

finger of the left hand while picking up a flattened box off the floor. OWCP accepted the claim for toxic venom effect and left hand little finger open puncture wounds.

On February 27, 2013 appellant filed a claim for a schedule award.

On June 20, 2013 OWCP referred appellant to Dr. Barry Alan Levin, a Board-certified orthopedic surgeon, for a second opinion impairment determination. In a July 26, 2013 report, Dr. Levin opined that appellant reached maximum medical improvement approximately two months after the snake bite or in September 2011. Appellant complained of numbness and tenderness to his hand and had some impairment when making a fist. Dr. Levin reported a normal sensation, some tenderness at the little finger metacarpophalangeal (MP) and proximal interphalangeal (PIP) joints and noted that he lacked 25 degrees flexion at the little finger PIP joint.

Using the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*), Dr. Levin concluded that appellant had a two percent left upper extremity permanent impairment. Using Table 15.31, page 470, for finger range of motion, appellant had 21 percent digital impairment of the little finger based on grade modifier 1 and 75 degrees of PIP joint range of motion. Dr. Levin stated that, according to Table 15-12, page 421, appellant had a 21 percent little finger impairment which converted to a two percent left upper extremity impairment.

On August 21, 2013 an OWCP medical adviser reviewed Dr. Levin's July 26, 2013 report and concurred with the impairment determination. Using Table 15-31, page 470, the medical adviser conclude that, under grade modifier 1, 75 degrees of flexion resulted in a 21 percent little finger digit impairment. Using Table 15-12, page 421,² a 21 percent little finger digit impairment represented a two percent left upper extremity impairment. The medical adviser noted that this method of calculation was appropriate due to the lack of 25 degrees of flexion at the PIP joint of the little finger.

By decision dated September 30, 2013, OWCP granted appellant a schedule award for two percent impairment of the left upper extremity. The period of the award ran from July 27 to September 8, 2013.

LEGAL PRECEDENT

Under section 8107 of FECA³ and section 10.404 of the implementing federal regulations,⁴ schedule awards are payable for permanent impairment of specified body members, functions or organs. FECA, however, does not specify the manner in which the percentage of impairment shall be determined. For consistent results and to ensure equal justice under the law

² OWCP's medical adviser noted the page number as 420 which appears to be a typographical error as impairment value calculated from digit impairment is on page 421.

³ 5 U.S.C. § 8107.

⁴ 20 C.F.R. § 10.404

for 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 regulations as the appropriate standard for evaluating schedule losses.⁵

The sixth edition of the A.M.A., *Guides* provides a diagnosis-based method of evaluation utilizing the World Health Organization's International Classification of Functioning, Disability and Health (ICF).⁶ Under the sixth edition, the evaluator identifies 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).⁷ The net adjustment formula is (GMFH-CDX) + (GMPE-CDX) + (GMCS-CDX).⁸

Table 15-31 on page 470 of the sixth edition of the A.M.A., *Guides* provides guidelines for evaluating impairment due to limited finger motion.⁹ An impairment rating for a given digit may be converted to an impairment rating for an upper extremity using Table 15-12 on pages 421 through 423.¹⁰

OWCP procedures provide that, after obtaining all necessary medical evidence, the file should be routed through an OWCP medical adviser for an opinion concerning the nature and percentage of impairment in accordance with the A.M.A., *Guides*, with an OWCP medical adviser providing rationale for the percentage of impairment specified.¹¹

ANALYSIS

OWCP accepted that appellant sustained a toxic venom effect and left hand little finger open puncture wounds on July 27, 2013 as the result of being bitten by a snake at work. By decision dated September 30, 2013, it granted him a schedule award for two percent permanent impairment of his left upper extremity. The award was based on a July 26, 2013 report of Dr. Levin, a Board-certified orthopedic surgeon, and the August 21, 2013 report by an OWCP medical adviser. The Board finds that the medical evidence does not establish greater than two percent left upper extremity impairment, for which he received a schedule award.

⁵ *D.J.*, 59 ECAB 620 (2008); *Bernard A. Babcock, Jr.*, 52 ECAB 143 (2000).

⁶ A.M.A., *Guides* (6th ed. 2009), page 3, section 1.3, The International Classification of Functioning, Disability and Health (ICF): A Contemporary Model of Disablement.

⁷ A.M.A., *Guides* (6th ed. 2009), pp. 383-419.

⁸ *Id.* at 411.

⁹ *Id.* at 470, Table 15-31.

¹⁰ *Id.* at 421-23, Table 15-12.

¹¹ See Federal (FECA) Procedure Manual, Part 2 -- Claims, *Schedule Awards and Permanent Disability Claims*, Chapter 2.808.6(d) (January 2010). See *C.K.*, Docket No. 09-2371 (issued August 18, 2010); *Frantz Ghassan*, 57 ECAB 349 (2006).

Both Dr. Levin and OWCP's medical adviser stated that appellant had 21 percent impairment due to flexion of 75 degrees at the PIP joint of the little finger. The 21 percent digit impairment for decreased range of motion in the left small finger, which when converted to an upper extremity impairment using Table 15-12 on page 421, equaled a left upper extremity impairment of two percent. Appellant has not submitted medical evidence showing entitlement to a greater amount of schedule award compensation.

CONCLUSION

The Board finds that appellant is not entitled to greater than two percent impairment of the left upper extremity, for which he received a schedule award.

ORDER

IT IS HEREBY ORDERED THAT the decision of the Office of Workers' Compensation Programs dated September 30, 2013 is affirmed.

Issued: August 7, 2014
Washington, DC

Colleen Duffy Kiko, Judge
Employees' Compensation Appeals Board

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

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