United States Department of Labor
Employees' Compensation Appeals Board

S.T., Appellant **and** **U.S. POSTAL SERVICE, BOONEVILLE POST OFFICE, Booneville, AR, Employer**	))))))))	**Docket No. 26-0206** **Issued: April 8, 2026**

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

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On December 19, 2025, appellant filed a timely appeal from a December 16, 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 her burden of proof to establish greater than seven percent permanent impairment of the left upper extremity, for which she received a schedule award.

FACTUAL HISTORY

On April 10, 2023, appellant, then a 64-year-old rural delivery specialist, filed a traumatic injury claim (Form CA-1) alleging that on January 26, 2023 she sustained left shoulder, arm, neck

[1] 5 U.S.C. § 8101 *et seq.*

and collar bone whiplash, chronic pain, and muscle spasms when she was involved in a motor vehicle accident while in the performance of duty. She stopped work on the date of injury and returned to full-time regular-duty work on February 22, 2023. OWCP initially accepted the claim for other cervical disc degeneration, unspecified cervical region; radiculopathy, cervical region; and other muscle spasm. It subsequently expanded the acceptance of the claim to include strain of muscle(s) and tendon(s) of the rotator cuff of left shoulder; impingement syndrome of left shoulder; and contusion of right thigh. On January 19, 2024, appellant underwent OWCP-authorized left shoulder arthroscopy with cuff debridement, labral debridement, chondroplasty glenoid and humeral head, bursal debridement, subacromial decompression, and mini-open rotator cuff repair.

OWCP thereafter received a June 20, 2024 medical report, wherein Dr. Mark W. Powell, a Board-certified orthopedic surgeon, recounted appellant's history of injury and medical treatment. Regarding permanent impairment of the left shoulder, Dr. Powell utilized the diagnosis-based impairment (DBI) rating methodology of the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*),[2] and indicated that the appropriate class of diagnosis (CDX) for a full-thickness rotator cuff tear injury, under Table 15-5 (Shoulder Regional Grid), page 403, was a Class 1 impairment, which resulted in five percent permanent impairment. He explained that appellant had a grade modifier for functional history (GMFH) of 2 due to pain with normal activity; a grade modifier for physical examination (GMPE) of 2 due to moderate loss of range of motion (ROM); and a grade modifier for clinical studies (GMCS) of 2 due to a confirmed labrum injury. Dr. Powell utilized the net adjustment formula and found that she had a final rating of seven percent permanent impairment of the left shoulder. He did not provide range of motion (ROM) measurements.

On October 8, 2024, appellant filed a claim for compensation (Form CA-7) for a schedule award.

On April 3, 2025, OWCP referred appellant's claim to Dr. Nathan Hammel, a Board-certified orthopedic surgeon serving as OWCP's District Medical Adviser (DMA). In an April 14, 2025 report, Dr. Hammel concurred with Dr. Powell's opinion that appellant had seven percent permanent impairment of the left upper extremity. Utilizing the DBI rating methodology, he opined, under Table 15-5, page 403, that appellant had a Class 1C impairment due to a full-thickness rotator cuff tear, which resulted in five percent permanent impairment. Dr. Hammel assigned a GMFH of 2 for pain with activities of daily living (ADLs); a GMPE of 2 for moderate ROM loss; and found that a GMCS was not applicable as it was used to place the impairment class. He calculated that appellant had a net adjustment of 2, resulting in movement two spaces to the right from the default grade of C to E and corresponding to a final rating of seven percent permanent impairment of the left upper extremity. Dr. Hammel also found that the ROM rating methodology was not applicable due to a lack of triplicate measurements. He determined that, appellant had reached maximum medical improvement (MMI) on June 20, 2024, the date of Dr. Powell's impairment evaluation.

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

In a letter dated May 20, 2025, OWCP requested that Dr. Powell provide a current and detailed medical report which included, *inter alia*, a detailed description of appellant's findings based upon a current examination. Dr. Powell was not specifically asked to provide three ROM measurements of appellant's left shoulder or to provide a permanent impairment evaluation based upon appellant's ROM left shoulder measurements.

By decision dated September 9, 2025, OWCP granted appellant a schedule award for seven percent permanent impairment of the left upper extremity. The award period extended over 21.84 weeks, beginning on September 2, 2025 and concluding on February 1, 2025.

On October 24, 2025, OWCP received a work capacity evaluation form (Form OWCP-5c) from Dr. Powell, noting appellant's work restrictions. Copies of prior reports were also received.

On December 16, 2025, OWCP issued a *de novo* schedule award decision for seven percent permanent impairment of the left upper extremity, which corrected the period of the award to run from September 2, 2025 through February 1, 2026.

LEGAL PRECEDENT

The schedule award provisions of FECA[3] and its implementing regulations[4] 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 to all claimants, good administrative practice necessitates the use of a single set of tables so that there may be uniform standards applicable to all claimants. Through its implementing regulations, OWCP adopted the A.M.A., *Guides* as the appropriate standard for evaluating schedule losses.[5] As of May 1, 2009, schedule awards are determined in accordance with the sixth edition of the A.M.A., *Guides* (2009).[6] The Board has approved the use by OWCP of the A.M.A., *Guides* for the purpose of determining the percentage loss of use of a member of the body for schedule award purposes.[7]

In addressing upper extremity impairment, the sixth edition requires identification of the class of diagnosis (CDX), which is then adjusted by grade modifiers or GMFH, GMPE, and GMCS.[8] The net adjustment formula is (GMH - CDX) + (GME - CDX) + (GMS - CDX).[9] Under

[3] 5 U.S.C. § 8107.

[4] 20 C.F.R. § 10.404.

[5] *Id.*; *see also Ronald R. Kraynak,* 53 ECAB 130 (2001).

[6] *See* Federal (FECA) Procedure Manual, Part 3 -- Medical, *Schedule Awards*, Chapter 3.700, Exhibit 1 (January 2010); Federal Procedure Manual, Part 2 -- Claims, *Schedule Awards and Permanent Disability Claims*, Chapter 2.808.5a (March 2017).

[7] *P.R.,* Docket No. 19-0022 (issued April 9, 2018); *Isidoro Rivera,* 12 ECAB 348 (1961).

[8] A.M.A., *Guides* 383-492.

[9] *Id.* at 411.

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.[10]

The A.M.A., *Guides* also provide that the ROM impairment method 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]

Regarding the application of ROM or DBI methodologies in rating permanent impairment of the upper extremities, FECA Bulletin No. 17-06 provides:

> "As the [A.M.A.,] *Guides* caution that if it is clear to the evaluator evaluating loss of ROM that a restricted ROM has an organic basis, three independent measurements should be obtained and the greatest ROM should be used for the determination of impairment, the CE [claims examiner] should provide this information (via the updated instructions noted above) to the rating physician(s).
>
> "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*."[14] (Emphasis in the original.)

OWCP's procedures provide that, after obtaining all necessary medical evidence, the file should be routed to a 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.[15]

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[10] *Id.* at 23-28.

[11] *Id.* at 46.

[12] *Id.* at 473.

[13] *Id.* at 474.

[14] FECA Bulletin No. 17-06 (issued May 8, 2017); *V.L.*, Docket No. 18-0760 (issued November 13, 2018).

[15] *See supra* note 6 at Chapter 2.808.6f (March 2017). *See also P.W.*, Docket No. 19-1493 (issued August 12, 2020); *Frantz Ghassan,* 57 ECAB 349 (2006).

ANALYSIS

The Board finds that this case is not in posture for decision.

In his June 20, 2024 report, Dr. Powell opined that appellant had seven percent permanent impairment of the left upper extremity under the DBI rating methodology. However, he did not provide three measurements of appellant's left shoulder ROM and did not attempt to rate appellant's left shoulder permanent impairment under the ROM methodology.

In accordance with its procedures,[16] OWCP properly routed the case record to its DMA, Dr. Hammel. In his April 14, 2025 report, Dr. Hammel reviewed Dr. Powell's report and concurred with his seven percent permanent impairment of the left upper extremity under the DBI rating methodology. He also found that the ROM impairment methodology was not applicable as Dr. Powell did not provide three sets of ROM measurements for the left shoulder.

Following receipt of Dr. Hammel's report, on May 20, 2025, OWCP requested that Dr. Powell provide a detailed description of appellant's findings based upon a current examination. OWCP, however, did not specifically ask Dr. Powell to provide the required three measurements of appellant's left shoulder ROM. The Board finds that OWCP failed to follow the procedures outlined in FECA Bulletin No. 17-06, which requires that OWCP should instruct an evaluating physician to obtain three independent measurements of ROM loss, if they have not been provided into the record.[17]

The Board notes that proceedings under FECA are not adversarial in nature, and OWCP is not a disinterested arbiter. The claimant has the burden of proof to establish entitlement to compensation. However, OWCP shares responsibility in the development of the evidence to see that justice is done.[18] Once it undertakes development of the record, it must do a complete job in procuring medical evidence that will resolve the relevant issues in the case.[19] Herein, the Board finds that OWCP failed to obtain a sufficiently detailed report and lacked the relevant medical evidence necessary to render an informed rating based upon loss of ROM of appellant's left shoulder.

On remand the case shall be referred to Dr. Powell or other specialist in the appropriate field of medicine for a rating report, in conformance with the A.M.A., *Guides,* calculating permanent impairment under both the ROM and DBI methodologies. Thereafter, the case record shall be referred to Dr. Hammel or another DMA for a supplemental opinion addressing whether appellant has permanent impairment in accordance with the sixth edition of the A.M.A., *Guides* and FECA Bulletin No. 17-06. Following this and such further development deemed necessary, OWCP shall issue a *de novo* decision on appellant's claim for a schedule award.

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[16] *Id.*

[17] *Id.*; *B.W.,* Docket No.24-0223 (issued July 17, 2024).

[18] *T.R.,* Docket No. 17-1961 (issued December 20, 2018); *William J. Cantrell,* 34 ECAB 1223 (1983).

[19] *Id.*; *Richard F. Williams*, 55 ECAB 343, 346 (2004).

CONCLUSION

The Board finds that this case is not in posture for decision.

ORDER

IT IS HEREBY ORDERED THAT the December 16, 2025 decision of the Office of Workers' Compensation Programs is set aside, and this case is remanded for further proceedings consistent with this decision of the Board.

Issued: April 8, 2026
Washington, DC

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

Janice B. Askin, Judge
Employees' Compensation Appeals Board

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