U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of JEFFREY W. DAY and U.S. POSTAL SERVICE,
POST OFFICE, North Richland Hills, TX

Docket No. 02-86; Submitted on the Record;
Issued June 18, 2002

DECISION and ORDER

Before ALEC J. KOROMILAS, WILLIE T.C. THOMAS,
A. PETER KANJORSKI

The issue is whether appellant has more than a seven percent permanent impairment of the right upper extremity or more than a six percent permanent impairment of the left.

On May 17, 2000 appellant, then a 40-year-old city carrier, filed an occupational disease claim asserting that his bilateral carpal tunnel syndrome was a result of repetitively using his hands all day long at work. The Office of Workers' Compensation Programs accepted his claim for bilateral carpal tunnel syndrome and approved surgery. On January 30, 2001 appellant filed a claim for a schedule award.

On May 7, 2001 Dr. Ted T. Peters, appellant's attending orthopedic surgeon, reported no symptomatic change more than a year following surgery. He noted no relevant sensory deficits; however, grip strength measured 16 kilograms on the right and 19 kilograms on the left. Dr. Peters determined that this represented a 67 percent loss of strength on the right and a 60 percent loss of strength on the left. Referring to Tables 16-32 and 16-34, page 509, of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (5th ed. 2001), he calculated that appellant had a 30 percent impairment of the right upper extremity and a 20 percent permanent impairment of the left upper extremity.

On June 10, 2001 an Office medical adviser reviewed Dr. Peters' evaluation and noted that appellant's orthopedic surgeon did not follow the method of estimating permanent impairment due to carpal tunnel syndrome that was clearly defined in the A.M.A., *Guides*. Referring to the classification and procedure set forth in Table 16-11, page 484, of the A.M.A., *Guides* and using Dr. Peter's loss of strength findings, the medical adviser calculated that appellant had a seven percent permanent impairment of the right upper extremity and a six percent permanent impairment of the left.

On June 26, 2001 the Office issued a schedule award for a seven percent permanent impairment of the right upper extremity and for a six percent permanent impairment of the left.

The Board finds that appellant has no more than a seven percent permanent impairment of the right upper extremity or more than a six percent permanent impairment of the left.

Section 8107 of the Federal Employees' Compensation Act[1] authorizes the payment of schedule awards for the loss or loss of use of specified members, organs or functions of the body. Such loss or loss of use is known as permanent impairment. The Office evaluates the degree of permanent impairment according to the standards set forth in the specified edition of the A.M.A., *Guides*.[2]

The A.M.A., *Guides* sets forth the following method of evaluating permanent impairment due to carpal tunnel syndrome:

> "If, after an *optimal recovery time* following surgical decompression, an individual continues to complain of pain, paresthesias, and/or difficulties in performing certain activities, three possible scenarios can be present:
>
> "1. Positive clinical findings of median nerve dysfunction and electrical conduction delay(s): the impairment due to residual CTS is rated according to the sensory and/or motor deficits as described earlier.
>
> "2. Normal sensibility and opposition strength with abnormal sensory and/or motor latencies or abnormal EMG testing of the thenar muscles: a residual CTS is still present and an impairment rating not to exceed 5 percent of the upper extremity may be justified.
>
> "3. Normal sensibility (two-point discrimination and Semmes-Weinstein monofilament testing), opposition strength and nerve conduction studies: there is no objective basis for an impairment rating."[3]

Because appellant's attending orthopedic surgeon, Dr. Peters, reported positive clinical findings of median nerve dysfunction, impairment due to residual carpal tunnel syndrome is rated "according to the sensory and/or motor deficits as described earlier." The Office medical adviser correctly interpreted this to mean the classification and procedure set forth in Table 16-10, page 482 and Table 16-11, page 484.[4]

Upper extremity impairments due to motor deficits and loss of power resulting from peripheral nerve disorders are determined according to the grade of severity of loss of function and the relative maximum upper extremity impairment value of the nerve structure involved, as shown in the classification and procedure set forth in Table 16-11, page 484, "Determining

[1] 5 U.S.C. § 8107.

[2] 20 C.F.R. § 10.404 (1999).

[3] A.M.A., *Guides* at 495.

[4] By contrast, Tables 16-32 and 16-34, page 509, which are described later in the A.M.A., *Guides*, were not meant for evaluating permanent impairment due to carpal tunnel syndrome.

Impairment of the Upper Extremity Due to Motor and Loss-of-Power Deficits Resulting From Peripheral Nerve Disorders Based on Individual Muscle Rating." The Office medical adviser identified the nerve structure involved as the median nerve below the midforearm. According to Table 16-15, page 492, the maximum upper extremity impairment due to motor deficit of the median nerve below the midforearm is 10 percent. This means that if appellant had no evidence of contractility, no grip strength whatsoever, the maximum impairment rating he could receive would be 10 percent of the upper extremity.

The Office medical adviser classified the degree of muscle function in both upper extremities as Grade 2, "Complete active range of motion with gravity eliminated." This grade corresponds to motor deficits that are between 51 and 75 percent. Given Dr. Peters' finding that appellant had a 67 percent loss of grip strength on the right and a 60 percent loss of grip strength on the left, the Grade 2 classification appears appropriate.

Following the procedure set forth in Table 16-11, page 484, the Office medical adviser multiplied the severity of the motor deficits by the maximum impairment value of the nerve structure involved to obtain the upper extremity impairment for that structure. For the right upper extremity, this means multiplying appellant's 67 percent loss of strength by the maximum impairment value of 10 percent, resulting in an impairment rating of 6.7 percent, which the Office rounded to 7. For the left upper extremity, multiply appellant's 60 percent loss of strength by the maximum impairment value of 10 percent gives an impairment rating of 6 percent.

The Board finds that the Office correctly followed standardized procedures for calculating the impairment of appellant's upper extremities due to carpal tunnel syndrome based on the findings of his attending orthopedic surgeon.

The June 26, 2001 decision of the Office of Workers' Compensation Programs is affirmed.

Dated, Washington, DC
June 18, 2002

Alec J. Koromilas
Member

Willie T.C. Thomas
Alternate Member

A. Peter Kanjorski
Alternate Member