



Robert E. Beloten  
Chair

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
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BINGHAMTON, NY 13902-5205  
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(800) 877-1373

State of New York - Workers' Compensation Board  
In regard to [REDACTED] WCB Case [REDACTED]

**PROPOSED DECISION**

*keep for your records*

These are the findings and/or awards that the Workers' Compensation Board is proposing to make in this claim. Any party has thirty (30) days to review and consider this proposal and decide if the terms are agreeable. If you disagree with any of the proposed findings, you have thirty (30) days to notify the Board of your objection. Your period to object to this decision will expire on October 04, 2010. However if you are a claimant who is not represented by an attorney or licensed representative, you will receive a notice allowing you an additional 10 days to object to this decision. Any new issues regarding this claim will be addressed in the future as they arise.

If you do not understand the proposed decision, or how it affects you, you may contact the Workers' Compensation Board at the phone number noted above for an explanation. You may also request a meeting with a Conciliator and the other parties of interest to discuss your claim and any further action to be taken.

**THE PROPOSED DECISION**

**The Workers' Compensation Board has found:**

**DECISION:** Please be advised that the Board's records contain differing opinions on your client's schedule loss of use.

The insurance carrier has filed a medical report from its consultant Dr. Lisa Nason which states that the claimant has a permanent impairment resulting in a 7.5% schedule loss of use of the left arm and 0% schedule loss of use of the right foot

Additionally, Dr. Charles Kaplan, your client's treating physician, has filed a report dated 8/5/09 which indicates that the claimant has a permanent impairment resulting in a 20% schedule loss of use of the left arm and a 20% schedule loss of use of the right foot

Since there is a difference in the medical opinions regarding the schedule loss of use, the parties are encouraged to speak with each other to come to an agreement. The Board will take no action on the issue of permanency for thirty (30) days from the date of this letter to allow the parties an opportunity to come to an agreement. Should the parties reach an agreement, please file an RFA-1, Claimant's Request for Further Action and attach the agreement. Include form OC-400.1 (Fee Application) if you are requesting an attorney's fee.

If the parties cannot reach an agreement within 30 days of this decision, the parties are directed to produce

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Claimant -	[REDACTED]	Employer -	NYC Dept of Corrections
Social Security No. -	[REDACTED]	Carrier -	Police, Fire, Sanitation
WCB Case No. -	[REDACTED]	Carrier ID No. -	W846505
Date of Accident -	07/09/2008	Carrier Case No. -	[REDACTED]
District Office -	NYC	Date of Filing of this Decision -	09/02/2010

**ATENCION:**

Puede llamar a la oficina de la Junta de Compensacion Obrera, en su area correspondiente, cuyo numero de telefono aparece al principio de la pagina y pida informacion acerca de su reclamacion(caso).

**THE PROPOSED DECISION**

**The Workers' Compensation Board has found:**

deposition transcripts within 60 days of this decision. Once the Board receives the deposition transcripts, a Workers' Compensation Law Judge will issue a Reserve Decision on the issue of schedule loss of use.

The parties are directed to submit the deposition transcript of Dr. Lisa Nason and Dr. Charles Kaplan pursuant to Workers' Compensation Law §§ 121 and 142. Deposition transcript and memoranda of law, if any, should be submitted within 60 days of this decision. Requests for extension of time to file a deposition transcript(s), if any, must be filed with the Board, prior to the date upon which the transcripts are due and must be in the form of an affirmation or affidavit with copies forwarded to the claimant, employer/carrier, and all representatives. Absent good cause shown as to why a deposition was not taken and the transcript(s) filed as directed, the record may be closed and a decision rendered.

A medical witness is entitled to a witness fee pursuant to Part 301 of Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York. Within ten days of the completion of a witness's deposition, the party responsible for such witness's fee, if any, pursuant to the Workers' Compensation Law and regulations, shall remit payment of the fee to the witness. The fee is to be awarded in like manner as a witness fee awarded for attendance at a hearing, irrespective of the location where the deposition takes place (including telephone and video testimony). If the witness believes that a fee in excess of that set in Part 301 is warranted, such witness must submit a request to the Board within ten days of the deposition. The Board will review such request and issue a subsequent decision concerning whether an additional fee is warranted.

You may contact the Board at 1-877-632-4996 for further information.

. No further action is planned by the Board at this time.

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 Social Security No. - ██████████  
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