United States Department of Labor
Employees' Compensation Appeals Board

C.M., Appellant	)	
and	)	**Docket No. 25-0732**
	)	**Issued: September 15, 2025**
DEPARTMENT OF VETERANS AFFAIRS, LT. COL. LUKE WEATHERS, JR. VA MEDICAL CENTER, Memphis, TN, 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
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On July 25, 2025 appellant filed a timely appeal from a July 23, 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.[2]

[1] 5 U.S.C. § 8101 *et seq*.

[2] The Board notes that following the July 23, 2025 decision, OWCP received additional evidence. 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*.

ISSUE

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

FACTUAL HISTORY

On July 9, 2024 appellant, then a 43-year-old nurse, filed a traumatic injury claim (Form CA-1) alleging that on that date, she sustained a right shin laceration, and bruising and swelling of the left foot, when she tripped and fell while ascending wet shuttle bus steps in the performance of duty.

OWCP received a July 9, 2024 report by Dr. Donna Randolph, an obstetrician and gynecologist, wherein she recounted appellant's history of injury. July 9, 2024 x-rays of the left foot and ankle were reviewed which revealed a nondisplaced fracture of the base of the right fifth metatarsal. Dr. Randolph diagnosed strain of left ankle, initial encounter, strain of left foot, initial encounter, and closed fracture of metatarsal of left foot.[3]

On August 28, 2024 OWCP accepted the claim for sprain of unspecified ligament of left ankle, initial encounter, and stress fracture, left foot, initial encounter for fracture.

On September 26, 2024 appellant underwent OWCP-authorized non-union takedown with open reduction internal fixation (ORIF) of the left fifth metatarsal fracture.

On February 4, 2025 appellant filed a claim for schedule award (Form CA-9).

In a development letter dated February 13, 2025, OWCP advised appellant of the type of evidence necessary to establish entitlement to a schedule award under the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*).[4]

Thereafter, OWCP received reports dated December 3, 2024 through January 14, 2025, wherein Dr. Nicole Leigh Zahn, a podiatrist, diagnosed wound dehiscence and a non-pressure chronic ulcer of the left heel and midfoot with fat layer exposed.

On March 7, 2025 OWCP referred appellant, along with the medical record, a statement of accepted facts (SOAF), and a series of questions to Dr. Samuel Gilbert Meredith, Jr., a Board-certified orthopedic surgeon, for a second opinion examination to determine the extent of appellant's left lower extremity permanent impairment utilizing the A.M.A., *Guides*.

[3] July 23, 2024 x-rays of the left foot revealed a distracted avulsion fracture at the base of the fifth metatarsal.

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

Thereafter, OWCP received a November 6, 2024 report of x-rays of the left foot by Dr. John Gregory Stanfill, a Board-certified radiologist, wherein he noted intact surgical fixation hardware and opined that the fracture line of the fifth metatarsal was still apparent.

In an April 3, 2025 report, Dr. Meredith noted his review of the medical record and SOAF. On examination of appellant's left foot, he observed a surgical scar on the lateral side of the left foot which was normal in appearance, mild tenderness to palpation, a normal gait with the ability to heel and toe walk, and full range of motion of the ankle and hindfoot. Dr. Meredith opined that x-rays of the left foot on a disc provided by appellant "indicated solid union of a transverse fracture at the base of the fifth metatarsal." He noted an impression of "[f]ractured metatarsal as a direct causation from work[-]related injury which went on to nonunion requiring osteosynthesis with internal fixation and grafting. This has gone on to solid union." Dr. Meredith opined that appellant had attained maximum medical improvement (MMI) as of that date. Referring to Table 16-2 of the A.M.A., *Guides* (Foot and Ankle Regional Grid), he noted that the class of diagnosis (CDX) for nondisplaced 5th metatarsal fracture with abnormal examination findings would be a Class 1, grade C impairment, with a default rating of 1 percent. Dr. Meredith assigned a grade modifier for functional history (GMFH) of 0, a grade modifier for physical examination (GMPE) of 1, and a grade modifier for clinical studies (GMCS) of 2. The net adjustment modifier was 0, and thus, he concluded that appellant had 1 percent permanent impairment of the left lower extremity.

On April 11, 2025 OWCP referred the case record to Dr. Nathan Hammel, a Board-certified orthopedic surgeon, serving as a district medical adviser (DMA), to review the medical evidence of record, including Dr. Meredith's April 3, 2025 report, and requested that he provide an opinion regarding whether appellant had any left lower extremity permanent impairment in accordance with the sixth edition of the A.M.A., *Guides*. The referral memorandum indicated that OWCP had expanded its acceptance of the conditions in appellant's claim to include "other and unspecified complications of medical care."

In an April 24, 2025 report, Dr. Hammel reviewed the SOAF and medical record, including the April 3, 2025 report from Dr. Meredith. He concurred that appellant attained MMI on April 3, 2025, the date of Dr. Meredith's evaluation. Dr. Hammel noted that the diagnosis-based impairment (DBI) rating methodology was applicable to appellant's presentation as the range of motion (ROM) rating methodology allowed for lower extremity stand-alone range of motion impairment based only on severe organic motion loss. Referring to Table 16-2 of the A.M.A., *Guides*, he noted that the CDX for ankle fracture with mild motion loss would be a Class 1, grade C impairment, with a default rating of 1 percent. Dr. Hammel assigned a GMFH of 1 for mild symptoms, and a GMPE of 1 for mild tenderness. He explained that a GMCS was not applicable as clinical studies were used to establish the diagnosis and proper placement in the regional grid. The net adjustment modifier was 0, and thus, Dr. Hammel concluded that appellant had 2 percent permanent impairment of the left lower extremity.

By decision dated July 23, 2025, OWCP granted appellant a schedule award for one percent permanent impairment of the left lower extremity (left leg). The award ran for 2.88 weeks from April 3 through 23, 2025.

LEGAL PRECEDENT

The schedule award provisions of FECA[5] and its implementing regulations[6] 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.[7]

The sixth edition of the A.M.A., *Guides* provides a DBI method of evaluation utilizing the World Health Organization's *International Classification of Functioning, Disability and Health (ICF): A Contemporary Model of Disablement*.[8] 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.[9] The net adjustment formula is (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX).[10] Evaluators are directed to provide reasons for their impairment choices, including the choices of diagnoses from regional grids and calculations of modifier scores.[11]

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.[12]

ANALYSIS

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

In accordance with its procedures, OWCP properly referred the evidence of record to Dr. Meredith for a second opinion examination and permanent impairment evaluation. On April 3,

[5] *Supra* note 1.

[6] 20 C.F.R. § 10.404.

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

[8] A.M.A., *Guides*, page 3, section 1.3.

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

[10] *Id.* at 521.

[11] *P.E.,* Docket No. 25-0023 (issued November 12, 2024); *R.R.*, Docket No. 17-1947 (issued December 19, 2018); *R.V.*, Docket No. 10-1827 (issued April 1, 2011).

[12] *See supra* note 7 at Chapter 2.808.6f (March 2017).

2025 Dr. Meredith reviewed medical records and the SOAF. He examined appellant to rate her left lower extremity permanent impairment. Dr. Meredith found full range of motion of the left ankle and hindfoot, a normal gait, and mild tenderness to palpation of the left foot. Based upon the CDX for nondisplaced 5th metatarsal fracture with abnormal examination findings, he assigned a GMFH of 0, GMPE of 1, and GMCS of 2, resulting in a net adjustment of 0. Dr. Meredith calculated one percent permanent impairment of the left foot under the DBI impairment rating methodology.

On April 24, 2025 Dr. Hammel reviewed the April 3, 2025 report from Dr. Meredith. He opined that MMI was reached on the date of Dr. Meredith's impairment evaluation. Dr. Hammel disagreed with Dr. Meredith's assignment of a GMCS as clinical studies were used to establish the diagnosis. He concurred that according to Table 16-2 of the A.M.A., *Guides*, he noted that a CDX for metatarsal fracture with mild symptoms was a Class 1, grade C, default impairment of 1 percent. Dr. Hammel assigned a GMFH of 1 for mild symptoms, and a GMPE of 1 for mild tenderness. The net adjustment modifier was 0, and thus, he concluded that appellant had 1 percent permanent impairment of the left lower extremity.

The Board finds that OWCP properly relied upon the opinion of Dr. Hammel, serving as the DMA, as he appropriately applied the DBI methodology in accordance with the sixth edition of the A.M.A., *Guides* in determining that appellant had one percent permanent impairment of the left lower extremity (left leg). Dr. Hammel also properly explained that the ROM methodology was not the appropriate methodology for rating her left foot permanent impairment.[13]

As the medical evidence of record does not establish greater than the one percent permanent impairment of the left lower extremity previously awarded, the Board finds that appellant has not met her burden of proof.[14]

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.

CONCLUSION

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

[13] *P.E.*, *supra* note 11; *see D.B.*, Docket No. 24-0168 (issued April 19, 2024).

[14] *See P.S.*, Docket No. 22-1051 (issued May 4, 2023); *M.H.*, Docket No. 20-1109 (issued September 27, 2021); *R.H.*, Docket No. 20-1472 (issued March 15, 2021); *L.D.*, Docket No. 19-0495 (issued February 5, 2020).

ORDER

IT IS HEREBY ORDERED THAT the July 23, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: September 15, 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