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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
LaVerne Buchanan	Delays, ADR
Jasmine Decorah	Advances
Cherie Goetz	Supplemental and Death Benefits, ADR
Faith Howe	Advances
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	PPD Estimates
Karee Williams	Delays, ADR, Loss of Earning Capacity (LOEC)

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FMR – What?

- Diagnosis
- Work related?
- Surgery?
- MMI has been reached
- Permanent disability
 - Disability vs impairment
- Signed and dated by treating doctor
 - NP, PA, and DDS **NOI acceptable**
 - IME report **NOI acceptable**
 - Dr.'s clinic note with all elements is acceptable



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FMR – When?

- Per stat. 102.13(2)(c) if:
 - Temporary disability exceeds 3 weeks, or
 - Permanent disability, or,
 - Surgery (except hernia), or
 - Eye injuries with 3 or more medical visits
- Submit FMR when claimant at maximum medical improvement (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 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 DWD for assistance



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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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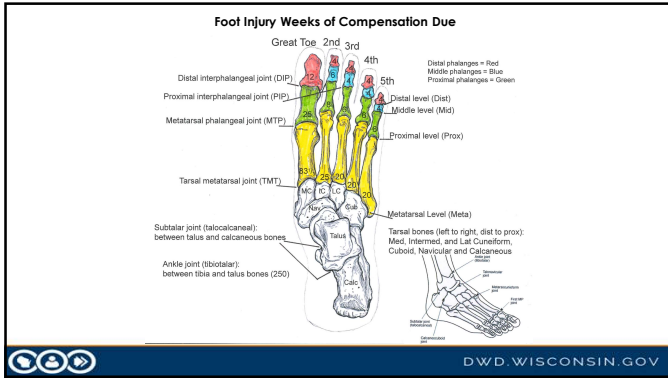
FMR

- **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

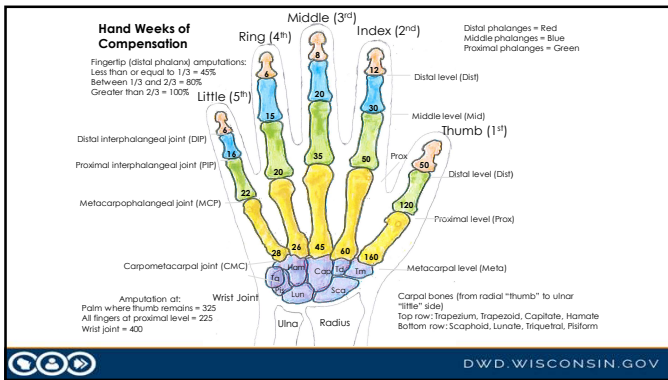


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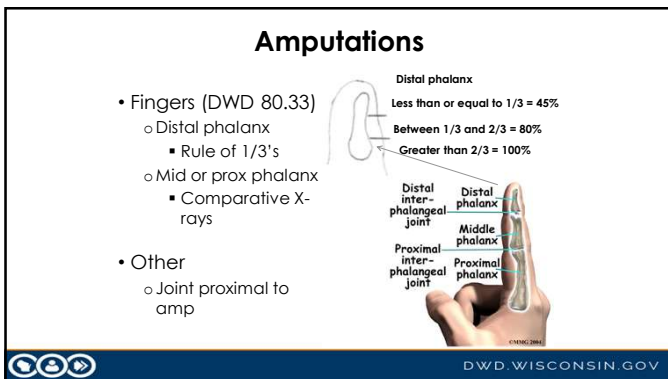
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Loss of Use


- 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!**
 - Pain
 - Weakness
 - Activity limitations
 - Altered sensation
 - Unstable grafts


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Statutory Minimum Ratings

- Prosthesis and resurfacing
 - Total versus 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



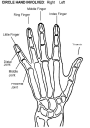
Statutory Minimum Ratings for Fingers

When there are other elements of injury to the fingers, such as fracture, laceration, loss of the finger, and deep laceration of palm, when they include all such elements for the hand, the rating for the hand shall be the rating for the hand.

When there are other elements of injury to the fingers, such as fracture, laceration, loss of the proximal joint, amputation of the proximal joint, or amputation of the distal joint, the rating for the hand shall be the rating for the hand.

When there are other elements of injury to the fingers, such as fracture, laceration, loss of the proximal joint, amputation of the proximal joint, or amputation of the distal joint, the rating for the hand shall be the rating for the hand.

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



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BREAK TIME!

10 minutes, please

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PPD Multipliers

- Multiple Injuries (stat. 102.53)
 - Equal or lesser disabled parts = 20%
 - Multiple Injuries to Hand
 - 1st equal or lesser disability = 100%
 - 2nd + 3rd 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

- Stat min 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 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 for stat min surgery
- Clarify level of finger amputations, with comparative x-rays if more than distal
 - Dominant Hand
- **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 NP or PA)
- Dated
- If referred to, then attach clinic note, op report(s)

Adequate Rating?

- Disability described, but not rated
- Range of motion
- Stat min surgery
- Other elements
- Perm work restrictions
- AMA Guidelines
- IME without treating FMR



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WI DWD Worker's Compensation Division
(608) 266-1340

 <https://dwd.Wisconsin.gov/wc/>

Frank Salvi, DRS
(608) 267-4327
Frank.Salvi@dwd.wisconsin.gov

Chelsea Newby, DRS
(608) 266-5303
ChelseaL.Newby@dwd.Wisconsin.gov

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