United States Department of Labor
Employees' Compensation Appeals Board

B.C., Appellant	)	
and	)	**Docket No. 26-0645**
	)	**Issued: October 9, 2026**
DEPARTMENT OF HOMELAND SECURITY, U.S. CUSTOMS AND BORDER PROTECTION, OFFICE OF FIELD OPERATIONS, Washington, DC, 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 July 6, 2026 appellant filed a timely appeal from a June 29, 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.

ISSUE

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

FACTUAL HISTORY

On September 23, 2024 appellant, then a 38-year-old customs and border protection officer, filed a traumatic injury claim (Form CA-1) alleging that on September 11, 2024 he injured

[1] 5 U.S.C. § 8101 *et seq*.

his right knee during "take-down" training while in the performance of duty.[2] He stopped work on that date. OWCP accepted the claim for sprain of the right knee and bucket-handle tear of the medial meniscus of the right knee.

On November 27, 2024 appellant underwent an OWCP-authorized arthroscopic surgery to his right knee performed by Dr. Richard Cirillo, a Board-certified orthopedic surgeon, including a right knee partial medial meniscectomy with approximately 50 percent of the meniscus excised. On October 23, 2025 Dr. Cirillo opined that appellant had reached maximum medical improvement (MMI) and could perform full and unrestricted work duties.

On October 28, 2025 appellant filed a claim for compensation (Form CA-7) for a schedule award.

In November 20, 2025 reports, Dr. Cirillo related that appellant's symptoms included pain in the front of his knee while descending stairs and anterior knee pain when pushing off with his foot. He diagnosed patella tendinitis, no effusion, and full motion, but noted that McMurray's maneuver increased pain to the medial joint line. Dr. Cirillo reviewed appellant's right knee post-surgical magnetic resonance imaging (MRI) scan which demonstrated changes of the right medial meniscus and right lower extremity x-rays which demonstrated mild medial and patellofemoral degenerative joint disease. He provided right knee range of motion (ROM) including 135 degrees of flexion, and 0 degrees of extension and left knee ROM of 135 degrees of flexion and 0 degrees of extension. Dr. Cirillo observed normal quadriceps and hamstring muscle tone, and normal knee stability, bilaterally. He determined that there was a 1.5-centimeter thigh circumference difference with the right thigh smaller. Dr. Cirillo applied the rating methodologies of the fourth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*)[3] to physical examination findings to reach eight percent permanent impairment of the right lower extremity including two percent due to partial medial meniscectomy, three percent due to thigh atrophy, and three percent due to pain, loss of endurance, and loss of function.

OWCP referred Dr. Cirillo's November 20, 2025 reports and a statement of accepted facts (SOAF) to Dr. Michael M. Katz, a Board-certified orthopedic surgeon, serving as a district medical adviser (DMA), for a review and an opinion regarding appellant's permanent impairment. In his January 6, 2026 report, Dr. Katz opined that appellant had two percent permanent impairment of the right lower extremity due to a partial medial meniscectomy in keeping with the sixth edition of the A.M.A., *Guides*.[4]

On February 18, 2026 OWCP referred appellant together with the case file and the SOAF, to Dr. John Barry, a Board-certified orthopedic surgeon, for a second opinion evaluation assessment of appellant's work-related conditions and any resulting permanent impairment for schedule award purposes.

[2] OWCP assigned the present claim OWCP File No. xxxxxx102. Appellant previously filed a Form CA-1 for an April 3, 2018 injury which OWCP accepted for strain of the right quadriceps muscle, fascia, and tendon under OWCP File No. xxxxxx152. OWCP has not administratively combined these claims.

[3] A.M.A., *Guides* (4th ed. 1993).

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

In a March 13, 2026 impairment rating evaluation report, Dr. Barry reviewed appellant's history of work-related injuries, and medical records. He noted appellant's physical examination findings including three ROM measurements for the right knee of 90, 92, and 90 degrees of flexion and 0 degrees of flexion and left knee ROM measurements including 135, 133, and 135 degrees of flexion and 0 degrees of extension. Dr. Barry determined that appellant had reached MMI on September 11, 2024. He provided a permanent impairment rating regarding appellant's right lower extremity applying the diagnosis-based impairment (DBI) and ROM rating methodologist of the sixth edition of the A.M.A., *Guides* to physical examination findings. Utilizing the DBI rating, he referenced Table 16-3, Knee Regional Grid: Lower Extremity Impairments, page 509, and found that class of diagnosis (CDX) of partial medial meniscectomy was class 1, with a default value of 2. Dr. Barry applied grade modifier for functional history (GMFH) of 1, and grade modifier for physical examination (GMPE) of 1 to the net adjustment formula to reach two percent permanent impairment of the right lower extremity.

Dr. Barry also rated appellant's right lower extremity applying the ROM methodology of the sixth edition of the A.M.A., *Guides* to his physical findings. Using Table 16-23, page 549, for the right knee he found that 92 degrees of flexion yielded 10 percent impairment, and 0 degrees extension yielded no impairment. Dr. Barry concluded that appellant had 10 percent permanent impairment of the right lower extremity due to loss of ROM of the right knee.

OWCP referred Dr. Barry's March 13, 2026 report and a SOAF to Dr. Katz, serving as a DMA, for a review and an opinion regarding appellant's permanent impairment in accordance with the sixth edition of the A.M.A., *Guides*. In his April 14, 2026 report, Dr. Katz utilized the findings in Dr. Barry's March 13, 2026 report and summarized appellant's accepted conditions and surgical procedures. He applied the DBI methodology of the sixth edition of the A.M.A., *Guides* to Dr. Barry's findings and determined that appellant had two percent permanent impairment of his right lower extremity using Table 16-3, page 509, for a diagnosis of partial medial meniscectomy. Dr. Katz noted CDX of 1, GMFH of 1, GMPE of 1, and found that grade modifier for clinical studies (GMCS) was not applicable. He utilized the net adjustment formula to reach a net adjustment of 0 for two percent permanent impairment of the right lower extremity. Dr. Katz also noted that appellant's diagnosed condition did not meet any of the criteria discussed in Section 16.7, page 543 of the A.M.A., *Guides*, to allow the impairment to be calculated utilizing the ROM methodology.

By decision dated June 29, 2026, OWCP granted appellant a schedule award for two percent permanent impairment of the right lower extremity. It accorded the weight of the medical opinion evidence to the March 13, 2026 report of Dr. Barry the second opinion physician and the April 14, 2026 report of Dr. Katz, the DMA. The award ran for 5.76 weeks from March 13 to April 22, 2026. The date of MMI was listed as March 13, 2026.

LEGAL PRECEDENT

The schedule award provisions of FECA[5] and its implementing federal regulations[6] 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,

[5] 5 U.S.C. § 8107.

[6] 20 C.F.R. § 10.404.

FECA does not specify the manner in which the percentage of loss shall be determined. Through its implementing regulations, OWCP has adopted the A.M.A., *Guides* as the appropriate standard for evaluating schedule losses.[7] As of May 1, 2009, the sixth edition of the A.M.A., *Guides* is used to calculate schedule awards.[8] 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.[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.[10] After the CDX is determined (including identification of a default grade value), the net adjustment formula is applied using the GMFH, GMPE, and/or GMCS, if appropriate.[11] The net adjustment formula is (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX).[12]

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.[13]

ANALYSIS

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

In his report dated March 13, 2026, Dr. Barry, the second opinion physician, utilized the DBI rating, referencing Table 16-3, page 509, of the sixth edition of the A.M.A., *Guides* and found that CDX of partial medial meniscectomy was a Class 1 impairment, with a default value of 2. He applied GMFH of 1, and GMPE of 1 to the net adjustment formula to reach two percent permanent impairment of the right lower extremity.

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[7] *Id*. *See also F.S*., Docket No. 23-1014 (issued April 10, 2024); *V.J*., Docket No. 1789 (issued April 8, 2020); *Jacqueline S. Harris*, 54 ECAB 139 (2002); *Ronald R. Kraynak*, 53 ECAB 130 (2001).

[8] *See* Federal (FECA) Procedure Manual, Part 3 -- Medical, *Schedule Awards*, Chapter 3.700, Exhibit 1 (version 1.2, issued May 4, 2026); Federal (FECA) Procedure Manual, Part 2 -- Claims, *Schedule Awards and Permanent Disability Claims*, Chapter 2.808.5a (version 1.2, issued May 4, 2026).

[9] *L.A.,* Docket No. 25-0744 (issued November 19, 2025); *F.S*., *supra* note 7; *M.D.,* Docket No. 20-0007 (issued May 13, 2020); *P.R*., Docket No. 19-0022 (issued April 9, 2018); *Isidoro Rivera*, 12 ECAB 348 (1961).

[10] *L.A.*; *F.S*., *id*.; *N.B.,* Docket No. 22-1295 (issued May 25, 2023); *B.G*., Docket No. 21-1052 (issue April 11, 2023); *S.L*., Docket No. 22-0613 (issued April 4, 2023); *J.B*., Docket No. 21-0141 (issued January 27, 2023); *M.D*., Docket No. 16-0207 (issued June 3, 2016); *D.F*., Docket No. 15-0664 (issued January 8, 2016).

[11] A.M.A., *Guides* 493-553; *see id*.

[12] *Id.*

[13] *See supra* note 8 at Chapter 2.808.6f (version 1.2, issued May 4, 2026). *See also M.R*., Docket No. 25-0020 (issued March 13, 2025); *D.S*., Docket No. 20-0670 (issued November 2, 2021); *P.W*., Docket No. 19-1493 (issued August 12, 2020); *J.T*., Docket No. 17-1465 (issued September 25, 2019); *C.K*., Docket No. 09-2371 (issued August 18, 2010); *Frantz Ghassan*, 57 ECAB 349 (2006).

On April 14, 2026 Dr. Katz, the DMA, utilized the findings in Dr. Barry's March 13, 2026 report and applied the DBI methodology of the A.M.A., *Guides* to Dr. Barry's findings and found that appellant had two percent permanent impairment of his right lower extremity using Table 16-3, page 509, for a diagnosis of partial medial meniscectomy. He also noted that appellant's diagnosed condition did not meet any of the criteria discussed in Section 16.7, page 543 of the A.M.A., *Guides*, to allow the impairment to be calculated utilizing the ROM methodology.

The Board finds that the weight of the medical evidence rests with the opinion of Dr. Katz, the DMA, as he provided a permanent impairment rating that properly applied the sixth edition of the A.M.A., *Guides* to the clinical findings of Dr. Barry.[14] The record does not contain any other medical evidence in accordance with the sixth edition of the A.M.A., *Guides* establishing greater than the two percent permanent impairment of the right lower extremity previously awarded. Accordingly, appellant has not met his burden of proof to establish entitlement to a schedule award for a percentage of impairment greater than the two percent permanent impairment of the right lower extremity previously awarded.[15]

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 his burden of proof to establish greater than two percent permanent impairment of the right lower extremity, for which he previously received a schedule award.

[14] *See J.N.,* Docket No. 25-0451 (issued April 22, 2025); *L.D.*, Docket No. 19-0797 (issued October 2, 2019).

[15] *See J.N., id.*; *T.W.*, Docket No. 18-0765 (issued September 20, 2019).

ORDER

IT IS HEREBY ORDERED THAT the June 29, 2026 merit decision of the Office of Workers' Compensation Programs is affirmed.

Issued: October 9, 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