If there is a permanent disability involving the loss or loss of use of a member or function of the body, the claimant is entitled to a schedule award for the permanent impairment of the scheduled member or function. In this context, “impairment” is a medical concept, as opposed to “disability,” which is an economic concept reflecting an inability to earn wages. Permanent impairment is defined as the loss, or loss of use of, a part of the body.

The degree of impairment is determined by medical evaluation. A physician uses measurements, such as range of motion, sensory deficit, joint interval, etc., and certain estimates, e.g., regarding the results of a joint replacement (whether the result was good, fair or poor), and then applies those measurements and/or estimates to applicable charts and tables found in the American Medical Association Guides to the Evaluation of Permanent Impairment, Sixth Edition (also referred to as the AMA Guides). The relevant charts and tables provide an impairment percent rating that corresponds to each measurement and/or estimation.

At some point in the future, after having already received a schedule award of 5 percent for her left upper extremity, a claimant believes that her left shoulder has worsened and/or her impairment has increased. What should she do?

The claimant will first need to undergo another impairment evaluation completed by a qualified physician who is familiar with performing impairment ratings using the sixth edition of the AMA Guides. This evaluation is needed to determine if there is in fact an increased impairment in her shoulder.

For this example, let’s say that the new medical evaluation indicates a 7 percent impairment of the claimant’s left upper extremity. The claimant is therefore entitled to an additional 2 percent schedule award (7 percent less the 5 percent already paid equals 2 percent).

Since her medical evaluation indicated an increased impairment under the AMA Guides, the claimant would then submit the competent medical evidence showing the increased impairment along with a Form CA-7 to request the additional schedule award for the increased impairment.

An increased schedule award can be requested at any time, whether it is one year later or 10 years later. The Office of Workers’ Compensation Programs does have strict time limits for filing on-the-job-injury claims and for appealing adverse decisions; however, when submitting a claim to request an increased schedule award, it is not subject to specific time limits. But, if that claim is denied by OWCP, then appeal time limits would apply to that decision. However, any time new medical evidence is submitted to establish an increased impairment, regardless of any past decisions, a new merit decision must be issued by OWCP.

In a recent case from the Employees’ Compensation Appeals Board (ECAB), an injured worker with an accepted claim sought schedule award compensation. The OWCP denied the claim.

A year later, the employee submitted another schedule award claim and supported that request with an impairment rating from an orthopedic surgeon. The physician found 3 percent impairment in each of the claimant’s upper extremities under the sixth edition of the AMA Guides.

The OWCP again denied the claim and advised the claimant to follow the appeal rights noted in the original denial. In response to the claimant’s request for reconsideration, the OWCP indicated that the request was untimely and did not establish clear evidence of error.

The ECAB set aside the OWCP’s decision. It explained that when an employee submits new medical evidence that supports his claim of increased impairment, the claim is not subject to the time limits or error standards that apply to reconsideration requests. As a result, the claimant was entitled to a merit decision on the schedule award claim.

Letter carriers who have suffered an on-the-job injury or illness that has resulted in permanent impairment to a scheduled body part or function should seek a schedule award. Those who have already received a schedule award and have suffered an increased impairment should seek an increased schedule award.

1. FECA 5 USC 8107.
2. R.P. and Department of the Air Force, 10-1123 (ECAB 01/25/11).