

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of RENEE TYLER and U.S. POSTAL SERVICE,
POST OFFICE, Capitol Heights, Md.

*Docket No. 97-1603; Submitted on the Record;
Issued January 13, 1999*

DECISION and ORDER

Before GEORGE E. RIVERS, DAVID S. GERSON,
WILLIE T.C. THOMAS

The issue is whether appellant has established that she has more than a 10 percent permanent impairment of the right upper extremity for which she has received a schedule award.

In the present case, the Office of Workers' Compensation Programs has accepted that appellant, a postal distribution clerk, sustained bilateral carpal tunnel on or about January 13, 1993 in the performance of her federal employment. In a report dated July 11, 1995, appellant's treating physician, Dr. Frank Seinsheimer, a Board-certified orthopedic surgeon, reported that appellant had reached maximum medical improvement regarding her right hand condition. He stated that he had evaluated appellant's permanent impairment pursuant to the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (4th ed. 1993). Dr. Seinsheimer noted that appellant's right hand continued to have tingling and a weak feeling, and he provided measurement of appellant's grip strength. He estimated that appellant had a 20 percent permanent impairment of the right upper extremity due to right carpal tunnel syndrome which he stated caused atrophy, pain, weakness, loss of endurance, and loss of function. On April 3, 1996 an Office medical adviser reviewed the case record. He stated that pursuant to the A.M.A., *Guides*, fourth edition, Table 16 at page 57, entrapment neuropathy of the right wrist caused a 10 percent permanent impairment of the right upper extremity. On April 5, 1996 the Office granted appellant a schedule award for a 10 percent permanent impairment of the right upper extremity.¹

The Federal Employees' Compensation Act schedule award provisions set forth the number of weeks of compensation that are to be paid for permanent loss of use of the members of the body that are listed in the schedule. The Act does not specify the manner in which the percentage loss of a member shall be determined. The method used in making such determination is a matter which rests in the sound discretion of the Office. However, as a matter of administrative practice, the Board has stated: "For consistent results and to ensure equal

¹ The Office had not yet evaluated the degree of impairment of appellant's left upper extremity at the time this appeal was filed.

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 A.M.A., *Guides* as the uniform standard applicable to all claimants.²

If appellant’s physician does not use the A.M.A., *Guides* to calculate the degree of permanent impairment, it is proper for an Office medical adviser to review the case record and to apply the A.M.A., *Guides* to the examination findings reported by the treating physician.³ In the present case, Dr. Seinsheimer opined that appellant had a 20 percent right upper extremity impairment pursuant to the A.M.A., *Guides*, but he did not provide any measurements of appellant’s right wrist impairment, other than loss of grip. Dr. Seinsheimer also did not explain how he had calculated appellant’s degree of impairment pursuant to the A.M.A., *Guides*. An impairment to the upper extremity caused by entrapment neuropathy can be evaluated by measuring the sensory and motor deficits, or by use of Table 16 of the A.M.A., *Guides* which provides a diagnosis based impairment value for impairment due to entrapment neuropathy. The Office medical adviser was the only physician of record who calculated appellant’s impairment pursuant to the A.M.A., *Guides*. The Office medical adviser properly noted that Table 16 of the A.M.A., *Guides* provided a permanent impairment value for mild median nerve entrapment neuropathy at the wrist of 10 percent. The Office medical adviser properly calculated appellant’s right upper extremity impairment 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 right upper extremity. The Office therefore properly granted appellant a schedule award for a 10 percent permanent impairment of the right upper extremity.

² *Lena P. Huntley*, 46 ECAB 643 (1995).

³ *Paul R. Evans, Jr.*, 44 ECAB646 (1993).

The decision of the Office of Workers' Compensation Programs dated April 5, 1996 is hereby affirmed.

Dated, Washington, D.C.
January 13, 1999

George E. Rivers
Member

David S. Gerson
Member

Willie T.C. Thomas
Alternate Member