. Your case has been reviewed on its merits under Title 5, United States Code, Section 8128, in relation to your application including supporting evidence. It is determined that sufficient evidence of file now exists to accept your claim. The reasons for this decision are discussed in the attached notice.

Therefore, the decision dated 02/12/2008 is vacated and your case is accepted for chronic inflammatory illness due to mold exposure in the Detroit Airport Tower in November 2005, December 2006, January 2007, and February 2008.

Sincerely,



Melissa Myers
Senior Claims Examiner

DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION
WORKERS' COMP DIVISION-AHL-100
800 INDEPENDENCE AVENUE, SW, RM 521
WASHINGTON, DC 20591

NOTICE OF DECISION

IN THE CASE OF ROBERT HAEFNER, 0920855156

March 30, 2009

ISSUE:

The issued for determination is whether the evidence of file is sufficient to vacate the prior decision of 02/12/08.

BACKGROUND:

You are employed as an Air Traffic Controller for the Department of Transportation, Federal Aviation Administration, at the Detroit Metropolitan Airport. On 09/10/07, you filed timely Notice of Occupational Disease, Form CA-2, for chronic inflammatory illness with associated symptoms as a result of exposure to black mold in the workplace.

Upon review of the initial evidence submitted, specifically only the Form CA-2, insufficient factual and medical evidence was received to support that you were exposed to mold, as alleged, and that you had a definitive diagnosis related to that exposure. Subsequently, on 09/25/07, a development letter was issued to you outlining the required factual and medical evidence needed to substantiate your claim. Specifically, you were asked to submit a factual statement outlining where and how often you were exposed to black mold in the Detroit Tower, any exposure to mold outside your federal employment, a description of your symptoms and what makes them better or worse, and a discussion of any history of similar illness. We further outlined the necessary medical documentation to support your claim, specifically a comprehensive medical report from your treating physician that discussed your symptoms, results of diagnostic studies, diagnosis, treatment provided and its effects, and your physician's opinion, with medical reasoning, as to the cause of your condition.

No response was received. Thus, by formal decision dated 10/29/07, your claim was denied. It is noted that you did, in fact, submit additional evidence for review, but it was not viewable at the time the 10/29/07 decision was issued.

You disagreed with the 10/29/07 decision and requested reconsideration by completion of the appeals request form on 11/21/07. As a large volume of factual and medical evidence had been received, a merit review of your case was performed. Additional development was undertaken with you and your employing agency concerning the facts of your exposure. The entire record was extensively reviewed and by reconsideration decision dated 02/12/08, the 10/29/07 decision was affirmed but modified in part. Specifically, it was accepted from a factual standpoint and a determination was made that you were exposed to some level of mold in November 2005 and to elevated dust and airborne particulates, Fusarium mold, and several types of fungi in December 2006 and January 2007(it was noted that this claim, 092085516, only considered mold exposure beyond May of 2005 as two other claims were of record pertaining to exposure prior to May 2005 under case files 092056731 and 092060424).

However, from a medical standpoint, the claim remained denied for fact of injury as your treating physician had not provided a thorough discussion of your findings upon examination and diagnostic studies objectively establishing the ill defined diagnosis of chronic inflammatory illness. It was explained

that although Dr. Shoemaker indicated that you met all criteria for the diagnosis, he neglected to outline what that criteria was and how your diagnostic testing, laboratory results, and clinical findings upon examination supported the diagnosis of chronic inflammatory disease as opposed to a more definitive diagnosis. It was further pointed out that Dr. Shoemaker did not indicate knowledge of your positive antinuclear antibody and how this correlates with your medical condition. Thus, your claim remained denied as the medical aspect of fact of injury had not been met. You were also advised that the medical evidence of file was devoid of a well rationalized medical explanation as to whether and how your diagnosis was attributed to work related mold exposure of November 2005, December 2006, and January 2007.

You disagreed with the 02/12/08 decision and requested reconsideration by completion of the appeals request form on 02/03/09, postmarked, 02/11/09. A large volume (more than 100 pages) of documentation was received with your request including: letters to this office from Attorney Jennifer J. Kukac dated 02/11/09 and 02/12/09; a 51 page typed letter to an attorney, Dodd Fisher, from Ritchie C.. Shoemaker, MD dated 05/14/08 (marked Exhibit 2); a two page typed letter to Registered Nurse Faith Widders from Dr. Shoemaker dated 06/06/07 (marked Exhibit 1); an 11 page typed letter to you from Dr. Shoemaker dated 08/31/08 (marked attachment D); a six page typed letter to Dr. Shoemaker from Ernest P. Chiodo, MD dated 11/19/08 (marked attachment E); a letter from Dr. Chiodo to Dr. Shoemaker dated 12/08/08; 2 pages of Biological Bulk Sample Results from Wonder Makers Environmental, date sampled unknown; a document that is five pages typed entitled causality (marked Exhibit 5); a 14 page typed document entitled Cognitive deficits and inflammation (marked Exhibit 3); Fungul Cululture Report from Wonder Makers Inc date sampled 02/02/08; Fungul Spore Information; a letter to Vincent Sugent from Michael A. Pinto, CEO of Wonder Makers Inc dated 02/20/08 (marked attachment C); a 17 page typed document entitled Table of Contents for WDB References II (marked Exhibit 6); Diagnostic Results for C3a and C4a dated 05/18/07 (marked Attachment 4); Memorandums to all Employees from Joseph Figliuolo and Shirlee Coppo dated 01/06/09, 01/07/09; 01/08/09, 01/09/09, 01/13/09, 01/20/09, 01/21/09; and a 14 page typed medical report from Mary Ann Gudice, MD, dated 02/09/09; a Memorandum to all tower employees from John Guth dated 01/06/09; a Memorandum to Everyone from Gary Aniner (sic) dated 01/20/09; and an excerpt from The Weekly Newspaper of the Motown District dated 01/30/09

DISCUSSION OF EVIDENCE:

A complete review of all the above additional evidence was reviewed, as was your entire case file. Your case has already been accepted from a factual standpoint. It is not disputed that you were exposed to mold in the Detroit Tower in November 2005, December 2006, and January 2007. That being said, the new factual information received, specifically the 02/20/08 letter to Vincent Sugent from Michael A. Pinto, substantiates that in February 2008 additional swab and tape samples were taken from various faces of the sandwiched gypsum board, wall cavity insulation, insulated beams, and interior greenboard finish material of the Detroit Tower and were shown to have high levels of fungal spores from 18% to 50% of the sample constituents. This included *Stachybotrys*, *Ulocadium*, *Aspergillus*, *Pithomyces*, *Alternaria*, *Cladosporium*, *Penicillium*, and *Acremonium*. Mr. Pinto ended his letter stating that the samples support active colonies of various fungus and their "presence in the building supports the contention that the health effects suffered by many of the controllers are likely related to mold exposures." He further noted that the samples further demonstrate that the fungal contamination had not yet been properly identified and quantified and that previous remediation had not been effective in resolving the fungal contamination issues in the tower over the past three years. As you were still working in 2008, and exposed to these fungal spores, your exposure has been expanded to include February of 2008 in addition to November 2005, December 2006, and January 2007.

Turning to the medical evidence, in a letter dated 06/06/07 to Registered Nurse Faith Widders from Dr. Shoemaker, he stated that you were seen in his office on 04/24/07 and that he believed you to have the

diagnosis of chronic multi system illness, ICD-9 code 989.7, caused by exposure to toxigenic organisms, including but not limited to, fungi present in the Detroit Tower. He opined that your prognosis without treatment is poor, but after follow up labs are performed, he can reasonably predict it will be fair. He expanded stating that your diagnosis will not be upgraded from fair until proper remediation takes place in the workplace, and reports that ongoing exposure to a water damaged building can progress to total disability. Dr. Shoemaker reported that you had been orally administered cholestyramine four times a day and that follow up lab work to that treatment still needed to be discussed with you. Dr. Shoemaker advised that he was attaching the lab studies and an MRI report and noted that you have evidence of abnormalities in lactate and ratio of glutamate to glutamine seen on magnetic resonance spectroscopy. He summarizes that the enclosed objective test data results in your meeting the criteria of a published, peer reviewed case definition for a chronic inflammatory illness caused by exposure to a water damaged building. He further supported his opinion with his ten years experience in the field with over 6400 patients with illness caused by exposure to biologically produced neurotoxins and over 4300 patients with illness acquired following exposure to water damaged buildings. He then states that his research group has published three papers on this topic

The 51 page letter to Mr. Fisher from Dr. Shoemaker, dated 05/14/08 discussed you as a cohort member amongst 14 others exposed in the Detroit Metro Tower. This letter is extremely comprehensive and notes that each of the cohorts have been treated successfully with cholestyramine, resulting in a reduction of symptoms, improvement of laboratory testing and correction of deficits as per Visual Contrast Sensitivity. Dr. Shoemaker notes that success in this manner can only arise from treatment of a biotoxin-associated illness following exposure to the interior of a water damaged building. He definitively notes that no other illness improves with such treatment.

Dr. Shoemaker continues by expressing his dissatisfaction with the lack of action taken by the FAA in acknowledging or resolving the issues concerned with mold exposure in the Detroit Tower. He outlines his presentation of baseline lab findings for all 15 cohorts and finds them consistent with similar patients who have illnesses caused by exposure to water damaged buildings. He advises that the health parameters of the cohorts "are singularly distinct from any other group of patients other than those exposed to WDB or those who have a systemic biotoxin-associated illness" and reports that the lab results are objective. He states that each member of the cohort (including you) meets the peer reviewed published case definition of mold illness and each have permanent effects of the illness. He further reports that the time line in this case mirrors the time line "in thousands of others similarly sickened by exposure to the indoor air of a WDB."

Dr. Shoemaker provides an in depth connection of you and the other cohorts to various studies and data pertaining to mold exposure and provides information regarding his extensive involvement in this area of medicine. He advises that there is a genetic susceptibility in almost a quarter of the population. He then states that it is his opinion that the cohort (you) suffered a chronic disease as a result of your exposure to the Detroit Tower as a result of "a gradually developing injury caused by exposure to toxigenic organisms, including, but not limited to, toxigenic fungi."

He then advises that certain HLA DR haplotypes are found in "significantly higher percentages in cases of biotoxin illnesses when compared to control populations and those with exposure but no illness. Dr. Shoemaker indicates that these "dreaded" haplotypes are found in at most 4% of the population." He states that 33% of the members of your cohort have this haplotype and 93% of the cohort has the mold susceptible haplotype. He notes that the cohorts have this gene by chance but when exposed to the interior environment of the Detroit Tower, became quite ill.

He further outlines that when he saw each individual cohort for evaluation, he reviewed your history, performed a physical exam, and conducted visual contract sensitivity (VCS) testing, which is a most useful tool in diagnosing biotioxic illness. He advised that results from those evaluations demonstrated that you each met the preliminary criteria for mold illness. He then indicates that his office performed

blood draws and a battery of laboratory tests for each of the cohorts whose results “unequivocally supported” his preliminary opinion regarding the etiology of your illness. He reports that the cohort had a 66% positive VCS compared to less than 1% found in control populations; 93% HLA DR positivity compared to 24% of the normal population; MSH deficiency in 93% of the cohorts versus 10% of controls; Too high MMP9 in 33% of cohorts compared to 5% controls; dysregulation of ACTH and simultaneous cortisol in 53% of the cohorts compared to 5% controls; abnormal ADH/osmolality in 93% of the cohorts versus 5% controls; C4a above control levels in 93% of the cohorts but in less than 5% controls; Anticardiolipin antibodies of the IgG class were 30% positive in the cohort and less than 1% in controls; lipid profiles and nasal cultures for biofilm forming organisms were more common in cohorts than controls; and VIP was undetectably low in 93% of cohort versus 5% of controls.

Dr. Shoemaker then states that the cohorts’ symptoms and diagnostic testing unequivocally support the diagnosis of a biotoxin illness caused by exposure to the workplace. He stated that causality is confirmed by application of the Causality model to the symptoms, VCS scores, laboratory findings, and diagnostic studies including EKG, pulmonary function test, and EKGs. He further supports his opinion with his over 30 year experience as a treating physician, his treating over 4,700 patients with chronic illness following exposure to a water damaged building, and his treating over 6,900 patients with chronic illness acquired following exposure to biologically produced neurotoxins, including those from water damaged buildings. He ends his summary stating:

Given all the above it is my opinion to a reasonable degree of medical certainty that the multiple symptoms, profound cognitive impairments and multiple physiologic and neurotoxicological abnormalities present in the cohort were solely caused by exposure to the complex mixture of biologically active compounds, more likely than not present in the water-damaged indoor environment of the workplace. There is no evidence of exposure coming from any other sources; this statement is made with full recognition of the two positive Lyme tests. There is no evidence that any other medical condition could cause the multitude of laboratory abnormalities in the cohort that respond rapidly to use of targeted therapies beginning with CSM.

He further reports that you will be at risk for recurrence of illness without the use of medications and with exposure to molds and other toxigenic organisms. He reports that this includes exposure to the Detroit Tower in its current state.

In the letter from Dr. Shoemaker to you, dated 08/31/08, he begins by advising that he reviewed a sworn affidavit of a phone call between you and FAA surgeon, Dr. Jackson (note: this document is not on file), and acknowledged that you were medically disqualified from working as an Air Traffic Controller. He indicates that your cognitive impairment is due to “an illness caused by breathing air in the water-damaged building (WDB) that is your workplace.” Dr. Shoemaker goes on to outline why he emphatically disputes Dr. Jackson’s opinion and why the FAA should be held responsible for your illness. He notes that you have metabolic problems including the presence of peripheral inflammation that leads to the central nervous inflammation demonstrated on magnetic resonance spectroscopy. He further outlines that you do not have lupus, as all confirmatory tests have come back negative. He states that there is not doubt as to the cause of your illness as you were ill before treatment, improved markedly after cholestyramine treatment, didn’t become ill with exposure to all environments except the workplace while off medication, rapidly became ill after you re-entered the workplace off medication, and improved again with removal from the workplace and retreatment with the same medication. He summarizes that the proof is in the time of exposure variable, i.e. going into the Detroit Tower, and objective testing done afterwards which show “profound decline” and match your symptoms. He then outlines his professional experience in similar type cases in the field and his influence on research, data, and treatment in this regard.

Dr. Shoemaker further states that your health parameters are “singularly distinct” from any other group of patients other than those exposed to water damaged buildings or who have a biotoxin-associated

illness. He notes that the features of the illness are “reproducibly reliable laboratory testing results; these results are objective and cannot be altered by any particular spin.” He ends his letter reiterating his opinion that your “multiple symptoms, profound cognitive impairments and multiple physiologic and neurotoxicological abnormalities” were “solely caused” by the mixture of biologically active compounds present in the Detroit Tower. He states:

There is no evidence of exposure coming from any other source. There is no evidence that any other medical condition present could cause the multitude of laboratory abnormalities in you that respond rapidly to use of targeted therapies beginning with CSM but that relapse over time with ongoing exposure.”

He further explains that you are genetically susceptible and that even with successful acute phase treatment, patients with susceptibility are subject to a reacquisition of illness following any additional exposure (i.e. “sicker, quicker”).

In the letter from Dr. Chiodo to Dr. Shoemaker dated 11/19/08, Dr. Chiodo begins by noting that you have been medically disqualified from your Air Traffic Controller position and summarizes your history of symptoms including short term memory problems, chronic headaches, inability to multi task, skin rashes, nasal congestion, sinusitis, pneumothorax, pleurisy, diarrhea, hand numbness, twitching eyelids, eye pain, joint pain, and change in vision. He then outlines the history of your exposure to mold from January 2005 through February 2008. He provides a summary of your medical and family history and findings upon examination. He then outlines his medical opinion that your “allergic disease” is consistent with mold exposure in the Detroit Tower. He provides the definition of an antigen mediated disease and states that you appear to have suffered allergic disease including rash and sinusitis and cognitive decline and fatigue due to mold exposure in the workplace.

In a letter to Dr. Shoemaker from Dr. Chiodo dated 12/08/08 he reiterates this opinion and states that you may not return to your duties as an air traffic controller due to cognitive deficits found on evaluation by David R. Drasmin, PhD.

In his 14 page typed report dated 02/09/09, Dr. Guidice, MD indicates she evaluated you on 12/22/08 that included a detailed history, neurological mental status and neurological physical status requiring approximately 7 hours. She notes that history was obtained from you by phone on 12/18/08 and from your wife by phone on 12/27/08. She indicates that you were 40 minutes late for your appointment, neglected to bring your computer, neglected to bring your check book, and required a two hour lunch due to what you described as difficulty finding a branch of your bank. She notes that this is attributed to your cognitive deficits. She says that difficulty with these things is “quite consistent with the patient’s cognitive impairment suggesting his inability to rapidly prepare, organize, and sequence information.”

Dr. Guidice then reports your history of work exposure and indicates you began having cognitive deficits including an increased processing time with transmissions, inability to multitask on a rapid basis, inability to filter out transmissions that do not need a response, and errors. Dr. Guidice reports that you were medically disqualified by the FAA physician and she agrees with that assessment. She further reports similar complaints from other employees in the Detroit Tower. A plethora of your personal “post mold exposure” symptoms were further outlined. Your past medical, educational, military, work history, social history, and family histories were outlined. Positive findings upon neurological examination were reported as impaired concentration and memory, work finding difficulties, stuttering, impulsive and distractible, all based on “simple, formal” testing. Dr. Guidice stated that your judgment and problem solving is functionally impaired for daily life. Visual problems were also reported based on testing, as was bilateral heel-shin ataxia, right greater than left; slowed left hand fine coordination; mild decreased rapid alternating movements of the left hand; and mild decreased strength in the left finger abductors.

Dr. Guidice outlines your test results as follows: genetic haplotype of 7-2-53 susceptible to the development of toxigenic mold illness; increased Ca4 of 8581 (reference less than 2830); increased MMP-9 of 414 (reference 85-332) also consistent with mold exposures; positive ANA, nonspecific; VCS results unavailable; and magnetic resonance spectroscopy of 04/24/07 revealed abnormalities in the bilateral frontal and bilateral temporal lobes, particularly the hippocampal areas of the latter, consistent with capillary hypofusion in these areas and reduced glutamine to glutamate ratio indicating a reduction of oxygen delivery in the capillary beds of these areas of the brain, which is significant substantiation, in that these areas also delineated independently based on Dr. Drasmin's evaluation; and neuropsychological testing and interview consistent with those reported and noted in history and examination. In addition to those discussed above, Dr. Guidice also reports impaired new learning, "paraphasic errors," impaired math skills, difficulty calculating dimensions in construction business, mood symptoms, personality changes, irritability, and behavioral changes.

In the summary portion of her report, Dr. Guidice advises that you were, in fact, exposed to mold in the Detroit Tower and have a "distinctive grouping of symptoms and a distinctive grouping of signs on the clinical neurological examination" which were "strikingly and distinctively similar" to those of another cohort from the Detroit Tower examined by her in 2006. She also reports that you have absence of confounding diagnoses, including Lupus and/or traumatic brain injury; and positive blood tests consistent with mold exposure with improvement with treatment and removal from the toxic mold environment with then recurrence of symptoms and laboratory abnormalities being documented over a 3 day unprotected mold re-exposure. She outlines your diagnoses and treatment recommendations and states that you are neurologically disabled from working as an Air Traffic Controller.

It should be noted that this office has not received any evidence from Dr. Drasmin dated 11/3/08 or 08/19/08. We also have not received the VCS test results from Dr. Shoemaker. Results received include: spirometry results of 04/24/07; C3a and C4a results dated 04/24/07; and MRI Brain/Spectroscopy Without Contrast dated 04/24/07.

BASIS FOR DECISION:


The missing element in your claim was that you had not provided sufficient medical evidence to establish that you sustained an injury as defined by the Federal Employees' Compensation Act. Specifically, you had not provided any medical documentation from Dr. Shoemaker that discussed diagnostic/lab testing and results of findings upon examination to support the diagnosis of chronic inflammatory illness. Although Dr. Shoemaker had stated that you met the criteria for the diagnosis, he neglected to outline what that criterion is and how the testing and exam findings support it.

We have since received extensive medical records from Dr. Shoemaker, as well as reports from Dr. Chiodo and Dr. Guidice. These records support that you have the clinical diagnosis of chronic inflammatory illness based on laboratory testing, diagnostic testing, and physical and neurological evaluation. Specifically, you have abnormal findings of the brain demonstrated on MR Spectroscopy; cognitive dysfunction; increased Ca4; increased MMP-9; and genetic susceptibility. Each doctor essentially stated that they believed your exposure to mold at the Detroit Tower was or likely was the cause of your condition and at the very least contributed to it. Dr. Shoemaker provides a wealth of information and argument to support his opinion, ranging from similar studies of similar patients, objective clinical data, the "rule out" of other illness, positive examination findings, and his medical expertise in this particular area of medicine. Thus, his opinion is both definitive and well rationalized.

Subsequently, the medical evidence of file now meets the criteria to establish that you have sustained an injury as defined under the Federal Employees' Compensation Act.

CONCLUSION:

In conclusion, the prior decision of 02/12/08 hereby vacated. Your claim has now been accepted for chronic inflammatory illness, ICD-9 code 989.7. Please see the enclosed acceptance letters.


MELISSA J. MYERS
SENIOR CLAIMS EXAMINER

U.S. DEPARTMENT OF LABOR

EMPLOYMENT STANDARDS ADMINISTRATION
OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 9 CLE
LONDON, KY 40742-8300
Phone: (216) 357-5100

March 30, 2009

Date of Injury: 06/20/2007
Employee: ROBERT D. HAEFNER

ROBERT DANIEL HAEFNER
50464 ELMWOOD CT
PLYMOUTH, MI 48170

Dear Mr. HAEFNER:

This is to notify you that your claim has been accepted for:

Diagnosed condition(s) and ICD-9 code(s): **CHRONIC MULTISYSTEM ILLNESS, ICD-9 CODE 989.7, DUE TO MOLD EXPOSURE AT THE DETROIT AIRPORT TOWER IN NOVEMBER 2005, DECEMBER 2006, JANUARY 2007, AND FEBRUARY 2008.**

Please advise all medical providers who are treating you for this injury of the accepted ICD-9 code(s). If this code needs to be revised, your doctor should explain in writing. Accurate coding facilitates timely bill processing.

It appears you have not returned to work with the FAA since August 2008. If your injury results in lost time from work, you may claim disability compensation using Form CA-7. Please refer to the attachment entitled "Now That Your Claim Has Been Accepted."

It is further noted that the medical evidence of file substantiates that you cannot currently return to work as an Air Traffic controller. However, it does not outline what you can currently do. Please arrange for an update of your work capabilities to be provided to this office within the next 30 days. Be advised that the goal of our program is return to work, so if we cannot return you to your prior place of employment, we need to assess your work restrictions/limitations in order to place you elsewhere. Please be advised that second opinion evaluation will likely occur during this process.

TO EMPLOYER: IF A FORM CA-7 CLAIMING COMPENSATION FOR WAGE LOSS IS FILED, YOU ARE REMINDED THAT 20 C.F.R. 10.111(c) REQUIRES SUBMISSION OF FORM CA-7 WITHIN 5 WORKING DAYS. PLEASE SEND A COPY OF THE POSITION DESCRIPTION (INCLUDING PHYSICAL REQUIREMENTS) FOR THE JOB HELD BY THE EMPLOYEE ON THE DATE OF INJURY.

If you have any questions regarding your claim you may contact the Office at the above address. Automated information regarding compensation payments is available 24 hours per day by phoning 1-866-OWCP IVR (1-866-692-7487). All medical providers should call 1-866-335-8319 for any and all requests for authorization. For all inquiries regarding any and all bills, including claimant reimbursements, contact 1-866-335-8319 or online at <http://owcp.dol.acs-inc.com>. If you, your doctor, or other providers require direct contact with a customer service representative you may call 1-850-558-1818 (THIS IS A TOLL CALL).

Sincerely,

A handwritten signature in black ink, appearing to read 'MM' or 'Melissa Myers', written in a cursive style.

Melissa Myers
Senior Claims Examiner

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION
WORKERS' COMP DIVISION-AHL-100
800 INDEPENDENCE AVENUE, SW, RM 521
WASHINGTON, DC 20591

NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

This fact sheet will answer some questions that are likely to arise. It provides information about the payment of your medical bills and compensation, and about your responsibilities in returning to work. This sheet supplements the information found in Pamphlet CA-14, which was sent to you when you first filed your claim. Feel free to access the Division of Federal Employees' Compensation web site at <http://www.dol.gov/esa/regs/compliance/owcp/fecacont.htm>.

MEDICAL PAYMENTS

Your file number must appear on all bills. Bills and travel vouchers must be received within the calendar year following the year in which medical service was rendered or the claim was accepted, whichever occurs later. Your acceptance letter describes the medical condition(s) OWCP accepts as work-related and only treatment for those conditions should be billed to the Office. The billing forms described below can be obtained on line at <http://www.dol.gov/library/forms/>. You are not responsible for charges over the maximum allowed in the OWCP fee schedule. If a health benefits carrier has paid medical bills for your accepted condition, the carrier may submit complete, itemized billings to OWCP for consideration.

-Physicians and Other Medical Providers (Except for Hospitals and Pharmacies).

Bills for your accepted condition must be submitted on the standard American Medical Association (AMA) billing form HCFA-1500, also known as OWCP-1500, to the address noted in the letterhead. The provider must itemize services for each date separately, use AMA (not state) CPT codes to describe the services performed, and provide their tax identification number (EIN). The provider must sign the form (a signature stamp may also be used).

-Hospitals. These bills must be submitted on Form UB-92. These bills must be fully itemized, and the admission and discharge medical summaries should also be sent.

-Pharmacies. These bills should be submitted electronically by your pharmacy. If this is not available, bills must be submitted on the Universal Claim Form or equivalent. The pharmacy should include the following items: the case file number, the nine-digit tax ID number, the NDC number, the prescription number, the quantity of medication prescribed, the name of the prescribing physician, and the date of purchase. Your physician's clinical notes or reports should show that the medicines prescribed were needed to treat your work-related injury. Pharmacies can obtain decisions on coverage of medications by calling 1-866-335-8319. The pharmacy will need to give your case file number, the NDC code of the medication, and the date the prescription was filled. If you, your doctor, or other providers require direct contact with a customer service representative you may call 1-850-558-1818 (THIS IS A TOLL CALL).

-Chiropractors. We will only pay for chiropractic treatment consisting of manual manipulation of the spine to correct an accepted work-related spinal subluxation demonstrated by x-ray, or if a medical doctor has prescribed physical therapy to be administered by a chiropractor.

-Reimbursements. If you have paid authorized medical expenses, you may request reimbursement by attaching Form CA-915, or a similar form, on the same required billing

forms (such as HCFA-1500 or UB-82) specified above. In all cases, the medical provider's tax identification number (EIN) and proof of payment must be provided. Reimbursements are limited to the fee schedule amount.

-Reimbursement for Medical-Related Travel. Travel expenses should be claimed on form OWCP-957, Medical Travel Refund Request, available at <http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>.

COMPENSATION PAYMENTS

-Claims for Compensation. Any claim for lost wages must be submitted through your employing agency on Form CA-7. Your employing agency will complete its portion of this form and forward it to the Office. In cases of intermittent wage loss, Form CA-7a is also needed.

-Claims for Leave Buy-Back. Reinstatement of leave is subject to the approval of your employing agency. Prior to using your personal leave to cover injury-related absences from work, you are urged to review the instructions for Form CA-7b. To claim a leave buy-back, you must file Form CA-7b through your employing agency, along with Form CA-7 and Form CA-7a.

-Schedule Award. A schedule award may be claimed using Form CA-7 only after maximum medical improvement has been reached. A schedule award of compensation is based upon permanent loss of use of a scheduled member or function of the body due to the work-related injury.

-Penalty. Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain compensation, or who knowingly accepts compensation to which he or she is not entitled, is subject to felony criminal prosecution and may, under appropriate U.S. criminal code provisions, be punished by a fine of not more than \$10,000 or imprisonment for not more than five years, or both.

RETURNING TO WORK

You are expected to return to work (including light duty or part-time work, if available) as soon as you are able. Once you return to work, or obtain new employment, notify this office immediately. Full compensation is payable only while you are unable to perform the duties of your regular job because of your accepted employment-related condition. If you receive a compensation check which includes payment for a period you have worked, return it to us immediately to prevent an overpayment of compensation.

-Nurse Intervention and Vocational Rehabilitation. OWCP may assign a registered nurse or a vocational rehabilitation counselor to contact you to facilitate your recovery and return to work. OWCP may suspend or reduce your benefits if you fail to cooperate with the nurse or the vocational rehabilitation counselor.

-Job Offers. You are legally obligated to accept work which is within your medical restrictions. OWCP may terminate your benefits if you refuse without good cause to accept such work.

CONTACTING THE OFFICE

The 24-hour toll-free Interactive Voice Response line (866) 692-7487 answers case-specific concerns, such as compensation payments. You can obtain information regarding medical payments, including all reimbursements, at <http://owcp.dol.acs-inc.com> or by calling 1-866-335-8319. If you need a medical authorization, please call 1-866-335-8319. If you, your doctor, or other providers require direct contact with a customer service representative you may call 1-850-558-1818 (THIS IS A TOLL CALL). If you write us, please put your file number on each page.