

New guidance on calculating schedule awards



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Letter carriers who suffer on-the-job injuries are entitled to receive a schedule award for the permanent impairment of a part or function of the body. The list of those body parts or functions is found in the Federal Employees Compensation Act (FECA), 5 USC 8107. To request a schedule award, an injured worker needs to have reached maximum medical improvement and get an impairment rating from a qualified doctor.

In 2009, OWCP adopted the *AMA Guides to the Evaluation of Permanent Impairment, 6th Edition* for determining impairment ratings. The sixth edition of the *Guides* was first printed in 2008. Not long after the initial printing, the American Medical Association issued a 52-page document entitled “Clarifications and Corrections, Sixth Edition, *Guides to the Evaluation of Permanent Impairment*.” The document included various changes to the original text, intended to serve as a supplement to the first printing of the *Guides*. In April 2009, these changes were formally incorporated into the second printing of the sixth edition.

When a claimant submits an impairment rating to OWCP, the claims examiner is required to send the rating to a district medical advisor (DMA) for review. Issues arose around the methods used for calculating impairments of the upper extremities (hands, elbows, shoulders), as schedule awards were being calculated and approved by DMAs using differing methodologies based on which printing of the *Guides* they used. NALC, along with other members of the OWCP community, noticed that some DMAs were using language edited out of the first printing of the *Guides* in medical reports that resulted in lower impairment ratings.

NALC Director of Retired Members Ron Watson raised the issue in an appeal to the Employees' Compensation Appeals Board (ECAB). ECAB issued a decision effectively delaying any ECAB decisions involving upper-extremity impairments until OWCP established a consistent method for determining upper-extremity impairments.

To answer ECAB's concerns, OWCP issued *FECA Bulletin 17-06* clarifying standards for evaluating upper-extremity impairments. The bulletin requires that impairment ratings be based on the most recent, reprinted 2009 version of the sixth edition *Guides*. DMAs are likewise required to use the most recent version of the *Guides* in evaluating impairment ratings.

The sixth edition of the *Guides* is intended to provide a uniform method for calculating impairments using the Diagnosis Based Impairment (DBI) method, as opposed to previous editions that relied on anatomical and functional loss. The *Guides* contains tables listing diagnoses for myriad impairing diagnoses for certain body parts and functions. The upper-extremities tables for the Shoulder Regional Grid provide

20 specific diagnoses. Of those 20 diagnoses, 17 of them include an asterisk. The asterisk indicates the impairment may alternatively be assessed using section 15.7, Range of Motion Impairment (ROM). A range-of-motion impairment stands alone and is not combined with diagnosis-based impairment.

FECA Bulletin 17-06 provides this guidance for upper-extremity impairment ratings:

- DMAs are required to identify which method was used, DBI or ROM, and whether the applicable tables in Chapter 15 of the *Guides* identify the diagnosis can alternatively be rated by ROM. If the *Guides* allow for the use of both the DBI and ROM methods to calculate an impairment rating for the diagnosis in question, the method producing the higher rating should be used.
- If the rating physician provided an assessment using the ROM method and the *Guides* do not allow for the use of ROM for the diagnosis in question, the DMA should independently calculate impairment using the DBI method and explain in the report that ROM is not permitted as an alternative rating method for the diagnosis in question citing applicable tables in Chapter 15 of the *Guides*.
- If the rating physician provided an assessment using the DBI method and the *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. If the rating physician's report is not sufficient for the DMA to render a rating on ROM where allowed, the DMA should request the medical evidence necessary to complete the rating.

In another welcome change to OWCP's procedure manual, new emphasis is made for rating multiple impairments in a scheduled member (arm, leg, hand, etc.). The manual now emphasizes that schedule awards should include permanent impairment resulting from conditions accepted by the OWCP as job-related *as well as any non-industrial permanent impairment* present in the same scheduled member as a work-related condition at the time of the rating examination.

For example, where a work-related impairment exists in a knee region, any additional impairment in the leg, including the foot, ankle and hip regions, should also be rated. This may significantly increase a schedule award for some injured workers.

An Impairment Rating Fact Sheet regarding the new procedures can be found on the “Injured on the Job” page at nalc.org. Injured workers are encouraged to share the fact sheet with their impairment rating doctor.

While requesting a schedule may seem complicated, NALC members do not need to hire an attorney to file a claim. Members can contact their national business agent's office and request free assistance from a regional workers' compensation assistant (RWCA). RWCA's are well-versed in the application of the *AMA guides* and can offer expert advice on how to successfully process a schedule award claim.