United States Department of Labor
Employees' Compensation Appeals Board

T.E., Appellant **and** **U.S. POSTAL SERVICE, POST OFFICE, Pittsburgh, PA, Employer**	))))))))	**Docket No. 11-1805** **Issued: August 2, 2012**

Appearances:
Thomas R. Uliase, Esq., for the appellant
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
COLLEEN DUFFY KIKO, Judge
PATRICIA HOWARD FITZGERALD, Judge
ALEC J. KOROMILAS, Alternate Judge

JURISDICTION

On August 1, 2011 appellant, through her attorney, filed a timely appeal of the Office of Workers' Compensation Programs' April 26, 2011 schedule award decision and the June 23, 2011 merit decision denying entitlement to additional compensation. Pursuant to the Federal Employees' Compensation Act[1] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUES

The issues are: (1) whether the evidence establishes that appellant has more than an 18 percent permanent impairment of the right upper extremity (RUE) and a 5 percent permanent impairment of the left upper extremity (LUE); and (2) whether appellant is entitled to additional compensation based upon her schedule award.

On appeal, appe1lant's representative argues that there is an unresolved conflict in medical opinion which requires further development.

[1] 5 U.S.C. § 8101 *et seq.*

FACTUAL HISTORY

This case was previously on appeal before the Board. In a decision dated August 26, 2009, the Board found that appellant's case was not in posture for decision regarding whether she was entitled to an increased schedule award. The case was remanded to OWCP for further development of the medical evidence.[2] The facts of the case as set forth in the Board's prior decision are incorporated herein by reference, the relevant facts are delineated below.

OWCP accepted appellant's January 31, 1990 occupational disease claim for bilateral carpal tunnel syndrome (CTS); aggravation of nerve root plexus disorder; and thoracic outlet syndrome (TOS). Appellant underwent approved right carpal tunnel release surgery on May 11, 1992.

In support of her claim for a schedule award, appellant submitted a December 31, 2001 report from her treating physician, Dr. David Weiss, a Board-certified orthopedist, who opined that she had a 31 percent impairment of the RUE and a 26 percent impairment of the LUE, pursuant to the fifth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*). In a February 11, 2003 second opinion report, Dr. Richard Bennett, a Board-certified neurologist, opined that she had no objective evidence of CTS or TOS and no permanent motor or sensory impairment due to CTS or TOS. OWCP found a conflict in medical opinion between Dr. Weiss and Dr. Bennett as to whether appellant had permanent impairment related to her accepted injury and referred her to Dr. Marcia L. Halpern, a Board-certified neurologist, in order to resolve the conflict. In a July 8, 2003 report, Dr. Halpern opined that appellant had no permanent impairment under the fifth edition of the A.M.A., *Guides*. By decision dated August 25, 2003, OWCP denied appellant's schedule award request, based on Dr. Halpern's July 8, 2003 report. In a July 6, 2004 decision, an OWCP hearing representative affirmed the August 25, 2003 decision.

In support of an April 6, 2005 reconsideration request, appellant submitted an October 19, 2004 report from Dr. Weiss, who opined that she had a total LUE impairment of 37 percent and a total RUE impairment of 47 percent pursuant to the fifth edition of the A.M.A., *Guides*. OWCP found a conflict in medical opinion between Dr. Weiss and Dr. Halpern and referred appellant to Dr. James Gaul, a Board-certified neurologist, to resolve the conflict as to the existence and degree of permanent impairment related to appellant's accepted conditions. In an October 25, 2005 report, Dr. Gaul opined that she had a 40 percent impairment of the RUE and a 25 percent impairment of the LUE for sensory and motor deficits.

OWCP forwarded Dr. Gaul's report to the district medical adviser (DMA) for review. In a November 8, 2005 report, the DMA recommended that appellant receive a schedule award for a 1 percent impairment of her RUE and a 10 percent impairment of her LUE under the A.M.A., *Guides*, based on Dr. Gaul's examination findings. By decision dated November 27, 2006, OWCP issued a schedule award for a 10 percent impairment of the LUE and a 1 percent impairment of the RUE.

[2] Docket No. 08-1362 (issued August 26, 2009).

In a decision dated March 15, 2007, an OWCP hearing representative found that Dr. Weiss' October 19, 2004 report did not create a conflict with the opinion of the impartial medical examiner (IME) and that, therefore, Dr. Gaul's report should he considered a second opinion report, rather than a referee report. The hearing representative found that the case was not in posture for a decision and remanded the case for further development of the medical evidence, including a supplemental report from Dr. Gaul concerning the degree of permanent impairment to appellant's upper extremities.

On May 24, 2007 Dr. Gaul opined that appellant had a 29 percent impairment of the RUE and a 17 percent impairment of the LUE pursuant to the fifth edition of the A.M.A., *Guides* indicated that his examination findings supported the conclusion that appellant's condition had worsened and that the worsening was a consequence of her original and underlying work duty. He noted that injuries such as CTS and brachial plexus injuries, once incited, can progress due to day-to-day "wear and tear."

In a June 10, 2007 report, the DMA agreed with Dr. Gaul's opinion that appellant's work-related condition had worsened since she was examined by Dr. Halpern on July 8, 2003. However, he disagreed with Dr. Gaul's recommended impairment ratings and opined that she had an 18 percent impairment of her RUE and a 5 percent impairment of her LUE.

In a decision dated June 26, 2007, OWCP granted appellant a schedule award for an additional eight percent impairment to her LUE and an additional four percent impairment to her RUE. By decision dated November 26, 2007, an OWCP hearing representative found that the June 10, 2007 report of the DMA constituted the weight of the medical evidence and established that she had an 18 percent permanent impairment of the RUE and a 5 percent permanent impairment of the LUE. Noting that OWCP's previous decision contained a typographical error which reversed the impairment percentages for the right and left extremities, the representative affirmed the June 26, 2007 decision as modified.

In an August 26, 2009 decision, the Board set aside the November 26, 2007 decision and remanded the case for further development of the medical evidence. The Board found that Dr. Gaul's May 24, 2007 supplemental report did not provide sufficient information or reasoning from which an informed decision could be made as to the degree of appellant's permanent impairment or the date of maximum medical improvement (MMI).[3]

On remand, OWCP requested a supplemental report from Dr. Gaul. Although he did not reexamine appellant, Dr. Gaul submitted an addendum to his prior report dated September 9, 2009. He stated that appellant had motor impairment due to a combination of median nerve dysfunction CTS and TOS. Calculating impairment according to the fifth edition of the A.M.A., *Guides*, Dr. Gaul concluded that she had a LUE motor impairment of 17 percent and no demonstrable sensory impairment in the LUE.

In an October 27, 2009 report, the DMA applied the provisions of the sixth edition of the A.M.A., *Guides* to Dr. Gaul's May 24, 2007 examination findings and recommended that appellant receive a schedule award for a five percent impairment of the LUE and five percent

[3] *Id*.

impairment for the RUE. Referring to Table 15-23 on page 449, Entrapment Compression Neuropathy Impairment, he found that grade 2 modifier applied. The DMA noted that appellant had a history of significant intermittent, rather than constant, symptoms, representing a grade 2 modifier. Physical findings demonstrated decreased sensation and weakness, equating to a grade 3 modifier, for a total of 7, divided by 3, equals 2.3, rounded to 2, *i.e*., grade modifier 2. The default value for grade modifier 2 is five percent impairment. The DMA found no change based upon the functional scale. Therefore, the default value of five percent was appropriate. The DMA determined the date of MMI to be May 24, 2007.

In a December 23, 2009 decision, OWCP found that, based upon the report of the DMA, appellant was not entitled to additional award of permanent impairment of the bilateral upper extremities above the 23 percent previously awarded. The claims examiner found that the date of MMI was May 24, 2007.

Appellant requested an oral hearing, which was held on April 10, 2010. In support of her request, she submitted an April 16, 2010 report from Dr. Weiss, who provided examination findings and an impairment rating according to the sixth edition of the A.M.A., *Guides*. Dr. Weiss calculated class 1 for right biceps motor strength deficit or 9 percent, with grade modifiers of 1 each for functional history and for clinical studies electromyogram nerve conduction study (EMG/NCV) tests, for a net adjustment of +2 and total 13 percent impairment. He calculated class 1 for right C6 nerve root sensory deficit or three percent, with grade modifiers of 1 each for clinical studies and functional history, for a net adjustment of +2 and total six percent impairment. Dr. Weiss calculated for right entrapment neuropathy grade modifiers of 2 each for history and clinical studies and 3 for physical examination, for a total of 7, an average of 2, for a five percent rating. Citing Tables 15-7 and 15-23, he opined that appellant had a total RUE impairment of 22 percent. On the left Dr. Weiss calculated 13 percent for biceps strength deficit, 6 percent for left C6 nerve root sensory deficit and 5 percent for median neuropathy in the same fashion as he calculated RUE values. He opined that appellant had a 22 percent LUE total impairment. Dr. Weiss opined opinion that she reached MMI as of October 19, 2004.

In a decision dated June 25, 2010, an OWCP hearing representative found a conflict in medical opinion between Dr. Weiss and the DMA. Accordingly, he set aside the December 23, 2009 decision and remanded the case for referral to an impartial medical examiner in order to resolve the conflict. OWCP was instructed to prepare an updated statement of accepted facts and questions for the referee medical examiner and to obtain a report which contained findings upon examination, as well as a rationalized medical opinion as to the percentage of permanent impairment of the upper extremities in accord with the sixth edition of the A.M.A., *Guides* and the date of MMI.

On remand, OWCP referred appellant to Dr. David Pashman, a Board-certified orthopedist, for an impartial medical examination. In a report dated August 18, 2010, Dr. Pashman reviewed her medical history and provided examination findings. Appellant had good range of motion in all planes of cervical spine motion in flexion, extension, rotation and lateral gaze, with no paraspinal or trapezial spasm. There was no tenderness to palpation over the clavicles, acromioclavicular joints, supraspinatus insertion or bicipital groove. There was some discomfort to palpation in the supraclavicular fossa, but no significant Tinel's was noted during this maneuver. There was no tenderness to palpation about the exit of the greater occipital nerve into the skull. Appellant was neurologically intact in the upper extremities in the biceps, triceps and brachioradialis jerk.

Appellant had a positive Tinel's at both wrists with rather exquisite symptoms, more so on the right than the left. She had an equivocally positive Tinel's at the left elbow but not along the ulnar distribution. Appellant complained during Tinel's at the elbow that this aggravated her symptoms in the median distribution. She had no objective signs of muscle wasting or atrophy as measured 6" above and 4" below the tip of the olecranon. These represented approximately ½" in difference of girth of the left vs. the right and would be essentially normal for a right-handed individual. Appellant had full range of motion of her shoulder, elbow, wrist and hand. Jamar Grip Strength Testing revealed bilateral weakness bilaterally.

Dr. Pashman diagnosed:

> "[B]ilateral [CTS], per EMG studies, with failed open carpal tunnel release of the [RUE]; [TOS], per electoneuromyographic study, with vague residual subjective complaints of this, however, with no objective correlation with allegations of radial tunnel syndrome noted; subjective cervical complaints with no objective abnormalities in the cervical spine with a normal [magnetic resonance imaging scan] study of the cervical spine noted, with no objective ongoing signs of any cervical radiculopathy at this point in time; and adjustment disorder with mixed anxiety and depressed mood, per psychological report of Dr. Kopala, with functional overlay to any objective pathology."

Dr. Pashman concluded that appellant had objective evidence of nerve root irritation on Tinel's testing of both wrists. While appellant had a vague symptom complex, which he opined might be consistent with some mild residuals of a TOS, he saw no obvious stigmata of this. Dr. Pashman stated that many of her subjective complaints were felt to be functional in nature. He stated, "I feel [appellant's] primary functional limitations are from her [CTS] with an ongoing symptom complex."

Dr. Pashman opined that appellant had a two percent whole person impairment based on bilateral CTS and allegations of a TOS on her EMG studies, but with no significant ongoing functional impairment other than the inability to lift in an overhead fashion. If one were to calculate this to add an additional percentage for further impairment related to her TOS, this would add an additional one or two percent rating to her impairment values of the whole person, demonstrating approximately a three percent impairment of the whole person. Referring to page 449 of Table 15-23 of the sixth edition of the A.M.A., *Guides*, Dr. Pashman noted that an EMG showed a sensory and motor delays, intermittent or constant, with some decreased sensation on evaluation, resulting in grade 1. History reflected constant symptoms, which would be grade 3. Appellant's physical findings note a normal sensation but with some paresthesias on Tinel's testing of between grades 1 and 2. Adding these numbers comes to 5.5 and dividing this number by 3 equals 1.833, which rounds up to grade 2.

On an activities of daily living questionnaire and a *Quick*DASH form, the only activities that were limited were grasping and lifting, particularly above the head. Dr. Pashman opined, therefore, that the functional scale of limitations was one, resulting in an impairment rating of the upper extremity is that of two percent.

Dr. Pashman rated impairment for TOS at zero percent. Utilizing Table 15-23, he rated appellant at grade 0, as there was no significant conduction delay. Appellant noted mild intermittent symptoms of her TOS, which would be grade 1. Physical findings were noted to be normal, which would be grade 0, which equaled a rating average of 1, divided by 3, which would be rounded to 0. Thus, the upper extremity rating in the upper extremity referable to TOS outlet syndrome would be 0. Dr. Pashman rated entrapment neuropathy in her contralateral LUE with a conduction delay as grade 1; mild intermittent symptoms, likewise grade 1; and physical findings which do not demonstrate any decreased sensation, atrophy or weakness, grade 0. Dividing this by 3 and rounding to the next highest level, he gave an impairment rating of one percent in the LUE.

Utilizing Table 15-11 on page 420, related to calculating the impairment values of the upper extremity impairment, there is an impairment rating of two percent of the RUE, zero percent for the TOS and one percent for the LUE. This would add up to a three percent upper extremity impairment, with an impairment of the whole person of two percent, based on these tables.

Dr. Pashman's report was sent to DMA, Dr. Craig M. Uejo, Board-certified in occupational medicine, for review and comment. In a September 17, 2010 report, the DMA agreed with Dr. Pashman's LUE rating of one percent and a zero percent rating for TOS. He disagreed, however, with Dr. Pashman's findings regarding the percentage of impairment to the RUE. Dr. Uejo opined that appellant had a four percent impairment of her RUE. He also stated that it was probable that MMI was reached on October 19, 2004, the date opined by Dr. Weiss.

Regarding CTS, Dr. Uejo noted that under section 15.4F Entrapment Neuropathy, a diagnosis must be documented by NCV and/or needle EMGs, in order to be ratable. He agreed with Dr. Pashman's assignment of grade 1 for test findings based on electrodiagnostic studies that confirm conduction delay of sensory and/or motor.[4] Dr. Uejo also agreed with the grade modifier 3 for the history based on the report of constant symptoms. As there was no documentation of sensory deficits, weakness or atrophy, he opined that the value of the grade modifiers would be five versus six based on Dr. Pashman's findings, resulting in a grade modifier 2, which has a default rating of five percent upper extremity impairment. Based on the rationale by Dr. Pashman, the *Quick*DASH score falls under the Mild Category, thereby decreasing the RUE rating to four percent.

Dr. Uejo agreed with Dr. Pashman's rating of one percent LUE impairment for CTS and zero percent for TOS.

In a September 20, 2010 decision, OWCP found that the DMA's report represented the weight of medical opinion regarding the degree of permanent impairment of the bilateral upper extremities, noting that Dr. Uejo a Board-certified occupational medicine physician recognized as a contributing editor of the sixth edition of the A.M.A., *Guides*, with many years of

[4] The DMA did not indicate the date of the testing on which he relied.

experience in reviewing thousands of cases and demonstrating expertise in proper application of the A.M.A., *Guides*. It found that appellant was entitled to a total of five percent permanent impairment of the bilateral upper extremities (four percent right and one percent left). Accordingly, appellant was not entitled to additional compensation for permanent impairment. The claims examiner further found that the date of MMI was October 19, 2004, the date of Dr.Weiss' original schedule award evaluation.

Appellant requested a review of the written record. By decision dated April 26, 2011, an OWCP hearing representative affirmed the September 20, 2010 decision, finding that Dr. Pashman's well-rationalized report represented the weight of the medical evidence. He also found that the DMA properly applied the appropriate sections of the A.M.A., *Guides* to Dr. Pashman's findings and correctly determined that appellant had four percent RUE impairment and a one percent LUE impairment. The hearing representative also found that further action was required by OWCP with regard to payment of the schedule award. To ensure that appellant was properly compensated, he found that OWCP should award her proper compensation entitlement from June 26, 2007, making proper calculations to account for amounts paid.[5]

In a June 23, 2011 decision, OWCP found, pursuant to its examination of the record and calculation of payments previously made, appellant was not entitled to additional compensation for a schedule award. The claims examiner noted that the June 26, 2007 decision erroneously indicated that the entitlement to a schedule award was for 18 percent of the LUE and 5 percent of the RUE. In a November 26, 2007 decision, this error was found to be a typographical error, which was formally modified to reflect that the correct award was for 18 percent of the RUE and 5 percent of the LUE, for a total bilateral upper extremity impairment of 23 percent. OWCP found that the actual payments that were issued to appellant represented a total of 23 percent impairment of the bilateral upper extremity and that, therefore, she did not suffer financial loss and was not entitled to payment of additional award.

LEGAL PRECEDENT -- ISSUE 1

The schedule award provision of FECA[6] and its implementing federal regulations,[7] set 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, FECA 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 for all claimants, OWCP has adopted

[5] Specifically, OWCP was instructed to pay the claimant an additional nine percent permanent impairment of the RUE, which was not properly paid by decision dated November 27, 2006. However, the amount of this payment was to be reduced by four percent due to an overpayment of the LUE awarded in error by decision dated June 26, 2007. This four percent of the LUE was determined to represent an overpayment, which should be computed and deducted from the payment due to the claimant.

[6] 5 U.S.C. § 8107.

[7] 20 C.F.R. § 10.404.

the A.M.A., *Guides* as the uniform standard applicable to all claimants.[8] As of May 1, 2009, the sixth edition of the A.M.A., *Guides* is used to calculate schedule awards.[9]

The sixth edition requires identifying the impairment class for the diagnosed condition (CDX), which is then adjusted by grade modifiers based on Functional History (GMFH), Physical Examination (GMPE) and Clinical Studies (GMCS).[10] The net adjustment formula is (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX).

ANALYSIS -- ISSUE 1

The Board finds that this case is not in posture for a decision due to an unresolved conflict in medical opinion. Therefore, the April 26, 2011 decision must be set aside and the case remanded for further development. In a June 25, 2010 decision, an OWCP hearing representative found a conflict in medical opinion between Dr. Weiss and the DMA as to the degree of appellant's upper extremity impairment and referred her to Dr. Pashman for resolution of the conflict. The Board finds that Dr. Pashman's August 18, 2010 report is insufficiently rationalized to resolve the existing conflict.

In his August 18, 2010 report, Dr. Pashman noted that he had reviewed the medical record, discussed appellant's complaints and opined that she had two percent impairment of the RUE, zero percent for the TOS and one percent impairment for the LUE. He found that she had full range of motion of the upper extremities. Dr. Pashman did not, however, provide range of motion measurements to support his findings. He stated unequivocally that appellant was neurologically intact in her upper extremities and had no objective signs of any cervical radiculopathy or radial tunnel syndrome; he did not, however, explain how he arrived at those determinations. Such an explanation is particularly important, given the fact that Dr. Pashman obtained no current neurological testing to assist him in rendering his impairment rating. Medical conclusions unsupported by rationale are of limited probative value.[11]

Dr. Pashman failed to properly explain his application of the A.M.A., *Guides* to his findings. Referring to page 449 of Table 15-23 of the sixth edition of the A.M.A., *Guides*, he noted that an EMG showed a sensory and motor delays, intermittent or constant, with some decreased sensation on evaluation, resulting in grade 1. Dr. Pashman failed to explain why he concluded that appellant was entitled to a grade 1 based upon the results of a five-year old EMG. He rated impairment for TOS at 0 percent under Table 15-23, (grade 0, as there was no significant conduction delay). Dr. Pashman classified appellant's mild intermittent symptoms of TOS as grade 1; normal physical findings as grade 0, which equaled a rating average of 1,

[8] *Id.* at § 10.404(a).

[9] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Schedule Awards and Permanent Disability Claims*, Chapter 2.808.6.6a (January 2010); Federal (FECA) Procedure Manual, Part 3 -- Medical, *Schedule Awards*, Chapter 3.700.2 and Exhibit 1 (January 2010).

[10] A.M.A., *Guides* 494-531.

[11] *Willa M. Frazier*, 55 ECAB 379 (2004). *See also Calvin E. King, Jr.*, 51 ECAB 394 (2000); *Frederick E. Howard, Jr.*, 41 ECAB 843 (1990).

divided by 3, which would be rounded to 0. Thus, the upper extremity rating in the upper extremity referable to TOS would be 0. Dr. Pashman did not explain, however, why he did not refer to section 15.4e of the A.M.A., *Guides*, Brachial Plexus Impairment, which would be analyzed under Table 15-20.[12] In fact, he provided no discussion of symptoms associated with TOS. For all of these reasons, the Board finds Dr. Pashman's report to be of limited probative value and insufficient to resolve the conflict in medical opinion.

The DMA's September 17, 2010 report does not cure the defects in Dr. Pashman's report. Dr. Uejo agreed with Dr. Pashman's opinion that appellant had a one percent impairment of her LUE and a zero percent impairment for her thoracic syndrome. He provided no explanation, however, as to how he arrived at those conclusions. Therefore, Dr. Uejo's opinions in that regard are of limited probative value.[13] The Board notes that the DMA's opinion was not based on his examination of appellant, but rather was based on a review of Dr. Pashman's report, which has been found insufficient to form a basis for the schedule award. Therefore, the DMA has also failed to justify his schedule award determination.

Finally, the Board notes that the April 26, 2011 decision found, without explanation, that the date of MMI was October 19, 2004. A retroactive date for MMI carries with it certain disadvantages and may result in payment of less compensation. Therefore, the Board has been reluctant to find a date of MMI, which is retroactive to the award and requires persuasive proof of MMI in the selection of a retroactive date.[14] The determination ultimately rests with the medical evidence[15] and is usually considered to be the date of the evaluation by the physician which is accepted as definitive by OWCP.[16] Neither Dr. Pashman, the DMA, nor the hearing representative explained why the date of MMI should not be the date of appellant's examination by the IME. Thus, OWCP improperly selected October 19, 2004 as the date of MMI. The Board finds, however, that the case is not in posture for a decision as to the date of MMI, as further development of the medical evidence is required.

When OWCP obtains an opinion from an impartial medical specialist for the purpose of resolving a conflict in the medical evidence and the specialist's opinion requires clarification or elaboration, it must secure a supplemental report from the specialist to correct the defect in his original report.[17] On remand, it should provide Dr. Pashman with an updated statement of accepted facts and secure a supplemental report from him addressing the issues referenced herein. After this and such other development as OWCP deems necessary, it should issue a *de novo* decision. If Dr. Pashman is unable or unwilling to provide the necessary clarification, OWCP should refer appellant to another impartial medical examiner to resolve the conflict.

[12] A.M.A., *Guides* 434, Table 15-20.

[13] *Id.*

[14] *J.C.*, 58 ECAB 258 (2007).

[15] *L.H.*, 58 ECAB 561 (2007).

[16] *Mark Holloway,* 55 ECAB 321, 325 (2004).

[17] *See Raymond A. Fondots*, 53 ECAB 637 (2002); *Nancy Lackner (Jack D. Lackner),* 40 ECAB 232 (1988).

CONCLUSION

The Board finds that the case is not in posture for decision. The case shall be remanded for further development of the medical evidence, to be followed by an appropriate merit decision.

ORDER

IT IS HEREBY ORDERED THAT the April 26, 2011 decision of the Office of Workers' Compensation Programs is set aside and the case is remanded for further proceedings consistent with this decision of the Board.[18]

Issued: August 2, 2012
Washington, DC

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

Patricia Howard Fitzgerald, Judge
Employees' Compensation Appeals Board

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

[18] Given the Board's ruling on the first issue, the case is not in posture for a decision as to whether appellant is entitled to additional compensation based upon her schedule award, as addressed in OWCP's June 23, 2011 decision.