



strain. Appellant underwent right knee surgery on January 27, 2003 that included a partial lateral meniscectomy and anterior cruciate ligament patellar tendon graft allograft.

The attending orthopedic surgeon, Dr. Lyle Norwood, submitted reports regarding appellant's continuing treatment. In a report dated April 8, 2003, Dr. Norwood indicated that appellant's "quadriceps strength has improved. She has no instability and she has no anterior drawer or Lachman test."<sup>1</sup> By report dated October 21, 2003, Dr. Norwood reported flexion to 195 degrees, full extension, with no anterior drawer or Lachman.

In a report dated November 11, 2003, Dr. Norwood stated that, using the fifth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment*, appellant had a 17 percent lower extremity impairment for "the anterior cruciate ligament and reconstruction." He also found a 2 percent impairment for the torn lateral meniscus, totaling a 19 percent leg impairment.

An Office medical adviser reviewed the medical evidence and opined in a December 24, 2003 report that appellant had a two percent impairment of the right lower extremity for a partial meniscectomy under Table 17-33 of the A.M.A., *Guides*. The Office medical adviser indicated that under Table 17-33 moderate anterior cruciate laxity resulted in a 17 percent leg impairment, but he noted that Dr. Norwood's October 21, 2003 report found no anterior drawer or Lachman. The medical adviser concluded that the evidence did not establish an impairment for anterior cruciate laxity.

In a decision dated March 17, 2004, the Office issued a schedule award for a two percent permanent impairment to the right leg. The period of the award was 5.76 weeks from October 21, 2003.

### **LEGAL PRECEDENT**

Section 8107 of the Federal Employees' Compensation Act provides that, if there is permanent disability involving the loss or loss of use of a member or function of the body, the claimant is entitled to a schedule award for the permanent impairment of the scheduled member or function.<sup>2</sup> Neither the Act nor the regulations specify the manner in which the percentage of impairment for a schedule award shall be determined. For consistent results and to ensure equal justice for all claimants the Office has adopted the A.M.A., *Guides* as the uniform standard applicable to all claimants.<sup>3</sup> As of February 1, 2001, the fifth edition of the A.M.A., *Guides* was to be used to calculate schedule awards.<sup>4</sup>

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<sup>1</sup> Lachman's test is a physical examination technique used to detect injury to the anterior cruciate ligament. See <http://www.medhelp.org>.

<sup>2</sup> 5 U.S.C. § 8107. This section enumerates specific members or functions of the body for which a schedule award is payable and the maximum number of weeks of compensation to be paid; additional members of the body are found at 20 C.F.R. § 10.404(a).

<sup>3</sup> A. George Lampo, 45 ECAB 441 (1994).

<sup>4</sup> FECA Bulletin No. 01-05 (issued January 29, 2001).

## ANALYSIS

The attending physician, Dr. Norwood, reported that appellant had a two percent impairment for the torn lateral meniscus. As noted by the Office medical adviser, Table 17-33 provides a two percent leg impairment for a partial lateral meniscectomy.<sup>5</sup> Appellant underwent a partial lateral meniscectomy and both the medical adviser and Dr. Norwood found a two percent impairment.

Dr. Norwood opined that appellant had an additional 17 percent permanent impairment for the anterior cruciate ligament, without providing additional explanation or citing a specific table. The Office medical adviser noted that Table 17-33 did provide a 17 percent impairment for moderate anterior cruciate laxity, but he also noted the physical examination findings reported no anterior drawer or positive Lachman's test. Based on the physical findings, the medical adviser opined that appellant did not have an anterior cruciate ligament permanent impairment.

The medical adviser therefore did provide medical reasoning to support his opinion that appellant did not have an anterior cruciate ligament impairment. Dr. Norwood did not provide any supporting rationale or explanation for his opinion that appellant had a 17 percent impairment for the anterior cruciate ligament. He did not, as noted above, specifically discuss the applicable tables and support his opinion with medical explanation. Based on the evidence of record, the weight of the medical evidence rests with the Office medical adviser in this case.

A schedule award is payable in weeks of compensation pursuant to 5 U.S.C. § 8107. For the leg, the maximum impairment is 288 weeks of compensation,<sup>6</sup> and therefore appellant was paid 2 percent of the maximum, or 5.76 weeks of compensation from the date of maximum medical improvement.<sup>7</sup>

## CONCLUSION

The Board finds that the weight of the medical evidence establishes a two percent permanent impairment to the right leg for a partial lateral meniscectomy. There is no probative medical evidence of record establishing a greater impairment.

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<sup>5</sup> A.M.A., *Guides* 546, Table 17-33.

<sup>6</sup> 5 U.S.C. § 8107(c)(2).

<sup>7</sup> A schedule award is paid from the date of maximum medical improvement. *Albert Valverde*, 36 ECAB 233, 237 (1984).

**ORDER**

**IT IS HEREBY ORDERED THAT** the decision of the Office of Workers' Compensation Programs dated March 17, 2004 is affirmed.

Issued: November 24, 2004  
Washington, DC

Alec J. Koromilas  
Chairman

David S. Gerson  
Alternate Member

Willie T.C. Thomas  
Alternate Member