

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of JANA E. J. TRIPLETTE and U.S. POSTAL SERVICE,  
SULLIVAN STATION, Denver, CO

*Docket No. 03-1545; Submitted on the Record;  
Issued September 4, 2003*

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DECISION and ORDER

Before ALEC J. KOROMILAS, MICHAEL E. GROOM,  
A. PETER KANJORSKI

The issue is whether appellant has more than a 46 percent impairment of the left upper extremity for which she received a schedule award.

On April 18, 2002 appellant, then a 56-year-old mail carrier, filed a claim for a traumatic injury alleging that on that date she sustained injuries to her left thumb when it became caught between two boxes while in the performance of her duties. The Office of Workers' Compensation Programs accepted appellant's claim for a left thumb scapholunate tear, left carpometacarpal (CMC) arthritis, left wrist arthroscopy and left CMC arthroplasty. Subsequent to her arthroplasty, appellant developed reflex sympathetic dystrophy (RSD), which complicated her treatment and recovery. She worked in a limited-duty capacity following her employment injury.

In a report dated February 7, 2003, Dr. In Sok Yi, appellant's treating orthopedic surgeon, stated that appellant had reached maximum medical improvement and was ready to undergo a functional capacity evaluation and a permanent impairment rating for schedule award purposes. Dr. Yi explained that, while appellant may have RSD flareups in the future, she currently did not require any maintenance therapy.

In a report dated March 7, 2003, Dr. Yi stated that, in accordance with the fifth edition 2001, of the American Medical Association (A.M.A.) *Guides to the Evaluation of Permanent Impairment*, due to decreased range of motion and decreased two point discrimination resulting from her RSD, appellant had a 46 percent permanent impairment of her left upper extremity and a 28 percent permanent impairment of the whole person. He based his conclusions on a functional capacity evaluation and impairment rating performed on February 19, 2003. Dr. Yi again emphasized that appellant may suffer additional RSD relapses in the future.

At the request of the Office, on April 18, 2003 an Office medical adviser reviewed Dr. Yi's February 19 and March 7, 2003 reports and agreed that appellant had a 46 percent permanent impairment of her left upper extremity due to the combined effects of her CMC

arthroplasty and subsequently developing RSD. The Office medical adviser stated that Dr. Yi's rating was done well and that the rating worksheets completed by Dr. Yi were correct.

Based on Dr. Yi's opinion, as reviewed by an Office medical adviser, in a decision dated April 22, 2003, the Office issued appellant a schedule award for a 46 percent permanent impairment of her left upper extremity. The period of the award ran for 143.52 weeks from March 7, 2003 to December 5, 2005.

The Board finds that appellant has no more than a 46 percent impairment of the left upper extremity.

The schedule award provisions of the Federal Employees' Compensation Act<sup>1</sup> and its implementing regulation<sup>2</sup> 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, the Act 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. The A.M.A., *Guides*, has been adopted by the implementing regulation as the appropriate standard for evaluating schedule losses.<sup>3</sup>

In a report dated February 19, 2003, Dr. Yi listed the range of motion findings for appellant's left wrist as follows: 48 degrees flexion; 37 degrees extension; 11 degrees radial deviation; and 13 degrees ulnar deviation, which he concluded equated to an 11 percent permanent impairment pursuant to the fifth edition of the A.M.A., *Guides*.<sup>4</sup> With respect to the left hand, he listed the range of motion of the metacarpophalangeal (MCP) joint of the left thumb as 39 degrees flexion and -12 degrees extension and the interphalangeal (IP) joint as 32 degrees flexion and -10 degrees extension. In addition, Dr. Yi noted that the CMC joint had 28 degrees radial abduction, 4 degrees radial adduction and 4 degrees opposition. He noted that pursuant to the A.M.A., *Guides*, these measurements equated to a 25 percent impairment for loss of motion of the left thumb.<sup>5</sup> Dr. Yi further found that appellant had more than 15 millimeters of two point discrimination, signaling a loss of protective sensation of the thumb.<sup>6</sup> He concluded that, pursuant to the A.M.A., *Guides*, the 25 percent impairment of the left thumb for loss of motion, combined with the corresponding 7 percent impairment for loss of thumb sensation, equated to a

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<sup>1</sup> 5 U.S.C. § 8107.

<sup>2</sup> 20 C.F.R. § 10.404 (1999).

<sup>3</sup> *Richard F. Kastan*, 48 ECAB 651 (1997).

<sup>4</sup> A.M.A., *Guides* at 467, 469 Figures 16-28, 16-31.

<sup>5</sup> *Id.* at 456, 457, 459, 460, Figures 16-12, 16-15, Tables 16-8a, 16-8b, 16-9. The A.M.A., *Guides* state that in evaluating the hand, range of motion percentages are added together. *Id.* at 436, Figure 16-1a.

<sup>6</sup> *Id.* at 447, 448, Tables 16-5, 16-6.

30 percent impairment of the left thumb or a 12 percent impairment of the left hand.<sup>7</sup> For the index finger, he found the following degrees of motion: 78 degrees of flexion and -13 degrees of extension of the distal interphalangeal (MCP) joint; 75 degrees flexion and 0 degrees extension of the proximal interphalangeal (PIP) joint; and 37 degrees flexion and 0 degrees extension of the DIP joint. Dr. Yi noted that pursuant to the A.M.A., *Guides*, these measurements equated to a 35 percent impairment for loss of motion of the index finger.<sup>8</sup> He further found that appellant had more than 15 millimeters of two point discrimination, signaling a loss of protective sensation of the index finger.<sup>9</sup> Dr. Yi concluded that pursuant to the A.M.A., *Guides*, the 35 percent impairment of the left index finger for loss of motion, combined with the corresponding 7 percent impairment for loss of finger sensation, equated to a 40 percent impairment of the left index finger or a 5 percent impairment of the left hand.<sup>10</sup> For the middle finger, he found as follows: 80 degrees flexion and -13 degrees extension of the MCP joint; 85 degrees flexion and -76 extension of the PIP joint; and 52 degrees flexion and -7 degrees extension of the DIP joint. Dr. Yi noted that pursuant to the A.M.A., *Guides*, these measurements equated to a 72 percent impairment for loss of motion of the middle finger.<sup>11</sup> He further found that appellant had more than 15 millimeters of two point discrimination, signaling a loss of protective sensation of the middle finger.<sup>12</sup> Dr. Yi concluded that, pursuant to the A.M.A., *Guides*, the 72 percent impairment of the left middle finger for loss of motion, combined with the corresponding 7 percent impairment for loss of finger sensation, equated to a 74 percent impairment of the left middle finger or a 15 percent impairment of the left hand.<sup>13</sup> For range of motion of the ring finger, he listed the following measurements: 77 degrees flexion and -5 degrees extension of the MCP joint; 83 degrees flexion and -17 degrees extension of the PIP joint; and 48 degrees flexion and 0 degrees extension at the DIP joint. Dr. Yi noted that pursuant to the A.M.A., *Guides*, these measurements equated to a 37 percent impairment for loss of motion of the ring finger.<sup>14</sup> He further found that appellant had more than 15 millimeters of 2 point discrimination, signaling a loss of protective sensation of the ring finger.<sup>15</sup> Dr. Yi concluded that, pursuant to the A.M.A., *Guides*, the 37 percent impairment of the left ring finger for loss of motion, combined with the corresponding 7 percent impairment for loss of finger sensation, equated to a 41 percent impairment of the left ring finger or a 4 percent impairment of the left hand.<sup>16</sup> For the little

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<sup>7</sup> The A.M.A., *Guides* states that in evaluating the hand, the total range of motion percentage should be combined with, not added to, the percentages for sensory loss, utilizing the Combined Values Chart at page 604 of the A.M.A., *Guides*. *Id.* at 436, Figure 16-1a.

<sup>8</sup> A.M.A., *Guides* at 461, 463, 464, Figures 16-21, 16-23, 16-25.

<sup>9</sup> *Id.* at 447, 448, Tables 16-5, 16-7.

<sup>10</sup> *Id.* at 604.

<sup>11</sup> A.M.A., *Guides* at 461, 463, 464, Figures 16-21, 16-23, 16-25.

<sup>12</sup> *Id.* at 447, 448, Tables 16-5, 16-7.

<sup>13</sup> *Id.* at 604.

<sup>14</sup> A.M.A., *Guides* at 461, 463, 464, Figures 16-21, 16-23, 16-25.

<sup>15</sup> *Id.* at 447, 448, Tables 16-5, 16-7.

<sup>16</sup> *Id.* at 604.

finger, he found as follows: 79 degrees flexion and 0 degrees extension of the MCP joint; 94 degrees flexion and -24 degrees extension of the PIP joint; and 37 degrees flexion and 0 degrees extension of the DIP joint. Dr. Yi noted that pursuant to the A.M.A., *Guides*, these measurements equated to a 34 percent impairment for loss of motion of the little finger.<sup>17</sup> He further found that appellant had more than 15 millimeters of 2 point discrimination, signaling a loss of protective sensation of the little finger.<sup>18</sup> Dr. Yi concluded that pursuant to the A.M.A., *Guides*, the 34 percent impairment of the left little finger for loss of motion, combined with the corresponding 7 percent impairment for loss of finger sensation, equated to a 39 percent impairment of the left little finger; or a 4 percent impairment of the left hand.<sup>19</sup> Finally, as instructed by the A.M.A., *Guides*, he added the total hand impairments to yield 43 percent, properly converted this percentage to an upper extremity impairment rating of 39 percent and combined this value with the 11 percent upper extremity impairment rating for appellant's left wrist, to result in a total left upper extremity impairment of 46 percent.<sup>20</sup> In his narrative report dated March 7, 2003, Dr. Yi summarized his findings, noting that appellant had a 46 percent impairment of the left upper extremity and a 28 percent impairment of the whole person.

In a report dated April 18, 2003, an Office medical adviser reviewed Dr. Yi's February 19 and March 7, 2003 reports and found that he had applied the appropriate tables and sections of the A.M.A., *Guides* to his findings. He agreed with Dr. Yi that appellant had a 46 percent impairment of the left upper extremity.

On appeal appellant does not contest the 46 percent upper extremity impairment found by Dr. Yi and awarded by the Office, but rather asserts that she is entitled to an additional 28 percent award for impairment to the whole person as set forth in Dr. Yi's report, for a total award of 74 percent. The Board initially notes that the 28 percent whole person impairment rating indicated by Dr. Yi does not represent an additional amount, but represents the impairment rating derived when the 46 percent upper extremity impairment rating is converted to an alternative whole person rating, utilizing Table 16-3, on page 439 of the A.M.A., *Guides*. The Board has held, however, that no schedule award is payable for a member, function or organ of the body that is not specified in the Act or in the implementing regulations. While the A.M.A., *Guides* provide for both impairment to the individual member and to the whole person, the Act does not provide for permanent impairment for the whole person.<sup>21</sup> The Board, therefore, finds that appellant has no more than a 46 percent permanent impairment of the left upper extremity.

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<sup>17</sup> A.M.A., *Guides* at 461, 463, 464, Figures 16-21, 16-23, 16-25.

<sup>18</sup> *Id.* at 447, 448, Tables 16-5, 16-7.

<sup>19</sup> *Id.* at 604.

<sup>20</sup> *Id.* at 436, 439, 604, Figure 16-1a, Table 16-2.

<sup>21</sup> *John Yera*, 48 ECAB 243 (1996).

The decision of the Office of Workers' Compensation Programs dated April 22, 2003 is hereby affirmed.

Dated, Washington, DC  
September 4, 2003

Alec J. Koromilas  
Chairman

Michael E. Groom  
Alternate Member

A. Peter Kanjorski  
Alternate Member