

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

E.B., Appellant)	
)	
and)	Docket No. 25-0132
)	Issued: September 29, 2025
U.S. POSTAL SERVICE, PROCESSING & DISTRIBUTION CENTER, Minneapolis, MN,)	
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
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge

JURISDICTION

On November 22, 2024 appellant filed a timely appeal from June 27 and July 25, 2024 merit decisions 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.

ISSUES

The issues are: (1) whether appellant has met her burden of proof to establish greater than 27 percent permanent impairment of her left lower extremity, for which she previously received a schedule award; and (2) whether OWCP properly denied appellant's request for reimbursement of travel expenses for the period January 3 through 4, 2024.

¹ 5 U.S.C. § 8101 *et seq.*

FACTUAL HISTORY

On September 21, 2020 appellant, then a 45-year-old mail handler equipment operator, filed a traumatic injury claim (Form CA-1) alleging that on September 13, 2020 she struck her ankle against an equipment guard rail while in the performance of duty. She stopped work on September 14, 2020, returned to light-duty work on November 23, 2020, and returned to full-duty work on December 7, 2020. By decision dated July 22, 2021, OWCP accepted the claim for left foot laceration without foreign body.

In a January 4, 2024 report, Dr. John W. Ellis, a physician Board-certified in family medicine, recounted appellant's history of injury, reviewed medical records, and reported findings of his physical examination. On examination of appellant's left ankle, he observed a well-healed curvilinear scar measuring approximately eight centimeters consistent with the trauma, notable swelling and tenderness to palpation along the posterior tibial tendon, positive Tinel's sign over the tarsal tunnel, and tenderness on palpation along the plantar fascia from heel to the ball of the foot. Dr. Ellis diagnosed left tarsal tunnel syndrome, left ankle synovitis/tenosynovitis, and left ankle tendinopathy. He referred to the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*)² and utilized the diagnosis-based impairment (DBI) rating method to find that, under Table 16-2 (Foot and Ankle Regional Grid), page 501, the class of diagnosis (CDX) for tendinopathy of the posterior tibial tendon with moderate motion deficits fell into Class 1 with a default value of 10. Dr. Ellis assigned a grade modifier for functional history (GMFH) of 2 based on the lower limb questionnaire score, and a grade modifier for physical examination (GMPE) of 2 based on moderate-to-severe limited range of motion. He found that a grade modifier for clinical studies (GMCS) was not applicable as clinical studies were used to establish the diagnosis. Dr. Ellis utilized the net adjustment formula, which resulted in a grade E or 13 percent permanent impairment of the left lower extremity. He also calculated appellant's permanent impairment for a CDX of left ankle tendinitis/tenosynovitis, which was a Class 1 impairment with a default value of seven percent. There was no movement from the seven percent default value under the net adjustment formula. Dr. Ellis explained that only the diagnosis with the highest impairment rating would be used in the final rating. With regard to peripheral nerve impairment, he found that, pursuant to Table 16-2 on page 536 of the A.M.A., *Guides*, appellant's sensory impairment of the left tibia was a Class 1 impairment, with a default value of 2. Applying the net adjustment formula with a GMFH of 2, GMCS of 2 resulted in a grade D or three percent impairment. For motor impairment of the left tibial nerve he found that, pursuant to Table 16-12 on page 536, he found a Class 2 impairment, and with no grade modifier adjustment appellant's impairment was a Grade C or 14 percent impairment. Combining tibial nerve sensory and motor deficits resulted in 16 percent permanent impairment. Using the Combined Values Chart of the A.M.A., *Guides* to combine the 13 percent impairment due to left ankle deficits and the 16 percent due to tibial nerve impairment yielded total permanent impairment of the left lower extremity of 27 percent. He noted that the ROM method was not applicable and found that appellant reached maximum medical improvement (MMI) as of January 4, 2024.

On March 19, 2024 appellant filed a claim for compensation (Form CA-7) for a schedule award.

² A.M.A., *Guides* (6th ed. 2009).

On March 22, 2024 OWCP referred appellant's case to Dr. Nathan Hammel, a Board-certified orthopedic surgeon serving as an OWCP district medical adviser (DMA). In an April 3, 2024 report, Dr. Hammel reviewed Dr. Ellis' January 4, 2024 report and concurred with his rating of 27 percent left lower extremity permanent impairment.

On June 3, 2024 appellant filed a medical travel refund request (Form OWCP-957) for mileage and lodging expenses incurred on January 3 and 4, 2024.³ She reported the estimated total mileage was 813 miles each way and 1,626 miles round trip from her home in Ramsey, Minnesota to the Ellis Clinic, in Oklahoma City, Oklahoma. Appellant's lodging expenses totaled \$108.56.

By decision dated June 27, 2024, OWCP granted appellant a schedule award for 27 percent permanent impairment of her left lower extremity. The award ran for 77.76 weeks from January 4, 2024 through July 1, 2025.

By decision dated July 25, 2024, OWCP denied appellant's request for reimbursement of travel expenses for the period January 3 through 4, 2024, finding that she did not obtain prior authorization for mileage exceeding 100 miles roundtrip or prior authorization for lodging. Appellant also failed to submit evidence to support that the examination for which the expense(s) claim was reasonable or necessary, and that adequate medical care was not available by a qualified physician within her commuting area.

LEGAL PRECEDENT -- ISSUE 1

The schedule award provision of FECA⁴ and its implementing 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 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

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 ankle, the relevant portion of the leg for the present case, reference

³ On November 22, 2024 appellant appealed her claim to the Board. By order dated December 20, 2024, the Board ordered OWCP to complete the record within 30 days. The Board noted that the record did not contain any claims for travel reimbursement covering travel on January 3 and 4, 2024. The order afforded OWCP 30 days to produce the complete case record or show reason why it could not comply. *Order to Complete the Record Within 30 Days*, Docket No. 25-0132 (issued December 20, 2024). On March 6, 2025 OWCP completed the case record.

⁴ 5 U.S.C. § 8107.

⁵ 20 C.F.R. § 10.404.

⁶ *Id.*; see *A.W.*, Docket No. 23-0618 (issued September 27, 2024); *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 Award 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).

is made to Table 16-2 (Foot and Ankle Regional Grid) beginning on page 501.⁸ After the CDX is determined from the Foot and Ankle Regional Grid (including identification of a default grade value), the Net Adjustment Formula is applied using the GMFH, GMPE, and GMCS. The Net Adjustment Formula is (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX).⁹

OWCP's procedures provide that, after obtaining all necessary medical evidence, the file should be routed to a DMA for an opinion concerning the percentage of permanent impairment using the A.M.A., *Guides*.¹⁰

ANALYSIS -- ISSUE 1

The Board finds that appellant has not met her burden of proof to establish greater than 27 percent permanent impairment of her left lower extremity, for which she previously received a schedule award.

In his January 4, 2024 permanent impairment evaluation, Dr. Ellis referencing Table 16-2, page 501 of the A.M.A., *Guides*, rated appellant's left ankle permanent impairment for tendinopathy of the posterior tibial tendon, tendinitis/tenosynovitis, sensory deficit of the tibial nerves, and motor deficit of the tibial nerves.

For the diagnosis of left tendinopathy of the posterior tibial tendon, Dr. Ellis noted that this corresponded to a Class 1 impairment with a default value of 10 percent. He assigned a GMFH of two for lower limb questionnaire and a GMPE of two for moderate-to-severe limited ROM. With this adjustment he found that appellant had 13 percent permanent impairment. Dr. Ellis also calculated appellant's permanent impairment for a CDX of left ankle tendinitis/tenosynovitis, which resulted in a Class 1 impairment with a default value of seven percent and no movement from the seven percent default value under the net adjustment formula. He then explained that only the highest impairing diagnosis was to be used in the final rating. With regard to the peripheral nerve impairment, he found that, pursuant to Table 16-2 on page 536 of the A.M.A., *Guides*, appellant's sensory impairment of the left tibia was a Class 1 impairment, with a default value of 2. Applying the net adjustment formula with a GMFS of 2 and GMCS of 2 resulted in a grade D or three percent impairment. For motor impairment of the left tibial nerve he found that appellant had a Class 2 impairment, and with no grade modifier adjustment, resulting in a 14 percent permanent impairment. Combining tibial nerve sensory and motor deficits resulted in 16 percent permanent impairment. Using the Combined Values Chart of the A.M.A., *Guides*, Dr. Ellis combined the 13 percent impairment due to left ankle deficits with the 16 percent due to tibial nerve impairment to find a total of 27 percent permanent impairment of the left lower extremity.

On April 3, 2024 Dr. Hammel reviewed the medical evidence, including the January 4, 2024 report of Dr. Ellis. He agreed with Dr. Ellis' findings and impairment rating of 27 percent permanent impairment of the left lower extremity due to tendinopathy of the posterior tibial tendon

⁸ See A.M.A., *Guides* (6th ed. 2009) 501-08.

⁹ *Id.* at 515-22.

¹⁰ *Supra* note 7 at Chapter 2.808.6f (March 2017); *B.B.*, Docket No. 18-0782 (issued January 11, 2019).

and left tibia nerve impairment. Dr. Hammel determined that the date of MMI was January 4, 2024, the date of the examination by Dr. Ellis.

The Board finds that both Dr. Ellis and the DMA, Dr. Hammel, adequately explained how they arrived at appellant's rating of permanent impairment by listing specific tables and pages in the A.M.A., *Guides*. The Board also finds that both physicians properly interpreted and applied the standards of the sixth edition of the A.M.A., *Guides* to conclude that appellant had 27 percent permanent impairment of the left lower extremity. The opinions of Dr. Ellis and the DMA therefore represent the weight of the medical evidence and support that appellant has no greater than 27 percent permanent impairment of the left lower extremity.¹¹

As appellant has not established greater than the 27 percent permanent impairment of the left lower extremity previously awarded, the Board finds that she has not met her burden of proof.

Appellant may request a schedule award or an 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.

LEGAL PRECEDENT -- ISSUE 2

OWCP regulations provide that the employee is entitled to reimbursement for reasonable and necessary expenses, including transportation needed to obtain authorized medical services, appliances, or supplies.¹² To determine a reasonable travel distance, it will consider the availability of services, the employee's condition, and the means of transportation. Effective August 29, 2011, the most recent regulations provide that a round-trip distance of up to 100 miles is considered a reasonable distance to travel.¹³ If round-trip travel of more than 100 miles is contemplated, or air transportation or overnight accommodations will be needed, the employee must submit a written request to OWCP for prior authorization with information describing the circumstances and necessity for such travel expenses. OWCP will approve the request if it determines that the travel expenses are reasonable and necessary, and are related to obtaining authorized medical services, appliances, or supplies.¹⁴

Pursuant to FECA Bulletin No. 14-02, when a claimant submits a travel reimbursement in excess of 100 miles for a single date of service, the bill will automatically be suspended, and the Central Bill Processing provider will send notification to OWCP's claims examiner.¹⁵ FECA

¹¹ *R.W.*, Docket No. 23-0388 (issued August 15, 2023); *A.N.*, Docket No. 22-0999 (issued August 4, 2023); *L.D.*, Docket No. 22-0927 (issued July 3, 2023).

¹² 20 C.F.R. § 10.315(a).

¹³ *Id.*

¹⁴ *Id.* at § 10.315(b).

¹⁵ FECA Bulletin No. 14-02 (issued January 29, 2014).

Bulletin No. 14-02 notes that, in some limited circumstances, it may be necessary for a claimant to travel more than 100 miles on a regular basis, such as when the claimant lives in a remote area.¹⁶

In interpreting this section, the Board has recognized that OWCP has broad discretion in approving services provided under FECA.¹⁷ The only limitation on OWCP's authority is that of reasonableness. OWCP may authorize medical treatment but determine that the travel expense incurred for such authorized treatment was unreasonable or unnecessary.¹⁸

ANALYSIS -- ISSUE 2

The Board finds that OWCP properly denied appellant's request for reimbursement of travel expenses for the period January 3 through 4, 2024.

Appellant submitted a request for reimbursement of mileage and lodging expenses related to her medical appointment with Dr. Ellis on January 4, 2024. She requested reimbursement for 813 miles one way or 1,626 miles round trip, and \$108.56 for lodging.

OWCP's regulations provide that, generally, a round trip of up to 100 miles is a reasonable distance to travel.¹⁹ There may be circumstances where reimbursement for travel of more than 100 miles is appropriate. An example of those circumstances might be an appellant who lives in a remote area with limited medical services and physicians of an appropriate specialty. To establish that a travel reimbursement of more than 100 miles is warranted, OWCP's regulations provide that the claimant must submit information describing the circumstances and necessity for such travel expenses. Appellant did not request preauthorization for the travel to Dr. Ellis' clinic in Oklahoma City, Oklahoma, which was more than 100 miles from appellant's residence.²⁰

OWCP has broad discretion in considering whether to reimburse or authorize travel expenses.²¹ As the only limitation on its authority is reasonableness, abuse of discretion is generally shown through proof of manifest error, clearly unreasonable exercise of judgment, or actions taken which are contrary to both logic and probable deduction from known facts.²² The Board thus finds that OWCP properly denied appellant's travel reimbursement request for the period January 3 through 4, 2024.

¹⁶ *Id.*

¹⁷ *A.N.*, Docket No. 24-0824 (issued February 21, 2025); *V.L.*, Docket No. 23-0061 (issued August 22, 2023); *S.M.*, Docket No. 19-0989 (issued May 12, 2020); *G.C.*, Docket No. 19-0298 (issued June 24, 2019).

¹⁸ *Id.*

¹⁹ 20 C.F.R. § 10.315(a).

²⁰ *Id.*; *see F.R.*, Docket No. 23-1114 (issued March 18, 2024); *K.H.*, Docket No. 20-1134 (issued August 8, 2020); *J.J.*, Docket No. 10-1908 (issued June 16, 2011).

²¹ *Id.*

²² *Id.*; *see also Daniel J. Perea*, 42 ECAB 214 (1990).

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish greater than 27 percent permanent impairment of her left lower extremity, for which she previously received a schedule award. The Board further finds that OWCP properly denied appellant's request for reimbursement of travel expenses for the period January 3 through 4, 2024.

ORDER

IT IS HEREBY ORDERED THAT the June 27 and July 25, 2024 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: September 29, 2025
Washington, DC

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

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board