

## **The Medical Report**

The most common reason OWCP does not accept claims is because there is a lack of rationalized medical evidence that would establish a causal relationship between the clinical findings/diagnosis and the claimed work factors connected to the injury (the things we do at work). Below are listed the elements taken from OWCP's *Procedure Manual* that claims examiners require in a medical report in order to accept a claim.

Please note that the medical report must be signed by the attending physician. OWCP will not accept a report that is only signed by a physician's assistant or a nurse practitioner.

### **1. Clear diagnosis based on objective clinical findings**

The first thing you will need from your doctor is a clear diagnosis of your injury based on objective clinical findings. Your attending physician should clearly state the diagnoses and the clinical basis for them (the diagnostic procedures relied upon).

### **2. A brief review of the medical history of the injured body part**

In addition, your physician, in writing, should briefly review and show familiarity with the medical history involving your injured body part, including any other injuries and conditions involving that part of the body that may have occurred in the past. This should include a chronological list of dates of examination and treatment.

### **3. Narrative of work duties that contributed to the injury**

Once there is a clear diagnosis, you will need to write and provide your physician with a detailed description of your work duties that have contributed to your injury.

### **4. OWCP requires a description of the physiological mechanism by which the work duties caused, contributed to, exacerbated, or accelerated the diagnosed condition.**

Your physician should state that he or she has reviewed your description of your job duties and explain how those duties either caused or even just contributed to the diagnosed condition.

It is vital to understand that a physician's mere statement that there is a causal relationship between the work factors and the injury will not be sufficient for OWCP to accept the claim. There are some basic bureaucratic and procedural distinctions that the attending physician should understand before writing the causal explanation.

**a. Work only has to be a contributing factor to the injury for the claim to be accepted**

First, unlike many state injury compensation programs, OWCP does not apportion causality. State injury compensation programs often require the physician to determine the percentage of the injury attributable to preexisting conditions as compared with the conditions that result from exposure to the work environment. The attending physician does not have to do this for OWCP: your work only has to be a contributing factor to the injury for the claim to be approved (it can be even a small contributing factor). OWCP will also accept a claim if a claimant's work has aggravated or made worse an existing injury that is not job-related.

**b. A degree of medical certainty of more than 50% is required for the claim to be accepted**

Even though work may only be a small contributing factor to the injury, OWCP requires that there must be more than just a possibility that the work factors contributed to the diagnosed condition. It requires a degree of conclusive certainty of at least "on a more probable than not basis." Normally in medical literature for a result to be considered "probable" the association between a potential cause and the result must be greater than 95%, Everything else is only "possible." This is not the case with OWCP: a result is "probable" if it is more likely to occur than not (probability exceeds 50%).' If your physician believes that the association between your work and the diagnosed conditions meets this standard, he or she should indicate that they hold their opinion with "reasonable medical certainty."

**c. The attending physician should describe the biomechanical process by which the work factors caused or contributed to the diagnosed condition.**

Once the physician has determined that the diagnosed injuries, on a more probable than not basis, have been directly caused by a traumatic event or accelerated and made worse by years of repetitive timed production work at the Post Office, he or she must explain why he or she holds the opinion.

For example, a physician may diagnose osteoarthritis in the hips and hold the opinion that it was caused by repetitive years of walking, standing and climbing carrying a loaded satchel. In such a case, OWCP will still require the physician to rationalize his or her opinion: to explain why he or she believes the years of work exposure caused or contributed to the osteoarthritis.

To properly rationalize an opinion, the physician should describe the physiological mechanism(s) by which the claimed work factors (what we do at work) caused or contributed to the diagnosed condition. This description of the physiological mechanism

See AMA *Guides to the Evaluation of Impairment 6<sup>th</sup> ad.*, p.25

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of injury goes beyond what most medical insurers require for authorizing treatment. It is, however, a bureaucratic element that OWCP requires before it can accept a claim ("mechanism of injury" is a term unique to OWCP).

Here is an example of an explanation of "mechanism of injury" involving a foot condition that was causally connected to the letter carrier's work that OWCP found acceptable:

*While walking especially at the gate point of propulsion the weight is borne on the metatarsal heads. This causes increased pressure in this area as well as causing the metatarsal heads to move closer together and impinge on the on the associated intra-metatarsal nerve. Heel strike, pronation, and mid-stance on the weight bearing (especially with additional weight) causes increase in the longitudinal arch area. This in turn causes pulling of the Plantar Fascia more at the calcaneal origin than its metatarsal insertion and associated pain.*

The Employees' Compensation Appeals Board found this statement to describe the medical mechanics as the proximate cause of the letter carrier's neuroma and related conditions of heel spurs to be sufficiently well rationalized for accepting the claim.

**d. An indication if work the duties have permanently or temporarily contributed to the diagnosed conditions**

Injured workers will often have difficulties if OWCP accepts a claim for the temporary worsening of a pre-existing condition when that condition has, in fact, been permanently worsened by exposure to work factors. For example, it is often the case that years of carrying mail causes permanent loss of cartilage that manifests itself years earlier than it would through the normal course of degenerative arthritis. If this reflects your doctor's medical judgment, he or she should describe this process as a "*permanent acceleration*" (note that this is a bureaucratic term that comes directly out of the FECA Procedure Manual).

If the attending physician believes that the tens of thousands of hours, the injured letter carrier has performed his or her duties has permanently contributed to their condition the attending physician should explain why this is so. When attending physicians don't indicate whether or not the aggravation of an underlying condition is permanent, OWCP's own procedures direct claims examiners to treat the aggravation as temporary.

**5. The medical report should contain a prognosis and recommendations for treatment.**

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To sum up, the physician's medical report should contain the following elements:

1. A clear diagnosis and a brief description of clinical basis for the diagnosis (objective clinical findings).
2. A brief review of the medical history involving the injured body part, including prior injuries.
3. An indication from the physician that she or he is familiar with your duties at work (i.e. that they have reviewed the statement of work duties that you provided them).
4. A brief medical explanation of how the work duties you described caused or contributed to the diagnosed condition (the physiological mechanism by which the work duties caused or contributed to the diagnosed condition). The physician should also state the degree of medical certainty for his or her conclusion (for OWCP to accept a claim the degree of certainty must be more than 50%; i.e. "on a more probable than not basis").
5. A prognosis and recommendations for treatment,