United States Department of Labor
Employees' Compensation Appeals Board

E.B., Appellant	)	
and	)	**Docket No. 24-0434**
	)	**Issued: September 8, 2026**
U.S. POSTAL SERVICE, HOUSTON-WESTBURY POST OFFICE, Houston, TX, 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 March 15, 2024 appellant filed a timely appeal from a January 17, 2024 merit decision, two February 26, 2024 merit decisions, and a March 7, 2024 merit decision of the Office of Workers' Compensation Programs (OWCP).[1] Pursuant to the Federal Employees' Compensation

[1] The Board notes that in her March 15, 2024 appeal form, appellant indicated that she wished to appeal a purported March 8, 2024 decision of OWCP. While there is a letter from OWCP dated March 8, 2024 of record, this letter was not a final adverse decision of OWCP, reviewable by the Board on appeal. It was, instead, a notice to appellant that OWCP preliminarily determined a suitable available position had been offered with the employing establishment as a modified city carrier; and that if she failed to accept and report to the offered position, without justified reasons for rejecting or not reporting to the offered position, her right to compensation and schedule award benefits would be terminated. Section 501.2(c)(2) of the Board's *Rules of Procedure* provides: "There will be no appeal with respect to any interlocutory matter decided (or not decided) by OWCP during the pendency of a case." 20 C.F.R. § 501.2(c)(2). As such, the Board lacks jurisdiction to review this interlocutory notice on appeal.

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]

ISSUES

The issues are: (1) whether appellant has met her burden of proof to establish intermittent disability from work during the periods April 16 through 29, 2022 and November 18 through December 15, 2023 causally related to the accepted December 28, 2014 employment injury; and (2) whether appellant has met her burden of proof to establish greater than one percent permanent impairment of the upper extremities, for which she previously received a schedule award.

FACTUAL HISTORY

This case has previously been before the Board on different issues.[4] The facts and circumstances as set forth in the Board's prior decision are incorporated herein by reference. The relevant facts are as follows.

On December 29, 2014 appellant, then a 22-year-old city carrier assistant, filed a traumatic injury claim (Form CA-1) alleging that the previous day, she sustained an injury due to a motor vehicle collision while in the performance of duty. On March 30, 2015 OWCP accepted her claim for concussion, neck sprain, chest wall contusion, bilateral knee contusion, back contusion, and lumbar sprain. It later expanded the acceptance of appellant's claim to include sprain of the joints and ligaments of the neck, sprain of the ligaments of the cervical spine, contusion of the front wall of the thorax, and left shoulder joint sprain.[5] OWCP paid her wage-loss compensation for intermittent disability on the supplemental rolls commencing February 12, 2015.

On July 18, 2019 appellant accepted a position as a modified city carrier, with physical requirements including standing and walking each up to four hours per day; lifting up to 10 pounds for two hours a day, climbing, pushing, and pulling up to two hours per day; kneeling, bending, stooping, and twisting up to one hour per day. The position did not require reaching above the shoulder or driving.

In a duty status report (Form CA-17) dated October 7, 2020, Dr. Lubor Jarolimek, an orthopedic surgeon, recommended work restrictions of no carrying over 20 pounds intermittently; no climbing, kneeling, pulling, pushing, or reaching over the shoulder more than two hours per

[2] 5 U.S.C. § 8101 *et seq*.

[3] The Board notes that following the final decisions on appeal 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] Docket No. 19-1390 (issued May 7, 2020).

[5] OWCP assigned the present claim OWCP File No. xxxxxx088. Appellant's traumatic injury claim of March 24, 2022 for left shoulder joint sprain was accepted by OWCP as work related under OWCP File No. xxxxxx158. OWCP has administratively combined OWCP File No. xxxxxx158 and OWCP File No. xxxxxx088, with the latter serving as the master file.

day; no bending, stooping, or twisting more than one hour per day; and no driving a long-life vehicle (LLV) or mounted routes. He further noted that she could not drive postal vehicles, and that she needed a "stepper" for casing mail.

In a note and Form CA-17 dated April 21, 2022, Dr. Jarolimek indicated that appellant was able to return to work as of April 22, 2022 with the same work restrictions he had provided on October 7, 2020. In a work excuse note of even date, he related that appellant was seen in his office that day and was released to return to work on April 22, 2022.

In a report dated August 1, 2022, Dr. Jarolimek conducted a permanent impairment rating evaluation in accordance with the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*).[6] Appellant's subjective complaints involved left-sided neck pain, lower back pain with discomfort, and improved bilateral knee discomfort/pain with popping and clicking. On physical examination of the cervical spine, Dr. Jarolimek observed full strength of the upper extremities and normal sensory, vascular, and reflex readings. On examination of the lumbar spine, he observed normal sensory, vascular, and reflex readings of the lower extremities, and full strength of the lower extremities. On examination of the left knee, Dr. Jarolimek observed stable varus/valgus and anteroposterior readings; palpable crepitus; no effusion; no tenderness of the medial joint; and negative McMurray and Lockman testing. On examination of the right knee, he observed stable varus/valgus and anteroposterior readings; no crepitus or effusion; and negative McMurray and Lockman testing.

Dr. Jarolimek obtained three measurements of the knees. Appellant's knee range of motion (ROM) was measured as follows: left flexion of 122, 122, 121 degrees with right flexion of 120, 120 120 degrees (normal at 110+); and left extension of 0, 0, 0 degrees with right flexion of 0, 0, and 0 degrees (normal at 0). Her magnetic resonance imaging (MRI) scans of the knees dated April 3, 2015 were within normal limits. Dr. Jarolimek stated that appellant had reached maximum medical improvement (MMI) as of August 1, 2022.

Dr. Jarolimek opined that appellant's percentage of permanent impairment of the upper and lower extremities were all zero percent in accordance with the A.M.A., *Guides*. He explained that she had no verifiable nerve root level peripheral sensory or motor deficits relating to cervical or lumbar injury. Dr. Jarolimek further explained that appellant had no significant objective abnormal findings on physical examination of the knees.

On January 25, 2023 appellant filed a claim for compensation (Form CA-7) claiming a schedule award.

In a development letter dated April 27, 2023, OWCP requested that appellant submit a medical report from her treating physician addressing whether she had reached MMI and whether she had any employment-related permanent impairment in accordance with the sixth edition of the A.M.A., *Guides*. It afforded her 30 days to submit the necessary evidence. No response was received within the time allotted.

On July 18, 2023 OWCP referred appellant, along with the medical record and a statement of accepted facts (SOAF) to Dr. Charles Xeller, a Board-certified orthopedic surgeon, for a second

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

opinion examination and a rating of permanent impairment in accordance with the sixth edition of the A.M.A., *Guides.*

In a report dated September 15, 2023, Dr. Xeller noted his review of the SOAF and medical record. On examination of the shoulders, he observed full ROM with a painful arc on the left at 110 to 135 degrees of elevation; normal rotational movements; and no instability to stress. Examination of the elbows demonstrated full ROM with pain over both elbow epicondylar surfaces. On examination of the wrists, Dr. Xeller observed normal ROM, normal Dupuytren, Tinel, and de Quervain testing; no triggers; slight discomfort with wrist flexion after sixty seconds. On examination of the knees, he observed a normal ROM with slight bilateral crepitation, a negative McMurray test, and no instability. Examination of the ankles demonstrated normal ROM with some pain to palpation along the plantar fascia. Dr. Xeller diagnosed resolved strains and contusions of multiple body regions; resolved neck and lower back sprains with no radiculopathy; resolved chest wall contusion; resolved knee contusion with no instability; and shoulder sprain and contusion with a painful arc of motion.

Dr. Xeller opined that appellant had reached MMI. He stated that her subjective complaints persisted despite minimal objective findings. Dr. Xeller noted that as to a permanent impairment rating, there was no radiculopathy verified. He stated:

> "As for the other body parts, one can give a 1 [percent] impairment rating over a person's lifetime for a history of painful injury (with residual symptoms but without consistent objective findings. I would allow a one percent impairment rating upper right and left and a one percent impairment rating lower right and left."

OWCP routed the medical record and a SOAF to Dr. William Tontz, Jr., a Board-certified orthopedic surgeon serving as a district medical adviser (DMA). In a report dated October 11, 2023, Dr. Tontz reviewed the SOAF and medical record. He opined that appellant reached MMI on September 21, 2023. The DMA concurred with Dr. Xeller's report of September 15, 2023, referring to Dr. Xeller as appellant's treating physician. Referring to Table 16-3, page 508, of the sixth edition of the A.M.A., *Guides*, Dr. Tontz stated that appellant had a whole person impairment of four percent, based on one percent impairment of the upper extremities for residual symptoms after injury, as allowed in the A.M.A., *Guides* for a history of injury with residual symptoms but minimal objective findings. He noted that no additional impairment was appropriate for the cervical or lumbar spine due to lack of evidence of radiculopathy on physical examination. Dr. Tontz further stated that the medical evidence did not include three independent measurements of the ROM of appellant's extremities and spine, despite the measurements obtained by her actual treating physician, Dr. Jarolimek, in his report of August 1, 2022. He determined that without such measurements, the ROM method of rating her percentage of permanent impairment was invalid.

On December 11, 2023 appellant filed a Form CA-7 for intermittent disability from work during the period November 18 through December 1, 2023.

In a development letter dated December 11, 2023, OWCP requested additional medical evidence from appellant to establish her disability from work during the claimed period of November 18 through December 1, 2023. It afforded her 30 days to submit the necessary evidence.

In a December 15, 2023 note, Dr. Kevin Lyu, a sports medicine specialist, reported that he treated appellant in the emergency department on November 30, 2023. He diagnosed left knee sprain and held her off work from that date through December 3, 2023.

In a Form CA-17 dated December 11, 2023, Dr. Lyu again diagnosed left knee sprain. He noted that appellant was advised to return to work as of that date, recommending work restrictions of no sitting, standing, walking, climbing, reaching above the shoulder, or driving a vehicle more than two hours per day intermittently; no twisting, pulling, or pushing more than one hour per day intermittently; and no kneeling, bending, or stooping. Dr. Lyu further recommended no lifting or carrying while ambulating.

By decision dated January 17, 2024, OWCP denied appellant's claim for intermittent disability from work during the period November 18 through December 1, 2023, finding that the medical evidence of record was insufficient to establish disability from work during the claimed period due to the accepted employment injury.

On January 18, 2024, appellant filed a Form CA-7 claims for intermittent disability from work during the periods April 16 through 29, 2022 and December 2 through 15, 2023.

In development letters dated January 18, 2024, OWCP requested additional medical evidence establishing appellant's disability from work during the claimed periods of January 16 through 29, 2022 and December 2 through 15, 2023. It afforded appellant 30 days to submit the necessary evidence. No response was received.

By decision dated February 26, 2024, OWCP denied appellant's disability claim for the period December 2 through 15, 2023. In a separate decision of the same date, it denied her disability claim for the period April 16 through 29, 2022.[7] In both decisions, OWCP found that the medical evidence of record was insufficient to establish intermittent disability from work during the claimed periods due to the accepted employment injury.

By decision dated March 7, 2024, OWCP granted appellant a schedule award for one percent impairment of the upper extremities. The period of the award ran for three weeks from September 21 through October 12, 2023.

LEGAL PRECEDENT -- ISSUE 1

An employee seeking benefits under FECA has the burden of proof to establish the essential elements of his or her claim, including that any disability or specific condition for which compensation is claimed is causally related to the employment injury.[8] For each period of disability claimed, the employee has the burden of proof to establish that he or she was disabled

[7] OWCP noted that compensation had already been paid on July 21, 2022 for a doctor's appointment on April 21, 2022.

[8] *See S.F.*, Docket No. 20-0347 (issued March 31, 2023); *D.S.*, Docket No. 20-0638 (issued November 17, 2020); *F.H.,* Docket No. 18-0160 (issued August 23, 2019); *C.R.*, Docket No. 18-1805 (issued May 10, 2019); *Kathryn Haggerty*, 45 ECAB 383 (1994); *Elaine Pendleton*, 40 ECAB 1143 (1989).

from work as a result of the accepted employment injury.[9] Whether a particular injury causes an employee to become disabled from work, and the duration of that disability, are medical issues that must be proven by a preponderance of probative and reliable medical opinion evidence.[10]

Under FECA the term "disability" means the incapacity, because of an employment injury, to earn the wages that the employee was receiving at the time of injury.[11] Disability is thus not synonymous with physical impairment, which may or may not result in an incapacity to earn wages. An employee who has a physical impairment causally related to a federal employment injury, but who nevertheless has the capacity to earn the wages he or she was receiving at the time of injury, has no disability as that term is used in FECA.[12]

The Board will not require OWCP to pay compensation for disability in the absence of medical evidence directly addressing the specific dates of disability for which compensation is claimed. To do so, would essentially allow an employee to self-certify their disability and entitlement to compensation.[13]

ANALYSIS -- ISSUE 1

The Board finds that appellant has not met her burden of proof to establish intermittent disability from work during the periods April 16 through 29, 2022 and November 18 through December 15, 2023 causally related to the accepted December 28, 2014 employment injury.

OWCP received progress notes and a Form CA-17 dated April 21, 2022 from Dr. Jarolimek, wherein he indicated that appellant was able to return to work as of April 22, 2022 with the same work restrictions he had provided on October 7, 2020. In a work excuse note of even date, Dr. Jarolimek related that she was seen in his office that day and was released to return to work on April 22, 2022. However, he did not provide medical rationale, based on objective findings, supporting disability from work during the claimed period causally related to the accepted employment injury.[14] The Board has held that a mere conclusion without the necessary rationale as to whether a medical condition or disability is due to an accepted employment condition is insufficient to meet a claimant's burden of proof.[15] As Dr. Jarolimek did not provide medical rationale, based on objective findings explaining why appellant was disabled from work during the claimed time period, his reports are insufficient to establish appellant's claim.

In a December 15, 2023 note, Dr. Lyu reported that he treated appellant in the emergency department on November 30, 2023. He diagnosed left knee sprain and held her off work from that

[9] *B.O.*, Docket No. 19-0392 (issued July 12, 2019); *D.W.*, Docket No. 18-0644 (issued November 15, 2018).

[10] 20 C.F.R. § 10.5(f); *B.O.*, *id.*; *N.M.*, Docket No. 18-0939 (issued December 6, 2018).

[11] *Id*. at § 10.5(f); *see B.K.*, Docket No. 18-0386 (issued September 14, 2018).

[12] *Id.*

[13] *A.W.*, Docket No. 18-0589 (issued May 14, 2019); *Fereidoon Kharabi,* 52 ECAB 291, 293 (2001).

[14] *B.L.,* Docket No. 23-0551 (issued September 21, 2023).

[15] *J.M.,* Docket No. 21-1261 (issued September 11, 2023).

date through December 3, 2023. However, Dr. Lyu did not provide an opinion regarding the cause of appellant's condition or disability. As such, it is of no probative value.[16]

As the medical evidence of record is insufficient to establish disability from work during the claimed periods, the Board finds that appellant has not met her burden of proof.[17]

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

LEGAL PRECEDENT -- ISSUE 2

The schedule award provisions of FECA,[18] and its implementing federal regulations,[19] 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 method 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.[20]

The sixth edition of the A.M.A., *Guides* provides a diagnosis-based impairment (DBI) method of evaluation utilizing the World Health Organization's *International Classification of Functioning Disability and Health* (ICF): *A Contemporary Model of Disablement*.[21] Under the sixth edition, the evaluator identifies the impairment class of diagnosis (CDX), which is then adjusted by the grade modifier for functional history (GMFH), grade modifier for physical examination (GMPE), and grade modifier for clinical studies (GMCS).[22] The net adjustment formula is (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX).[23] The standards for evaluation

[16] *See T.H.*, Docket No. 23-0811 (issued February 13, 2024); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

[17] OWCP should consider payment of up to four hours of compensation to appellant for any unpaid lost time from work due to medical appointments to assess or treat symptoms related to the employment injury. *See* Federal (FECA) Procedure Manual, Part 2 -- Claims, *Compensation Claims*, Chapter 2.901.19(c) (February 2013); *J.E.*, Docket No. 19-1758 (issued March 16, 2021); *A.J.*, Docket No. 21-1211 (issued May 4, 2022); *A.V.*, Docket No. 19-1575 (issued June 11, 2020). *See also K.A.*, Docket No. 19-0679 (issued April 6, 2020); *William A. Archer*, 55 ECAB 674 (2004).

[18] *Supra* note 2.

[19] 20 C.F.R. § 10.404.

[20] 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); *supra* note 17 at *Schedule Awards and Permanent Disability Claims*, Chapter 2.808.5a (March 2017); *see also supra* note 17 at Part 3 -- Medical, *Schedule Awards,* Chapter 3.700, Exhibit 1 (January 2010).

[21] A.M.A., *Guides* (6th ed. 2009), p.3, section 1.3.

[22] *Id*. at 494-531.

[23] *Id*. at 521.

of permanent impairment of an extremity under the A.M.A., *Guides* are based on all factors that prevent a limb from functioning normally, such as pain, sensory deficit, and loss of strength.[24]

FECA Bulletin No. 17-06 provides guidance in applying ROM or DBI methodologies in rating permanent impairment of the upper extremities. 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).[25]
>
> "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.*" (Emphasis in the original.)[26]

OWCP's procedures provide that, after obtaining all necessary medical evidence, the file should be routed to a DMA for an opinion concerning the percentage of permanent impairment using the A.M.A., *Guides*.[27]

ANALYSIS -- ISSUE 2

The Board finds that the case is not in posture for decision with regard to appellant's schedule award claim.

Appellant submitted a report from her treating physician, Dr. Jarolimek, dated August 1, 2022, in which he provided a permanent impairment rating evaluation. Dr. Jarolimek opined that appellant's percentage of permanent impairment of the upper and lower extremities were all zero percent in accordance with the A.M.A., *Guides*. He explained that appellant had no verifiable nerve root level peripheral sensory or motor deficits relating to cervical or lumbar injury. Dr. Jarolimek further explained that she had no significant objective abnormal findings on physical examination of the knees.

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[24] *P.W.*, Docket No. 19-1493 (issued August 12, 2020); *C.H.*, Docket No. 17-1065 (issued December 14, 2017); *E.B.*, Docket No. 10-0670 (issued October 5, 2010); *Robert V. Disalvatore*, 54 ECAB 351 (2003); *Tammy L. Meehan*, 53 ECAB 229 (2001).

[25] FECA Bulletin No. 17-06 (issued May 8, 2017); *S.S.*, Docket No. 22-0032 (issued November 7, 2022).

[26] *Id.*

[27] *A.C.*, Docket No. 19-1333 (issued January 8, 2020); *B.B.*, Docket No. 18-0782 (issued January 11, 2019); *supra* note 20 at Chapter 2.808.6f (March 2017).

OWCP referred appellant to Dr. Xeller for a second opinion evaluation on September 15, 2023. Dr. Xeller opined that appellant had reached MMI and noted that appellant's subjective complaints persisted despite minimal objective findings. He noted that as to an impairment rating, as there was no radiculopathy verified, there was zero permanent impairment of the cervical and lumbar spine. Dr. Xeller recommended a one percent permanent impairment rating for a history of painful injury with residual symptoms but without consistent objective findings. He concluded that appellant had one permanent impairment rating for each upper extremity and one percent impairment rating for each lower extremity. Dr. Xeller did not cite to any portion of the sixth edition of the A.M.A., *Guides* in his report.

OWCP routed the case record and a SOAF to Dr. Tontz, serving as DMA. On October 11, 2023 Dr. Tontz opined that MMI was reached on September 21, 2023 and concurred with Dr. Xeller's report of September 15, 2023. Referring to Table 16-3, page 508, of the sixth edition of the A.M.A., *Guides*, Dr. Tontz stated that appellant had a whole person impairment of four percent, based on one percent impairment of each of the upper and lower extremities for residual symptoms after injury. The Board notes initially that neither FECA nor its implementing regulations provide for the payment of a schedule award for the permanent loss of use of the back/spine or the body as a whole. Dr. Tontz opined that appellant had one percent permanent impairment of each upper and lower extremity under Table 16-3, page 508 of the A.M.A., *Guides* for a history of residual symptoms after injury, but with minimal objective findings. The Board notes, however, that the Knee Regional Grid appears at Table 16-3, page 508, and no specific award of one percent, as described by Dr. Tontz is instructed on this page of the A.M.A., *Guides*. Dr. Tontz also did not otherwise explain how he rated appellant's upper extremity permanent impairment pursuant to the A.M.A., *Guides*. OWCP granted appellant a schedule award for one percent permanent impairment of the upper extremities; however, the three-week compensation period of the award constitutes compensation for one upper extremity. FECA provides for 312 weeks of compensation for 100 percent loss or loss of use of an upper extremity[28] and the implementing regulations provides that compensation for proportionate periods of time is payable for partial loss.[29]

Proceedings under FECA are not adversarial in nature, nor is OWCP a disinterested arbiter.[30] While the claimant has the responsibility to establish entitlement to compensation, OWCP shares responsibility in the development of the evidence. It has the obligation to see that justice is done.[31] As OWCP undertook development of the evidence by referring appellant to a DMA, it had an obligation to do a complete job and obtain a proper evaluation and report that would resolve the issue in this case.[32] For this reason, the case must be remanded for further clarification from Dr. Tontz, the DMA in this case, as to whether appellant is entitled to a schedule

[28] 5 U.S.C. § 8107(2).

[29] 20 C.F.R. § 10.404.

[30] *N.L.,* Docket No. 19-1592 (issued March 12, 2020); *M.T.,* Docket No. 19-0373 (issued August 22, 2019); *B.A.,* Docket No. 17-1360 (issued January 10, 2018).

[31] *S.S.,* Docket No. 18-0397 (issued January 15, 2019); *Donald R. Gervasi,* 57 ECAB 281, 286 (2005); *William J. Cantrell,* 34 ECAB 1233, 1237 (1983).

[32] *G.M.,* Docket No. 19-1931 (issued May 28, 2020); *W.W.,* Docket No. 18-0093 (issued October 9, 2018).

award of one percent for each upper and lower extremity, pursuant to the A.M.A., *Guides*. After such further development as necessary, OWCP shall issue a *de novo* decision.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish intermittent disability from work during the periods April 16 through 29, 2022 and November 18 through December 15, 2023 causally related to the accepted December 28, 2014 employment injury. The Board further finds that the case is not in posture for decision as to whether appellant has greater than one percent permanent impairment of the upper extremities, for which she previously received a schedule award.

ORDER

IT IS HEREBY ORDERED THAT the January 17, 2023 and February 26, 2024 decisions are affirmed. The March 7, 2024 decision is set aside. This case is remanded for further proceedings consistent with this decision of the Board.

Issued: September 8, 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