



ESTIMATING PERMANENT DISABILITY FOR RESERVING & PD ADVANCES

By Timothy Mussack
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Case Evaluation - PD

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- LC 4660
 - Nature of the physical injury or disfigurement
 - AMA Guides 5th Edition – effective **1/1/2005 DOI**
 - Earlier DOI in some instances
 - Occupation of the injured workers – PDRS
 - Age at the time of the injury – PDRS
 - Consideration given to diminished future earning capacity (FEC) – PDRS
- LC 4660.1
 - Applies to all dates of injury \geq **1/1/2013**
 - 'Modified' 2005 PDRS
 - No separate ranges for future earnings capacity (FEC)
 - All WPI, is then multiplied by 1.4 (equal to FEC 8) before age and occupation modifiers
 - No additional PD for psyche, sleep, or sexual dysfunction
 - Some exceptions for psyche only



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Materials Needed!

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Workers' Compensation Benefit Schedule & Directory



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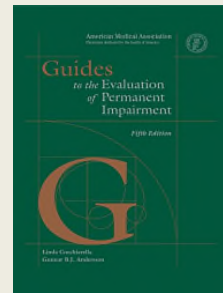
Whole Person Impairment WPI

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WPI

- LC 4660
- Nature of the physical injury or disfigurement
- Taken from the AMA Guides

AMA Guides 5th Edition



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PD – Estimating & Rating

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- Medical information
- AMA Guides
 - ▣ WPI to be rated – based on documentation in medical reports
- 2005 PDRS
 - ‘adjustment’ (increase to WPI)
 - occupation and age adjustments
 - when/ how to combine
- Applying apportionment



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PD String

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1. 7/15/2017 DOI.
 - ▣ 39 year old electrician with a lumbar spine injury.
 - ▣ At MMI, given 10% WPI using DRE for the lumbar spine.

 - ▣ RATING STRING:
15.03.01.00 – 10 – [1.4]14 – 380H – 18 – 18% PD



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The Rating Formula – 2005 PDRS

15.03.01.00 – 10 – [1.4]14 – 380H – 18 – 18% PD

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Reference PDRS page 1-10 (different example)

1. 15.03.01.00 – Lumbar Spine, DRE Method
2. 10 – Impairment standard (WPI, must be WPI not UE or LE!)
3. [1.4] – Adjustment Factor - after 1/1/2013 (through 2012 DOI – use FEC Rank)
4. 14 – Rating after FEC adjustment (or multiplication)
5. 380 – Occupational group # (Furniture Assembler, Heavy)
6. H – Occupational Variant
7. 18 – Rating after occupational adjustment
8. 18% – Rating after age adjustment = PD Value



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Medical Information

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- Most frequent injuries:
 - ▣ Spine (neck and back)
 - ▣ Arms
 - ▣ Legs

- Anatomy
 - ▣ Bones
 - ▣ Muscles/ ligaments/ tendons
 - ▣ Nervous system



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Medical Information Sources

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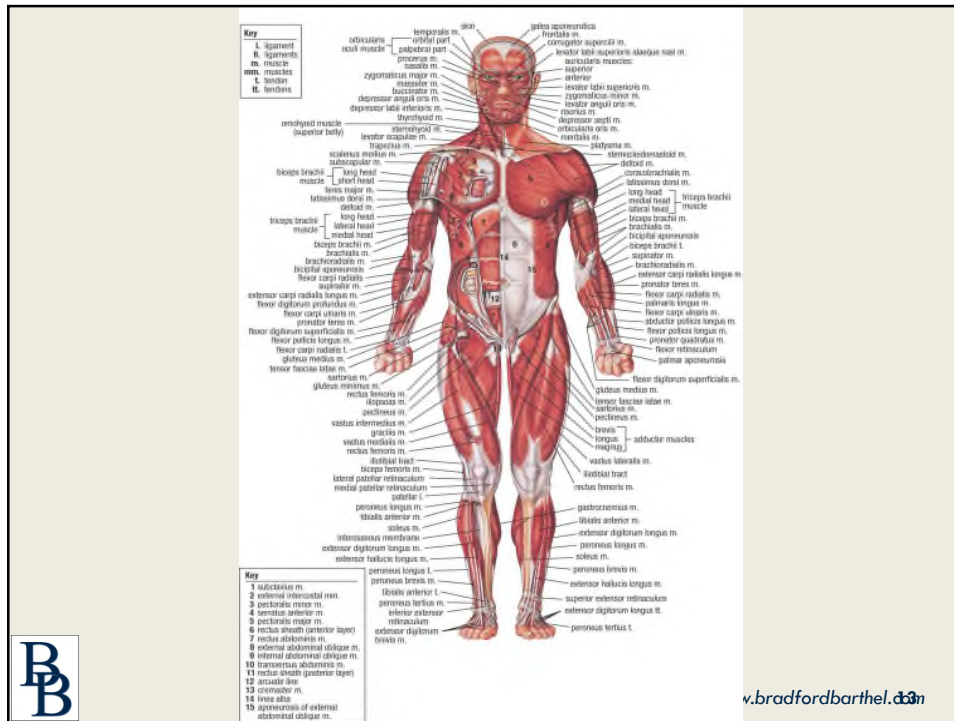
- AMA Guides
 - ▣ Introduction to relevant Chapter
 - ▣ Applicable section
 - ▣ Applicable Tables/ Figures
 - ▣ Examples

- Doctors' reports
 - ▣ Common format for reporting

- Internet
 - ▣ There are often differing medical opinions
 - ▣ Objective sources might include NIH
 - National Institute of Health



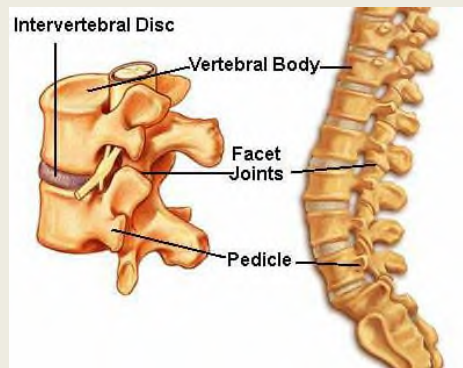
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Chapter 15 - Spine – Motion Segment

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A Motion Segment is two adjacent vertebrae, intervertebral disc, facet joints, and ligamentous structure

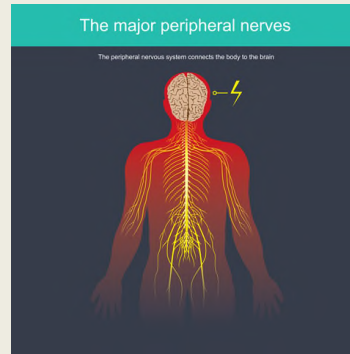


Chapter 16 – The Upper Extremities Peripheral Nervous System

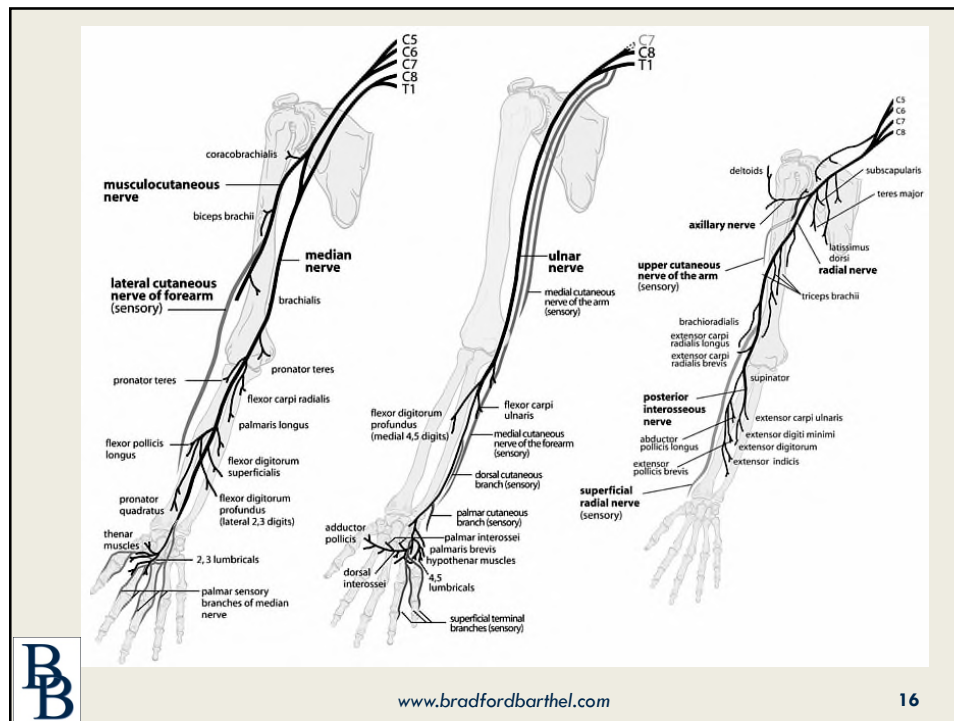
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Originates from the C5 through C8 nerve paths
Central Nervous System or Peripheral Nervous System

- Sensory function
- Motor function

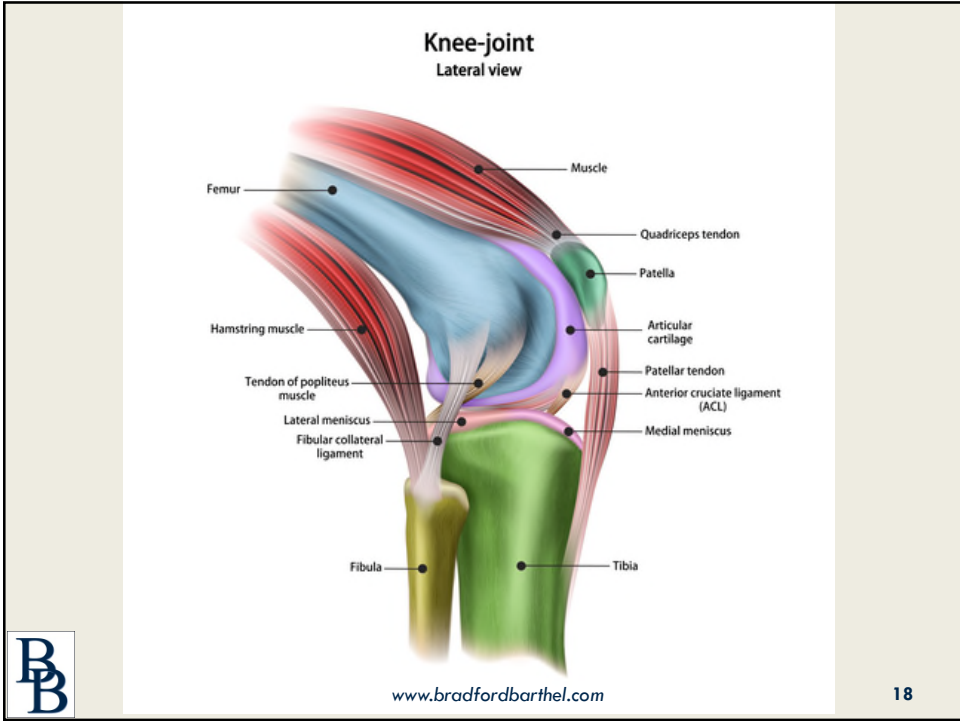
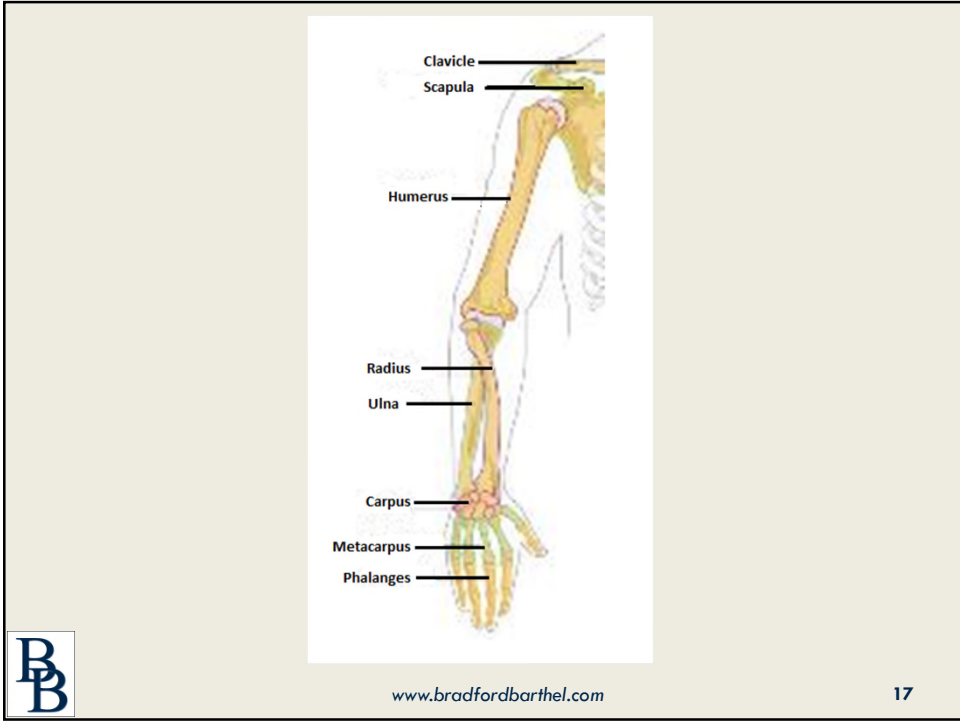


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Medical Reports

common format/ information

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- History of injury
- Past medical/ injury history
- Current complaints
- Work history (pre and post injury)
- Review of records (review of treatment related to this injury; records of prior conditions?)
- Clinical findings
 - ▣ Examination documentation
 - ▣ Review of diagnostic studies



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Medical Reports

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- Diagnosis/Impression
- Discussion
 - ▣ MMI or not?
- Impairment
- Causation/apportionment
- Future treatment needs
 - ▣ MMI or not?



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Whole Person Impairment WPI

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WPI

- ▣ LC 4660.1
- ▣ Nature of the physical injury or disfigurement
 - ▣ Data from medical reports
- ▣ Objective Findings matched to the AMA Guides
- ▣ Diagnosis based WPI

AMA Guides 5th Edition



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Chapters to Review:

- Chapter 15 = Spine**
- Chapter 16 = UE (upper extremity)**
- Chapter 17 = LE (lower extremity)**

Other Sections:

- ▣ Glossary (pages 599-603)
- ▣ Combine Values Chart (pages 604-606)
- ▣ Errata (3/02)



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- WPI
 - Digit – Hand – UE – WPI
 - Foot – LE – WPI
 - Impairment values based on objective findings
- Add ROM for same body part
- Combine most other times
- PDRS vs. AMA -
- Follow PDRS
 - ▣ E.g.. Extremity impairment page 1-11

Impairment Values

Combine vs. Add



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Estimating PD

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- Medical information
- WPI from AMA Guides
- PDRS adjustments
 - ▣ Adjustment (for 1/1/2013, automatic 40% increase)
 - ▣ Occupation
 - ▣ Age adjustments



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Estimating PD

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- Reserving Perspective
- CCR 15300 (b)
- “Estimated future liabilities... must represent the probable total future cost of compensation”



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Medical Information

Doctor reports before or after MMI

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- Diagnoses/ Impression
 - [industrial vs. non-industrial]
 - Parts of the body (back, shoulder, knee)
 - Organ damage
 - Muscles, ligaments, tendons, bones, nerves
- Sprains/ strains
- Lacerations
 - Skin; muscles; ligaments/tendons; nerves
- Tears
- Fractures
- Nerve injury (for spine – radiculopathy)
- spinal discs



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Estimating PD - Consider

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- Surgery
- Fracture
- Nerve Lesion

- Return to Work?
- PTP

- Litigation
 - QME or AME



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WPI Estimates – Chapter 15

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Chapter 15 – Spine		
One level laminectomy/discectomy:		DRE Category III
Cervical	15% WPI	
Thoracic	15% WPI	
Lumbar	10% WPI	
Two level laminectomy/discectomy:		ROM method with no sensory or motor deficit
Cervical	18% WPI	
Thoracic	18% WPI	
Lumbar	20% WPI	
One level fusion:		DRE Category IV
Cervical	25% WPI	
Thoracic	20% WPI	
Lumbar	20% WPI	
Two level fusion:		ROM method with no sensory or motor deficit.
Cervical	28% WPI	
Thoracic	23% WPI	
Lumbar	23% WPI	



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Table 15-3 Criteria for Rating Impairment Due to Lumbar Spine Injury

DRE Lumbar Category I 0% Impairment of the Whole Person	DRE Lumbar Category II 5%- 8% Impairment of the Whole Person	DRE Lumbar Category III 10%-13% Impairment of the Whole Person	DRE Lumbar Category IV 20%-23% Impairment of the Whole Person	DRE Lumbar Category V 25%-28% Impairment of the Whole Person
No significant clinical findings, no observed muscle guarding or spasm, no documentable neurologic impairment, no documented alteration in structural integrity, and no other indication of impairment related to injury or illness; no fractures	Clinical history and examination findings are compatible with a specific injury; findings may include significant muscle guarding or spasm observed at the time of the examination, asymmetric loss of range of motion, or nonverifiable radicular complaints, defined as complaints of radicular pain without objective findings; no alteration of the structural integrity and no significant radiculopathy or individual had a clinically significant radiculopathy and has an imaging study that demonstrates a herniated disk at the level and on the side that would be expected based on the previous radiculopathy, but no longer has the radiculopathy following conservative treatment or fractures: (1) less than 25% compression of one vertebral body; (2) posterior element fracture without dislocation (not developmental spondylolysis) that has healed without alteration of motion segment integrity; (3) a spinous or transverse process fracture with displacement without a vertebral body fracture, which does not disrupt the spinal canal	Significant signs of radiculopathy, such as dermatomal pain and/or in a dermatomal distribution, sensory loss, loss of relevant reflex(es), loss of muscle strength or measured unilateral atrophy above or below the knee compared to measurements on the contralateral side at the same location; impairment may be verified by electrodiagnostic findings or history of a herniated disk at the level and on the side that would be expected from objective clinical findings, associated with radiculopathy, or individuals who had surgery for radiculopathy but are now asymptomatic or fractures: (1) 25% to 50% compression of one vertebral body; (2) posterior element fracture with displacement disrupting the spinal canal; in both cases, the fracture has healed without alteration of structural integrity	Loss of motion segment integrity defined from flexion and extension radiographs as at least 4.5 mm of translation of one vertebra on another or angular motion greater than 15° at L1-2, L2-3, and L3-4, greater than 20° at L4-5, and greater than 25° at L5-S1 (Figure 15-3); may have complete or near complete loss of motion of a motion segment due to developmental fusion, or successful or unsuccessful attempt at surgical arthrodesis or fractures: (1) greater than 50% compression of one vertebral body without residual neurologic compromise	Meets the criteria of DRE lumbosacral categories III and IV; that is, both radiculopathy and alteration of motion segment integrity are present; significant lower extremity impairment is present as indicated by atrophy or loss of reflex(es), pain, and/or sensory changes within an anatomic distribution (dermatomal), or electromyographic findings as stated in lumbosacral category III and alteration of spine motion segment integrity as defined in lumbosacral category IV or fractures: (1) greater than 50% compression of one vertebral body with unilateral neurologic compromise



Chapter 15 - Examples

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- ❑ Lumbar Spine
- ❑ L4-5 Fusion performed
- ❑ Automatic DRE Category IV 20-23%
 - 8/29/2019 DOI
 - 52 year old truck driver
- ❑ 15.03.01.00 – 20 – [1.4]28 – 350G- 31 – 36% PD
- ❑ 173.00 weeks at \$290/week (max earner) = \$50,170.00



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WPI Estimates – Chapter 16

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Rate only WPI values

100% UE = 60% WPI

Methods of Evaluation

- Loss of Motion
- Peripheral Nerve Injury – sensory/ motor
 - Carpal Tunnel – median nerve
 - Cubital Tunnel - ulnar Nerve

Amputation

Consider amputation as full value of the relevant part, and estimate loss



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Table 16-4 Impairment Estimates for Upper Limb Amputation at Various Levels

Amputation Levels	Impairment % of			
	Digit	Hand	Upper Extremity	Whole Person
Scapulothoracic (forequarter)	—	—	—	70
Shoulder disarticulation	—	—	100	60
Arm: deltoid insertion and proximally	—	—	100	60
Arm/forearm: from distal to deltoid insertion to bicipital insertion	—	—	95	57
Forearm/hand: from distal to bicipital insertion to transmetacarpophalangeal loss of all digits	—	—	94-90	56-54
Hand: all digits at MP joints	—	100	90	54
Hand: all fingers at MP joints except thumb	—	60	54	32
Thumb ray at/or near:				
CMC joint	—	—	38	23
Distal third of 1st metacarpal	—	—	37	22
Thumb at:				
MP joint	100	40	36	22
IP joint	50	20	18	11
Index or middle finger at:				
MP joint	100	20	18	11
PIP joint	80	16	14	8
DIP joint	45	9	8	5
Ring or little finger at:				
MP joint	100	10	9	5
PIP joint	80	8	7	4
DIP joint	45	5	5	3



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Table 16-15 Maximum Upper Extremity Impairment Due to Unilateral Sensory or Motor Deficits or to Combined 100% Deficits of the Major Peripheral Nerves

Nerve	Maximum % Upper Extremity Impairment Due to:		
	Sensory Deficit or Pain *	Motor Deficit†	Combined Motor and Sensory Deficits
Pectorals (medial and lateral)	0	5	5
Axillary	5	35	38
Dorsal scapular	0	5	5
Long thoracic	0	15	15
Medial antebrachial cutaneous	5	0	5
Medial brachial cutaneous	5	0	5
Median (above midforearm)	39	44	66
Median (anterior interosseous branch)	0	15	15
Median (below midforearm)	39	10	45
Radial palmar digital of thumb	7	0	7
Ulnar palmar digital of thumb	11	0	11
Radial palmar digital of index finger	5	0	5
Ulnar palmar digital of index finger	4	0	4
Radial palmar digital of middle finger	5	0	5
Ulnar palmar digital of middle finger	4	0	4
Radial palmar digital of ring finger	3	0	3
Musculocutaneous	5	25	29
Radial (upper arm with loss of triceps)	5	42	45
Radial (elbow with sparing of triceps)	5	35	38
Subscapulars (upper and lower)	0	5	5
Suprascapular	5	16	20
Thoracodorsal	0	10	10
Ulnar (above midforearm)	7	46	50
Ulnar (below midforearm)	7	35	40
Ulnar palmar digital of ring finger	2	0	2
Radial palmar digital of little finger	2	0	2
Ulnar palmar digital of little finger	3	0	3

* See Table 16-10a to grade sensory deficits or pain.

† See Table 16-11a to grade motor deficits.

* From Swanson AB, de Groot Swanson G. Evaluation of permanent impairment in the hand and upper extremity. In: Doegge TC, ed. *Guides to the Evaluation of Permanent Impairment*. Fourth ed. Chicago, Ill: American Medical Association; 1993.



WPI Estimates – Chapter 16

Chapter 16 – Upper Extremity		
Arm:		
Carpal tunnel release	3% WPI	For each involved extremity
Ulnar nerve transposition	3% WPI	Assuming 10% sensory deficit
Shoulder:		
Repair torn rotator cuff	2% WPI	Assuming 10% loss of motion in all planes
Shoulder arthroscopy	2% WPI	Assuming 10% loss of motion in all planes
Shoulder impingement loss	2% WPI	Assuming 10% loss of motion in all planes
Distal Clavicle Resection	6% WPI	Apportionment should be a significant factor
Amputations:		
Ring or little finger at:		
MP joint	5% WPI	10% hand impairment
PIP joint	4% WPI	8% hand impairment
DIP joint	3% WPI	5% hand impairment
Index or middle finger at:		
MP joint	11% WPI	20% hand impairment
PIP joint	8% WPI	15% hand impairment
DIP joint	5% WPI	9% hand impairment
Thumb at:		
MP joint	22% WPI	40% hand impairment
IP joint	11% WPI	20% hand impairment
At or near CMC joint	23% WPI	38% upper extremity
Distal third of 1 st metacarpal	22% WPI	37% upper extremity
NOTE: If more than one finger involved. Add impairment for each finger at the hand level, then convert.		
Shoulder disarticulation	60% WPI	



WPI Estimates – Chapter 16

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- Motion loss - estimates
 - ▣ Wrist value is similar to shoulder
 - 10% loss = 2% WPI
 - 20% loss = 4% WPI
 - 50% loss = 10% WPI
 - ▣ Elbow motion is valued about ½ of shoulder or wrist
 - ▣ Compressive nerve injury
 - Estimate 10-50% loss (25% midrange loss)
 - Apply to maximum values (sensory, motor, or both)



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WPI Estimates – Chapter 16

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- Peripheral Neuropathy
- Carpal Tunnel – Median Nerve
 - ▣ 5% UE (AMA Guides page 495)
- 16.01.02.02
- “Other:
- Ulnar nerve, Radial Nerve
- 16.01.02.03
- Brachial Plexus
- Uncommon; significant WPI when found



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Chapter 16 Example

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- Bilateral Carpal Tunnel
- Not an automatic PD, but probable.
- Common assessments:
 - 25% sensory deficit = 10% UE = 6% WPI
 - Or, page 495 – 5% UE = 3% WPI



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Carpal Tunnel Example

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- 3/27/2020 DOI
- Data entry clerk, 39 years old on date of injury
- Right
 - 16.01.02.02 – 3 – [1.4]4 – 112H – 6 – 6%
- Left
 - 16.01.02.02 – 3 – [1.4]4 – 112H – 6 – 6%
- 6 c 6 = 12% TOTAL PD = \$11,092.50



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WPI Estimates – Chapter 17

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Rate only WPI values

100% LE = 40% WPI

- Loss of Motion
- Arthritis
- DBE – diagnosis based estimates – Table 17-33
 - Surgeries; fractures with displacement
 - Eg: meniscectomies – automatic WPI
 - TKR = minimum 15% WPI



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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.

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Table 17-10 Knee Impairment

Motion	Whole Person (Lower Extremity) Impairment (%)		
	Mild 4% (10%)	Moderate 8% (20%)	Severe 14% (35%)
Flexion	Less than 110°	Less than 80°	Less than 60° + 1% (2%) per 10° less than 60°
Flexion contracture	5°-9°	10°-19°	20°+
Deformity measured by femoral-tibial angle; 3° to 10° valgus is considered normal			
Varus	2° valgus-0° (neutral)	1°-7° varus	8°-12° varus; add 1% (2%) per 2° over 12°
Valgus	10°-12°	13°-15°	16°-20°; add 1% (2%) per 2° over 20°



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Table 17-31 Arthritis Impairments Based on Roentgenographically Determined Cartilage Intervals

Joint	Whole Person (Lower Extremity) [Foot] Impairment (%)			
	Cartilage Interval			
	3 mm	2 mm	1 mm	0 mm
Sacroiliac (3 mm)*	—	1 (2)	3 (7)	3 (7)
Hip (4 mm)	3 (7)	8 (20)	10 (25)	20 (50)
Knee (4 mm)	3 (7)	8 (20)	10 (25)	20 (50)
Patellofemoral†	—	4 (10)	6 (15)	8 (20)
Ankle (4 mm)	2 (5) [7]	6 (15) [21]	8 (20) [28]	12 (30) [43]
Subtalar (3 mm)	—	2 (5) [7]	6 (15) [21]	10 (25) [35]
Talonavicular (2-3 mm)	—	—	4 (10) [14]	8 (20) [28]
Calcaneocuboid	—	—	4 (10) [14]	8 (20) [28]
First metatarsophalangeal	—	—	2 (5) [7]	5 (12) [17]
Other metatarsophalangeal	—	—	1 (2) [3]	3 (7) [10]

* Normal cartilage intervals are given in parentheses.

† In an individual with a history of direct trauma, a complaint of patellofemoral pain, and crepitation on physical examination, but without joint space narrowing on x-rays, a 2% whole person or 5% lower extremity impairment is given.



Table 17-33 Impairment Estimates for Certain Lower Extremity Impairments

Region and Condition	Whole Person (Lower Extremity) [Foot] Impairment (%)	Region and Condition	Whole Person (Lower Extremity) [Foot] Impairment (%)
Patella*			
Patella fracture Undisplaced, nonarticular, healed, without neurologic deficit or other sign	0	Patellar subluxation or dislocation with residual instability	3 (7)
Displaced nonarticular fracture estimate by evaluating shortening and weakness	—	Patellar fracture Undisplaced, healed	3 (7)
Acromioclavicular fracture estimate according to range of motion and joint changes	—	Articular surface displaced more than 3 mm	5 (12)
Sacroiliac joint fracture consider displacement	1-3 (2-7)	Displaced with nonunion	7 (17)
Iliacal bursitis (weaver's bottom) requiring frequent unweighting and limiting of sitting time	3 (7)	Knee	
Hip			
Total hip replacement, includes endoprosthesis, unipolar or bipolar	15 (37)	Patellectomy Partial	3 (7)
Good result, 85-100 points†	15 (37)	Total	9 (22)
Fair result, 50-84 points†	20 (50)	Menisectomy, medial or lateral Partial	1 (2)
Poor result, less than 50 points†	30 (75)	Total	3 (7)
Femoral neck fracture, healed in good position	Evaluate according to examination findings	Menisectomy, medial and lateral Partial	4 (10)
Malunion	12 (30) plus range-of-motion criteria	Total	9 (22)
Nonunion	15 (37) plus range-of-motion criteria	Cruciate or collateral ligament laxity	3 (7)
Girdlestone arthroplasty Or estimate according to examination findings, use the greater estimate	20 (50)	Mild	7 (17)
Trochanteric bursitis (chronic) with abnormal gait	3 (7)	Moderate	10 (25)
Femoral shaft fracture			
Healed with 10°-14° angulation or malrotation	10 (25)	Severe	10 (25)
15°-19°	18 (45)	Cruciate and collateral ligament laxity	10 (25)
20°	+1 (2) per degree up to 25 (62)	Moderate	15 (37)
		Severe	15 (37)
		Plateau fracture Undisplaced	2 (5)
		Displaced	5 (12)
		5°-9° angulation	5 (12)
		10°-19° angulation	10 (25)
		20°+ angulation	+1 (2) per degree up to 20 (50)
		Supracondylar or intercondylar fracture	2 (5)
		Undisplaced fracture	5 (12)
		Displaced fracture	5 (12)
		5°-9° angulation	10 (25)
		10°-19° angulation	10 (25)
		20°+ angulation	+1 (2) per degree up to 20 (50)

*Baker above Section 15.14 on the page.
†See Table 17-34 or Table 17-35 for point rating system.
‡A minus is key to an anterior-posterior view taken with a knee or valgus stress applied by a knowledgeable physician.
§The 0°-10° value angle is assessed as shown in Figure 17-7.



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Region and Condition	Whole Person (Lower Extremity) [Foot] Impairment (%)	Region and Condition	Whole Person (Lower Extremity) [Foot] Impairment (%)
Knee			
Total knee replacement including unicondylar replacement	15 (37)	Loss of tibia-os calcis angles Angle is 120°-110°	5 (12) [17]
Good result, 85-100 points†	15 (37)	Angle is 100°-90°	8 (20) [28]
Fair result, 50-84 points†	20 (50)	Angle is less than 90°	+1 (2) [3] per degree up to 15 (37) [54]
Poor result, less than 50 points†	30 (75)	Intra-articular fracture with displacement	
Proximal tibial osteotomy Good result	10 (25)	Subtalar bone	6 (15) [21]
Poor result	Estimate impairment according to examination and arthritic degeneration	Talonavicular bone	3 (7) [10]
Tibial shaft fracture, malalignment of			
10°-14°	8 (20)	Calcaneocuboid bone	3 (7) [10]
15°-19°	12 (30)	Midfoot deformity	
20°+	+1 (2) per degree up to 20 (50)	Caisus Mild	1 (2) [3]
Ankle			
Ligamentous instability (based on stress x-rays)	2 (5) [7]	Moderate	3 (7) [10]
Mild (2-3 mm excess opening)	4 (10) [14]	"Rocker bottom" Mild	2 (5) [7]
Moderate (4-6 mm)	4 (10) [14]	Moderate	4 (10) [14]
Severe (> 6 mm)	6 (15) [21]	Severe	8 (20) [28]
Fracture		Avascular necrosis of the talus Without collapse	3 (7) [10]
Extra-articular with angulation		With collapse	6 (15) [21]
10°-14°	6 (15) [21]	Forefoot deformity	
15°-19°	10 (25) [35]	Metatarsal fracture with loss of weight transfer	
20°+	+1 (2) [3] per degree up to 15 (37) [53]	1st metatarsal	4 (10) [14]
Intra-articular with displacement	8 (20) [28]	5th metatarsal	2 (5) [7]
Hindfoot			
Fracture		Other metatarsal	1 (2) [3]
Extra-articular (calcaneal)		Metatarsal fracture with plantar angulation and metatarsalgia	
With varus angulation 10°-19°	5 (12) [17]	1st metatarsal	4 (10) [14]
With varus angulation 20°+	0.5 (1) [1] per degree up to 10 (25)	5th metatarsal	2 (5) [7]
With valgus angulation 10°-19°	3 (7) [11]	Other metatarsal	1 (2) [3]
With valgus angulation 20°+	0.5 (2) [1] per degree up to 10 (25) [35]		



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WPI Estimates – Chapter 17

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Chapter 17 – Lower Extremity		
Hip:		
Total hip replacement	15% WPI	Assuming Good results – DBE method
	20%	Fair (for Hip or Knee)
	30%	Poor (for Hip or Knee)
Knee:		
Total knee replacement	15% WPI	Assuming Good results – DBE method
Arthroscopy	0% WPI	Without residuals (and without structural damage)
ACL repair	3% WPI	Assuming mild lathy
Arthroscopic patella shaving	3% WPI	Partial patellectomy
Menisectomy:		
Partial – medial or lateral	1% WPI	Multiple partial receive multiple impairment not to exceed value of total.
Total – medial or lateral	3% WPI	
Partial – medial and lateral	4% WPI	Multiple partial receive multiple impairment not to exceed value of total.
Total – medial and lateral	9% WPI	
Arthritis – loss of 50% to 2 mm	8% WPI	Table 17-31 (footnote – crepitus can be 2% WPI)
Ankle:		
Arthrodesis	4% WPI	Assuming neutral position. Maximum is 25% WPI.
Amputation:		
Lesser toes at MTP joint	1% WPI	For each toe
Great toe at MTP joint	5% WPI	All toes at MTP = 9% WPI
Great toe at IP joint	2% WPI	
Syme	25% WPI	Ankle disarticulation, includes removal of malleoli and anchoring of heel pad
Knee disarticulation (amputation)	32% WPI	
Hip disarticulation (amputation)	40% WPI	



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Chapter 17 - Example

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- Date of injury: 6/03/2017
- Date of birth: 1/04/1960
- Occupation: paramedic
- Injury: left knee – total knee replacement. Table 17-33 minimum WPI = 15% WPI (good result)

- Left knee
- 17.05.10.08 – 15 – [1.4]21 – 490I – 28 – 34% PD
- = \$46,110.00



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Head Injuries

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- Objective findings
- Diagnostic Studies
 - Brain scan
 - MRIs



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Headaches



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- Not specifically addressed in the AMA Guides

DEU official position:

- Following direct trauma to the head, up to 3% WPI can be assigned due to residual headaches.
- Impairment # 13.01.00.99, as a 'consciousness disorder', has been assigned.



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Review MMI WPI reporting

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- Does the doctor explain the WPI?
- Read the relevant part of the Guides
 - ▣ Introduction to that Chapter
 - ▣ Applicable section
 - ▣ Applicable Tables/ Figures
 - ▣ Examples



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Table Impairment Corrections

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- Physician provides measurements
- ▣ Any knowledgeable observer may check findings with Guides criteria
 - Look up table values
 - Correct table impairments
 - Correct math errors
 - For Estimating PD (and for Reserves), apply PDRS adjustments [rating 'string'] to WPI Estimates

[DEU will make corrections when rating]



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2005 PDRS California specific

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- Relevant instructions
- Steps to assessing PD
- Supplement use of the AMA Guides
 - ▣ How to rate pain
 - ▣ How to rate psyche
- Supersede conflicting instructions in the AMA Guides
 - ▣ When/ what to combine



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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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COMBINED VALUES CHART

8-2



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Ratings & Apportionment

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- LC 4663 – “other factors” (usually a percentage to apply to PD, after rating)
 - burden of proof with the employer

- LC 4664 – “conclusive presumption” of prior PD
 - If based on AMA Guides, subtraction method applies to PD after current rating



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- **§15300. Estimating and Reporting Work Injury Claims.**
- (8) Estimates of permanent disability shall not be reduced based on apportionment unless the claim file includes documentation supporting apportionment.



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Basis for Estimate of PD

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- Pay a “reasonable estimate” of PD (remember attorney fees)
VS.
- PD Delay or notice advising the injured worker that “it is too early to tell” if there will be permanent disability from the injury.
- Use common sense.
- Have a reason for what you do or don't do.



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Basis for Estimate of PD

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- In cases in which PD is withheld because applicant is back to work, when payment is made it is retroactive back to the end of TD or P&S date, **whichever** is earlier. LC 4650 (b) (2)



Summary Estimating PD

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- Medical information
 - ▣ Objective data
 - ▣ Nature of injury
 - Body part/ system
 - Severity
- AMA Guides (non-jurisdictional specific)
 - ▣ WPI based primarily on objective medical data
 - ▣ WPI to be rated – based on documentation in medical reports
- 2005 PDRS
 - ▣ Impairment # (correlation to AMA Guides)
 - ▣ FEC/ 'adjustment' (increase to WPI)
 - ▣ Occupation and age adjustments
 - ▣ When/ how to combine
- Applying apportionment



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