

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of CLIFFORD F. GEHRT and GOVERNMENT PRINTING OFFICE,  
Washington, DC

*Docket No. 98-1571; Submitted on the Record;  
Issued November 13, 2000*

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DECISION and ORDER

Before WILLIE T.C. THOMAS, A. PETER KANJORSKI,  
VALERIE D. EVANS-HARRELL

The issue is whether appellant has more than a 10 percent permanent impairment of each upper extremity, for which he received a schedule award.

The Board has duly reviewed the record on appeal and finds that appellant has more than a 10 percent permanent impairment of each upper extremity.

On September 25, 1997 Dr. Arthur P. Barletta, appellant's attending physician, reported as follows:

"For his carpal tunnel syndrome the *Guides to the Evaluation of Permanent Impairment* [fourth] [e]dition, A.M.A., [American Medical Association] booklet was used. This is considered an entrapment neuropathy. The patient has moderately severe carpal tunnel syndrome using Table 16, [p]age 57. This would be the median nerve at the wrist -- between moderate to severe would be 30 percent of upper extremity impairment."

On February 20, 1998 Dr. Barletta made clear that appellant's carpal tunnel syndrome was bilateral and moderately severe.

Table 16, page 57, of the A.M.A., *Guides* (4<sup>th</sup> ed. 1993) provides percentage impairment ratings for upper extremity impairment due to entrapment neuropathy. For the median nerve entrapped at the wrist, a "mild" degree of severity represents a 10 percent upper extremity impairment. A "moderate" degree of severity represents a 20 percent upper extremity impairment. A "severe" degree of severity represents a 40 percent upper extremity impairment. Dr. Barletta, the attending physician, consistently described appellant's condition as "moderately severe" and rated appellant's impairment at 30 percent, or midway between the "moderate" and "severe" ratings in Table 16. As the attending physician, Dr. Barletta examined appellant and has first-hand knowledge of his condition. He should be given a degree of deference in matters

of judgment pertaining to the severity of appellant's condition.<sup>1</sup> His selection of a rating midway between "moderate" and "severe" appears reasonable under the circumstances.

On March 31, 1998 the district medical adviser for the Office of Workers' Compensation Programs confirmed that the medical record supported bilateral carpal tunnel syndrome. Referencing Table 16, page 57, of the A.M.A., *Guides*, the medical adviser rated the impairment of each upper extremity at 10 percent, indicating a "mild" degree of severity. The medical adviser, who did not examine appellant, gave no explanation for selecting this particular rating. For this reason his opinion is of little probative value and is insufficient to outweigh the opinion of the attending physician or to create a conflict therewith.<sup>2</sup>

On April 13, 1998 the Office issued a schedule award for a 10 percent permanent impairment to each upper extremity. The Office offered no reason for adopting the rating of the medical adviser. The weight of the medical evidence in this case rests with the estimate of impairment provided by Dr. Barletta, who examined appellant and exercised reasonable judgment in rating appellant's impairment under the A.M.A., *Guides*.

As the weight of the medical opinion evidence establishes that appellant has a 30 percent permanent impairment of each upper extremity, the Board will reverse the Office's April 13, 1998 decision and return the case for payment of a schedule award consistent with this decision of the Board.

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<sup>1</sup> The physician's judgment and his or her experience, training, skill, and thoroughness in examining the patient and applying the findings to the A.M.A., *Guides*' criteria will be factors in estimating the degree of the patient's impairment. These attributes compose part of the "art" of medicine, which, together with a foundation in science, constitute the essence of medical practice. A.M.A., *Guides* 3.

<sup>2</sup> The Board has held that medical conclusions unsupported by rationale are of little probative value. *Ceferino L. Gonzales*, 32 ECAB 1591 (1981); *George Randolph Taylor*, 6 ECAB 968 (1954).

The April 13, 1998 decision of the Office of Workers' Compensation Program is hereby reversed.

Dated, Washington, DC  
November 13, 2000

Willie T.C. Thomas  
Member

A. Peter Kanjorski  
Alternate Member

Valerie D. Evans-Harrell  
Alternate Member