# United States Department of Labor
# Employees' Compensation Appeals Board

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| **M.B., Appellant** | ) | |
| **and** | ) | **Docket No. 23-0346** |
| | ) | **Issued: July 21, 2023** |
| **U.S. POSTAL SERVICE, MERCHANDISE MART POST OFFICE, Chicago, IL, Employer** | ) | |

*Appearances:*
*Appellant, pro se*
*Office of Solicitor*, for the Director

*Case Submitted on the Record*

## DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
VALERIE D. EVANS-HARRELL, Alternate Judge
JAMES D. McGINLEY, Alternate Judge

### *JURISDICTION*

On January 6, 2023 appellant filed a timely appeal from a December 21, 2022 merit decision of the Office of Workers' Compensation Programs (OWCP). 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.[2]

### *ISSUE*

The issue is whether appellant has met her burden of proof to establish greater than 25 percent permanent impairment of the right lower extremity and greater than 16 percent permanent

[1] 5 U.S.C. § 8101 *et seq.*

[2] The Board notes that following the December 21, 2022 decision, appellant submitted additional evidence to OWCP. However, the Board's *Rules of Procedure* provides: "The Board's review of a case is limited to the evidence in the case record that was before OWCP at the time of its final decision. Evidence not before OWCP will not be considered by the Board for the first time on appeal." 20 C.F.R. § 501.2(c)(1). Thus, the Board is precluded from reviewing this additional evidence for the first time on appeal. *Id.*

impairment of the left lower extremity, for which she previously received schedule award compensation.

## *FACTUAL HISTORY*

This case has previously been before the Board.[3] The facts and circumstances of the case as set forth in the Board's prior decisions and order are incorporated herein by reference. The relevant facts are as follows.

On December 28, 1998 appellant, then a 42-year-old letter carrier, filed a traumatic injury claim (Form CA-1) alleging that on December 26, 1998 she sustained a right knee injury when she slipped and fell to the floor while in the performance of duty. OWCP assigned the claim OWCP File No. xxxxxx040 and accepted it for right knee contusion, right knee strain, and right knee chondromalacia.

Appellant had previously filed a traumatic injury claim (Form CA-1) on January 15, 1992 that was accepted by OWCP for frostbite of both feet and bilateral plantar fibromatosis.[4] OWCP assigned OWCP File No. xxxxxx102 to the claim. It later expanded acceptance of appellant's claim to include the additional conditions of bilateral tarsal tunnel syndrome and bilateral lesion of the plantar nerve as work related.

By decision dated May 30, 2013, under OWCP File No. xxxxxx102, OWCP granted appellant a schedule award for 23 percent permanent impairment of the right lower extremity and 16 percent permanent impairment of the left lower extremity under the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*).[5]

On December 5, 2013, under OWCP File No. xxxxxx102, OWCP referred appellant for a second opinion examination and impairment rating with Dr. Allan Brecher, a Board-certified orthopedic surgeon. In a January 20, 2014 report, Dr. Brecher reported the findings of his January 14, 2014 examination. He referred to the sixth edition of the A.M.A., *Guides* and noted that for the right knee, appellant's right knee chondromalacia warranted a Class of diagnosis (CDX) of 1 under Table 16-3 (Knee Regional Grid), page 511, with a default value of seven.[6]

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[3] Docket No. 21-0060 (issued March 17, 2022); *Order Remanding Case*, Docket No. 19-0525 (issued March 20, 2020); Docket No. 16-1826 (issued May 15, 2017); Docket No. 14-1689 (issued July 2, 2015).

[4] Appellant also has a prior claim for a traumatic injury on April 12, 1985, which was accepted by OWCP under OWCP File No. xxxxxx224 for lumbosacral strain.

[5] A.M.A., *Guides* (6th ed. 2009). OWCP indicated that it had previously granted appellant schedule awards for a total of 20 percent permanent impairment of the right lower extremity and 13 percent permanent impairment of the left lower extremity. Therefore, the May 30, 2013 award granted an additional award of three percent permanent impairment of the right lower extremity and three percent permanent impairment of the left lower extremity. The evidence of record later revealed that, prior to May 30, 2013, OWCP had actually granted appellant schedule awards for a total of 22 percent permanent impairment of the right lower extremity.

[6] Dr. Brecher indicated that appellant had reached maximum medical improvement (MMI) by the time of his January 14, 2014 examination.

Dr. Brecher assigned a grade modifier for functional history (GMFH) of 2, grade modifier for physical examination (GMPE) of 1, and grade modifier for clinical studies (GMCS) of 2. He utilized the net adjustment formula, (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX) = (2 - 1) + (1 - 1) + (2 - 1) = +2, which resulted in a grade D or eight percent permanent impairment of the right lower extremity. As for appellant's right plantar fibromatosis, Dr. Brecher referenced Table 16-2 (Foot and Ankle Regional Grid), page 501, and found that the CDX of Class 1 resulted in a default impairment value of one. He assigned a GMFH of 2, GMPE of 2, and GMCS of 1. Dr. Brecher utilized the net adjustment formula, (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX) = (2 - 1) + (2 - 1) + (1 - 1) = 2, which resulted in a grade D or two percent permanent impairment of the right lower extremity. He added the 8 percent and 2 percent values to yield a rating of 10 percent permanent impairment for the right lower extremity. Dr. Brecher indicated that, for the left lower extremity, left plantar fibromatosis was accepted, but a left knee condition was not accepted. Therefore, using the same criteria as the right side, he determined that appellant would have two percent permanent impairment of the left lower extremity due to plantar fibromatosis.

OWCP then referred OWCP File No. xxxxxx102 to Dr. Cristopher Gross, a Board-certified orthopedic surgeon serving as an OWCP district medical adviser (DMA). In a February 24, 2014 report and a March 17, 2014 supplemental report, Dr. Gross concurred with the impairment rating of Dr. Brecher. He found that appellant had 10 percent permanent impairment of the right lower extremity comprised of 8 percent permanent impairment due to right knee deficits and 2 percent permanent impairment due to plantar fibromatosis. Dr. Gross also found that appellant had two percent permanent impairment of the left lower extremity due to plantar fibromatosis.

By decision dated April 7, 2014, under OWCP File No. xxxxxx102, OWCP denied modification of the May 30, 2013 decision, finding that appellant had not established greater than 23 percent permanent impairment of the right lower extremity and 16 percent permanent impairment of the left lower extremity.

Appellant appealed to the Board and, by decision dated July 2, 2015,[7] under OWCP File No. xxxxxx102, the Board set aside the April 7, 2014 decision and remanded the case to OWCP for further development of the medical evidence.

During the pendency of the Board appeal, under OWCP File No. xxxxxx102, OWCP again referred the case to Dr. Gross, serving in his role as a DMA. In a May 3, 2014 report, Dr. Gross again opined that appellant had a total of 10 percent permanent impairment of the right lower extremity, comprised of 8 percent permanent impairment due to right knee deficits and 2 percent permanent impairment due to plantar fibromatosis. He also opined that appellant had two percent permanent impairment of the left lower extremity due to plantar fibromatosis. With respect to impairment of the right lower extremity due to right knee arthritis, Dr. Gross explained that appellant's Class 1 right knee arthritis warranted eight percent permanent impairment of the right lower extremity due to three millimeters of cartilage interval (CDX of Class 1) when utilizing Table 16-3, page 511, of the sixth edition of the A.M.A., *Guides*. He assigned a GMFH of 2 because she used a cane and assigned a GMPE of 1 due to normal range of motion (ROM) of the

[7] Docket No. 14-1689 (issued July 2, 2015).

right knee and minimal tenderness on palpation. Dr. Gross noted that a GMCS was not applicable because clinical studies were used in the determination of the diagnosis. He indicated that, utilizing the net adjustment formula, (GMFH - CDX) + (GMPE - CDX) = (2-1) + (1-1) = +1, corresponded to grade D under class 1 on Table 16-3 and warranted eight percent permanent impairment of the right lower extremity due to right knee deficits. Dr. Gross further found that, utilizing Table 16-2, appellant had two percent permanent impairment of each lower extremity due to her bilateral plantar fibromatosis.

OWCP, under OWCP File No. xxxxxx102, then referred appellant for a second opinion examination and evaluation with Dr. James Elmes, a Board-certified orthopedic surgeon. In a March 24, 2016 report, Dr. Elmes considered the impairment caused by appellant's bilateral plantar fibromatosis and referred to the sixth edition of the A.M.A., *Guides*, utilizing Table 16-2, page 501, he noted a CDX of Class 1 for bilateral plantar fibromatosis with a default value of one percent. He assigned a GMFH of 2, noting that appellant used a cane and limped. Dr. Elmes assigned a GMPE of 2 noting moderate palpable findings and tenderness with normal ROM. He indicated that the GMCS was not applicable. Dr. Elmes utilized the net adjustment formula, (GMFH - CDX) + (GMPE - CDX) = (2-1) + (2-1) = +2, which resulted in a grade D or two percent permanent impairment of each lower extremity.

With regard to the right knee, Dr. Elmes noted that, according to Table 16-3, page 511, appellant's three-millimeter cartilage interval related to primary knee joint arthritis resulted in a CDX of Class 1 with a default value of seven. He assigned a GMFH of 2 because appellant was known to utilize a cane and assigned a GMPE of 1 due to normal ROM with minimal tenderness on palpation. Dr. Elmes noted that a GMCS was not applicable. He utilized the net adjustment formula, (GMFH - CDX) + (GMPE - CDX) = (2-1) + (1-1) = +1, which resulted in a grade D or eight percent permanent impairment of the right lower extremity. Dr. Elmes noted that, when this 8 percent value was added to the above-described 2 percent impairment due to plantar fibromatosis, appellant had 10 percent permanent impairment of the right lower extremity. As noted above, he determined that appellant's permanent impairment of the left lower extremity was two percent.

OWCP, under OWCP File No. xxxxxx102, then referred the case to Dr. Michael M. Katz, a Board-certified orthopedic surgeon serving as a DMA. On April 29, 2016 Dr. Katz reviewed Dr. Elmes' calculations and concluded that he correctly determined impairment. However, he noted that appellant's right knee conditions were accepted under a different claim and, therefore, Dr. Elmes' determination of eight percent permanent impairment of the right lower extremity pertaining to the right knee should not be considered. By decision dated May 13, 2016, OWCP found that appellant had not established greater than 23 percent permanent impairment of her right lower extremity and 16 percent permanent impairment of her left lower extremity, for which she previously received schedule awards. Appellant appealed to the Board and, by decision dated May 15, 2017,[8] the Board affirmed OWCP's May 13, 2016 decision.

On April 30, 2018, under the present claim, OWCP File No. xxxxxx040, appellant filed a claim for compensation (Form CA-7) for an additional schedule award. She submitted medical reports regarding her accepted right knee condition(s).

[8] Docket No. 16-1826 (issued May 15, 2017).

On June 12, 2018 OWCP administratively combined the present claim, OWCP File No. xxxxxx040, with OWCP File No. xxxxxx102, with the latter file designated as the master file.[9]

On June 12, 2018 OWCP referred the combined case file, including a May 20, 2014 statement of accepted facts (SOAF), to Dr. Katz, serving as a DMA, to determine if appellant was entitled to additional lower extremity permanent impairment. It indicated that the relevant case files had been administratively combined.

In a June 13, 2018 report, Dr. Katz noted that he previously had not recommended payment of a schedule award for right knee impairment in his April 29, 2016 report regarding OWCP File No. xxxxxx102, as he was not then aware that the case files were combined. He reported that, based on his current review, if prior awards paid for the right lower extremity included eight percent permanent impairment based on the conditions of the right knee, then there would be no additional award. Dr. Katz reported that a schedule award for 10 percent permanent impairment of the right lower extremity due to a right knee condition had been recommended in a medical report dated October 4, 2002, under OWCP File No. xxxxxx040, and so it would be reasonable to assume that at some point appellant was paid at least 8 percent permanent impairment for her right knee condition. As such, he determined that appellant would be entitled to no further award for impairment of the right knee.

On August 20, 2018 OWCP requested an addendum report from Dr. Katz as to whether appellant had additional permanent impairment of the right lower extremity. It noted that he should review the SOAF dated May 20, 2014. OWCP indicated again that appellant had received schedule award compensation for 23 percent permanent impairment of the right lower extremity. It instructed Dr. Katz that, in providing a rating of appellant's current permanent impairment of the right knee, he should stipulate whether the rating was included in the prior percentage awarded or if there should be consideration of an additional award.

In an August 31, 2018 report, Dr. Katz related that, while medical evidence had been received in OWCP File No. xxxxxx102 regarding appellant's right knee permanent impairment and an eight percent permanent impairment rating had been proposed, he had not recommended acceptance of the proposed impairment rating in his April 29, 2016 report as the claims had not been administratively combined. He concluded, however, that based on OWCP's August 20, 2018 memorandum, it appeared that all prior recommended awards had been paid and, thus, the prior awards paid with respect to the conditions of the right knee exceeded the present impairment of eight percent permanent impairment of the right lower extremity.

By decision dated September 6, 2018, OWCP denied appellant's claim for an increased schedule award under OWCP File No. xxxxxx040, finding that she had no greater impairment of the right lower extremity than the 23 percent previously awarded.

Appellant appealed to the Board and, by order dated March 20, 2020,[10] the Board set aside OWCP's September 6, 2018 decision and remanded the case for further development. The Board

[9] It is noted that OWCP File No. xxxxxx102 had previously been combined with OWCP File No. xxxxxx224.

[10] Docket No. 19-0525 (issued March 20, 2020).

found that the May 20, 2014 SOAF provided to Dr. Katz was inaccurate, as it did not list the schedule awards appellant had previously received for her lower extremities and did not clarify whether the awards were paid for permanent impairment caused by appellant's right knee condition or for permanent impairment caused by conditions of other regions of appellant's right lower extremity. The Board directed OWCP to prepare a complete and accurate SOAF and request that Dr. Katz submit a clarifying report regarding appellant's lower extremity permanent impairment. Following this and any further development deemed necessary, OWCP was to issue a *de novo* decision.

On remand OWCP referred the case record to Dr. Katz, in his capacity as a DMA, and provided him with an updated SOAF dated May 14, 2020, which referenced appellant's combined claims for the lower extremities and generally noted that appellant had received schedule awards for 23 percent permanent impairment of the right lower extremity and 16 percent permanent impairment of the left lower extremity.

In a May 20, 2020 report, Dr. Katz indicated that he reviewed the submitted records including the May 3, 2014 report of Dr. Gross and the updated SOAF of May 14, 2020. He noted that on May 3, 2014 Dr. Gross reviewed the impairment evaluation of Dr. Brecher, dated January 20, 2014, in which Dr. Brecher determined eight percent permanent impairment of the right lower extremity on the basis of a diagnosis-based impairment (DBI) under the key factor of primary knee arthritis resulting in a Class 1 impairment, grade D. Dr. Katz advised that Dr. Gross concurred with Dr. Brecher's rating and recommended the same level of impairment, *i.e.*, 10 percent permanent impairment of the right lower extremity (knee and foot) and 2 percent permanent impairment of the left lower extremity (foot). He advised that Dr. Gross reviewed prior records in arriving at his conclusions and appeared to have done so correctly. Dr. Katz noted that the case record, including the updated SOAF, demonstrated that at least 10 percent of the permanent impairment awarded for each extremity stemmed from foot impairment. He indicated that it appeared that, given the prior "overlapping award" of 23 percent for the right lower extremity, there would be no net additional award due for the right lower extremity on the basis of Dr. Gross' May 3, 2014 assessment, since his recommended impairment of 8 percent for the right lower extremity "does not exceed the prior overlapping award." Dr. Katz noted, likewise, his recommendation of 2 percent permanent impairment for the left lower extremity does not exceed the prior overlapping award of 16 percent permanent impairment for the left lower extremity. Therefore, he found there is no net additional award now due for the left lower extremity based on his recommendation of May 13, 2014.

By decision dated May 27, 2020, OWCP determined that appellant had not met her burden of proof to establish greater than 23 percent permanent impairment of the right lower extremity or greater than 16 percent permanent impairment of the left lower extremity, for which she previously received schedule award compensation.

On June 9, 2021 OWCP received, under OWCP File No. xxxxxx102, a May 12, 2021 medical report in which Dr. Christine Heck, a podiatrist, provided a permanent impairment rating indicating that appellant had 34 percent permanent impairment of each lower extremity under the standards of the sixth edition of the A.M.A., *Guides*.

On August 19, 2021 OWCP received, under OWCP File No. xxxxxx102, an August 16, 2021 medical report in which Dr. Heck provided a permanent impairment rating indicating that appellant had 45 percent permanent impairment of each lower extremity under the standards of the sixth edition of the A.M.A., *Guides*.

Appellant appealed to the Board and, by decision dated March 17, 2022,[11] under OWCP File No. xxxxxx040, the Board set aside the May 27, 2020 decision. The Board found that the May 14, 2020 SOAF provided to Dr. Katz briefly discussed appellant's combined claims for the lower extremities and noted, without elaboration, that appellant had received schedule awards for 23 percent permanent impairment of the right lower extremity and 16 percent permanent impairment of the left lower extremity. It indicated that the May 14, 2020 SOAF did not identify each individual schedule award that appellant received, nor did it explain what portions of each schedule award represented impairment caused by deficits in different areas of the lower extremities (*e.g.*, knee deficits versus foot deficits). The Board directed OWCP to prepare a complete and accurate SOAF and request that Dr. Katz submit a clarifying report regarding appellant's lower extremity permanent impairment, which considered all the relevant medical evidence of record. Following this and any further development deemed necessary, OWCP was to issue a *de novo* decision.

On remand OWCP produced an October 7, 2022 SOAF that identified each individual schedule award that appellant received, and explained what portions of each schedule award represented impairment caused by deficits in different areas of the lower extremities (*e.g.*, knee deficits *versus* foot deficits). The SOAF indicated that appellant had received schedule awards for 25 percent permanent impairment of the right lower extremity and 16 percent permanent impairment of the left lower extremity. Previously, OWCP had indicated that appellant had only received schedule awards for 23 percent permanent impairment of the right lower extremity.

On November 3, 2022 OWCP referred appellant's case to Dr. Katz, serving as a DMA, and requested that he consider all the relevant evidence of record, including the updated October 7, 2022 SOAF, and provide impairment ratings for the lower extremities. It asked him to evaluate whether appellant was entitled to additional schedule award compensation.

In a November 8, 2022 report, Dr. Katz indicated that he had reviewed the updated SOAF.[12] He noted that, based on the available information provided, appellant had received schedule awards for 25 percent permanent impairment of the right lower extremity and 16 percent permanent impairment of the left lower extremity. Dr. Katz indicated:

> "At least 10 [percent] … for each extremity stems from foot impairment. Based on this records review, it would appear that given the prior, overlapping award of 25 [percent] [right lower extremity], there would be no net additional award due for the [right lower extremity] on the basis of Dr. Gross' assessment of [May 3, 2014], since his recommended impairment of 8 [percent] [right lower extremity] does not

[11] Docket No. 21-0060 (issued March 17, 2022).

[12] Dr. Katz actually referred to the older May 14, 2000 SOAF, but the content and context of his report demonstrates that he actually reviewed the updated October 7, 2022 SOAF.

> exceed the prior overlapping award. Likewise, his recommendation of 2 [percent] [left lower extremity] does not exceed the prior overlapping award of 16 [percent] [left lower extremity]. Therefore, there is no net additional award now due for the [left lower extremity] based on his recommendation of [May 3, 2014]."

By decision dated December 21, 2022, OWCP denied appellant's claim for increased schedule award compensation, finding that appellant did not meet her burden of proof to establish greater than 25 percent permanent impairment of the right lower extremity or greater than 16 percent permanent impairment of the left lower extremity, for which she previously received schedule award compensation. In reaching this determination, it relied on the November 8, 2022 report of Dr. Katz, the DMA.

## ***LEGAL PRECEDENT***

The schedule award provisions of FECA,[13] and its implementing federal regulation,[14] 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 the A.M.A., *Guides* as the uniform standard applicable to all claimants.[15] As of May 1, 2009, the sixth edition of the A.M.A., *Guides* is used to calculate schedule awards.[16]

## ***ANALYSIS***

The Board finds that this case is not in posture for decision.

Preliminarily, the Board finds that OWCP responded to the Board's March 17, 2022 decision by obtaining an accurate SOAF, which identified each individual schedule award that appellant received, and explained what portions of each schedule award represented impairment caused by deficits in different areas of the lower extremities (*e.g.*, knee deficits versus foot deficits). The SOAF indicated that appellant previously received schedule awards for 25 percent permanent impairment of the right lower extremity and 16 percent permanent impairment of the left lower extremity.[17]

On November 3, 2022 OWCP referred appellant's case to Dr. Katz, serving as a DMA, and requested that he consider all the relevant evidence of record, including the updated October 7,

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[13] 5 U.S.C. § 8107.

[14] 20 C.F.R. § 10.404.

[15] *Id. See also T.T.,* Docket No. 18-1622 (issued May 14, 2019).

[16] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Schedule Awards and Permanent Disability Claims*, Chapter 2.808.5a (March 2017); Federal (FECA) Procedure Manual, Part 3 -- Medical, *Schedule Awards*, Chapter 3.700.2 and Exhibit 1 (January 2010).

[17] OWCP had previously improperly indicated that appellant had received schedule awards for 23 percent permanent impairment of the right lower extremity.

2022 SOAF, and provide impairment ratings for the lower extremities. It asked him to evaluate whether appellant was entitled to additional schedule award compensation. In a November 8, 2022 report, Dr. Katz found that appellant was not entitled to additional schedule award compensation. However, in reaching this determination, he failed to address all the relevant evidence of record. On June 9, 2021 OWCP received, under OWCP File No. xxxxxx102, a May 12, 2021 medical report in which Dr. Heck provided a permanent impairment rating indicating that appellant had 34 percent permanent impairment of each lower extremity under the standards of the sixth edition of the A.M.A., *Guides*. On August 19, 2021 OWCP received, under OWCP File No. xxxxxx102, an August 16, 2021 medical report in which Dr. Heck provided a permanent impairment rating indicating that appellant had 45 percent permanent impairment of each lower extremity under the standards of the sixth edition of the A.M.A., *Guides.* Dr. Katz did not consider these impairment ratings in his November 8, 2022 report.

The Board has held that, while the claimant has the burden to establish entitlement to compensation, OWCP shares responsibility in the development of the evidence.[18] Accordingly, once OWCP undertakes to develop the medical evidence further, it has the responsibility to do so in the proper manner.[19] Once OWCP starts to procure medical opinion, it must do a complete job.[20]

As Dr. Katz did not take into consideration all the relevant medical evidence in addressing appellant's claim for increased schedule award compensation, the case shall be remanded to OWCP for further development of the issue of whether appellant has met her burden of proof to establish greater than 25 percent permanent impairment of the right lower extremity or greater than 16 percent permanent impairment of the left lower extremity, for which she previously received schedule award compensation. On remand, OWCP shall refer the case record with an updated SOAF to a new DMA for a reasoned opinion regarding appellant's lower extremity permanent impairment, based upon all the relevant evidence of record in the combined files, including the impairment ratings of Dr. Heck. Following this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

## ***CONCLUSION***

The Board finds that this case is not in posture for decision.

[18] *See D.V.,* Docket No. 17-1590 (issued December 12, 2018); *Russell F. Polhemus,* 32 ECAB 1066 (1981).

[19] *See A.K.,* Docket No. 18-0462 (issued June 19, 2018); *Robert F. Hart,* 36 ECAB 186 (1984).

[20] *William N. Saathoff*, 8 ECAB 769 (1956).

## ***ORDER***

**IT IS HEREBY ORDERED THAT** the December 21, 2022 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.

Issued: July 21, 2023
Washington, DC

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

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board

James D. McGinley, Alternate Judge
Employees' Compensation Appeals Board