



release, which appellant underwent on October 20, 2007. Appellant received compensation benefits.

In a February 5, 2008 report, Dr. Todd E. Siff, a Board-certified orthopedic surgeon and treating physician, noted that appellant was post right carpal tunnel release. He advised that appellant had some residual tingling in the small finger and ring finger. Dr. Siff opined that appellant was at maximum medical improvement.

On February 7, 2008 appellant filed a claim for a schedule award.<sup>2</sup> By letter dated March 20, 2008, the Office requested that appellant's physician provide an impairment rating pursuant to the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (5<sup>th</sup> ed. 2001) hereinafter (A.M.A., *Guides*).

In a June 17, 2008 report, Dr. Siff diagnosed right CTS and advised that appellant reached maximum medical improvement on June 6, 2008. He provided range of motion findings for the right wrist, which included 50 degrees of flexion for two percent impairment and 50 degrees of extension for two percent impairment. Dr. Siff added these values to find that appellant had four percent impairment of the right upper extremity and also indicated four percent whole person impairment.

In a July 8, 2008 report, the Office medical adviser applied the findings of Dr. Siff to the fifth edition of the A.M.A., *Guides* and agreed that appellant had four percent impairment of his right upper extremity. He referred to Table 16-28 and 31,<sup>3</sup> and indicated that, for 50 degrees of flexion and extension, each represented two percent impairment. The Office medical adviser added these impairments to find four percent impairment to the right arm. He noted that his findings were the same as Dr. Siff and advised that he did not describe any impairment to the left upper extremity. The Office medical adviser opined that June 17, 2008 was the date of maximum medical improvement.

On August 26, 2008 the Office granted appellant a schedule award for four percent impairment of the right upper extremity. The award covered a period of 12.48 weeks from June 17 to August 30, 2008.

### **LEGAL PRECEDENT**

Section 8107 of the Federal Employees' Compensation Act<sup>4</sup> sets 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.<sup>5</sup> 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

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<sup>2</sup> An earlier request for a schedule award was denied by decision dated January 16, 2007, as appellant had not reached maximum medical improvement.

<sup>3</sup> A.M.A., *Guides* 467-69.

<sup>4</sup> 5 U.S.C. §§ 8101-8193.

<sup>5</sup> *Id.* at § 8107.

results and equal justice for all claimants under the law, good administrative practice requires the use of uniform standards applicable to all claimants.<sup>6</sup> The Act's implementing regulations has adopted the A.M.A., *Guides* as the appropriate standard for evaluating schedule award losses.<sup>7</sup>

### **ANALYSIS**

The Board finds that appellant has not established that he has more than four percent permanent impairment of his right upper extremity. In this case, Dr. Siff and the Office medical adviser agreed that appellant had four percent impairment of the right upper extremity due to his accepted CTS. Dr. Siff's report noted appellant's range of motion findings in the right wrist and found four percent impairment based on two percent impairment for loss of flexion and loss of extension. He also indicated that appellant had four percent whole person impairment, but did not explain this reference to whole person impairment. The Board notes that there can be no schedule award based on whole person impairment as neither the Act nor Office regulations provide for the payment of a schedule award for the whole person.<sup>8</sup>

An Office medical adviser reviewed Dr. Siff's report and agreed that appellant had four percent impairment of the right arm. The Office medical adviser noted the range of motion measurements found by Dr. Siff and properly referred to Figure 16-28 and 31 of the A.M.A., *Guides*<sup>9</sup> and provided findings for range of motion for the wrist. Under Figure 16-28,<sup>10</sup> 50 degrees of flexion and 50 degrees of extension would each result in two percent impairment, or a total of four percent impairment of the right arm. The medical adviser noted there were no other findings warranting an impairment rating. The Board finds that the Office medical adviser properly applied the A.M.A., *Guides*, and that the Office properly found that appellant was not entitled to greater than four percent impairment of the right upper extremity.

### **CONCLUSION**

The Board finds that appellant has not established that he has more than four percent permanent impairment of his right upper extremity, for which he received a schedule award.

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<sup>6</sup> *Ausbon N. Johnson*, 50 ECAB 304, 311 (1999).

<sup>7</sup> 20 C.F.R. § 10.404.

<sup>8</sup> *S.K.*, 60 ECAB \_\_\_\_ (Docket No. 08-848, issued January 26, 2009).

<sup>9</sup> A.M.A., *Guides* 467-69.

<sup>10</sup> *Id.* at 467.

**ORDER**

**IT IS HEREBY ORDERED THAT** the decision of the Office of Workers' Compensation Programs dated August 26, 2008 is affirmed.

Issued: October 22, 2009  
Washington, DC

David S. Gerson, Judge  
Employees' Compensation Appeals Board

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

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