U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of JOHN GOOSBY <u>and</u> U.S. POSTAL SERVICE, NORTHSIDE CARRIER FACILITY, Atlanta, GA

Docket No. 99-2172; Submitted on the Record; Issued December 22, 2000

DECISION and **ORDER**

Before MICHAEL J. WALSH, WILLIE T.C. THOMAS, VALERIE D. EVANS-HARRELL

The issue is whether appellant has established entitlement to greater than a 10 percent impairment for his left upper extremity and a 10 percent impairment for his right upper extremity for which he has received a schedule award.

On May 8, 1996 appellant, then a 46-year-old letter carrier, filed a notice of occupational disease and claim for compensation (Form CA- 2) alleging that he sustained carpal tunnel syndrome causally related to his employment factors. On his CA-2 form, he alleged that he first became aware of his condition and that it was caused or aggravated by his employment on March 21, 1996.

On June 3, 1996 appellant filed a claim for a schedule award. The employing establishment stated that appellant claimed compensation from March 21 to June 3, 1996.

On July 16, 1996 the Office of Workers' Compensation Programs advised appellant that it had accepted his claim for bilateral carpal tunnel syndrome and carpal tunnel release. However, it also advised appellant that he needed to submit additional information in order to establish his claim for a schedule award.

On August 21, 1997 the Office denied appellant's claim for a schedule award.

By letter dated September 18, 1997, appellant requested an oral hearing.

A hearing was held on February 25, 1998 and the hearing representative issued a summary order requiring the Office to approve the diagnostic testing required by Dr. Nestor L. Montero, and to approve testing by Nova Care rehabilitation in order to assess appellant's impairment to his wrists and then to issue a *de novo* decision.

In a medical report dated March 9, 1998, the Nova Care Outpatient Rehabilitation Clinic noted that it had evaluated appellant's impairment ratings for his right upper extremity and left upper extremity and determined that he had a 20 percent impairment for each extremity.

The clinic tested appellant's hands and wrists and used two point discrimination tests, touch and pressure static tests, range of motion findings for each finger and thumb, range of motion for wrists and strength by pinch and grip tests to arrive at an impairment rating of 20 percent for each upper extremity. With respect to the pain evaluation, the clinic stated that appellant's left wrist pain was 7 on a scale of 10 and that his right wrist was a 6 on a scale of 10.

The Office medical adviser, in a report dated July 21, 1998, stated that because appellant stated that his left wrist and hand did not bother him "very much," that Dr. Montero stated that appellant had a "90 percent return to normal" after surgery, that appellant denied weakness in his hands, that he had 5 by 5 motor strength in his upper extremities and that there was no sensory loss, that appellant's rating based on the American Medical Association, *Guides to the Evaluation of Permanent Impairment* that appellant had a 10 percent permanent impairment of each extremity.

By decision dated August 26, 1998, the Office awarded appellant a 10 percent impairment rating for the left upper extremity and a 10 percent impairment rating for the right upper extremity for a 20 percent permanent impairment of the upper extremities due to bilateral carpal tunnel syndrome.

Appellant appealed his rating on the grounds that the Office did not consider his suffering and pain over the past several years.

The Board finds that appellant has no more than a 10 percent impairment for the left upper extremity and a 10 percent impairment for the right upper extremity for which he has received a schedule award.

The schedule award provision of the Federal Employees' Compensation Act¹ and its implementing regulation² set forth the number of weeks of compensation payable to employees sustaining permanent impairment from loss or loss of use of specified members, or functions of the body. However, the Act does not specify the manner in which the percentage of loss shall be determined. For consistent results and to ensure equal justice under the law to all claimants, good administrative practice necessitates the use of a single set of tables so that there may be uniform standards applicable to all claimants. The Office has adopted, and the Board has approved, of the use of the A.M.A., *Guides*,³ as an appropriate standard for evaluating schedule losses.⁴

¹ 5 U.S.C. § 8107.

² 20 C.F.R. § 10.304.

³ A.M.A., *Guides* (4th ed. 1993).

⁴ Andrew Aaron, Jr., 48 ECAB 141 (1996).

In this case, the only issue is whether the Office properly weighed appellant's pain in consideration of his impairment rating.

The Board notes that Dr. Montero stated in a December 6, 1996 attending physician's report that appellant had a full recovery and that he was advised on August 20, 1996 that he could return to work, without restrictions, effective October 29, 1996. Further, appellant testified at his hearing that "I [a]m not having too many problems with the left [wrist]." Given appellant's motor strength and absence of sensory loss, the Office medical adviser rated appellant's pain at 10 percent in accordance with the A.M.A., *Guides*. The Office medical adviser properly calculated appellant's upper extremity impairments pursuant to the A.M.A., *Guides*, and there is no medical evidence of record that appellant has more than a 10 percent permanent impairment of the left upper extremity or the right upper extremity. The Office therefore properly granted appellant a schedule award for a 10 percent permanent impairment of the left upper extremity and a 10 percent permanent impairment of the right upper extremity.

The decision of the Office of Workers' Compensation Programs dated August 26, 1998 is hereby affirmed.

Dated, Washington, DC December 22, 2000

> Michael J. Walsh Chairman

Willie T.C. Thomas Member

Valerie D. Evans-Harrell Alternate Member

⁵ A.M.A., *Guides*, 57, Table 16.