

The Office accepted that appellant sustained bilateral hand tendinitis.

In a report dated May 4, 2006, Dr. Michael J. Platto, an attending physician Board-certified in physical medicine and rehabilitation, provided an assessment of the permanent impairment of appellant's right arm. He indicated that appellant complained of pain predominantly at the base of the right thumb which went into the thumb without proximal radiation and that she described very mild pain in the left thumb. Dr. Platto stated that on examination appellant exhibited full active range of motion of both shoulders, elbows and the left wrist, that there was no tenderness in the left wrist, hand and fingers and that motor strength was 5/5 in both extremities except for 4/5 right finger abduction, which was thought to be secondary to pain. He stated that appellant was tender to palpation over the right radial head, radial snuff box area, extensor pollicis longus area and abductor pollicis longus area, but there was no inflammation in these areas. Dr. Platto indicated that appellant had full range of motion of the left wrist including 65 degrees of extension, 90 degrees of flexion and full range of motion of the thumb and fingers. The right thumb showed 18 degrees of extension, 30 degrees of flexion and 40 degrees of radial abduction and lacked 4 centimeters (cm) of adduction and 4 cm in opposition. Dr. Platto observed that appellant had full range of motion of the distal interphalangeal and proximal interphalangeal joints of the right hand and noted that, for the right wrist, she had 50 degrees of extension, 90 degrees of flexion, 50 degrees of ulnar deviation and 30 degrees of radial deviation. He diagnosed tendinitis of both hands and wrist but noted that appellant was almost completely asymptomatic on the left side. Regarding appellant's permanent impairment under the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*) (5th ed. 2001), Dr. Platto stated:

“According to Figure 16-15, 30 [degrees] flexion of the right thumb would convert to a 3 percent impairment. According to Table 16-8A, radial abduction of 40 degrees would be a 2 percent impairment rating. According to Table 16-8B, a [four] cm lack of adduction would be a [four] percent impairment rating. According to Table 16-9, lack of [four] cm opposition would be [nine] percent impairment. According to Figure 16-28, wrist extension to 50 degrees would be 2 percent impairment, although wrist flexion to 90 degrees would be 0 percent.

“I used Figure 16-1A, page 436 ... to come up with a total digit impairment percentage of 18 percent, which converts to a 7 percent hand impairment rating. Using Figure 16-1B, page 437, wrist impairment is 2 percent. [Two] percent for wrist plus [seven] percent for hand converts to total upper extremity impairment of [nine] percent. Using Table 16-3, conversion would be [five] percent of whole person.”¹

¹ Dr. Platto stated that appellant might have an ulnar neuropathy at both elbows as noted by positive Tinel's signs, but he indicated that this condition had not been formally diagnosed and that appellant was not symptomatic in the ulnar nerve distributions in her hands.

On June 5, 2006 Dr. Arnold T. Berman, a Board-certified orthopedic surgeon who served as an Office district medical adviser, evaluated the findings of Dr. Platto to determine that appellant had an eight percent permanent impairment of her right arm. He indicated that the date of maximum medical improvement was May 4, 2006 and stated:

“According to the A.M.A., *Guides*, fifth edition, Figure 16-15, 30 degrees of flexion of the right thumb would result in a 3 percent impairment to the right thumb. According to Table 16-8A, page 459, ..., radial abduction of 40 degrees would be a 2 percent impairment rating. According to Table 16-9, ..., [four] cm of opposition is equal to [nine] percent impairment of the right thumb.

“Therefore, the total impairment to the thumb is 18 percent impairment to the right thumb. This converts to [seven] percent impairment to the right hand, based upon Table 16-1, [c]onversion of [i]mpairment of the [d]igits to [i]mpairment of the [h]and. Using Table 16-2, [c]onversion of [i]mpairment of the [h]and to [i]mpairment of the [u]pper [e]xtremity, [seven] percent impairment of the hand equals [six] percent of the upper extremity.

“According to Figure 16-28, pie chart of upper extremity motion impairment due to lack of flexion and extension of the wrist joint, 50 degrees of extension would be 2 percent impairment, 90 degrees is 0 percent impairment. This [two] percent impairment is converted using the [C]ombined [V]alue [C]hart, page 604 and [six] percent plus [two] percent equals [eight] percent.

“Dr. Platto incorrectly converted the percent of hand to upper extremity on [Table] 16-2. This represents the discrepancy in our two recommended schedule awards.”

By decision dated August 2, 2006, the Office granted appellant a schedule award for an eight percent permanent impairment of her right arm.

LEGAL PRECEDENT

The schedule award provision of the Federal Employees' Compensation Act² and its implementing regulation³ set 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 regulation as the appropriate standard for evaluating schedule losses.⁴

² 5 U.S.C. § 8107.

³ 20 C.F.R. § 10.404 (1999).

⁴ *Id.*

The Board has held that where the residuals of an injury to a member of the body specified in the schedule award provisions of the Act extend into an adjoining area of a member also enumerated in the schedule, such as an injury of the finger into the hand, of a hand into the arm or of a foot into the leg, the schedule award should be made on the basis of the percentage of loss of use of the larger member.⁵

ANALYSIS

The Office accepted that appellant sustained bilateral hand tendinitis and on August 2, 2006 it granted her a schedule award for an eight percent permanent impairment of her right arm. The Office based the schedule award on the June 5, 2006 report of Dr. Berman, a Board-certified orthopedic surgeon who served as an Office district medical adviser. Dr. Berman reached his opinion regarding appellant's right arm impairment by evaluating the findings of Dr. Platto, an attending physician Board-certified in physical medicine and rehabilitation.

The Board finds that Dr. Berman properly determined that appellant had an eight percent impairment of her right arm. He correctly determined that Dr. Platto had provided proper calculations for the following impairment ratings involving appellant's right thumb: 3 percent for 30 degrees of flexion of the right thumb under Figure 16-15 of the fifth edition of the A.M.A., *Guides*, 2 percent for 40 degrees of radial abduction under Table 16-8a; 4 percent for a 4 cm lack of adduction under Table 16-8b and 9 percent for a 4 cm lack of opposition under Table 16-9.⁶ Dr. Berman then properly determined that under Figure 16-1A appellant had a total digit impairment rating of 18 percent,⁷ which under Tables 16-1 and 16-2 converted to a 6 percent impairment rating of the right arm.⁸ He found that appellant's 50 degrees of right wrist extension equaled 2 percent impairment of the right wrist under Figure 16-28.⁹ Dr. Berman then used the Combined Values Chart to combine the six percent impairment rating (derived originally from the thumb deficits) with the two percent rating (derived from the wrist deficits) and concluded that appellant had an eight percent impairment of her right arm.¹⁰

⁵ See *Tonya D. Bell*, 43 ECAB 845, 849 (1992).

⁶ A.M.A., *Guides* 457, 59-60, Figure 16-15, Tables 16-8a, 16-8b and 16-9.

⁷ *Id.* at 436, Figure 16-1a. Dr. Berman did not mention the four percent rating for a four cm lack of adduction, but his inclusion of this value in the total impairment rating for all digits shows that his failure to mention it was inadvertent.

⁸ *Id.* at 438-39, Figures 16-1, 16-2.

⁹ *Id.* at 467, Figures 16-28. Dr. Berman properly concluded that appellant's other digit and wrist findings did not warrant impairment ratings. He also properly found that the findings on examination did not show entitlement to ratings for strength or sensory loss. See generally A.M.A., *Guides*. at 480-510.

¹⁰ *Id.* at 604-05, Combined Values Chart.

The Board notes that the only difference between the evaluations of Dr. Platto and Dr. Berman is that Dr. Platto did not convert appellant's hand impairment into an arm impairment. It was appropriate for Dr. Berman to convert appellant's hand impairment into an arm impairment because the permanent impairment due to his employment injury extended from his hand into his wrist.¹¹

As the report of the Dr. Berman provided the only evaluation which conformed to the A.M.A., *Guides*, it constitutes the weight of the medical evidence.¹² Therefore, the Office properly granted appellant a schedule award for an eight percent impairment of her right arm.

CONCLUSION

The Board finds that appellant did not meet her burden of proof to establish that she has more than an eight percent permanent impairment of her right arm.

ORDER

IT IS HEREBY ORDERED THAT the Office of Workers' Compensation Programs' August 2, 2006 decision is affirmed.

Issued: January 25, 2007
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

David S. Gerson, Judge
Employees' Compensation Appeals Board

James A. Haynes, Alternate Judge
Employees' Compensation Appeals Board

¹¹ See *supra* note 5 and accompanying text. The medical evidence of record reveals that appellant's employment-related tendinitis affected both his hands and wrists.

¹² See *Bobby L. Jackson*, 40 ECAB 593, 601 (1989).