United States Department of Labor
Employees' Compensation Appeals Board

M.W., Appellant	)	
and	)	**Docket No. 26-0328**
	)	**Issued: May 27, 2026**
U.S. POSTAL SERVICE, SUMTER POST OFFICE, Sumter, SC, 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 24, 2026 appellant filed a timely appeal from a January 12, 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]

ISSUE

The issue is whether appellant has greater than seven percent permanent impairment of her right upper extremity for which she previously received a schedule award.

[1] 5 U.S.C. § 8101 *et seq*.

[2] The Board notes that, following the January 12, 2026 decision, appellant submitted additional evidence to OWCP. 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*.

FACTUAL HISTORY

On July 17, 2024 appellant, then a 52-year-old rural carrier associate, filed an occupational disease claim (Form CA-2) alleging that she sustained a severe tear to her right rotator cuff due to factors of her federal employment including repetitive delivery of mail and packages with her right arm. She noted that she first became aware of her condition on July 1, 2024, and realized its relation to her federal employment on July 11, 2024. OWCP accepted the claim for strain of the muscles and tendons of the rotator cuff of the right shoulder on October 22, 2024. Appellant stopped work on July 15, 2024. It paid appellant wage-loss compensation on the supplemental rolls commencing July 13, 2024. Appellant returned to full-time light-duty work on March 10, 2025.

On December 10, 2024 Dr. Rodney K. Alan, a Board-certified orthopedic surgeon, performed an OWCP-authorized right diagnostic arthroscopy with rotator cuff repair, diagnostic arthroscopy with biceps tenodesis, and diagnostic arthroscopy with subacromial decompression.

In an August 6, 2025 report, Dr. Alan found that appellant had reached maximum medical improvement (MMI). He performed a physical examination reporting full strength and range of motion (ROM) of the right shoulder with mild pain, and mild scapulothoracic dyskinesis.

On August 27, 2025 Dr. Alan completed a form report relating that appellant reached MMI on August 6, 2025. He opined that she exhibited 10 percent permanent impairment of the right shoulder in accordance with the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment,* (A.M.A., *Guides*).[3] Dr. Alan explained that the impairment was calculated by adding the impairments for biceps tendon and rotator cuff on pages 403 and 404 of the A.M.A., *Guides.*

On September 2, 2025 appellant filed a claim for compensation (Form CA-7) for a schedule award.

OWCP referred the case record and a statement of accepted facts (SOAF) to Dr. Taisha S. Williams, a Board-certified physiatrist, serving as an OWCP district medical adviser (DMA), for review. In a December 9, 2025 report, Dr. Williams reviewed the SOAF and the medical evidence including Dr. Alan's impairment findings. Applying the diagnosis-based impairment (DBI) rating methodology, she found, under Table 15-5, page 403, that the Class 1 diagnosis of full-thickness rotator cuff tear yielded the highest impairment. For the class of diagnosis (CDX) of full-thickness rotator cuff tear with normal motion she assigned a grade modifier for functional history (GMFH) of 2 and a grade modifier for physical examination (GMPE) of 1, and determined that the grade modifier for clinical studies (GMCS) was 2 for rotator cuff pathology seen on imaging. She applied the net adjustment formula and noted that the average value for the three grade modifier values was 2 or grade E, seven percent permanent impairment of the right upper extremity. Dr. Williams disagreed with Dr. Alan's application of the DBI impairment methodology. She applied the A.M.A., *Guides*, page 387, which states, "If a patient has two significant diagnoses … the examiner should use the diagnosis with the highest causally-related impairment for the impairment calculation." Therefore, Dr. Williams determined that appellant was not entitled an

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

impairment rating calculated by combined diagnoses of right shoulder full-thickness rotator cuff tear, and biceps tendon dislocation/subluxation. As Dr. Alan reported normal right shoulder ROM, she did not further utilize the ROM methodology.

By decision dated January 12, 2026, OWCP granted appellant a schedule award for seven percent permanent impairment of the right upper extremity. The award period ran for 21.84 weeks, beginning on August 6, 2025 and concluding on January 5, 2026.

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 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 the 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

[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).

[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.

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 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 appellant has not met her burden of proof to establish greater than seven percent permanent impairment of her right upper extremity, for which she previously received a schedule award.

In her December 9, 2025 report, Dr. Williams, OWCP's DMA, reviewed the medical evidence and applied the A.M.A., *Guides* to Dr. Alan's physical examination findings. Utilizing

[12] *Id*. at 474.

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

[14] *Id.*

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

the DBI methodology, Table 15-5, Shoulder Regional Grid, page 403, she found seven percent permanent impairment for the right shoulder. Dr. Williams disagreed with Dr. Alan's application of the DBI methodology. She applied the A.M.A., *Guides,* page 387, which states, "If a patient has two significant diagnoses … the examiner should use the diagnosis with the highest causally-related impairment for the impairment calculation." Therefore, Dr. Williams determined that appellant was not entitled an impairment rating calculated by combined diagnoses of right shoulder full-thickness rotator cuff tear, and biceps tendon dislocation/subluxation, but for full-thickness rotator cuff tear alone. She also considered the ROM methodology and concurred with Dr. Alan's assessment of normal ROM with no permanent impairment. As the DBI methodology yielded a higher impairment value, Dr. Williams properly found that appellant had a total of seven percent permanent impairment of the right upper extremity (right shoulder). As Dr. Williams' December 9, 2025 report is detailed, well rationalized, and based on a proper factual background, her opinion represents the weight of the medical evidence.[16]

There is no medical evidence of record comporting with the A.M.A., *Guides* to establish greater than seven percent permanent impairment of the right upper extremity, for which appellant previously received a schedule award, the Board therefore finds that appellant has not met her burden of proof.

Appellant may request a schedule award or 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 seven percent permanent impairment of her right upper extremity, for which she previously received a schedule award.

[16] *See D.W.*, Docket No. 26-0199 (issued April 3, 2026); *L.C.*, Docket No. 23-0293 (issued June 9, 2025); *A.T.*, Docket No. 25-0272 (issued March 17, 2025); *L.M.*, Docket No. 24-0620 (issued September 9, 2024); *K.M.*, Docket No. 23-1103 (issued February 6, 2024).

ORDER

IT IS HEREBY ORDERED THAT the January 12, 2026 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 27, 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