

Appellant filed a claim for a schedule award (Form CA-7) on January 25, 2004.

In a report dated March 15, 2004, Dr. William J. Launder, a treating Board-certified orthopedic surgeon, diagnosed chronic wrist strain/tendinitis.¹ A physical examination revealed full wrist motion, right grip strength of 10 degrees, left grip strength of 0 degrees and tenderness “over the snuffbox and over the dorsal portion of the carpus.” He concluded that appellant had a 20 percent impairment of the left upper extremity due to loss of grip strength. In reaching this determination, he utilized Tables 16-33 and 16-34 of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (5th ed.)

In a report dated May 3, 2004, Dr. Richard E. Grant, an Office medical consultant and Board-certified orthopedic surgeon, reviewed Dr. Launder’s March 15, 2004 report and concluded that appellant had 20 percent impairment of the left upper extremity based upon grip strength. Dr. Grant noted appellant had 0 percent grip strength on the left. He stated:

“Using the A.M.A., *Guides*, fifth edition, page 509 under [T]able 16-34, upper extremity joint impairment due to loss of grip or pinch strength, [3]1 percent to 60 percent strength loss index for a 20 percent permanent ... impairment of the upper extremity. In this case, it would be the left upper extremity.

“Please reference page 509, [T]able 16-33, and again the date of maximum medical improvement should be listed as March 15, 2004.”

By decision dated May 15, 2004, appellant was granted a schedule award for a 20 percent impairment of her left upper extremity. The period of the award was for 62.40 weeks and ran from March 14, 2004 to May 24, 2005.²

On May 31, 2005 appellant filed a Form CA-7 claim for an additional schedule award.

In a report dated June 17, 2005, Dr. Launder diagnosed tendinitis and chronic left wrist strain. He concluded that appellant had a 20 percent impairment of the left upper extremity due to loss of grip strength. In reaching this determination, he utilized Tables 16-33 and 16-34 of the A.M.A., *Guides* (5th ed.). He noted that appellant had “no residual impairment based on range of motion criteria alone” and noted “[h]er loss of grip strength, which is basically 0, is 20 percent impairment of the extremity.”

In a report dated July 19, 2005, Dr. Arnold T. Berman, an Office medical consultant and Board-certified orthopedic surgeon, reviewed Dr. Launder’s June 17, 2005 report. He stated:

“[Dr. Launder] did not give any specific percentage of impairment. Furthermore, in regard to [T]ables 16-33 and 16-34, it is stated on page 508 16.8a principles that include ‘[d]eferred strength *cannot* be rated in the presence of decreased

¹ Dr. Launder indicated the right hand under impression, but this appears to be a typographical error as he notes appellant injured her left wrist on January 6, 2003 and provides an impairment rating for the left upper extremity.

² Appellant requested to receive her schedule award as a lump-sum award, which the Office granted.

motion or painful conditions [...] that prevent effective application of maximal force in the region being evaluated.’ (Emphasis in the original.)

“Therefore it [is] not possible to make a [s]cheduled [a]ward on this basis; instead I would recommend that it be done on the basis of pain. Therefore utilizing [F]igure 18-1 page 574, pain: I would recommend a [s]cheduled [a]ward of three percent.”

By decision dated September 21, 2005, the Office found that appellant was not entitled to an additional schedule award.

LEGAL PRECEDENT

The schedule award provision of the Federal Employees’ Compensation Act³ and its implementing regulation⁴ 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 A.M.A., *Guides* has been adopted by the implementing regulations as the appropriate standard for evaluating schedule losses.⁵ Effective February 1, 2001, the fifth edition of the A.M.A., *Guides* is used to calculate schedule awards.⁶

ANALYSIS

In the instant case, the Office accepted appellant’s claim for a left wrist sprain and contusion (resolved). On May 15, 2004 the Office issued appellant a schedule award for a 20 percent impairment of her left upper extremity based upon Dr. Launder’s March 15 and a May 3, 2004 report by Dr. Grant, an Office medical consultant and Board-certified orthopedic surgeon.

Appellant filed a claim for an additional schedule award on May 31, 2005 and submitted a June 17, 2005 report by Dr. Launder, who concluded that she had a 20 percent impairment of her left upper extremity due to grip strength deficit. Dr. Berman, an Office medical consultant and Board-certified orthopedic surgeon, reviewed the June 17, 2005 report by Dr. Launder and concluded grip strength should not be used to calculate appellant’s disability and found she had a three percent impairment of her left upper extremity due to pain.

There is no evidence in the record establishing that appellant has more than a 20 percent impairment to her left upper extremity. Both Dr. Launder, appellant’s treating physician, and Dr. Grant, the first Office medical consultant and Board-certified orthopedic surgeon, have

³ 5 U.S.C. §§ 8101-8193.

⁴ 5 U.S.C. § 8107.

⁵ 20 C.F.R. § 10.404 (2003).

⁶ FECA Bulletin No. 01-05 (issued January 29, 2001); see *Jesse Mendoza*, 54 ECAB 802 (2003).

concluded that appellant has a 20 percent impairment of her left upper extremity due to grip strength deficit. Dr. Berman, the second Office medical consultant and Board-certified orthopedic surgeon, concluded in a July 19, 2005 report that there was a three percent impairment to appellant's left upper extremity and that grip strength should not be used in determining her left upper extremity impairment. No physician of record opined that appellant has more than the 20 percent impairment for which she already received an award. As the medical evidence does not support any greater impairment than that for which she has been compensated, the Board finds that the Office properly denied an additional schedule award.

CONCLUSION

The Board finds that appellant has failed to establish that she is entitled to an additional schedule award.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated September 21, 2005 is affirmed.

Issued: February 3, 2006
Washington, DC

David S. Gerson, Judge
Employees' Compensation Appeals Board

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