United States Department of Labor
Employees' Compensation Appeals Board

J.L., Appellant	)	
and	)	**Docket No. 24-0373**
	)	**Issued: June 7, 2024**
U.S. POSTAL SERVICE, PROCESSING & DISTRIBUTION CENTER FINANCE POST OFFICE, San Francisco, CA, 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:
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge
JAMES D. McGINLEY, Alternate Judge

JURISDICTION

On February 27, 2024 appellant, through counsel, filed a timely appeal from February 6, 2024 merit decisions 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.[3]

[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*.

[3] The Board notes that following the February 6, 2024 decision, 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.*

ISSUES

The issues are: (1) whether appellant has met her burden of proof to expand the acceptance of her claim to include bilateral first thumb carpometacarpal (CMC) joint osteoarthritis and bilateral carpal tunnel syndrome as causally related to, or as a consequence of, her accepted employment conditions; and (2) whether appellant has met her burden of proof to establish greater than four percent permanent impairment of the right upper extremity and four percent permanent impairment of the left upper extremity, for which she previously received schedule award compensation.

FACTUAL HISTORY

On June 3, 2018 appellant, then a 57-year-old mail processing clerk, filed an occupational disease claim (Form CA-2) alleging that she developed bilateral thumb, wrist, and forearm conditions due to factors of her employment including sweeping and feeding mail into the information unit. She noted that she first became aware of her condition on April 19, 2018 and realized its relationship to her federal employment on May 4, 2018.[4] OWCP accepted the claim for bilateral hand tenosynovitis.

In a report dated September 29, 2022, Dr. Robert Bruce Miller, a Board-certified physiatrist, noted that appellant had been seen for bilateral hand complaints. Appellant's physical examination revealed tenderness along the volar crease on palpation, decreased full wrist extension and adduction right thumb range of motion (ROM), some C6 dermatomes paresthesia, and bilateral positive Flick sign. He reported paresthesia, right-hand pain greater than the left hand, and history of left greater de Quervain's tenosynovitis. Dr. Miller referred appellant for a consultation with Dr. Edward Damore, a Board-certified orthopedic surgeon, for her persistent pain. He stated that it was unclear whether appellant had carpal tunnel syndrome or de Quervain's tenosynovitis.

On December 11, 2022 appellant, through counsel, requested a schedule award and submitted a May 26, 2022 report from Dr. Miller. In his May 26, 2022 report, Dr. Miller diagnosed left greater than right de Quervain's tenosynovitis, flexor tendinitis left greater than right, and paresthesias. He opined that causation was not at issue as appellant had no complaints regarding her right and left thumb, hand, wrist or forearms prior to the date of injury. Dr. Miller noted appellant's physical examination findings including right upper extremity ROM findings. He recorded ROM three times for the right hand and wrist and related the following results: "15, 15, and 10 degrees on the right hand, extension of 25, 20, and 25 degrees and on the right hand, wrist area 40, 35 and 40 degrees of extension." Regarding ulnar deviation, Dr. Miller recorded: "10 degrees, 5 degrees, 10 degrees on the left wrist, on the right wrist 20 degrees, 15 degrees, and 20 degrees." Regarding radial deviation of the right wrist, he recorded 10 degrees, 5 degrees, and 5 degrees. Dr. Miller determined the date of maximum medical improvement (MMI) was May 26, 2022. He utilized Table 15-2 (Digit Regional Grid) beginning on page 401 and Table 15-12 (Impairment Values Correlated from Digit Impairment) on page 421 of the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*)[5] and applied the diagnosis-based impairment (DBI) rating method. Dr. Miller determined that appellant's class of diagnosis (CDX) for muscle tendon sprain fell under a Class 1 impairment

[4] Appellant resigned from the employing establishment with August 7, 2020 as the last day in pay status.

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

with a default value of grade C. Dr. Miller assigned a grade modifier for functional history (GMFH) of 2; a grade modifier for physical examination (GMPE) of 2; and a grade modifier for clinical studies (GMCS) of 1. He utilized the net adjustment formula, which resulted in an adjustment of 2, which would not change the default value, and found that the result was a six to eight percent permanent impairment of the left upper extremity. Using the ROM rating method, under Table 15-12, Dr. Miller opined that appellant had 15 percent left upper extremity impairment, based on 9 percent impairment due to loss of flexion, 3 percent impairment due to loss of extension, 4 percent due to loss of ulnar deviation, and 2 percent for loss of radial deviation. He concluded that appellant had a total 18 percent permanent impairment of the left upper extremity. Next, Dr. Miller determined that appellant had 16 percent permanent impairment of the right upper extremity using the ROM rating method as appellant had 9 percent impairment for loss of flexion, 3 percent impairment for loss of extension, 2 percent for loss of ulnar deviation, and 2 percent for loss of radial deviation. He concluded that appellant had a total of 16 percent permanent impairment of the right upper extremity and 80 percent permanent impairment of the left upper extremity.

In a development letter dated January 6, 2023, OWCP informed appellant that the evidence of record was insufficient to establish her claim for a schedule award, noting that Dr. Miller's ROM findings did not clearly indicate bilateral ROM measurements. It advised her regarding the evidence required to support her claim and afforded her 30 days to submit the requested evidence.

In a progress report dated February 9, 2023, Dr. Miller related that appellant's left-hand ROM still had decreased radial deviation, but that it was closer to normal. On palpation appellant still had some tenderness to the carpometacarpal ligament of the fifth digit, and strength of the left hand was still 4 out of 5.

In a March 1, 2023 statement of accepted facts (SOAF), OWCP noted that appellant's accepted conditions included bilateral synovitis of the hands, and bilateral thumb sprain of the interphalangeal joint.

On May 18, 2023 OWCP referred appellant, along with the medical record, SOAF, and list of questions, to Dr. Charles F. Xeller, a Board-certified orthopedic surgeon, for a second opinion regarding her work-related conditions, and to provide a permanent impairment rating of the hands and thumbs.

On June 15, 2023 appellant, through counsel, requested expansion of the acceptance of the claim to include the conditions of bilateral first thumb CMC joint osteoarthritis and bilateral carpal tunnel syndrome. In support of her request, she submitted a May 31, 2023 report from Dr. Damore who noted extensive physical examination findings and diagnosed bilateral first thumb carpometacarpal joint osteoarthritis, and bilateral carpal tunnel syndrome. Under history of injury, Dr. Damore reported that appellant developed bilateral hand pain, numbness, and tingling from her repetitive work duties. He opined that appellant had developed a bilateral hand repetitive injury.

By development letter dated June 15, 2023, OWCP advised that it had reviewed Dr. Damore's report and requested a supplemental report addressing how "the newly diagnosed conditions were caused or aggravated by the accepted work factors under this claim or consequential to the accepted conditions or work factors." It allotted appellant 30 days to submit the requested evidence.

In a report dated July 12, 2023, Dr. Xeller reviewed the SOAF and medical record. He provided appellant's physical examination findings and diagnosed moderately severe bilateral de Quervain's tenosynovitis. Dr. Xeller recorded ROM three times for both wrists, noting normal wrist ROM except for ulnar deviation. The right wrist ulnar deviation ROM as eight degrees, 10 degrees and eight degrees with a maximum 10 degrees. Dr. Xeller recorded left wrist ulnar deviation as 10 degrees, 10 degrees, and 8 degrees with a maximum of 10 degrees. He opined that appellant had reached MMI on May 26, 2022. Utilizing the DBI method of the sixth edition of the A.M.A., *Guide*s, Dr. Xeller identified the CDX as 1 for the diagnosis of bilateral wrist sprain/strain related to de Quervain's tenosynovitis under Table 15-3, page 395. He assigned a GMFH of 2, in accordance with Table 15-7, page 406, a GMPE of 2, in accordance with Table 15-8, page 408, and indicated that the GMCS was not applicable. Utilizing the net adjustment formula, (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX) = (2- 1) + (2 - 1) = 2, Dr. Xeller calculated that appellant had a net adjustment of 2, resulting in movement from the default grade of C to E and corresponding to two percent permanent impairment of the left wrist and a two percent impairment for the right wrist. Next, he utilized Table 15-32 on page 473 to determine that appellant had four percent permanent impairment due to limited ROM of the left wrist and a four percent permanent impairment due to limited ROM of the right wrist, due to her ulnar deviation. Dr. Xeller explained that using the ROM method of rating produced a higher impairment rating for each upper extremity than would be calculated under the DBI method. Regarding appellant's accepted thumb conditions, he related that appellant had full ROM of the fingers and her flexor digitorum profundus (FDS) and flexor digitorum superficialis (FDP) functioned normally. Thus, Dr. Xeller concluded that she had four percent permanent impairment of the left upper extremity and four percent permanent impairment of the right upper extremity under the sixth edition of the A.M.A., *Guides*.

On July 31, 2023 OWCP referred appellant's medical records to Dr. Amanda C. Trimpey, Board-certified in occupational medicine serving as an OWCP district medical adviser (DMA), and requested that she review the medical evidence and evaluate appellant's permanent impairment under the sixth edition of the A.M.A., *Guides*.

In a report dated August 9, 2023, Dr. Trimpey reviewed the medical records, SOAF, and list of questions. She noted the accepted conditions were bilateral hand tenosynovitis and bilateral thumb joint interphalangeal sprain and determined the date of MMI to be July 12, 2023. Dr. Trimpey reviewed the medical evidence, including Dr. Miller's May 26, 2022 impairment rating and February 9, 2023 report, and Dr. Xeller's July 12, 2023 impairment rating. She noted that it was difficult to follow Dr. Miller's report due to the multiple numbers related for measurements in his report. In addition, Dr. Trimpey reported that in his February 9, 2023 report, Dr. Miller reported an improved physical examination and near normal ROM findings. She advised that she agreed with Dr. Xeller that appellant had four percent permanent impairment of her left upper extremity and four percent permanent impairment of her right upper extremity under the sixth edition of the A.M.A., *Guides*, based upon permanent impairment of the wrists. Dr. Trimpey provided impairment calculations that mirrored those of Dr. Xeller.

By decision dated August 18, 2023, OWCP denied expansion of the acceptance of appellant's claim to include bilateral first thumb CMC joint osteoarthritis and bilateral carpal tunnel syndrome.

By decision dated August 21, 2023, OWCP granted appellant a schedule award for four percent permanent impairment of the right upper extremity and four percent permanent impairment

of the left upper extremity. The date of MMI was found to be July 12, 2023, the date of Dr. Xeller's report. The award covered a period of 24.96 weeks and ran from July 12, 2023 through January 2, 2024.

On August 31, 2023 appellant, through counsel, requested a telephonic hearing before a representative of OWCP's Branch of Hearings and Review, of the August 18 and 21, 2023 OWCP decisions. The hearing was held on December 7, 2023.

Appellant subsequently submitted reports from Dr. Miller covering the period February 24 through December 22, 2023. Dr. Miller reported left-hand pain greater than the right hand with paresthesia and chronic paresthesia and noted placement of a transcutaneous electrical nerve stimulation (TENS) unit.

By decision dated February 6, 2024, OWCP's hearing representative affirmed the August 21, 2023 schedule award decision.

In a separate decision also dated February 6, 2024, OWCP's hearing representative affirmed the August 18, 2023 decision denying appellant's request to expand the acceptance of her claim to include CMC osteoarthritis and bilateral carpal tunnel syndrome.

LEGAL PRECEDENT -- ISSUE 1

Where an employee claims that a condition not accepted or approved by OWCP was due to an employment injury, he or she bears the burden of proof to establish that the condition is causally related to the employment injury.[6]

Causal relationship is a medical issue and the medical evidence required to establish causal relationship is rationalized medical evidence.[7] Neither the mere fact that a disease or condition manifests itself during a period of employment, nor the belief that the disease or condition was caused or aggravated by employment factors or incidents, is sufficient to establish causal relationship.[8]

The employee also bears the burden of proof to establish a claim for a consequential injury.[9] In discussing the range of compensable consequences, once the primary injury is causally connected with the employment, the question is whether compensability should be extended to a subsequent injury or aggravation related in some way to the primary injury. The basic rule is that

[6] *L.M.*, Docket No. 23-1040 (issued December 29, 2023); *J.R.*, Docket No. 20-0292 (issued June 26, 2020); *Jaja K. Asaramo*, 55 ECAB 200, 204 (2004).

[7] *D.S.*, Docket No. 18-0353 (issued February 18, 2020); *T.K.*, Docket No. 18-1239 (issued May 29, 2019); *K.W.*, Docket No. 18-0991 (issued December 11, 2018); *I.J.* 59 ECAB 408 (2008); *Victor J. Woodhams*, 41 ECAB 345 (1989).

[8] *Id.*

[9] *T.A.*, Docket No. 21-0798 (issued January 31, 2023); *V.K.*, Docket No. 19-0422 (issued June 10, 2020); *A.H.*, Docket No. 18-1632 (issued June 1, 2020); *I.S.*, Docket No. 19-1461 (issued April 30, 2020).

a subsequent injury, whether an aggravation of the original injury or a new and distinct injury, is compensable if it is the direct and natural result of a compensable primary injury.[10]

ANALYSIS -- ISSUE 1

The Board finds appellant has not met her burden of proof to expand the acceptance of her claim to include bilateral first thumb CMC joint osteoarthritis and bilateral carpal tunnel syndrome as causally related to, or as a consequence of, her accepted employment conditions.

In a May 31, 2023 report, Dr. Damore obtained a history of appellant developing bilateral hand numbness, tingling and pain beginning in 2018. He diagnosed bilateral carpal tunnel syndrome, and bilateral first CMC osteoarthritis. Dr. Damore opined that these conditions had been caused by her repetitive work duties. However, he did not explain what repetitive work duties appellant performed or explain the pathophysiologic mechanism by which the employment duties, caused, aggravated, or accelerated the diagnosed conditions.[11] Dr. Damore also did not provide an opinion as to how appellant's additional diagnosed conditions were a natural consequence of the prior accepted conditions.[12] Consequently, his report is insufficient to meet appellant's burden of proof to expand acceptance of her claim to include bilateral carpal tunnel syndrome, and bilateral first CMC osteoarthritis.

In a September 29, 2022 report, Dr. Miller reported it was unclear whether appellant had carpal tunnel syndrome or de Quervain's tenosynovitis. He submitted several other reports, but he did not provide an opinion causally relating a firm diagnosis of carpal tunnel syndrome to appellant's accepted employment injury.[13] Dr. Miller's reports, therefore, are of no probative value and are insufficient to establish the claim.[14]

As the medical evidence of record is insufficient to establish expansion of the acceptance of the claim to include bilateral carpal tunnel syndrome, and bilateral first CMC osteoarthritis as causally related to, or a consequence of, appellant's accepted employment conditions, the Board finds that she has not met her burden of proof.

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.

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[10] *A.J.*, Docket No. 23-0404 (issued September 8, 2023); *T.A.*, *supra* note 3; *K.S.*, Docket No. 17-1583 (issued May 10, 2018).

[11] *T.S.*, Docket Nol. 23-0772 (issued March 28, 2024); *T.B.*, Docket No. 23-0037 (issued August 23, 2023); *L.B.*, Docket No. 21-0353 (issued May 23, 2022); *see S.O.*, Docket No. 21-0002 (issued April 29, 2021); *A.P.*, Docket No. 19-0224 (issued July 11, 2019).

[12] *T.L.*, Docket No. 21-0239 (issued December 1, 2021); *C.H.*, Docket No. 20-0228 (issued October 7, 2020).

[13] *See E.K.*, Docket No. 22-1130 (issued December 30, 2022).

[14] *See D.Y.*, Docket No. 20-0112 (issued June 25, 2020); *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

LEGAL PRECEDENT -- ISSUE 2

The schedule award provisions of FECA and its implementing regulations 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.[15] 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.[16] Commencing May 1, 2009, schedule awards are determined in accordance with the sixth edition of the A.M.A., *Guides* (2009).[17] 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.[18]

In addressing impairment for the upper extremities under the sixth edition of the A.M.A., *Guides*, an evaluator must establish the appropriate diagnosis for each part of the upper extremity to be rated.[19] After a CDX is determined (including identification of a default grade value), the impairment class is then adjusted by grade modifiers based on GMFH, GMPE, and GMCS.[20] The net adjustment formula is (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX).[21]

OWCP issued FECA Bulletin No. 17-06 to explain the use of the DBI methodology *versus* the ROM methodology for rating of upper extremity impairments.[22] Regarding the application of ROM or DBI impairment methodologies in rating permanent impairment of the upper extremities, FECA Bulletin No. 17-06 provides in pertinent part:

> "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*

[15] 5 U.S.C. § 8107; 20 C.F.R. § 10.404.

[16] *Id.* at § 10.404; *L.T.*, Docket No. 18-1031 (issued March 5, 2019); *see also Ronald R. Kraynak*, 53 ECAB 130 (2001).

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

[18] *T.A.*, *supra* note 10; *P.R.*, Docket No. 19-0022 (issued April 9, 2018); *Isidoro Rivera*, 12 ECAB 348 (1961).

[19] *M.D.*, Docket No. 20-0007 (issued May 13, 2020); *T.T.*, Docket No. 18-1622 (issued May 14, 2019).

[20] A.M.A., *Guides* 383-492; *see M.P.*, Docket No. 13-2087 (issued April 8, 2014).

[21] *Id.* at 411.

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

impairment rating for the diagnosis in question, the method producing the higher rating should be used." (Emphasis in the original.)[23]

The Bulletin further advises:

"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."[24]

OWCP's procedures provide that, after obtaining all necessary medical evidence, the file should be routed to an OWCP medical adviser for an opinion concerning the nature and percentage of impairment in accordance with the A.M.A., *Guides*, with OWCP's medical adviser providing rationale for the percentage of impairment specified.[25]

ANALYSIS -- ISSUE 2

The Board finds that appellant has not met her burden of proof to establish greater than four percent permanent impairment of the right upper extremity and four percent permanent impairment of the left upper extremity, for which she previously received schedule award compensation.

In support of her claim for a schedule award, appellant submitted a May 26, 2022 impairment evaluation from Dr. Miller. Dr. Miller provided ROM measurements of the wrists which were unclear and contradictory. He opined that in accordance with the sixth edition of the A.M.A., *Guides* appellant had 16 percent permanent impairment of her right upper extremity and an 80 percent permanent impairment of the left upper extremity. Dr. Miller did not, however, provide adequate explanation of how his conclusions were derived in accordance with the A.M.A., *Guides*.[26] In addition, his subsequent February 9, 2023 report demonstrated a near normal upper extremity ROM, which is contrary to the ROM findings documented in his May 26, 2022 impairment rating. The Board has held that an opinion on permanent impairment is of limited probative value if it is not derived in accordance with the standards adopted by OWCP and approved by the Board as appropriate for evaluating schedule losses.[27]

In a July 12, 2023 report, utilizing the ROM methodology, Dr. Xeller properly determined that appellant had four percent permanent impairment of the left upper extremity and four percent permanent impairment of the right upper extremity under the sixth edition of the A.M.A., *Guides*.

[23] A.M.A., *Guides* 477.

[24] *Supra* note 12; *V.L.*, Docket No. 18-0760 (issued November 13, 2018); *A.G.*, Docket No. 18-0329 (issued July 26, 2018).

[25] *See supra* note 22 at Chapter 2.808.6f (March 2017); *see D.J.*, Docket No. 19-0352 (issued July 24, 2020).

[26] *See J.G.*, Docket No. 23-1132 (issued February 13, 2024); *T.S.,* Docket No. 22-0924 (issued April 27, 2023); *N.A.,* Docket No. 19-0248 (issued May 17, 2019); *James Kennedy, Jr.,* 40 ECAB 620, 626 (1989) (finding that an opinion which is not based upon the standards adopted by OWCP and approved by the Board as appropriate for evaluating schedule losses is of little probative value in determining the extent of a claimant's permanent impairment).

[27] *M.C.,* Docket No. 23-0130 (issued July 17, 2023).

He utilized Table 15-32 to determine that she had four percent permanent impairment due to limited ROM of both wrists.[28] Dr. Xeller explained that the ROM method of rating produced a higher impairment rating for each upper extremity than permanent impairment calculated under the DBI method. He also explained that appellant had normal ROM and normal function of the thumbs.

In accordance with its procedures, OWCP properly routed the case record to its DMA, Dr. Trimpey. In her August 9, 2023 report, Dr. Trimpey concurred with Dr. Xeller's four percent right upper extremity permanent impairment and four percent left upper extremity permanent impairment rating under the ROM method. She provided proper impairment calculations that mirrored those of Dr. Xeller. The DMA explained that the ROM method of rating of the wrists produced a higher impairment rating than would be calculated under the DBI method.

The Board finds that OWCP properly determined that appellant had four percent permanent impairment of the right upper extremity and four percent permanent impairment of the left upper extremity based on the findings and reports of Dr. Xeller and Dr. Trimpey.[29] There is no probative medical evidence of record demonstrating greater impairment than that previously awarded.[30]

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 appellant has not met her burden of proof to expand the acceptance of her claim to include bilateral first thumb CMC joint osteoarthritis and bilateral carpal tunnel syndrome as causally related to, or as a consequence of, her accepted employment conditions. The Board further finds that appellant has not met her burden of proof to establish greater than four percent permanent impairment of the left upper extremity and greater than four percent permanent impairment of the right upper extremity for which she previously received schedule award compensation.

[28] A.M.A., *Guides* 473, Table 15-32.

[29] *See K.M.*, Docket No. 23-0500 (issued November 22, 2023); *T.A.*, Docket No. 21-0798 (issued January 31, 2023).

[30] *Id.*

ORDER

IT IS HEREBY ORDERED THAT the decisions of the Office of Workers' Compensation Programs dated February 6, 2024 are affirmed.

Issued: June 7, 2024
Washington, DC

Janice B. Askin, Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board

James D. McGinley, Alternate Judge
Employees' Compensation Appeals Board