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<b>CASSANDRA F. HARRIS, Appellant</b>	)	
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<b>and</b>	)	<b>Docket No. 04-1677</b>
	)	<b>Issued: August 8, 2005</b>
<b>U.S. POSTAL SERVICE, POST OFFICE,</b>	)	
<b>Menlo Park, CA, Employer</b>	)	
	)	

### Case Submitted on the Record

Before:  
COLLEEN DUFFY KIKO, Judge  
DAVID S. GERSON, Judge  
MICHAEL E. GROOM, Alternate Judge

On June 22, 2004 appellant filed a timely appeal from an Office of Workers' Compensation Programs' schedule award decision dated March 19, 2004. Under 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

The issue is whether appellant has more than a 14 percent permanent impairment to her left upper extremity and a 6 percent permanent impairment to her right upper extremity.

Appellant, a 47-year-old distribution and window clerk, filed a Form CA-2 claim for benefits on July 8, 1999 alleging that she developed a neck and bilateral upper extremity injury causally related to repetitive mail sorting. The Office accepted the claim for neck strain, bilateral shoulder impingement syndrome and bilateral wrist tendinitis. Appellant underwent right carpal tunnel release on October 6, 1995 and a left carpal tunnel release on November 3, 1995.

On December 18, 2003 appellant filed a Form CA-7 claim for a schedule award based on a partial loss of use of her left and right upper extremities.

On January 2, 2004 the Office referred appellant to Dr. Allen Kaisler-Meza, a specialist in orthopedic surgery, for an impairment evaluation.

In a report dated January 28, 2004, Dr. Kaisler-Meza submitted a report and impairment evaluation.

With regard to range of motion for the shoulder, Dr. Kaisler-Meza made the following calculations: forward elevation, 180 degrees on the right and 170 degrees on the left; backward elevation, 50 degrees on the right, 50 degrees on the left; abduction, 170 degrees on the right, 160 degrees on the left; adduction, 40 degrees on the right and 40 degrees on the left; internal rotation, 80 degrees on the right and 60 degrees on the left; external rotation, 90 degrees on the right and 70 degrees on the left; extension, 50 degrees on the right and 40 degrees on the left.

With regard to range of motion for the wrist, Dr. Kaisler-Meza made these findings: dorsiflexion, 60 degrees on the right and 50 degrees on the left; palmar flexion, 70 degrees on the right and 60 degrees on the left; ulnar deviation; forward elevation, 180 degrees on the right and 170 degrees on the left; radial deviation, 20 degrees on the right and 20 degrees on the left.

In a memorandum/impairment evaluation dated March 10, 2004, an Office medical adviser reviewed Dr. Kaisler-Meza's findings and conclusions and applied them to the applicable figures and tables of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*) fifth edition. The Office medical adviser made the following findings:

"Impairment due to loss of range of motion: for the left shoulder, loss of flexion, one percent and loss of extension, zero percent (Figure 16-40, page 476); loss of abduction, one percent and loss of adduction, zero percent (Figure 16-43, page 477); loss of internal rotation, two percent and loss of external rotation, zero percent (Figure 16-46, page 479). Total four percent. For the left wrist, loss of flexion, zero percent and loss of extension, two percent (Figure 16-28, page 467); loss of radial deviation, zero percent and loss of ulnar deviation, zero percent (Figure 16-31, page 469). Total two percent.

"Impairment due to loss of strength and impairment due to sensory deficit or pain: Level of impairment on the left as [G]rade 4 and 4, 25 percent (Tables 16-10 and 16-11, pages 482 and 484). Maximum combined impairment based on the suprascapular nerve is 20 percent (Table 16-15, page 492) 25 percent times 20 percent equals 5 percent.

"Impairment due to sensory deficit or pain: level of impairment on the left as [G]rade 3, 60 percent (Table 16-10, page 482). Maximum impairment based on the radial nerve is five percent (Table 16-15, page 492). Sixty percent times 5 percent equals three percent.

“Impairment due to sensory deficit or pain. Level of impairment on the right as [G]rade 3, 60 percent (Table 16-10, page 482). Maximum impairment based on the suprascapular and radial nerves is 10 percent (Table 16-15, page 492). Sixty percent times 10 percent equals 6 percent.”

Based on the findings and calculations outlined above, the Office medical adviser concluded that appellant had a total impairment of 14 percent for the left upper extremity and for the right upper extremity of 6 percent.

On March 19, 2004 the Office granted appellant a schedule award for a 14 percent impairment rating for the left upper extremity and a 6 percent impairment rating for the right upper extremity for the period July 15, 2002 to September 24, 2003, for a total of 62.40 weeks of compensation.

### **LEGAL PRECEDENT**

The schedule award provision of the Federal Employees’ Compensation Act<sup>1</sup> set forth the number of weeks of compensation to be paid for permanent loss, or loss of use of the members of the body listed in the schedule. Where the loss of use is less than 100 percent, the amount of compensation is paid in proportion to the percentage loss of use.<sup>2</sup> However, the Act does not specify the manner in which the percentage of loss of use of a member is to be determined. For consistent results and to insure equal justice under the law to all claimants, the Office has adopted the A.M.A., *Guides* fifth edition as the standard to be used for evaluating schedule losses.<sup>3</sup>

### **ANALYSIS**

In this case, the Office medical adviser, applying Dr. Kaisler-Mesa’s findings and calculations to the applicable tables and figures of the A.M.A., *Guides* and computed loss of range of motion, loss of strength and sensory deficit or pain in appellant’s shoulders and wrists, resulting in a finding of a 14 percent left upper extremity impairment and a 6 percent right upper extremity impairment resulting from appellant’s accepted neck strain, bilateral shoulder impingement syndrome and bilateral wrist tendinitis conditions.

Regarding the evaluation of the left upper extremity impairment, the Office medical adviser relied on Figures 16-40 and 16-46, page 476 and 479 of the A.M.A., *Guides*, which are derived from section 16.4i of the A.M.A., *Guides*. Section 16.4i states that the upper extremity functional value of each motion unit is a conversion factor, as indicated in Figures 16-40, 16-43 and 16-46. That section further stipulates that the upper extremity impairment resulting from the charts by adding directly the upper extremity impairment values contributed by each motion unit. Consistent with these guidelines, the Office medical adviser, pursuant to Figure 16-40 at page

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<sup>1</sup> 5 U.S.C. §§ 8101-8193; *see* 5 U.S.C. § 8107(c).

<sup>2</sup> 5 U.S.C. § 8107(c)(19).

<sup>3</sup> 20 C.F.R. § 10.404.

476, recorded a 1 percent impairment due to loss of range of motion for the left shoulder based on loss of flexion. Relying on Figure 16-46 at page 479, she calculated one percent impairment from loss of abduction and two percent from loss of internal rotation for a total four percent impairment of the left shoulder.

For the left wrist, the Office medical adviser relied on Figures 16-28, page 467 and Figure 16-31, page of the A.M.A., *Guides*, which are included under section 16.4g of the A.M.A., *Guides*. Section 16.4g indicates that the wrist has two units of motion -- flexion and extension and radial and ulnar deviation -- which each contribute a relative value to its function.

The subsection in section 16.4g for rating "Flexion and Extension," Part 3 stipulates that the examiner should add I/F and I/E percent to obtain the percent of upper extremity impairment contributed by decreased wrist flexion and extension. Relying on these guidelines, the Office medical adviser calculated a two percent impairment for loss of extension, as measured in Figure 16-28 at page 467.

With regard to an impairment rating for radial and ulnar deviation, that subsection states at page 468 of the A.M.A., *Guides*, Part 3 then stipulates that the examiner should add I/RD and I/UD percent to obtain the upper extremity impairment value contributed by decreased wrist lateral deviation. Relying on these guidelines, the Office medical adviser calculated a zero percent impairment for loss of radial deviation and loss of ulnar deviation.

The Office medical adviser then calculated impairments of the right and left upper extremity based on loss of strength and sensory deficit or pain. The method for deriving impairments of the upper extremities due to peripheral nerve disorder is located in section 16.5, page 480 of the A.M.A., *Guides*, which state at page 482 that "upper extremity impairments due to sensory deficits or pain resulting from peripheral nerve disorders are determined according to the grade of severity in diminution of loss of function and the relative maximum upper extremity impairment value of the nerve structure involved, as shown in the classification (a) and procedural (b) steps described in Table 16-10 and the impairment determination method detailed in section 16.5b. Table 16-10 provides a classification for determining impairment of the upper extremity due to a sensory deficit or pain resulting from a nerve disorder." At page 484 of the A.M.A., *Guides* it is stated, "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 (a) and procedural (b) steps described in Table 16-11 and the impairment determination method detailed in section 16.5b. The examiner must use clinical judgment to estimate the appropriate percentage of motor deficits and loss of power within the range of values shown for each severity grade."

Utilizing these guidelines, the Office medical adviser calculated a five percent impairment of the left upper extremity due to loss of strength. Relying on Dr. Kaisler-Mesa's findings, she derived a Grade 4 and 4, 25 percent weakness, pursuant to Tables 16-10 and 16-11, pages 482 and 484. Noting that the maximum combined impairment based on the suprascapular nerve is 20 percent under Table 16-15, page 492, the Office medical adviser calculated a total 5 percent impairment for loss of strength based on his calculation of 25 percent times 20 percent.

The Office medical adviser then found that appellant had a three percent left upper extremity impairment due to sensory deficit or pain. She stated that the level of impairment on the left was Grade 3, 60 percent, under Table 16-10, page 482; as maximum impairment based on the radial nerve is 5 percent under Table 16-15, page 492, the Office medical adviser multiplied 60 percent times 5 percent for a total left-sided 3 percent impairment due to sensory deficit or pain. Combining the impairment values for appellant's left shoulder and wrist impairments, the Office properly concluded that appellant had no more than a 14 percent permanent impairment of the left upper extremity.

With regard to the right side, the Office medical adviser calculated a six percent impairment due to sensory deficit or pain using the same method.

The Office medical adviser stated that the level of impairment on the right was Grade 3, 60 percent, under Table 16-10, page 482. As the maximum impairment based on the suprascapular and radial nerves is 10 percent at Table 16-15, page 492, the Office medical adviser calculated that 60 percent times 10 percent equaled a 6 percent impairment.

The Board finds that the Office medical adviser acted properly in finding that appellant had no more than a 14 percent impairment of the left upper extremity and a 6 percent permanent impairment to her right upper extremity, as she sufficiently explained the process by which she arrived at her impairment rating using Dr. Kaisler-Meza's findings and conclusions and then applying them to the applicable figures and tables of the A.M.A., *Guides*. As there is no other medical evidence establishing that appellant sustained any additional permanent impairment, the Office properly found that appellant was not entitled to more than a 14 percent impairment of the left upper extremity and a 6 percent permanent impairment to her right upper extremity.<sup>4</sup>

### **CONCLUSION**

The Board finds that appellant has no more than a 14 percent impairment of the left upper extremity and a 6 percent permanent impairment for the right upper extremity.

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<sup>4</sup> The Board notes that appellant submitted additional evidence to the record following the March 19, 2004 Office decision. The Board's jurisdiction is limited to a review of evidence, which was before the Office at the time of its final review. 20 C.F.R. § 501.2(c).

**ORDER**

**IT IS HEREBY ORDERED THAT** the March 19, 2004 decision of the Office of Workers' Compensation Programs be affirmed.

Issued: August 8, 2005  
Washington, DC

Colleen Duffy Kiko, Judge  
Employees' Compensation Appeals Board

David S. Gerson, Judge  
Employees' Compensation Appeals Board

Michael E. Groom, Alternate Judge  
Employees' Compensation Appeals Board