

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of CHERYL L. ST. PIERRE and U.S. POSTAL SERVICE,
POST OFFICE, Minneapolis, Minn.

*Docket No. 97-1593; Submitted on the Record;
Issued March 16, 1999*

DECISION and ORDER

Before GEORGE E. RIVERS, DAVID S. GERSON,
BRADLEY T. KNOTT

The issue is whether the Office of Workers' Compensation Programs properly determined that appellant was only entitled to a 13 percent permanent impairment of the right lower extremity for which she received a schedule award.

The Board has reviewed the case record and concludes that appellant was only entitled to a 13 percent permanent impairment of the right lower extremity for which she received a schedule award.

In the present case, the Office accepted that appellant sustained a contusion to the right hip and wrist and a lumbar/cervical back strain. On January 8, 1997 the Office granted appellant a schedule award for a 13 percent permanent impairment of the right lower extremity.

In support of the request for a schedule award, the Office received an April 25, 1996 report from Dr. Robert A. Wengler, a Board-certified orthopedic surgeon. He indicated that appellant had motor weakness of the right foot suggesting involvement of the L4-5 root without atrophy. Dr. Wengler further indicated that there was numbness in the medial right foot and great toe. He did not note any complaints of the left lower extremity or wrist.

The schedule award provisions of the Federal Employees' Compensation Act¹ and its implementing regulations,² set forth that schedule awards are payable for permanent impairment of specified body members, functions, or organs. However, neither the Act nor the regulations specify the manner in which the percentage of impairment is to be determined. For consistent results and to ensure equal justice for all claimants, the Office has adopted the American Medical

¹ 5 U.S.C. § 8107.

² 20 C.F.R. § 10.304.

Association, *Guides to the Evaluation of Permanent Impairment*, as a standard for determining the percentage of impairment.³

In obtaining medical evidence for schedule award purposes, the Office must obtain an evaluation by an attending physician which includes a detailed description of the impairment including, where applicable, the loss in degrees of motion of the affected member or function, the amount of any atrophy or deformity, decreases in strength or disturbance of sensation, or other pertinent description of the impairment. The description must be in sufficient detail so that the claims examiner and others reviewing the file will be able to clearly visualize the impairment with its resulting restrictions and limitations.⁴ If the attending physician has provided a detailed description of the impairment, but has not properly evaluated the impairment pursuant to the A.M.A., *Guides*, the Office may request that an Office medical adviser review the case record and determine the degree of appellant's impairment utilizing the description provided by the attending physician and the A.M.A., *Guides*.⁵

Following the receipt of Dr. Wengler's report, the Office requested that its medical adviser apply the A.M.A., *Guides* to the measurements of impairment provided by Dr. Wengler. The medical adviser thereafter evaluated appellant's impairment in a report dated November 11, 1996. The medical adviser properly noted that Dr. Wengler's finding of motor weakness in the right foot in the dorsiflexors suggesting involvement of the L4-5 root resulted in a 10 percent motor deficit classification pursuant to Table 12, page 49, of the A.M.A., *Guides* because there were no finding of atrophy. The medical adviser then properly multiplied the 10 motor deficit classification by the 75 percent lower extremity impairment for a sciatica nerve deficit found at Table 68, page 89, to determine the maximum impairment for the motor deficit was 8 percent. The medical adviser further noted that Dr. Wengler described numbness of the medial right foot and great toe. Pursuant to Table 11, page 48, the medical adviser properly found that this equated to a Grade 5 sensory deficit and that this resulted in a 100 percent sensory deficit. The medical adviser then properly multiplied the 100 percent sensory deficit by the 5 percent lower extremity for a superficial peroneal nerve deficit found at Table 68, page 89 to find that the maximum impairment due to sensory deficit was 5 percent. The medical adviser then properly combined the 8 percent motor deficit with the 5 percent sensory deficit pursuant to the Combined Values Charts found at page 322 of the A.M.A., *Guides* to conclude that appellant had a 13 percent permanent impairment of the right lower extremity.

As the Office medical adviser properly utilized the description of appellant's impairment provided by Dr. Wengler and the A.M.A., *Guides* to evaluate appellant's impairment, and there is no other medical evidence of record that appellant has more than a 13 percent impairment of the right lower extremity, the Office properly granted a schedule award for a 13 percent impairment of the right lower extremity.

³ *Leisa D. Vassar*, 40 ECAB 1287 (1989).

⁴ *Joseph D. Lee*, 42 ECAB 172 (1990)

⁵ *Paul R. Evans, Jr.*, 44 ECAB 646 (1993).

The decision of the Office of Workers' Compensation Programs dated January 8, 1997 is affirmed.

Dated, Washington, D.C.
March 16, 1999

George E. Rivers
Member

David S. Gerson
Member

Bradley T. Knott
Alternate Member