TSA MD 1100.00-6 Handbook

Workers’ Compensation Program

Effective: July 2, 2009
This Handbook and all related Attachments and/or Appendices contain stipulations to implement the provisions of TSA MD 1100.00-6, Workers’ Compensation Program. Until such time as TSA MD 1100.00-6 is rescinded, the Management Directive, Handbook, and any Attachments or Appendices are considered TSA policy, and must be applied accordingly.

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A. DEFINITIONS

1. Claimant: For purposes of this directive, the term refers to any current or former employee who has filed a claim for workers’ compensation benefits due to a work-related injury or occupational disease.

2. Claims Examiner: A DOL/OWCP official with authority to administer, interpret, and enforce the provisions of the Federal Employees’ Compensation Act (FECA).

3. Continuation of Pay (COP): The continuation of an employee’s regular pay for up to 45 calendar days of wage loss due to disability and/or medical treatment, after a traumatic injury.

4. Controversion: An agency’s objection to paying COP for one of the reasons provided by regulation.

5. Department of Labor/Office of Workers’ Compensation Program (DOL/OWCP): Administers four major disability compensation programs that provide wage replacement benefits, medical treatment, vocational rehabilitation, and other benefits to certain workers, including federal employees or their dependents, who experience a work-related injury or occupational disease.

6. Disability: For purposes of this Handbook, the incapacity, because of an employment injury, to earn the wages the employee was receiving at the time of injury. It may be partial or total.

7. Employee: For purposes of this directive, the term “employee” refers to all current and former TSA employees.

8. Light Duty: Temporary adjustment to job functions that may be offered to employees who have temporary injuries or medical conditions that did not occur on the job or when a CA-2 has been filed and is pending adjudication by DOL/OWCP.

9. Limited Duty: Temporary adjustment or modification to job functions that may be offered to employees with medical restrictions for injuries or illnesses that occur on the job and are therefore considered work-related when a CA-1, Federal Employee’s Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation or a CA-2, Federal Employee’s Notice of Occupational Disease and Claim for Compensation, has been filed and approved by DOL/OWCP.

10. Nurse Case Manager (NCM) Program: A program in which nurses provide medical case management for employees with work-related injuries and illnesses, while ensuring quality care and providing a safe return to work.
11. **Occupational Disease**: A condition produced by the work environment over a period longer than one work day or shift. The condition may result from infection, repeated stress or strain, repeated exposure to toxins, poisons, fumes, or other continuing conditions of the work environment. The length of exposure, not the cause of the injury or the medical condition which results, determines whether an injury is traumatic or occupational. For instance, if an employee is exposed to toxic fumes for one day, the incident is considered a traumatic injury. If the employee is exposed to toxic fumes for two or more days, the incident is considered an occupational disease.

12. **Recurrence**: A spontaneous return or increase of disability due to a previous work-related injury or occupational disease without intervening cause or a return or increase of disability due to a consequential injury. A recurrence of a medical condition is defined as a documented need for further medical treatment after release from treatment for the accepted condition but with no accompanying work stoppage.

13. **Schedule Awards**: Compensation provided for specified periods of time for the permanent loss, or loss of use, of each of certain members, organs, and functions of the body.

A. **Sensitive Personally Identifiable Information (PII)**: Personally identifiable information, which if lost, compromised, or disclosed without authorization, could result in substantial harm, embarrassment, inconvenience, or unfairness to an individual. Complete social security numbers (SSN), alien registration numbers (A-number), and biometric identifiers (such as fingerprint, voiceprint, or iris scan) are considered Sensitive PII even if they are not coupled with additional PII. Additional examples include any grouping of information that contains the individual’s name or other unique identifier plus one or more of the following elements:

1. Driver’s license number, passport number, or truncated SSN (such as last-4 digits);
2. Date of birth (month, day, and year);
3. Citizenship or immigration status;
4. Financial information such as account numbers or Electronic Funds Transfer information;
5. Medical information; and
6. System authentication information such as mother’s maiden name, account passwords, or personal identification numbers (PINs).

14. **Traumatic Injury**: A wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable by time and place of occurrence and member of the body affected. The injury must also be caused by a specific event or incident, or series of events or incidents, within a single day or work shift. Traumatic injuries also include damage to or destruction of prosthetic devices or appliances, including eyeglasses, contact lenses, and hearing
aids, if they were damaged incidental to a personal injury requiring medical services.

15. Vocational Rehabilitation: Rehabilitation services for employees who sustain a permanent work-related disability, which has resulted in their inability to continue the work they performed when the injury occurred, thereby resulting in compensation from DOL/OWCP. The process may include interviews, counseling, testing, work evaluations, and vocational training.

16. Workers’ Compensation Coordinator (WCC): A person designated by a Federal Security Director (FSD), Assistant Administrator (AA), or Special Agent In-Charge (SAC) to attend to the duties and responsibilities of the Workers’ Compensation Program (WCP).

17. Workers’ Compensation Program (WCP) Office: The TSA office within the Office of Human Capital (OHC), Employee Relations Division, responsible for the overall program management and administration of the TSA Workers’ Compensation Program. This office provides technical advice, guidance, and program support to supervisors, managers, and WCCs regarding program requirements and compliance with FECA.

B. EMPLOYEE BENEFITS

FECA provides benefits for civilian federal employees who suffer from work-related injuries or occupational diseases and is administered by DOL/OWCP. Workers’ Compensation is paid from the Employees’ Compensation Fund, which DOL/OWCP administers. Each year, TSA reimburses the Fund for the amounts paid to its employees in workers’ compensation benefits during the previous year.

(1) Employees may be entitled to the following benefits:

(a) COP for the period of the disability, up to a maximum of 45 calendar days for traumatic injuries only. TSA will continue the employee’s regular pay during any periods of resulting disability up to the maximum 45 calendar days for most employees who sustain a traumatic injury, with supporting medical documentation;

(i) An eligible employee has the right to elect COP or to use annual leave or sick leave for this period. Such pay is subject to taxes and all other usual payroll deductions; and

(ii) If an employee elects COP and the claim is subsequently denied, the employee may choose to have the time charged to sick or annual leave or considered an overpayment of pay, which is subject to collection by the agency. See section C (1) (c) for more information.
(b) Compensation for wages lost as a result of job-related injury, disease or illness;

(c) Medical care, generally not preventative care, including examination, treatment, and related services such as medication, hospitalization, as well as transportation needed to secure services, and approved durable medical supplies, for medical conditions arising from:

(i) Personal injuries sustained while in the performance of duty; or

(ii) Diseases proximately caused, aggravated, or accelerated by federal employment.

NOTE: FECA guarantees the employee the right to an initial choice of physician. The employee is entitled to receive all medical services, appliances, or supplies that a qualified physician prescribes and DOL/OWCP determines necessary to treat the injury. For continued payment of medical expenses by DOL/OWCP, a change of the employee's initial choice of physician is permitted only with prior DOL/OWCP approval. Referrals for further examination, testing, or medical care by the physician designated on the DOL Form CA-16, Authorization of Examination and/or Treatment, are covered.

(d) Vocational rehabilitation;

(e) Schedule Awards for permanent impairment or loss of use of specified members, functions, and organs of the body. Payment is made for a specified number of days or weeks according to the severity of the impairment; and

(f) Payment of benefits to dependents of an employee whose death resulted from a work-related injury or occupational disease or illness, and payment of certain burial expenses subject to the provisions of 5 U.S.C. § 8134.

(2) Eligibility for benefits. FECA coverage is extended to federal employees regardless of the length of time on the job or the type of position held. DOL may not approve the payment of benefits if injury or death is caused by willful misconduct of the injured employee, the intent to bring about the injury or death of oneself or another, or by intoxication of the injured employee.

(3) Sole Remedy. Benefits provided under FECA constitute the sole remedy against the United States for a work-related injury or death. A federal employee or surviving dependent is not entitled to take legal action against the
United States, or recover damages for such injury or death under any other statute.

(4) Withdrawals of Claims. An employee may withdraw his/her claim (but not the notice of the injury), in writing to DOL/OWCP, at any time before DOL/OWCP determines eligibility for benefits. If COP is granted and the claim is withdrawn, the employee may choose to have the time charged to sick or annual leave or considered an overpayment, which is subject to collection by the agency.

(5) Waiver of Compensation Rights. An employee or other claimant may not be required by TSA to enter into any agreement, either before or after an injury or death, to waive his/her right to claim compensation under FECA. No waiver of compensation rights shall be valid.

C. WHEN EMPLOYEES SUFFER A TRAUMATIC WORK-RELATED INJURY

Employees should immediately notify their supervisors if they suffer a work-related injury or disease. The supervisor will ensure that appropriate medical care is provided and utilize the TSA First Report of Injury Hotline, 1-866-872-5628 to report all incidents involving a potential work-related injury (this does not apply to OLE/FAMS). The employee’s supervisor will investigate the reported work-related injury and immediately notify the WCC. If the injury requires immediate medical attention or is life threatening, the supervisor will ensure that someone calls 911.

(1) In case of a traumatic injury, employees will be advised of the following:

(a) The option to apply for FECA benefits by completing and signing a Form CA-1, Federal Employee’s Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, (the form may be completed and signed by an employee representative if the employee is incapacitated). If the employee completes the form, it should be given to the supervisor immediately, but not later than 10 calendar days after the date of injury. To maintain COP eligibility, the claim must be submitted to the supervisor within 30 days from the date of the injury;

(b) The right to choose an attending physician;

(c) The right to elect COP for up to 45 calendar days if time loss will occur. COP is paid as salary and is subject to the usual payroll deductions, such as those made for income taxes and retirement;

(i) To be eligible, the employee must provide the supervisor with medical evidence of a disabling traumatic injury within 10 calendar days of claiming COP;
(ii) TSA may discontinue paying COP for the following reasons:

- The employee does not provide medical evidence of a disabling traumatic injury within 10 calendar days of claiming COP (however COP may be reinstated if evidence is provided at a later date);

- An employee’s physician has found him/her to be partially disabled and the employee refuses suitable work, or fails to respond to the job offer;

- The employee’s scheduled period of employment ends, or employment otherwise ends, provided the period of employment or date of termination is set before the injury occurs; or

- Employment ends due to disciplinary action in situations where preliminary written notice of removal, such as a notice of proposed removal, or other action was issued to the employee before the injury occurred and the removal or other action became final during the COP period.

(iii) The supervisor will advise the employee if the COP will be controverted, and if so, whether the pay will be terminated. The reason for controverting a claim will be indicated on the Form CA-1. See below for examples of reasons that COP can be controverted:

- The disability is due to an occupational disease or illness;

- The injury occurred off the employer’s premises and the employee was not engaged in authorized “off premises duties”;  

- The injury was caused by the employee’s willful misconduct; or by the employee’s intent to bring about the injury or death of himself/herself or another person; or by the employee’s intoxication by alcohol or illegal drugs;

- The injury was not reported on a DOL/OWCP-approved form (Form CA-1) within 30 days after the injury;

- The employee first stopped work more than 45 days after the injury;
• The employee first reported the injury after employment ended.

(iv) If an employee elects COP and the claim is subsequently denied, any COP granted to the employee must be charged to sick leave or annual leave, or Leave Without Pay (LWOP), at the employee’s discretion. If the employee does not advise management of the type of leave to be used, the absence will be charged to LWOP. Any COP hours charged to LWOP will result in a debt to the agency, which will need to be liquidated by the employee; and

(v) An employee who cannot return to work when COP ends or who is not entitled to receive COP may claim compensation for wage loss on the Form CA-7.

(d) The right to elect annual or sick leave in lieu of COP;

(i) An employee may use accrued and accumulated annual or sick leave to his/her credit to cover all or part of an absence due to an injury;

(ii) An employee may not apply for or receive leave donations under the Voluntary Leave Transfer Program (VLTP) while eligible to receive and/or receiving COP;

(iii) If an employee elects to use sick or annual leave, each full or partial day for which leave is taken will be counted against the 45 calendar days of COP entitlement;

(iv) The use of annual or sick leave does not extend the 45-day COP period, which begins with the first period of time lost after the day or shift when the injury occurred;

(v) Annual and/or sick leave use is limited to the amount the employee has accrued and accumulated. Employees may not be granted advance annual or sick leave for use during the 45-day COP entitlement period;

(vi) An employee may retroactively request to substitute COP for sick and/or annual leave used during the 45-day COP entitlement period, subject to leave carryover provisions. Substitution of COP for sick and/or annual leave used will not result in automatic restoration of any forfeited leave. However, such a request must be made within one year of the date the
leave is used, or within one year of the date DOL/OWCP approves the claim, whichever is later;

(vii) An employee who elects to use sick or annual leave during the 45-day period in which COP is available is not entitled to buy back that leave with later compensation payments;

(viii) Pay that is attributable to the leave period is subject to taxes and other usual payroll deductions;

(ix) An employee may use sick or annual leave after the COP period expires or during a period of disability due to an occupational disease or illness. In such cases, the employee may be entitled to buy back the sick or annual leave that was exhausted during the adjudication period. Once the claim has been accepted by DOL/OWCP, further leave buy back requests will not be authorized. The buy-back must be initiated within one year of the return to work, or within one year of the date DOL/OWCP approves the claim, whichever is later. Only current TSA employees may buy back leave; and

(x) An employee who is in a LWOP status beyond the 45-day COP entitlement period awaiting final determination from DOL may apply to and be approved for the VLTP. Employees may not buy back or receive retroactive compensation for leave donations received and used under the VLTP.

(e) Approval or disapproval of leave related to the injury; and

(f) The need for the employee to submit medical documentation of disability within 10 calendar days of each medical appointment, or risk termination of COP.

(2) The WCC will verify that the incident was called into the NCM Hotline and conduct a WCP Orientation with the newly injured employee.

D. **CLAIMS PROCESSING**

To claim benefits under FECA, an employee who sustains a work-related injury must give notice of the injury in writing to TSA’s WCP Office, which will forward the notice to OWCP for handling and adjudication, meet the five basic requirements, and provide evidence to support the claim.

(1) Forms: There are a number of forms used to file claims for specific types of injuries, illnesses, diseases, and death. The most common types of claims are for traumatic injuries and occupational diseases or illnesses, which can both be filed using the CA-1 and CA-2 electronic filing system. Claims for
recurrence of injury and death must continue to be filed using paper forms and manual processes. For a complete listing of appropriate forms used in the workers' compensation process, please visit the following website: http://www.dol.gov/esa/regs/compliance/owcp/forms.htm.

(a) Form CA-1, Federal Employee’s Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation is used to report a traumatic injury;

(i) In order to protect an employee’s own interests and to ensure uninterrupted income, he/she should give notice or have someone give notice on his/her behalf, immediately after the traumatic injury occurs, but no later than the end of the employee's workshift;

(ii) The employee should carefully follow the instructions attached to the form and file it within 30 calendar days of the injury. Failure to give written notice on the Form CA-1 within 30 calendar days from the date of the injury may result in a loss of entitlement to COP; and

(iii) FECA requires that written notice of a traumatic injury be given by the employee, or a person acting on behalf of the employee, within three years of the injury. Failure to provide notice within this timeframe may result in loss of compensation entitlement.

(b) Form CA-2, Notice of Occupational Disease and Claim for Compensation, is used to report an occupational disease or illness;

(i) In order to protect his/her own interests, employees should give notice or have someone give notice on their behalf, immediately after they become aware of the causal relationship between the disability and the claimed condition;

(ii) The employee should carefully follow the instructions attached to the form and file it within 30 days of the date the employee became aware the disease or illness was caused or aggravated by the employment;

(iii) There is no initial authorization for medical care e.g. (CA-16), or COP. The employee is encouraged to utilize his/her FEHB and sick/annual leave or LWOP while the claim is being adjudicated by OWCP.
(c) Form CA-35 (a)–(h), Evidence Required in Support of a Claim for Occupational Disease, provides additional information to assist with the adjudication process, and should be forwarded to DOL/OWCP once a case number has been assigned;

(i) FECA requires that written notice of an occupational disease or illness sustained as a result of exposure to employment factors, must be filed within three years of the onset of the condition. In cases of latent disease, the time for filing the claim does not begin to run until the employee is aware, or reasonably should have been aware, of the causal relationship between the disease and the employment; and

(ii) Failure to provide notice within these timeframes may result in loss of compensation.

(d) Form CA-2a, Notice of Recurrence, is used to report a recurrence of an injury that renders the employee unable to work. The form should be filed even if the recurrence occurs while TSA is paying COP. The employee must submit the factual and medical evidence noted in the instructions on the form. If the recurrence is related to the original injury, the employee may be entitled to medical treatment and compensation. A Notice of Recurrence form is appropriate under the following circumstances:

(i) The employee has returned to work and the inability to work is caused by a spontaneous change in a medical condition that has resulted from a previous injury or illness without an intervening injury or new exposure to the work environment that caused the illness;

(ii) A limited duty assignment made specifically to address an employee’s physical restriction due to his/her work-related injury or illness is withdrawn and the employee is unable to work. In circumstances where a Limited Duty Assignment is withdrawn for reasons of misconduct, performance deficiencies, or an involuntary workforce reduction, the WCC must communicate with the designated OWCP claims examiner and provide all supporting documents; and

(iii) A spontaneous increase of disability requires filing a new form CA-2a. However, an investigation into all of the facts surrounding the new disability must take place to determine that no new injury was suffered by the employee. If the investigation findings reveal a new injury, the employee should file an appropriate new claim form.
A specific time limit for giving the notice of recurrence is not specified in FECA, however, any recurrence should be reported by the employee if it causes the employee to lose time from work and incur a wage loss or if the employee experiences a renewed need for treatment after previously being released from physicians care.

(e) Form CA-5, Claim for Compensation by Widow, Widower and/or Children, or Form CA-5b, Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren, should be used by or on behalf of those parties to report a death from either a traumatic injury or occupational illness. The forms are also used to claim benefits. The completed form should be submitted to the employee’s supervisor and/or the responsible WCC, or submitted directly to DOL/OWCP. The timeliness of filing these forms is subject to the following requirements:

(i) For deaths that occurred on or after September 7, 1974, a notice of death must be filed within three years of the death;  

(ii) In cases of death due to latent disability, the time for filing the claim does not begin to run until the survivor is aware, or reasonably should have been aware, of the causal relationship between the death and the employment; and  

(iii) The filing of a notice of injury or occupational disease will satisfy the time requirements for a death claim as a result of the same injury or disease.

(f) Form CA-6, Official Superior’s Report of Employee’s Death, must be completed when an employee dies as a result of injury in the performance of duty or because of an employment-related disease. The following procedures apply in reporting the work-related death of an employee:  

(i) The responsible WCC should notify the OHC, WCP Regional Workers’ Compensation Specialist in the event of an employee’s death occurring in the performance of duty;  

(ii) The responsible WCC shall immediately report a death due to a work-related traumatic injury or occupational disease to DOL/OWCP by email, telephone, or facsimile;
(iii) The supervisor shall complete and send the Form CA-6 to DOL/OWCP within 10 calendar days of knowledge of the employee’s work-related death; and

(iv) A certified copy of the employee’s death certificate should accompany the completed Form CA-6 whenever possible.

(g) Form CA-7, Claim for Compensation, must be completed to claim compensation if: (1) medical evidence shows disability is expected (and is not covered by COP in traumatic cases); (2) the injury has resulted in permanent impairment involving the total or partial loss, or loss of use, of certain parts of the body or serious disfigurement to the face, head, or neck; or (3) loss of wage-earning capacity has resulted.

(i) The form should be completed by the employee or someone acting on the employee’s behalf, the supervisor, and the attending physician (on an attached Form CA-20, Attending Physician’s Report);

(ii) In traumatic injury cases, the form must be completed and filed with DOL/OWCP not more than five workdays before the termination of the 45 days of COP, or within 10 days following termination of pay. In occupational disease cases, the form should be submitted as soon as pay stops; and

(iii) Completed forms should be sent to the supervisor, by the employee or someone acting on the employee’s behalf, and then to the WCC, who will send it to the appropriate DOL/OWCP office.

(2) Evidence Required to Support a Claim: Forms CA-1, CA-2, CA-5 and CA-5b describe the basic evidence required. DOL/OWCP may send requests for additional evidence to the claimant, his or her representative, and/or the employing agency.

(a) Employees should submit evidence, in writing, in support of their claim to DOL/OWCP with a copy forwarded to the responsible WCC. The evidence submitted should be reliable, probative, and substantial; and

(b) When requested, supervisors (through the WCC) must submit evidence required to support or refute an employee’s claim in writing to DOL/OWCP within the time period given, or within 30 calendar days from the date of request, whichever is earlier.
(3) Basic Requirements: An employee filing a workers' compensation claim under FECA must establish the following five requirements to meet his or her burden of proof as follows:

(a) The claim must be filed within the time limits specified by FECA;

(b) The injured person must be an employee of the United States, as defined in 5 U.S.C. 8101(1), at the time of injury;

(c) The claim that an injury, disease, or death occurred must be based on factual evidence;

(d) The injury must have occurred while the employee was in the performance of duty, and the disease or death must have been related to the performance of duty; and

(e) The medical condition for which compensation or medical benefits is claimed must be causally related to the claimed injury, disease, or death.

(4) Adjudication Process: The following information applies to the adjudication of claims filed under FECA:

(a) TSA does not have the right to actively participate in the DOL/OWCP claims adjudication process;

(b) TSA will submit, from all sources, all relevant and probative factual and medical evidence in its possession or evidence it may acquire through investigation or other means, to DOL/OWCP, at any time throughout the life of the claim;

(c) DOL/OWCP will consider and act upon all evidence submitted by TSA and will inform the claimant, the claimant's representative, and TSA of such action; and

(d) In those instances where TSA contests a claim at the time of the initial submission and the claim is subsequently approved, DOL/OWCP must notify TSA of the rationale for approving the claim.

(5) Agency Challenges: If TSA has reason(s) to dispute any aspect of the claimant’s report, the WCC will draft a letter to DOL/OWCP, in coordination with the appropriate HQ Workers’ Compensation Specialist. The letter will state the factual allegation or argument with which it disagrees, and provide evidence or arguments to support its position.
(a) TSA may include supporting documents such as witness statements, medical reports or records, or any other relevant information. Any such statement shall be submitted to DOL/OWCP once a claim number has been assigned for a traumatic injury; within 30 calendar days from the date of notice of occupational disease or illness; or with the notice of death;

(b) If TSA does not submit a written explanation to support the challenge, DOL/OWCP may accept the claimant's report of injury as established; and

(c) TSA may not use a challenge to an aspect of the claimant's report to delay forwarding the claim to DOL/OWCP or to compel or induce the claimant to change or withdraw the claim.

E. EMERGENCY MEDICAL TREATMENT

An employee needing emergency treatment must be sent to the nearest available physician or hospital or to a physician or hospital chosen by the employee or the employee’s representative. In the event of a life-threatening situation, 911 must be called unless emergency personnel are already in route or available.

(1) The physician who provides emergency treatment is not considered the employee's initial choice of physician.

(2) A supervisor may accompany the employee to the doctor's office or hospital to make certain the employee receives prompt medical treatment.

(3) If there is any question as to whether an injury is an emergency or not, it should be handled as an emergency.

F. NON-EMERGENCY MEDICAL TREATMENT

In a non-emergency situation:

(1) The employee has the right to select a physician for treatment.

(2) The physician's office should be contacted by telephone, by the employee or authorized designee, to determine if the physician is available and will accept the employee for treatment under FECA. If not, the employee must select another qualified physician.

(3) Supervisors, or other management officials, are not authorized to accompany the employee to a medical facility or physician's office in non-emergency situations, unless all parties agree.
The employee has the right to seek medical treatment from their physician of choice. However, the employee may choose to first be medically evaluated at an employing agency health unit, or contract equivalent. In such instances:

(a) The evaluation must be performed promptly following the report of injury;

(b) The examination must in no way interfere with the employee's right to seek prompt examination and/or treatment from his/her physician of choice;

(c) Form CA-16, Authorization for Examination and/or Treatment, must be issued to the employee's physician of choice promptly following the report of injury;

(d) The agency health unit physician or contract equivalent may not be selected as the employee’s choice of attending physician unless that physician has a practice outside of the agency and accepts patients within that practice;

(e) The agency health unit physician or contract equivalent may provide initial first aid evaluation and minor treatment, not to exceed two office visits if:

(i) The employee accepts such treatment;

(ii) Treatment complies with DOL/OWCP guidelines, regulations, and directives; and

(iii) Treatment is considered within the scope of the health unit contractual agreement.

G. AUTHORIZING MEDICAL CARE

When an employee sustains a work-related traumatic injury that requires a medical examination, medical treatment, or both, the WCC or authorized designee must authorize such examination and/or treatment by issuing a Form CA-16, Authorization for Examination and/or Treatment.

(1) The following governs Form CA-16 issuance:

(a) Form CA-16 is for traumatic injuries only and is issued once for the duration of the claim. Issuing multiple CA-16 forms for the same injury is prohibited;
(b) The WCC or authorized designee must promptly authorize medical treatment by issuing a properly completed Form CA-16 to the employee within four hours of the claimed injury and completing Part A in its entirety (items 1-13, with signature and date);

(c) If the WCC or authorized designee gives verbal authorization for care, a Form CA-16 must be issued within 48 hours;

(d) The WCC or authorized designee should not issue a Form CA-16 more than one week after the occurrence of the claimed injury unless authorized by the OHC, WCP Regional Workers’ Compensation Specialist;

(e) Issuance of a Form CA-16 is not required for job-related first aid injuries where initial medical care is provided by either a health unit physician or a contract equivalent and the employee voluntarily accepts this care; and

(f) Payment is guaranteed anytime a Form CA-16 is issued, even if the workers’ compensation claim is denied.

(2) In cases of occupational disease or illness, the WCC must inform the employee that medical care and treatment and time off from work will be the responsibility of the employee unless otherwise directed by DOL/OWCP. The employee can use his/her personal FEHB for medical care and treatment and request sick, annual or LWOP for periods of disability prior to adjudication by DOL/OWCP.

(3) Simple exposure to a workplace hazard, such as an infectious agent, does not necessarily constitute a work-related injury entitling an employee to medical treatment under FECA. The WCC or authorized designee should not use a Form CA-16 to authorize medical testing for an employee who has been exposed to a workplace hazard unless the employee has sustained an identifiable injury or medical condition as a result of that exposure.

(4) FECA does not authorize payment for preventive measures such as vaccines and inoculations. However, DOL/OWCP can authorize treatment for the following conditions:

(a) Actual or probable exposure to a known contaminant due to an injury, thereby requiring disease-specific measures against infection (see examples below):

(i) The provision of tetanus antitoxin or booster toxoid injections for puncture wounds;
(ii) Administration of rabies vaccine for a bite from a rabid or potentially rabid animal; or

(iii) Appropriate measures where exposure to human immunodeficiency virus (HIV) has occurred.

(b) Conversion of tuberculin reaction from negative to positive following exposure to tuberculosis in the performance of duty. In this situation, the appropriate therapy may be authorized;

(c) Periodic examination of an uninjured eye to detect possible sympathetic involvement of the uninjured eye at an early stage, where injury to the other eye has resulted in loss of vision; and

(d) Complications from preventive measures that are provided or sponsored by TSA, such as an adverse reaction to a prophylactic immunization, e.g., the Flu shot program sponsored by TSA.

H. MONITORING AN EMPLOYEE’S MEDICAL CARE

A medical report from the attending physician is required for all cases reported to DOL/OWCP. The report should include the physician’s signature or signature stamp.

(1) The employee's attending physician or hospital must, as soon as possible after the medical examination or treatment is received, submit a report indicating the extent of the disability affecting the employee's ability to work due to the injury.

(2) Initial medical reports received from an injured employee’s attending physician or referrals should include the following information:

(a) Dates of examination and treatment;

(b) History provided by the employee;

(c) Physical findings;

(d) Results of diagnostic tests (MRI, CAT scans, etc.);

(e) Diagnosis;

(f) Course of treatment;

(g) A description of any other conditions found but not due to the claimed injury;
(h) The treatment given or recommended for the claimed injury;

(i) The physician's opinion, with medical reasons, as to the causal relationship between the diagnosed conditions and the factors or conditions of the employment;

(j) The extent of the disability affecting the employee's ability to work due to the injury; and

(k) The prognosis for recovery.

(3) Use of DOL/OWCP medical report forms is not required, but is encouraged.

(a) Form CA-16, Authorization for Examination and/or Treatment, may be used for the initial medical report;

(b) The use of Form CA-17, Duty Status Report, is used to determine the return to work status of an injured employee.

(c) Form CA-20, Attending Physician’s Report, may be used for the initial report and for subsequent reports;

(d) The report may also be made in narrative form on the physician's letterhead stationery; and

(e) Form OWCP -5, Work Capacity Evaluation may also be used by the physician.

(4) The report may be submitted directly to DOL/OWCP by the physician, the employee, or the WCC. However, it is the responsibility of the employee to provide a copy of medical evidence to his/her immediate supervisor. This action will support the employee’s entitlement to limited duty and/or certify absence(s) due to the attending physician’s confirmation of a temporary total disability status.

In claims involving COP, medical evidence supporting disability resulting from a claimed traumatic injury, including a statement as to when the employee can return to his/her job, must be provided by the employee within 10 calendar days after filing the claim to his/her immediate supervisor who will immediately submit the medical document to the local WCC for processing. The medical document must be submitted within 10 calendar days after the employee files the claim, or COP may be stopped.

(5) The employee’s supervisor may also contact the employee at reasonable intervals, usually 30 days unless otherwise directed by the physician, to request periodic medical reports addressing his/her ability to return to work.
(6) Medical evidence should be based on objective clinical findings including actual rather than “preventive” medical restrictions. Form CA-17, Duty Status Report can be used for this purpose.

I. WEIGHT OF MEDICAL EVIDENCE

(1) The attending physician holds the weight of medical evidence in a workers' compensation case except when determined that a DOL/OWCP-directed medical exam, i.e., Second Opinion, Referee and/or Independent Medical Evaluation, holds weight of evidence.

(2) TSA directed medical evaluations do not hold any weight with respect to medical evidence, but may create a medical material difference that DOL/OWCP may use to determine whether a DOL/OWCP-directed second opinion evaluation is warranted.

J. REVIEW OF MEDICAL DOCUMENTATION

TSA must not interfere with the medical care prescribed by the employee's attending physician.

(1) Questions concerning the duration or type of medical treatment may be referred to the NCM Nurse, through the WCC, for review.

(2) If the employee's attending physician or hospital is unable to predict an employee's work capacity on either a short-term or long-term basis, the WCC may request a medical review from the NCM staff physician.

(3) The WCC must submit the following recommendations and supporting documentation to DOL/OWCP on all applicable cases:

(a) An employee request to change the attending physician;

(b) TSA use of a medical consultant or specialist to resolve a material difference in medical opinion;

(c) All medical evidence;

(d) Employee's ability to work full or limited duty;

(e) Acceptance or rejection of limited duty job offers;
(f) Form CA-3, *Report of Termination of Disability and/or Payment*, should be completed upon the employee’s return to work. In the event the CA-3 is not available, the WCC should supply the following information: date and hour returned to work, and hours of COP used during the period of disability.

K. **ASSESSING RETURN-TO-WORK CAPABILITY**

The supervisor, in conjunction with the WCC, or designee, must monitor the employee's medical progress and determine return to work capability by obtaining periodic medical reports, usually 30-day intervals, unless otherwise directed by the physician. FECA provides that an employee must actively seek suitable work as soon as he/she is able to do so. If the employee refuses to work after suitable work is offered, he or she is not entitled to compensation.

(1) Form CA-17 may be used for this purpose. This form enables TSA to provide the employee's attending physician with a brief summary of the physical requirements of the employee's position, and is used to facilitate an injured employee's return to suitable employment.

(a) Part A of the form is completed by the supervisor or authorized designee before it is issued to the attending physician for completion. Particular attention should be given to Item 7, *Description of Regular Work*.

(b) Part B, Item 13, allows the attending physician an opportunity to provide specific work restrictions to assist TSA in creating a limited duty assignment for the injured employee.

(2) To aid in returning an injured employee to suitable employment, the WCC or designee, in conjunction with the NCM, may contact the employee's physician, in writing, concerning the work limitations imposed by the effects of the injury and possible job assignments. FECA prohibits contacting the physician by telephone or through a personal visit except for administrative purposes such as determining whether a fax has been received or ascertaining the date of a medical appointment. FECA does not prohibit a physician from contacting TSA to discuss an employee’s work restrictions or the ability to return to work. Such contact must be documented in the employee’s workers’ compensation file kept by the agency.

(4) A copy of all written correspondence to the employee's physician and any response received must be sent to the DOL/OWCP and the employee.
L. DOL/OWCP-DIRECTED MEDICAL EVALUATIONS

DOL/OWCP sometimes requires a second opinion from a medical specialist, either because the attending physician is not a specialist in the field of medicine related to the employee’s injury, or because the information provided by the attending physician is not complete enough to adjudicate or manage the claim.

(1) Second Opinion Evaluation. DOL/OWCP may determine that a second opinion evaluation is required from a medical specialist. DOL/OWCP may also send a case file for second opinion review where an actual examination is not needed.

(a) The employee must submit to an examination by a qualified physician as often and at such times and places as DOL/OWCP considers reasonably necessary;

(b) The employee may have a qualified physician, paid by him or her, present at such examination. However, the employee is not entitled to have anyone else present at the examination unless DOL/OWCP decides that exceptional circumstances exist (e.g., where a hearing impaired employee needs an interpreter, the presence of an interpreter would be allowed);

(c) TSA will receive a copy of the second opinion evaluation scheduling at the correspondence address on file with DOL/OWCP;

(d) A medical report from the second opinion evaluation is generally completed by the physician 30 days after the evaluation has taken place; and

(e) The WCC should request determination from the DOL/OWCP claims examiner as to whether the second opinion evaluation holds the weight of medical evidence and, if so, what work restrictions were imposed by the physician so that a job offer may be made to the affected employee.

(2) Referee Medical Examination. When a conflict exists between the medical opinion of the employee's physician and the medical opinion of either a second opinion physician or a DOL/OWCP medical adviser or consultant, DOL/OWCP shall appoint a third physician to conduct a referee, or impartial examination.

(a) A case file may be sent for referee medical review where there is no need for an additional physical examination;
(b) DOL/OWCP will select a physician who is qualified in the appropriate specialty and who has had no prior connection with the case;

(i) Unlike the second opinion evaluation, the employee is not entitled to have a physician present at a referee examination; and

(ii) The employee is not entitled to have anyone present at the examination unless DOL/OWCP decides that exceptional circumstances exist.

(c) TSA will receive a copy of the referee examination scheduling at the correspondence address on file with DOL/OWCP;

(d) A medical report from the referee physician is generally available 30 days after the evaluation has taken place; and

(e) The WCC should request from the DOL/OWCP claims examiner, any work restrictions that were imposed by the physician so that a job offer may be made to the employee.

(3) Failure of Employee to Attend DOL/OWCP-Directed Medical Evaluations. If an employee refuses to submit to or in any way obstructs an examination required by DOL/OWCP, DOL/OWCP may suspend his or her right to compensation under FECA until such refusal or obstruction stops.

(a) The employee will forfeit compensation otherwise paid or payable under FECA for the period of the refusal or obstruction. Any compensation already paid for that period may be declared as an overpayment and may be subject to recovery; and

(b) The action of the employee's representative is considered to be the action of the employee with respect to DOL/OWCP-directed medical evaluations.

M. LIMITED DUTY

(1) Medical Documentation:

(a) An employee with an accepted workers’ compensation claim must submit acceptable medical documentation from his/her physician or health care provider, which includes detailed physical/medical limitations and the expected duration of these limitations, to their supervisor;
(b) Employees must submit medical documentation to his/her immediate supervisors after each medical appointment;

(c) The supervisor has the right to request medical documentation from the employee directly;

(d) The supervisor should direct all medical questions to the WCC. The WCC may consult with the NCM or the Medical Programs Branch (MPB) in OLE/FAMS, if applicable, to request clarifying medical documentation from the employee’s treating physician if necessary to verify the scope of medical restrictions and/or the need for continued limited duty;

(e) All medical documentation specific to workers’ compensation claims must be forwarded to the local WCC for processing and filing. Copies of such documents must be kept in the employee’s workers’ compensation claim file. Supervisors and managers are not authorized to keep any workers’ compensation medical documentation; and

(f) All workers’ compensation case files must be kept under lock in order to maintain privacy of content and Sensitive PII.

(2) Initiating a Limited Duty Assignment:

(a) Once medical restrictions have been identified, a limited duty assignment should be created by the supervisor or designee with the assistance of the WCC if needed;

(b) The assignment offer should be given to the employee for concurrence and signature;

(c) Once the assignment offer has been signed by the employee, the original goes to DOL/OWCP, a copy is given to the WCC and the employee, and a copy is retained by the supervisor;

(d) Limited duty assignments should be updated as medical or physical limitations progress, per treating physician recommendations. Job tasks should progress as physical limitations decrease; and

(e) All long term limited duty cases, in which the employee has been working on limited duty assignments beyond 365 days, should be reviewed by the WCC in conjunction with the NCM and the OHC, WCP Regional Workers’ Compensation Specialist. Once extended restrictions have been identified and supported by medical documentation, WCP must be notified for guidance and assistance.
Any questions relating to extended restrictions should be directed to the DOL/WCP office. These will be handled on a case-by-case basis.

(3) Approving Limited Duty Assignments:

(a) Supervisors, managers, or designees shall consider the following factors before offering limited duty assignments:

(i) A limited duty assignment takes precedence over a light duty (non-work related injury and/or illness) assignment;

(ii) A limited duty assignment will be consistent with the employee’s physical/medical limitations;

(iii) The extent to which the limited duty assignment would affect TSA’s ability to carry out its mission, i.e. operational needs, space limitations, and staffing requirements; and

(iv) The extent to which the employee possesses the skills and abilities to carry out the assignment.

(b) Supervisors, managers, or designees will review the medical documentation to determine if work is available.

(i) If a limited duty assignment cannot be offered to the employee, the supervisor must notify the respective Area Director (AD), Deputy Area Director (DAD), AA, FSD, SAC, or designee, in writing and provide justification for the determination. After receiving additional guidance from the respective management official, the immediate supervisor must notify the employee of the determination in writing, noting the reasons for the limited duty disapproval; and

(ii) For a work-related illness or injury where a limited duty assignment is not extended, the local WCC shall notify the OHC, WCP Regional Workers’ Compensation Specialist in writing.

(c) The supervisor may extend a limited duty job offer to the employee verbally, followed up in writing within two business days. TSA Form 1160-2, TSO Limited Duty Assignment Offer, and TSA Form 1160-3, Non-TSO Limited Duty Assignment Offer, must be used for this purpose. The offer must include the following:

(i) A brief description of the duties to be performed;

(ii) The location of the work assignment;
(iii) Current salary, including any premium pay;

(iv) The work schedule for the assignment;

(v) The date on which the assignment begins; and

(vi) A statement informing the employee that it is his/her responsibility to notify the supervisor immediately of any change in his/her medical condition, including the ability to return to regular duties.

**NOTE:** Verbal modifications may be made to the offer based on operational needs; however, in the event that changes are necessary, a new [TSA Form 1160-2](#) or [TSA Form 1160-3](#), shall be revised and signed within two business days.

(4) Declination of Limited Duty Assignments by Employees

(a) Employees who decline limited duty assignments may be placed on LWOP while DOL/OWCP reviews the case and makes a decision on the individual’s suitability for employment; and

(b) If DOL/OWCP determines employee suitability for the limited duty position offered, and the employee still declines the position, adverse action procedures may be initiated, which may result in removal.

N. **TERMINATION OF BENEFITS**

(1) OWCP will issue a formal decision when compensation is terminated. Termination of benefits may be for any of the following reasons:

(a) The employee returns to duty in the job held when the injury occurred, or is otherwise employed in a position that has resulted in no loss of wages;

(i) The employee refuses an offer of a suitable position, and the cause for the refusal is not reasonable. DOL/OWCP will decide whether the job offer was suitable and whether the refusal was reasonable;

(b) The employee abandons a suitable job. DOL/OWCP will determine whether the job was suitable, whether the reason for abandonment was reasonable, and apply its findings retroactively;
(c) DOL/OWCP receives medical evidence showing that the employee no longer has limitations from the work-related injury that affect the performance of his/her duties, or that the employee’s disability is not causally related to the work-related injury;

(d) A beneficiary is convicted of defrauding the Federal Government with respect to a claim for benefits, or the beneficiary is incarcerated based on any felony conviction; or

(e) DOL/OWCP’s initial decision was in error.

O. DENIALS, HEARINGS, AND APPEALS

(1) OWCP will send a formal decision to the employee when a workers’ compensation case is denied. The decision will state the reasons for the denial and discuss the evidence that led to the decision. Copies of the decision will be sent to the WCC and the employee’s representative, if applicable.

(2) A description of appeal rights will be included with every formal decision. These rights include:

(a) An oral hearing before a DOL representative, where the employee may testify and present evidence. The hearing is held at a location near the employee’s home, and the employee may have a representative at the hearing, but it is not required. The agency may submit comments to the DOL representative in response to the hearing testimony;

(b) A review of the written record by a DOL representative;

(c) Reconsideration by DOL District Office staff who were not involved in making the contested decision. The request must clearly state the grounds for requesting reconsideration, and it must include evidence or a legal argument not previously submitted;

(d) Review by the Employees’ Compensation Appeals Board (ECAB). The ECAB is part of DOL, but separate from OWCP. Review by the ECAB is limited to the evidence of record and no new evidence may be submitted. The individual claiming benefits may be represented by an attorney or by any other person authorized by that individual. Any fee for such representation must be approved by the ECAB.

(3) There are no further appeals processes. The decision of the ECAB is final.
P. PRIVACY AND DISCLOSURE

(1) Custodian of Records:

(a) All records relating to claims for benefits filed under FECA, including any copies of such records maintained by TSA, are covered by the government-wide Privacy Act system of records entitled DOL/GOVT-1 (Office of Workers' Compensation Programs, Federal Employees' Compensation Act File).

(b) This system of records is maintained by and is under the control of DOL/OWCP, and, as such, all records covered by DOL/GOVT-1 are official records of DOL/OWCP. The protection, release, inspection and copying of records covered by DOL/GOVT-1 shall be accomplished in accordance with the rules, guidelines and provisions of 20 CFR 10, as well as those contained in 29 CFR 70 and 71, and with the notice of the system of records and routine uses published in the Federal Register.

(2) Privacy Act Protection. All records, medical and other reports, statements of witnesses, and other documents relating to the injury or death of an employee or other person entitled to compensation or benefits under FECA are sensitive in nature, and TSA employees shall not disclose information from or pertaining to the records to any persons within DHS who do not have a need to know in performance of their official duties or outside of DHS except in accordance with the routine uses listed in DOL/GOVT-1.

(3) Release to Employee or Beneficiary. If (a) an employee, or (b) in the case of death, an employee's beneficiary, or (c) the authorized representative of an employee or beneficiary requests information from the employing agency, the request should be referred to the WCC, who permits the requester to examine the records of the case, except where release of the information is not in the best interest of the employee. The WCC should disclose the fact that such files are secondary and may differ from the official workers’ compensation case file, which is under the exclusive jurisdiction of the DOL/OWCP. Such requests should be made to: Bureau of Employees, US Department of Labor, 200 Constitution Avenue, NW, Washington DC, 20210-0001.

(4) Release to Physician in Lieu of Employee. When the WCC or designee, based upon consultation with the DOL/OWCP claims examiner or the NCM determines that release of medical reports directly to the employee clearly is not in the best interest of the employee, the WCC or designee should request authorization from the employee to release the information to the employee's personal physician.
(5) Limitation to Appropriate Information. In honoring requests, the WCC or designee must disclose only information that is germane to the request and/or the third party action.

(6) Release to Employee’s Legal Representative. Information requested by the injured employee’s legal representative may be released only when a copy of a release form, signed by the employee, is received by the WCC or designee in compliance with 29 CFR Part 71.

(7) Release to Other Parties. Information requested by interested persons other than the employee or other legal representative may be released only upon written authorization of the employee or authorized representative. Such requests must be directed to the WCC or designee in compliance with 29 CFR Part 71.

(8) Release to Court or Other Authority. A TSA employee who is served with a demand by federal or state courts or other administrative bodies for records or information relating to third party recovery matters must promptly, and without awaiting appearance before the court or other authority, contact the Department of Labor, Solicitor’s Office for instructions concerning the response to the demand.

Q. PENALTIES

(1) No person, including supervisors/managers, or any person acting on behalf of TSA, may require an employee or other claimant to enter into any agreement, either before or after an injury or death, to waive his or her right to claim compensation under FECA. No waiver of compensation rights shall be valid.

(2) It is a crime for an employee or other claimant to file a false or fraudulent claim or statement with the government in connection with a claim under FECA. Individuals found guilty of falsifying claims may face fines and/or imprisonment. Additionally, employees may be subject to adverse action, up to and including removal.