United States Department of Labor
Employees' Compensation Appeals Board

T.P., Appellant	)	
and	)	**Docket No. 26-0351**
	)	**Issued: June 23, 2026**
DEPARTMENT OF THE AIR FORCE, WRIGHT PATTERSON AIR FORCE BASE, Dayton, OH, Employer	)	

Appearances:
Alan J. Shapiro, Esq., for the appellant[1]
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 March 4, 2026 appellant, through counsel, filed a timely appeal from a February 17, 2026 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal 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.

[1] In all cases in which a representative has been authorized in a matter before the Board, no claim for a fee for legal or other service performed on appeal before the Board is valid unless approved by the Board. 20 C.F.R. § 501.9(e). No contract for a stipulated fee or on a contingent fee basis will be approved by the Board. *Id.* An attorney or representative's collection of a fee without the Board's approval may constitute a misdemeanor, subject to fine or imprisonment for up to one year or both. *Id.*; *see also* 18 U.S.C. § 292. Demands for payment of fees to a representative, prior to approval by the Board, may be reported to appropriate authorities for investigation.

[2] 5 U.S.C. § 8101 *et seq.*

ISSUE

The issue is whether appellant has met his burden of proof to establish greater than 15 percent permanent impairment of his right thumb, for which he previously received a schedule award.

FACTUAL HISTORY

On December 14, 2022 appellant, then a 64-year-old plumber, filed a traumatic injury claim (Form CA-1) alleging that on December 13, 2022 he sustained lacerations on his right thumb and right wrist when he was snaking a drain while in the performance of duty. He stopped work on the date of injury and returned to full-time modified-duty work on December 15, 2022. Appellant returned to full-time regular-duty work with no restrictions on January 30, 2023.

By decision dated June 15, 2023, OWCP accepted the claim for thumb laceration without nail damage, closed right thumb fracture, and right forearm laceration.

On July 30, 2023 appellant filed a claim for compensation (Form CA-7) for a schedule award.

OWCP thereafter received a report dated October 25, 2023 from Dr. Rohn T. Kennington, Board-certified in emergency and family medicine. Dr. Kennington noted a history of the accepted December 13, 2022 employment injury and appellant's medical treatment. On physical examination of the right thumb and forearm, he observed some pain and well-healed laceration scars. Dr. Kennington measured range of motion (ROM) of the right thumb, finding decreased ROM with flexion of the interphalangeal (IP) joint to 60 degrees, extension to 0 degrees, flexion at the metacarpophalangeal (MCP) joint to 50 degrees, extension to -10 degrees, with adduction to 5 cm, radial abduction to 40 degrees, and opposition to 6 cm. He measured ROM of both forearms and both wrists, which was within normal limits in all planes without pain. Dr. Kennington noted that the goniometric technique was used for ROM testing, three measurements were obtained, and each individual measurement was found to be within 10 percent of the average of the three measurements. He related that the reported figures represented the highest figure after rounding to the nearest number ending in 0 in accordance with the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*).[3] On neurological examination, Dr. Kennington reported essentially normal findings with the exception of decreased sensation to light touch and pinprick with two-point discrimination at 10 millimeters (mm). He advised that appellant had reached MMI on January 27, 2023, the date provided by Dr. Michael D. Wigton, a Board-certified hand surgeon. Dr. Kennington utilized the diagnosis-based impairment (DBI) rating methodology of the A.M.A., *Guides* and identified the class of diagnosis (CDX) as healed with more significant soft tissue or skin injury under Table 15-2, page 391, of the A.M.A., *Guides*. He also utilized the ROM methodology of the A.M.A., *Guides* because it was allowed, which yielded a higher impairment rating, and more accurately reflected the level of impairment due to

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

the accepted December 13, 2022 employment injury. Dr. Kennington determined that under Table 15-30 (Thumb Range of Motion), page 468, flexion at the IP joint yielded 1 percent impairment, extension at the IP joint yielded 1 percent impairment, flexion at the MCP joint yielded 2 percent impairment, extension at the MCP joint yielded 1 percent impairment, adduction yielded 4 percent impairment, radial abduction yielded 2 percent impairment, and opposition yielded 4 percent impairment for a total of 15 percent permanent impairment of the right thumb. He referenced Table 15-12 (Impairment Values Correlated from Digit Impairment) on page 421 and converted the 15 percent impairment of the digit to 6 percent permanent impairment of the right hand, which resulted in 6 percent impairment of the right hand to 5 percent permanent impairment of the right upper extremity. Dr. Kennington concluded that appellant's final impairment rating was five percent for right upper extremity permanent impairment.

In a November 21, 2024 development letter, OWCP advised appellant to submit a detailed medical report from his physician addressing whether he had reached MMI and providing a permanent impairment evaluation using the sixth edition of the A.M.A., *Guides*.

OWCP subsequently received a duplicate copy of Dr. Kennington's October 25, 2023 impairment rating evaluation report.

In a development letter dated January 6, 2025, OWCP again requested that appellant submit an impairment evaluation from his physician addressing whether he had attained MMI with an impairment rating in accordance with the sixth edition of the A.M.A., *Guides*.

In a response dated January 22, 2025, counsel related that appellant had already filed a Form CA-7 for a schedule award and submitted Dr. Kennington's October 25, 2023 permanent impairment evaluation report.

On January 30, 2025 appellant submitted a claim for compensation (Form CA-7) for a schedule award as requested by OWCP on January 22, 2025.

On February 12, 2025 OWCP referred appellant's case, along with a statement of accepted facts (SOAF), to Dr. Nathan Hammel, a Board-certified orthopedic surgeon serving as an OWCP district medical adviser (DMA), for a determination of appellant's date of MMI and any permanent impairment of his right upper extremity under the sixth edition of the A.M.A., *Guides*. It specifically requested that Dr. Hammel review Dr. Kennington's October 25, 2023 report.

In a report dated February 21, 2025, Dr. Hammel reviewed appellant's factual and medical history, including Dr. Kennington's examination findings. He applied the ROM rating methodology under Table 15-30, page 468, to Dr. Kennington's findings and concurred with his 15 percent ROM impairment rating for the right thumb. Dr. Hammel also applied the DBI rating methodology under Table 15-2, page 391, and found that appellant had six percent permanent impairment of the right thumb for CDX healed with more significant soft tissue or skin injury. He opined that appellant had 15 percent permanent impairment of the right thumb based on the ROM rating methodology as it yielded a greater impairment than the DBI methodology.

Dr. Hammel determined that MMI was reached on October 25, 2023, the date of Dr. Kennington's impairment evaluation.

By decision dated March 18, 2025, OWCP granted appellant a schedule award for 15 percent permanent impairment of the right thumb. The award ran for 11.25 weeks from October 25, 2023 through January 11, 2024.

On March 25, 2025 appellant, through counsel, requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review. In a March 24, 2025 letter, counsel contended that Dr. Hammel, OWCP's DMA, failed to explain why the schedule award was issued for the right thumb only as Dr. Kennington calculated impairment ratings for the right hand and right upper extremity.

Following a preliminary review, by decision dated July 8, 2025, OWCP's hearing representative set aside the March 18, 2025 decision and remanded the case for OWCP to obtain a supplemental report from the DMA, Dr. Hammel, providing a detailed explanation of his impairment rating and calculations in support of his conclusion.

In a July 21, 2025 supplemental report, Dr. Hammel reiterated his prior opinion that appellant had 15 percent permanent impairment of the right thumb in accordance with the ROM rating methodology under Table 15-30 and 6 percent permanent impairment of the right thumb in accordance with the DBI rating methodology under Table 15-2. He also reiterated his conclusion that as the ROM methodology resulted in a greater percentage of impairment, appellant had 15 percent permanent impairment of the right thumb. Dr. Hammel noted that Dr. Kennington unnecessarily converted the thumb impairment into an upper extremity impairment. He maintained that all the impairment resided in the thumb and, therefore, OWCP preferred not to convert the digit impairment to a hand or an upper extremity impairment. Dr. Hammel reiterated that MMI was reached on October 23, 2025, the date of Dr. Kennington's impairment evaluation.

By decision dated July 25, 2025, OWCP granted appellant a schedule award for 15 percent permanent impairment of the right thumb. The award ran for 11.25 weeks from October 25, 2023 through January 11, 2024.

On July 28, 2025 appellant, through counsel, requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review, which was held on January 15, 2026.

By decision dated February 17, 2026, OWCP's hearing representative affirmed the July 25, 2025 decision.

LEGAL PRECEDENT

The schedule award provisions of FECA[4] and its implementing regulations[5] set forth the number of weeks of compensation payable to employees sustaining permanent impairment from

[4] 5 U.S.C. § 8107.

[5] 20 C.F.R. § 10.404.

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.[6] As of May 1, 2009, schedule awards are determined in accordance with the sixth edition of the A.M.A., *Guides* (2009).[7] 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.[8]

In addressing upper extremity impairment, the sixth edition requires identification of the CDX, which is then adjusted by grade modifiers or grade modifier for functional history (GMFH), grade modifier for physical examination (GMPE), and grade modifier for clinical studies (GMCS).[9] The net adjustment formula is (GMH - CDX) + (GME - CDX) + (GMS - CDX).[10] Under 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.[11]

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.[12] 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.[13] 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.[14]

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

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

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

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

[10] *Id.* at 411.

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

[12] *Id.* at 46.

[13] *Id.* at 473.

[14] *Id.* at 474.

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*."[15] (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.[16]

ANALYSIS

The Board finds that appellant has not met his burden of proof to establish greater than 15 percent permanent impairment of his right thumb, for which he previously received a schedule award.

In an impairment evaluation dated October 25, 2023, Dr. Kennington utilized the DBI rating method of the A.M.A., *Guides*, provided physical findings, and found that appellant's CDX was healed with more significant soft tissue or skin injury under Table 15-2, page 391. He did not provide a specific impairment rating due to appellant's diagnosed condition, but advised that the ROM methodology of the A.M.A., *Guides* yielded a higher impairment rating. Dr. Kennington applied his physical findings to Table 15-30, page 468, and opined that appellant had 15 percent ROM permanent impairment of the right thumb. He then utilized Table 15-12, page 421, to convert the six percent permanent impairment of the right hand to five percent permanent impairment of the right upper extremity. Dr. Kennington concluded that appellant's final impairment rating was five percent for right upper extremity permanent impairment. When impairment extends into an adjoining area, the schedule award should be made for the larger member.[17] However, Dr. Kennington did not explain why appellant's right thumb impairment

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

[16] *See supra* note 8 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).

[17] *Janet L. Adamson,* 52 ECAB 431 (2001).

extended into the hand and/or right upper extremity. The Board has held that a medical report is of limited probative value on a given medical matter if it contains a conclusion regarding that matter which is unsupported by medical rationale.[18]

In accordance with its procedures,[19] OWCP properly routed the case record to its DMA, Dr. Hammel. In a February 21, 2025 report, Dr. Hammel concurred with Dr. Kennington's October 25, 2023 finding of 15 percent permanent impairment of the right thumb. He evaluated appellant's impairment in accordance with both the ROM and DBI methodologies and determined that, as ROM resulted in the greater value, it was more appropriate. Dr. Hammel again reiterated, in his July 21, 2025 supplemental report, that appellant had no more than 15 percent permanent impairment of the right thumb. He explained that Dr. Kennington unnecessarily converted the thumb impairment into an upper extremity impairment as all the impairment resided in appellant's thumb.

OWCP's procedures provide, "In general, loss of less than one digit should be computed in terms of impairment to the digit itself (thumb, finger, *etc.*), and loss of two or more digits should be computed in terms of impairment to the whole hand or foot. Where the residuals of an injury to a member of the body specified in the schedule extend into an adjoining area of a member also enumerated in the schedule, such as an injury of a finger into the hand, of a hand into the arm or of a foot into a leg, the schedule award should be made based on the percentage loss of use of the larger member."[20]

The Board finds that OWCP properly accorded the weight of the medical evidence to the well-rationalized opinion of Dr. Hammel, as he calculated appellant's right thumb permanent impairment rating in accordance with the standards of the sixth edition of the A.M.A., *Guides*.[21]

As the medical evidence of record does not contain a rationalized permanent impairment rating supporting greater than the 15 percent permanent impairment of the right thumb previously awarded, the Board finds that appellant has not met his burden of proof.

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.

[18] *See M.C.,* Docket No. 23-0130 (issued July 17, 2023); *L.J.,* Docket No. 22-0584 (issued August 15, 2022); *D.H.,* Docket No. 17-0530 (issued July 2, 2018).

[19] *Supra* note 17.

[20] *Supra* note 7 at Chapter 2.808.5e (March 2017); *see C.W.*, Docket No. 17-0791 (issued December 14, 2018); *Asline Johnson*, 42 ECAB 619 (1991); *Manuel Gonzales*, 34 ECAB 1022 (1983).

[21] *See M.C., supra* note 18.

CONCLUSION

The Board finds that appellant has not met his burden of proof to establish greater than 15 percent permanent impairment of his right thumb, for which he previously received a schedule award.

ORDER

IT IS HEREBY ORDERED THAT the February 17, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: June 23, 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