Flow of a Claim

1. Denial letters, whether they are for a claim you are immediately denying or for a claim which you had previously conceded, must include the following three elements:
    a. **The basis for the denial**,
    b. **How the injured worker can contest the denial,** and
    c. **The injured worker's appeal rights**.

2. Requesting additional time beyond 6 weeks to investigate a claim will help you to avoid **late reporting surcharges,** but will not help you to avoid **delayed payment penalties**.

3. An injured worker is entitled to a copy of the IME report **immediately** when it is received.

4. PPD benefits payments for injuries that qualify for statutory minimum ratings must start within the earliest of **30 days after the injured worker returns to work** or **end of healing.**

5. If the injured worker has had a surgery that qualifies for a statutory minimum PPD rating, be sure to send the DWC copies of all **narrative operating reports.**

6. The statute of limitations for traumatic work injuries sustained on or after March 2, 2016 is **6 years**. The **6 years** starts on the day **the last indemnity benefit** was scheduled to be paid.

7. Litigation only begins when **the hearing application** is actually filed with DWC.

8. Surcharges for late reporting apply to any reports with **a due date.**

9. Surcharges for late reporting are paid to **the Work Injury Supplemental Benefit Fund.**

10. If an injured worker is released to light duty with restrictions, the work to accommodate those restrictions must **benefit the employer** and must not **be unduly burdensome on the injured worker.**

Delay Penalties – How to Avoid Them

1. The Worker's Compensation Division considers **6 weeks** to be a reasonable length of time to investigate a claim.
2. Delay penalties are paid to **the injured worker** because **their income has been interrupted.**
3. The first delay letters the WCD sends out are **inquiries**.
4. An extension of time to investigate a claim **will not** excuse a delay penalty.
5. You must begin paying PPD for an injury with a statutory minimum rating on the earliest of:
    a. **The date compensation for temporary disability ends, or**
    b. **Within 30 days after the end of the employee's healing period**

Vocational Rehabilitation

1. If the injured worker has permanent work restrictions or permanent disability, and the employer does not offer **suitable employment**, then the injured worker is eligible for vocational retraining benefits.

2. The maintenance benefit paid while the injured worker is participating in retraining classes full time, is paid at a rate that is equal to the **TTD rate.**

3. Vocational retraining beyond a duration of **80 weeks** is approved on a case-by-case basis. If necessary, additional retraining time would be approved:
    a. To replace the AWW,
    b. If prerequisite courses are needed,
    c. If unexpected illness or injury causes classes to be dropped, or
    d. If required courses are unavailable.

Fatal Claims

1. If death benefits need to be paid to minor children, payments will need to go into a **restricted account.**

2. If there are no dependents but there are surviving un-estranged parents, **$6,500** of the total death benefit is paid to them.

3. Death benefits include payment of **up to $10,000** for funeral expenses.

4. If an injured worker with over three weeks of temporary disability, with any permanent disability, or who has undergone a surgical procedure dies for reasons unrelated to his claim before he has reached an end of healing, our department still requires the submission of **a final medical report.**

Advancements

1. An injured worker can only get an advancement on their **PPD** benefits.

2. An injured worker is eligible for **3** advancements each calendar year.

3. Before you can get your 5% interest credit on and advancement paid to an injured worker, their **PPD benefits payments** must be current.

4. Even if you pay an advancement you still have to continue **paying the same amount of monthly PPD benefits.**

Alternative Dispute Resolution (ADR)

1. Alternative Dispute Resolution (ADR) is an alternative process to, but not a replacement for, a **hearing**.

2. In ADR, both the insurance company and the injured worker **give up something t**o reach **a compromise**.

3. An example of a claim that is appropriate for ADR is **one with small dollar amounts; medical only; quickly healing injury; injured worker has reached end of healing, one with no need for future medical treatment**

4. Injured workers who are represented are **not eligible for** ADR.

Answer Key – IMEs and Denying Claims

1. If a final medical report is signed by someone without authority to do so, the adjuster should ask for a qualifying **co-signature**.

2. To close a claim that requires a final medical report, a **treating provider** must opine end of healing and address permanency.

3. If the insurance carrier wishes to follow the opinion of an IME doctor, the carrier must send the Department a copy of **ALL** IME reports by that doctor and a **position letter**.

4. In a claim when the IME doctor acknowledges a work injury, "mistake of fact" applies to payments made after the date the IME doctor declares **end of healing.**

5. A rating higher than the IME's opinion may apply if examination notes indicated that the IME's rate does not meet the **statutory minimum** rating.

6. When an insurance carrier arranges for an IME, the injured worker must receive full payment for transportation, parking, lost wages at full value, and any other expenses including a meal if applicable **BEFORE** the IME takes place.

7. The letter setting up the IME must include the procedure for **changing** the proposed date, time, and place.

8. The injured worker should be sent a copy of the IME report **as soon as** the insurance carrier receives it.

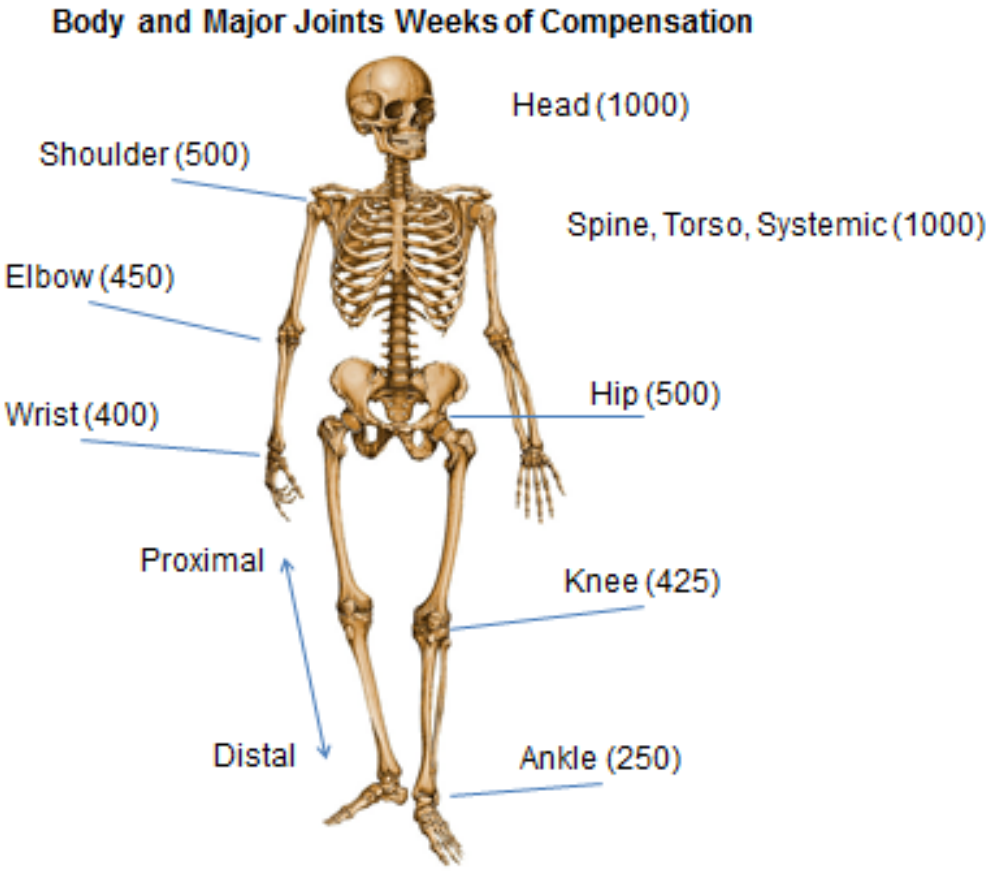
9. The Agreed-Upon Bill of April 11, 2022, allows the injured worker to bring **an observer** to the examination.

10. If a claim has a rating from the treating provider and a lower one from the IME and the insurance carrier has not included a position letter, the Department will **average** the ratings.

PPD Calculations

General considerations:

- 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



Knees

Scheduled = 425 weeks

Statutory minimums *How to Evaluate Permanent Disability* Page 5, 80.32 (4)

- ROM Ankylosis = 40%
  - Flexion limited to 45° = 25%
  - Flexion limited to 90° = 10%
- Prosthesis Total = 50%
- Prosthesis Partial = 45%
- Meniscectomy (excellent to good) = 5%
- Anterior Cruciate Ligament repair = 10%
- Removal of Patella based on functional impairment
- Amputation

1. Work related anterior cruciate ligament (ACL) complete tear and repair?
   ACL minimum = 10%

2. Work related medial collateral ligament (MCL) complete tear and repair?
   No statutory minimum rating
   Interpolating from other ratings from torn ligaments, expect rating above 0%

3. Work related ACL and meniscus tears with ACL repair and partial meniscectomy?
   ACL minimum = 10%
   Partial meniscectomy minimum = 5%
   Knee injuries minimum = 10% + 5% = 15%

4. Work related meniscal repair?
   No statutory minimum rating….
   Unless meniscal tissue removed as part of repair procedure, then minimum = 5%

5. Work related ACL tear and repair followed by retear and repair (excellent outcomes x 2)?
   Stacking – sequential procedures with statutory minimum ratings due to same date of injury get stacked (added together)
   ACL minimum of 10% + ACL minimum of 10%
   Total minimum with stacking = 20%
   When stacking, PPD based on average weekly wage at time of original injury

6. Work related ACL tear and repair (poor outcome) followed by retear and repair (excellent outcome)?
   ACL minimum for poor outcome should = greater than 10% + ACL minimum = 10%
   When earlier poor outcome procedure stacked, rating reverts to minimum = 10%
   Total minimum with stacking = 20%

7. Work related ACL tear and repair (excellent outcome) followed by retear and repair (poor outcome)?
   ACL minimum = 10% + ACL minimum for poor outcome greater than 10%
   Last stacked rating can be higher than minimum. Total should be greater than 20%

8. Work related ACL tear and repair x 2 followed by total knee replacement?
   (Stacking from Q #5) ACL x 2 minimum = 20%
   Total knee replacement minimum = 50%
   Minimum for all three procedures with stacking = 50% + 20% = 70%

9. Work related ACL repairs x 2 then total knee replacement then partial knee replacement?
   (Stacking from Q #8) = 70%
   Partial knee replacement minimum rating = 45%
   Total for all four procedures with stacking = 115%, but rating is capped at 100%

10. Pre-existing ACL tear and repair (unrelated to work) followed by work related ACL tear and repair?
    You must let us know if there is a pre-existing disability for deduction to apply!Pre-existing ACL minimum = 10% x 425 wks = 42.5 wks
    Current work related ACL also = 10%, but remaining "value" of knee is lower
    Deduct pre-existing disability: 425 wks – 42.5 wks for pre-existing ACL = 382.5 wks
    Current injury computed against remaining value of knee at time of current injury
    Current ACL minimum = 10% of remaining 382.5 wks = 38.25 wks
    (saves 4.25 wks vs. 42.5 wks without deduction)
    When deducting, PPD rate based on AWW at time of current injury

11. Pre-existing ACL tear and repair x 2 unrelated to work, work injury causes total knee replacement?
    (Stacking from Q #5) ACL repaired x 2 = 20%
    20% x 425 wks = 85 wks
    Remaining value of knee after deduction of pre-existing disability = 340 wks
    Current total knee replacement minimum = 50% x remaining 340 wks = 170 wks
    (saves 42.5 weeks vs. 212.5 wks without deduction)

12. Pre-existing degenerative joint disease followed by work related total knee replacement?
    Total knee replacement minimum = 50%
    Cannot deduct pre-existing condition, only pre-existing disability!

13. Below the knee amputation suitable for use of prosthesis?

***How to Evaluate Permanent Disability* Page 4, 80.32(2)**
Equivalent to amputation at mid-point (Not ½ x 425 wks = 212.5 wks)
Ankle, valued at 250 wks, is amputated, so rating has to be greater than 250 wks
Remaining value of knee = 425 wks – 250 wks = 175 wks
Add 250 wks value of amputated ankle to midpoint or 1/2 of the remaining value of the knee = 250 wks + (1/2 x 175 wks) = 250 wks + 87.5 wks = 337.5 wks

14. Injury results in ankle fusion and ACL repair?

***How to Evaluate Permanent Disability* Page 5, 80.32(5)**
Ankle fusion minimum = 40%
Value of ankle = 250 wks so minimum disability = 40% x 250 wks = 100 wks Deduct distal disability (ankle) from more proximal disability (knee) before computing more proximal disability (knee), apply 2nd lesser injury multiplier, then add weeks for each disability back together
ACL minimum rating = 10%
Value of knee after deducting distal ankle disability = 425 wks – 100 wks = 325 wks
Minimum rating for ACL x adjusted value of knee = 10% x 325 wks = 32.5 wks 32.5 wks for the knee is less than 100 wks for the ankle, so 2nd injury multiplier (20%) is applied to the knee injury
100 wks + 32.5 wks + (20% x 32.5 wks) = 100 wks + 32.5 wks + 6.5 wks = 139 wks

15. Pre-existing ankle fusion followed by work related ACL tear and repair?

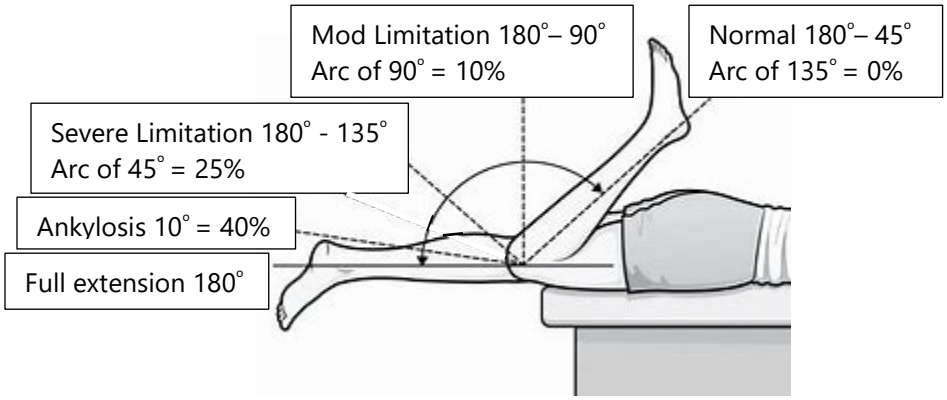
(from Q 14), Ankle fusion = 100 wks
100 wks deducted from value of knee = 425 wks – 100 wks = 325 wks
Current ACL computed using remaining value of knee = 10% x 325 wks = 32.5 wks

16. Posterior cruciate ligament tear and repair with residual limitation of knee flexion to 90°?

No statutory minimum rating for PCL tear and repair

Interpolating from other ratings from torn ligaments, expect rating above 0%

Minimum rating for limited knee flexion = 10%



17. Lateral meniscus tear and meniscectomy with residual knee flexion limited to 45°?

Meniscectomy minimum rating = 5%

Severe limitation of knee flexion =

25%Minimum rating total = 30%

Spine

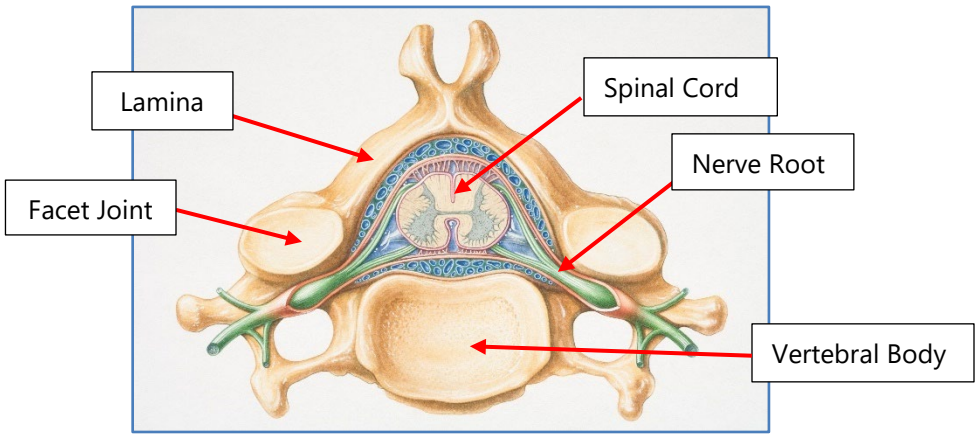
Unscheduled = 1000 weeks

Statutory minimums *How to Evaluate Permanent Disability* Page 5, 80.32 (4)

- Removal of disc material or relief from effects of disc lesion or spinal cord pressure = 5%
- Spinal fusion (good results) = 5% minimum per level
- Removal of disc material and fusion = 10% per level
- Artificial spinal disc = 7.5%
- Compression fractures of vertebrae causing permanent disability = 5% and graded upward

1. L4-5 disc herniation treated with epidural steroid injection and physical therapy?
   No statutory minimum rating

2. L4-5 disc herniation treated with L hemi-laminectomy and bilateral partial facetectomies?
   Removal / decompression minimum rating = 5%
   5% x 1000 wks = 50 wks



3. L4-5 disc herniation treated partial discectomy residual spinal flexion limited to 45°?
   Removal minimum rating = 5%
   No minimum rating for lost motion, but less than ideal outcome
   5% x 1000 wks = 50 wks

4. L4-5 disc herniation treated with insertion of a fusion cage?
   Removal and fusion minimum rating = 10%
   10% x 1000 wks = 100 wks

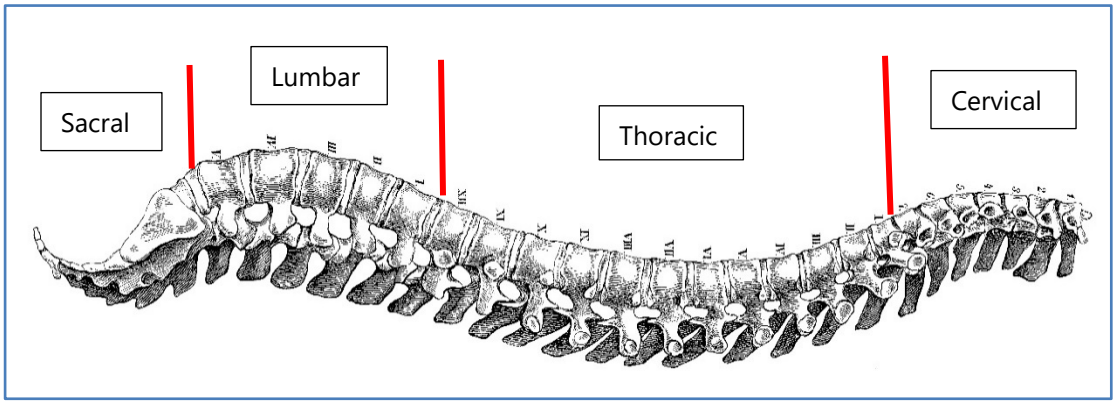
5. L4-5 disc herniation treated with hemi-laminectomy and partial discectomy, followed by re-herniation at the same level treated with another partial discectomy, followed by another re-herniation at the same level treated with insertion of a fusion cage?**Stacking – sequential procedures with statutory minimum ratings due to same date of injury get stacked (added together)**
   Removal minimum of 5% + removal minimum of 5% + fusion minimum of 10%
   Total minimum with stacking = 20%
   20% x 1000 wks = 200 wks

6. L4-5 disc herniation treated with insertion of fusion cage, followed by herniation at L5-S1 treated with insertion of fusion cage?
   Stacking applies (if attributed to same injury date)
   Fusion minimum of 10% + fusion minimum of 10%
   Total minimum with stacking = 20%
   20% x 1000 wks = 200 wks

7. L5-S1 fusion is solid, L4-5 fusion no longer solid (has pseudoarthrosis), and new herniation at L3-4 treated with insertion of L3-4 fusion cage, plus fusion rods and screws from L3-S1?
   Stacking applies (if attributed to same injury date)
   (from Q #6), fusions at L4-5 and L5-S1 total minimum with stacking = 20% + New fusion of pseudoarthrosis at L4-5 = minimum of 5% +
   New herniation at L3-4 = statutory minimum of 10%
   Fusion at L5-S1 was solid, so no additional minimum even though rods extend to that level
   Total minimum with stacking = 35%
   35% x 1000 wks = 350 wks

8. Pre-existing L4-5 herniation and fusion (unrelated to work) followed by work related C5-6 disc herniation treated with insertion of an artificial disc?
   You must let us know if there is a pre-existing disability for deduction to apply!
   Artificial disc minimum rating = 7.5%
   Pre-existing fusion minimum = 10% x 1000 wks for unscheduled injury = 100 wks
   Remaining value of whole body = 1000 wks – 100 wks = 900 wks
   Current C5-6 artificial disc minimum rating = 7.5% x remaining 900 wks = 67.5 wks (saves 7.5 wks vs. 75 wks without deduction)

9. Vertebral compression fracture healed but back gets sore in the area after heavier lifting?
   Compression fracture with residual disability = minimum 5% (per level)
   5% x 1000 wks = 50 wks



10. T11 burst fracture treated surgically with T9-L1 fusion (good outcome)?
    Unstable version of vertebral compression fracture
    Typically decompressed (removal) at 2 segments (T10-11 and T11-12)
    Thoracic spine has 12 segments, 4 segments fused (T9-10, T10-11, T11-12, T12-L1)
    Decompression minimum 10% + fusion minimum 20% = Total minimum = 30%

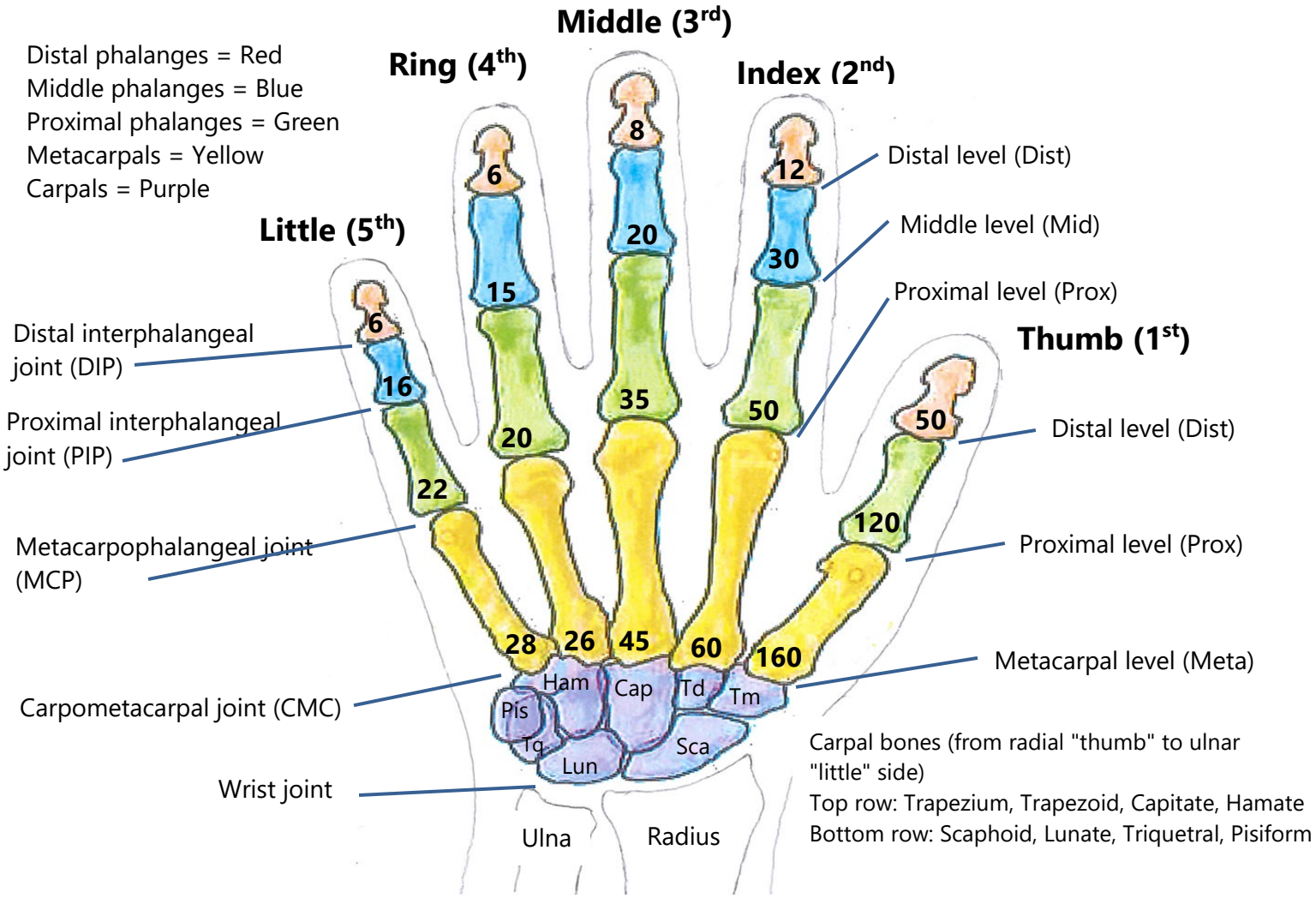
11. T11 burst fracture treated surgically with T9-L1 fusion with residual paraplegia?
    (from Q #10), Decompression + fusion minimum = 30%
    However, paraplegia means no strength in either leg
    Loss of 2 or more extremities = 100% permanent total disability (102.44(2))

12. Paraplegic with new C5-6 disc herniation treated surgically with artificial disc?**Minimum rating for artificial disc = 7.5%**
    However, claimant is already permanently and totally disabled.
    No change in rating

13. Pre-existing hip replacement followed by new L4-5 disc herniation treated surgically with fusion cage?
    You must let us know if there is a pre-existing disability for deduction to apply!*How to Evaluate Permanent Disability* Page 4, 80.32(3)
    Total hip replacement = 40%
    Value of hip = 500 wks
    Pre-existing total hip replacement minimum = 40% x 500 wks = 200 wks Remaining "value" of whole body = 1000 wks – 200 wks = 800 wks
    L4-5 removal + fusion minimum rating = 10% x remaining 800 wks = 80 wks (saves 20 wks vs. 100 wks without deduction)

14. Work related C5-6 disc herniation then bad car crash unrelated to work then C5-6 artificial disc?
    Artificial disc minimum rating = 7.5%
    Doctor may apportion percentage of causation for disability due to work injury and disability due to car crash
    (i.e. 50% attributed to work injury and 50% attributed to car crash)
    7.5% x 1000 wks = 75 wks
    50% x 75 wks = 37.5 wks attributed to work injury

Hand Injury Weeks of Compensation



Amputations

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

Middle or proximal phalanx:
Ratio residual bone vs. normal bone on comp x-ray at joint proximal to amp

Combinations:
All fingers at proximal level = 225 weeks
Palm where thumb remains = 325 weeks

Multiple disabling finger injuries to same hand
First equal or lesser injury X 100%
Second or more equal or lesser injury X 150%
Dominant hand multiplier = 25%

Complete Ankylosis (Fusion, either surgical or non-surgical)			
	Joint	**Mid Position**	**Complete Ext**
Thumb	Dist	25%	35%
	Prox	15%	20%
	Dist and Prox	35%	65%
	Carpometacarpal (CMC)	20%	20%
	Dist, Prox, and CMC	85%	100%
Fingers	Dist	25%	35%
	Mid	75%	85%
	Prox	40%	50%
	Dist and Mid	85%	100%
	Dist, Mid, and Prox	100%	100%

Sensory Loss			
	Entire Digit	**Palmar**	**Dorsal**
Any digit	50%	35%	15%

Thumb and Fingers

1. Thumb ankylosis of proximal joint in complete extension?
   ***How to Evaluate Permanent Disability* Page 8, 80.32 (12)**
   Thumb proximal joint ankylosis in extension minimum rating = 20%
   20% of 120 wks = 24 wks

2. Dominant R middle finger ankylosis of distal and middle joints in mid position?**Finger distal and middle joint ankylosis in mid position minimum rate = 85%Multiplied by value of middle finger middle joint = 85% x 20 wks = 17 wks**

3. Dominant R middle finger ankylosis of distal and middle joints in mid position plus lost sensation over palmar surface distal to the middle joint?
   ***How to Evaluate Permanent Disability* Page 7, 80.32 (10)**
   Finger ankylosis (from Q #2) = 85%
   Lost palmar sensation, any digit, minimum = 35%
   85% + 35% = 120%, but max is 100% or 20 wks
   Joint rating in dominant hand now 100%, dominant hand multiplier (25%) applies
   20 wks + (25% x 20wks) + 5wks = 25 wks

4. Amputation of dominant R middle finger 50% of distal phalanx?
   ***How to Evaluate Permanent Disability* Page 10, 80.33**
   Not more than 2/3 but more than 1/3 of distal phalanx = 80%
   80% x 8 wks = 6.4 wks
   R middle finger amputation 50% of distal phalanx minimum rating = 6.4 wks No dominant hand multiplier, as not 100% of any joint

5. Amputation of dominant R index finger 50% of middle phalanx?
   Comparative x-rays needed to determine extent of bone loss vs. uninjured finger
   Value of middle phalanx = 30 wks
   Entire distal phalanx (12 wks) is gone
   30 wks – 12 wks (value of distal phalanx) = 18 wks = "value" of remaining middle phalanx
   50% or 1/2 amputation x 18 wks value of middle phalanx = 9 wks
   Now add back value of missing distal phalanx (12 wks)
   12 wks + 9 wks = 21 wks
   R index finger 50% amputation of middle phalanx minimum rating = 21 wks
   Multiplier for dominant hand (25%) applies as one joint gone or rated 100%
   21 wks + (25% x 21 wks) = 21 wks + 5.25 wks = 26.25 wks

6. Amputations of dominant R middle finger 50% of distal phalanx and R index finger 50% of middle phalanx?
   (from Q #4) R middle finger amputation 50% of distal phalanx = 6.4 wks
   (from Q #5) R index finger 50% amputation of middle phalanx = 21 wks
   Multiplier – Middle finger is first lesser finger injury, so multiplied by 100%
   6.4 wks + (100% x 6.4 wks) = 12.8 wks for middle finger
   Multiplier for dominant hand (25%) still applies to index finger amputation
   21 weeks + (25% x 21 wks) = 26.25 wks
   Total = 12.8 wks + 26.25 wks = 39.05 wks
   Amputations dominant middle and index finger minimum rating = 39.05 wks

7. Amputation of dominant R thumb at MCP joint?
   R thumb amputation at MCP joint minimum rating = 120 weeks
   Multiplier for dominant hand (25%) applies
   120 wks + (25% x 120 wks) = 120 wks + 30 wks = 150 wks

8. Amputations of dominant R thumb at MCP joint and R index finger 50% of middle phalanx?
   (from Q #7) R thumb amputation at MCP joint rating = 120 weeks
   (from Q #5) R index finger 50% amputation of middle phalanx rating = 21 wks Base total wks = 120 wks + 21 wks = 141 wks
   Multiplier - Index finger (21 wks) is now lesser injury
   Finger and thumb injured, not multiple fingers, so only standard 20% multiplier applies to lesser injury
   20% x 21 wks = 4.2 wks
   Multiplier for dominant hand (25%) applies to both digits
   25% x 141 wks = 35.25 wks
   Multiply base weeks only, do not multiply other multipliers
   Add base weeks and multipliers
   120 wks + 21 wks + 4.2 wks = 35.25 wks = 180.45 wks
   R thumb and index finger amputations minimum rating = 180.45 wks

9. Amputations of dominant R thumb at MCP joint that is reimplanted but proximal phalanx is now 10% shorter?
   Bone shortening applies to the bone that is now shorter, rated at MCP joint Thumb MCP joint value = 120 wks – value of thumb distal phalanx 50 wks = 70 wks 10% x 70 wks = 7 wks
   Multiplier for dominant hand (25%) does apply = 7 wks + (25% x 7 wks) = 7 wks + 1.75 wks = 8.75 wks
   R thumb middle phalanx bone shortening minimum rating = 8.75 wks

10. Amputations of dominant R thumb at MCP joint that is reimplanted without bone shortening and R index finger 50% of middle phalanx?
    (from Q #5) R index finger 50% amputation middle phalanx rating = 26.25 wks
    Thumb will likely have residual disability (motion loss, weakness, decreased sensation), but no minimum rating for digit replantation

11. Index finger PIP joint range of motion 0° - 90°?
    Normal range for a PIP joint = 0° - 100°, so lost flexion = 10°, and 10/100 = 10%10% lost flexion at PIP joint = 5% PPD
    5% x value of index finger PIP joint (30 wks) = 1.5 wks

12. Middle finger DIP joint 35° of lost flexion and 7° of lost extension?
Normal range for a DIP joint = 0° - 70°, so lost flexion = 35/70 + 50% and lost extension = 7/70 = 10%
50% lost flexion at DIP = 10% + 10% lost extension = 2% = total of 12%
12% x value of middle finger DIP joint (8 wks) = 0.96 wks

13. Index finger PIP joint 10° of lost flexion and middle finger DIP joint 35° of lost flexion and 7 ° of lost extension?
(from Q #11) index finger PIP joint rating = 1.5 wks
(from Q #12) middle finger DIP joint rating = 0.96 wks
Multiplier for lesser finger injury applies = 0.96 wks + 100% x 0.96 wks = 1.92 wks
Add index and middle finger motion loss ratings = 1.5 wks + 1.92 wks = 3.42 wks

14. Amputations of dominant R index finger 50% of middle phalanx and R middle finger 50% of distal phalanx and index finger PIP joint 10°?
(from Q #6) R middle finger amputation 50% of distal phalanx = 6.4 wks
+ 6.4 wks lesser finger injury multiplier = 12.8 wks
R index finger 50% amputation of middle phalanx = 21 wks
+ 5.25 wks dominant hand multiplier = 26.25 wks
(from Q #11) 10% lost flexion at PIP joint = 5% PPD
5% x remaining value index finger at PIP joint = 5% x (30 wks – 21 wks) = 0.45 wks
Multiplier (20%) applies to lesser motion loss =
0.45 wks + (20% x 0.45 wks) = 0.54 wks
Amputations plus motion loss minimum rating = 12.8 + 26.25 + 0.54 = 39.59 wks

15. Amputations of dominant R index finger 50% of middle phalanx and R middle finger 50% of distal phalanx and index finger PIP joint 10° of lost flexion and lost sensation over dorsal aspect of remaining middle finger distal phalanx?
(from Q #14) Amputation + motion loss of index finger = 26.25 + 0.54 = 26.79 wks
Remaining value of middle finger distal phalanx = 8 wks – 6.4 wks = 1.6 wks Loss of sensation over dorsal aspect of digit = 15%
Sensory loss 15% x 1.6 wks = 0.24 wks
New subtotal for middle finger = 6.4 wks + 0.24 wks = 6.64 wks
Multiplier 100% for lesser middle finger injury = 6.64 + (100% x 6.64) = 13.28 wks
Index and middle finger injuries minimum rating =
26.79 wks + 13.28 wks = 40.07 wks

Wage Exercises - Answers

Exercise 1

Injured Worker Information

Date Hired: Monday, 1/30/23

Date Injured: Wednesday, 3/8/23

Age: 22

Pay Rate: $14.00/hour at time of injury

Schedule: 40 hours/week

Wage History

Start Week	End Week	Gross	Hours Worked
3/19/2023	3/25/2023	$602	42
3/12/2023	3/18/2023	$560	40
3/5/2023	3/11/2023		
2/26/2023	3/4/2023	$364	26
2/19/2023	2/25/2023	$532	38
2/12/2023	2/18/2023	$553	39.5
2/5/2023	2/11/2023	$560	40
1/29/2023	2/4/2023	$546	39
1/22/2023	1/28/2023		

Questions:

- What is the injured worker's AWW?

  $14.00/hour x 40 hours/week = $560.00

- What is the injured worker's TTD rate?

  $560.00 x .66667 = $373.33

- What is the injured worker's PPD rate?

  $430.00 (maximum because injured worker is younger than 27)

Exercise 2

Injured Worker Information
Date Hired: Monday, 6/6/22
Date Injured: Friday, 4/7/23
Age: 31
Pay Rate: $21.00/hour at time of injury
Schedule: 40 hours/week
Gross Pay: $43,120.00
Number of Weeks Worked in Year Before Injury: 44

Questions:

- What is the injured worker's AWW?

$43,120.00 (annual gross pay) / 44 weeks = $980.00

- What is the injured worker's TTD rate?

$980.00/week x .66667 = $653.33

- What is the injured worker's PPD rate?

$430.00 (maximum)

Exercise 3

Injured Worker Information

Date Hired: 6/9/16
Date Injured: 4/6/23
Pay Rate: $26.00/hour at time of injury
Schedule: 45 hours/week
Overtime paid after 40 hours/week
Gross Pay: $56,740.00
Number of Weeks Worked in Year Before Injury: 49

Questions:

- What is the injured worker's AWW?

Hours > 40 multiplied by 1.5
5 hours x 1.5 = 7.5 hours
47.50 hours x $26.00/hour = $1,235.00

- What is the injured worker's TTD rate?

$1,235.00 x .66667 = $823.33

- What is the injured worker's PPD rate?

$430.00 (maximum)

Exercise 4 – Part-time

Injured Worker Information
Date Hired: 8/20/18
Date Injured: 2/9/23
Age: 58
Pay Rate: $10.00/hour at time of injury
Schedule: Averages 18 hours/week
Gross Pay: $9,360.00
Number of Weeks Worked in Year Before Injury: 52
Employee self-restricts

Questions:

- What is the injured worker's AWW?

  $10.00/hour x 18 hours = $180.00
  $9,360.00 / 52 = $180.00

- What is the injured worker's TTD rate?

  $180.00

- What is the injured worker's PPD rate?

  $266.67

Exercise 5 – Part-time

Injured Worker Information
Date Hired: 4/30/19
Date Injured: 1/20/23
Age: 42
Pay Rate: $20.00/hour at time of injury
Schedule: Averages 24 hours/week
Gross Pay: $30.680.00
Number of Weeks Worked in Year Before Injury: 52
Employee self-restricts

Questions:

- What is the injured worker's AWW?

  $20.00/hour x 40 = $800.00

  Cannot restrict because $30,680.00 (gross pay) divided by 52 is $590.00, which is higher than TTD rate

- What is the injured worker's TTD rate?

  $800.00 x .66667 = $533.33

- What is the injured worker's PPD rate?

  $430.00 (maximum)