



UNDERSTANDING THE CLAIMS ADJUDICATION PROCESS OWCP AND AGENCIES IN PARTNERSHIP

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August 2024





The Mission of the Office of Workers' Compensation Program

To protect the interests of workers who are injured or become ill on the job, their families and their employers by making timely, appropriate, and accurate decisions on claims, providing prompt payment of benefits, and helping injured workers return to gainful work as early as is feasible.





OWCP AND EMPLOYING AGENCY COMMUNICATION

Both OWCP's and the EA's goals are the same:

- Promptly process all claims and needed case actions; and,
- Return injured workers to work as soon as is safe to do so.



FECA BASICS: TYPES OF CLAIMS

- There are three types of claims:
 - Traumatic Injury (TI) – an injury which occurs during a single workday or shift. TI claims are filed via form CA-1
 - Occupational Disease (OD) – a condition produced by the work environment over a period longer than a single workday or shift. OD claims are filed via form CA-2. (example: hearing loss, carpal tunnel, stress, etc.). Basic vs. Extended.
 - Death cases: Death benefits maybe available to dependents of employees who die from job-related illness or injury. Death claim can be filed with forms CA-5, CA-5b and CA-6



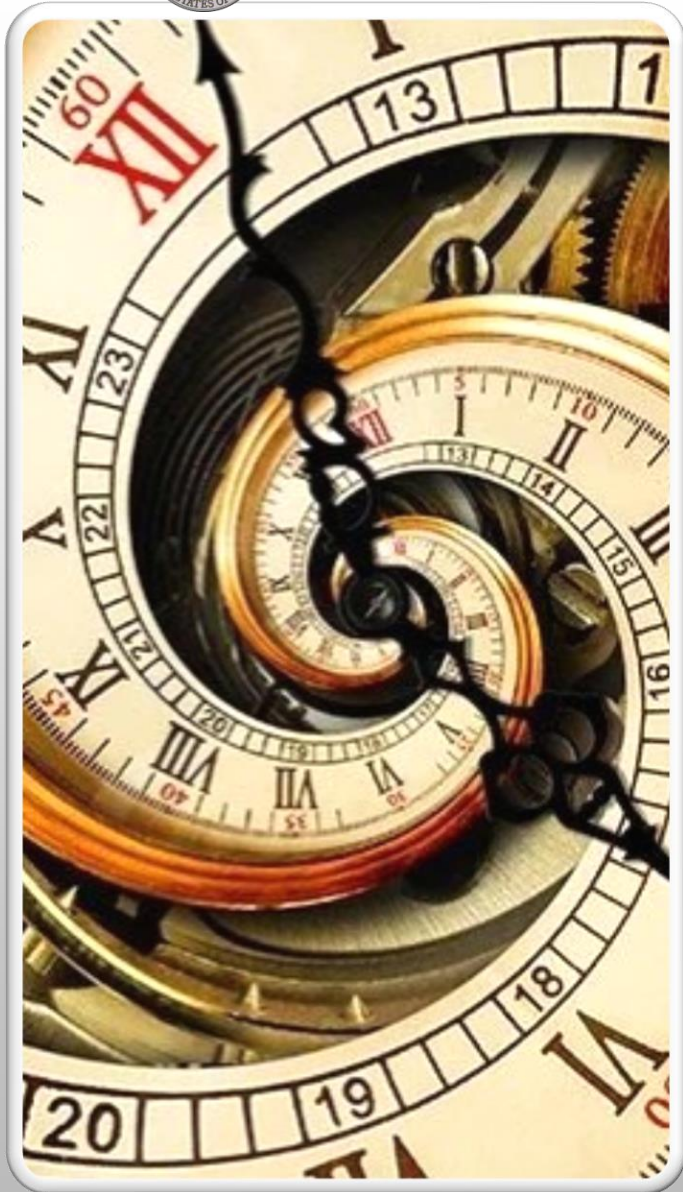


THE FIVE BASIC ELEMENTS

To be entitled to benefits under the FECA, the claimant must establish the following:

- **Time** – Is the claim timely filed?
- **Civil Employee** – Was the claimant a civil employee of the U.S. as per 5 U.S.C. 8101(1) at the time of the injury?
- **Fact of injury** – Two components:
 - 1) **Factual:** Did the claimant actually experience the accident, untoward event, or employment factor which is alleged to have occurred?
 - 2) **Medical:** Has a medical condition been diagnosed in connection with the event?
- **Performance of Duty** – Was the claimant performing official duties (or an activity incidental to employment) at the time of injury?
- **Causal Relationship** – Was the diagnosed condition(s) caused or aggravated by the claimant's Federal employment?





TIME

Employee has **three years** to file a claim from:

- Date of Injury – easily discernable in TI claims
- Date of First Awareness (or reasonably should have been aware)
- Date of Last Exposure

If claim is **not filed** within the three year limitation, it may still be accepted if the injury occurred after 1974 and:

- Written notice of injury or death was given within 30 days
- The Agency had “actual knowledge” of the injury in the first 30 days and that knowledge was such as to put the Agency on notice that there had been a work-related injury. This includes verbal communication and agency medical records.
 - Agency annual testing (for example, hearing loss conservation programs) showing positive findings would constitute actual knowledge on the part of the agency of a work injury.





FACT OF INJURY — FACTUAL (FOI-F)

- Did the injury actually occur, with emphasis on the time, place, and circumstance alleged. For OD claims, does the evidence establish that the claimant was exposed to the claimed work factors (amount, volume, duration, etc.).
- A statement from the claimant or someone acting on the claimant's behalf is mandatory.
- An employee's statement alleging that an injury occurred at a given time and in a given manner is of great probative value and will stand unless refuted by strong persuasive evidence. See, R.K., Docket No. 10-930 (issued January 7, 2011).





FACT OF INJURY – FACTUAL (FOI-F)

A statement from the employing agency confirming that the alleged injury or work exposure occurred is extremely useful when establishing a claim.

- A positive statement from the employing agency is not required.
- Any disagreement between the employing agency and claimant needs to be carefully considered by the CE.
- The CE will review the EA statement with the totality of the evidence and further develop if it casts significant doubt on the claimant's statement.





FACT OF INJURY — MEDICAL (FOI-M)

- Medical evidence, from a qualified physician, must provide a diagnosis linked to the work injury (except in specific cases of visible injury).
- The diagnosis does not have to match the exact condition claimed; however, it must be reasonably linked to the work injury and must be clear and valid (i.e. pain alone does not qualify as a valid diagnosis).
- Does not need to address causal relationship (the “how”) or disability.

FACT OF INJURY- MEDICAL

- It must be clear that the medical report has been endorsed by a physician as defined by 5 U.S.C. § 8101(2). This is represented by either a wet or electronic signature. Reports provided by a medical professional who does not meet the requirements of a qualified physician are acceptable only if the report contains an endorsement of a physician as defined by the FECA. A report that is not signed by a qualified physician is insufficient under the FECA.



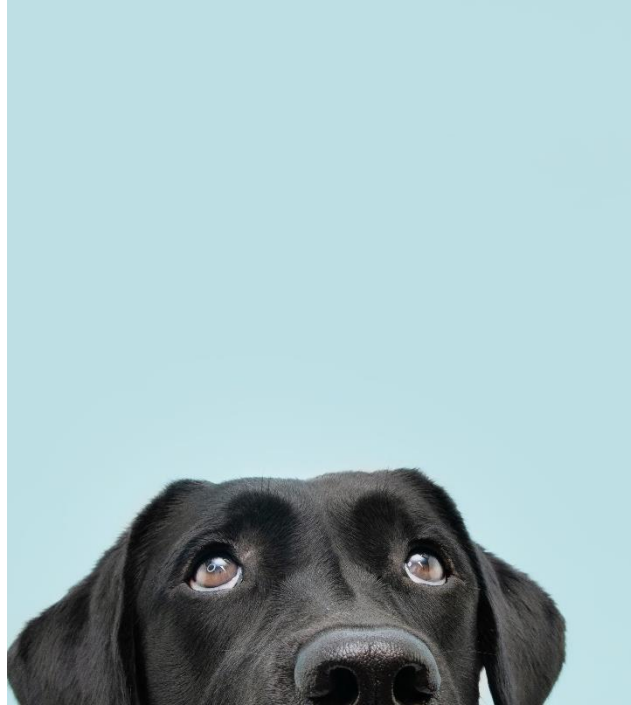
FACT OF INJURY- MEDICAL

Cases where all 5 basic elements are met with the only issue being the medical is signed by a Nurse or Physician's Assistant:

The examiner should ask the District Medical Advisor (DMA) to review and provide concurrence to the medical component of the claim.

- If the DMA concurs, the claim should be accepted.
- If the DMA does not concur, the claim should be denied on a FOI medical basis once the appropriate due process period has elapsed.





VISIBLE INJURIES

Visible injury cases (minor and serious) can be accepted **WITHOUT** a medical report if all of the following are satisfied:

Minor, visible injuries (burn, bruise, laceration, insect sting, animal bite, etc.):

- The condition reported is a minor one which can be identified on visual inspection by a lay person; and
- Injury was either witnessed or reported promptly (and no dispute or challenge exists as to the injury's occurrence);

Previous requirement of "No time was lost from work due to disability" was removed in 02/2023.

Similar for minor medical conditions stemming from serious visible injuries (MVs, shootings, stabbings):

- Agency does not dispute facts of case; and
- No questionable circumstances.





PERFORMANCE OF DUTY (POD)

The claimant must have been performing official duties (or an activity incidental to employment) at the time of injury. The injury must arise out of and in the course of employment.

- In traumatic injury claims, a variety of POD issues may present themselves. These include:
 - Injuries sustained off premises;
 - Injuries sustained while the employee is on TDY status;
 - Recreational injuries;
 - Injuries sustained in parking lots/garages.
- In all of these instances, the CE should obtain a statement directly from the claimant identifying the circumstances surrounding the injury.
- The CE should also obtain a statement from the employing agency concerning whether the injury was sustained in the performance of duty.





CAUSAL RELATIONSHIP (CR)

Qualified physician's well-rationalized medical opinion as to how the work injury resulted in the diagnosed condition(s).

- **Direct:** Injury or factors of employment, through a natural and unbroken sequence, results in the condition claimed.
- **Aggravation** (Temporary or Permanent): Pre-existing condition is worsened, either temporarily or permanently, by an injury arising in the course of employment.
 - If temporary, the period of time of disability/medical tx should be specific.
 - If temporary/permanent is unclear at the time of acceptance, the CE can accept for temporary and further develop to make a final determination.
- **Acceleration:** Hastens the development of an underlying condition, and acceleration is said to occur when the ordinary course of the disease does not account for the speed with which a condition develops.
- **Precipitation:** Latent condition which would not have become manifest but for the employment is said to have been precipitated by factors of the employment.





CAUSAL RELATIONSHIP (CR) (CONT.)

A well-reasoned, detailed statement of CR is not required:

- In relevant cases of visible injuries (as discussed earlier), no medical report is required.
- In clear-cut traumatic injury claims, where the fact of injury is established and is clearly competent to cause the condition described (for instance, a worker slips and falls on their back, resulting in a lumbar sprain), a fully rationalized medical opinion is not needed. **The physician's diagnosis and an affirmative statement are sufficient to accept the claim.** This CAN include checkboxes on Forms CA-20, CA-17, and CA-16.





Cases with Administrative Authorization of Limited Benefits, formerly known as short form closure (SFC) cases or administratively accepted cases, are traumatic injury claims which are closed with C1/AM or C4/AC status codes when created because, based on the information received with the claim, they appear to be minor injuries, they are not challenged by the employing agency, and they are not caused by a third party.

These cases do not require adjudication unless one of the following occurs:

- a) The total amount of medical bills exceeds \$1500;
- b) A Form CA-7, Form CA-2a, or other indication of work stoppage beyond the COP period is received;
- c) The examiner reopens the case based upon evidence received, such as a request for surgery or employer challenge; or
- d) The claimant requests formal adjudication of their case.

CE RESPONSIBILITIES IN ADJUDICATION PROCESS

- (1) **Providing Information**. The CE must provide information about the procedures involved in establishing a claim, including instructions for developing the required evidence, to the claimant, the employing agency, and the representative, if any.



CE RESPONSIBILITIES IN ADJUDICATION PROCESS

(2) Requesting Evidence. If it is determined that the evidence is not sufficient to establish the essential elements of the claim (timeliness, civil employee, fact of injury, performance of duty, causal relationship), the CE should inform the claimant of the additional evidence needed. The CE should attempt to clarify any discrepancies which exist based on information already in the file at the time of development. The claimant will be allowed at least 30 days to submit the evidence required.

(3) Identifying Potential Third Party Cases. The CE should be alert for situations where a party other than another Federal employee or agency may be responsible for the injury (see FECA PM 2-1100).



CE RESPONSIBILITIES IN ADJUDICATION PROCESS

(4) Making Prompt Decisions. It is OWCP's obligation to render a decision on each case as promptly as possible.

Prompt action is particularly important in those disability cases where the injured employee is losing pay.

The Office must notify both the claimant and the employing agency (and any representative, if applicable) of its decision in all cases, other than those that were administratively reviewed and have not reopened.

If the case is accepted, OWCP should also respond to any agency challenges or controversions to COP.



AGENCY RESPONSIBILITIES IN ADJUDICATION PROCESS

Although the employing agency is not formally a party to the claim, the agency bears a responsibility to assist in developing the claim. The FECA requires the employing agency to report to OWCP any injury resulting in death or probable work-related disability and to submit any further information requested by OWCP.

- The agency is expected, whenever possible, to aid the claimant in assembling and submitting evidence.

What this means:

- Review claims promptly upon receipt;
- Complete supervisor portion of form and forward within time requirements;
- Maintain contact with injured worker (IW);
- Authorize medical care (CA-16 for traumatic injuries);
- Advise employee of the right to elect COP (for traumatic injuries);
- Provide any relevant medical evidence in the agency's possession, including a CA-17 Duty Status Report when applicable. On a schedule award/hearing loss claim, baseline medicals should be provided.



OWCP-EA COMMUNICATION/ COLLABORATION: INITIAL ADJUDICATION

- **Challenges and Controversions:** Understanding the definitions, differences, and responsibilities of each party;
- **Performance of Duty (POD):** EA premises, fitness programs, work schedule;
- **Timely filing,** especially in OD claims where time for filing can be the date of last exposure (DLE) if employee continues to be exposed to injurious work factors;
- **Requesting and obtaining position descriptions (PDs)** with physical requirements upon acceptance of a case when there is indication of current or future disability.





CONTROVERTING COP

- A “Challenge” is an objection to the case as a whole in association with at least one of the five basic elements (discussed in next section).
- “Controversion” is specific to COP.
- CE Responsibilities in reviewing controversions:
 - Be mindful of the nature, strength, and logic of the employing agency's objection, and thoroughly develop the controversion, if necessary.
 - To provide a response to the employing agency's controversion if the claim is accepted and COP is approved.
 - To sufficiently explain the basis for approving COP by specifically referencing each challenge and explaining how the evidence of record was used to support the acceptance of the case. The facts or dates of medical reports which led to the determination should be clearly stated.





CONTROVERTING COP (CONT.)

The agency may terminate or not begin COP only if the controversy is clearly based on one of the nine categories listed below. It should be remembered that OWCP makes all final determinations and can overturn the agency controversy and require that COP be paid. The nine mandatory categories for controversy are:

1. Disability results from an occupational disease or illness.
2. The employee is excluded by 5 USC 8101 (1) B or E. This section of the law deals mostly with volunteers (unpaid) to the federal government.
3. The employee is neither a citizen nor a resident of the United States or Canada.
4. The injury occurred off the employing agency's premises and the employee was not involved in official "off premises duties."





CONTROVERTING COP (CONT.)

5. The injury was caused by the employee's willful misconduct, intent to bring about injury or death to self or another person, or was proximately caused by the employee's intoxication.
6. The injury was not reported within 30 days following the injury.
7. Work stoppage first occurred more than 45 days following the injury.
8. The employee initially reported the injury after his or her employment had been terminated.
9. At the time of injury, the employee was enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, Work Study Programs or other similar group.

In the absence of these 9 reasons, do not withhold COP.





CHALLENGING THE CLAIM

- A challenge does not have an impact on continuation of pay. The claimant is entitled to COP despite an agency's challenge of a claim.
- The agency can challenge based on a deficiency in any of the five basics.
- Challenges will be reviewed and considered prior to adjudication of the claim.





CHALLENGING THE CLAIM

The agency should explain the basis for challenging the claim.

- The basis of an agency challenge is usually due to a discrepancy in the facts of the injury, or whether the claimant was within the performance of duty.
- It is the CE's responsibility to review the merits of a claim, and all statements and medical documentation will be reviewed prior to the issuance of a decision.
- The agency should provide evidence to substantiate their challenge.
 - Witness/Supervisor statements, investigation reports, maps, etc.
- Do not hold onto claim forms while investigating the claim or compiling evidence to substantiate the challenge. Indicate on the claim form that evidence will follow.





INITIAL CLAIM DEVELOPMENT

- The claims examiner will first determine which, if any, of the five basics have not been established
- Previously, claims examiners were required to allow at least 30 days for a response to initial development letters prior to denying a claim in accordance with 20 CFR 10.121.
- **Effective 03/07/2023**, 20 CFR 10.121 (and the FECA Procedure Manual) was formally amended in accordance with the National Defense Authorization Act (NDAA) such that prior to an initial claim being denied, **claimants will be allowed at least 60 days to submit evidence in response to an initial development letter.**



MORE ON NDAA

- Claimants are afforded a full 60 days to submit information from the date of our initial development letter on ALL claim types (including special claims, COVID claims) prior to the claims examiner issuing an initial denial.
- An interim letter is required in Traumatic Injury (including short form closure) and Basic OD cases.
- Regardless of the date of the interim letter, the 60 days period counts from the date of the initial development letter.





INITIAL CLAIM DEVELOPMENT

Common Information Requested from the Claimant:

- **Factual Development:** A statement that describes the events or exposure that he/she believes caused the condition claimed.
 - The CE must ensure that the facts of the case have been established. If necessary, development will be undertaken to resolve factual issues, including agency challenges.
- **Medical Development:** Medical evidence that supports a medical condition has been diagnosed and such condition resulted from the work-related incident or exposure.
 - Causal Relationship:
 - Visible Injury Cases
 - Simple Traumatic Injuries
 - All Other Claims





INITIAL CLAIM DEVELOPMENT

Common Information Requested by the CE:

- Information about whether the claimant was in performance of duty (i.e., a statement showing the claimant was on the premises, travel orders showing that the claimant was in travel status, a statement indicating that the agency supports a recreational activity, etc.).
- Factual clarification regarding an agency's challenge.
- Descriptions of specific exposure factors.
- Review and comment on specific claimant allegations, specifically in stress cases.
- Medical reports from the agency's dispensary and health unit.
- Medical evidence for asbestosis and hearing loss cases.





LACK OF RESPONSE FROM EMPLOYING AGENCY

If an employing agency fails to respond to a request for comments on the claimant's allegations, the CE may accept the claimant's statements as factual. However, acceptance of the claimant's statements as factual is not automatic in the absence of a reply from the agency, especially in instances where performance of duty is questionable.

- The Employees' Compensation Appeals Board has consistently held that allegations unsupported by probative evidence are not established. James E. Norris, 52 ECAB 93 (1999), Michael Ewanichak, 48 ECAB 354 (1997).
- An employee's statement alleging that an injury occurred at a given time and in a given manner is of great probative value and will stand unless refuted by strong or persuasive evidence. See, D.B., Docket No. 20-0797 (issued August 5, 2021).





COMPENSATION CLAIM DEVELOPMENT

- When a CA-7 is filed, the agency should ensure its portion is completed in its entirety.
- Accurate pay rate information is imperative in order to avoid delays.

OWCP-EA COMMUNICATION/ COLLABORATION: COMPENSATION



Obtaining accurate initial payrate information, work schedule, type of appointment (CA-7, CA-1/2).



Obtaining more complex pay information when applicable (irregular employment, clmt hadn't worked for at least 11 months, year-prior earnings, information needed for WEC/Shadrick, etc.



Updated CA-1030 for year-prior earnings: The simpler form is clearer and easier to complete.





COMPENSATION CLAIM DEVELOPMENT

Reporting Pay Rates

- Report salary information for:
 - (1) The date of injury (if an occupational disease, date of last exposure to the work factors that caused the injury), and
 - (2) The date the employee stopped work.
- Include premium pay information as well. If this is not easily accessible, please annotate on the CA-7 that information is pending so the CE is aware that the claimant is entitled to additional pays.
 - The CE will be able to pay the claimant based on base salary information while pending information on premium pays.
 - Once the agency receives the premium pay information, please provide it to the CE as quickly as possible so that the claimant's pay can be corrected.
- Report benefits information: Health Benefits, Life Insurance Codes, Retirement Codes



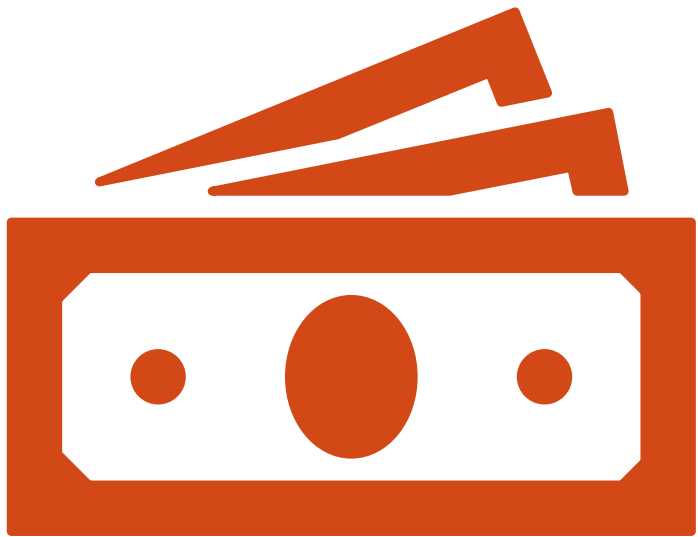
WAGE LOSS COMPUTATION

SECTION 8		Show Pay Rate as of	Additional Pay	Additional Pay	Additional Pay
Date of Injury:	Base Pay	Type	Type	Type	
Date: _____	\$ _____ per _____	Type _____	Type _____	Type _____	
Grade: _____	step: _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	
Date Employee Stopped Work:		Type	Type	Type	
Date: _____	\$ _____ per _____	Type _____	Type _____	Type _____	
Grade: _____	step: _____	\$ _____ per _____	\$ _____ per _____	\$ _____ per _____	

Additional pay types include, but are not limited to: Night Differential (ND), Sunday Premium (SP), Holiday Premium (HP), Subsistence (SUB), Quarter (QTR), etc. (List each separately)

- OWCP calculates a weekly pay rate for payment of compensation, based on information provided by the employing agency in Section 8 of Form CA-7.
- The CE is required to clarify any material discrepancies in the record before establishing a pay rate for compensation purposes.





EFFECTIVE PAY RATES

There are 3 types of effective pay rates to consider when processing compensation for wage loss:

- Date of Injury (DOI);
- Date that Disability Began (DDB); or
- Date of Recurrence (DOR), when disability recurs at least 6 months after return to regular full-time employment.





Date of Injury (DOI)

- If the claimant experienced a traumatic injury and stopped working on the date of injury or the next day following the injury, you would use the pay rate in effect on the date of the incident, or DOI pay rate (unless a Date of Recurrence pay rate applies).
- In an occupational disease claim, the date of injury is considered the date the claimant was last exposed to the factors claimed to cause the injury (i.e. the date before the day in which a letter carrier who is injured due to repeated walking is assigned to a sedentary job with no walking). DOI is not typically used as a pay rate for disability claims in occupational disease cases.



**DATE DISABILITY
BEGAN (DDB)**

Date Disability Began (DDB)

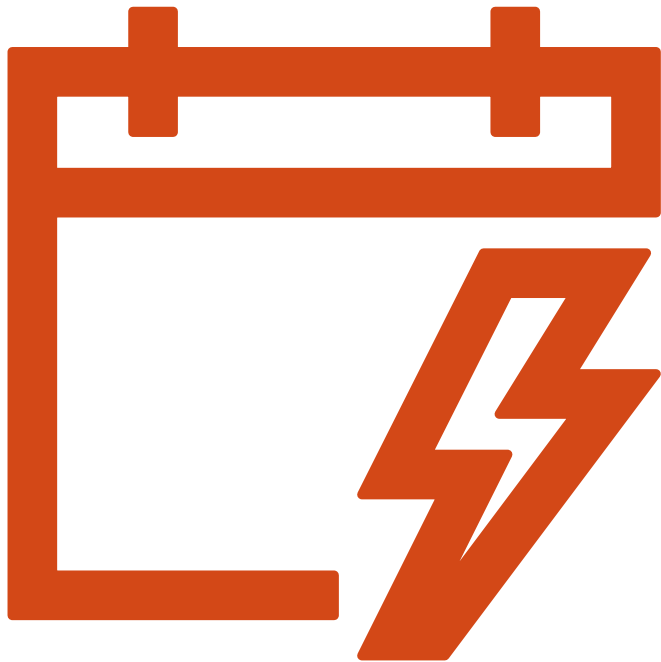
- If the claimant has experienced a traumatic injury and did not stop working on the day of or day after the injury, but stopped at a later date, compensation would be paid at the rate in effect when the work stoppage occurred, or the date disability began (unless a Date of Recurrence pay rate applies).



Date of Recurrence (DOR)

If the claimant experiences a subsequent work stoppage following a return to work, he/she may be entitled to a recurrent pay rate if the following are met:

- The claimant has returned to duty and stops work again due to the accepted work-related condition(s) six months or more after the original (or first) return to regular, full-time duty. This 6-month rule does not apply to subsequent recurrences of disability.
- The employment during the required 6-month period does not need to be continuous.
- The claimant does not have to be performing his or her full duty job. He or she may be performing limited duty work as long as it is "regular" work.



COMPENSATION CLAIM DEVELOPMENT

Variable Schedules

- If the claimant's employment included fluctuating shifts with consequent fluctuation in pay, the agency should provide earnings for the year prior to each effective pay rate date.
- Premium Pays, if irregular, should also be reported as year-prior amounts.
- **Common Mistake:** The agency provides an hourly pay rate and the average weekly hours worked one year prior to the effective pay rate date. It is NOT appropriate to multiply these numbers to obtain the weekly pay rate. The claimant's gross earnings for one year prior to the effective pay rate date must be provided.
- If an employee with a variable schedule did not work substantially the whole year, year prior earnings of a similarly situated employee will likely be needed. More information will be requested by the CE.





COMPENSATION CLAIM DEVELOPMENT

Schedule Awards

- When a claimant files a CA-7 for schedule award, and it is the first CA-7 filed, be sure to complete the CA-7 in its entirety.
- If no prior disability in a schedule award claim, the agency only needs to provide the pay rate as of the date of injury. In occupational disease cases, the pay rate would be the last date that the claimant was exposed to causal employment factors in a full-duty capacity.
- The CE will contact the agency if additional or different pay information is required to process the claim. In some cases, the pay rate effective date will not be fully established until the schedule award claim is further developed.
- If the claimant has evidence of impairment but is unable to submit a report, OWCP will schedule them for a second opinion evaluation.



SCHEDULE AWARD DEVELOPMENT

Required Medical Evidence:

- The medical evidence must show that the specified member, organ, or function has reached a permanent and fixed state, and indicates the date on which this occurred ("date of maximum medical improvement").
- Describe the impairment in sufficient detail so OWCP can visualize the character and degree of impairment.
- Provide a percentage evaluation of the impairment in terms of the affected member or function, not the body as a whole (except for impairment to the lungs), according to the 6th edition of the AMA Guide.



SCHEDULE AWARD DEVELOPMENT



- If the claimant requests a schedule award but has not submitted such evidence, the claimant should be requested to submit it.
- If the claimant's physician provides an impairment report, the case should be referred the District Medical Advisor (DMA) for review.
- If the claimant does not provide an impairment evaluation from his/her physician when requested, and there is an indication of permanent impairment in the medical evidence of file, the CE should refer the claimant for a second opinion evaluation.





SCHEDULE AWARD DEVELOPMENT

All schedule award cases, with the exception of those having a schedule award referee examination, must be sent to a DMA for final determination of the percentage impairment rating. This should include impairment evaluations where 0% impairment is assigned. It is the responsibility of the DMA to verify that the method of calculation used is correct and in accordance with the AMA Guides before a final determination on impairment can be issued.



Some scenarios post-DMA review:

- If the DMA believes that the impairment has not been correctly described by the claimant's physician or the second opinion examiner, the DMA should specify the missing information so that it can be requested. The response should then be routed back to the DMA for further opinion concerning impairment. If the missing information cannot be secured, a new or supplemental evaluation should be obtained.
- If the DMA and examining physician are in agreement as to the work-related permanent impairment, the schedule award should be processed.
- If the DMA provides a detailed and rationalized opinion in accordance with the AMA Guides, but the DMA does not concur with the claimant's physician's impairment rating, and the claimant has been provided an opportunity to submit the necessary evidence, the CE should weigh the medical opinions to determine if a conflict exists or whether the award can be paid based on the weight of medical evidence. See FECA PM 2-810 for a complete discussion on weighing medical evidence.
- If there was a second opinion examination, and the DMA provides a detailed and rationalized opinion in accordance with the AMA Guides but does not concur with the second opinion doctor's impairment rating, the CE should seek clarification or a supplemental report from the second opinion examiner. After receiving clarification, the CE should refer the case back to the DMA for review.
- If after reviewing the reports it is determined a conflict of medical opinion exists between the DMA and the claimant's physician regarding work-related impairment, the CE should refer the claimant for an independent medical examination with a referee examiner to resolve the conflict. See FECA PM 2-0810 and 3-0500.



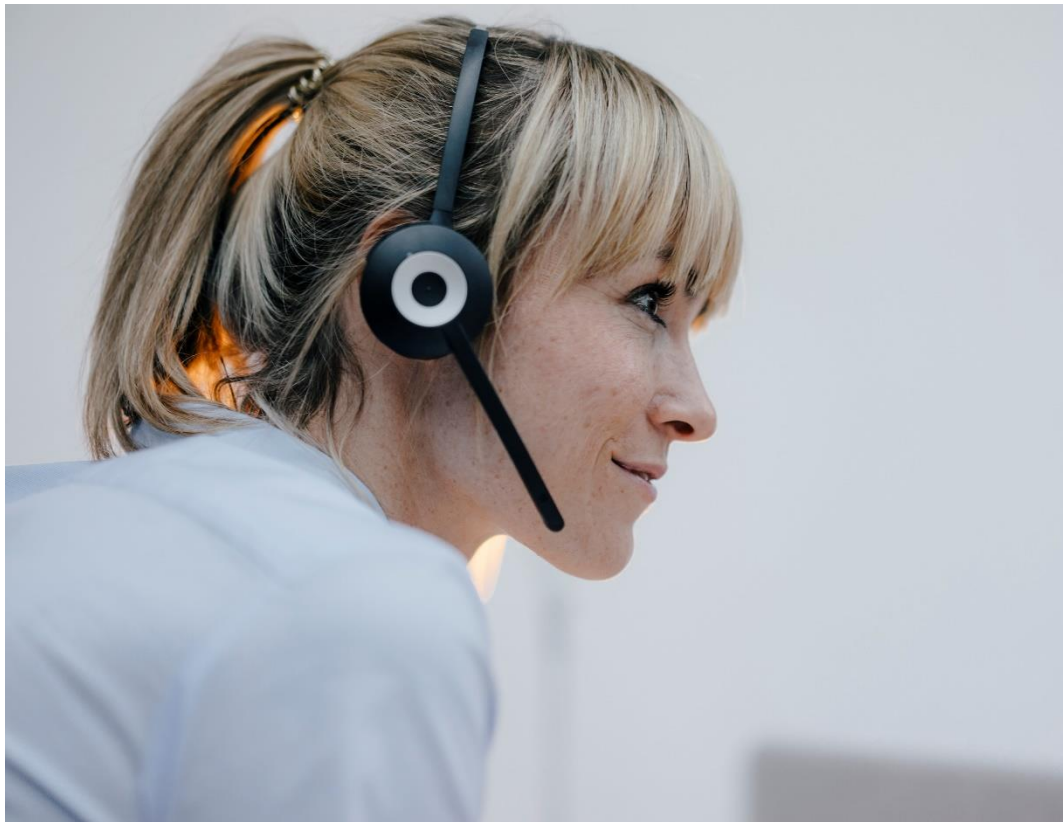


DISABILITY MANAGEMENT

- The claims examiner is responsible for ensuring that benefits are promptly paid, and helping claimants return to duty as soon as possible in order to minimize the period of disability.
- Nurse case managers and vocational rehabilitation counselors also assist in promptly returning claimants to medically appropriate work.



OWCP-EA COMMUNICATION/COLLABORATION: DISABILITY MANAGEMENT



- Prompt notification of RTW;
- Job Offers: Requirements/restrictions are clearly defined within the offer; timely suitability determination; timely development if acceptable refusal;
- Once clmt RTW, ensure restrictions (if any) are upheld (work with Field Nurse);
- Recurrences: Ensuring all parties understand definition; on same page re: lesser evidentiary burden in scenarios where alleged recurrence has occurred within 90 days (medical recurrence within 90 days of release from care; disability recurrence within 90 days of RTW).





Effective and efficient communication during the disability management phase is crucial.

The CE works with all parties involved to address and resolve issues hindering return to work.

The CE is also obligated to ensure that benefits do not continue after the effects of the work-related condition have ceased.

DISABILITY MANAGEMENT

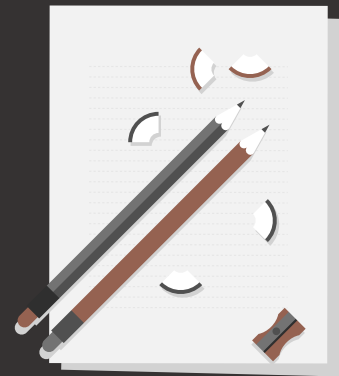
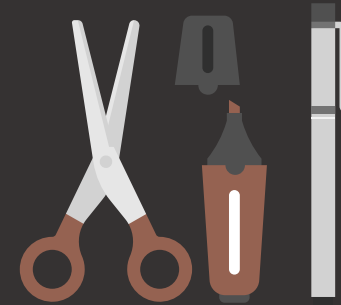




DISABILITY MANAGEMENT

Return to Work

- When the claimant returns to work, the agency should advise OWCP immediately (via submission of Form CA-3) to avoid overpayments.
- Return to work information can also be provided on the CA-7 form. Please report not only the return to work date, but whether the return to work is full-duty, light-duty, full-time, or part-time.
- If the claimant is working light-duty, the agency should provide a copy of the written light-duty job offer to the CE.





DISABILITY MANAGEMENT

Nurse Services: Assignment of telephonic and field nurses to assist with case management.

- Medical treatment scheduling/obtaining authorization;
- Works with employer on suitable limited/light duty.

Vocational Rehabilitation Services

- To assist with return to federal agency or new employer;
- Assesses the need for training or preparation needed for reemployment;
- Job search/interviewing assistance;
- Cooperation is mandatory under the statute and a claimant's wage loss benefits will be reduced for non-cooperation;
- Housing and vehicle modifications for severely disabled claimants.





DISABILITY MANAGEMENT

Agency Support

- Advise employee of his/her responsibility to submit medical evidence.
- Monitor IW's duty status and prospective date of RTW.
- If alternative positions are available for a partially disabled employee, advise IW in writing of specific duties and physical demands.

JOB OFFERS

Job offer must be in writing and include following information:

- a) Description of specific job duties to be performed;
- b) Specific physical requirements of position, and any special demands or unusual working conditions;
- c) Schedule (including telework);
- d) Organizational and geographical location;
- e) Provide pay information including grade, step, and salary;
- f) Date job is first available;
- g) Date by which a response to job offer is required.





DISABILITY MANAGEMENT

- Where no alternative position is available with current restrictions, continue to monitor the medical condition and advise IW of any accommodation(s) the agency can make.
- If the claimant's work status has changed (from light-duty to full-duty, from light-duty to completely off work), immediately contact the CE to advise of the change in work status.
- If the claimant has retired, resigned, or been terminated for cause, immediately contact the CE to advise of these types of work status changes.
 - Provide CE a copy of the most recent SF-50 showing change in status.
 - If termination for cause, also provide the CE with documentation that details the basis for the termination.



DISABILITY MANAGEMENT INTERFACE (DMI)

The DMI is a component of ECOMP Agency Reviewer Imaging (ARI) which allows an Agency Reviewer (AR) to submit requests for case management actions in disability cases.

An AR may use DMI to:

- Report an injured worker's (IW) refusal of a job offer and request a suitability determination by the claims examiner (CE);
- Report that an IW has not returned to work after a job offer has been found suitable (after reporting job offer refusal via DMI);
- Report that an IW has not returned to work after a 15-day letter has been issued regarding a job offer;
- Request that the CE ask for updated medical evidence for the case (case must be in PN, PR or OP status).

DISABILITY MANAGEMENT INTERFACE (DMI)

Use DMI to report No Return to Work after 15-Day Letter, No Return to Work after Job Found Suitable, or Job Offer Refusal, or to Request Updated Medical Evidence.

[Exit Case](#)

CASE 550193276

Agency: 0000-XX - XX ECOMP TEST (DO NOT USE), OWCP TEST ONLY - OWCP TEST AG...	Name: NOT A CLAIM
Adjudication Status: AP - 06/07/2022 - Accepted - Periodic Roll Payment	Master:
Current Case Status: PR - 06/07/2022 - Payment on Periodic Roll	SSN:
Conditions Accepted: ICD10 - S8391XA - Sprain of unspecified site of right knee, initial encounte	

[View More +](#)

[Pharmacy Benefits](#)

[Bill Pay Inquiry](#)

[Get My Prescription Card](#)

CASE HISTORY
COMP. PAY HISTORY
CE-LINQ LETTERS
CASE IMAGING

CASE DOCUMENTS

[UPLOAD DOCUMENT](#)

[SET REMINDER](#)

[DISABILITY MANAGEMENT](#)

[EXPORT QUEUE](#)

Authored Date Received Date

Filter By Date: Start

(mm) (dd) (yyyy)

Filter By Date: End

(mm) (dd) (yyyy)

[Clear Date Filter](#)

Favorites Only (0)

[+](#) DECISION (2)

[+](#) FISCAL (0)

Export	Fav	Subject	Category	Authored	Received
<input type="checkbox"/>		Prescription Auth	OUTGOING COR	06/09/2022	06/09/2022
<input type="checkbox"/>		Second Opinion	MEDICAL AND SC	02/15/2021	06/07/2022
<input type="checkbox"/>		Other	MISC	11/19/2020	05/26/2022
<input type="checkbox"/>		SOAF	MEDICAL AND SOAF	11/19/2020	05/26/2022
<input type="checkbox"/>		Memos to File	MISC	10/15/2020	05/26/2022
<input type="checkbox"/>		Reports-Field Nurse	NURSE	07/31/2020	05/26/2022
<input type="checkbox"/>		Reports-Field Nurse	NURSE	06/30/2020	05/26/2022

NO RTW AFTER 15 DAY LETTER

NO RTW AFTER JOB FOUND SUITABLE

REPORT JOB OFFER REFUSAL

REQUEST UPDATED MEDICAL EVIDENCE

Communication system:

- Claims Examiner's inquiries will reach Agency Reviewers immediately.
- Responses will be transmitted to the Claims Examiner in near real time.
- View your responses under either Case Imaging or CE-LinQ Letters

CE-LINQ

CASE 252122909

Agency: 0000-X4 - XX ECOMP TEST (D... Name: PHYLLIS MARIE TESTCASE
Adjudication Status: AP - 03/13/2000 - Accepted - ... Master:
Current Case Status: PR - 03/13/2000 - Payment o... SSN: ●●●●-●●●●
Conditions Accepted: [View More +](#)

[Exit Case](#)

[Pharmacy Benefits](#)

[Bill Pay Inquiry](#)


[Get My Prescription Card](#)

CASE DATA

COMP. PAY HISTORY

CE-LINQ LETTERS




CASE IMAGING

Overdue Tasks (8) 

Open Tasks (10)

Completed Tasks (27)


No Response Required (2)

Task Type	Task Due Date	Task Created	Claimed By	Primary Recipient
Job Offers/Return to Wo...	03/15/2021 	03/01/2021	UAT AR, Twin	Agency
Initial Development	05/14/2021 	04/14/2021	Testa, Aaron	Agency
Conference	04/29/2021 	04/14/2021	UAT AR, Twin	Agency

CE-LINQ: Claim Task

[Exit Case](#)

CASE 252122909

Agency: 0000-X4 - XX ECOMP TEST (D... Name: PHYLLIS MARIE TESTCASE
Adjudication Status: AP - 03/13/2000 - Accepted - ... Master:
Current Case Status: PR - 03/13/2000 - Payment o... SSN: 
Conditions Accepted: [View More +](#)

[Pharmacy Benefits](#) 

[Bill Pay Inquiry](#) 

[Get My Prescription Card](#)

CASE DATA

COMP. PAY HISTORY

CE-LINQ LETTERS



CASE IMAGING

Overdue Tasks (8) 

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Completed Tasks (27)

No Response Required (2)

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Job Offers/Return to Wo...	03/15/2021 	03/01/2021	UAT AR, Twin	Agency
Initial Development	05/14/2021 	04/14/2021		Agency

[Mark As Unread](#)

SAVE PDF

VIEW


CLAIM TASK

CE-LINQ: Respond to Task

[Exit Case](#)

CASE 252122909

Agency: 0000-X4 - XX ECOMP TEST (D... Name: PHYLLIS MARIE TESTCASE
Adjudication Status: AP - 03/13/2000 - Accepted - ... Master:
Current Case Status: PR - 03/13/2000 - Payment o... SSN: ●●●●●●●●●●●
Conditions Accepted: [View More +](#)

[Pharmacy Benefits](#) 

[Bill Pay Inquiry](#) 

[Get My Prescription Card](#)

CASE DATA

COMP. PAY HISTORY

CE-LINQ LETTERS






CASE IMAGING

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No Response Required (2)

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Initial Development	05/14/2021 	04/14/2021	Testa, Aaron	Agency
Mark As Unread				
SAVE PDF VIEW COMPLETE ACTION 				
Conference	04/29/2021 	04/14/2021	UAT AR, Twin	
Reconsideration	05/04/2021 	04/14/2021	Pham, Tram	

RESPOND TO TASK

SET REMINDER

RELINQUISH TASK



CE-LinQ: Respond to Task

Respond to Task for Case 252122909

Organization: Enabled forms: CA7 << NEVER EDIT THIS ORG>>

Date of Birth: 10/20/1970

Last Name: TESTCASE

Date of Injury: 03/13/2000

SET REMINDER

Task claimed 04/14/2021 by Twin UAT AR
Response completed 04/15/2021 by Twin UAT AR
Relinquished 03/10/2022 by Twin UAT AR
Task claimed 06/27/2022 by Aaron Testa

Quick Answer



Enter case response notes

Document Upload



Max file size is 5MB

Limit number of pages to 20 per document

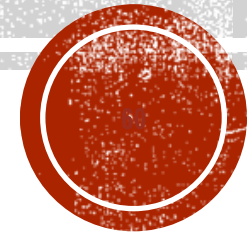
Allow 4 hours for processing

Upload one document at a time. Each upload is assigned a Document Control Number (DCN). Uploads will be converted to black-and-white.

Accepted file formats: jpeg, jpg, gif, png, txt, tif, tiff, rtf, pdf, doc, docx



CHOOSE A FILE



ECOMP User Help Videos

<https://www.ecomp.dol.gov/#/help>



UNITED STATES DEPARTMENT OF LABOR
ECOMP

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DOCUMENTS

HELP

How can we help?

The Employees Compensation Operations & Management Portal

In order to provide you with the most relevant help
please identify your user role to proceed



FECA Claimant
Injured Worker



**Agency
Maintenance
User**
AMU



**Agency
Reviewer**
AR



**OSHA Record
Keeper**
ORK



Supervisor



STAKEHOLDER RESOURCES

- Telephone Inquiries: (202) 513-6860
(Monday-Friday, 9:30am to 6:30pm, ET)
- FECA Main Page:
<https://www.dol.gov/agencies/owcp/dfec/>
 - About Us
 - Latest News
 - Laws & Related Materials
 - Forms
 - Contact Info
 - Links to other resources (ECOMP, filing statistics, etc.)



INJURY COMPENSATION BASIC TRAINING

Instructor-Led Online Training

Instructor-Led Online Training is a 3-day online training conducted via WebEx. A training certificate will be awarded upon completion.

- Sign up: [Enrollment Form](#) (New form. Enrollment is first come, first serve)
- Submit questions about training to OWCP-DFEC-WDC-TRAINING-REQUESTS@dol.gov

Training will be held on the following dates from **10 a.m. to 12 p.m.** and **1 p.m. to 4 p.m.** (Eastern Standard Time):

Instructor-Led Online Training Schedule

Fiscal Year	Training Dates	Enroll By Date	Capacity
2023	05/23 - 05/25/2023	04/28/2023	Full
2023	08/22 - 08/24/2023	07/31/2023	Available
2023	11/14 - 11/16/2023	10/31/2023	Available

<https://www.dol.gov/agencies/owcp/FECA/icstraining>

Self-Paced Training

The below modules were designed to provide self-instructional training for Injury Compensation Basic Training. The modules may be used in addition to the virtual training conducted by the Branch of Technical Assistance and offer users a variety of topics to choose from relating to the filing, adjudication and management of claims under the Federal Employees' Compensation Act (FECA).





QUESTIONS?

