

WISCONSIN
DWD

Disability Ratings and Medical Reports

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Program

- Introduction
- Final Medical Reports (FMR)
- Scheduled & Unscheduled Injuries
- Amputation & Loss of Use
- Statutory Minimum PPD Ratings
- Additional PPD Considerations (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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MEDICAL REPORT ON OCCIDENTAL INJURY

INSTRUCTIONS TO REPORTER: This report is to be completed by a physician, nurse practitioner, or other licensed health care professional. It is to be completed by the attending provider of the injured employee, or the provider of the injured employee's family member or guardian, if the injured employee is unable to complete the report.

PATIENT INFORMATION: Name of injured employee, Date of injury, Location of injury, Name of employer.

DESCRIPTION OF INJURY: What happened? Describe the injury in detail. How did the injury occur? What part of the body was injured? What were the symptoms? What was the extent of the injury? What was the date and time of the injury? What was the time of day? What was the weather? What was the activity being performed? What was the nature of the work? What was the nature of the accident? What was the nature of the injury? What was the nature of the damage? What was the nature of the loss? What was the nature of the cost? What was the nature of the expense? What was the nature of the outlay? What was the nature of the investment? What was the nature of the capital? What was the nature of the asset? What was the nature of the liability? What was the nature of the debt? What was the nature of the obligation? What was the nature of the responsibility? What was the nature of the accountability? What was the nature of the answerability? What was the nature of the answerability?

PHYSICIAN'S SIGNATURE: Name, Title, License No., Date.

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PHYSICIAN'S REPORT ON EYE INJURY

INSTRUCTIONS TO REPORTER: This report is to be completed by a physician, nurse practitioner, or other licensed health care professional. It is to be completed by the attending provider of the injured employee, or the provider of the injured employee's family member or guardian, if the injured employee is unable to complete the report.

PATIENT INFORMATION: Name of injured employee, Date of injury, Location of injury, Name of employer.

DESCRIPTION OF INJURY: What happened? Describe the injury in detail. How did the injury occur? What part of the body was injured? What were the symptoms? What was the extent of the injury? What was the date and time of the injury? What was the time of day? What was the weather? What was the activity being performed? What was the nature of the work? What was the nature of the accident? What was the nature of the injury? What was the nature of the damage? What was the nature of the loss? What was the nature of the cost? What was the nature of the expense? What was the nature of the outlay? What was the nature of the investment? What was the nature of the capital? What was the nature of the asset? What was the nature of the liability? What was the nature of the debt? What was the nature of the obligation? What was the nature of the responsibility? What was the nature of the accountability? What was the nature of the answerability? What was the nature of the answerability?

PHYSICIAN'S SIGNATURE: Name, Title, License No., Date.

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Body and Major Joints Weeks of Compensation

Shoulder (500)

Elbow (450)

Wrist (400)

Proximal

Distal

Head (1000)

Spine, Torso, Systemic (1000)

Hip (500)

Knee (425)

Ankle (250)

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Foot Injury Weeks of Compensation Due

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

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

Metatarsal Level (Meta)

Tarsal bones (left to right, dist to prox):
Med, Intermed, and Lat Cuneiform,
Cuboid, Navicular and Calcaneous

Subtalar joint (talocalcaneal):
between talus and calcaneus bones

Ankle joint (tibiotalar):
between tibia and talus bones (250)

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Hand Weeks of Compensation Due

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

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

Metacarpal level (Meta)

Amputation at:
Palm where thumb remains = 325
All fingers at proximal level = 225
Wrist joint = 400

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

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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%

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Loss of Use

How To
Evaluate
Permanent
Disability



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

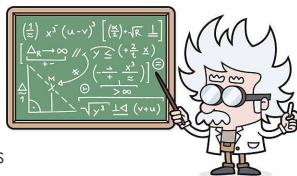


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Additional PPD Considerations

- Multipliers
- Stacking
- Deductions
- Apportionment
- Medical Report Submissions
 - Avoiding letters from the state
 - Final medical report checklist



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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) when rating at least 100% of distal joint = 25%



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Stacking

- Statutory minimum surgeries related to same injury date
 - Sequential meniscectomies and ACL repairs
 - Statutory minimum knee surgery with subsequent knee replacement
 - Redo joint replacements
 - Spinal decompression and fusion surgeries
- 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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Avoiding Letters from the State

- If FMR not available, **when expected?**
- Operative Reports required 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 paying per IME, send position letter
- Timely issuing and reporting of payments
 - Do not wait for worksheet
- Questions? Why not call!




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FMR Checklist

Key Elements?	Adequate Rating?
<ul style="list-style-type: none"> • Diagnosis • 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 	<ul style="list-style-type: none"> • 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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