

On December 7, 2006 appellant filed a claim for a schedule award. On January 4, 2007 the Office asked appellant's surgeon, Dr. Lin, to examine her for purposes of determining the extent of any permanent impairment due to the accepted employment injury. Dr. Lin referred appellant for a functional capacity evaluation, which was conducted on February 7, 2007.

In a February 23, 2007 report, Dr. Lin stated that appellant still had some paresthesia in the left hand, but otherwise there were no new neurosurgical issues with her wrist. On physical examination, he reported no loss of range of motion, no weakness or atrophy and no loss of pinch strength. The only reported finding was occasional tingling in the wrist and fingers. Dr. Lin indicated that appellant reached maximum medical improvement on January 1, 2007. However, he did not provide an impairment rating.

On March 22, 2007 the Office referred the case record to its district medical adviser, Dr. Benjamin P. Crane. In a March 30, 2007 report, Dr. Crane found one percent impairment of the left upper extremity for pain in the distribution of the median nerve. With respect to the right upper extremity, he found zero percent impairment as there was no mention of right carpal tunnel syndrome in Dr. Lin's recent report. According to Dr. Crane, appellant reached maximum medical improvement on April 11, 2006, three months after her left median nerve decompression.

On August 16, 2007 appellant received a schedule award for one percent impairment of the left upper extremity. The award totaled 3.12 weeks of compensation, covering the period April 11 to May 2, 2006.

LEGAL PRECEDENT

Section 8107 of the Federal Employees' Compensation Act set forth the number of weeks of compensation to be paid for the permanent loss of use of specified members, functions and organs of the body.¹ The Act, however, does not specify the manner by which the percentage loss of a member, function or organ shall be determined. To ensure consistent results and equal justice under the law, good administrative practice requires the use of uniform standards applicable to all claimants. The implementing regulations have adopted the American Medical Association, *Guides to the Evaluation of Permanent Impairment* as the appropriate standard for evaluating schedule losses.² Effective February 1, 2001, schedule awards are determined in accordance with the A.M.A., *Guides* (5th ed. 2001).³

ANALYSIS

The Office medical adviser assessed the residuals of appellant's left carpal tunnel syndrome in accordance with the requirements for determining impairments due to peripheral

¹ For a total, or 100 percent loss of use of an arm, an employee shall receive 312 weeks' compensation. 5 U.S.C. § 8107(c)(1) (2000).

² 20 C.F.R. § 10.404 (2007).

³ Federal (FECA) Procedure Manual, Part 3 -- Medical, *Schedule Awards*, Chapter 3.700.2 (June 2003).

nerve disorders.⁴ The first step in the evaluation process is to grade the severity of the sensory deficit (pain) in accordance with Table 16-10, A.M.A., *Guides* 482. With respect to appellant's left upper extremity, Dr. Crane found a "Grade 4" sensory deficit.⁵ This classification is characterized by "[d]istorted superficial tactile sensibility (diminished light touch), with or without minimal abnormal sensation or pain, that is forgotten during activity" and represents a 1 to 25 percent sensory deficit.⁶

The next step in the rating process is to identify the maximum upper extremity impairment value due to sensory deficit or pain for each affected nerve, which in this case was the median nerve. According to Table 16-15, A.M.A., *Guides* 492, the maximum percentage upper extremity impairment due to sensory deficit or pain involving the median nerve (below mid-forearm) is 39 percent. To determine the upper extremity impairment one multiplies appellant's Grade 4 classification (25 percent) by the maximum percentage loss due to sensory deficit or pain involving the median (39 percent). Applying this formula, appellant has 10 percent impairment for sensory deficit or pain (25 percent x 39 percent) involving the median nerve. The Office medical adviser mistakenly calculated appellant's impairment as only one percent, which the Office relied upon in its August 16, 2007 schedule award.

Other than the above-noted mathematical error, Dr. Crane's March 30, 2007 impairment rating is consistent with Dr. Lin's February 23, 2007 examination findings and conforms to the A.M.A., *Guides* (5th ed. 2001). The August 16, 2007 schedule award will be modified to reflect appellant's 10 percent permanent impairment of the left upper extremity. Appellant has not presented any probative medical evidence indicating that she has greater than 10 percent impairment of the left upper extremity.⁷

CONCLUSION

The Board finds that appellant has 10 percent permanent impairment of the left upper extremity.

⁴ See A.M.A., *Guides* 480-83, section 16.5.

⁵ Dr. Crane noted that appellant reported "intermittent left hand numbness." Dr. Lin described it as "occasional tingling."

⁶ A.M.A., *Guides* 482, Table 16-10.

⁷ See *Bobby L. Jackson*, 40 ECAB 593, 601 (1989).

ORDER

IT IS HEREBY ORDERED THAT the August 16, 2007 decision of the Office of Workers' Compensation Programs is affirmed, as modified.

Issued: March 13, 2008
Washington, DC

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

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

James A. Haynes, Alternate Judge
Employees' Compensation Appeals Board