

WISCONSIN



DWD

Disability Ratings and Medical Reports

CHELSEA NEWBY and FRANK SALVI

Dispute Resolution Specialists

DWD Division of Worker's Compensation

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



Dispute Resolution Specialists

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



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
 - Dr.'s clinic note with all elements is acceptable



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



FMR – Why?

Rating = Benefits paid for disability related to work injury

- State requirement
- In setting of IME, basis for appeal



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 DWC for assistance
 - Any Dispute Resolution Specialist can help you with this



FMR

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



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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 Worker's Compensation Division
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 http://dwd.wisconsin.gov/wc
 e-mail: DWDDWC@dwd.wisconsin.gov

MEDICAL REPORT ON INDUSTRIAL INJURY

*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay. Personal information you provide may be used for secondary purposes (Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes).

PATIENT	WC Claim Number	Employee Name		
	Employee Social Security Number*	Employee Address		
	Injury Date	Employer Name	Insurance Company	
HISTORY	History as described by patient			
DIAGNOSIS (Please be as detailed as possible)				
PERMANENT DISABILITY (Describe permanent elements of disability, such as limitation of motion, pain, weakness, etc., and describe effect on working ability.)	What amputation present?	Comparative x-rays taken? <input type="checkbox"/> Yes <input type="checkbox"/> No	Stump: <input type="checkbox"/> hardy or <input type="checkbox"/> tender	
	Has permanent disability resulted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Exam	Has healing period ended? <input type="checkbox"/> Yes <input type="checkbox"/> No	Patent discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Description of permanent disability (Record finger motion losses on reverse.)			
	Was surgery performed as a result of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, state type of surgery:			
If healing has not ended, what is minimum permanent disability expected?				
PRIOR DISABILITY	What previous disability?			
PROGNOSIS	Prognosis:			
	Date injured was or will be able to return to a limited type of work: State any limitations:			
	Date injured was or will be able to return to full-time work subject only to permanent limitations:			
	What further treatment should be given?			
Additional comments, if any:				
Date	City	Physician or Chiropractor Signature (in own writing)		
Phone Number () -	Typed or Printed Name			

WKC-16 (R. 06/2017)

Employee Name	Employee Social Security Number
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Instructions for finger injuries

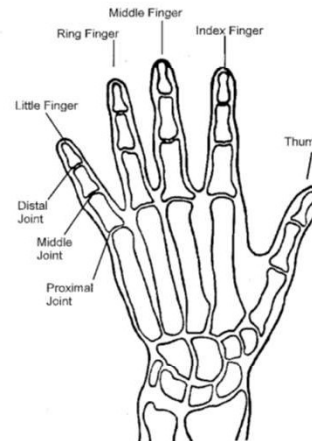
Please use statutory terms in referring to fingers, such as thumbs, index, middle, ring, and little fingers, and distal, middle, and proximal joints. Where there is limitation of motion, list separately the normal range of motion in degrees, the "degrees" loss of flexion, and the "degrees" loss of extension for each joint of each finger. The Worker's Compensation Division will evaluate the loss of use due to loss of motion of the fingers.

Where there are other elements of disability of the fingers, such as deformity, weakness, pain, or lack of endurance, give your opinion on the percentage loss of use as compared to amputation for such elements of disability and specify the joint at which such loss is estimated.

Digit	Joint	Angle Ext./Flex	Normal Range of Motion	Degrees Loss Extension	Degrees Loss Flexion	Estimate % loss of use for additional factors at joint involved and reason for additional allowance
Thumb	Dist					
	Prox					
Index	Dist					
	Mid					
Mid	Dist					
	Mid					
Ring	Dist					
	Mid					
Little	Dist					
	Prox					

CIRCLE HAND INVOLVED: Right Left

DOMINANT HAND: Right Left



See DWD 80.32 & 80.33 for guides to evaluation for amputations, restrictions of motion, ankylosis, sensory loss, and surgical results for disability to the hip, knee, ankle, toes, shoulder, elbow, wrist, fingers and back.

If fingertip amputation is present, submit comparative x-rays or a statement indicating whether the bone loss was less than one-third, between one-third and two-thirds, or more than two-thirds of the distal phalanx.

If amputation is below the distal joint, submit comparative x-rays.



PHYSICIAN'S REPORT ON EYE INJURIES

Refer to Ind. 80.26, Loss of vision; determination

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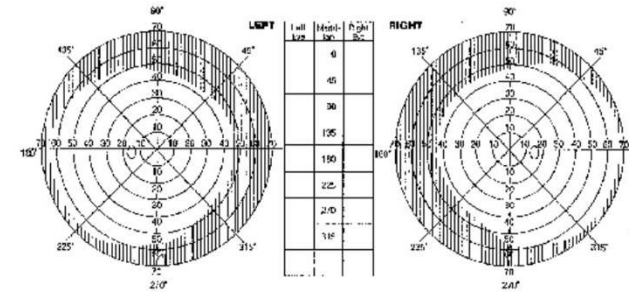
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PATIENT	WC Claim Number	Employee Name	
	Social Security Number*	Employee Address	
HISTORY	Injury Date	Employer Name	Insurance Company Name
	Date of First Treatment	Date of Last Treatment or Exam	Which eye is injured? <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both
	If only one eye is injured, is the other eye affected? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain		
NATURE OF INJURY AND DIAGNOSIS	Please be as detailed as possible		
	Is physical condition of the eyes stationary? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	1) Did cataract form as a result of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No 2) If cataract formed, was lens removed? <input type="checkbox"/> Yes <input type="checkbox"/> No 3) Has there been a surgical implant of lens? <input type="checkbox"/> Yes <input type="checkbox"/> No	Danger of further impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
	Have all adequate and reasonable operations been attempted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CENTRAL VISUAL READINGS	Distance → Use Snellen test letters or characters up to 20/800.		
	Near → Use AMA Reading Card up to 14/500.		
IMPORTANT: PLEASE FILL OUT EACH LINE COMPLETELY FOR EACH EYE	After Injury		Pre-existing before injury, including presbyopia and other conditions clearly not the result of the injury
	Without Correction		Without Correction
	With Correction		With Correction
	Distance	Near	Distance
Right			Right
Left			Left
PRIOR DISABILITY	Did the employee wear glasses for pre-existing subnormal vision? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Is there a record or positive indication of pre-existing subnormal vision? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:		
	Is the remaining impairment due to the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		
BINOCULAR VISION	Is there absence of useful binocular vision? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Explain cause: If a result of the injury, what is the percentage of additional permanent disability?		
	Is there any diplopia present? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, this should be plotted in the chart at the right by placing an X in each square in which diplopia is found. The test is to be made with any industrially useful correction applied.		
	Was such correction used? <input type="checkbox"/> Yes <input type="checkbox"/> No		Industrial Motor Field Chart

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FIELD VISION

Field vision taken without correction if possible using a white test object which subtends one degree and a standard parameter with a radius of 12.8 inches (325 mm). The field object shall measure 0.223 inches (5.8 mm). Is there any loss of the field of vision? Yes No In the event of injury? Yes No If so, indicate on the charts and table below. Sketch in paired area. Sketch areas of any scotomata.



When did the last trace of inflammation disappear from the eye?

Is it able to return to work

OTHER FUNCTIONS

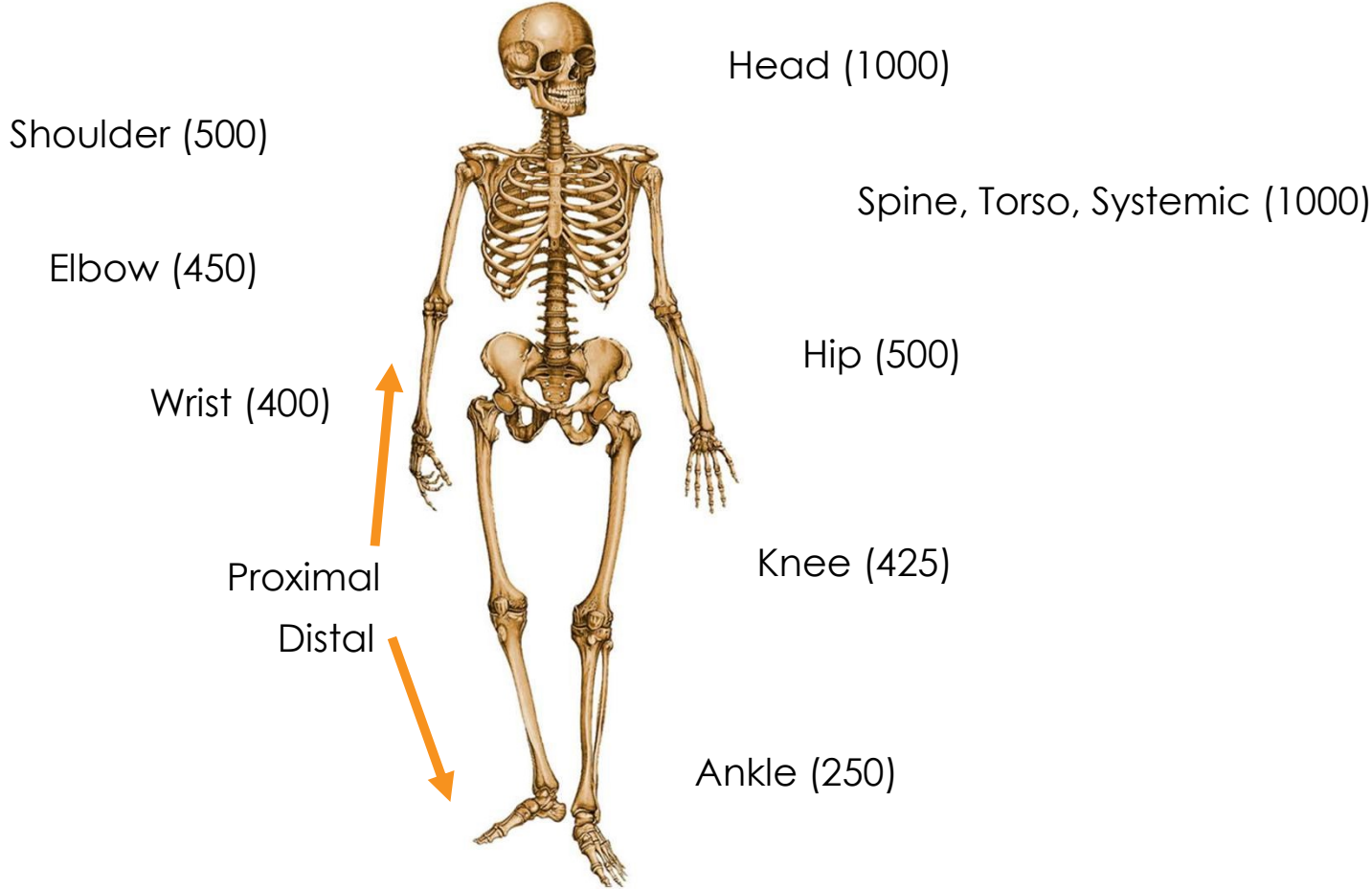
Certain ocular disabilities are not covered in the foregoing sections, such as dislocation of accommodation, of color vision, of adaptation to light and dark, media opacities, strabismus, nystagmus, eyelid/eyeliner, and muscle disturbances not included under diplopia. Is any such disability present? If so, explain under "Remarks" below, stating whether it results from the injury, what it is, which eye, or whether both eyes are affected, and your percentage estimate of the impairment of the eye or eyes for industrial use.

Remarks:

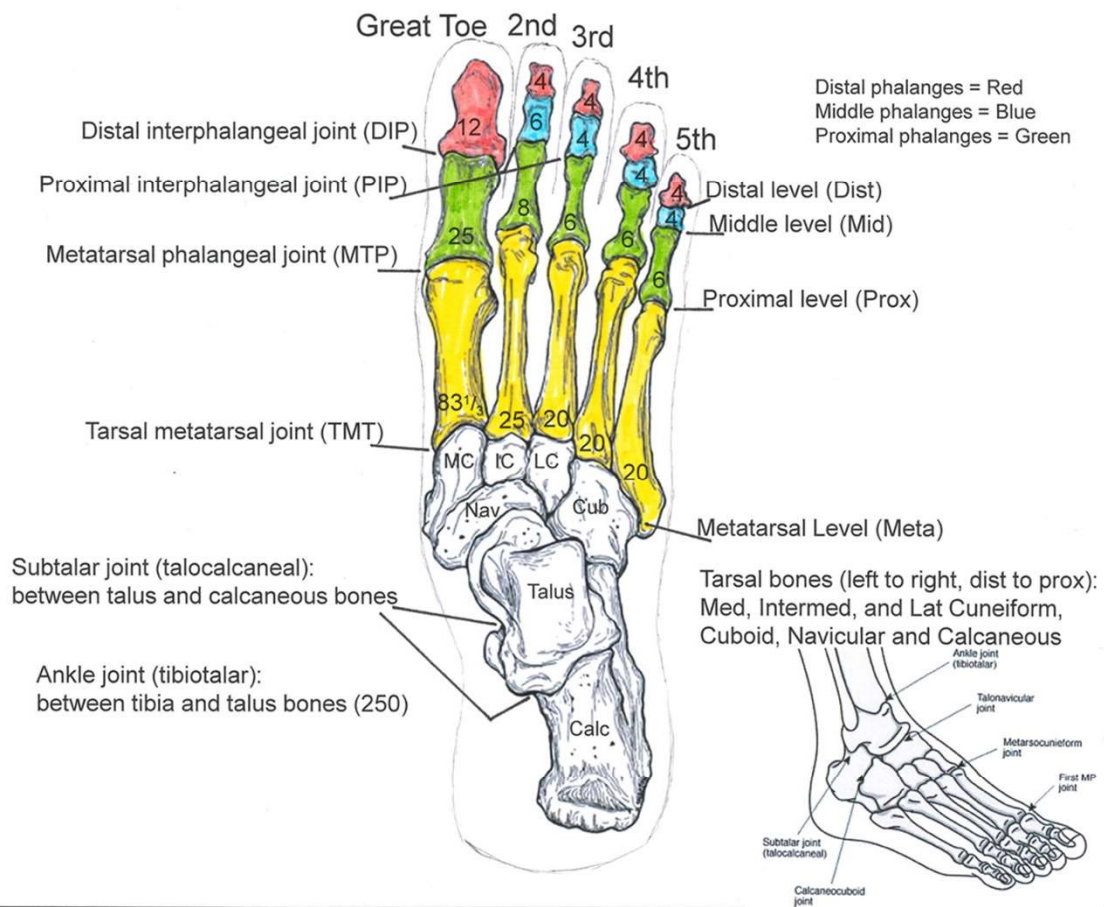
Doctor Signature: _____ Date Signed: _____
(Please print in doctors own handwriting)

Address:

Body and Major Joints Weeks of Compensation



Foot Injury Weeks of Compensation Due



Hand Weeks of Compensation Due

Fingertip (distal phalanx) amputations:
 Less than or equal to 1/3 = 45%
 Between 1/3 and 2/3 = 80%
 Greater than 2/3 = 100%

Distal interphalangeal joint (DIP)

Proximal interphalangeal joint (PIP)

Metacarpophalangeal joint (MCP)

Carpometacarpal joint (CMC)

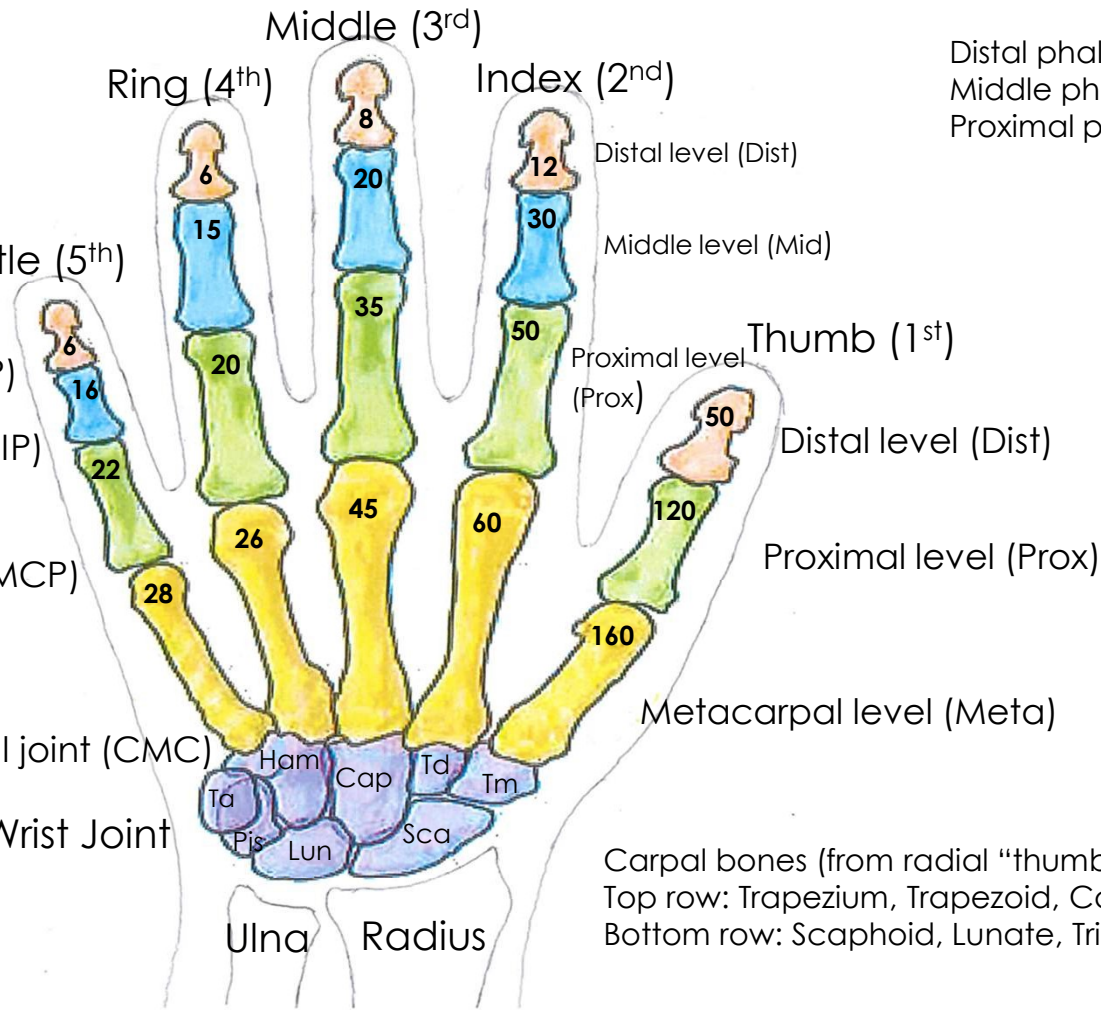
Wrist Joint

Amputation at:

Palm where thumb remains = 325

All fingers at proximal level = 225

Wrist joint = 400



Distal phalanges = Red
 Middle phalanges = Blue
 Proximal phalanges = Green

Distal level (Dist)
 Middle level (Mid)
 Proximal level (Prox)

Thumb (1st)

Distal level (Dist)

Proximal level (Prox)

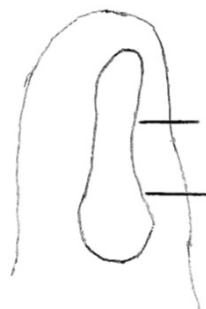
Metacarpal level (Meta)

Carpal bones (from radial "thumb" to ulnar "little" side)
 Top row: Trapezium, Trapezoid, Capitate, Hamate
 Bottom row: Scaphoid, Lunate, Triquetral, Pisiform



Amputations

- Fingers (DWD 80.33)
 - Distal phalanx
 - Rule of 1/3's
 - Mid or prox phalanx
 - Comparative X-rays
- Other
 - Joint proximal to amp

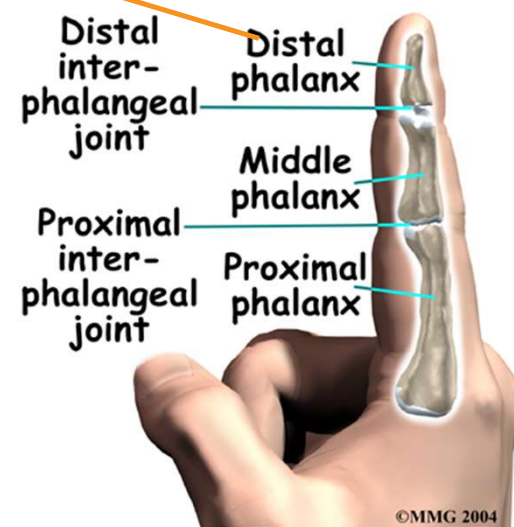


DISTAL PHALANX

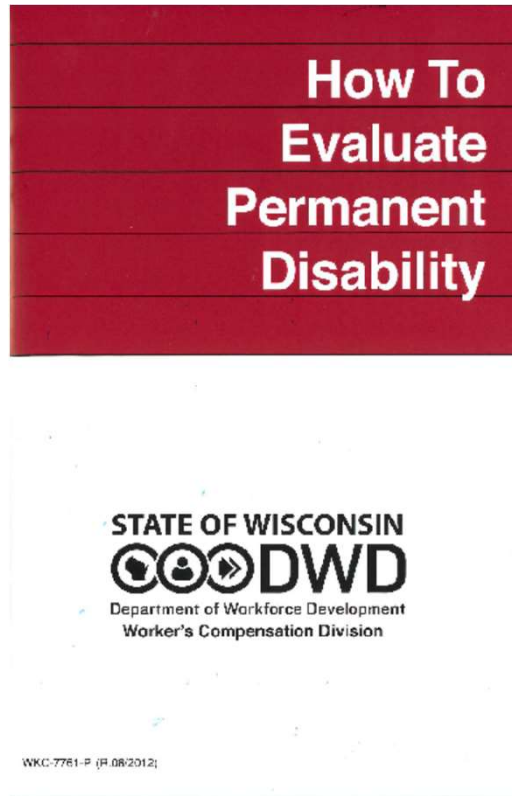
Less than or equal to 1/3 = 45%

Between 1/3 and 2/3 = 80%

Greater than 2/3 = 100%



Loss of Use



Statutory minimum ratings (DWD 80.32)

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



Statutory Minimum Ratings

- Assumptions
 - Excellent surgical outcome
 - No prior disability
- Other elements of disability: **If present, shall result in a higher estimate!**
 - Pain
 - Weakness
 - Activity limitations
 - Altered sensation
 - Unstable grafts



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



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%



Statutory Minimum Ratings - Fingers

Employee Name _____ Employee Social Security Number _____

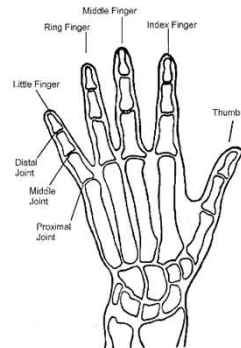
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If amputation is below the distal joint, submit comparative x-rays.

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



PPD Calculation Examples

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



PPD Calculation Examples

Standard

Statutory
Minimum

Amputation



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%



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)



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)



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)



PPD Calculation Examples

Multipliers

Stacking

Deductions



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



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!



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



WI DWD Worker's Compensation Division

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