United States Department of Labor
Employees' Compensation Appeals Board

A.H., Appellant	)	
and	)	**Docket No. 26-0483**
	)	**Issued: August 5, 2026**
U.S. POSTAL SERVICE, DE SOTO POST OFFICE, De Soto, MO, 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
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On April 29, 2026 appellant filed a timely appeal from an April 9, 2026 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 April 9, 2026 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 two percent permanent impairment of her right lower extremity, for which she previously received a schedule award.

FACTUAL HISTORY

On January 28, 2025 appellant, then a 50-year-old rural carrier, filed a traumatic injury claim (Form CA-1) alleging that on January 24, 2025 she sprained her right ankle when she slipped on ice and fell while in the performance of duty. She stopped work on January 24, 2025. OWCP accepted the claim for right ankle ligament sprain. It paid appellant wage-loss compensation on the supplemental rolls for temporary total disability from May 14 through June 27, 2025.

In an August 22, 2025 permanent impairment rating report, Dr. Mahesh R. Bagwe, a Board-certified surgeon, related appellant's history of injury and medical treatment. He diagnosed right ankle ligament sprain and status post right ankle arthroscopy, lateral ligament repair, and synovectomy. On physical examination Dr. Bagwe observed non-antalgic gait; no palpable right ankle tenderness; supple hindfoot, midfoot, and forefoot motion; and 5/5 dorsiflexion, plantar flexion, eversion, and inversion. He opined that appellant had reached maximum medical improvement (MMI) effective August 21, 2025. To assess permanent impairment of the right lower extremity, Dr. Bagwe referred to the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*)[3] at Table 16-2, page 501 (Foot and Ankle Regional Grid) and used the diagnosis-based impairment (DBI) rating methodology for the class of diagnosis (CDX) of sprain of unspecified right ankle ligament, to find a Class 1, grade C impairment, with a default value of one percent, he assigned a grade modifier for functional history (GMFH) of 1, a grade modifier for physical examination (GMPE) of 1, and a grade modifier for clinical studies (GMCS) of 2. Application of the net adjustment formula resulted in a net modifier of +1, which raised the grade from C to D, to equal two percent permanent impairment of the right lower extremity.

On November 13, 2025 appellant filed a claim for compensation (Form CA-7) for a schedule award.

On December 15, 2025 OWCP referred appellant's medical records, including Dr. Bagwe's August 22, 2025 impairment rating, and a statement of accepted facts (SOAF), to Dr. Arthus S. Harris, a Board-certified orthopedic surgeon serving as an OWCP district medical adviser (DMA), and requested that he review the medical evidence and evaluate appellant's permanent impairment under the sixth edition of the A.M.A., *Guides*.

In a December 16, 2025 report, Dr. Harris concurred with Dr. Bagwe's opinion that appellant had two percent permanent impairment of the right lower extremity using the DBI rating methodology under Table 16-2, page 501, based on the diagnosis of ankle strain requiring ligament reconstruction. He opined that appellant reached MMI on August 22, 2025, the date of Dr. Bagwe's report. Dr. Harris explained that the range of motion (ROM) rating methodology was

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

not applicable in appellant's case as it was to be used as a stand-alone rating where no diagnosis-based sections were applicable or where severe nerve injury resulted in passive ROM loss. He opined that appellant's diagnosed condition did not meet any of the criteria set forth in Section 16.7, page 543 of the A.M.A., *Guides* for impairment to be calculated by the ROM methodology.

By decision dated January 27, 2026, OWCP granted appellant a schedule award for two percent permanent impairment of the right lower extremity. The award ran for 5.76 weeks from August 22 through October 1, 2025.

Following the January 27, 2026 decision appellant submitted reports dated February 6, and April 4, 2025 from Dr. Bagwe, physical therapy reports, and a March 10, 2025 magnetic resonance imaging (MRI) scan.

On March 18, 2026 appellant requested reconsideration. In an attached statement dated March 11, 2026, she asserted that the two percent permanent impairment rating did not accurately reflect her permanent impairment. Appellant summarized her symptoms and limitations due to the accepted work injury.

By decision dated April 9, 2026, OWCP denied modification of the January 27, 2026 schedule award decision.

LEGAL PRECEDENT

The schedule award provisions of FECA,[4] and its implementing federal regulation,[5] 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.[6] As of May 1, 2009, the sixth edition of the A.M.A., *Guides* is used to calculate schedule awards.[7]

Chapter 16 of the sixth edition of the A.M.A., *Guides*, pertaining to the lower extremities, provides that DBI is the primary method of calculation for the lower limb and that most impairments are based on the DBI where impairment class is determined by the diagnosis and specific criteria as adjusted by the GMFH, GMPE, and GMCS. It further provides that alternative approaches are also provided for calculating impairment for peripheral nerve deficits, complex regional pain syndrome, amputation, and ROM. ROM is primarily used as a physical examination adjustment factor.[8] The A.M.A., *Guides*, however, also explains that some of the diagnosis-based

[4] 5 U.S.C. § 8107.

[5] 20 C.F.R. § 10.404.

[6] *Id. See also T.L.*, Docket No. 26-0296 (issued June 9, 2026); *T.T.,* Docket No. 18-1622 (issued May 14, 2019).

[7] Federal (FECA) Procedure Manual, Part 2 -- Claims, *Schedule Awards and Permanent Disability Claims*, Chapter 2.808.5a (March 2026); *see also* Part 3 -- Medical, *Schedule Awards*, Chapter 3.700.2 and Exhibit 1 (January 2010).

[8] A.M.A., *Guides* (6th ed. 2009) 497, section 16.2.

grids refer to the ROM section when that is the most appropriate mechanism for grading the impairment. This section is to be used as a stand-alone rating when other grids refer to this section or no other diagnosis-based sections of the chapter are applicable for impairment rating of a condition.[9]

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, reference is made to Table 16-3 (Foot and Ankle Regional Grid) beginning on page 501.[10] After the CDX is determined from the 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).[11]

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*.[12]

ANALYSIS

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

In his August 22, 2025 permanent impairment evaluation, Dr. Bagwe referenced Table 16-2, page 501 of the A.M.A., *Guides*, to rate appellant's impairment of the right lower extremity for ankle sprain, status post right ankle arthroscopy, lateral ligament repair, and synovectomy. He noted that this corresponded to a Class 1, grade C impairment with a default value of one percent. Dr. Bagwe assigned a GMFH of 1, a GMPE of 1, and a GMCS of 2. With this net adjustment of +1, which increased the Class from C to D, he found that appellant had two percent permanent impairment of the right lower extremity.

On December 16, 2025 the DMA, Dr. Harris reviewed the medical evidence, including the August 22, 2025 report of Dr. Bagwe. He concurred with Dr. Bagwe's findings, CDX, and permanent impairment rating of two percent of the right lower extremity due to status post right ankle arthroscopy, lateral ligament repair, and synovectomy utilizing Table 16-2 of the A.M.A., *Guides*. Dr. Harris determined that the date of MMI was August 22, 2025, the date of Dr. Bagwe's

[9] *Id.* at 543; *see also T.L.*, *supra* note 6; *M.D.,* Docket No. 16-0207 (issued June 3, 2016); *D.F.,* Docket No. 15-0664 (issued January 8, 2016).

[10] *Id.* at 501.

[11] *Id.*

[12] *See T.L.*, *supra* note 6; *D.W.*, Docket No. 25-0595 (issued July 18, 2025); *L.P.*, Docket No. 21-0282 (issued November 21, 2022); *A.C.*, Docket No. 19-1333 (issued January 8, 2020); *B.B.*, Docket No. 18-0782 (issued January 11, 2019); *supra* note 7 at Chapter 2.808.6f (March 2026).

report. He also explained that Dr. Bagwe relied appropriately on the DBI rating methodology as the ROM rating methodology was not applicable to appellant's presentation.

The Board finds that both Dr. Bagwe and the DMA, Dr. Harris properly interpreted and applied the standards of the sixth edition of the A.M.A., *Guides* and concluded, with sufficient medical rationale, that appellant had two percent permanent impairment of the right lower extremity. The opinions of Dr. Bagwe and the DMA therefore represent the weight of the medical evidence and support that appellant has no greater than two percent permanent impairment of the right lower extremity.[13]

After OWCP granted appellant a schedule award on January 26, 2026, appellant submitted physical therapy reports, a March 11, 2025 MRI scan, and several reports from Dr. Bagwe. However, these documents do not contain a permanent impairment rating conducted under the standards of the sixth edition of the A.M.A., *Guides* and are of no probative value regarding appellant's permanent impairment rating.[14]

As there is no rationalized medical report providing a rating of permanent impairment greater than that previously granted by OWCP, the Board finds that appellant had not met her burden of proof to establish greater than two percent permanent impairment of the right lower extremity previously awarded.[15]

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.

CONCLUSION

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

[13] *E.B.,* Docket No. 25-0132 (issued September 29, 2025); *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).

[14] *See N.B.*, Docket No. 22-1295 (issued May 25, 2023); *N.A.*, Docket No. 19-0248 (issued May 17, 2019).

[15] *See T.L.*, *supra* note 6; *R.A.,* Docket No. 22-0282 (issued March 14, 2022); *J.G.,* Docket No. 21-1192 (issued March 14, 2022); *M.G.,* Docket No. 19-0823 (issued September 17, 2019).

ORDER

IT IS HEREBY ORDERED THAT the April 9, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: August 5, 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