



WPI Estimates by Injury

Estimated levels of WPI are listed by chapter of the AMA *Guides to the Evaluation of Permanent Disability*, 5th Edition. Estimate based on experience (be conservative). In most cases, the absence of ratable factors of disability, it's acceptable to issue a PD delay letter. Actual impairment can only be determined after examination by a licensed examiner. Apply PDRS adjustments [rating 'string'] to WPI estimate to estimate PD (and for Reserving).

Injury	WPI	Comments
Chapter 3 – The Cardiovascular System: Heart and Aorta		
		(From Class 2: 10-29% WPI)
Angioplasty or Coronary Artery Surgery (bypass)	10% WPI	Minimum Class 2 impairment, continued symptoms will increase impairment (Table 3-6a)
Heart Transplant or Surgery for Cardiomyopathy	10% WPI	Minimum Class 2 impairment, continued symptoms will increase impairment (Table 3-9)
Pacemaker	10% WPI	Minimum impairment, continued symptoms will increase impairment (Table 3-11)
Chapter 4 – The Cardiovascular System: Systemic and Pulmonary Arteries		
		(From Class 2: 10-29% WPI)
Aortic Surgery	10% WPI	Minimum impairment, continued symptoms will increase impairment (Table 4-3)
Cardiovascular Hypertension	10% WPI	Minimum: ≥ 140/90 with medications (Table 4-2)
Chapter 6 – The Digestive System		
Recurrent hernia repair	0% WPI	
Inguinal hernia repair	0% WPI	
Chapter 7 – The Urinary and Reproductive Systems		
One kidney functioning	0% WPI	Minimum impairment, continued symptoms will increase impairment (Table 7-1)
Kidney transplant and functioning	15% WPI	Minimum impairment, continued symptoms will increase impairment (Table 7-1)
Dialysis Required	60% WPI	Minimum impairment, continued symptoms will increase impairment (Table 7-1)



Chapter 11 – Ear, Nose, Throat, and Related Structures		
Total loss of hearing on one ear	6% WPI	Other ear has no loss (Tables 11-2, 11-3)
Chapter 12 – The Visual System		
Total loss of sight in one eye	20% WPI	Other eye is 20/20 with correction

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	

¹ Using the ROM method, loss of motion is determined using the first level of impairment. For example: Using Table 15-12, the first level of cervical flexion and extension impairment is at 30 degrees of flexion and 40 degrees of extension, each is provided 2% WPI.

² Using the ROM method, loss of motion is determined using the second level of impairment. For example: Using Table 15-12, the second level of cervical flexion and extension impairment is at 15 degrees of flexion and 20 degrees of extension, each is provided 4% WPI.



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 – scenario #2 page 495
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 ½ of shoulder or wrist
Amputations		
Ring or little finger at:		
At the MP joint = total finger value	5% WPI	Total Digit Value = 10% hand impairment
Index or middle finger at:		
At the MP joint = total finger value	11% WPI	Total Digit Value = 20% hand impairment
Thumb at:		
At the MP joint = total thumb value	22% WPI	Total Digit Value = 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	

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)

This information is provided as a projection of impairment.
 Individual circumstances and results can significantly change the final level of impairment.
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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
Knee disarticulation (amputation)	32% WPI	
Hip disarticulation (amputation)	40% WPI	

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