

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

D.W., Appellant)	
)	
and)	Docket No. 26-0199
)	Issued: April 3, 2026
)	
U.S. POSTAL SERVICE, HEADLAND POST)	
OFFICE, Headland, AL, Employer)	
)	

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

Case Submitted on the Record

DECISION AND ORDER

Before:
PATRICIA H. FITZGERALD, Deputy Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On December 30, 2025 appellant filed a timely appeal from a September 17, 2025 merit decision of the Office of Workers' Compensation Programs (OWCP).¹ Pursuant to the Federal Employees' Compensation Act² (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.³

¹ Appellant timely requested oral argument before the Board. 20 C.F.R. § 501.2(b). Pursuant to the Board's *Rules of Procedure*, oral argument may be held in the discretion of the Board. 20 C.F.R. § 501.5(a). In support of her request for oral argument, appellant noted that she continued to experience left hand pain after she returned to work. The Board in exercising its discretion, denies appellant's request for oral argument because the arguments on appeal can adequately be addressed in a decision based on a review of the case record. Oral argument in this appeal would further delay issuance of a Board decision and not serve a useful purpose. As such, the oral argument request is denied, and this decision is based on the case record as submitted to the Board.

² 5 U.S.C. § 8101 *et seq.*

³ The Board notes that, following the September 17, 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 five percent permanent impairment of her left upper extremity, for which she previously received a schedule award.

FACTUAL HISTORY

On March 3, 2025 appellant, then a 58-year-old postal window services employee, filed a traumatic injury claim (Form CA-1) alleging that on March 1, 2025 she injured her left ring finger when a door shut on her hand while in the performance of duty.⁴ She stopped work on March 1, 2025 and returned to full-time work with restrictions on April 22, 2025. OWCP accepted the claim for open displaced fracture of distal phalanx of left ring finger.

On March 2, 2025 appellant underwent surgery to her left ring finger performed by Dr. Patrick Guin, a Board-certified orthopedic surgeon, including distal phalanx fracture irrigation and debridement, closed reduction and percutaneous pinning, and primary closure of laceration.

On March 24, 2025 appellant filed a claim for compensation (Form CA-7) for a schedule award.

In an August 4, 2025 permanent impairment evaluation report, Dr. Guin found that appellant had reached maximum medical improvement (MMI) and had residual pain in the left ring finger. On physical examination of the left hand, he observed intact sensation and strength, tenderness to palpation of the distal interphalangeal (DIP) and proximal interphalangeal (PIP) joints of the ring finger, and normal range of motion (ROM) in the wrist, thumb, index, and middle fingers. Regarding the ring finger, Dr. Guin performed repeated ROM trials and provided appellant's best measured active ROM of 10 degrees DIP joint flexion, 0 degrees DIP joint extension, 90 degrees PIP joint flexion, 0 degrees PIP joint extension, 90 degrees metacarpophalangeal (MP) joint flexion, and 20 degrees MP joint extension. In the little finger, he provided best measured active ROM of 50 degrees DIP joint flexion, 0 degrees DIP joint extension, 90 degrees PIP joint flexion, 0 degrees PIP joint extension, 90 degrees MP joint flexion, and 20 degrees MP joint extension. Dr. Guin diagnosed left hand pain and status-post left ring finger distal phalanx fracture irrigation and debridement, closed reduction and percutaneous pinning, and primary closure of left ring finger laceration and applied the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*)⁵ to his examination findings. He noted that the A.M.A., *Guides* allowed for the use of both the diagnosis-based impairment (DBI) and ROM methodologies to calculate an impairment rating for appellant's diagnosis and indicated that the ROM methodology more accurately reflected her impairment due to her loss of motion. Under Table 15-31, Dr. Guin found 30 percent digit

⁴ OWCP assigned the present claim OWCP File No. xxxxxx127. Appellant subsequently filed Form CA-1 for an August 22, 2025 left ring finger injury, which OWCP accepted for displaced fracture of distal phalanx of unspecified finger under OWCP File No. xxxxxx061. OWCP has administratively combined OWCP File Nos. xxxxxx061 and xxxxxx127, with the latter serving as the master file.

⁵ A.M.A., *Guides* (6th ed. 2009).

impairment in the left ring finger and 15 percent digit impairment for the left little finger, which equated to 5 percent left upper extremity impairment.

On September 10, 2025 OWCP referred the case record, along with a statement of accepted facts (SOAF), to Dr. Michael M. Katz, a Board-certified orthopedic surgeon serving as OWCP's district medical adviser (DMA), for a permanent impairment rating.

In a September 11, 2025 report, Dr. Katz reviewed the medical evidence, including Dr. Guin's impairment findings. Utilizing the DBI methodology for the left ring finger, he applied Table 15-2, Digit Regional Grid, page 393, and found that the class of diagnosis (CDX) for distal phalanx fracture was a Class 1 impairment with a default digit impairment rating of four percent. Dr. Katz assigned a grade modifier for functional history (GMFH) of 1 and a grade modifier for physical examination (GMPE) of 2, and noted that a grade modifier for clinical studies (GMCS) was not applicable. He applied the net adjustment formula, which resulted in a final rating of five percent digit impairment for the left ring finger. Dr. Katz also applied the ROM methodology and concurred with Dr. Guin's assessment of five percent permanent impairment of the left upper extremity (left hand). As the ROM methodology yielded a higher impairment value, he found that appellant had a total of five percent permanent impairment of the left upper extremity (left hand). Dr. Katz opined that she had reached MMI as of August 4, 2025, the date of Dr. Guin's examination.

By decision dated September 17, 2025, OWCP granted appellant a schedule award for five percent permanent impairment of the left upper extremity (left hand). The award ran for 12.2 weeks from August 4 through October 28, 2025.

LEGAL PRECEDENT

The schedule award provisions of FECA⁶ and its implementing regulations⁷ 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 of a member 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.⁸ As of May 1, 2009, the sixth edition of the A.M.A., *Guides*, is used to calculate schedule awards.⁹

In determining impairment for the upper extremities under the sixth edition of the A.M.A., *Guides*, an evaluator must establish the appropriate diagnosis for each part of the upper extremity to be rated. With respect to the fingers and hand, the relevant portions of the arm for the present case, reference is made to Table 15-2 (Digital Regional Grid) beginning on page 391. After the CDX is determined from the appropriate regional grid (including identification of a default grade

⁶ *Supra* note 2.

⁷ 20 C.F.R. § 10.404.

⁸ *Id.*; see also *Jacqueline S. Harris*, 54 ECAB 139 (2002).

⁹ 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).

value), the net adjustment formula is applied using a GMFH, a GMPE, and/or a GMCS. The net adjustment formula is (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX).¹⁰

The A.M.A., *Guides* also provide that the ROM methodology is to be used as a stand-alone rating for upper extremity impairments when other grids direct its use or when no other diagnosis-based sections are applicable.¹¹ If ROM is used as a stand-alone approach, the total of motion impairment for all units of function must be calculated. All values for the joint are measured and added.¹² Adjustments for functional history may be made if the evaluator determines that the resulting impairment does not adequately reflect functional loss and functional reports are determined to be reliable.¹³

OWCP issued FECA Bulletin No. 17-06 to explain the use of the DBI methodology *versus* the ROM methodology for rating of upper extremity impairments.¹⁴ FECA Bulletin No. 17-06 provides:

“Upon initial review of a referral for upper extremity impairment evaluation, the DMA should identify: (1) the methodology used by the rating physician (*i.e.*, DBI or ROM); and (2) whether the applicable tables in Chapter 15 of the [A.M.A.,] *Guides* identify a diagnosis that can alternatively be rated by ROM. *If the [A.M.A., Guides] allow for the use of both the DBI and ROM methods to calculate an impairment rating for the diagnosis in question, the method producing the higher rating should be used.*”¹⁵ (Emphasis in the original.)

OWCP’s procedures provide that, after obtaining all necessary medical evidence, the file should be routed to its DMA for an opinion concerning the nature and percentage of impairment in accordance with the A.M.A., *Guides*, with the DMA providing rationale for the percentage of impairment specified.¹⁶

ANALYSIS

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

¹⁰ See A.M.A., *Guides* (6th ed. 2009) at 405-12. Table 15-2 also provides that, if motion loss is present for a claimant with certain diagnosed digit conditions, permanent impairment may alternatively be assessed using Section 15.7 (ROM impairment). Such a ROM rating stands alone and is not combined with a DBI rating. *Id.* at 394, 468-469.

¹¹ *Id.* at 461.

¹² *Id.* at 473.

¹³ *Id.* at 474.

¹⁴ FECA Bulletin No. 17-06 (issued May 8, 2017).

¹⁵ *Id.*

¹⁶ *Supra* note 9 at Part 2 -- Claims, *Schedule Awards and Permanent Disability Claims*, Chapter 2.808.5a (March 2017).

In his September 11, 2025 report, Dr. Katz, as DMA, reviewed the medical evidence and applied the A.M.A., *Guides* to Dr. Guin's physical examination findings. Utilizing the DBI methodology, Table 15-2, Digit Regional Grid, page 393, he found five percent digit impairment for the left ring finger. Dr. Katz also applied the ROM methodology and concurred with Dr. Guin's assessment of five percent permanent impairment of the left upper extremity for the left hand. As the ROM methodology yielded a higher impairment value, he properly found that appellant had a total of five percent permanent impairment of the left upper extremity (left hand).

Dr. Katz' September 11, 2025 report establishes that he properly applied the A.M.A., *Guides* to Dr. Guin's examination findings. As it is detailed, well rationalized, and based on a proper factual background, his opinion represents the weight of the medical evidence.¹⁷

As there is no medical evidence of record to establish greater than five percent permanent impairment of the left upper extremity, for which appellant previously received a schedule award, the Board finds that appellant has not met her 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.

CONCLUSION

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

¹⁷ See *L.C.*, Docket No. 23-0293 (issued June 9, 2025); *A.T.*, Docket No. 25-0272 (issued March 17, 2025); *L.M.*, Docket No. 24-0620 (issued September 9, 2024); *K.M.*, Docket No. 23-1103 (issued February 6, 2024).

ORDER

IT IS HEREBY ORDERED THAT the September 17, 2025 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: April 3, 2026
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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