

)	
C.D., Appellant)	
)	
and)	Docket No. 25-0838
)	Issued: November 19, 2025
DEPARTMENT OF HOMELAND SECURITY,)	
U.S. CUSTOMS AND BORDER PROTECTION,)	
U.S. BORDER PATROL, El Paso, TX, Employer)	
)	

Case Submitted on the Record

Before:
ALEC J. KOROMILAS, Chief Judge
PATRICIA H. FITZGERALD, Deputy Chief Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

On August 29, 2025 appellant filed a timely appeal from an August 4, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act¹ (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

The issue is whether appellant has met his burden of proof to establish greater than two percent permanent impairment of the left lower extremity (leg), for which he previously received a schedule award.

On February 10, 2024 appellant, then a 47-year-old border patrol agent, filed a traumatic injury claim (Form CA-1) alleging that, on the same day, he sustained a left knee injury when he

¹ 5 U.S.C. § 8101 *et seq.*

jumped into a ditch while in the performance of duty. He advised that, upon landing, he felt a sharp pain in his left knee. Appellant stopped work on February 12, 2024. OWCP accepted the claim for left knee sprain, medial meniscus tear of the left knee, and lateral meniscus tear of the left knee. It paid appellant wage-loss compensation for disability from work on the supplemental rolls, beginning March 28, 2024.

A March 4, 2024 magnetic resonance imaging (MRI) scan of the left knee demonstrated a medial meniscus complex tear, possible lateral meniscus tear, anterior medial tibial condylar contusion versus subchondral reactive marrow T2 signal, small regions of severe patellar/medial compartment chondromalacia, and moderate size Baker's cyst.

On April 29, 2024 appellant returned to light-duty work. On May 23, 2024 he stopped work again and Dr. Jason Heydemann, an attending Board-certified orthopedic surgeon, performed OWCP-authorized left knee surgery, including arthroscopic partial medial meniscectomy, and chondroplasty of the medial femoral condyle/tibial plateau and microfractures of the medial femoral condyle/tibial plateau.

In a December 27, 2024 report, Dr. Heydemann noted that appellant had completed physical therapy for his left knee and reported having weakness and occasional discomfort in the knee. He advised that physical examination revealed full extension and flexion of the left knee without swelling and diagnosed acute medial and lateral tears of the meniscus of the left knee. Dr. Heydemann indicated that appellant was neurologically intact and was "ready to be released as of today."

On December 27, 2024 appellant returned to full-duty work without restrictions.

In a March 28, 2025 report, Dr. Michael Mrochek, a Board-certified physiatrist, discussed appellant's February 10, 2024 employment injury and his post-surgery left knee condition. He noted that appellant did relatively well in physical rehabilitation but reported still experiencing a little weakness and occasional discomfort in the left knee. Dr. Mrochek reported the findings of his physical examination, noting some medial joint line tenderness of the left knee but no ligamentous instability or significant crepitus. He reported the findings of range of motion (ROM) testing of the left knee, indicating that three measurements were taken of each type of motion, and that flexion and extension ranged from 0 to 130 degrees. Dr. Mrochek noted that appellant was ambulatory with a nonantalgic gait and diagnosed acute medial meniscal tear of the left knee. He evaluated appellant's permanent impairment under the standards of the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*).² Dr. Mrochek utilized the diagnosis-based impairment (DBI) rating methodology to find that, under Table 16-3 (Knee Regional Grid), the class of diagnosis (CDX) for appellant's partial medial meniscectomy of the left knee resulted in a Class 1 impairment with a default value of two. He assigned a grade modifier for functional history (GMFH) of 0 based on appellant's normal gait, and a grade modifier for physical examination (GMPE) of 1 based on left knee tenderness. Dr. Mrochek advised that a grade modifier for clinical studies (GMCS) was not applicable as clinical studies were used to categorize the diagnosis. He utilized the net adjustment formula, which resulted in a grade B or two percent

² A.M.A., *Guides* (6th ed. 2009).

permanent impairment of the left lower extremity.³ Dr. Mrochek determined that appellant reached maximum medical improvement (MMI) on January 31, 2025. In a work capacity evaluation (Form OWCP-5c) dated March 28, 2025, he indicated that appellant could perform his regular job without restrictions.

On April 11, 2025 appellant filed a claim for compensation (Form CA-7) alleging entitlement to a schedule award.

In an April 18, 2025 development letter, OWCP requested that appellant submit a detailed narrative medical report from his treating physician which discussed his permanent impairment under the standards of the sixth edition of the A.M.A., *Guides*. It afforded appellant 30 days to respond. OWCP did not receive additional medical evidence.

On June 24, 2025 OWCP referred appellant's case to Dr. Taisha S. Williams, a Board-certified physiatrist serving as an OWCP district medical adviser (DMA). It requested that she review the medical evidence, including Dr. Mrochek's March 28, 2025 report, and provide an opinion on permanent impairment of the left lower extremity.

In a July 6, 2025 report, Dr. Williams discussed appellant's factual and medical history, including the surgical history and left knee diagnoses. She advised that she had reviewed Dr. Mrochek's March 28, 2025 report and agreed with his rating of permanent impairment. Dr. Williams utilized the DBI rating methodology to find that, under Table 16-3, the CDX for appellant's partial medial meniscectomy of the left knee resulted in a Class 1 impairment with a default value of two. She assigned a GMFH of 0 based on appellant's normal gait, a GMPE of 1 based on mild left knee tenderness to palpation, and a GMCS of 1 due to mild findings. Dr. Williams utilized the net adjustment formula, which resulted in a grade B or two percent permanent impairment of the left lower extremity. She advised that the A.M.A., *Guides* did not identify a left lower extremity diagnosis that could be alternatively rated under the ROM rating methodology and thus concluded that, based on the DBI rating methodology, appellant had two percent permanent impairment of the left lower extremity. Dr. Williams determined that appellant reached MMI on March 28, 2025, as it was the date of Dr. Mrochek's evaluation.

By decision dated August 4, 2025, OWCP granted appellant a schedule award for two percent permanent impairment of the left lower extremity (leg). The award ran for 5.76 weeks from March 28 through May 7, 2025.

LEGAL PRECEDENT

The schedule award provisions of FECA⁴ and its implementing federal regulations⁵ 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

³ Dr. Mrochek indicated that the ROM rating methodology "yields 0% [left lower extremity impairment]."

⁴ 5 U.S.C. § 8107.

⁵ 20 C.F.R. § 10.404.

the A.M.A., *Guides* as the uniform standard applicable to all claimants and the Board has concurred in such adoption.⁶ As of May 1, 2009, the sixth edition of the A.M.A., *Guides* is used to calculate schedule awards.⁷

Chapter 16 of the sixth edition of the A.M.A., *Guides*, pertaining to the lower extremities, provides that DBI is the primary methodology of calculation for the lower limb and that most impairments are based on the DBI where the impairment class is determined by the diagnosis and specific criteria as adjusted by the GMFH, GMPE, and/or GMCS. It further provides that alternative approaches are also provided for calculating impairment for peripheral nerve deficits, complex regional pain syndrome, amputation, and ROM. ROM is primarily used as a physical examination adjustment factor.⁸ The A.M.A., *Guides*, however, also explain that some of the diagnosis-based grids refer to the ROM section when that is the most appropriate mechanism for grading the impairment. This section is to be used as a stand-alone rating when other grids refer to this section or no other diagnosis-based sections of the chapter are applicable for impairment rating of a condition.⁹

In determining impairment for the lower extremities under the sixth edition of the A.M.A., *Guides*, an evaluator must establish the appropriate diagnosis for each part of the lower extremity to be rated. With respect to the knee, reference is made to Table 16-3 (Knee Regional Grid) beginning on page 509.¹⁰ After the CDX is determined from the Knee Regional Grid (including identification of a default grade value), the net adjustment formula is applied using the GMFH, GMPE, and/or GMCS. The net adjustment formula is (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX).¹¹ Under Chapter 2.3, evaluators are directed to provide reasons for their impairment rating choices, including choices of diagnoses from regional grids and calculations of modifier scores.¹²

OWCP's 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 extent of impairment in accordance with the A.M.A., *Guides*, with an OWCP medical adviser providing rationale for the percentage of impairment specified.¹³

⁶ *Id.*; see *V.J.*, Docket No. 1789 (issued April 8, 2020); *Jacqueline S. Harris*, 54 ECAB 139 (2002).

⁷ 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).

⁸ A.M.A., *Guides* (6th ed. 2009) 497, section 16.2.

⁹ *Id.* at 543; see also *M.D.*, Docket No. 16-0207 (issued June 3, 2016); *D.F.*, Docket No. 15-0664 (issued January 8, 2016).

¹⁰ *Id.* at 509-11.

¹¹ *Id.* at 515-22.

¹² *Id.* at 23-28.

¹³ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Schedule Awards and Permanent Disability Claims*, Chapter 2.808.6f (March 2017). See also *J.W.*, Docket No. 25-0587 (issued August 1, 2025).

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish greater than two percent permanent impairment of the left lower extremity (leg), for which he previously received a schedule award.

In the present case, OWCP received a March 28, 2025 report wherein Dr. Mrochek, an attending physician, reported physical examination findings and applied the DBI rating methodology utilizing the standards of the sixth edition of the A.M.A., *Guides* to determine that appellant had two percent permanent impairment of the left lower extremity.

OWCP then properly routed Dr. Mrochek's report to Dr. Williams, serving as a DMA, who analyzed the March 28, 2025 findings of Dr. Mrochek in accordance with the standards of the sixth edition of the A.M.A., *Guides* to calculate appellant's permanent impairment.¹⁴ In a July 6, 2025 report, Dr. Williams utilized the DBI rating method to find that, under Table 16-3 of the sixth edition of the A.M.A., *Guides*,¹⁵ the class of CDX for appellant's partial medial meniscectomy of the left knee resulted in a Class 1 impairment with a default value of two. She assigned a GMFH of 0 based on appellant's normal gait, a GMPE of 1 based on mild left knee tenderness to palpation, and a GMCS of 1 due to mild findings. Dr. Williams utilized the net adjustment formula, which resulted in a grade B or two percent permanent impairment of the left lower extremity.¹⁶ She advised that the A.M.A., *Guides* did not identify a left lower extremity diagnosis that could be alternatively rated under the ROM rating method¹⁷ and thus concluded that, based on the DBI rating methodology, appellant had two percent permanent impairment of the left lower extremity. Dr. Williams determined that appellant reached MMI on March 28, 2025 as it was the date of Dr. Mrochek's evaluation.¹⁸

Dr. Williams properly applied the A.M.A., *Guides* to Dr. Mrochek's findings in concluding that appellant had two percent permanent impairment of the left lower extremity. She advised that the A.M.A., *Guides* did not identify a left lower extremity diagnosis that could be alternatively rated under the ROM rating methodology. Appellant has not submitted medical evidence demonstrating greater than the two percent permanent impairment of the left lower extremity (leg) previously awarded. Thus, the Board finds that he has not met his burden of proof.

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

¹⁴ See *id.*

¹⁵ A.M.A., *Guides* 509, Table 16-3.

¹⁶ See *supra* note 11.

¹⁷ See *supra* notes 8 and 9. See also *E.M.*, Docket No. 14-0311 (issued July 8, 2014).

¹⁸ The date of MMI is usually considered to be the date of the evaluation accepted as definitive by OWCP. See Federal (FECA) Procedure Manual, Part 3 -- Medical, *Schedule Awards*, Chapter 3.700.3a(1)(c) (January 2010); *S.K.*, Docket No. 20-0422 (issued December 2, 2020).

CONCLUSION

The Board finds that appellant has not met his burden of proof to establish greater than two percent permanent impairment of the left lower extremity (leg), for which he previously received a schedule award.

ORDER

IT IS HEREBY ORDERED THAT the August 4, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: November 19, 2025
Washington, DC

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

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

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