

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of BARBARA L. HOLLINGSWORTH and U.S. POSTAL SERVICE,
POST OFFICE, Pensacola, FL

*Docket No. 02-995; Submitted on the Record;
Issued September 10, 2002*

DECISION and ORDER

Before MICHAEL J. WALSH, DAVID S. GERSON,
WILLIE T.C. THOMAS

The issues are: (1) whether appellant has more than a 57 percent permanent impairment of her vagina entitling her to a schedule award; and (2) whether appellant has established that her hysterectomy, bladder surgeries and uterus prolapse in 1995 were causally related to her employment duties.

Appellant, a 50-year-old supervisor, filed a notice of occupational disease on April 20, 1999 alleging that she sustained recurrence of her cystocele and retrocele on March 17, 1999 due to her employment factor of prolonged standing. The Office of Workers' Compensation Programs accepted appellant's claim for precipitation of a recurrence of vaginal vault prolapse and authorized surgery on August 4, 1999.

Appellant requested a schedule award on May 30, 2000. By decision dated July 13, 2001, the Office granted appellant a schedule award for 57 percent loss of use of her vagina. In a letter dated September 11, 2001, appellant requested reconsideration and alleged additional permanent impairment due to loss of her uterus and ovaries in 1995, loss of rectal function, thyroid dysfunction and restricted physical ability. By decision dated December 12, 2001, the Office denied appellant's claim for an additional schedule award.

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

Under section 8107 of the Federal Employees' Compensation Act¹ and section 10.404 of the implementing federal regulation,² schedule awards are payable for permanent impairment of specified body members, functions or organs. The Office's regulation provide that total impairment of the uterus/cervix and vulva/vagina entitles an employee to 205 weeks of compensation.³ However, neither the Act nor the regulations specify the manner in which the

¹ 5 U.S.C. § 8107.

² 20 C.F.R. § 10.404.

³ 20 C.F.R. § 10.404(a).

percentage of impairment shall be determined. For consistent results and to ensure equal justice for all claimants the Office adopted the American Medical Association, *Guides to the Evaluation of Permanent Impairment*⁴ as a standard for determining the percentage of impairment, and the Board has concurred in such adoption.⁵

Appellant underwent a total vaginal hysterectomy, bilateral salpingo-oophorectomy, anterior colporrhaphy, MacCall culdoplasty and cystoscopy on August 15, 1995. Her attending physician, Dr. Gordon T. Couch, a Board-certified gynecologist, described her diagnosis as of July 26, 1999 as recurrent pelvic relaxation including a sliding cystocele and vault prolapse with urinary incontinence complicated by extreme poor tissue quality. In a letter dated August 17, 2000, Dr. Couch stated that he did not feel competent to make a schedule award determination.

The Office referred the issue to the district medical adviser and in a report dated January 2, 2001, Dr. Phillip W. Horn, a Board-certified internist, found that appellant had an impairment of the cervix or uterus and classified this impairment in accordance with the fourth edition of the A.M.A., *Guides*. Based on this report the Office granted appellant a schedule award for 57 percent permanent loss of use of the vagina on July 13, 2001.

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

Dr. Horn based his 2001 impairment rating on loss of use of appellant's uterus and cervix. However, appellant underwent a full hysterectomy on August 15, 1995, therefore, these organs were no longer present on March 17, 1999, the date on which appellant alleged that she had developed a recurrence of her vaginal vault prolapse due to the employment factor of standing. Furthermore, the Office accepted her claim for the condition of recurrence of vaginal vault prolapse based on reports from appellant's attending physician, Dr. Couch, who stated in 1999 that she had a recurrent pelvic relaxation with a sliding cystocele⁶ and vault prolapse with urinary incontinence complicated by extreme poor tissue quality. However, he stated that he did not feel capable of providing an impairment rating for schedule award purposes.

Before the A.M.A., *Guides*,⁷ can be utilized, a description of appellant's impairment must be obtained. In obtaining medical evidence required for a schedule award, the evaluation must include a description of the impairment including, where applicable, the loss in degrees of active and passive motion of the affected member or function, the amount of any atrophy or deformity, decreases in strength or disturbance of sensation, or other pertinent descriptions of the impairment. This 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.⁸

⁴ A.M.A., *Guides* (5th ed. 2000).

⁵ *Leisa D. Vassar*, 40 ECAB 1287 (1989); *Francis John Kilcoyne*, 38 ECAB 168 (1986).

⁶ A cystocele is defined as a hernial protrusion of the urinary bladder through the vaginal wall. *DORLAND'S Illustrated Medical Dictionary* (27th ed. 1988).

⁷ The Office is to utilize the fifth edition of the A.M.A., *Guides* in decisions issued after February 1, 2001. FECA Bulletin 01-5 (issued January 29, 2002).

⁸ *Robert B. Rozelle*, 44 ECAB 616, 618 (1993).

The only medical evidence in the record addressing appellant's permanent impairment due to the accepted condition is the January 2, 2001 report of the Dr. Horn. As this report does not address appellant's impairment due to the accepted condition of vaginal vault prolapse and as it addresses only partial impairment of organs which were no longer present at the time of the report, it does not provide sufficient basis for the determination of appellant's permanent impairment due to her accepted employment condition.

The Board further notes that the Office granted appellant a schedule award based on impairment to her vagina, rather than to the uterus and cervix which the district medical adviser addressed in his January 2, 2001 report. The record does not contain medical evidence providing an impairment rating for appellant's vagina. Therefore, there was no basis for this award. The Board is unable to determine from the medical evidence in the record what appellant's impairment rating should be and which organs the Office has accepted as permanently impaired.

Due to the lack of clarity in the district medical adviser's report and the conflicting findings between this report and the schedule award issued by the Office, the Board finds that the Office must undertake additional development of the medical evidence to determine the extent of appellant's permanent impairment due to her accepted condition of recurrent vaginal vault prolapse.⁹

The December 12 and July 13, 2001 decisions of the Office of Workers' Compensation Programs are hereby set aside and remanded for further development consistent with this decision of the Board.

Dated, Washington, DC
September 10, 2002

Michael J. Walsh
Chairman

David S. Gerson
Alternate Member

Willie T.C. Thomas
Alternate Member

⁹ Due to the disposition of this issue, it is not necessary for the Board to address the second issue.