



internal derangement of the left knee and a ruptured Baker's cyst as a result of prolonged standing on concrete surfaces while working as a machinist. A magnetic resonance imaging (MRI) scan of the left knee dated October 24, 2002 revealed a tear of the medial meniscus, chondromalacia and a very small residual Baker's cyst.

In an October 4, 2002 report, Dr. Joseph P. Rowlett, a family practitioner, noted that appellant was treated for pain of the left leg secondary to either phlebitis or a ruptured Baker's cyst. Also submitted was a report from Dr. Millard F. Banker, a Board-certified family practitioner, dated November 18, 2002, who treated appellant for bilateral edema of the knees. Other reports from Dr. Armistead dated October 3 to January 7, 2003 noted treating appellant for an old cervical injury with vertebral wedging, moderate degenerative arthritis of the lumbar spine, degenerative changes and a ruptured Baker's cyst. On January 28, 2003 he noted that appellant returned to work full time; however, he still complained of pain in the cervical and lumbar spine and diagnosed cervical and lumbar strain and status post degenerative disease. In a report dated September 2, 2003, Dr. Armistead determined that appellant reached maximum medical improvement and opined that, in accordance with the fifth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment*,<sup>1</sup> (A.M.A., *Guides*) appellant sustained a 17 percent impairment of the lower extremity<sup>2</sup> or a 7 percent whole person impairment for impairment of the sensory functions of the sciatic nerve. Dr. Armistead noted that the impairment related to appellant's cervical injury was a spinal injury without radicular symptoms and therefore was not ratable.

On October 1, 2003 appellant filed a claim for a schedule award.

The Office referred the case record to a medical adviser. In a report dated November 6, 2003, the medical adviser indicated that the A.M.A. *Guides* did not provide a rating for the diagnosis of synovial cyst and therefore there would be no permanent partial impairment for this condition. With regard to the impairment rating for sciatica, the medical adviser indicated that Dr. Armistead failed to present the impairment rating in accordance with the format set forth on page 424 of the A.M.A., *Guides*.

By letter dated January 5, 2004, the Office requested that Dr. Armistead determine the extent of permanent partial impairment of the lower extremities due to the accepted employment injury in accordance with the A.M.A., *Guides*. In a response dated January 19, 2004, Dr. Armistead advised that appellant sustained sensory loss in the right lower extremity in the distribution of the sciatic nerve. He opined that appellant sustained a 17 percent impairment of the lower extremity<sup>3</sup> or a 7 percent whole person impairment for impairment of the sensory functions of the sciatic nerve at L4-5 and S1.

In a report dated May 11, 2004, the medical adviser indicated that the accepted medical condition was a synovial cyst of the popliteal space of the left knee which ruptured but resolved

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<sup>1</sup> A.M.A., *Guides* (5<sup>th</sup> ed. 2001).

<sup>2</sup> *Id.* at 552, Table 17-37.

<sup>3</sup> *Id.*

with conservative treatment. He noted that there was no nerve damage or sciatica secondary to the popliteal cyst described in the record. The medical adviser indicated that, although Dr. Armistead provided a 17 percent impairment of the right lower extremity due to sensory deficit, there was no loss of motion or deformity of the left knee described after November 4, 2002. The medical adviser determined that appellant was not entitled to an impairment rating for the left lower extremity.

In a decision dated May 24, 2004, the Office denied appellant's claim for a schedule award.

In a letter dated June 4, 2004, appellant requested a review of the written record. In a June 23, 2004 report, Dr. Armistead advised that his January 19, 2004 report incorrectly referred to the right lower extremity as the site of appellant's symptoms when in fact appellant's condition affected the left lower extremity. On January 10, 2005 Dr. Armistead noted that his impairment rating provided on September 29, 2003 was based on a loss of sensory function in the lower extremities due to a sciatic nerve dysfunction from a prior nonwork-related back injury. He advised that appellant did develop a Baker's cyst of the left knee which caused a prolonged period of pain; however, this condition did not lead to any permanent disability as all impairment was directly related to the back problems and subsequent nerve trauma.

In a decision dated February 24, 2005, the hearing representative affirmed the May 24, 2004 schedule award denial.

### **LEGAL PRECEDENT**

The schedule award provision of the Federal Employees' Compensation Act<sup>4</sup> and its implementing regulation<sup>5</sup> 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.<sup>6</sup>

### **ANALYSIS**

Appellant alleges that he is entitled to a schedule award for permanent partial impairment of the left lower extremity for the accepted condition of a Baker's cyst.

Dr. Armistead opined that, in accordance with the A.M.A., *Guides*, appellant sustained a 17 percent impairment of the lower extremity<sup>7</sup> for impairment of the sensory functions of the

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<sup>4</sup> 5 U.S.C. § 8107.

<sup>5</sup> 20 C.F.R. § 10.404 (1999).

<sup>6</sup> See *Id.*; *Jacqueline S. Harris*, 54 ECAB 139 (2002).

<sup>7</sup> A.M.A., *Guides* 552 (5<sup>th</sup> ed. 2001) Table 17-37.

sciatic nerve at L4-5 and S1. However, he noted that this impairment rating was based on a loss of sensory function in the lower extremities due to a sciatic nerve dysfunction from a prior nonwork-related back injury. Dr. Armistead further opined that appellant did develop a Baker's cyst of the left knee which caused a prolonged period of pain; however, this condition did not lead to any permanent impairment as all impairment was directly related to the prior nonwork-related back injury.

The medical adviser correlated findings from Dr. Armistead's reports to specific provisions in the A.M.A., *Guides*. On May 11, 2004 he determined that appellant sustained a zero percent impairment of the left lower extremity in accordance with the fifth edition of the A.M.A., *Guides*.<sup>8</sup> The medical adviser noted that the accepted medical condition was a synovial cyst of the popliteal space of the left knee which ruptured but resolved with conservative treatment. He noted that there was no nerve damage or sciatica secondary to the popliteal cyst described in the record. Although Dr. Armistead provided a 17 percent impairment of the right lower extremity due to sensory deficit, there was no loss of motion or deformity of the left knee described after November 4, 2002. The medical adviser opined that appellant was not entitled to an impairment rating for the left lower extremity.

The Office medical adviser properly applied the A.M.A., *Guides* to the information provided in Dr. Armistead's reports and determined that appellant was not entitled to an impairment rating for the left lower extremity because he had no impairment due to his accepted employment injury.<sup>9</sup>

On appeal, appellant asserts that he is entitled to a schedule award for his left leg because of the lifestyle changes he was required to make because of the Baker's cyst, including having to take water pills to control the swelling in his leg, the necessity of having to wear support socks, the inability to drink carbonated sodas or travel for prolonged periods of time. However, the Board has held that the amount payable pursuant to a schedule award does not take into account the effect that the impairment has on employment opportunities, wage-earning capacity, sports, hobbies or other lifestyle activities.<sup>10</sup>

### **CONCLUSION**

The Board finds that the Office properly denied appellant's claim for a schedule award.

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<sup>8</sup> A.M.A., *Guides* (5<sup>th</sup> ed. 2001).

<sup>9</sup> A schedule award can be paid only for a condition related to an employment injury. The claimant has the burden of proving that the condition for which a schedule award is sought is causally related to his or her employment. *Veronica Williams*, 56 ECAB \_\_\_ (Docket No. 04-2120, issued February 23, 2005).

<sup>10</sup> *Ruben Franco*, 54 ECAB 496 (2003).

**ORDER**

**IT IS HEREBY ORDERED THAT** the February 24, 2005 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 16, 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