

accident on March 30, 2002.¹ The Office accepted that she sustained a comminuted fracture of the left ankle, fracture at C2, nondisplaced fracture of the left skull, open dislocation of the left ankle, multiple skin lacerations and bruises, palsy of the sixth cranial nerve of the right eye and right vocal cord paralysis. Appellant underwent several surgical procedures between March and April 2002 which were authorized by the Office, including irrigation and debridement of left knee and ankle wounds, closure of a left knee wound, left ankle skin graft and reconstruction of the left lateral ankle.

In a report dated September 19, 2002, Dr. John Weltmer, an attending Board-certified orthopedic surgeon, noted that appellant's left ankle skin graft was healing well; however, she had sclerosis and apparent nonunion of the left talus as well as significant left sural nerve paresthesias. In mid February 2003, she underwent a left medial malleolar osteotomy and an open reduction and internal fixation of her left talar nonunion. Appellant participated in regular physical therapy treatments and gradually gained increased mobility in her left leg.

Appellant continued to experience left ankle pain and, in mid January 2004, underwent a left ankle arthrodesis which was authorized by the Office. Her attending physicians noted that her left ankle fusion healed well in a neutral position; however, appellant continued to have some left sural nerve pain and irritation.

Appellant claimed entitlement to schedule award and, in December 2004, the Office referred her to Dr. John A. Gragnani, a Board-certified orthopedic surgeon, for evaluation of her impairment.

In a report dated December 21, 2004, Dr. Gragnani detailed appellant's factual and medical history and reported the findings of his examination. He noted that she had no major problems with her left knee but experienced considerable pain in her left ankle. Dr. Gragnani stated that appellant's left ankle was completely arthrodesed in a neutral position and that sensory examination revealed decreased sensation in the left sural nerve distribution. He indicated that testing of the left leg revealed 105 degrees of knee flexion, 4 degrees of knee flexion contracture (or extension) and that her left leg was in a 7 degree valgus position. Dr. Gragnani concluded that appellant had a 10 percent impairment of the left leg due to ankylosis of the left ankle in a neutral position according to the text found on page 541 of the fifth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment*. He also found that she had a 1 percent impairment of the left leg which was calculated by multiplying the 2 percent maximum value for sensory loss associated with the sural nerve (Table 17-37 on page 552 of the A.M.A., *Guides*) times a 61 percent value which represented a lower-level Grade 2 sensory loss (Table 16-10 on page 482). Dr. Gragnani further determined that appellant's left knee flexion of 105 degrees entitled her to a 10 percent impairment rating under Table 17-10 on page 537. He then combined these values using the Combined Values Chart on page 604 to conclude that appellant had a total left leg impairment of 20 percent.²

¹ Appellant stopped work on March 30, 2002 and received appropriate compensation for periods of partial and total disability. She eventually returned to full duty in September 2004.

² Dr. Gragnani rounded the resulting 1.22 percent value down to 1 percent.

In a report dated December 31, 2004, the Office medical adviser explained that he agreed with Dr. Gragnani's assessment that appellant had a 20 percent impairment of his left leg which was calculated by using the Combined Values Chart to combine the 10 percent impairment rating for loss of left knee flexion, the 10 percent impairment rating for left ankle ankylosis in the neutral position and the 1 percent impairment rating for sensory loss associated with the left sural nerve.

By decision dated January 10, 2005, the Office granted appellant a schedule award for a 20 percent impairment of her left leg. The award ran for 57.6 weeks from September 16 to October 24, 2004.³

LEGAL PRECEDENT

The schedule award provision of the Federal Employees' Compensation Act⁴ and its implementing regulation⁵ sets 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 A.M.A., *Guides* has been adopted by the implementing regulation as the appropriate standard for evaluating schedule losses.⁶

ANALYSIS

On March 30, 2002 appellant sustained multiple injuries due to an employment-related vehicular accident. By decision dated January 10, 2005, the Office granted her a schedule award for a 20 percent impairment of her left leg.

In a report dated December 21, 2004, Dr. Gragnani, a Board-certified orthopedic surgeon, who served as an Office referral physician, properly concluded that appellant had a 20 percent impairment of her left leg. He correctly found that she had a 10 percent impairment of her left leg due to ankylosis of her left ankle in a neutral position⁷ and that her left knee flexion of 105 degrees entitled her to a 10 percent impairment rating.⁸ Dr. Gragnani also properly found that appellant had a 1 percent impairment of her left leg which was calculated by multiplying the 2

³ The record also contains a copy of an award of compensation which was inadvertently dated January 12, 2005. This document duplicates the Office's determination in its January 10, 2005 award of compensation and does not constitute a separate decision of the Office.

⁴ 5 U.S.C. § 8107.

⁵ 20 C.F.R. § 10.404 (1999).

⁶ *Id.*

⁷ A.M.A., *Guides* at 541.

⁸ *Id.* at Table 17-10, 537. Appellant's four degrees of left knee flexion contracture and the seven degree valgus position of her left leg would not entitle her to an impairment rating. *See id.*

percent maximum value for sensory loss associated with the sural nerve times a 61 percent value which represented a lower-level Grade 2 sensory loss.⁹ He then correctly combined these values using the Combined Values Chart to conclude that appellant had a total left leg impairment of 20 percent.¹⁰

In a report dated December 31, 2004, the Office medical adviser provided a proper opinion when he indicated that he agreed with Dr. Gragnani's calculation of appellant's left leg impairment. As the reports of Dr. Gragnani and the Office medical adviser provided the only evaluations which conformed with the A.M.A., *Guides*, they constitute the weight of the medical evidence.¹¹ Appellant did not submit any evidence showing that she has more than a 20 percent impairment of her left leg and the Office properly granted her schedule award compensation for such an impairment.

CONCLUSION

The Board finds that appellant did not meet her burden of proof to establish that she has more than a 20 percent impairment of her left leg, for which she received a schedule award.

ORDER

IT IS HEREBY ORDERED THAT the Office of Workers' Compensation Programs' January 10, 2005 decision is affirmed.

Issued: January 6, 2006
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

David S. Gerson, Judge
Employees' Compensation Appeals Board

Michael E. Groom, Alternate Judge
Employees' Compensation Appeals Board

⁹ *Id.* at Tables 16-10, 17-37, 482, 552.

¹⁰ *Id.* at 604.

¹¹ *See Bobby L. Jackson*, 40 ECAB 593, 601 (1989).