

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of GILBERT M. SAKIMA and U.S. POSTAL SERVICE,  
POST OFFICE, Modesto, Calif.

*Docket No. 96-547; Submitted on the Record;  
Issued March 25, 1998*

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DECISION and ORDER

Before DAVID S. GERSON, WILLIE T.C. THOMAS,  
BRADLEY T. KNOTT

The issue is whether appellant has more than a 23 percent impairment of the right upper extremity for which he received a schedule award.

The Board has duly reviewed the case record and finds that the medical evidence of record does not establish more than a 23 percent permanent impairment of the right upper extremity.

The schedule award provisions of the Federal Employees' Compensation Act<sup>1</sup> and its implementing regulations<sup>2</sup> set forth the number of weeks of compensation to be paid for permanent loss, or loss of use, of body members listed in the schedule. The Act, however, does not specify the manner in which the percentage of loss of a member shall be determined. The method for making such a determination rests in the sound discretion of the Office of Workers' Compensation Programs. The Office has adopted and the Board has approved the use of the American Medical Association, *Guides to the Evaluation of Permanent Impairment*,<sup>3</sup> as an appropriate standard for evaluating schedule losses.<sup>4</sup>

In the present case, the Office accepted that appellant sustained epicondylitis of the right elbow, right radial tunnel syndrome, tendinitis of the right wrist, and de Quervain's right thumb as a result of the occupational injury. By decision dated May 2, 1995, the Office granted appellant a schedule award for 23 percent permanent loss of use of the right upper extremity.

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<sup>1</sup> 5 U.S.C. § 8107.

<sup>2</sup> 20 C.F.R. § 10.304.

<sup>3</sup> A.M.A., *Guides* (4th ed. 1993).

<sup>4</sup> *James A. Sellers*, 43 ECAB 924 (1992).

On appeal, appellant alleges that the percentage award of his injury “was possibly rated inaccurately” and he resubmitted reports from his treating physician, Dr. Paul A. Caviale, a Board-certified orthopedic surgeon. In his report dated April 27, 1994, Dr. Caviale noted that he found a radial deviation on the right of 12 degrees, an ulnar deviation of 22 degrees, a dorsiflexion of 50 degrees and a palmar flexion of 45 degrees. Dr. Caviale noted weakness and pain or discomfort and concluded that appellant had a 25 percent permanent impairment of the right upper extremity. He did not indicate that he utilized the A.M.A., *Guides* in evaluating appellant’s impairment. On September 14, 1994 Dr. Caviale further indicated appellant had pain in the right elbow and forearm region with pain located in the lateral epicondyle of the elbow and present in the dorsal proximal forearm. He stated that the pain interfered with repetitive movements such as boxing mail which exacerbated the pain. Dr. Caviale also noted pain in the right wrist, located dorsally, which was also exacerbated by repetitive movement. He further found a 10 degree loss of elbow extension and with further flexion to 130 degrees. Finally, on January 26, 1995 Dr. Caviale indicated that appellant had right forearm atrophy and that on March 21, 1995 the proximal right forearm measured 26.5 centimeters and the distal forearm measured 22 centimeters compared to left measurements of 28 and 23.5 centimeters respectively.

The Board has previously held that where appellant’s physician did not use the A.M.A., *Guides* to calculate permanent impairment, it was proper for an Office medical adviser to apply the A.M.A., *Guides* to the examination findings reported by the treating physician.<sup>5</sup> In the present case, Dr. Caviale provided examination findings and concluded that appellant had a 25 percent impairment of the right upper extremity, he did not explain, however, how he used the A.M.A., *Guides* to calculate appellant’s impairment. The Office medical adviser reviewed Dr. Caviale’s findings and properly used the A.M.A., *Guides* to calculate that appellant had a 23 percent permanent impairment of the right upper extremity.

The medical adviser explained that using the A.M.A., *Guides* (4<sup>th</sup> edition) the atrophy Dr. Caviale found on appellant’s right forearm indicated a grade IV weakness pursuant to Table 12, page 49, which accounted for a 25 percent motor deficit. The medical adviser then properly multiplied the 25 percent motor deficit by 42 percent, the maximum impairment value of the radial nerve indicated Table 15, page 54, to find that appellant had a 10 percent impairment due to weakness of the forearm. The medical adviser further found that appellant had a 9 percent impairment based on loss of wrist motion. He reached this conclusion by determining that pursuant to figure 29, page 38 of the A.M.A., *Guides*, Dr. Caviale’s findings of a 12 degree radial deviation and a 22 degree ulnar deviation each produced a 2 percent permanent impairment and that pursuant to figure 26, page 36, Dr. Caviale’s findings of 50 degrees dorsiflexion and 45 degrees palmar flexion produced a 2 and 3 percent permanent impairment, respectively. The medical adviser also properly classified Dr. Caviale’s findings of pain in the elbow and wrist, which interfered with certain repetitive movements, as a grade 4 with an 80 percent sensory deficit pursuant to Table 11, page 48 of the *Guides*. The medical adviser then properly multiplied this 80 percent sensory deficit with the 5 percent maximum percentage upper extremity impairment found in Table 15, page 54, to determine that appellant had a 4 percent impairment due to radial nerve pain in the elbow and wrist. The medical adviser also properly utilized figure 32, page 40, of the *Guides* to determine that Dr. Caviale’s findings of a 10 degree

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<sup>5</sup> Paul R. Evans, Jr., 44 ECAB 646 (1993).

loss of elbow extension and a 130 degree elbow flexion produced a 1 percent impairment of both elbow extension and flexion. The medical adviser, therefore, properly found a 2 percent permanent impairment for loss of elbow range of motion. Finally, the Office medical adviser properly used the Combine Values Chart found at page 322 of the *Guides* to determine that a 10 percent impairment due to weakness, a 9 percent impairment due to loss of wrist motion, a 4 percent impairment due to radial nerve pain of the elbow and wrist, and a 2 percent impairment due to loss of elbow motion created a 23 percent permanent impairment of the right upper extremity.

The Board has reviewed the medical adviser's calculation pursuant to the A.M.A., *Guides* and concludes that they are proper.<sup>6</sup>

The decision of the Office of Workers' Compensation Programs dated May 2, 1995 is affirmed.

Dated, Washington, D.C.  
March 25, 1998

David S. Gerson  
Member

Willie T.C. Thomas  
Alternate Member

Bradley T. Knott  
Alternate Member

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<sup>6</sup> *Lena P. Huntley*, 46 ECAB 643 (1995).