United States Department of Labor
Employees' Compensation Appeals Board

J.F., Appellant	)	
and	)	**Docket No. 26-0299**
	)	**Issued: July 13, 2026**
U.S. POSTAL SERVICE, SYRACUSE PROCESSING AND DISTRIBUTION CENTER, Syracuse, NY, 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 February 3, 2026 appellant filed a timely appeal from a September 5, 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 permanent impairment of a scheduled member or function of the body, warranting a schedule award.

FACTUAL HISTORY

On January 10, 2023 appellant, then a 57-year-old office automation clerk, filed a traumatic injury claim (Form CA-1) alleging that on that same date she sustained an injury when she was

[1] 5 U.S.C. § 8101 *et seq.*

loading mail and experienced pain in her right hand near the thumb while in the performance of duty. She first stopped work on January 11, 2023 and returned on February 21, 2023. On February 23, 2023 OWCP accepted appellant's claim for acute de Quervain's tenosynovitis of the right wrist. On September 6, 2023 appellant underwent an OWCP-approved surgery for right wrist first extensor compartment release. She stopped work again on September 6, 2023, and returned to full-time regular-duty work on October 1, 2023.

On April 14, 2025 appellant filed a claim for compensation (Form CA-7) for a schedule award.

In a development letter dated April 14, 2025, OWCP requested that appellant submit a report from her treating physician in accordance with the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*),[2] and provide the date appellant reached maximum medical improvement (MMI). It afforded her 30 days to submit the necessary evidence.

Appellant submitted a February 4, 2025 impairment evaluation report by Dr. Devon Ryan, a Board-certified orthopedic and hand surgeon, who reviewed her medical records and related her current complaints of right wrist pain and limited range of motion (ROM). Dr. Ryan diagnosed right wrist de Quervain's tenosynovitis following a September 6, 2023 right wrist first extension compartment release and opined that appellant had reached MMI. On physical examination of the right wrist, he noted that appellant's incision was healed with no focal tenderness to palpation. Dr. Ryan obtained ROM measurements of the right wrist which revealed 70 degrees flexion, 80 degrees extension, 80 degrees pronation, and 70 degrees supination, and reported that these findings were symmetric to the contralateral side with full ROM of the thumb. He also provided ROM measurements for appellant's right thumb which revealed 0 to 70 degrees at the metacarpophalangeal (MP) joint and 0 to 50 degrees at the interphalangeal (IP) joint which were symmetric to the contralateral side, finding that she was grossly neurovascularly intact distally. Dr. Ryan noted a 7.5 to 20 percent loss of use of the thumb depending on the residual symptoms related to de Quervain's tenosynovitis following surgical release. Given appellant's residual symptoms of pain and weakness, he opined that she sustained 15 percent permanent impairment of her right thumb.

On July 17, 2025 OWCP referred Dr. Ryan's February 4, 2025 report and a statement of accepted facts (SOAF) to Dr. David J. Slutsky, a Board-certified orthopedic and hand surgeon serving as a district medical adviser (DMA), for review and an opinion regarding appellant's permanent impairment.

In a July 28, 2025 report, Dr. Slutsky reviewed the SOAF and the medical record, including Dr. Ryan's February 4, 2025 impairment evaluation report. Referencing the sixth edition of the A.M.A., *Guides*,[3] he utilized the diagnosis-based impairment (DBI) rating methodology for appellant's right wrist de Quervain's tenosynovitis following the September 6, 2023 de Quervain's release and found that, under Table 15-3 (Wrist Regional Grid), page 395, the class of diagnosis

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

[3] *Id*.

(CDX) resulted in a Class 1 impairment with a default impairment rating of one percent of the right upper extremity due to residual symptoms and a history of a painful injury.

Dr. Slutsky assigned a grade modifier for functional history (GMFH) of 1 due to pain with work, a grade modifier for physical examination (GMPE) of 0 due to no palpatory findings, and a grade modifier for clinical studies (GMCS) of 0 as the June 22, 2023 magnetic resonance imaging (MRI) scan revealed normal first dorsal extensor compartment. He utilized the net adjustment formula, which resulted in a grade A or zero percent permanent impairment of the right upper extremity. Dr. Slutsky applied the net adjustment formula, which resulted in a final DBI rating of zero percent permanent impairment of the right upper extremity. He found no ratable impairment under the DBI rating for appellant's de Quervain's tenosynovitis of the right wrist. Dr. Slutsky also found that a ROM impairment calculation could not be made because Dr. Ryan did not record three validated upper extremity range of motion measurements for each joint as required per the A.M.A., *Guides*. He further disagreed with Dr. Ryan's impairment rating for 15 percent permanent impairment of the right upper extremity, explaining that it was unclear how he calculated the rating as de Quervain's tenosynovitis under Table 15-3 which provides for a midrange one percent upper extremity impairment and, when also using table 15-12, (Impairment Values Correlated from Digit Impairment) on page 421, this would convert to a two percent digit impairment. Dr. Slutsky further contended that Dr. Ryan failed to provide validated upper extremity ROM measurements of the right wrist or right thumb to perform a ROM impairment in order to support the 15 percent right thumb impairment rating. He concluded that MMI was reached February 4, 2025, the date of Dr. Ryan's impairment evaluation.

By decision dated September 5, 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, warranting a schedule award.

LEGAL PRECEDENT

The schedule award provisions of FECA,[4] and its implementing federal regulations,[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. FECA, however, does not specify the manner in which the percentage loss of a member shall be determined. The methodology used in making such a determination is a matter, which rests in the discretion of OWCP. For consistent results and to ensure equal justice, the Board has authorized the use of a single set of tables so that there may be uniform standards applicable to all claimants. OWCP evaluates the degree of permanent impairment according to the standards set forth in the specified edition of the A.M.A., *Guides*, published in 2009.[6] The Board has approved the use by

[4] 5 U.S.C. § 8107.

[5] 20 C.F.R. § 10.404.

[6] For decisions issued after May 1, 2009, the sixth edition of the A.M.A., *Guides* is used. A.M.A., *Guides*, (6th ed. 2009); 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, Exhibit 1 (January 2010).

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]

The sixth edition requires identifying the impairment class for CDX, which is then adjusted by grade modifiers based on GMFH, GMPE, and/or GMCS.[8] The net adjustment formula is (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX).[9]

The A.M.A., *Guides* also provides that the ROM impairment 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.[10] 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.[11] 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.[12]

Regarding the application of ROM or DBI impairment 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).
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> "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*."[13] (Emphasis in the original.)
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> The Bulletin further advises:
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> "If the rating physician provided an assessment using the ROM method and the [A.M.A.,] *Guides* allow for use of ROM for the diagnosis in question, the DMA

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

[8] A.M.A., *Guides* 494-531.

[9] *Id.* at 521.

[10] *Id.* at 461.

[11] *Id.* at 473.

[12] *Id.* at 474.

[13] FECA Bulletin No. 17-06 (issued May 8, 2017).

should independently calculate impairment using both the ROM and DBI methods and identify the higher rating for the CE."[14]

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 permanent impairment in accordance with the A.M.A., *Guides*, with the DMA providing rationale for the percentage of impairment specified.[15]

ANALYSIS

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

Appellant submitted a February 4, 2025 impairment rating report wherein Dr. Ryan, her treating physician, reviewed her history of injury and diagnosed right wrist de Quervain's tenosynovitis post right wrist first extension compartment release on September 6, 2023. Dr. Ryan provided examination findings, asserted that appellant had reached MMI, and opined that, given her residual symptoms of pain and weakness, she sustained 15 percent permanent impairment of her right thumb.

OWCP referred Dr. Ryan's report to Dr. Slutzky, the DMA, for review. In a July 28, 2025 report, Dr. Slutsky calculated the permanent impairment of appellant's right upper extremity based on the February 4, 2025 physical examination findings obtained by Dr. Ryan. He utilized the DBI rating methodology to find that, under Table 15-3, page 395, (Wrist Regional Grid), the CDX for right de Quervain's tenosynovitis status post de Quervain's release resulted in zero percent permanent impairment of the right upper extremity due to a Class 1 impairment with a GMFH of 1, GMPE of 0, and GMCS of 0. After applying the net adjustment formula, this amounted to a default grade A or zero percent permanent impairment of the right upper extremity.[16] Dr. Slutsky further determined that a permanent impairment rating using the ROM methodology could not be performed because of a lack of validated upper extremity motion measurements. He explained that as Dr. Ryan's February 4, 2025 examination contained only one set of ROM measurements rather than three measurements, the ROM measurements were invalid for impairment calculations in accordance with the sixth edition of the A.M.A., *Guides*.

Section 15.7 of the sixth edition of the A.M.A., *Guides* provides that ROM should be measured after a "warm up," in which the individual moves the joint through its maximum ROM at least three times. The ROM examination is then performed by recording the active measurements from three separate ROM efforts and all measurements should fall within 10 degrees of the mean of these three measurements. The maximum observed measurement is used

[14] *Id.*

[15] *See D.J.*, Docket No. 19-0352 (issued July 24, 2020).

[16] *B.W.,* Docket No. 25-0622 (issued November 18, 2025); *M.W.,* Docket No. 23-0832 (issued December 27, 2023).

to determine the ROM impairment.[17] There currently is no evidence in the case record that these requirements for evaluating permanent impairment due to ROM deficits have been met.[18]

The Board finds that the case record does not contain three sets of ROM measurements necessary to properly evaluate appellant's permanent impairment rating under the ROM methodology.[19] The Board notes that pursuant to FECA Bulletin No. 17-06, if the ROM methodology of rating permanent impairment is allowed, and the ROM findings are incomplete, the DMA should advise as to the medical evidence necessary to complete the ROM methodology of rating and OWCP shall obtain the necessary evidence.[20] While Dr. Ryan indicated that he had measured appellant's ROM, Dr. Slutsky noted that he had not provided validated triplicate measurements, pursuant to the A.M.A., *Guides* and the measurements provided were incomplete.

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.[21] However, OWCP shares responsibility in the development of the evidence to see that justice is done.[22] 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.[23]

The case shall therefore be remanded to OWCP. On remand, OWCP shall refer appellant, along with the SOAF, and the case record, to a second opinion physician in the appropriate field of medicine. The second opinion physician shall provide an impairment rating in accordance with the sixth edition of the A.M.A., *Guides*, including three sets of ROM measurements of the upper extremities. The permanent impairment rating provided by the second opinion physician shall then be referred to a DMA for review. Following this and other such further development as deemed necessary, OWCP shall issue a *de novo* decision.

CONCLUSION

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

[17] A.M.A., *Guides* 464.

[18] *L.J.*, Docket No. 26-0209 (issued May 1, 2026).

[19] *C.L.,* Docket No. 25-0217 (issued February 13, 2025).

[20] *J.L.,* Docket No. 19-1684 (issued November 20, 2020); *R.L.,* Docket No. 19-1793 (issued August 7, 2020); *E.P.,* Docket No. 19-1708 (issued April 15, 2020).

[21] *See L.B.,* Docket No. 19-0432 (issued July 23, 2019); *William J. Cantrell,* 34 ECAB 1223 (1983).

[22] *Id.*; *see also C.F.,* Docket No. 21-0003 (issued January 21, 2022); *S.A.,* Docket No. 18-1024 (issued March 12, 2020).

[23] *Id.*

ORDER

IT IS HEREBY ORDERED THAT the September 5, 2025 decision of the Office of Workers' Compensation Programs is set aside, and the case is remanded for further proceedings consistent with this decision of the Board.

Issued: July 13, 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