

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of DONALD W. GLOSSER and DEPARTMENT OF THE ARMY,  
EQUIPMENT CONCENRATION SITE, Fort Indiantown Gap, PA.

*Docket No. 98-951; Submitted on the Record;  
Issued January 5, 2000*

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DECISION and ORDER

Before DAVID S. GERSON, WILLIE T.C. THOMAS,  
BRADLEY T. KNOTT

The issue is whether appellant has established greater than a 50 percent permanent impairment of the right hand for which he received a schedule award.

On November 10, 1994 appellant, then a 48-year-old electrical worker, filed a notice of traumatic injury and claim, alleging that he sustained deep cuts and a fracture of four fingers in the right hand while working with a spring-loaded howitzer which closed on his right hand on November 6, 1994. By decision dated January 7, 1995, the Office of Workers' Compensation Programs accepted appellant's claim for multiple fractures of the right hand. On August 31, 1995 appellant filed a claim for a schedule award. In a decision dated November 12, 1997, the Office granted appellant a schedule award for a 50 percent permanent impairment of the right hand for the period November 9, 1995 to March 11, 1998 for a total of 122 weeks of compensation.

The Board finds that appellant has not established greater than a 50 percent permanent impairment of the right hand for which he received a schedule award.

Section 8107 of the Federal Employees' Compensation Act<sup>1</sup> and its implementing regulation<sup>2</sup> set forth the number of weeks of compensation payable to employees sustaining permanent impairment from loss, or loss of use, of specified 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 American Medical Association, *Guides to the*

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<sup>1</sup> 5 U.S.C. § 8107(c).

<sup>2</sup> 20 C.F.R. § 10.304.

*Evaluation of Permanent Impairment* have been adopted by the Office and the Board has concurred in such adoption, as an appropriate standard for evaluating losses.<sup>3</sup>

In the present case, the Office requested that appellant submit a report including the dates of examination and/or treatment history given to the physician by appellant, a detailed description of findings and diagnosis and the level of impairment to support his claim for a schedule award. In response, appellant submitted a report dated November 9, 1995 by Dr. Sanjiy H. Naidu, a Board-certified orthopedic surgeon, in which he found appellant had sustained a severe crush injury to his hand and was disabled by approximately 50 percent. He found that the right hand revealed an index finger with a nail bed injury that lacked complete flexion of the distal palmar crease. Dr. Naidu found the metacarpophalangeal (MP) range of motion for the index finger was 0 to 90 degrees; the proximal interphalangeal (PIP) joint was 90 degrees; and the distal interphalangeal (DIP) joint was 15 degrees. The long finger had a MP range of motion of 0 to 90 degrees; the PIP joint was 8 degrees; and the DIP flexion contracture was 30 degrees. He found that the ring finger had a MP range of motion of 0 to 90 degrees; the PIP joint was 0 to 80 degrees; and the DIP joint was stiff. The small finger had MP range of motion of 0 to 100 degrees; the PIP joint was 27 degrees; and DIP was from 20 to 25 degrees. He also found there was a “malunion” of the long finger of the middle phalanx and persistent stiffness in the interphalangeal (IP) joints of the 2 to 5 digits. This report was reviewed by an Office medical adviser in a report dated June 21, 1996. The Office medical adviser found that appellant had zero percent impairment caused by the MP range of motion in fingers two through five. He then provided the following calculations based on the PIP and DIP motions:

	PIP-Range	DIP	Combined	Impairment of
	Fingers Mot – Imp	Mot- Imp	Values	Finger-Hand
II	0-90% = 6%	0-15% = 31%	35%	35% 7%
III	0-8% = 54%	30% = 33%	69%	69% 14%
IV	0-80% = 12%	none = 36%	44%	44% 4%
V	27% = 53%	20-25% = 30%	67%	67% 7%

The Office medical adviser concluded that there was total impairment of the hand of 32 percent due to motion and, after adding in motor/sensory impairment and stiffness, concurred with Dr. Naidu’s opinion that there was a 50 percent impairment of the right hand. Although the Office did not request that either the Office medical adviser or Dr. Naidu submit a report in accordance with the appropriate A.M.A., *Guides*, a review of the reports in conjunction with the 4<sup>th</sup> edition of the A.M.A., *Guides* reveals that both physicians provided findings and the Office medical adviser provided analysis that were consistent with the proper edition of the A.M.A., *Guides*. Specifically, the findings for motion impairment and motion sensory impairment for the 2<sup>nd</sup> to 5<sup>th</sup> fingers at the DIP, PIP and MP joints are in accordance with Figures 19, 21 and 23,

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<sup>3</sup> Quincy E. Malone, 31 ECAB 846 (1980).

respectively, of the 4<sup>th</sup> edition of the A.M.A., *Guides*.<sup>4</sup> Thus, the Office medical adviser properly reviewed Dr. Naidu's report, assigned impairment ratings to the findings and provided combined values for each finger in accordance with the A.M.A., *Guides*. As both Dr. Naidu and the Office medical adviser concluded that appellant had a 50 percent permanent impairment of the right hand, there is no probative evidence of an additional impairment to the right hand.

The decision of the Office of Workers' Compensation Programs dated November 12, 1997 is hereby affirmed.

Dated, Washington, D.C.  
January 5, 2000

David S. Gerson  
Member

Willie T.C. Thomas  
Alternate Member

Bradley T. Knott  
Alternate Member

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<sup>4</sup> A.M.A., *Guides*, 3/32, Figure 19 -- Finger Impairments Due to Abnormal Motion of the DIP Joint; p. 3/33, Figure 21 -- Finger Impairments Due to Abnormal Motion at PIP Joint; p. 3/34, Figure 23 -- Finger Impairments Due to Abnormal Motion at the MP Joint.