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Program

- Introduction
- Final Medical Reports (FMR)
- Scheduled & Unscheduled Injuries
- Amputation & Loss of Use
- Statutory Minimum PPD Ratings
- PPD Calculations (Multipliers & Deductions)
- Closing the Medical Portion of a Claim

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Dispute Resolution Specialists

	Lisa Halsey, Section Chief
Jasmine Decorah	Advances, Delays, ADR
Cherie Goetz	Supplemental and Death Benefits, ADR
Faith Howe	Advances, Delays, ADR
Chelsea Newby	Delays, Voc Rehab, Loss of Earning Capacity (LOEC), Training
Phil Roberts	Advances
Frank Salvi	Supplemental and Death Benefits, Voc Rehab, Tie Breakers, ADR
Gail Wickman	Advances
Karee Williams	Delays, ADR, Loss of Earning Capacity (LOEC)
Kati Zieroth	Hearing Loss, Vision Loss

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FMR – What?

- Diagnosis
- Work related?
- Surgery?
- Maximum Medical Improvement (MMI) has been reached
- Permanent disability
 - Disability vs. impairment
- Signed and dated by treating doctor
 - NP, PA, and DDS **NOT** acceptable; IME report **NOT** acceptable
 - Doctor's clinic note with all elements is acceptable



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FMR – When?

- Per stat. 102.13(2)(c) if:
 - Temporary disability exceeds three (3) weeks, or
 - Permanent disability, or
 - Surgery (except hernia), or
 - Eye injuries with three (3) or more medical visits
- Submit FMR when claimant at MMI - end of healing (EOH)
 - Claimant dies before EOH



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FMR – Why?

Rating = Benefits paid for disability related to work injury

- State requirement
- In setting of Independent Medical Examination (IME), basis for appeal



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FMR – How?

- Treating doctor submits to insurance company when injured worker has reached end of healing
- If treating doctor does not respond to three requests for FMR, contact WCD for assistance
 - Any Dispute Resolution Specialist can help you with this



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FMR

- Unscheduled
 - Head (including smell)
 - Spine
 - Torso (including kidneys)
 - Systemic
- Scheduled (stat. 102.52)
 - Peripheral joints
 - Eyes and ears



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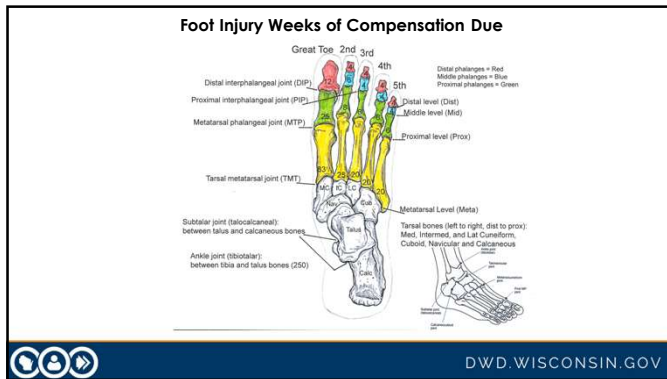
FMR

- Amputation
 - Anatomic level of bone loss
- Loss of use
 - Percentage of total loss
- Hearing (DWD 80.25)
 - Pre- and post-audiogram formula
- Vision (DWD 80.26)
 - WKC-16A

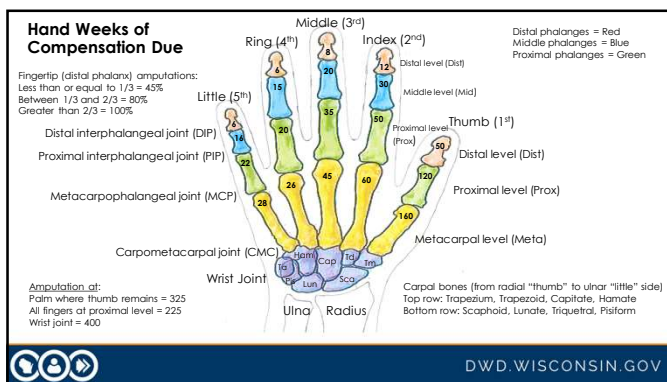


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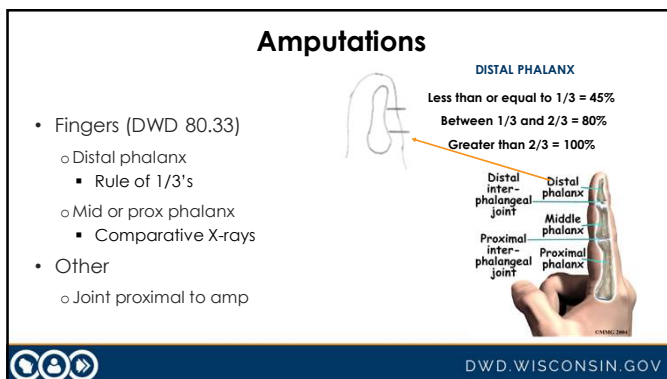
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Loss of Use



Statutory minimum ratings (DWD 80.32)

- Several procedures
- Lost range of motion
- Nerve injuries
- Other



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Statutory Minimum Ratings

- Assumptions
 - Excellent surgical outcome
 - No prior disability
- Other elements of disability: **If present, shall result in a higher estimate!**


<ul style="list-style-type: none"> ◦ Pain ◦ Weakness ◦ Activity limitations 	<ul style="list-style-type: none"> ◦ Altered sensation ◦ Unstable grafts
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Statutory Minimum Ratings

- Prosthesis and resurfacing
 - Total vs. partial joint replacement
 - Hip resurfacing = at least 35%
 - Shoulder resurfacing = 50%
- Ankle inversion and eversion = 7.5% each
- Pronation and supination at elbow
- Foot drop = peroneal nerve damage or paralysis at knee


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Statutory Minimum Ratings - Back

- Surgery
 - Relieve from the effects of a disc lesion or spinal cord pressure
 - Laminectomy
 - Facetectomy
 - Other
 - Fusion
 - Instrumentation
 - Cages
- Compression fractures = 5% if symptomatic
- Artificial disc = 7.5%



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Statutory Minimum Ratings - Fingers



- Range of Motion
- Lost Sensation
- Amputations
- Other Elements



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PPD Calculation Examples

1. Scheduled or unscheduled?
2. Statutory minimum?
3. Number of weeks? = body part x rated %
4. Multipliers or deductions?
5. PPD total = PPD weekly rate x number of weeks
(max rates varies by year of injury, WKC-9572)
6. Number of PPD monthly payments = total/monthly



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PPD Calculation Examples

Standard

Statutory Minimum


Amputation


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PPD Multipliers


- Multiple Injuries (stat. 102.53)
 - Equal or lesser disabled parts = 20%
 - Multiple Injuries to Hand
 - First equal or lesser disability = 100%
 - Second + third equal or lesser disability = 150%
 - Both eyes = 200%
- Dominant Hand (stat. 102.54)
- Rating at least 100% of distal joint = 25%


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Stacking

- Statutory minimum surgical procedures related to same injury
 - Sequential meniscectomies or ACL repairs
 - Statutory minimum knee surgery with subsequent knee replacement
 - Redo joint replacements
- Rating cannot exceed 100%
 - Madison Gas & Electric v. LIRC (2011)


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Deductions

- Distal disabilities deducted from proximal disabilities before applying % rating for proximal disability
- Scheduled disabilities deducted from unscheduled disabilities
 - Pre-existing conditions do not apply
 - Multipliers are not deducted

(DWD 80.50)



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Apportionment

- For two (2) or more distinct injuries, liability apportioned according to proof of relative contribution to disability from each injury
- Disability caused by other factors, before or after disabling work injury, can be deducted
- Doctor must apportion
 - Traumatic injuries only, does not apply to occupational exposures

(Wis. Stat. 102.175)



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PPD Calculation Examples

Multipliers

Stacking

Deductions



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Avoiding Letters from the State

- If FMR not available, **when expected?**
- Operative Reports for statutory minimum surgery
- Clarify level of finger amputations, with comparative X-rays if more than distal
 - Dominant Hand



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Avoiding Letters from the State (cont.)

- **If IME, still need FMR**
 - Pay average
 - If pay per IME, send position letter
- Timely issuing and reporting of payments
 - Do not wait for worksheet
- Why not call!



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FMR Checklist

Key Elements?

- Disability, yes or no
- Assigned body part
- Extent of amputation
- End of healing
- Signed (cosign if NP or PA)
- Dated
- If referred to, then attach clinic note, op reports

Adequate Rating?


- Disability described, but not rated
- Range of motion
- Statutory minimum surgery
- Other elements
- Permanent work restrictions
- AMA Guidelines
- IME without FMR from treating doctor



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