United States Department of Labor
Employees' Compensation Appeals Board

J.A., Appellant	)	
and	)	**Docket No. 25-0663**
	)	**Issued: September 2, 2025**
DEPARTMENT OF HOMELAND SECURITY, IMMIGRATION & CUSTOMS ENFORCEMENT, Plantation, FL, 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 July 1, 2025 appellant filed a timely appeal from a June 20, 2025 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.

ISSUE

The issue is whether appellant has met his burden of proof to establish permanent impairment of a scheduled member or function of the body, warranting a schedule award.

FACTUAL HISTORY

On July 1, 2024 appellant, then a 55-year-old criminal investigator, filed a traumatic injury claim (Form CA-1) alleging that on June 11, 2024 he sustained a left knee injury when undergoing

[1] 5 U.S.C. § 8101 *et seq*.

enhanced defensive tactics training while in the performance of duty. OWCP accepted the claim for left knee patellae chondromalacia and left knee ligament medial collateral ligament (MCL) sprain.

In a report dated September 20, 2024, Dr. Matthew R. Widner, a Board-certified orthopedic surgeon, recounted appellant's injury history, reviewed a July 22, 2024 magnetic resonance imaging scan (MRI), and provided physical examination findings. He noted that appellant related that his knee pain had completely resolved, he was not taking medications for pain, he had finished physical therapy, and that he would like to return to normal work activities. On physical examination of the left knee Dr. Widner observed no effusion, no tenderness to palpation along the MCL, 5/5 strength, negative varus stress with no laxity, negative Lachman, negative posterior drawer, negative flexion pinch/McMurray's, and 0 to 120 range of motion. He diagnosed left knee MCL sprain, left knee patellae chondromalacia, left knee pain with concern for MCL tear, and left knee mild patellofemoral arthritis. Dr. Widner found that appellant had reached maximum medical improvement (MMI) and had zero percent permanent impairment of the left knee.

On September 23, 2024 appellant filed a claim for compensation (Form CA-7) for a schedule award.

On February 18, 2025 OWCP referred appellant, along with the case record, a statement of accepted facts (SOAF), and a series of questions to Dr. Clinton Bush, III, a Board-certified occupational medicine specialist, for a second opinion evaluation to determine the extent of appellant's permanent impairment for schedule award purposes.

In a report dated March 10, 2025, Dr. Bush recounted appellant's history of injury and medical history. He noted that appellant currently indicated that he had some sharp momentary pain which occurred when he moved laterally to the right side, and that at times his knee did not feel normal when walking on uneven surfaces. Dr. Bush diagnosed Grade II healed left knee MCL sprain and left knee mild patellofemoral arthritis. He related that appellant's left knee physical examination findings included no ligamentous laxity, no joint line tenderness, a one centimeter left quadriceps atrophy, no pain with stress maneuver, and no evidence of crepitus, effusion, swelling, or warmth. Dr. Bush reported full bilateral knee range of motion (ROM). Applying the diagnosis-based impairment (DBI) rating methodology, Dr. Bush referenced Table 16-3 (Knee Regional Grid -- Lower Extremity Impairments), page 510 of the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*).[2] He identified the class of diagnosis (CDX) as left knee MCL injury with mild residual symptoms and no instability resulting in a Class 1 impairment, which yielded a default value of 10. He applied a grade modifier for functional history (GMFH) of 1 for a minimal defined deficit on the functional scale; a grade modifier for physical examination (GMPE) of 1 for one centimeter atrophy; and a grade modifier of 1 for clinical studies (GMCS) based on MRI scan findings. Dr. Bush found a net adjustment of 0 resulting in 10 percent permanent impairment of the left lower extremity.

On May 7, 2025 OWCP referred the case record and a statement of accepted facts (SOAF) to Dr. David I. Krohn, a Board-certified internist serving as an OWCP district medical adviser

[2] A.M.A., *Guides* (6th ed. 2009).

(DMA), for review and an opinion on the extent of appellant's permanent impairment for schedule award purposes.

In a report dated May 22, 2025, Dr. Krohn determined that appellant had reached MMI as of March 10, 2025, the date of Dr. Bush's report. He reviewed appellant's medical examination findings of no left knee joint line tenderness, no left knee laxity, no instability, and no evidence of crepitus, effusion, swelling, and warmth. Dr. Krohn concluded that appellant had zero percent permanent impairment of the left lower extremity in accordance with the DBI rating method of the A.M.A., *Guides*, Table16-3, page 510, which provides that appellant's left knee MCL ligament impairment corresponded to a Class 0 based on the absence of instability or laxity on stress test of the MCL ligament. He disagreed with Dr. Bush's 10 percent permanent impairment, noting that his physical examination found no laxity of the left MCL and no instability. Additionally, he noted that Dr. Widner, appellant's treating physician, found a zero percent impairment based on a normal physical examination. Dr. Krohn further explained that appellant's ROM of the left knee was normal, and that his left knee collateral ligament injury could not be rated for loss of ROM pursuant to the A.M.A., *Guides*.

By decision dated June 20, 2025, OWCP denied appellant's schedule award claim, finding that the medical evidence of record was insufficient to establish permanent impairment of a scheduled member or function of the body.

LEGAL PRECEDENT

The schedule award provisions of FECA and its implementing regulations[3] 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. FECA, however, does not specify the manner in which the percentage of loss of a member shall be determined. OWCP has adopted the A.M.A., *Guides* as the uniform standard applicable to all claimants. As of May 1, 2009, the sixth edition of the A.M.A., *Guides* is used to calculate schedule awards.[4]

The sixth edition of the A.M.A., *Guides* provides a diagnosis-based impairment (DBI) method of evaluation utilizing the World Health Organization's *International Classification of Functioning, Disability and Health (ICF): A Contemporary Model of Disablement*.[5] Under the sixth edition, for lower extremity impairments, the evaluator identifies the impairment of the CDX, which is then adjusted by a GMFH, a GMPE, and/or a GMCS.[6] The net adjustment formula is (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX).[7] Evaluators are directed to provide reasons

[3] 20 C.F.R. § 10.404.

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

[5] *Supra* note 2 at page 3, section 1.3.

[6] *Id.* at 493-556.

[7] *Id.* at 521.

for their impairment choices, including the choices of diagnoses from regional grids and calculations of modifier scores.[8]

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.[9]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish permanent impairment of a scheduled member or function of the body, warranting a schedule award.

OWCP referred appellant to Dr. Bush for a second opinion evaluation. Referencing Table 16-3, page 510 of the sixth edition of the A.M.A., *Guides*, Dr. Bush noted that on physical examination appellant had no ligament laxity, and no instability either functionally or by clinical examination. He identified the CDX as a left knee MCL injury with mild residual symptoms and no instability resulting in a Class 1 impairment, which yielded a default value of 10. Dr. Bush applied a GMFH of 1 for a minimal deficit on the functional scale; a GMPE of 1 for one centimeter atrophy; and a GMCS of 1 based on MRI scan findings. He found a net adjustment of 0 resulting in 10 percent permanent impairment of the left lower extremity.

In a report dated May 22, 2025, OWCP's DMA, Dr. Krohn, reviewed the medical evidence of record. He concluded that appellant had zero percent permanent impairment of the left lower extremity in accordance with the DBI rating method of the A.M.A., *Guides*, Table16-3, page 510. He properly determined that left knee MCL ligament impairment corresponded to a Class 0 based on the absence of instability or laxity on stress test of the MCL ligament. Dr. Krohn disagreed with Dr. Bush's 10 percent permanent impairment rating, noting that his physical examination found no laxity or instability of the left MCL, and therefore grade modifiers were not applicable. Additionally, he noted that Dr. Widner, appellant's treating physician, assigned a zero percent impairment rating based on a normal physical examination.

The Board finds that Dr. Krohn, the DMA, properly applied the appropriate standards of the A.M.A., *Guides* in finding no impairment due to the accepted conditions based on absence of instability or laxity on stress test of the MCL ligament. As the DMA's opinion is also detailed, well rationalized, and based on a proper factual background, the Board finds that it constitutes the weight of the medical evidence.

As the medical evidence of record is insufficient to establish permanent impairment of a scheduled member or function of the body causally related to the accepted employment injury, the Board finds that appellant has not met his burden of proof.

[8] *R.G.*, Docket No. 25-0390 (issued April 9, 2025); *R.R.,* Docket No. 17-1947 (issued December 19, 2018); *R.V.,* Docket No. 10-1827 (issued April 1, 2011).

[9] *See supra* note 4 at Chapter 2.808.6f (March 2017).

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 impairment.

CONCLUSION

The Board finds that appellant has not met his burden of proof to establish permanent impairment of a scheduled member or function of the body, warranting a schedule award.

ORDER

IT IS HEREBY ORDERED THAT the June 20, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: September 2, 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