United States Department of Labor
Employees' Compensation Appeals Board

T.L., Appellant	)	
and	)	**Docket No. 26-0296**
	)	**Issued: June 9, 2026**
U.S. POSTAL SERVICE, JACKSONVILLE POST OFFICE, Jacksonville, FL, 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 February 4, 2026, appellant filed a timely appeal from a January 13, 2026 merit decision of the Office of Workers' Compensation Programs (OWCP).[1] Pursuant to the Federal

[1] Appellant submitted a timely request for oral argument before the Board. 20 C.F.R. § 501.5(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 the oral argument request, appellant requested that oral argument be granted so that he could further explain his disagreement with the schedule award determination. The Board, in exercising its discretion, denies appellant's request for oral argument because this matter requires an evaluation of the evidence of record. As such, the issues on appeal can be adequately addressed in a decision based on a review of the case record and legal arguments. Oral argument in this appeal would not serve a useful purpose. Therefore, the oral argument request is denied and this decision is based on the case record as submitted to the Board.

Employees' Compensation Act[2] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.[3]

ISSUE

The issue is whether appellant has met his burden of proof to establish greater than eight percent permanent impairment of his right lower extremity and/or greater than eight percent permanent impairment of his left lower extremity, for which he previously received schedule award compensation.

FACTUAL HISTORY

On July 22, 2024 appellant, then a 63-year-old city carrier, filed an occupational disease claim (Form CA-2) alleging that he sustained chronic bilateral foot pain due to factors of his federal employment.[4] He noted that he first became aware of his condition and its relationship to his federal employment on July 19, 2024. In an accompanying statement, appellant attributed his condition to prolonged walking in regulation shoes while delivering mail. He noted that his pain worsened if he carried a heavy mailbag. Appellant did not stop work. OWCP accepted the claim for hallux rigidus of the left big toe and hallux rigidus of the right big toe.[5]

In a report dated March 14, 2025, Dr. Joseph Thomas, Board-certified in occupational medicine, related appellant's history of injury and medical treatment. He noted that appellant had retired from federal employment. On examination, Dr. Thomas observed normal range of motion (ROM) in both knees and ankles without tenderness to palpation, pain with instep squeeze in both feet, and extensor hallucis longus strength at 4/5 bilaterally. He opined that appellant had reached

[2] 5 U.S.C. § 8101 *et seq*.

[3] The Board notes that following the January 13, 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.*

[4] OWCP assigned the present claim OWCP File No. xxxxxx304. Appellant had previously filed a traumatic injury claim (Form CA-1) for a July 18, 2012 left calf muscle injury sustained when stepping backward from a dog while in the performance of duty. OWCP assigned that claim OWCP File No. xxxxxx115 and accepted it for left medial gastrocnemius tear. Appellant also has a prior traumatic injury claim (Form CA-1) alleging that he sprained his right ankle that day when he rolled his foot over a rock while in the performance of duty. OWCP assigned that claim OWCP File No. xxxxxx276 and accepted it for right ankle sprain. On November 20, 2019, appellant filed a Form CA-1 for a dog bite to the lower region of the left lower extremity sustained that day. OWCP assigned File No. xxxxxx172. It has not administratively combined appellant's claims.

[5] October 17, 2024 x-rays of the right foot revealed chronic osteoarthritis at the first MTP joint, with no acute fracture or dislocation. An October 17, 2024 magnetic resonance imaging (MRI) scan of the right foot demonstrated an impression of chronic osteoarthritis of the first metatarsophalangeal (MTP) joint with high-grade cartilage loss, subchondral cyst formation, and reactive marrow edema at the central aspect of the first metatarsal head. October 17, 2024 x-rays of the left foot revealed chronic osteoarthritis at the first MTP joint, with no acute fracture or dislocation. An October 17, 2024 MRI scan of the left foot demonstrated an impression of chronic osteoarthritis of the first MTP joint with high-grade cartilage loss, and subchondral cyst formation.

MMI effective that day. Dr. Thomas diagnosed hallux rigidus of both feet. To assess permanent impairment of both lower extremities, he referred to the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*)[6] at Table 16-2, page 507 (Foot and Ankle Regional Grid) and used the diagnosis-based impairment (DBI) rating methodology to find a Class 1, grade C impairment, with a default value of 10 percent, for the class of diagnosis (CDX) of first MTP joint arthritis with a zero mm cartilage interval, based on October 17, 2024 magnetic resonance imaging (MRI) studies. Dr. Thomas explained that appellant's diagnosed hallux rigidus was most consistent with the diagnosis of first MTP joint arthritis. Regarding both lower extremities, Dr. Thomas assigned a grade modifier for functional history (GMFH) of 0 for no gait derangement, and a grade modifier for physical examination (GMPE) of 1 for mild decreased ROM. He found that a grade modifier for clinical studies (GMCS) was not applicable since it was required to place appellant in the regional grid. Application of the net adjustment formula resulted in a net modifier of -1, which lowered the grade from C to B, to equal eight percent permanent impairment of the right lower extremity and eight percent permanent impairment of the left lower extremity.

On May 15, 2025, appellant filed a claim for compensation (Form CA-7) for a schedule award.

On August 25, 2025, OWCP referred appellant's medical records, including Dr. Thomas' March 14, 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 an August 28, 2025 report, Dr. Harris concurred with Dr. Thomas' opinion that appellant had reached MMI on March 14, 2025, and that he had eight percent permanent impairment of the left lower extremity and eight percent permanent impairment of the right lower extremity using the DBI rating methodology under Table 16-2, page 507, based on Class 1B hallux rigidus with loss of joint space. Dr. Harris explained that the ROM rating methodology was 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. Dr. Harris noted that the impairment rating represented appellant's "total current impairment of the affected member(s)[.]"[7]

By decision dated January 13, 2026, OWCP granted appellant a schedule award for eight percent permanent impairment of the right lower extremity and eight percent permanent impairment of the left lower extremity. The award ran for 46.08 weeks from March 14, 2025 through January 30, 2026.

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

[7] OWCP subsequently received a September 19, 2025 report wherein Dr. Thomas reiterated prior findings and diagnoses.

LEGAL PRECEDENT

The schedule award provisions of FECA,[8] and its implementing federal regulation,[9] 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.[10] As of May 1, 2009, the sixth edition of the A.M.A., *Guides* is used to calculate schedule awards.[11]

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.[12] The A.M.A., *Guides*, however, also explains that some of the diagnosis-based 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.[13]

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 knee, reference is made to Table 16-3 (Knee Regional Grid) beginning on page 509.[14] After the CDX is determined from the Knee 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

[8] 5 U.S.C. § 8107.

[9] 20 C.F.R. § 10.404.

[10] *Id. See also T.T.,* Docket No. 18-1622 (issued May 14, 2019).

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

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

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

[14] *Id.* at 509-11.

- CDX).[15] A similar evaluation for permanent impairment of the ankle/foot is made under Table 16-2 (Foot and Ankle Regional Grid) beginning on page 501.[16]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish greater than eight percent permanent impairment of his right lower extremity and/or greater than eight percent permanent impairment of his left lower extremity, for which he previously received schedule award compensation.

In his March 14, 2025 permanent impairment evaluation, Dr. Thomas referenced Table 16-2, page 507 of the A.M.A., *Guides*, to rate appellant's impairment of the left and right lower extremities for first MTP joint arthritis. He explained that appellant's diagnosed hallux rigidus was most consistent with the diagnosis of first MTP joint arthritis of both feet. Dr. Thomas noted that this corresponded to a Class 1, grade C impairment with a default value of 10 percent. He assigned a GMFH of 0 for no gait derangement, and a GMPE of 1 for mildly decreased ROM. A GMCS was not applied as it was used to place appellant in the regional grid. With this net adjustment of -1, which reduced the Class from C to B, he found that appellant had eight percent permanent impairment of the left lower extremity and eight percent permanent impairment of the right lower extremity.

On August 28, 2025, the DMA, Dr. Harris reviewed the medical evidence, including the March 14, 2025 report of Dr. Thomas. He agreed with Dr. Thomas' findings, CDX, and permanent impairment rating of eight percent of the left lower extremity and eight percent of the right lower extremity due to hallux rigidus of both feet utilizing Table 16-2 of the A.M.A., *Guides*. Dr. Harris determined that the date of MMI was March 14, 2025, the date of the examination by Dr. Thomas. He also explained that Dr. Thomas 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. Thomas and the DMA, Dr. Harris, explained with sufficient rationale how they arrived at appellant's rating of permanent impairment by listing specific tables and pages in the A.M.A., *Guides*. The Board also finds that both physicians properly interpreted and applied the standards of the sixth edition of the A.M.A., *Guides* to conclude that appellant had eight percent permanent impairment of the left lower extremity and eight percent permanent impairment of the right lower extremity. The opinions of Dr. Thomas and the DMA therefore represent the weight of the medical evidence and support that appellant has no greater than eight percent permanent impairment of the left lower extremity and eight percent permanent impairment of the right lower extremity.[17]

As appellant has not submitted evidence to establish greater than eight percent permanent impairment of the right lower extremity and/or greater than eight percent permanent impairment

[15] *Id.* at 515-22.

[16] *Id.* at 501-08.

[17] *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).

of the left lower extremity previously awarded, the Board finds that he has not met his burden of proof.[18]

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 his burden of proof to establish greater than eight percent permanent impairment of his right lower extremity and/or greater than eight percent permanent impairment of his left lower extremity, for which he previously received schedule award compensation.

ORDER

IT IS HEREBY ORDERED THAT the January 13, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 9, 2026
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

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