

**United States Department of Labor
Employees' Compensation Appeals Board**

A.D., Appellant)	
)	
and)	Docket No. 24-0411
)	Issued: June 20, 2024
U.S. POSTAL SERVICE, WILMETTE POST)	
OFFICE, Wilmette, IL, 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 8, 2024 appellant filed a timely appeal from November 15 and December 8, 2023, and February 5, 2024 merit decisions, and a March 6, 2024 nonmerit decision of the Office of Workers' Compensation Programs (OWCP).¹ Pursuant to the Federal Employees' Compensation Act² (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

ISSUES

The issues are: (1) whether appellant has met her burden of proof to establish disability from work for the periods July 17 through 30, 2021, July 31 through August 13, 2021, and June 10

¹ The Board notes that the case record contains a November 1, 2023 OWCP decision, denying appellant's claim for disability for the period November 7 through December 4, 2020, that was issued within 180 days of the docketing of the current appeal. However, the Board lacks jurisdiction over that decision because the issue was in an interlocutory posture at the time appellant filed this appeal. Appellant had requested an oral hearing regarding this issue prior to filing the appeal. Section 501.2(c)(2) of the Board's *Rules of Procedure* provides that: "There will be no appeal with respect to any interlocutory matter decided (or not decided) by OWCP during the pendency of a case." See 20 C.F.R. § 501.2(c)(2)

² 5 U.S.C. § 8101 *et seq.*

through September 5, 2023 causally related to her accepted October 27, 2020 employment injury; (2) whether appellant has met her burden of proof to establish more than two percent permanent impairment of her right lower extremity, for which she previously received a schedule award; and (3) whether OWCP properly denied appellant's request for reconsideration of the merits of her schedule award claim, pursuant to 5 U.S.C. § 8128(a).

FACTUAL HISTORY

On August 4, 2021 appellant, then a 29-year-old city carrier, filed a traumatic injury claim (Form CA-1) alleging that on October 27, 2020 she sustained injuries to her right foot and hip when running from a dog while in the performance of duty. On October 14, 2022 OWCP accepted the claim for right hip bursitis. It subsequently expanded the acceptance of appellant's claim on June 22, 2023 to include right ankle calcaneofibular ligament sprain.

On September 5, 2023 appellant filed a claim for compensation (Form CA-7) for a schedule award.

On September 8, 2023 appellant filed a Form CA-7 dated September 5, 2023 for disability from work for the period June 10 through September 5, 2023. In support thereof, she submitted reports from Jessica Schafer, a physician assistant, which included a June 22, 2023 note excusing appellant from work for the period June 9 through July 7, 2023; a July 11, 2023 note indicating that appellant would be disabled from work for the period July 11 through August 14, 2023; and an August 31, 2023 letter relating that appellant should be excused from work for the periods June 9 through August 14, 2023 and from August 16 through August 20, 2023.

In a development letter dated September 15, 2023, OWCP informed appellant of the deficiencies of her claim for wage-loss compensation for the period June 10 through September 5, 2023. It advised her of the type of factual and medical evidence needed and afforded her 30 days to respond.

On September 10, 2023, appellant also filed two CA-7 forms for wage-loss compensation for disability from work for the period July 17 through August 13, 2021.

In support thereof, appellant submitted an October 2, 2021 note from Rachel Brucas, a physician assistant, which indicated that appellant had been unable to work from July 23 through October 1, 2021, and was able to return to work thereafter with restrictions. In a July 22, 2021 letter, Dr. George Branovacki, a Board-certified orthopedic surgeon, indicated that appellant was seen that day, and could return to work on August 2, 2021 with restrictions. In a report dated July 22, 2021, Dr. Branovacki diagnosed pain in right hip/pelvis.

In development letters dated September 22 and 25, 2023, OWCP informed appellant of the deficiencies of her claim for wage-loss compensation for the period July 17 through August 13, 2021. It advised her of the type of factual and medical evidence needed and afforded her 30 days to respond.

OWCP subsequently received additional evidence, including notes from Michael Meeker and Jessica Schafer, physician assistants, dated June 9 and August 31, 2023.

In a September 26, 2023 report, Dr. Neil Allen, a Board-certified neurologist, recounted appellant's history of injury. He noted appellant's examination findings, which demonstrated right hip trochanteric tenderness, mild limitation of right hip motion and satisfactory right ankle motion without tenderness with normal gait mechanics. Dr. Allen provided three range of motion findings for the hip and for the right ankle/foot. He also provided an opinion on the permanent impairment of appellant's right lower extremity under the standards of the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*).³ Dr. Allen utilized the diagnosis-based impairment (DBI) methodology to find that, under Table 16-4 (Hip Regional Grid), page 512, the class of diagnosis (CDX) for appellant's trochanteric bursitis was a Class 1 grade C impairment with a default value of two percent for hip tendinitis and mild motion deficit. He assigned a grade modifier for physical examination (GMPE) of 1 for mild palpatory findings, consistently documented, without observed abnormalities. Referencing page 517 of the A.M.A., *Guides*, Dr. Allen indicated that he did not consider a grade modifier for clinical studies (GMCS) as it was used in class placement. He also referenced page 516 of the A.M.A., *Guides* and explained that grade modifier for functional history (GMFH) of 3 was not considered in the adjustment as the score of 3 varied by 2 or more from the GMPE of 1. Dr. Allen utilized the net adjustment formula, $(GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX)$, which equaled zero, and thus resulted in a final grade C or two percent permanent impairment of the right lower extremity. For the right ankle, he utilized the DBI methodology to find that, under Table 16-2 (Foot and Ankle Regional Grid), page 501, appellant had zero permanent impairment with a default value of zero percent impairment for the CDX of ankle sprain/strain with no significant objective abnormal findings of muscle, tendon or ligament injury at maximum medical improvement. Dr. Allen assigned a GMPE of 0, noting ankle was stable and there was a negative palpatory examination, negative for muscle atrophy and negative for alteration in alignment/deformity compared to unaffected side. He referenced page 516 of the A.M.A., *Guides* and explained that a GMFH of 2 was not considered as it varied by 2 or more from a GMPE of 0. Dr. Allen also referenced page 519 of the A.M.A., *Guides* in excluding GMCS, noting that relevant studies were unavailable for review. He utilized the net adjustment formula and found the default value of zero remained unchanged for a final right ankle lower extremity impairment of zero percent.

By decision dated November 15, 2023, OWCP denied appellant's claim for wage-loss compensation for the period June 10 through September 5, 2023. It found that the evidence of record did not support disability for work due to the accepted injury of October 27, 2020 during the claimed period.

On November 29, 2023 OWCP referred the case to Dr. Arthur S. Harris, a Board-certified orthopedic surgeon serving as an OWCP district medical adviser (DMA). It requested that he review a statement of accepted facts (SOAF) and the medical record, including Dr. Allen's September 26, 2023 report, and provide an opinion regarding appellant's right lower extremity permanent impairment under the standards of the sixth edition of the A.M.A., *Guides*.

In a December 8, 2023 report, Dr. Harris, the DMA, opined that appellant reached maximum medical improvement (MMI) on September 26, 2023, the date she was evaluated by Dr. Allen. He concurred with Dr. Allen that appellant had a total of two percent permanent right lower extremity impairment under the DBI methodology which consisted of two percent

³ A.M.A., *Guides* (6th ed. 2009).

impairment for trochanteric bursitis and zero percent right ankle impairment. Dr. Harris additionally advised that neither of appellant's diagnosed conditions met any of the criteria discussed in Section 16.7, page 543 of the A.M.A., *Guides* to allow for impairment to be calculated by the range of motion (ROM) impairment methodology as there were appropriate DBI impairments for appellant's diagnosed conditions.

By decision dated December 8, 2023, OWCP denied appellant's claim for wage-loss compensation for the period July 17 through 30, 2021. It found that the evidence of record did not support disability for work due to the accepted injury of October 27, 2020 during the claimed period.

By a second decision also dated December 8, 2023, OWCP denied appellant's claim for wage-loss compensation for the period July 31 through August 13, 2021. It found that the evidence of record did not support disability for work due to the accepted injury of October 27, 2020 during the claimed period.

By decision dated February 5, 2024, OWCP granted appellant a schedule award for two percent permanent impairment of her right lower extremity. The award ran for 5.76 weeks from September 26 through November 5, 2023 and was based on the December 8, 2023 report of Dr. Harris, the DMA, who evaluated and concurred with the September 26, 2023 findings of Dr. Allen.

On March 4, 2024 appellant requested reconsideration of the February 5, 2024 schedule award decision. A February 27, 2024 order for a functional capacity evaluation (FCE) was received.

By decision dated March 6, 2024, OWCP denied appellant's request for reconsideration of the merits of her schedule award claim.

LEGAL PRECEDENT -- ISSUE 1

An employee seeking benefits under FECA⁴ 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.⁵ 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.⁶ Disability is, thus, not synonymous with physical impairment, which may or may not result in an incapacity to earn wages.⁷ 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

⁴ *Supra* note 1.

⁵ *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).

⁶ 20 C.F.R. § 10.5(f).

⁷ *See J.R.*, Docket No. 23-0215 (issued July 28, 2023); *H.B.*, Docket No. 20-0587 (issued June 28, 2021); *L.W.*, Docket No. 17-1685 (issued October 9, 2018).

that term is used in FECA.⁸ When, however, the medical evidence establishes that the residuals or sequelae of an employment injury are such that, from a medical standpoint, they prevent the employee from continuing in his or her employment, he or she is entitled to compensation for loss of wages.⁹

The medical evidence required to establish causal relationship between a claimed period of disability and an employment injury is rationalized medical opinion evidence. The opinion of the physician must be based on a complete factual and medical background of the claimant, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the claimed disability and the accepted employment injury.¹⁰

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 his or her disability and entitlement to compensation.¹¹

ANALYSIS -- ISSUE 1

The Board finds that appellant has not met her burden of proof to establish disability from work for the periods July 17 through 30, 2021, July 31 through August 13, 2021, and June 10 through September 5, 2023, causally related to her accepted October 27, 2020 employment injury.

Appellant submitted July 22, 2021 reports from Dr. Branovacki. Dr. Branovacki diagnosed appellant with pain in right hip/pelvis. His reports, however, are of no probative value regarding appellant's claim for disability during the claimed period as he offered no opinion as to whether appellant was disabled. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition or disability is of no probative value.¹² Therefore, Dr. Branovacki's July 22, 2021 reports are insufficient to establish appellant's disability claim.

⁸ See *H.B., id.; K.H.*, Docket No. 19-1635 (issued March 5, 2020).

⁹ See *A.S.*, Docket No. 21-1263 (issued July 24, 2023); *L.S.*, Docket No. 22-0821 (issued March 20, 2023); *D.R.*, Docket No. 18-0323 (issued October 2, 2018).

¹⁰ *E.P.*, Docket No. 20-0272 (issued December 19, 2022); *Y.S.*, Docket No. 19-1572 (issued March 12, 2020); *I.J.*, 59 ECAB 408 (2008).

¹¹ See *S.W.*, Docket No. 21-1227 (issued July 13, 2023); *J.B.*, Docket No. 19-0715 (issued September 12, 2019); *Fereidoon Kharabi*, 52 ECAB 291, 293 (2001).

¹² See *J.C.*, Docket No. 23-0261 (issued August 16, 2023); *W.M.*, Docket No. 21-1217 (issued October 11, 2022); see *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

OWCP received an October 2, 2021 note from a physician assistant. Certain healthcare providers such as physician assistants and physical therapists are not considered physicians as defined under FECA.¹³ Consequently, these reports will not suffice for purposes of establishing entitlement to FECA benefits.¹⁴ Accordingly, this evidence is also insufficient to establish appellant's disability claim.

OWCP also received evidence from physician assistants. As previously noted, physician assistants are not considered physicians as defined under FECA.¹⁵ Thus, this evidence is insufficient to establish appellant's disability claim.

As appellant did not submit medical evidence establishing disability during the claimed periods, the Board finds that appellant 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.

LEGAL PRECEDENT -- ISSUE 2

The schedule award provisions of FECA¹⁶ and its implementing federal regulations¹⁷ 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, 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 for all claimants, OWCP has adopted the A.M.A., *Guides* as the uniform standard applicable to all claimants and the Board has concurred in such adoption.¹⁸ As of May 1, 2009, the sixth edition of the A.M.A., *Guides* is used to calculate schedule awards.¹⁹

¹³ Section 8101(2) provides that physician includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law, 5 U.S.C. § 8101(2); 20 C.F.R. § 10.5(t). See Federal (FECA) Procedure Manual, Part 2 -- Claims, *Causal Relationship*, Chapter 2.805.3a(1) (January 2013); see also *M.F.*, Docket No. 19-1573 (issued March 16, 2020) (physician assistants are not considered physicians as defined by FECA); *N.B.*, Docket No. 19-0221 (issued July 15, 2019) (reports from physician assistants have no probative value in establishing a claim as they are not considered physicians as defined under FECA); *David P. Sawchuk*, 57 ECAB 316, 320 n.11 (2006) (finding that lay individuals such as physician assistants, nurses, and physical therapists are not competent to render a medical opinion under FECA).

¹⁴ *Id.*; see also *J.R.*, Docket No. 23-0215 (issued July 23, 2023).

¹⁵ *Supra* note 13.

¹⁶ 5 U.S.C. § 8107.

¹⁷ 20 C.F.R. § 10.404.

¹⁸ *Id.*; see *V.J.*, Docket No. 1789 (issued April 8, 2020); *Jacqueline S. Harris*, 54 ECAB 139 (2002).

¹⁹ Federal (FECA) Procedure Manual, Part 2 -- Claims, *Schedule Awards and Permanent Disability Claims*, Chapter 2.808.5a (March 2017); *id.* at Part 3 -- Medical, *Schedule Awards*, Chapter 3.700.2 and Exhibit 1 (January 2010).

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. With respect to the hip, reference is made to Table 16-4 (Hip Regional Grid) beginning on page 512.²⁰ With respect to the ankle, reference is made to Table 16-2 (Foot and Ankle Regional Grid) on page 501.²¹ After the CDX is determined from the appropriate grid (including identification of a default grade value), the net adjustment formula is applied using the GMFH, GMPE, and GMCS. The net adjustment formula is (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX).²² Under Chapter 2.3, evaluators are directed to provide reasons for their impairment rating choices, including choices of diagnoses from regional grids and calculations of modifier scores.²³

OWCP's procedures provide that, after obtaining all necessary medical evidence, the file should be routed to OWCP's 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.²⁴

ANALYSIS -- ISSUE 2

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

In support of her schedule award claim, appellant submitted a report from Dr. Allen dated September 26, 2023. For the accepted trochanteric bursitis condition, Dr. Allen, utilized Table 16-4 (Hip Regional Grid), page 512, and found a Class 1 grade C impairment with a default value of two percent impairment for the CDX of hip tendinitis and mild motion deficit. Dr. Allen assigned a GMPE of 1 for consistently documented mild palpatory findings without observed abnormalities. He properly referenced pages 516 and 517 of the A.M.A., *Guides*. Dr. Allen also properly utilized the net adjustment formula to find zero or no adjustment, for the final grade C or two percent permanent impairment of the right lower extremity.

For the right ankle, Dr. Allen also utilized the DBI methodology, and found, under Table 16-2 (Foot and Ankle Regional Grid), page 501, appellant had zero percent impairment with a default value of zero percent impairment for ankle sprain/strain with no significant objective abnormal findings of muscle, tendon or ligament injury at MMI. He assigned a GMPE of 0, noting ankle was stable and there was a negative palpatory examination, negative for muscle atrophy and negative for alteration in alignment/deformity compared to unaffected side. Dr. Allen also properly referenced pages 516 and 519 of the A.M.A., *Guides* to explain why a GMFH 2 and

²⁰ *Id.* at 512-15.

²¹ *Id.* at 501.

²² *Id.* at 515-22.

²³ *Id.* at 23-28.

²⁴ See *supra* note 19 at Chapter 2.808.6f (March 2017). *R.M.*, Docket No. 18-1313 (issued April 11, 2019); *C.K.*, Docket No. 09-2371 (issued August 18, 2010).

GMCS were excluded from the adjustment calculation. He utilized the net adjustment formula in finding the default value of zero for a final right ankle lower extremity impairment of zero percent.

OWCP properly routed appellant's claim to a DMA, Dr. Harris. In his December 8, 2023 report, Dr. Harris opined that appellant reached MMI on September 26, 2023, the date she was evaluated by Dr. Allen. He concurred with Dr. Allen's September 26, 2023 impairment findings under the DBI methodology that appellant had a total two percent permanent right lower extremity impairment consisting of two percent impairment for trochanteric bursitis and zero percent right ankle impairment. As there were appropriate DBI impairments for appellant's diagnosed conditions, Dr. Harris explained that neither of appellant's diagnosed conditions met any of the criteria discussed in Section 16.7, page 543 of the A.M.A., *Guides* to allow for impairment to be calculated by the ROM impairment methodology.²⁵

The Board finds that OWCP properly accorded the weight of the medical evidence to the well-reasoned report of Dr. Harris, the DMA, who reviewed Dr. Allen's September 26, 2023 report and concurred with his impairment findings. There is no other evidence of record to establish a greater impairment of the right lower extremity.

On appeal appellant contends that she reached MMI earlier than found by OWCP. Maximum medical improvement means that the physical condition of the injured member of the body has stabilized and will not improve further.²⁶ The Board has noted a reluctance to find a date of MMI which is retroactive to the date of the award as that often results in the payment of less compensation.²⁷ OWCP properly relied on the opinion of Dr. Allen and Dr. Harris, the DMA, in finding that appellant had reached MMI on September 26, 2023 when she underwent her permanent impairment evaluation by Dr. Allen.

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.

LEGAL PRECEDENT -- ISSUE 3

Section 8128(a) of FECA vests OWCP with discretionary authority to determine whether to review an award for or against compensation. The Secretary of Labor may review an award for or against compensation at any time on his own motion or on application.²⁸

To require OWCP to reopen a case for merit review pursuant to FECA, the claimant must provide evidence or an argument which: (1) shows that OWCP erroneously applied or interpreted a specific point of law; (2) advances a relevant legal argument not previously considered by

²⁵ See *supra* note 19.

²⁶ See *D.Y.*, Docket No. 16-0987 (issued September 8, 2016); *C.W.*, Docket No. 13-1501 (issued November 15, 2013).

²⁷ *Id.*

²⁸ 5 U.S.C. § 8128(a).

OWCP; or (3) constitutes relevant and pertinent new evidence not previously considered by OWCP.²⁹

A request for reconsideration must be received by OWCP within one year of the date of OWCP's decision for which review is sought.³⁰ If it chooses to grant reconsideration, it reopens and reviews the case on its merits.³¹ If the request is timely, but fails to meet at least one of the requirements for reconsideration, OWCP will deny the request for reconsideration without reopening the case for review on the merits.³²

ANALYSIS -- ISSUE 3

The Board finds that OWCP properly denied appellant's request for reconsideration of the merits of her schedule award claim, pursuant to 5 U.S.C. § 8128(a).

Appellant did not show that OWCP erroneously applied or interpreted a specific point of law and did not advance a relevant legal argument not previously considered by OWCP. Therefore, it properly determined that her request did not warrant a review of the merits of the claim based on the first and second requirements of section 10.606(b)(3).³³

Appellant also did not submit any relevant and pertinent new evidence. She submitted only an order for an FCE. This is not relevant evidence regarding appellant's schedule award claim. The Board has held that the submission of evidence or argument which does not address the particular issue involved, does not constitute a basis for reopening a case.³⁴ Therefore, appellant is not entitled to a merit review based on the third requirement under 20 C.F.R. § 10.606(b)(3).³⁵ Consequently, OWCP properly determined that her request did not warrant a review of the merits of the claim based on the third requirement of section 10.606(b)(3).

²⁹ 20 C.F.R. § 10.606(b)(3).

³⁰ *Id.* at § 10.607(a). The one-year period begins on the next day after the date of the original contested decision. For merit decisions issued on or after August 29, 2011, a request for reconsideration must be received by OWCP within one year of OWCP's decision for which review is sought. Federal (FECA) Procedure Manual, Part 2 -- Claims, *Reconsiderations*, Chapter 2.1602.4 (September 2020). Timeliness is determined by the document receipt date of the request for reconsideration as indicated by the received date in the Integrated Federal Employees' Compensation System (iFECS). *Id.* at Chapter 2.1602.4b.

³¹ *Id.* at § 10.608(a); *see also* *W.R.*, Docket No. 22-0051 (issued August 9, 2022); *F.V.*, Docket No. 18-0239 (issued May 8, 2020); *M.S.*, 59 ECAB 231 (2007).

³² *Id.* at § 10.608(b); *Y.K.*, Docket No. 18-1167 (issued April 2, 2020); *E.R.*, Docket No. 09-1655 (issued March 18, 2010).

³³ *See* *M.C.*, Docket No. 18-1278 (issued March 7, 2019); *see also* *S.M.*, Docket No. 17-1899 (issued August 3, 2018).

³⁴ *J.N.*, Docket No. 23-0974 (issued May 14, 2024); *M.K.*, Docket No. 18-1623 (issued April 10, 2019); *Edward Matthew Diekemper*; 31 ECAB 224, 225 (1979).

³⁵ *See* *T.W.*, Docket No. 18-0821 (issued January 13, 2020).

As appellant has not met any of the regulatory requirements under 20 C.F.R. § 10.606(b)(3), pursuant to 20 C.F.R. § 10.608, OWCP properly denied merit review of appellant's schedule award claim.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish disability from work for the periods July 17 through 30, 2021, July 31 through August 13, 2021, and June 10 through September 5, 2023, causally related to her accepted October 27, 2020 employment injury. The Board also finds that appellant has not met her burden of proof to establish greater than two percent permanent impairment of her right lower extremity, for which she previously received a schedule award. The Board further finds that OWCP properly denied appellant's request for reconsideration of the merits of her schedule award claim, pursuant to 5 U.S.C. § 8128(a).

ORDER

IT IS HEREBY ORDERED THAT the November 15 and December 8, 2023, and February 5 and March 6, 2024 decisions of the Office of Workers' Compensation Programs are affirmed.

Issued: June 20, 2024
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