



SCHEDULE FOR RATING INTRODUCTION TO PERMANENT DISABILITY

By Tim Mussack
Law Offices of Bradford & Barthel, LLP



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Meet our Team!

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Timothy Mussack
Director, AMA Analysis & Indemnity Valuations
tmussack@bradfordbarthel.com



Kenny Tolbert
Rater
ktolbert@bradfordbarthel.com



Tammy Welty
Director, Training & Communications
twelty@bradfordbarthel.com



Kristin Welty
Rating Specialist
kwelty@bradfordbarthel.com

AMA Analysis & Rating Department
ratings@bradfordbarthel.com
(916) 569-0790



Materials Needed!

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Workers' Compensation Benefit Schedule & Directory



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Permanent Disability Rating

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- How to use the PDRS
- When/how to combine
- How to rate pain, psyche
- Applying apportionment
- AMA Guides - WPI to be rated



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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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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 ≥ 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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PDRS Application Dates

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- 2005 PDRS
 - All dates of injury 1/1/2005 – 12/31/2012
 - With some applications for earlier DOIs
- 'NEW' PDRS
 - Use modified 2005 PDRS for dates of injury on or after 1/1/2013



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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)
 - 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.



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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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PD String

12

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
 Impairment# - WPI - +40% - Group#/Variant – Occ/Adj - Age = %PD

Reference PDRS page 1-10 (different example)



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Impairment Number

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- How do I select an impairment number?
 - PDRS – page 1-4
15.03.01.00
- **The first 2 digits = AMA Guides Chapter #**
- **Second 2 digits = body part/system**
- **Third 2 digits = method of evaluation**
 - If not specified, or two or more methods combined, use “other”
- **Fourth 2 digits – subcategories**



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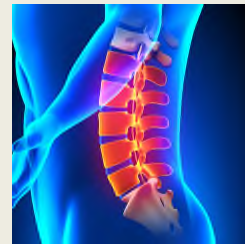
Impairment Number

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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 Meter 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. assem./heavy TV tech.	

3-27

<p>Group 211</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 Shoulder Elbow Wrist Finger motion Grip Leg Psych</p>	<p>D D F G E E H</p>	<p>Typical occupations: Airplane Inspector, Meter Reader, Property Manager</p>	<p>Group 214</p> <p>Clerical (physically active) Occupations; Educators, & 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 Shoulder Elbow Wrist Finger motion Grip Leg Psych</p>	<p>F F F G F F I</p>
<p>Group 212</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 & 211.</p> <p>Typical occupations: Chemist, Dialysis Technician, Secondary School Teacher</p>	<p>Spine Shoulder Elbow Wrist Finger motion Grip Leg Psych</p>	<p>E E E F F E E J</p>	<p>Group 220</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 & Repairer, Surgeon</p>	<p>Spine Shoulder Elbow Wrist Finger motion Grip Leg Psych</p>	<p>E F G H H F E J</p>	
<p>Group 213</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 Shoulder Elbow Wrist Finger motion Grip Leg Psych</p>	<p>F E E E F E F I</p>				

3-30

Rating	AGE AT TIME OF INJURY									
	21 and under	22 - 26	27 - 31	32 - 36	37 - 41	42 - 46	47 - 51	52 - 56	57 - 61	62 and over
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	3	3	3
3	2	2	3	3	3	3	3	4	4	4
4	3	3	3	4	4	4	5	5	5	6
5	4	4	4	5	5	5	6	6	6	7
6	5	5	5	6	6	6	7	7	8	8
7	5	6	6	7	7	8	8	9	9	10
8	6	6	7	7	8	9	9	10	10	11
9	7	7	8	8	9	10	10	11	12	12
10	8	8	9	9	10	11	11	12	13	13
11	8	9	10	10	11	12	13	13	14	15
12	9	10	10	11	12	13	14	15	15	16
13	10	11	11	12	13	14	15	16	16	17
14	11	11	12	13	14	15	16	17	17	18
15	12	12	13	14	15	16	17	18	19	20
16	12	13	14	15	16	17	18	19	20	21
17	13	14	15	16	17	18	19	20	21	22
18	14	15	16	17	18	19	20	21	23	24
19	15	16	17	18	19	20	22	23	24	25
20	16	17	18	19	20	21	23	24	25	26
21	17	18	19	20	21	22	24	25	26	27
22	17	18	20	21	22	23	25	26	28	29
23	18	19	20	22	23	24	26	27	29	30
24	19	20	21	23	24	25	27	28	30	31
25	20	21	22	24	25	27	28	29	31	32

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6-2

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
 - Right, Little = 10% Hand
 - LEI = Lower Extremity Impairment
 - 100% of a Lower Extremity = 40% 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**



Rating Example

21

Occupation: Warehouse Worker

DOI: 5/13/2018

DOB: 7/23/1971



- Nature of Injury: lumbar spine strain:
 - DRE Category II, 8% WPI

15.03.01.00 – 8 – [1.4]11 – 360G – 13 – 14%



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Rating Example

22

Occupation: Data Entry Clerk
(extensive keyboard work)

DOI: CT to 12/7/2017

DOB: 9/08/1963



Nature of Injury: Right UE – Carpal Tunnel, sensory deficit, 6% WPI



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Rating Example

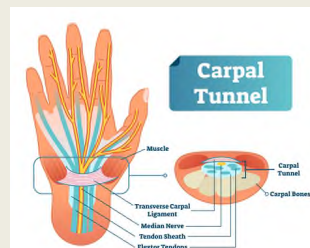
23

Occupational Group: 112

Age on DOI: 54 years old

□ Right Carpal Tunnel 6% WPI

▣ Earning adjustment (DOI 12/7/17)



16.01.02.02 – 6 – [1.4]8 – 112H – 11 – 13%



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Pain

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Page 1-12 of the 2005 PDRS:

- “The addition of up to 3% for pain is to be made at the whole person level. For example, if an elbow were to be increased by 3% for pain, the rating for the elbow would first be converted to the whole person scale, and then increased. The resultant rating would then be adjusted for diminished future earning capacity, occupation and age.”
- “In the case of multiple impairments, the evaluating physician shall, when medically justifiable, attribute the pain in whole number increments to the appropriate impairments. The additional percentage added for pain will be applied to the respective impairments as described in the preceding paragraph.”
- *Example: 41 year old truck driver with loss of elbow range of motion calculated at 10% UE, plus 2% WPI for pain.*

10% UE is converted, to 6% WPI. 2% WPI for pain is added, and 8% WPI is the standard rating.

16.03.01.00 – 8 – [1.4]11 – 350H – 14 – 14% PD



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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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Psyche



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- How do I rate Psyche PD?
- AMA Guides Chapter 14
 - "Impairment ratings are not included" (p. 357)
 - "In some individuals it is not possible to make a determination on the basis of available information" (page 359)

2005 PDRS

- instructions for rating psyche - pages 1-12 to 1-16
- GAF – Global Assessment of Function - Page 1-16




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GAF WPI	GAF WPI	GAF WPI	GAF WPI
1 90	34 63	67 5	100 0
2 89	35 61	68 3	
3 89	36 59	69 2	
4 88	37 57	70 0	
5 87	38 55	71 0	
6 87	39 53	72 0	
7 86	40 51	73 0	
8 85	41 48	74 0	
9 84	42 46	75 0	
10 84	43 44	76 0	
11 83	44 42	77 0	
12 82	45 40	78 0	
13 82	46 38	79 0	
14 81	47 36	80 0	
15 80	48 34	81 0	
16 80	49 32	82 0	
17 79	50 30	83 0	
18 78	51 29	84 0	
19 78	52 27	85 0	
20 77	53 26	86 0	
21 76	54 24	87 0	
22 76	55 23	88 0	
23 75	56 21	89 0	
24 74	57 20	90 0	
25 73	58 18	91 0	
26 73	59 17	92 0	
27 72	60 15	93 0	
28 71	61 14	94 0	
29 71	62 12	95 0	
30 70	63 11	96 0	
31 69	64 9	97 0	
32 67	65 8	98 0	
33 65	66 6	99 0	

1-16



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.



Combine or Add, and CVC

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Page 1-11 of the 2005 PDRS:

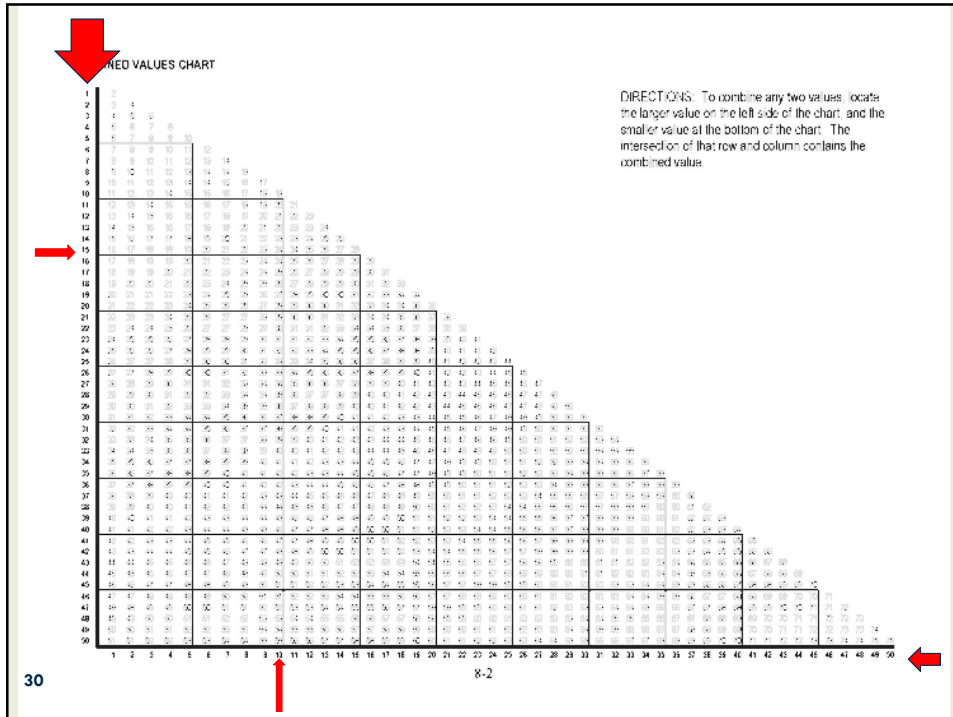
- For impairment for the same part of an extremity, combine at extremity impairment value, and then convert to WPI
- Combine largest to smallest
- With PD (following adjustment for FEC or 1.4, occupation, and age) combine PD for a single extremity first, then combine largest to smallest; "For example, 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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Ratings Practice

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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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Rating Example – with Combining

- Date of injury: 6/03/2017
- Date of birth: 1/04/1960
- Occupation: paramedic

Injury:

- left knee – total knee replacement. Table 17-33 - “Fair” result = 20% WPI
- left ankle – range of motion – 6% WPI
- lumbar spine – DRE Category II – 8% WPI



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Rating Example – with Combining

- Date of injury: 6/03/2017
- Date of birth: 1/04/1960
- Occupation: paramedic
- Injury: left knee – total knee replacement. Table 17-33 - “Fair” result = 20% WPI
- left ankle – range of motion – 6% WPI
- lumbar spine – DRE Category II – 8% WPI; 20% non-industrial apportionment

Left knee 17.05.10.08 – 20 – [1.4]28 – 490I – 36 – 43 % PD (A)

Left ankle – ROM 17.07.04.00 – 6- [1.4]8 – 490I – 12 – 15% PD (A)

Lumbar spine DRE II - .8 (15.03.01.00 – 8 – [1.4]11 – 490I – 16 – 20) 16% PD

■ 43 c 15 = 52 (A – Left LE)

■ 52 c 16 = 60% PD



- The maximum rating for a leg before adjustments is 40%

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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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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 ¹
	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. ²
	Cervical	28% WPI
	Thoracic	23% WPI
	Lumbar	23% WPI

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/or 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 reflexes), 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 II 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 II 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

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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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Chapter 16 – Upper Extremity		
Arm:		
Compressive nerve injury		Estimate 10-50% loss (25% midrange loss) Apply to maximum values from Table 16-15
Carpal tunnel release	3% WPI*	For each involved extremity
Ulnar nerve transposition	3% WPI*	Assuming 10% sensory deficit *conservative estimates
Shoulder:		
Rotator cuff repair; impingement, etc.	2% WPI	Assuming 10% loss of motion in all planes
	4% WPI	Assuming 20% loss of motion in all planes
	10% WPI	Assuming 50% loss of motion in all planes
Distal Clavicle Resection	6% WPI	Apportionment should be a significant factor
Wrist motion (surgery or fracture):		
	2% WPI	Assuming 10% loss
	4% WPI	Assuming 20% loss
	10% WPI	Assuming 50% loss
Elbow motion:		
		Valued at approximately 1/3 of shoulder or wrist
Amputations		
Ring or little finger at:		
At the MP joint = total finger value	5% WPI	10% hand impairment
Index or middle finger at:		
At the MP joint = total finger value	11% WPI	20% hand impairment
Thumb at:		
At the MP joint = total thumb value	22% WPI	40% hand impairment
NOTE: If more than one finger involved. Add impairment for each finger at the hand level, then convert.		
Shoulder disarticulation	60% WPI	

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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

Compiled by G. de Groot Swanson, MD, Grand Rapids, Mich.



The Lower Extremities

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- Some of the More Common Methods:
 - Motion
 - Arthritis
 - Diagnoses Based Estimates (DBE)



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 laxity
Arthroscopic patella shaving	3% WPI	Partial patellectomy
Meniscectomy:		
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


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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 17-33 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*		Knee	
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)	Patellectomy	
		Partial	3 (7)
		Total	9 (22)
		Menisectomy, medial or lateral	
		Partial	1 (2)
		Total	3 (7)
		Menisectomy, medial and lateral	
		Partial	4 (10)
		Total	9 (22)
Hip		Cruciate or collateral ligament laxity	
Total hip replacement, includes endoprosthesis, unipolar or bipolar		Mild	3 (7)
Good result, 85-100 points†	15 (37)	Moderate	7 (17)
Fair result, 50-84 points†	20 (50)	Severe	10 (25)
Poor result, less than 50 points†	30 (75)	Cruciate and collateral ligament laxity	
Femoral neck fracture, healed in good position	Evaluate according to examination findings	Moderate	10 (25)
Malunion	12 (30) plus range-of-motion criteria	Severe	15 (37)
Nonunion	15 (37) plus range-of-motion criteria	Plateau fracture	
Girdlestone arthroplasty Or estimate according to examination findings; use the greater estimate	20 (50)	Undisplaced	2 (5)
Trochanteric bursitis (chronic) with abnormal gait	3 (7)	Displaced	
Femoral shaft fracture		5°-9° angulation	5 (12)
Healed with 10°-14° angulation or malrotation	10 (25)	10°-19° angulation	10 (25)
15°-19°	18 (45)	20°+ angulation	+1 (2) per degree up to 20 (50)
20°	+1 (2) per degree up to 25 (62)	Supracondylar or intercondylar fracture	
		Undisplaced fracture	2 (5)
		Displaced fracture	
		5°-9° angulation	5 (12)
		10°-19° angulation	10 (25)
		20°+ angulation	+1 (2) per degree up to 20 (50)

*Baker classification 15, 14 or 13 points.
†See Table 17-34 or Table 17-35 for point rating system.
‡A minus is only in an anterior-posterior view taken with a knee or valgus stress applied by a knowledgeable physician.
§The fibro-osseous angle is measured as shown in Figure 17-1.

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

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Review 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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Guzman

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- Guzman
 - ▣ WCAB en banc decision “affirmed”
 - ▣ **requires application of the Guides as written, including the instructions on its proper use.**
 - ▣ **by resorting to comparable conditions described in the Guides**
- Although “the ‘nature of the injury,’ expressed in terms of impairment”, can be rebutted; the ‘strict’ use of the Guides is presumed correct.
- The burden rests with the party disputing the Guides.
- Must stay within the Guides
- There must be adequate evidence and reasoning presented in order to successfully rebut the scheduled rating.



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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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Apportionment Application

Example

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- Lumbar spine – 40% WPI
 - 15.03.02.04 – 40 – [1.4]56 – 250F – 56 – 56%
- Prior award from 2006 injury = 24% PD
- The new PD is apportioned evenly between specific 5/22/2014 and CT to 5/22/14 (LC 4663)
- $56\% - 24\% = 32\%$ PD (LC 4664)
 - ▣ Specific = 16% PD
 - ▣ CT = 16% PD



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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)



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Tim Mussack
 Bradford & Barthel, LLP
 2518 River Plaza Drive
 Sacramento, California 95833
 (916) 569-0790
tmussack@bradfordbarthel.com



RATINGS@BRADFORDBARTHEL.COM