



right lateral epicondylitis. Appellant underwent a right extensor origin release and filed a claim for a schedule award.

Dr. John W. Sapp, the attending orthopedic surgeon, evaluated appellant's impairment under the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment*. Using Table 15-4, page 399, he found that her lateral epicondylitis and right extensor surgical release qualified for a five percent default impairment rating of the right upper extremity, a class 1 or mild impairment. Noting a mild functional loss, essentially normal physical findings and no clinical studies since her surgery, Dr. Sapp modified the default impairment rating to find four percent impairment of the right arm.

On December 6, 2010 OWCP issued a schedule award for a four percent impairment of appellant's right upper extremity.

### **LEGAL PRECEDENT**

Section 8107 of FECA<sup>2</sup> authorizes the payment of schedule awards for the loss or loss of use of specified members, organs or functions of the body. Such loss or loss of use is known as permanent impairment. OWCP evaluates the degree of permanent impairment according to the standards set forth in the specified edition of the A.M.A., *Guides*.<sup>3</sup>

### **ANALYSIS**

Diagnosis-based impairment is the primary method of evaluation for the upper extremity.<sup>4</sup> OWCP accepted appellant's claim for lateral epicondylitis, for which she underwent an extensor origins release. Table 15-4, page 399 of the A.M.A., *Guides* gives a default impairment rating of five percent for the diagnosis of lateral epicondylitis following surgical release of extensor origins with residual symptoms. This default rating, classified as mild, can be modified slightly based on a claimant's functional history, physical findings and clinical studies. Dr. Sapp explained that appellant's functional loss was also mild, which warranted no modification. Appellant's physical findings, however, were less than mild. This reduced the default rating to four percent. There were no clinical studies following surgery. As a result, appellant's final impairment rating was four percent of the right upper extremity.

Dr. Sapp provided a thorough evaluation of appellant's impairment under the sixth edition of the A.M.A., *Guides*. The Board finds that appellant has a four percent impairment of her right upper extremity and will affirm OWCP's December 6, 2010 decision.

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<sup>2</sup> 5 U.S.C. § 8107.

<sup>3</sup> 20 C.F.R. § 10.404. For impairment ratings calculated on and after May 1, 2009, OWCP should advise any physician evaluating permanent impairment to use the sixth edition. Federal (FECA) Procedure Manual, Part 2 -- Claims, *Schedule Awards & Permanent Disability Claims*, Chapter 2.0808.6.a (January 2010).

<sup>4</sup> A.M.A., *Guides* 387 (6<sup>th</sup> ed., second printing 2009).

Appellant may request a schedule award or increased schedule award based on evidence of a new exposure or medical evidence showing progression of an employment-related condition resulting in permanent impairment or increased impairment.

**CONCLUSION**

The Board finds that appellant has a four percent impairment of her right upper extremity.

**ORDER**

**IT IS HEREBY ORDERED THAT** the December 6, 2010 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: November 15, 2011  
Washington, DC

Richard J. Daschbach, Chief Judge  
Employees' Compensation Appeals Board

Colleen Duffy Kiko, Judge  
Employees' Compensation Appeals Board

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