

Office accepted appellant's claim for impingement right shoulder and tendinitis right shoulder on November 29, 2000. The Office authorized surgery on January 10, 2001. On February 8, 2001 appellant underwent an arthroscopic repair of an SLAP lesion with acromioplasty and open distal clavicle excision.

Appellant's attending physician, Dr. Philip M. Stegemann, a Board-certified orthopedic surgeon, completed an impairment rating on March 8, 2002. Appellant requested a schedule award on March 27, 2002. On May 8, 2002 the Office requested additional medical evidence from Dr. Stegemann. In a report dated October 10, 2002, Dr. Stegemann opined that appellant had an eight percent permanent impairment of his right upper extremity due to loss of range of motion.

The district medical adviser reviewed the findings in Dr. Stegemann's October 10, 2002 report and concluded that appellant had a six percent permanent impairment of his right upper extremity. By decision dated February 20, 2003, the Office granted appellant a schedule award for a six percent permanent impairment of his right upper extremity.

LEGAL PRECEDENT

The schedule award provision of the Federal Employees' Compensation Act¹ and its implementing regulation² set forth the number of weeks of compensation payable to employees sustaining permanent impairment from loss, or loss of use, of scheduled 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 Evaluation of Permanent Impairment* has been adopted by the implementing regulation as the appropriate standard for evaluating schedule losses.

ANALYSIS

Appellant's attending physician, Dr. Stegemann, completed a report on March 8, 2002 and described appellant's surgery. He stated that appellant continued to experience discomfort in the shoulder above the horizontal. Dr. Stegemann reported mild atrophy of the rotator cuff musculature, forward flexion of 135 degrees, abduction to 120 degrees and external rotation to 60 degrees. He opined that appellant had a 25 percent impairment of the right shoulder.

Before the A.M.A., *Guides* can be utilized, a description of appellant's impairment must be obtained from appellant's physician. In obtaining medical evidence required for a schedule award, the evaluation made by the attending physician 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

¹ 5 U.S.C. § 8107.

² 20 C.F.R. § 10.404 (1999).

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.³ Due to the lack of specificity in Dr. Stegemann's March 8, 2002 report, the Office appropriately requested a supplemental report which should include a determination of maximum medical improvement, loss of range of motion figures, a description of any decrease in strength or atrophy as well as any subjective complaints such as pain or discomfort.

In response to the Office's request, Dr. Stegemann provided a report dated October 10, 2002. He found that appellant reached maximum medical improvement on March 8, 2000. Dr. Stegemann further found appellant's range of motion as flexion 135 degrees, abduction 120 degrees, and external rotation to 60 degrees. He noted that appellant had decreased strength and mild atrophy of the rotator cuff musculature. Dr. Stegemann stated that appellant had some discomfort in the shoulder region when bringing his arm up over the horizontal position. Dr. Stegemann then applied the A.M.A., *Guides* to his findings and concluded that appellant had a four percent impairment due to loss of flexion and a four percent impairment due to loss of abduction. He stated, "Therefore using these guidelines, I find him to have an eight percent loss of use of the upper extremity based on the A.M.A., *Guides*."

The district medical adviser reviewed the medical evidence in the record on February 1, 2003 and found that flexion of 135 degrees was a 3 percent impairment in accordance with the A.M.A., *Guides*. He further found that abduction of 120 degrees was a 3 percent impairment and that external rotation of 60 degrees was not a ratable impairment. The district medical adviser concluded that appellant had a total impairment rating of six percent based on the objective findings on examination.

The A.M.A., *Guides* provide that 135 degrees of flexion is a 3 percent impairment.⁴ The A.M.A., *Guides* further provide that abduction of 120 degrees is a 3 percent impairment.⁵ In accordance with the A.M.A., *Guides* external rotation of 60 degrees is not a ratable impairment.⁶ Adding the impairment ratings for loss of range of motion results in a finding of six percent impairment rating. In regard to the additional impairments mentioned by Dr. Stegemann, atrophy, discomfort and loss of strength, Dr. Stegemann did not provide the necessary physical findings to allow the district medical adviser or the Board to clearly visualize the impairment with its resulting restrictions and limitations. He merely stated that appellant had discomfort lifting his arm, without further description of the nerve or nerve roots involved and without correlating this finding with the appropriate provisions of the A.M.A., *Guides*. The same deficiencies are present regarding any "decreased strength" and "mild atrophy." Dr. Stegemann did not describe with detail the respective muscles involved and did not apply the appropriate provisions of the A.M.A., *Guides* to the specific findings which would be necessary to determine if appellant was entitled to an additional impairment rating due either to loss of strength or atrophy. As there is no detailed medical report which supports an impairment rating for anything

³ Robert B. Rozelle, 44 ECAB 616, 618 (1993).

⁴ A.M.A., *Guides*, 476, Figure 16-40.

⁵ *Id.* at 477, Figure 16-43.

⁶ *Id.* at 479, Figure 16-46.

other than loss of range of motion, the Office properly granted appellant a schedule award for six percent impairment of his right upper extremity.⁷

CONCLUSION

The Board finds that the Office properly determined that the medical evidence of record did not support a permanent impairment of more than six percent entitling appellant to a greater schedule award.

ORDER

IT IS HEREBY ORDERED THAT the February 20, 2003 decision of the Office of Workers' Compensation Programs is hereby affirmed.

Issued: April 28, 2004
Washington, DC

Alec J. Koromilas
Chairman

David S. Gerson
Alternate Member

Willie T.C. Thomas
Alternate Member

⁷ On appeal, questions whether an enhancement factor should be applied, since the permanent impairment is to his dominant arm. Section 16.1b of the A.M.A., *Guides* provides that impairment ratings in the chapter for upper extremities "have not been adjusted for hand dominance...."