

U. S. DEPARTMENT OF LABOR
Employees' Compensation Appeals Board

In the Matter of ANTHONY S. McCALL and DEPARTMENT OF VETERANS AFFAIRS,
VETERANS ADMINISTRATION MEDICAL CENTER, Dayton, OH

*Docket No. 00-330; Submitted on the Record;
Issued December 13, 2000*

DECISION and ORDER

Before MICHAEL J. WALSH, MICHAEL E. GROOM,
PRISCILLA ANNE SCHWAB

The issue is whether appellant has more than a 20 percent permanent impairment of his right upper extremity, for which he received a schedule award.

The Board has duly reviewed the record on appeal and finds that this case is not in posture for decision. Further development of the medical evidence is required.

In his May 13, 1999 report, Dr. Peter S. Barre, appellant's attending orthopedic surgeon, provided the following findings for range of motion: 70 degrees of flexion; 20 degrees of extension; 80 degrees of abduction; 15 degrees of adduction; 20 degrees of internal rotation; and 20 degrees of external rotation. A medical adviser of the Office of Workers' Compensation Programs reviewed these findings and properly compared them to the standards contained in the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (4th ed. 1993). According to Table 38, page 43, 70 degrees of flexion and 20 degrees of extension represent impairments of 7 and 2 percent respectively. According to Table 41, page 44, 80 degrees of abduction and 15 degrees of adduction represent impairments of 5 and 1 percent respectively. Finally, according to Table 44, page 45, 20 degrees of internal rotation and 20 degrees of external rotation represent impairments of 4 and 1 percent respectively. Because the impairment values for loss of each shoulder motion are added to determine the impairment of the upper extremity,¹ the clinical findings of Dr. Barre show a 20 percent impairment due to loss of range of motion.

On August 6, 1999 the Office issued a schedule award for a 20 percent permanent impairment of the right upper extremity. Dr. Barre's report, however, provided additional clinical findings indicating greater impairment. He reported that appellant exhibited fatigue and was unable to lift any significant amount of weight, more than 5 to 10 pounds with this arm

¹ A.M.A., *Guides* 45.

without undue discomfort.² Table 12, page 49, of the A.M.A., *Guides* provides a grading scheme and procedure for determining impairment of the upper extremity due to loss of strength and motor deficits resulting from peripheral nerve disorders. The Office medical adviser did not address the issue of impairment due to loss of strength and motor deficits.

Dr. Barre also reported that appellant's pain bothered him on a daily basis. He referred appellant to a pain management specialist to help control his pain and noted that appellant needed medication to help control discomfort in his shoulder. Table 11, page 48, of the A.M.A., *Guides* provides a grading scheme and procedure for determining impairment of the upper extremity due to pain or sensory deficit resulting from peripheral nerve disorders. The Office medical adviser did not address the issue of impairment due to pain or sensory deficit.³

The Board finds that further development of the medical evidence is required to establish the extent of appellant's permanent impairment and entitlement to schedule compensation. The Board will set aside the Office's August 6, 1999 decision and remand the case for further action. Following such further development as may be necessary, the Office shall issue an appropriate final decision.

The August 6, 1999 decision of the Office of Workers' Compensation Programs is set aside and the case remanded for further action consistent with this opinion.

Dated, Washington, DC
December 13, 2000

Michael J. Walsh
Chairman

Michael E. Groom
Alternate Member

Priscilla Anne Schwab
Alternate Member

² The Office accepted appellant's claim for right shoulder sprain, right rotator cuff tear and right rotator cuff repairs in 1996 and 1998.

³ When multiple impairments of the extremity are present, such as amputation, loss of motion or vascular disorders, the peripheral nerve impairment is combined with the other impairments using the Combined Values Chart. A.M.A., *Guides* 49.