

On July 3, 2003 appellant, then a 45-year-old mail handler, filed a claim for compensation for a traumatic injury to her right knee sustained on May 4, 2003 when she stepped off a forklift. The Office accepted that she sustained a tear of the medial meniscus of her right knee and authorized surgery to correct this condition. On August 21, 2003 Dr. Michael Maday, a Board-certified orthopedic surgeon, performed a partial medial meniscectomy.

On November 17, 2003 appellant filed a claim for a schedule award. In response to an Office request for a report describing the permanent impairment of her right leg, Dr. Maday stated in a June 16, 2004 report that appellant was doing well when he last saw her on February 11, 2004, with a full range of motion and no medial or lateral joint line tenderness. Dr. Maday stated: “Based on Table 17-33 on page 546, Chapter 17 of the American Medical Association, *Guides to the Evaluation of Permanent Impairment*, I would estimate a one percent whole person and two percent lower extremity disability. Based on her findings at that time, she had no symptoms of pain or discomfort.” An Office medical adviser reviewed Dr. Maday’s report on December 6, 2004 and concluded that he had properly assigned a two percent impairment for her partial medial meniscectomy.

On August 30, 2005 the Office issued appellant a schedule award for a two percent permanent impairment of her right leg.

LEGAL PRECEDENT

The schedule award provision of the Act¹ and its implementing regulation² sets forth the number of weeks of compensation payable to employees sustaining permanent impairment from loss, or loss of use, of scheduled 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 American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*) has been adopted by the implementing regulation as the appropriate standard for evaluating schedule losses.

ANALYSIS

Table 17-33 of the fifth edition of the A.M.A., *Guides* provides for a two percent impairment of the lower extremity for a partial medial meniscectomy, which is the surgery appellant underwent. Appellant’s attending Board-certified orthopedic surgeon, Dr. Maday, and an Office medical adviser agreed that this was the degree of impairment appellant sustained due to her May 4, 2003 employment injury. There is no medical evidence appellant has greater than a two percent permanent impairment of her right leg.

CONCLUSION

The evidence shows that appellant has a two percent permanent impairment of her right leg.

¹ 5 U.S.C. § 8107.

² 20 C.F.R. § 10.404 (1999).

ORDER

IT IS HEREBY ORDERED THAT the August 30, 2005 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: February 2, 2006
Washington, DC

David S. Gerson, Judge
Employees' Compensation Appeals Board

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