

## PPD Calculation Example Solutions

### Points to consider:

Is this a **scheduled or unscheduled** injury?

What is the **number of weeks** associated with the injured body part?

Does a **statutory minimum rating** apply to this injury / surgery?

Are there any **other elements of disability**?

Is there a **prior disability** to deduct?

Is there a **multiplier or stacking** that applies?

PPD weeks of payment = (# of weeks for body part) X (% disability rated by doctor)

PPD total payment = (PPD weeks of payment) X (PPD rate based on wage)

Monthly rate = (weekly rate) X 4.33333

#1. R rotator cuff surgical repair  
Doctor rates 5%

Scheduled injury  
Shoulder = 500 weeks

No statutory minimum applies, unless lost range of motion is documented

Which ranges of motion are considered for stat min shoulder ratings?  
Forward Flexion and Abduction

No other elements of disability described, so nothing else to add or subtract

Doctors rating is good  
 $5\% \times 500 \text{ weeks} = 25 \text{ weeks}$

#2 L anterior cruciate ligament surgical repair  
Doctor rates 10%

Scheduled injury  
Knee = 425 weeks

Statutory minimum disability for ACL repair = 10%

No other elements of disability described, so nothing to add or subtract

Doctors rating is good  
 $10\% \times 425 \text{ weeks} = 42.5 \text{ weeks}$

If insurance carrier has not already sent, request for operative report will be sent

#3 Lumbar laminectomy and fusion at L4-5  
Permanent lifting restrictions  
Doctor rates 12%

Unscheduled injury  
Back (body as a whole) = 1000 weeks

Statutory minimum for spinal surgery per level:  
laminectomy/decompression = 5% and fusion = 5%  
Laminectomy 5% + fusion 5% = statutory minimum rating total of 10%

Other element of disability (lifting restrictions) present, so something should be added to statutory minimum rating

Doctor rating is good 12% X 1000 weeks = 120 weeks  
12% (higher than stat min) rating accounts for persistent lifting restrictions

Send the operative report

#4 20% loss of flexion at R index finger MCP joint and total loss of R index finger sensation  
Doctor rates 50% at R index finger MCP joint

Scheduled injury

Index Finger Joint Values: DIP = 12 weeks, PIP = 30 weeks, and MCP = 50 weeks

Statutory minimum rating for lost motion = 10% at MCP

Statutory minimum rating for total loss of sensation = 50% at MCP

10% + 50% = 60% at index finger MCP

Is there a dominant hand multiplier? No, as no amputation or 100% loss of use

Nothing other elements of disability to add or subtract

Doctors rating is low, and will be adjusted up by DWD WC to 60%

10% X 50 weeks = 5 weeks, AND 50% X 50 weeks = 25 weeks, Total = 30 weeks

#5 Ankle sprain with 66% loss of L ankle dorsiflexion  
Associated complex regional pain syndrome and weakness  
Doctor rates 10% @ L ankle

Scheduled injury  
Ankle = 250 weeks

Statutory minimum rating for total loss of dorsiflexion is 15%, and for 66% loss is 10%

Other elements of disability (complex regional pain syndrome and weakness) present,  
so rating should be higher than the statutory minimum

Doctor rating is low. It does not account for CRPS or weakness. DWD WC will write for  
revised estimate or further explanation from doctor  
 $10\% \times 250 \text{ weeks} = 25 \text{ weeks}$

#6 Amputation above the right knee  
Doctor rates 50% at R hip

Scheduled injury  
Hip = 500 weeks

Statutory minimum rating for amputation  
Entire knee is gone = 425 weeks, Value of remaining hip = 75 weeks  
Normally 50% of remaining joint value assigned for amputation  
 $425 \text{ weeks} + (50\% \times 75 \text{ weeks}) = 462.5 \text{ weeks}$

No other elements of disability described, so nothing else to add or subtract

Doctor rating is low,  $50\% \text{ of } 500 \text{ weeks} = 250 \text{ weeks}$   
250 weeks is much lower than statutory minimum 462.5 weeks for amputation

Pay in accordance with statutory minimum rating, estimate worksheet will eventually be sent

#7 Post traumatic stress disorder (PTSD)  
Doctor rates 2%

Unscheduled injury  
Mental disorders (body as a whole) = 1000 weeks

No statutory minimum rating for PTSD

No other elements of disability described, so nothing to add or subtract

Doctor rating is good  
 $2\% \times 1000 \text{ weeks} = 20 \text{ weeks}$

Like other injuries that are not covered by Wisconsin statutory minimum ratings, doctor can utilize other existing guidelines to assist with estimate of disability (AMA Guides or Veterans Administration Guidelines, etc.)



#8 R medial meniscectomy and R wrist injury (both with pain and weakness)  
Doctor rates 10% at R knee and 2% at R wrist

2 scheduled injuries  
Knee = 425 weeks, Wrist = 400 weeks

Stat min for meniscectomy = 5% (doctor rated more)

No statutory minimum rating for wrist pain or weakness  
No other elements of disability described

Doctor rating is good

Knee:  $10\% \times 425 \text{ weeks} = 42.5 \text{ weeks}$

Wrist:  $2\% \times 400 \text{ weeks} = 8 \text{ weeks}$

Lesser injury multiplier:  $20\% \times 8 \text{ weeks} = 1.6 \text{ weeks}$

Total weeks =  $42.5 + 8 + 1.6 = 52.1 \text{ weeks}$

#9 R medical meniscectomy and ACL repair surgery  
Subsequent R total knee arthroplasty (attributed to original injury)  
Doctor rates 65% at R knee

2 scheduled injuries  
Knee = 425 weeks

Stat min for meniscectomy = 5%, for ACL repair = 10%, for total knee arthroplasty = 50%

Ratings are "stacked" together (5 + 10 + 50 = 65)  
No other elements of disability described

Doctor rating is good  
 $(5\% \times 425) + (10\% \times 425) + (50\% \times 425) = 21.25 + 42.5 + 212.5 = 276.25$  weeks

If 15% already paid, then remaining 50% = 212.5 weeks now needs to be paid

What if a second total knee replacement surgery became necessary?  
Stacking all statutory minimum percentages would equal 115%, but maximum is 100%

What other procedures are stacked?  
Spine and joint replacement surgeries

What if the first knee replacement is attributed to a new, unrelated injury?  
Prior 15% can then be deducted from the current value of the knee  
Insurance carrier must present documentation supporting prior rating and request deduction  
 $425 - 63.75 = 361.25$  weeks  
then 50% applied to the remaining weeks  
 $50\% \times 361.25 = 180.625$  weeks

#10 Prior amputation of L thumb interphalangeal joint (R hand dominant)  
New injury to L shoulder  
Doctor rates 10% at L shoulder

2 scheduled injuries  
Thumb DIP joint = 50 weeks  
Shoulder = 500 weeks

Statutory minimum for prior amputation = 50 weeks  
No other elements of disability described

Doctor rating is good, but weeks for thumb can be deducted from weeks for shoulder  
Current value of shoulder: 500 weeks – 50 weeks = 450 weeks  
10% X 450 weeks = 45 weeks

Pre-existing disability must be documented by insurance carrier  
Pre-existing conditions (arthritis) are not disabilities, so will not be deducted

#11 Lumbar laminectomy at L4-5  
Redo lumbar decompression and fusion at L4-5  
Associated foot drop at L ankle requiring ankle foot orthosis  
Doctor rates 12%

Unscheduled and scheduled injuries  
Body as a whole = 1000 weeks

Statutory minimum for spinal surgery per level:  
laminectomy/decompression 5%, fusion 5%  
Laminectomy 5% + subsequent decompression 5% + fusion 5% = total of 15%

Stat min for foot drop: 25% (rated at knee)

Doctor rating is low

Rating at knee: 25% @ knee, so  $25\% \times 425 \text{ weeks} = 106.25 \text{ weeks}$ ,  
Spine 1000 weeks – 106.25 weeks = 893.75 weeks  
 $5\% + 5\% + 5\% = 15\%$ ,  $15\% \times 893.75 \text{ weeks} = 134.1 \text{ weeks}$

Multiplier for lesser knee injury =  $106.25 \times 20\% = 21.25$

Total  $134.1 \text{ weeks} + 106.25 \text{ weeks} + 21.25 = 261.6 \text{ weeks}$

#12 Prior R hip resurfacing  
New cervical laminectomies at C5-6 and C6-7  
Doctor rates 10%

Scheduled and unscheduled injuries

Hip = 500 weeks

Body as a whole = 1000 weeks

Statutory minimum for hip resurfacing = 35%

Statutory minimum for cervical laminectomies = 5% each (10% total)

Deduction for prior injury, if requested by insurance carrier:

$35\% \times 500 \text{ weeks} = 175 \text{ weeks}$

New value of body as a whole:  $1000 \text{ weeks} - 175 \text{ weeks} = 825 \text{ weeks}$

No other elements of disability described

Doctor rating is good, but deduction can be requested

$10\% \times 825 \text{ weeks} = 82.5 \text{ weeks}$

#13a Amputation of dominant hand R index finger 50% of middle phalanx  
and amputation of R middle finger 50% of distal phalanx  
Doctor rates 50% @ R index finger PIP joint, and 80% @ R middle finger DIP joint

Scheduled injuries

Index Finger Joint Values: DIP = 12 weeks, PIP = 30 weeks, and MCP = 50 weeks

Index finger ½ middle phalanx amputation:

12 weeks (lost DIP) + ½ or 50% of remaining 18 weeks at PIP = 9 weeks

Subtotal for index finger amputation = 12 + 9 = 21 weeks

Middle Finger Joint Values: DIP = 8 weeks, PIP = 20 weeks, and MCP = 35 weeks

Distal phalanx amputations:

1/3 or less = 45%, between 1/3 and 2/3 = 80%, greater than 2/3 = 100%

Middle finger: Statutory minimum for amputation of ½ of distal phalanx = 80%,  
80% X 8 weeks (DIP) = 6.4 weeks

Multiplier for lesser middle finger injury at DIP = 6.4 x 100% = additional 6.4 weeks

Subtotal for both fingers = 21 + 6.4 + 6.4 = 33.8 weeks

Dominant hand multiplier = 25% (if at least 100% at a joint, do not multiply multipliers!)

21 weeks X 25% = 5.25 weeks

Total = 33.8 weeks + 5.25 weeks = 39.05 weeks

No other elements of disability described

Doctor rating is not adequate. Amputations must be documented.

Pay stat min for amputations pending receipt of DWD worksheet with multipliers.

#13b In addition to #13a amputations, 10 degrees of lost flexion at the index finger PIP joint, and 35 degrees of lost flexion + 7 degrees of lost extension at the middle finger DIP joint  
Doctor rates 90% @ R index finger, and 100% at R middle finger DIP joint

Scheduled injuries

Index Finger middle phalanx = 30 weeks - 21 weeks lost for amp leaves 9 weeks

Lost motion applied to remaining 9 weeks at PIP joint

10 degrees lost flexion at PIP = 5%

5% x 9 weeks = .45 weeks

20% multiplier applied to this lesser injury .45 x .20 = 0.09

Index Finger Subtotal = 21 + .45 + .09 = 21.54 weeks

Middle Finger Stat min for amp ½ of distal phalanx = 80% x 8 weeks = 6.4 weeks

Lost motion applied to remaining weeks at DIP 8 – 6.4 = 1.6 weeks

50% lost flex = 10% + 10% lost ext = 2%) = total of 12%

12% x remaining 1.6 weeks = .19 weeks

Subtotal Middle Finger = 6.4 + .19 = 6.59 weeks

Multiplier for lesser distal middle finger injury = 6.59 x 100% = additional 6.59 weeks

Subtotal for both fingers = 21.54 + 6.59 + 6.59 = 34.72 weeks

Dominant hand multiplier = 25% (at least 100% joint amp) (Do not multiply multipliers!)

21 weeks X 25% = 5.25 weeks

Total = 34.72 weeks + 5.25 weeks = 39.97 weeks

No other elements of disability described

Doctor rating is good: (90% X 50 weeks) + (100% X 8 weeks) = 45 + 8 = 53 weeks

53 weeks is greater than stat min 39.97 weeks

Pay stat min for amputations pending receipt of DWD worksheet with multipliers.