

FACTUAL HISTORY

OWCP accepted that on or before September 21, 2009 appellant, then a 39-year-old mail handler, sustained bilateral carpal tunnel syndrome due to repetitive hand motions at work.²

October 12, 2009 electromyogram (EMG) and nerve conduction velocity (NCV) studies showed bilateral median compression neuropathies, worse on the right. On April 6, 2010 Dr. Thomas Wiedrich, an attending Board-certified orthopedic surgeon, performed a right median nerve release. Following a period of light duty, he released appellant to full duty with no restrictions on September 15, 2010.

On October 19, 2010 appellant claimed a schedule award. In a November 30, 2010 letter, OWCP advised her to submit an impairment rating from her attending physician referring to the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (hereinafter, “A.M.A., *Guides*”).

In May 17 and June 8, 2011 reports, Dr. Mary K. Morrell, an attending Board-certified orthopedic surgeon, opined that appellant had reached maximum medical improvement as of September 15, 2010. Referring to Table 15-23³ of the sixth edition of the A.M.A., *Guides* to evaluate the right hand and wrist, she found a grade 1 diagnosis-based impairment (CDX) of median nerve entrapment neuropathy, a grade modifier for Functional History (GMFH) of 1 for intermittent symptoms, a grade modifier for Clinical Studies (GMCS) of 1 for objective residual symptoms and a grade modifier for Physical Examination (GMPE) findings of 2 due to decreased sensation. Using the net adjustment formula of (GMFH-CDX) + (GMPE-CDX) + (GMCS-CDX), Dr. Morrell found a grade modifier of 1, equaling a default impairment rating of 2 percent. She found, however, that appellant’s *QuickDASH* score of nine percent lowered the two percent default rating to one percent, resulting in a final one percent impairment of the right upper extremity.

On July 27, 2011 OWCP asked an OWCP medical adviser to review Dr. Morrell’s report and the medical record and provide an impairment rating. In an August 1, 2011 report, the medical adviser concurred with Dr. Morrell’s application of the A.M.A., *Guides* and assessment of a one percent impairment of the right arm.

By decision dated September 13, 2011, OWCP granted appellant a schedule award for a one percent impairment of the right upper extremity.

² Under File No. xxxxxx777, OWCP accepted a left fifth finger fracture. Appellant claimed a schedule award. Matters pertaining to File No. xxxxxx777 are not before the Board in the present appeal.

³ Table 15-23, page 449 of the sixth edition of the A.M.A., *Guides* is entitled “Entrapment/Compression Neuropathy Impairment.”

LEGAL PRECEDENT

The schedule award provisions of FECA⁴ provide for compensation to employees sustaining impairment from loss or loss of use of specified members of the body. FECA, however, 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 OWCP. For consistent results and to ensure equal justice, the Board has authorized 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 OWCP as a standard for evaluation of schedule losses and the Board has concurred in such adoption.⁵ For schedule awards after May 1, 2009, the impairment is evaluated under the sixth edition of the A.M.A., *Guides*, published in 2008.⁶

The sixth edition of the A.M.A., *Guides* provides a diagnosis-based method of evaluation utilizing the World Health Organization's International Classification of Functioning, Disability and Health (ICF).⁷ Under the sixth edition, the evaluator identifies the impairment class for the diagnosed condition (CDX), which is then adjusted by grade modifiers based on Functional History (GMFH), Physical Examination (GMPE) and Clinical Studies (GMCS).⁸ The net adjustment formula is (GMFH-CDX) + (GMPE-CDX) + (GMCS-CDX). The A.M.A., *Guides* divides the upper extremity into regions for rating purposes. The hand is one of the designated regions.⁹

ANALYSIS

OWCP accepted that appellant sustained bilateral carpal tunnel syndrome. Dr. Wiedrich, an attending Board-certified orthopedic surgeon, performed a right median nerve release on April 6, 2010. Appellant claimed a schedule award on October 19, 2010. In support of her claim, she submitted May 17 and June 8, 2011 reports from Dr. Morrell, an attending Board-certified orthopedic surgeon, who found one percent impairment of the right arm. Dr. Morrell identified a class 1 diagnosis-based impairment of median nerve entrapment, with a physical findings modifier of 2 and a functional history modifier of 1. Using the net adjustment formula of GMFH-CDX + GMPE-CDX + GMCS-CDX, or (1-1) + (2-1) + (1-1), she calculated a grade modifier of 1, leading to a default impairment rating of two percent. Dr. Morrell modified this rating due to appellant's *QuickDASH* score of nine, lowering the total impairment rating for the

⁴ 5 U.S.C. § 8107.

⁵ *Bernard A. Babcock, Jr.*, 52 ECAB 143 (2000).

⁶ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Schedule Awards and Permanent Disability Claims*, Chapter 2.808.6.6a (January 2010); *see also* Part 3 -- Medical, *Schedule Awards*, Chapter 3.700.2 and Exhibit 1 (January 2010).

⁷ A.M.A., *Guides* (6th ed. 2008), page 3, section 1.3, "The International Classification of Functioning, Disability and Health (ICF): A Contemporary Model of Disablement."

⁸ A.M.A., *Guides* (6th ed. 2008), pages 494-531.

⁹ A.M.A., *Guides* (6th ed. 2008), page 384, Figure 15-1, "Upper Extremity Regions."

right upper extremity to one percent. An OWCP medical adviser reviewed Dr. Morrell's report on August 1, 2011 and concurred with the one percent rating for right carpal tunnel syndrome.

The Board finds that Dr. Morrell properly applied the appropriate tables and grading schemes of the A.M.A., *Guides* in determining the one percent impairment. Therefore, OWCP properly issued the September 13, 2011 schedule award for one percent impairment of the right arm.

Appellant may request a schedule award or increased schedule award based on evidence of a new exposure or medical evidence showing progression of an employment-related condition resulting in permanent impairment or increased impairment.

CONCLUSION

The Board finds that appellant has not established that she sustained more than a one percent impairment of the right upper extremity, for which she received a schedule award.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated September 13, 2011 is affirmed.

Issued: July 13, 2012
Washington, DC

Patricia Howard Fitzgerald, Judge
Employees' Compensation Appeals Board

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

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