United States Department of Labor
Employees' Compensation Appeals Board

L.R., Appellant	)	
and	)	**Docket No. 24-0257**
	)	**Issued: May 1, 2024**
DEPARTMENT OF DEFENSE, DEFENSE LOGISTICS AGENCY, DEFENSE DISTRIBUTION DEPOT -- RED RIVER, Texarkana, TX, Employer	)	

Appearances:
Appellant, pro se
Office of Solicitor, for the Director

Case Submitted on the Record

DECISION AND ORDER

Before:
ALEC J. KOROMILAS, Chief Judge
PATRICIA H. FITZGERALD, Deputy Chief Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

JURISDICTION

On January 18, 2024 appellant filed a timely appeal from a December 11, 2023 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act[1] (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.[2]

[1] 5 U.S.C. § 8101 *et seq*.

[2] The Board notes that following the December 11, 2023 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*.

ISSUE

The issue is whether appellant has met her burden of proof to establish greater than 42 percent permanent impairment of the right upper extremity and 41 percent permanent impairment of the left upper extremity for which she received schedule award compensation.

FACTUAL HISTORY

This case has previously been before the Board.[3] The facts and circumstances as set forth in the Board's prior decision and order are incorporated herein by reference. The relevant facts are as follows.

On May 15, 1995 appellant, then a 39-year-old laborer, filed an occupational disease claim (Form CA-2) alleging that she sustained pain in her right shoulder and arm causally related to factors of her federal employment.[4] OWCP accepted the claim for sprain of the right shoulder and upper arm, bilateral carpal tunnel syndrome, chronic pain syndrome, and bilateral sprain of the rotator cuff. Appellant experienced intermittent disability from work until she stopped work completely on December 7, 1995 and did not return.[5]

Appellant underwent a left carpal tunnel release on February 4, 2004, and right carpal tunnel releases on March 17, 2004 and October 9, 2013. She further underwent a right shoulder subacromial decompression and resection of the distal clavicle on October 18, 2006 and a repair of a torn right rotator cuff on September 15, 2010.

By decision dated November 21, 1996, OWCP granted appellant a schedule award for 24 percent permanent impairment of the right upper extremity.

By decision dated September 20, 2004, OWCP granted appellant a schedule award for three percent permanent impairment of the left upper extremity due to motor loss of the median nerve.[6]

By decision dated November 26, 2007, OWCP granted appellant a schedule award for an additional two percent permanent impairment of the right upper extremity.

By decision dated June 10, 2008, it granted her a schedule award for an additional 7 percent right upper extremity impairment, for a total impairment of 33 percent, and an additional 16 percent left upper extremity impairment, for a total impairment of 19 percent.

Appellant filed a claim for compensation (Form CA-7) claim for an increased schedule award.

[3] Docket No. 22-0096 (issued August 3, 2022).

[4] The claim form is not contained in the case record.

[5] Appellant retired from the employing establishment effective October 15, 1997.

[6] By decision dated December 29, 2004, OWCP denied appellant's request for reconsideration of its September 20, 2004 decision as she had not raised an argument or submitted evidence sufficient to warrant reopening her case for further merit review under 5 U.S.C. § 8128(a).

By decisions dated June 10, 2011, and April 16, 2012, OWCP denied appellant's claim for an increased schedule award. It noted that it had previously paid her schedule award compensation for 33 percent permanent impairment of the right upper extremity and 19 percent permanent impairment of the left upper extremity.

On October 1, 2013 OWCP expanded its acceptance of the claim to include a bilateral ganglion and cyst of the synovium, tendon, and bursae.

On May 5, 2014 appellant filed a Form CA-7 claim for an increased schedule award.

In support thereof, appellant submitted a November 20, 2014 report, wherein Dr. Henry Mobley, a Board-certified internist serving as a district medical adviser (DMA), applied the sixth edition of the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*)[7] and found that appellant had 24 percent permanent impairment of each upper extremity due to bilateral loss of range of motion (ROM) of the shoulders. He further found 18 percent permanent impairment of the right upper extremity and 14 percent permanent impairment of the left upper extremity due to loss of ROM of the wrists, and 6 percent permanent impairment of the right upper extremity and 9 percent permanent impairment of the left upper extremity due to bilateral entrapment neuropathy, or carpal tunnel syndrome. Dr. Mobley combined the impairment ratings to find an additional 9 percent permanent impairment of the right upper extremity and 22 percent permanent impairment of the left upper extremity.

By decision dated March 17, 2015, OWCP granted appellant a schedule award for an additional 9 percent permanent impairment of the right upper extremity and an additional 22 percent permanent impairment of the left upper extremity. It noted that she had a total of 42 percent right upper extremity permanent impairment and 41 percent left upper extremity permanent impairment.

On June 1, 2016 appellant filed a Form CA-7 requesting an increased schedule award.

By decision dated January 9, 2017, OWCP denied appellant's claim for an increased schedule award.

On January 13, 2017 appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

By decision dated September 26, 2017, OWCP's hearing representative set aside the January 9, 2017 decision and remanded the case for OWCP to apply FECA Bulletin No. 17-06[8] in determining the extent of appellant's upper extremity impairment.

On November 27, 2017 appellant underwent a decompression of the median nerve of the left carpal tunnel to treat recurrent left carpal tunnel syndrome.

By decision dated May 16, 2019, OWCP denied appellant's claim for an increased schedule award.

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[7] A.M.A., *Guides* (6th ed. 2008).

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

In an impairment evaluation dated August 6, 2020, Dr. R. Robert Ippolito, a Board-certified plastic surgeon, indicated that appellant had six percent permanent impairment of the left upper extremity due to her rotator cuff tear under the A.M.A., *Guides*.

On September 4, 2020 appellant filed a Form CA-7 claim for an increased schedule award.

On September 26, 2020 Dr. Michael M. Katz, a Board-certified orthopedic surgeon serving as a DMA, reviewed Dr. Ippolito's report and found that appellant had 10 percent permanent impairment due to her acromioclavicular (AC) joint disease according to Table 15-5 on page 403. He noted that Dr. Ippolito had found normal ROM of the shoulder. Dr. Katz opined that appellant had previously received a schedule award of 24 percent due to her left shoulder condition and thus was not entitled to an additional schedule award.

By decision dated October 28, 2020, OWCP denied appellant's claim for an increased schedule award.

On November 9, 2020 appellant requested an oral hearing before a representative of OWCP's Branch of Hearings and Review.

A hearing was held on March 4, 2021.

In an impairment evaluation dated March 9, 2021, Dr. Michael Smith, a physician specializing in emergency medicine, discussed appellant's complaints of bilateral wrist and shoulder pain. Referencing the sixth edition of the A.M.A., *Guides*, he found 13 percent permanent impairment of each upper extremity due to loss of ROM of the shoulders according to Table 15-34 on page 475. Dr. Smith further found 11 percent permanent impairment of each upper extremity due to AC joint disease after a distal clavicle resection according to Table 15-5 on page 403. He noted that the A.M.A., *Guides* provided that the diagnosis-based impairment (DBI) method should be used if it exceeded the ROM method. Applying Table 15-23 on page 449 of the A.M.A., *Guides*, Dr. Smith found six percent permanent impairment due to left carpal tunnel syndrome and three percent permanent impairment due to right carpal tunnel syndrome. He further found three percent permanent impairment of the right upper extremity due to cubital tunnel syndrome. For the left upper extremity, Dr. Smith combined the impairment ratings of 13 percent for the shoulder and 6 percent for carpal tunnel syndrome to find 18 percent permanent impairment. For the right upper extremity, he combined the ratings of 13 percent for the shoulder, 3 percent for right carpal tunnel syndrome, and 3 percent for right cubital tunnel syndrome to find 19 percent permanent impairment of the right upper extremity.

By decision dated May 19, 2021, OWCP's hearing representative affirmed the October 28, 2020 decision, finding that Dr. Smith's impairment rating was less than the 42 percent permanent impairment of the right upper extremity and 41 percent permanent impairment of the left upper extremity previously awarded.

Appellant appealed to the Board. By decision dated August 3, 2022, the Board set aside the May 19, 2021 decision, finding that OWCP failed to refer Dr. Smith's March 9, 2021 impairment evaluation to a DMA for review as required by its procedures.[9] The Board remanded

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[9] *Supra* note 3.

the case for OWCP to refer the record to a DMA for an opinion regarding the extent of appellant's employment-related permanent impairment, to be followed by a *de novo* decision.

On December 15, 2022 OWCP's DMA, Dr. Katz, reviewed the accepted conditions and noted that appellant had undergone bilateral shoulder surgery and bilateral carpal tunnel releases. Referencing Table 15-34 on page 475 of the A.M.A., *Guides*, he found 12 percent permanent impairment of the left shoulder due to reduced motion. Using the DBI method to calculate the left shoulder impairment, Dr. Katz identified the class of diagnosis (CDX) as an AC joint injury or disease after a distal clavicle resection, which yielded a default value of 10 percent. He applied a grade modifier for functional history (GMFH) of two, a grade modifier for physical examination (GMPE) of two, and found that a grade modifier for clinical studies (GMCS) was not applicable, which yielded an adjustment of two and a permanent impairment of 12 percent. Using Table 15-23 on page 449, Dr. Katz found five percent permanent impairment of the left upper extremity due to median nerve entrapment. In reaching this determination, he applied a grade modifier of two for test findings, physical examination, and history, and *Quick*DASH score, for an upper extremity impairment of five percent.

For the right upper extremity, Dr. Katz determined that, under Table 15-34, appellant had 12 percent permanent impairment due to reduced motion. Using the DBI impairment rating method, he identified the CDX as an AC joint injury after a distal clavicle resection, which yielded a default value of 10 percent. Dr. Katz applied a GMFH of two and a GMPE of two and found a GMCS not applicable. He utilized the net adjustment formula and found a net adjustment of two and total shoulder impairment of 12 percent. For median nerve entrapment of the right wrist, Dr. Katz found a total impairment of three percent due to medial nerve entrapment and two percent due to ulnar nerve entrapment under Table 15-23 after applying grade modifiers, for a total combined impairment of five percent.

Dr. Katz noted that the shoulder impairment using the ROM method and DBI method were the same for both the right and left upper extremity. He combined the 12 percent shoulder impairment with the 5 percent impairment due to entrapment/compression neuropathy to find 16 percent permanent impairment of each upper extremity. Dr. Katz concluded that appellant's impairment did not exceed the prior award, which it overlapped, and thus was entitled to no additional award of either the right or left upper extremity.

By decision dated December 16, 2022, OWCP denied appellant's claim for an increased schedule award.

In an impairment evaluation dated January 25, 2023, Dr. Antonio Rozier, a Board-certified physiatrist, measured range of motion of the bilateral shoulders three times and found, for the left side, 83 degrees flexion, 27 degrees extension, 77 degrees abduction, 17 degrees adduction, 37 degrees internal rotation, and 50 degrees external rotation. For the right shoulder, he measured 84 degrees flexion, 25 degrees extension, 82 degrees abduction, 22 degrees adduction, 41 degrees internal rotation, and 42 degrees external rotation. For the left wrist, Dr. Rozier measured 34 degrees flexion, 23 degrees extension, 24 degrees ulnar deviation, and 14 degrees radial deviation. For the right wrist, he measured 23 degrees flexion, 23 degrees extension, 25 degrees ulnar deviation, and 11 degrees radial deviation. Dr. Rozier found full strength of the shoulders except for 4/4 internal rotation, no atrophy, and a positive Tinel's sign of the right wrist. He further found crepitus at the bilateral glenohumeral joint.

Using the DBI method for both shoulders, Dr. Rozier identified the CDX of status post distal clavicle resection, as a Class 1 impairment which yielded a default impairment of 10 percent. He applied a GMFH of three for symptoms with less than normal activity, a GMPE of two for moderate motion deficits, and found that a GMCS was inapplicable. Dr. Rozier found a net adjustment of 3 and a 12 percent permanent impairment of each upper extremity.

Using the ROM method set forth at Table 15-34 on page 475, Dr. Rozier found 23 percent permanent impairment of each shoulder due to reduced motion, which he adjusted up after the application of grade modifiers to find a total impairment of 24 percent.

Referencing Table 15-23 on page 449 of the A.M.A., *Guides*, for median nerve entrapment, Dr. Rozier found a grade modifier of one for test findings, a grade modifier of three for history and a grade modifier for physical findings of three, for an average grade modifier of two and a default value of five percent. Based on the *Quick*DASH score of 86, he found an adjustment of one and six percent permanent impairment of each wrist due to carpal tunnel syndrome. On the right side, Dr. Rozier further found six percent permanent impairment due to an ulnar nerve lesion, which he divided in half as instructed by the A.M.A., *Guides* on page 448 and combined with the six percent impairment due to entrapment neuropathy to find nine percent permanent impairment of the right upper extremity.

For the total left upper extremity impairment, Dr. Rozier noted that appellant had previously received 24 percent for her shoulder, 14 percent for her wrist, and 6 percent for entrapment neuropathy. He indicated that his ratings did not exceed the prior award and that she consequently had no additional left upper extremity impairment.

For the right upper extremity, Dr. Rozier further found 9 percent permanent impairment due to both median and ulnar nerve entrapment using Table 15-23. He noted the previous finding that appellant had 18 percent permanent impairment of the right wrist. Referencing the Combined Values Chart on page 604, Dr. Rozier combined the 24 percent shoulder impairment, the 9 percent impairment due to nerve entrapment, and the previously awarded 18 percent wrist impairment to find 44 percent permanent impairment of the right upper extremity impairment. After subtracting the amount previously awarded, he opined that she had an additional two percent right upper extremity impairment.

On October 27, 2023 appellant requested reconsideration.

OWCP referred the case record, along with a statement of accepted facts (SOAF) to OWCP's DMA, Dr. Katz, for a review and impairment rating.

On November 3, 2023 Dr. Katz concurred with Dr. Rozier's January 25, 2023 report, finding that appellant had no more than the previously awarded left upper extremity impairment. He further concurred with Dr. Rozier's finding of 24 percent permanent impairment due to loss of shoulder motion and 9 percent permanent impairment due to median and ulnar entrapment neuropathy. Dr. Katz rounded the right wrists measurements found by Dr. Rozier and determined that, under Table 15-32 on page 473, 20 degrees flexion yielded 7 percent impairment, 20 degrees extension yielded 7 percent impairment, 10 degrees radial deviation yielded 2 percent impairment, and 30 degrees ulnar deviation yielded no impairment, which he added to find a total right upper extremity impairment due to loss of ROM of the right wrist of 16 percent. Using the Combined Values Chart, he combined the 16 percent impairment due to loss of ROM of the right wrist, the 9

percent impairment due to compression neuropathy, and the 24 percent impairment due to loss of ROM of the shoulder to find 42 percent permanent impairment of the right upper extremity. Dr. Katz opined that, as this duplicated the prior award, appellant was not entitled to an additional schedule award.

For the left shoulder, Dr. Katz determined that, according to Table 15-34 on page 475 of the A.M.A., *Guides*, 80 degrees flexion yielded 9 percent impairment, 30 degrees extension yielded 1 percent impairment, 80 degrees abduction yielded 6 percent impairment, 20 degrees adduction yielded 1 percent impairment, 40 degrees internal rotation yielded 4 percent impairment, and 50 degrees external rotation yielded 2 percent impairment, for a total impairment of 23 percent due to reduced motion. He applied grade modifiers to find an adjustment of five percent and a total impairment due to loss of ROM of the shoulder of 24 percent.

Dr. Katz alternatively rated appellant's shoulder impairment using the DBI method. He identified the CDX as an AC joint injury after a distal clavicle resection, which yielded a default value of 10 percent. For the left upper extremity, Dr. Katz applied a GMFH of three, a GMPE of one, and found the GMCS not applicable. For the right upper extremity, he found a GMFH of three and a GMPE of two, and that the GMCS was inapplicable. Dr. Katz utilized the net adjustment formula and found a net adjustment of two and an impairment of each upper extremity of 12 percent.

For the left wrist, Dr. Katz rounded the best measurements and found that, using the ROM impairment method set forth at Table 15-32 on page 473 of the A.M.A., *Guides*, 30 degrees flexion yielded 3 percent impairment, 20 degrees extension yielded 7 percent impairment, 10 degrees radial deviation yielded 2 percent impairment, and 20 degrees ulnar deviation yielded 2 percent impairment, for a total of 14 percent. For the right wrist, he found that 20 degrees flexion yielded 7 percent impairment, 20 degrees extension yielded 7 percent impairment, 10 degrees radial deviation yielded 2 percent impairment, and 30 degrees ulnar deviation yielded no impairment, for a total of 16 percent.

Dr. Katz further evaluated appellant's impairment due to entrapment neuropathy using Table 15-23 on page 449. He found that, on the right side, appellant had 6 percent impairment due to median nerve entrapment and 6 percent impairment due to ulnar nerve entrapment, which after the value of the second entrapped nerve was reduced by 50 percent pursuant to the A.M.A., *Guides,* yielded 9 percent impairment. For the left wrist, Dr. Katz found six percent impairment due to median nerve entrapment.

Dr. Katz indicated that Dr. Rozer had found 29 percent left upper extremity impairment and 31 percent right upper extremity impairment. He noted that his impairment rating was greater as he included the ROM impairment of the wrists. Dr. Katz found 42 percent permanent impairment of the right upper extremity and 39 percent permanent impairment of the left upper extremity. He opined that the present impairment overlapped and did not exceed the prior awards.

By decision dated December 11, 2023, OWCP denied modification of its December 16, 2022 decision.

LEGAL PRECEDENT

The schedule award provisions of FECA,[10] and its implementing federal regulation,[11] 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 way 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.[12] 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.[13]

The sixth edition of the A.M.A., *Guides* provides a diagnosis-based method of evaluation utilizing the World Health Organization's *International Classification of Functioning Disability and Health (ICF): A Contemporary Model of Disablement*.[14] Under the sixth edition, the evaluator identifies the impairment CDX, which is then adjusted by a GMFH, a GMPE, and/or a GMCS.[15] The net adjustment formula is (GMFH - CDX) + (GMPE - CDX) + (GMCS - CDX).[16] Evaluators are directed to provide reasons for their impairment choices, including the choices of diagnoses from regional grids and calculations of modifier scores.[17]

OWCP's procedures provide that, after obtaining all necessary medical evidence, the file should be routed to a DMA for an opinion concerning the nature and percentage of impairment in accordance with the A.M.A., *Guides*, with the DMA providing rationale for the percentage of impairment specified.[18]

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[10] *Supra* note 1.

[11] 20 C.F.R. § 10.404.

[12] 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); Federal (FECA) Procedure Manual, Part 2 -- Claims, *Schedule Awards and Permanent Disability Claims*, Chapter 2.808.6 (March 2017); *see also* Part 3 -- Medical, *Schedule Awards*, Chapter 3.700, Exhibit 1 (January 2010).

[13] *P.R.*, Docket No. 19-0022 (issued April 9, 2018); *Isidoro Rivera,* 12 ECAB 348 (1961).

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

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

[16] *Id*. at 411.

[17] *See J.S.*, Docket No. 23-0579 (issued January 30, 2024); *R.R.,* Docket No. 17-1947 (issued December 19, 2018); *R.V.,* Docket No. 10-1827 (issued April 1, 2011).

[18] *See supra* note 12 at Chapter 2.808.6f (March 2017).

ANALYSIS

The Board finds that appellant has not met her burden of proof to establish greater than 42 percent permanent impairment of the right upper extremity and 41 percent permanent impairment of the left upper extremity for which she received schedule award compensation.

On December 15, 2022 Dr. Katz applied the provisions of the A.M.A., *Guides* to Dr. Smith's examination findings and concluded that appellant had 16 percent permanent impairment of each upper extremity, and that the impairment duplicated the prior award. He thus found that she was not entitled to an additional schedule award.

Subsequently appellant submitted a January 25, 2023 impairment evaluation from Dr. Rozier. For the left upper extremity, Dr. Rozier found that she had 24 percent permanent impairment due to loss of ROM of the shoulder according to Table 15-34 on page 475. He further found 12 percent impairment of the shoulder using the DBI method set forth in Table 15-5 on page 403. Dr. Rozier utilized the ROM method to rate appellant's shoulder as it yielded a higher amount. He determined that appellant had 6 percent impairment due to left median nerve entrapment using Table 15-23 on page 449 and noted that she had a prior wrist impairment of 14 percent. Dr. Rozier combined the impairment findings and determined that she had no more than the previously found impairment of the left upper extremity.

For the right upper extremity, Dr. Rozier found 24 percent impairment due to loss of shoulder motion using the ROM method under Table 15-34 and 12 percent impairment using the DBI method under Table 15-5. Again, he used the ROM method to rate the shoulder impairment as it yielded the greater amount. Dr. Rozier further found 9 percent permanent impairment due both median and ulnar nerve entrapment using Table 15-23. He noted the previous finding that appellant had 18 percent permanent impairment of the right wrist. Referencing the Combined Values Chart on page 604, Dr. Rozier combined the 24 percent shoulder impairment, the 9 percent impairment due to nerve entrapment, and the previously awarded 18 percent wrist impairment to find 44 percent permanent impairment of the right upper extremity impairment. He thus found that appellant had a net additional impairment of 2 percent. However, Dr. Rozier failed to provide an impairment rating of the right wrist based on his own physical examination findings rather than using a previously determined impairment amount. His report is therefore of diminished probative value.

On November 3, 2023 Dr. Katz concurred with Dr. Rozier's finding that appellant had no more than the previously awarded left upper extremity impairment. He further concurred with Dr. Rozier's finding of 24 percent permanent impairment due to loss of shoulder motion and 9 percent permanent impairment due to median and ulnar entrapment neuropathy. Dr. Katz rounded the right wrists measurements found by Dr. Rozier and determined that, under Table 15-32 on page 473, 20 degrees flexion yielded 7 percent impairment, 20 degrees extension yielded 7 percent impairment, 10 degrees radial deviation yielded 2 percent impairment, and 30 degrees ulnar deviation yielded no impairment, which he added to find a total right upper extremity impairment due to loss of ROM of the right wrist of 16 percent. Using the Combined Values Chart, he combined the 16 percent impairment due to loss of ROM of the right wrist, the 9 percent impairment due to compression neuropathy, and the 24 percent impairment due to loss of ROM of the shoulder to find 42 percent permanent impairment of the right upper extremity. Dr. Katz opined that, as this duplicated the prior award, appellant was not entitled to an additional schedule award. As noted, when the prior impairment is due to a previous employment injury and a schedule

award has been granted for such prior impairment, the percentage already paid is subtracted from the total percentage of impairment.[19] Thus, the DMA properly found that appellant was not entitled to an additional schedule award for either the right or left upper extremity.

As appellant has not submitted medical evidence establishing greater than the 42 percent permanent impairment of the right upper extremity and 41 percent permanent impairment of the left upper extremity previously awarded, she has not met her burden of proof.

Appellant may request a schedule award or increase schedule award at any time based on evidence of a new exposure or medical evidence showing progression of an employment-related condition resulting in permanent impairment or increased permanent impairment.

CONCLUSION

The Board finds that appellant has not met her burden of proof to establish greater than 42 percent permanent impairment of the right upper extremity and 41 percent permanent impairment of the left upper extremity for which she received schedule award compensation.

ORDER

IT IS HEREBY ORDERED THAT the December 11, 2023 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 1, 2024
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

Patricia H. Fitzgerald, Deputy Chief Judge
Employees' Compensation Appeals Board

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

[19] 20 C.F.R. § 10.404(d); *see T.W.*, Docket No. 23-0357 (issued September 7, 2023); *S.M.*, Docket No. 17-1826 (issued February 26, 2018); *T.S.*, Docket No. 16-1406 (issued August 9, 2017).