



# RATING MULTIPLE DISABILITIES APPORTIONMENT & CVC 2005 PDRS AMA GUIDES 5<sup>TH</sup> EDITION


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## Permanent Disability Rating

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- How to use the PDRS
- Section 1 – Introduction & Instructions
  - When/how to combine
  - How to rate pain, psyche
- Applying apportionment



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## Ratings

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- Date of Birth
- Date of Injury
  - Age on Date of Injury
- Occupation
- From the Medical Report
  - Injury – evaluation method
  - Impairment – WPI used for rating string



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## Paying PD Benefits

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- PD % = number of weeks x weekly PD Rate
  - Date of injury
  - PD %
  - AWE and statutory maximums and minimums
  
- When does PD accrue?
- When should PD be paid?
- How much should be paid?



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## Medical Information

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- Objective findings should lead to the correct AMA Guides' Chapter, correct Table, and correct Class or Category
- Doctor has discretion for WPI within the selected Class or Category



## 2005 PDRS – Specific to California

WPI - > earnings, occupation, age adjustments

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- Section 1
  - ▣ Page 1-3, part II – Rating Instructions
    - Rating psyche (GAF = WPI; AMA does not give WPI)
    - Pain add-on (add to WPI before adjustment)
      - Headaches – up to 3% WPI - 13.01.00.99
  - ▣ Part II B 1 – Impairment Number
    - Section 2 – page 2 – 1 “choose the closest applicable impairment number”
      - “Carpal Tunnel” or “wrist”?
    - 4 pages – 03. – 18.
    - 4 sets of 2 digits
    - Guzman – use ‘99’ for last two digits



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## 2005 PDRS

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- Part II C 2 – page 1 – 11 includes “Combining Ratings”
  - ▣ Combine at the extremity impairment value
  - ▣ No ‘regional’ impairment for UE in California
- FEC or “adjustment factor” of 1.4 ( $DOI \geq 1/1/13$ ) = built in WPI increase for California
  - ▣ ‘adjustment factor’ of 1.4 provides an automatic increase of 40% to the WPI, before occupation and age adjustments
  - ▣ 30% WPI becomes 42% before occupation and age adjustments
- Section 3 – Occupations
  - ▣ Pages 3-27 to 3-37 = helpful guide



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## The Rating Formula – 2005 PDRS

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PDRS page 1-10

1. 15.01.02.02 – Cervical spine, Range of Motion Method, Soft Tissue Lesion
2. 8 – Impairment standard (WPI, must be WPI not UE or LE!)
3. [5] – FEC Rank (after 1/1/2013, multiply WPI by 1.4)
4. 10 – Rating after FEC adjustment (or multiplication)
5. 470 – Occupational group # (Furniture Assembler, Heavy)
6. H – Occupational Variant
7. 13 – Rating after occupational adjustment
8. 11 – Rating after age adjustment (30 years old)

DOI  $\geq$  1/1/2013:

15.01.02.02 – 8 - [1.4]11 – 470H – 14 – 12%

DOI 2005-2012

15.01.02.02 – 8 – [5]10 – 470H - 13 – 11% PD


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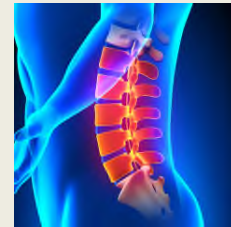
## Impairment Number

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- Using section 2 of the Schedule:
- “An appropriate impairment number can be found for most impairments”

Examples

- 15.03.01.00 = lumbar spine DRE
- 15.03.02.04 = lumbar spine ROM
- 16.04.01.00 = wrist range of motion
- 17.05.10.xx = knee DBE (Table 17-33)
- **If Guzman rating, use closest impairment; substitute ‘99’ for the last 2 digits**


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# Occupation

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- How do I choose occupational group number?
  - use the **PDRS resources: Section 3; Part B, Part C, pages 3-27 through 3-37**
- Job duties determine group number; the job 'title' isn't always enough

### Examples:

- "Environmental Service Rep" – Hospital = housekeeper
- "Patient Care Manager" – assisted living facility = nurse aide



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**PART B - OCCUPATIONAL GROUP CHART**

OCCUPATION DESIGNATOR	STRENGTH DESIGNATOR				
	1 Very Light	2 Light	3 Medium	4 Heavy	5 Very Heavy
1 Professional, Technical, Clerical	110, 111, 112 Case worker Auditor Editor	210, 211, 212, 213, 214 Adm. clerk Bank clerk Clerk, general	310, 311 Physical therapist Chiropractor Psych. tech.		
2 Hand Intensive	120 Drafter, civil Cartoonist Assemb/semi-cond.	220, 221 Dentist Microelect. tech. Surgeon	320, 321, 322 Die maker Motor repair Precision assem.	420 Butcher Saddle maker Hide puller	
3 Machine Operators, Tenders		230 Coil winder Cutter, machine Palletizer oper.	330, 331, 332 Bend. mach. Oper. Cut-off sawyer Laminating mach.	430 Boiler maker Metal fabricator Welder-arc	
4 Cleaners, Attendants		240 Child monitor Restroom attend. Ticket taker	340, 341 Auto washer Janitor Nurse's aide		
5 Drivers		250, 251 Coin-mach. collector Bus driver	350, 351 Truckdriver/ Tractor-trailer Truckdriver/ dump		
6 Laborers, Material Handlers			360 Warehouse worker Crate maker Material expediter	460 Baker's helper Material stacker Ramp attendant	560 Ambul. Attendant Furniture mover Miner
7 Mechanics, Installers, Repairers, Servicers			370 Mechanic-tractor Precision assem. Welder, gas	470 Mechanic-diesel Furn. assemb/heavy TV tech.	

3-27

<p><b>Group 211</b></p> <p>Mostly Clerical Occupations</p> <p>Emphasis on frequent fingering, handling, and possibly some keyboard work; spine and leg demands similar to 210.</p> <p>Typical occupations: Bank clerk, Inventory clerk, License clerk</p>	<p>Spine D</p> <p>Shoulder D</p> <p>Elbow F</p> <p>Wrist G</p> <p>Finger motion G</p> <p>Grip E</p> <p>Leg E</p> <p>Psych H</p>	<p>Typical occupations: Airplane Inspector, Meter Reader, Property Manager</p>	<p><b>Group 214</b></p> <p>Clerical (physically active) Occupations; Educators, &amp; Retail Sales Occupations</p> <p>Very high demand for speech, hearing and vision; high demand for fingering and handling; spine and leg demands at highest level for 200 series.</p> <p>Typical occupations: Auto Shop Estimator, Elementary School Teacher, Retail Sales Clerk</p>	<p>Spine F</p> <p>Shoulder F</p> <p>Elbow F</p> <p>Wrist G</p> <p>Finger motion G</p> <p>Grip F</p> <p>Leg F</p> <p>Psych I</p>
<p><b>Group 212</b></p> <p>Mostly Professional and Medical Occupations</p> <p>Work predominantly performed indoors, but may require driving to locations of business; less use of hands than 211; slightly higher demands on spine than 210 &amp; 211.</p> <p>Typical occupations: Chemist, Dialysis Technician, Secondary School Teacher</p>	<p>Spine E</p> <p>Shoulder E</p> <p>Elbow E</p> <p>Wrist F</p> <p>Finger motion F</p> <p>Grip E</p> <p>Leg E</p> <p>Psych J</p>	<p><b>Group 220</b></p> <p>Fine precision Occupations in medical, electronic and optical industries</p> <p>Very high demands for vision; high demands for hand activity – use of hand tools; highest variants in this strength category for fingering and arm Disabilities.</p> <p>Typical occupations: Dental Hygienist, Instrument Maker &amp; Repairer, Surgeon</p>	<p>Spine E</p> <p>Shoulder F</p> <p>Elbow G</p> <p>Wrist H</p> <p>Finger motion H</p> <p>Grip F</p> <p>Leg E</p> <p>Psych J</p>	
<p><b>Group 213</b></p> <p>Mostly Professional Occupations</p> <p>Work performed indoors and outdoors; occasional climbing and uneven ground required, therefore spine and legs have slightly higher variants for this strength level.</p>	<p>Spine F</p> <p>Shoulder E</p> <p>Elbow E</p> <p>Wrist E</p> <p>Finger motion F</p> <p>Grip E</p> <p>Leg F</p> <p>Psych I</p>			

3-30

## Age Adjustment

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- How do I make an age adjustment
- Age on Date of Injury
  - ▣ Age groups of 5 years
  - ▣ 37-41 = 'average' age = no age adjustment
  - ▣ Section 6 of the PDRS





## Combine or Add, and CVC

17

### CVC – Combined Values Chart:

- Section 8 of the 2005 PDRS. Based on the formula:  $a + b(1-a)$  where “a” and “b” are the decimal equivalents of the impairment or disability percentages. “a” is the higher number of the 2 being combined.
- Combine largest to smallest
- With PD (following adjustment for FEC or 1.4, occupation, and age) combine PD for a single extremity first; then combine largest to smallest.
- For impairment for the same part of an extremity, combine at extremity impairment value, and then convert to WPI.
- Round to whole number at each step.



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## Combine or Add, and CVC

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### How to combine:

Page 1-11 of the 2005 PDRS:

Multiple impairments such as **those involving a single part of an extremity, e.g. two impairment involving a shoulder such as shoulder instability and limited range of motion, are combined at the upper extremity level, then converted to whole person impairment and adjusted** before being combined with other parts of the same extremity.

**Impairments of an individual extremity are adjusted and combined** at the whole person [PD] level **with other impairments of the same extremity** before being combined with impairments of other body parts. For example, an impairment of the left knee and ankle would be combined before further combination with an impairment of the opposing leg or the back.



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## Nature of Physical Injury From the AMA Guides

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- Impairment Values:
  - ▣ WPI = Whole Person Impairment 100% Total
  - ▣ UEI = Upper Extremity Impairment
    - 100% of an Upper Extremity = 60% WPI
    - 100% of a Hand = 90% UEI
    - Digits:
      - ▣ Thumb = 40% Hand
      - ▣ Index, Middle = 20% Hand
      - ▣ Ring, Little = 10% Hand
  - ▣ LEI = Lower Extremity Impairment
    - 100% of a Lower Extremity = 40% WPI
- We Rate WPI



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## Impairment Values

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- We rate WPI
  - ▣ Other impairment values are combined for the same body part
  - ▣ Convert to WPI to rate/ adjust to PD%
  - ▣ The evaluating doctor usually provides WPI



## Combine or Add, and CVC

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- Numbers that are put together for evaluation of impairment/ PD must be either **added or combined**.

### When to combine:

COMBINE – for most situations—unless specific instructions state to ADD impairment values. The effect/ purpose of combining is that it prevents the combined value from exceeding 100.



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## Combine or Add, and CVC

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### When to add:

The most notable exception to combining impairments is with the evaluation of range of motion impairment for the same part of the body (for example, right ankle motion, left shoulder motion, lumbar spine motion).

ADD range of motion impairments for the same part of the body (see exception for fingers, below).



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## Combine or Add, and CVC

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- Clues from the Guides:
- If impairment values from a single part of the body exceed 100% when added, then combine.
- Example:
  - Fingers joints – complete loss of flexion
    - DIP = 36% digit
    - PIP = 60% digit
    - MP = 49% digit



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## Combine or Add, and CVC

AMA values:

Digit – Hand – UE – WPI

Foot - LE – WPI

PDRS vs. AMA:

Combine at Extremity Impairment Level, then  
convert to WPI page 1-11

Amputation value test page 1-11



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## Combine or Add, and CVC

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### Chapter 15 – Spine

#### **ADD**

- Table 15-7 – page 404: ROM Method – Spinal Disorder – “ADD”

Range of Motion impairments – “ADD” (page 408)

#### **Combine**

ROM Method:

- spinal disorder with range of motion (p 403)
- UE or LE impairment from more than one nerve root (Table 15-17, 15-18)



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## Combining rules for Spine ROM Method

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May have as many as 4 WPI values

- Loss of motion
  - Accompanying diagnosis
  - Spinal nerve deficit – sensory
  - Spinal nerve deficit – motor
- Combine loss of motion and accompanying diagnosis at WPI level, adjust
- Adjust sensory impairment
- Adjust motor impairment



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## Lumbar Spine ROM

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- Lumbar spine ROM method
  - Loss of motion – 13% WPI (add WPI from each motion)
  - Accompanying Diagnosis – 13% WPI (Table 15-7 - add)
  - Nerve Deficits – calculate and combine LEI for each affected nerve
    - Sensory – 1% LE = 0% WPI
    - Motor – no motor deficit - 0% LE = 0% WPI
- Example:
- Roofer; DOB 9/25/1962 - 56 years old at date of injury 4/17/2019



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- Rating Lumbar ROM Method
  - Combined loss of motion and diagnosis (WPI)
    - $13 \div 13 = 24\%$  WPI
  - Adjust
    - 15.03.02.04 – 24 –  $[1.4]^{34 - 380H - 40} - 46\%$
  - Adjust sensory deficit – 1% LE = 0% WPI
    - 15.03.02.05 – no ratable impairment
    - Adjust motor deficit – 0% LE = 0% WPI
    - 15.03.02.06 no ratable impairment
- Total Lumbar Spine PD
- **46% Total PD without apportionment**



## Apportionment

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- LC 4663
- the report must include an apportionment determination
- caused by the direct result of injury
- caused by other factors both before and subsequent to the industrial injury, including prior industrial injuries
- upon request, disclose all previous permanent disabilities or physical impairments.



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## Apportionment

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- LC 4664
- The employer shall only be liable for the percentage of permanent disability directly caused by the injury arising out of and occurring in the course of employment.
- If a prior award of permanent disability, it shall be conclusively presumed that the prior permanent disability exists



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## Lumbar Spine - Apportionment

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- Total PD for 4/17/2019 Date of Injury = 46% PD
- Prior Award for Lumbar Spine of **25% PD**
- 7/23/2013 injury; 13% WPI; 50 year old roofer on that date
  - 15.03.01.00 – 13 – [1.4]18 – 380H – 22 – 25%
  - LC 4664 apportionment – subtract
  - $46 - 25 = 21\%$  PD attributed to the 4/17/19 DOI



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## Chapter 16 Combine or Add, and CVC

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- Chapter 16 – The Upper Extremities
- ADD** – upper extremity impairment values
- ROM for the same part of the body (for example, four motions for the wrist; range of motion impairment for the wrist and shoulder are added only for each joint.)
- Strength for the same joint (Table 16-35)
- Exception:
- The evaluation of hands/ multiple digits, is quite complex. The instructions within Chapter 16 are summarized on page 511. For the thumb, add all ROM impairment at the digit impairment level. For digits 2-5, add ROM impairment for the same joint; combine impairment for separate joints.



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## Combine or Add, and CVC

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### □ Chapter 16 – The Upper Extremities

#### COMBINE

- Peripheral Nerve – COMBINE sensory/motor deficit impairments (each injured nerve is adjusted separately as allowed by impairment numbers on page 2-4 of the 2005 PDRS).



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## Combine or Add, and CVC

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### Chapter 16 – The Upper Extremities

**Combine** impairments from **separate methods** of evaluation for the same body part, including digits (for example, for digits, combine ROM and digital sensory loss).

#### Summary of Hand Region Evaluation – pages 511- 512

Figure 16-1a, The Upper Extremity Impairment Evaluation Record, also accurately captures the instructions for combining impairments for digits of one hand.

#### Upper Extremity Evaluation

Figure 16-1b instructs to combine Regional Impairment of the upper extremity. **For California WC, we do not use “regional impairment”**. Each body part is adjusted separately (eg, hand, wrist, elbow, shoulder)



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## Chapter 16 – Upper Extremity

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### Right Carpal Tunnel

56 year old Sail-Maker (ship/boat mfg)

25% sensory loss; no motor loss

no apportionment

Carpal Tunnel = median nerve, below midforearm.

Maximum values: 39% UE for sensory function; 10% UE for motor function (Table 16-15)

39% UE maximum x 25% loss = 10% UE = 6% WPI

16.01.02.02 – 6 – [1.4]8 – 380J – 14 - 17%



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## Right Upper Extremity

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**Right Shoulder** – motion loss; surgery included Mumford – distal clavicle resection

- ▣ Plus 2% WPI Pain (Rating Schedule page 1-12)
  - 80% due to work exposure

Motion: 2% UE (flexion) + 1% UE (extension) + 2% UE (abduction) + 1% UE (adduction) + 2% UE internal rotation) + 0% UE (external rotation) = 8% UE

Arthroplasty (Table 16-27): 10% UE



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## Right Shoulder

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These two methods can be combined (AMA Guides page 505); combine at the UE level (PDRS page 1-11)

Combine:  $10 \text{ c } 8 = 17\% \text{ UE} = 10\% \text{ WPI} + \mathbf{2\% \text{ WPI pain}} = 12\% \text{ WPI}$

56 year old HVAC Servicer(Heating and Air Conditioning)

More than one method = “**other**”

.8(16.02.02.00 – 12 – [1.4]17 – 380H – 21 - 25) 20%



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## Combine or Add, and CVC

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### Chapter 17

#### **ADD**

ROM for the same part of the body – (page 533)

#### **COMBINE**

- Atrophy (example 17-4, page 531)
- Strength (example 17-5, page 532)
- Arthritis (knee – patellofemoral with knee, lateral or medial compartment, if applicable)
- Peripheral Nerve – (page 550)



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## Table 17-2

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“Typically, one method will adequately characterize the impairment...”

“Avoid combining methods that rate the same condition.”

“If more than one method can be used, the method that provides the higher rating should be adopted.”  
(page 527)



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## Table 17-2 (p. 526)

42

**Table 17-2** Guide to the Appropriate Combination of Evaluation Methods

Open boxes indicate impairment ratings derived from these methods can be combined.

	Limb Length Discrepancy	Gait Derangement	Muscle Atrophy	Muscle Strength	ROM Ankylosis	Arthritis (DJD)	Amputation	Diagnosis-Based Estimates (DBE)	Skin Loss	Peripheral Nerve Injury	Complex Regional Pain Syndrome (CRPS)	Vascular
Limb Length Discrepancy		X					X					
Gait Derangement	X		X	X	X	X	X	X	X	X	X	X
Muscle Atrophy		X		X	X	X	X	X		X	X	
Muscle Strength		X	X		X	X		X		X	0	
ROM Ankylosis		X	X	X		X		X			0	
Arthritis (DJD)		X	X	X	X							
Amputation	X	X	X	X								
Diagnosis-Based Estimates (DBE)		X	X	X	X							
Skin Loss		X										
Peripheral Nerve Injury		X	X	X							X	
Complex Regional Pain Syndrome (CRPS)		X	X	0	0					X		X
Vascular		X									X	



X = Do not use these methods together for evaluating a single impairment.  
0 = See specific instructions for CRPS of the lower extremity.

## Chapter 17

43

- DOI: 4/17/2019
- DOB: 9/25/1962
- Tile Setter/Installer
  
- **Left Knee** – ACL and CCL tears/ repair; Arthritis
- **Left Ankle** – strain with loss of motion
- **Right Hip** – THR (Replacement) – good result



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## Chapter 17 – Lower Extremity

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Left Knee – ACL and CCL tears/ repair; Arthritis  
20% non industrial

- DBE – Table 17-33: ACL and CCL – “moderate” laxity = 25% LE (10% WPI)
- Arthritis – Table 17-31: 2 mm medial joint space = 20% LE (8% WPI)
- Combine at LE values (PDRS page 1-11)
  - 25 combined with 20 = 40% LE = 16% WPI

.8 (17.05.06.00 – 16 – [1.4]22 – 380l – 29 - 34) 27%



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## Lower Extremity

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### Left Ankle – strain with loss of motion

No apportionment

Flexion – 7% LE (3% WPI)

Inversion – 2% LE (1% WPI)

ADD – (motion of the same body part)

$7\% + 2\% = 9\% \text{ LE} = 4\% \text{ WPI}$

$17.07.04.00 - 4 - [1.4]6 - 380I - 9 - 11\%$



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## Lower Extremity

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### □ Right Hip – Replacement

▣ Good Result (Table 17-33) 15% WPI

▣ 50% to preexisting arthritis

□ .5 (17.03.10.03 – 15 – [1.4]21 – 380I – 28 – 33) 17%



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## Combine

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- DOI: 4/17/2019; DOB: 9/25/1962
- Tile Setter/Installer
  - Left Knee
- .8 (17.05.06.00 – 16 – [1.4]22 – 380I – 29 - 34) 27% (A)
  - Left Ankle
- 17.07.04.00 – 4 – [1.4]6 – 380I – 9 - 11% (A)
  - Right Hip
- .5 (17.03.10.03 – 15 – [1.4]21 – 380I – 28 – 33) 17%
  
- CVC: 27 c 11 = 35 (**A – Left LE**); 35 c 17 = 46% TOTAL PD = 243.00 weeks  
 At \$290/week = \$70,470.00



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## Combining Impairments

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- DEU Common Issue
- Values s/b rounded at each step
- PDRS page 1-11 vs. AMA Guides
  - Combine at extremity impairment value
  - No 'regional' impairment for UE in California
- Table 17-2 (page 526) applied for LE
  - What can and cannot be combined



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## Ratings & Apportionment

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- LC 4663 – “other factors”
- LC 4664 – “conclusive presumption” of prior PD
  - ▣ the doctor must “**sort out the causes of the permanent disability**” (Benson), and must provide “**the reasoning by which he or she progresses from the material to the conclusion**” (Blackledge).



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## Right Hip - Apportionment

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- Current PD using 4/17/2019 DOI:
- 17.03.10.03 – 15 – [1.4]21 – 380I – 28 – 33%
- LC 4663 Scenarios
- 50% preexisting -  $.50 \times 33 = 17\%$  PD
- 30% to Specific 4/17/2019 =  $.30 \times 33 = 10\%$  PD
- 20% to CT to 4/1/2019 =  $.20 \times 33 = 7\%$  PD



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## Right Hip - Apportionment

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- Current PD using 4/17/2019 DOI:
- 17.03.10.03 – 15 – [1.4]21 – 380I – 28 – 33%
  
- Alternative Scenario - LC 4663 and 4664 Example
- Prior Award of 15% PD from 2006 injury
  - 33% - 15% = 18% PD
- 50% of increase to non-industrial injury in 2015
  - .50 x 18% = 9% PD to 4/17/19 Specific



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## Combining – for the same injury

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Cervical spine – DRE II  
 15.01.01.00 – 5 – [1.4]7 – 380H – 10 – 12%

Lumbar spine:  
 15.03.02.04 – 24 – [1.4]34 – 380H – 40 – 46% - 25% = 21% PD

Right CTS:  
 16.01.02.02 – 6 – [1.4]8 – 380J – 14 - 17% (B)

Right shoulder:  
 .8 (16.02.02.00 – 12 – [1.4]17 – 380H – 21 – 25) 20% (B)

Left knee:  
 .8 (17.05.06.00 – 16 – [1.4]22 – 380I – 29 - 34) 27% (C)

Left ankle:  
 17.07.04.00 – 4 – [1.4]6 – 380I – 9 – 11% (C)

Right hip:  
 .5 (17.03.10.03 – 15 – [1.4]21 – 380I – 28 – 33) 17%

**Specific: 30% = 10% PD; CT: 20% = 7% PD**

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## Combine

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All PD for a single extremity first:

- ▣ Right Arm – carpal tunnel; shoulder:
  - 20 c 17 = 34 (B)
- ▣ Left Leg – knee; ankle
  - 27 c 11 = 35 (C)

Then, largest to smallest:

- ▣ 35 (left LE) c 34 (right UE) = 57
- ▣ 57 c 21 (lumbar) = 66
- ▣ 66 c 12 (cervical) = 70
- ▣ 70 c 10 (right hip) = 73% Total PD for 4/17/19 specific
  - 7% PD for CT to 4/17/19



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## Combine or Add, and CVC

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- ▣ Numbers that are put together for evaluation of impairment/ PD must be either **added or combined**.

### When to combine:

COMBINE – for most situations—unless specific instructions state to ADD impairment values. The effect/ purpose of combining is that it prevents the combined value from exceeding 100.



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## Combine or Add, and CVC

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Page 1-11 of the 2005 PDRS:

- For impairment for the same part of an extremity, combine at extremity impairment value, and then convert to WPI
- Combine largest to smallest
- With PD (following adjustment for FEC or 1.4, occupation, and age) combine PD for a single extremity first, then combine largest to smallest; “For example, an impairment of the left knee and ankle would be combined before further combination with an impairment of the opposing leg or the back.”
- Amputation value test

### CVC – Combined Values Chart:

- Section 8 of the 2005 PDRS. Based on the formula:  $a + b(1-a)$



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## Adding vs. Combining – “Kite”

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- In effect “Kite” is an effort to apply Guzman and rebut the PDRS.
- Not automatic
  - The ‘strict’ use of the Guides is presumed correct.
  - The burden rests with the party disputing the Guides.
- Combining is the default
- Requires evidence and reasoning to rebut



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# Summary

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- 2005 PDRS and AMA Guides
- AMA Guides (non-jurisdictional specific) = WPI
- WPI based primarily on objective medical data
- PDRS (California specific) = instruction for adjusting WPI to PD (Nature of injury, FEC, occupation, age)
- Combining
- Apportionment



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