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Program

- Introduction
- Scheduled & Unscheduled Injuries
- Amputation and Loss of Use
- Statutory Minimum PPD Ratings
- Additional PPD Considerations
 - Multipliers
 - Deductions
 - Apportionment

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Dispute Resolution Specialists

Lisa Halsey, Section Chief	
Jasmine Decorah	PPD, Advances, ADR
Cherie Goetz	PPD, Supplemental and Death Benefits, ADR
Faith Howe	PPD, Delays, ADR
Becca Marshall	PPD
Jeanie Millard	PPD, Advances
Chelsea Newby	PPD, Voc Rehab, LOEC, Internal Training
Jason Przybylo	PPD, Advances, Delays
Phil Roberts	PPD, Advances
Frank Salvi	PPD, Supplemental and Death Benefits, Voc Rehab, LOEC, ADR, Tie Breakers
Gall Wickman	PPD, Advances, Delays, ADR
Karee Williams	PPD, Delays, ADR, Internal Training
Kati Zieroth	Hearing Loss, Vision Loss

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PTD versus PPD

- **Unscheduled (body as a whole = 1000 weeks)**
 - Head (including smell)
 - Torso (including spine and kidneys)
 - Systemic
- **Scheduled (compared to amputation, loss of use)**
 - Extremities (including peripheral joints)
 - Hearing
 - Vision



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Rating Disability

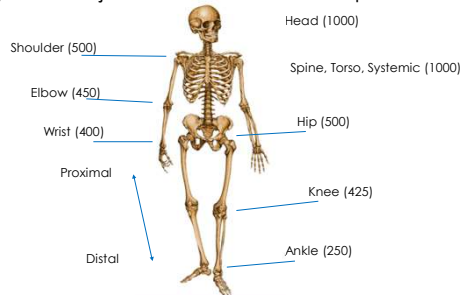
- **Amputation**
 - Anatomic level of bone loss
- **Loss of use**
 - Percentage of total loss
- **Hearing (DWD 80.25)**
 - Pre- and post-audiogram formula
- **Vision (DWD 80.26)**
 - Acuity, field of vision, other



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Body and Major Joints Weeks of Compensation



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Foot Injury Weeks of Compensation Due

Great Toe, 2nd, 3rd, 4th, 5th

Distal interphalangeal joint (DIP)
Proximal interphalangeal joint (PIP)
Metatarsal phalangeal joint (MTP)
Tarsal metatarsal joint (TMT)

Subtalar joint (talocalcaneal):
between talus and calcaneus bones
Ankle joint (talocalcaneal):
between tibia and talus bones (250)

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. Ilium and Lat. Cuneiforms
Cuboid, Navicular and Calcaneous

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Hand Weeks of Compensation Due

Little (5th), Ring (4th), Middle (3rd), Index (2nd), Thumb (1st)

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

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

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

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

Ulna, Radius

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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%

Distal inter-phalangeal joint
Proximal inter-phalangeal joint

Distal phalanx
Middle phalanx
Proximal phalanx

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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
- <https://dwd.wisconsin.gov/dwd/publications/wc/wkc-7761-p.htm>

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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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Amputations DWD 80.32(2)


- Involves upper extremity past the level of the wrist or lower extremity past the level of the ankle
- Stump can accommodate prosthesis: equals amputation at midpoint between the joints distal and proximal to injury
 - Example for lower leg amputation:
 - $425 \text{ weeks (knee)} - 250 \text{ weeks (ankle)} = 175 \text{ weeks} / 2 = 87.5 \text{ weeks}$
 - $250 \text{ weeks} + 87.5 \text{ weeks} = 337.5 \text{ weeks}$
- Stump cannot accommodate prosthesis: equals amputation at the proximal joint

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Hip DWD 80.32(3)

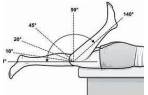
- Prosthesis
 - Total hip arthroplasty (THA) = 40%
 - Partial hip replacement/hemiarthroplasty = 35%
 - Replacement of any portion of the prosthesis, including hip resurfacing, is considered a partial joint replacement
- Fusion, optimum position = 50%
- Lost motion of flexion, extension, internal rotation, external rotation, abduction, adduction
- Shortening of the leg by at least ¼ inch = 5%
 - Stat min increases with the amount of leg shortening



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Knee DWD 80.32(4)

- Prosthesis
 - Total knee arthroplasty (TKA) = 50%
 - Partial knee replacement/unicompartamental knee arthroplasty (UKA) = 45%
 - Replacement of any portion of the prosthesis = partial joint replacement
- Fusion, optimum position = 40%
- Remaining degrees of flexion
 - 90 degrees = 10%
 - 45 degrees = 25%
- Anterior cruciate ligament (ACL) repair = 10%
- Meniscectomy = 5%





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Ankle DWD 80.32(5)

- Prosthesis – no stat min, doctors should interpolate based on minimum ratings for other joint replacements
- Fusion, optimum position = 40%
 - Total loss of motion of both the tibiotalar and subtalar joints
- Loss of dorsi and plantar flexion = 30%
 - Tibiotalar fusion
 - 15% stat min for dorsiflexion and 15% stat min for plantar flexion
- Loss of inversion and eversion = 15%
 - Triple arthrodesis
 - 7.5% stat min for inversion and 7.5% stat min for eversion


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Toes DWD 80.32(6)

- Fusion of great toe at proximal joint = 50%
- Fusion of all other toes at proximal joint = 40%
- Fusion of great toe at distal joint = 15%



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Shoulder DWD 80.32(7)

- Prosthesis = 50%
 - Includes all types of shoulder replacements: total shoulder arthroplasty (TSA), reverse shoulder arthroplasty, partial shoulder arthroplasty, shoulder resurfacing
- Fusion, optimum position = 55%
- Remaining degrees of forward flexion and abduction
 - 135 degrees = 5%
 - 90 degrees = 20%
 - 45 degrees = 30%



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Elbow DWD 80.32(8)

- Prosthesis – no stat min; doctors should interpolate based on minimum ratings for other joint replacements
- Fusion, optimum position = 60%
- Total loss supination = 10%
- Total loss pronation = 15%
- Total loss flexion/extension = 45%
 - Extension: Degrees lost x 0.2222 = PPD%
 - Flexion: Degrees lost x 0.1666 = PPD%



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Wrist DWD 80.32(9)

- Prosthesis – no stat min; doctors should interpolate based on minimum ratings for other joint replacements
- Fusion, optimum position = 30%
- Total loss dorsiflexion = 12.5%
- Total loss palmar flexion = 7.5%
- Total loss inversion = 5%
- Total loss eversion = 5%



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Complete Sensory Loss DWD 80.32(10)

- Any digit = 50%
 - Palmar sensory loss only = 35%
 - Dorsal sensory loss only = 15%
- Median nerve thenar paralysis with sensory loss = 40 - 50% at wrist
- Peroneal nerve paralysis (foot drop) = 25 - 30% at knee



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Back DWD 80.32(11)


- Surgery
 - Relieve from the effects of a disc lesion or spinal cord pressure = 5% per level
 - Laminectomy
 - Facetectomy
 - Other
 - Fusion = 5% per level
 - Instrumentation
 - Cages with bone graft
 - Artificial disc = 7.5% per level
- Compression fractures = 5% per level if symptomatic



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Fingers DWD 80.32(12)



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

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Kidney DWD 80.32(13) and Loss of Smell DWD 80.32(14)

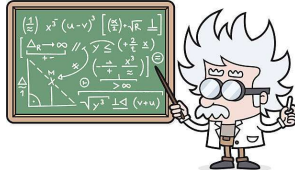
- Loss of one kidney = 5%
- Total loss of sense of smell = 2.5%

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Additional PPD Considerations

- Multipliers
- Stacking
- Deductions
- Apportionment





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Multipliers

- Multiple Injuries (Wis. Stat. 102.53)
 - Equal or lesser disabled parts = 20%
 - Multiple injuries to different fingers of hand
 - First equal or lesser disability = 100%
 - Second + third equal or lesser disability = 150%
 - Both eyes = 200%
- Dominant hand (Wis. Stat. 102.54) when rating at least 100% of distal joint = 25%





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Standard Multiplier


- Claimant falls on steps causing R knee and wrist pain
- R knee anterior cruciate ligament (ACL) tear repaired surgically
Residual R wrist pain and stiffness
- 10% PPD for knee (stat min) = $425 \times .10 = 42.5$ weeks
2% PPD for wrist = $400 \times .02 = 8$ weeks
- Lesser injury 20% multiplier = $8 \times .20 = 1.6$ weeks
- Total PPD = $42.5 + 8 + 1.6 = 52.1$ weeks


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Hand Lesser Injury Multipliers

- R hand caught in a machine
- Amputation R middle finger 50% of distal phalanx
Residual R index and ring finger pain and stiffness
- 80% PPD for middle finger DIP (stat min) = $8 \times .80 = 6.4$ weeks
10% PPD for index finger MCP = $50 \times .10 = 5$ weeks
10% PPD for ring finger MCP = $20 \times .10 = 2$ weeks
- First lesser injury 100% multiplier = $5 \times 1.0 = 5$ weeks
- Second lesser injury 150% multiplier = $2 \times 1.5 = 3$ weeks
- Total PPD = $6.4 + 5 + 5 + 2 + 3 = 21.4$ weeks


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Dominant Hand Multiplier

- R hand caught in a machine
Amputation of R middle finger 100% of distal phalanx
Residual R index and ring finger pain and stiffness
- 100% PPD for middle finger DIP (stat min) = $8 \times 1.0 = 8$ weeks
10% PPD for index finger MCP = $50 \times .10 = 5$ weeks
10% PPD for ring finger MCP = $20 \times .10 = 2$ weeks
- Dominant hand multiplier = $8 \times .25 = 2$ weeks
- First lesser injury 100% multiplier = $5 \times 1.0 = 5$ weeks
Second lesser injury 150% multiplier = $2 \times 1.5 = 3$ weeks
- Total PPD = $8 + 2 + 5 + 2 + 3 = 25$ weeks



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Stacking

- Statutory minimum surgeries related to same injury date
 - Sequential meniscectomies and ACL repairs
 - Statutory minimum knee surgery with subsequent partial or total knee replacement
 - Redo joint replacements
 - Spinal decompression and fusion surgeries
- Rating cannot exceed 100%
 - Madison Gas & Electric v. LIRC (2011)



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Stacking

- Construction worker steps in unseen hole and twists knee.
R medial meniscus tear and ACL tear treated surgically.
- 10% PPD for ACL repair (stat min) = $425 \times .10 = 42.5$ weeks
5% PPD for meniscectomy (stat min) = $425 \times .05 = 21.25$ weeks
- Total PPD = $42.5 + 21.25 = 63.75$ weeks
- 5 years later, total knee replacement attributed to first injury
- 50% PPD for total knee (stat min) = $425 \times .50 = 212.5$ weeks
- Total PPD = $42.5 + 21.25 + 212.5 = 276.25$ weeks



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Stacking (cont.)

- 10 years later, original total knee replacement has to be replaced by a new total knee
- 50% PPD for total knee (stat min) = $425 \times .50 = 212.5$ weeks
- Total PPD = $42.5 + 21.25 + 212.5 + 212.5 = 488.75$ weeks
- **No.** PPD capped at 100% of knee joint value = 425 weeks



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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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Distal from Proximal Disability

- Old R thumb DIP amp, new fall onto outstretched R arm
- R rotator cuff tear treated surgically
- 5% PPD for rotator cuff repair
- R thumb DIP 100% amputation = $50 \times 1.0 = 50$ weeks
- Value of shoulder with distal deduction = $500 - 50 = 450$ weeks (no multipliers considered here)
- Total PPD = $450 \times .05 = 22.5$ weeks



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Scheduled from Unscheduled Injury

- Fall injures neck and shoulder
- L rotator cuff tear surgically repaired
C5-6 disc herniation treated with decompression and fusion
- 5% for L rotator cuff repair = $500 \times .05 = 25$ weeks
10% for C5-6 decompression and fusion = $1000 \times .10 = 100$ weeks
- $1000 - 25 = 975$ weeks
- $975 \times .10 = 97.5$ weeks
- Total PPD = $25 + 97.5 = 122.5$ weeks



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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
- Traumatic injuries only
 - Does not apply to occupational exposures (Wis. Stat. 102.175)



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Apportionment


- Injured shoulder from fall at work
- Before end of healing, non-work related car crash aggravates shoulder injury
- 10% disability assigned to shoulder = $500 \times .10 = 50$ weeks
- Doctor attributes 50% of PPD to fall and 50% to car crash
- Total PPD owed by insurer = $50 \times .50 = 25$ weeks




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Questions?




Please contact us.



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