

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of MARY WOODS and U.S. POSTAL SERVICE,
POST OFFICE, Severna Park, Md.

*Docket No. 97-1285; Submitted on the Record;
Issued February 4, 1999*

DECISION and ORDER

Before GEORGE E. RIVERS, MICHAEL E. GROOM,
A. PETER KANJORSKI

The issue is whether appellant sustained more than a 10 percent impairment in each of her upper extremities due to factors of her employment, for which she was awarded a schedule award.

On June 2, 1994 appellant, then a 37-year-old rural letter carrier, filed an occupational disease claim alleging that she sustained carpal tunnel syndrome in the performance of duty due to the repetitive motion required of her hands and wrists in manually filing and delivering mail. In support of her claim appellant submitted nerve conduction studies and reports from her treating physician, Dr. Carolyn Wyatt, a general practitioner, and Dr. Thomas W. Furlow, a Board-certified neurologist, which diagnosed bilateral carpal tunnel syndrome consistent with appellant's job duties. The Office of Workers' Compensation Programs accepted the claim for bilateral carpal tunnel syndrome.

Appellant subsequently requested a schedule award.

In an attending physician's report (Form CA-20) dated November 6, 1995, Dr. Wyatt indicated that she first examined appellant on May 2, 1994. She noted appellant's complaints of numbness in the fingers of both hands and diagnosed carpal tunnel syndrome, for which she recommended medication, physical therapy, braces and an orthopedic consultation. Appellant was placed on light duty for a maximum of three to four days a week.

By letter dated December 4, 1995, the Office asked Dr. Wyatt to provide an evaluation of appellant's permanent partial impairment based on the fourth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*).

In a December 18, 1995 report, Dr. Wyatt diagnosed bilateral carpal tunnel syndrome and noted findings on examination of a loss of range in motion of the right wrist of 25 degrees dorsiflexion, 43 degrees palmar flexion, 18 percent radial deviation, 34 percent ulnar deviation,

and in the left wrist 44 percent dorsiflexion, 46 percent palmar flexion, 23 percent radial deviation and 24 percent ulnar deviation. On a pain scale of 1 to 10, Dr. Wyatt indicated that appellant's right wrist pain, at worst, was 7 to 8 while the left wrist pain was 6 to 7. According to Dr. Wyatt, appellant described the pain as a dull ache in the fingers worsening with work duties and intermittent pain in the arms associated with all activities of daily life. Dr. Wyatt noted that appellant presented with both upper extremities, "weakness, proximally 4-5/5(Good-normal); however, distally ... 3+-4/5 (fair-Fair +)." She concluded that appellant had atrophy in both hands but was unable to truly measure grip strength due to "both extremities being involved." However, Dr. Wyatt noted that appellant "did present with 17 [pounds] for [both] per June 24, 1995 which is slightly limited."

In a March 13, 1996 report, Dr. Wyatt noted that appellant suffered from bilateral entrapment neuropathy involving the median nerve wrist level and that appellant's symptoms developed after years of working as a postal employee. She opined that appellant's maximum loss of function due to sensory deficit is "80 [to] 90 percent" with the a moderate to severe degree of severity.

In a memorandum dated September 11, 1996, the Office medical adviser noted that appellant's date of maximum medical improvement was May 23, 1995, "one year after onset of the carpal tunnel syndrome." He assigned appellant a 10 percent permanent impairment for each the left upper and right upper extremity, referencing page 57, Table 16 of the A.M.A., *Guides*.

In a November 29, 1996 letter, the Office awarded appellant a 10 percent permanent impairment of each of her upper extremities and requested that she submit a Form CA-7 identifying the date of her maximum medical improvement.

In a December 5, 1996 note, the Office medical adviser stated that "[carpal tunnel syndrome] involves compression of the median nerve, therefore, [range of motion] is not applicable." He referenced A.M.A., *Guides*, Tables 11, 12 and 16.

In a December 23, 1996 decision, the Office awarded appellant a schedule award for 20 percent disability, representing 10 percent impairment in each of the upper extremities, for the period of May 23, 1995 through August 1, 1996.

The Board finds that the case is not in posture for a decision.

Under section 8107 of the Federal Employees' Compensation Act¹ and Section 10.304 of the implementing federal regulations,² schedule awards are paid for the loss or permanent disability of certain specified body members, functions or organs. Neither the Act nor the regulations specify the manner, in which the percentage of impairment for a schedule award shall be determined. For consistent results and to ensure equal justice for all claimants, the Board has authorized the use of a single set of tables so that there may be uniform standards applicable to

¹ 5 U.S.C. § 8107.

² 20 C.F.R. § 10.304.

all claimants. The A.M.A., *Guides* has been adopted by the Office as a standard for evaluating schedule losses and the Board has concurred in such adoption.³

In order to meet her burden, appellant must submit sufficient medical evidence to show a permanent impairment causally related to her employment that is ratable under the A.M.A., *Guides*. The Office's procedures discuss the type of evidence required to support a schedule award. The evidence must show that the impairment has reached a permanent and fixed state and indicate the date this occurred, describe the impairment in detail and contain an evaluation of the impairment under the A.M.A., *Guides*.

In the instant case, despite the Office's request, Dr. Wyatt did not specifically calculate a percentage rating for appellant's impairment under the A.M.A., *Guides*. The Office medical adviser, reviewing Dr. Wyatt's findings, stated that appellant had a 10 percent impairment in each of the left and right upper extremity based on page 57, Table 16 of the A.M.A., *Guides*. Appellant contends that she is entitled to greater than a 10 percent impairment rating in her upper right extremity.

In his brief report, the Office medical adviser did not adequately explain how he calculated his percentages. Specifically, Dr. Wyatt opined that appellant had a moderate to severe degree of impairment based on median nerve entrapment in both wrists. Applying Dr. Wyatt's findings to page 54, Table 16, the proper calculation for degree of severity of impairment would fall between 20 to 40 percent for moderate to severe impairment, not 10 percent impairment as stated by the Office medical adviser. The 10 percent impairment found by the Office medical adviser is inconsistent with Dr. Wyatt's findings as it refers to a mild degree of severity.

Additionally, the Office medical adviser failed to explain why he applied Table 16 instead of measuring appellant's impairment by the sensory and motor deficits described at Tables 11 to 15. The A.M.A., *Guides*, page 56, provide that impairment of the hand and upper extremity secondary to entrapment neuropathy may be derived by measuring the sensory and motor deficits described in "the preceding parts of this section" or an alternative method is provided at Table 16. The evaluator is specifically advised not to use both methods.⁴ It follows, therefore, that the evaluator should offer a rationale for the table or tables he decides to apply. Because the Office medical adviser provided no rationale for applying Table 16, the Board finds the Office's decision awarding a 10 percent impairment in each of appellant's upper extremities to be in error. The case is remanded for further development and evaluation of appellant's permanent impairment under the A.M.A., *Guides*. Thereafter, the Office shall issue a *de novo* decision regarding appellant's entitlement to a schedule award.

³ *Leisa D. Vassar*, 40 ECAB 1287 (1989); *Francis John Kilcoyne*, 38 ECAB 168 (1986).

⁴ The Office medical adviser at one point cited Tables 11, 12 and 16 in support of his findings. Under the A.M.A., *Guides*, however, he must either apply Tables 11 and 12 or only Table 16.

The decision of the Office of Workers' Compensation Programs dated December 23, 1996 is hereby set aside and the case is remanded for further action in accordance with this decision.

Dated, Washington, D.C.
February 4, 1999

George E. Rivers
Member

Michael E. Groom
Alternate Member

A. Peter Kanjorski
Alternate Member