

SUMMARY OF PROPOSED CHANGES TO MINIMUM PERMANENT DISABILITY RATINGS

2015 Wisconsin Act 180, effective March 2, 2016, created s. 102.44 (4m), Wis. Stats., that requires the Department to promulgate administrative rules establishing minimum permanent partial disability ratings for amputation levels, losses of motion, sensory losses and surgical procedures from injuries for which permanent partial disability is claimed. The minimum permanent partial disability ratings are contained in s. DWD 80.32 of the Wisconsin Administrative Code. Section 102.44 (4m), Wis. Stats., provides that the Department shall review and revise the minimum permanent partial disability ratings as necessary to reflect advances in the science of medicine at least once every eight years. The Department is authorized to appoint a medical advisory committee under s. 227.13., Wis. Stats., to review and recommend revising permanent partial disability ratings to the Department and the Worker's Compensation Advisory Council.

Department staff began the process of reviewing and revising the minimum permanent partial disability ratings contained in s. 80.32 of the Wisconsin Administrative Code by preparing and distributing a survey to practitioners who treat or examine injured employees. The survey contained approximately 167 questions. After compiling the responses to the survey Department staff reviewed the survey and responses with the Health Care Provider Advisory Committee.

The Department appointed the practitioners on the Health Care Provider Advisory Committee to serve on the medical advisory committee to review and recommend revising the ratings under s. 102.44 (4m), Wis. Stats. The Health Care Provider Advisory Committee is a statutory committee authorized by ss. 102.16 (2m) (g) and 227.13, Wis. Stats., composed of health care providers providing treatment under s. 102.42, Wis. Stats. The role of the Health Care Provider Advisory Committee is to advise the Department and the Worker's Compensation Advisory Council on amending administrative rules contained in ch. DWD 81 of the Wisconsin Administrative Code related to worker's compensation treatment guidelines. The treatment guidelines are factors to be considered by experts rendering opinions to resolve necessity of treatment disputes under s. 102.16 (2m), Wis. Stats., and s. DWD 80.73 of the Wisconsin Administrative Code.

The Health Care Provider Advisory Committee (HCPAC) recommends the following changes to s. DWD 80.32 of the Wisconsin Administrative Code.

(3) Hip

Joint Resurfacing

Decrease minimum PPD rating from 35% to 30%

Currently, the Department treats joint resurfacing the same as a partial prosthesis for rating purposes. The HCPAC recommends creating a minimum PPD rating of 30% because there is a difference between a partial joint replacement and resurfacing. Resurfacing is a less invasive procedure with less exposure, less soft tissue trauma and less bone loss than a partial joint replacement. People who undergo hip resurfacing usually have better outcomes than those who undergo partial joint replacement.

Labral repair

Establish minimum PPD rating of 5%

The HCPAC recommends establishing a minimum PPD rating of 5% for labral repair of the hip. Labral repair is an intraarticular surgery predisposing the individual to joint arthritis and other adverse sequelae. The rationale for this minimum rating is to be comparable to the same procedure for the shoulder.

(4) Knee

Full knee extension to be changed from 180 degrees to zero (0) degrees

The HCPAC agreed that full extension of the knee (straight leg) should be 0 degrees and flexion should be measured from this angle in positive degrees. This is consistent with consensus on how motion deficits affect patients' ability to work and function.

Ankylosis, optimum position,
10 degrees

Increase minimum rating from 40% to 50% PPD

The HCPAC recommends increasing the minimum PPD rating for ankylosis from 40% to 50% because of the difficulty a person with this condition would have in ambulation and other activities necessary for daily living.

Other range of motion deficits:

90 degree loss of flexion
(severe limitation)

Establish minimum PPD rating of 25%

45 degree loss of flexion
(moderate limitation)

Establish minimal PPD rating of 10%

30 degree loss of flexion
(mild limitation)

Establish minimum PPD rating 5%

30 degree loss of extension
(severe limitation)

Establish minimum PPD rating of 30%

20 degree loss of extension
(moderate limitation)

Establish minimal PPD rating of 15%

10 degree loss of extension
(mild limitation)

Establish minimum PPD rating 5%

The HCPAC recommends establishing these minimums because the greater loss of extension a person has results in greater difficulty with ambulation.

Prosthesis Total

Decrease minimum PPD rating from 50% to 40%

The HCPAC recommends decreasing the minimum rating for a total prosthesis of a knee from 50% to 40% to be comparable to the minimum PPD rating for most other joint replacements. Joint replacement technology has advanced and patients tend to have better outcomes than in the past.

Prosthesis Partial

Decrease minimum PPD rating from 45% to 35%

The HCPAC recommends decreasing the minimum rating for a partial prosthesis of a knee from 45% to 35% to be comparable to the minimum PPD rating for most other partial joint replacements. Joint replacement technology has advanced and patients tend to have better outcomes than in the past.

Joint Resurfacing

Decrease minimum PPD rating from 45% to 30%

Currently, the Department treats joint resurfacing the same as a partial prosthesis for rating purposes. The HCPAC recommends decreasing the minimum PPD rating of 30% for the same rationale as for creating a 30% PPD rating for hip joint resurfacing. Resurfacing is a less invasive procedure with less exposure, less soft tissue trauma and less bone loss than a partial joint replacement. People who undergo joint resurfacing usually have better outcomes than those who undergo partial joint replacement.

Patella Removal

Establish minimum PPD rating of 20%

The HCPAC recommends creating a minimum PPD rating of 20% for removal of the patella. Removal of the patella alters the functional mechanics of the knee leading to an increased likelihood of arthritis and negative sequelae. The patella is a key component of the knee extension mechanism.

Surgical Repair of Recurrent Patella Dislocation

Establish minimum PPD rating of 10%

The HCPAC recommends creating a minimum PPD rating of 10% because these procedures involve significant changes of the anatomy to keep the knee from further dislocations. Cartilage or ligament damage often results, and there is an increased likelihood of arthritis.

Total or partial meniscectomy, per meniscus Increase minimum PPD rating from 5% to 8% if 50% or more of meniscus is removed

Maintain minimum PPD rating of 5% if up to 50% of meniscus is removed or if percentage is not specified

Decrease minimum PPD rating from 5% to 3% when meniscus is repaired with only incidental debridement

The HCPAC recommends modifying these minimum PPD ratings for removal of up to 50% of a meniscus, when 50% or more is removed, and when a meniscus is repaired. The rationale for these recommendations for removal of a meniscus is that with more of a meniscus removed there is a higher likelihood of developing arthritis and loss of shock absorption capacity of the joint. Repair of a meniscus should be less of a disability because with a repair more normal tissue is being preserved.

Posterior cruciate ligament repair Establish minimum PPD rating of 10%

The HCPAC recommends creating a minimum PPD rating of 10% for posterior cruciate ligament repair. The rationale is the minimum PPD rating should be comparable to ACL repair. Results are not consistently as good as for ACL reconstruction.

ACL or PCL debridement including removal of cyclops lesion Establish minimum PPD rating of 5%

The HCPAC recommends creating a minimum PPD rating of 5% for debridement including removal of cyclops lesion. The rationale is these procedures are performed on an otherwise intact ACL or PCL and there should be a lower minimum rating for these procedures than for repair of a torn ligament requiring replacement. Currently, debridement of the ACL is considered a repair and rated a minimum of 10%.

Tibial osteotomy good result Establish minimum PPD rating of 10%

The HCPAC recommends establishing a minimum PPD rating of 10% for a tibial osteotomy with good results. This procedure is invasive and results in bone shortening.

(5) Ankle

Total ankylosis, optimum position, total loss of motion Increase minimum PPD rating from 40% to 50%

The HCPAC recommends increasing the minimum PPD rating for ankylosis from 40% to 50% because of the difficulty a person with this condition would have in ambulation and other activities necessary for daily living.

Talocrural Ankylosis loss of dorsi and plantar flexion Increase minimum PPD rating from 30% to 35%

The HCPAC recommends increasing the minimum PPD rating from 30% to 35% for ankylosis of the ankle joint with loss of dorsi and plantar flexion. The HCPAC recommends increasing this minimum because the loss of motion results in greater difficulty with ambulation and other activities necessary for daily living.

Prosthesis, total Establish minimum PPD rating of 40%

The HCPAC recommends establishing a minimum PPD rating of 40% for a total ankle joint replacement. Artificial ankle joint replacements are becoming more frequent in standard medical practice and a minimum rating is needed. The rationale for the minimum PPD rating of 40% is to conform with other joint replacements in the lower extremity.

Prosthesis, partial Establish minimum PPD rating of 35%
The HCPAC recommends establishing a minimum PPD rating of 35% for a partial ankle joint replacement. Artificial ankle joint replacements are becoming more frequent in standard medical practice and a minimum rating is needed. The rationale for the minimum PPD rating of 35% is to conform with other joint replacements in the lower extremity.

(6) Toes

Ankylosis at middle joint (except great) Establish minimum PPD rating of 15%
The HCPAC recommends establishing a minimum PPD rating of 15% for ankylosis at middle joint (except great toe). Toe joint ankylosis causes difficulties with ambulation.

Ankylosis at distal joint (except great) Establish minimum PPD rating of 10%
The HCPAC recommends establishing a minimum PPD rating of 10% for ankylosis at distal joint (except great toe). Toe joint ankylosis causes difficulties with ambulation.

The HCPAC recommends removing the language "All other toes at any interphalangeal joint If no deformity, no disability."

(7) Shoulder

Prosthesis, total Maintain minimum PPD rating of 50%
The HCPAC recommends maintaining a minimum PPD rating of 50% for total prosthesis or total revision of a shoulder joint. This recommendation is higher than minimum PPD ratings for the lower extremity. The rationale for this recommendation is that for most employees use of the upper extremity is more important for performing work than use of the lower extremity.

Prosthesis, partial Decrease minimum PPD rating from 50% to 45%
The HCPAC recommends decreasing the minimum PPD rating from 50% to 45% for partial prosthesis of a shoulder joint. This recommendation is higher than minimum PPD ratings for the lower extremity. The rationale for this recommendation is that for most employees use of the upper extremities is more important for performing work than use of the lower extremities. Currently, a total, partial, revision replacement or joint resurfacing have the same minimum 50% rating.

Joint resurfacing Decrease minimum PPD rating from 50% to 40%
The HCPAC recommends decreasing the minimum PPD rating from 50% to 40% for resurfacing of a shoulder joint. This recommendation is higher than minimum PPD ratings for the lower extremity. The rationale for this recommendation is that for most employees use of the upper extremities is more important for performing work than use of the lower extremities. Resurfacing is a less invasive procedure with less exposure, less soft tissue trauma and less bone loss than a partial joint replacement. People who undergo joint resurfacing usually have better outcomes than those who undergo partial joint replacements. Currently, a total, partial, revision replacement or joint resurfacing have the same minimum 50% rating.

Other range of motion deficits:

Limitation of active elevation in flexion and abduction to 45 degrees but otherwise normal Increase minimum PPD rating from 30% to 40%
The HCPAC recommends increasing the minimum PPD rating from 30% to 40% for limitation of active elevation in flexion and abduction to 45 degrees. The rationale for this recommendation is that it is a major loss of range of motion and will have a high degree of disability to the individual. Most upper extremity work would be difficult.

Limitation of active elevation in flexion and Increase minimum PPD rating from 5% to 10%

abduction to 135 degrees but otherwise normal

The HCPAC recommends increasing the minimum PPD rating for limitation of active elevation in flexion and abduction to 135 degrees. The rationale for this recommendation is that it is a moderate loss of range of motion and will have a moderate degree of disability to the individual. Overhead work will be particularly difficult.

Loss of external rotation, limitation to 10 degrees (severe)

Establish minimum PPD rating of 9%

The HCPAC recommends establishing a minimum PPD rating of 9% for severe loss of external rotation of the shoulder. The rationale for this minimum rating is that limitation of external rotation of the shoulder has substantial effect on work and activities necessary for daily living.

Loss of external rotation, limitation to 20 degrees (moderate)

Establish minimum PPD rating of 6%

The HCPAC recommends establishing a minimum PPD rating of 6% for moderate loss of external rotation of the shoulder. The rationale for this minimum rating is that limitation of external rotation of the shoulder has moderate effect on work and activities necessary for daily living.

Loss of external rotation, limitation to 45 degrees (mild)

Establish minimum PPD rating of 3%

The HCPAC recommends establishing a minimum PPD rating of 3% for mild loss of external rotation of the shoulder. The rationale for this minimum rating is that limitation of external rotation of the shoulder has a negative effect on work and activities necessary for daily living.

Loss of internal rotation, limitation to 10 degrees (severe)

Establish minimum PPD rating of 6%

The HCPAC recommends establishing a minimum PPD rating of 6% for severe limitation of loss of internal rotation of the shoulder. The rationale for this minimum rating is that limitation of internal shoulder rotation is not as debilitating as external rotation of the shoulder for employment or activities of daily living.

Loss of internal rotation, limitation to 20 degrees (moderate)

Establish minimum PPD rating of 4%

The HCPAC recommends establishing a minimum PPD rating of 4% for moderate limitation of loss of internal rotation of the shoulder. The rationale for this minimum rating is that limitation of internal shoulder rotation is not as debilitating as external rotation of the shoulder for employment or activities of daily living.

Loss of internal rotation, limitation to 45 degrees (mild)

Establish minimum PPD rating of 2%

The HCPAC recommends establishing a minimum PPD rating of 2% for mild limitation of loss of internal rotation of the shoulder. The rationale for this minimum rating is that limitation of internal shoulder rotation is not as debilitating as external rotation of the shoulder for employment or activities of daily living.

Rotator cuff repair

Establish minimum PPD rating of 10%

The HCPAC recommends establishing a minimum PPD rating of 10% for rotator cuff repair. The rationale for this minimum rating is that even with good results after a rotator cuff repair, the shoulder anatomy and mechanics will be permanently altered and will have increased likelihood of degeneration and future re-tear. The HCPAC felt the rating for a rotator cuff repair be comparable to an ACL repair rating as each structure is critical to the function of the respective joint.

Labral repair, superior, anterior, or posterior

Establish minimum PPD rating of 5%

The HCPAC recommends establishing a minimum PPD rating of 5% for repair of the superior, anterior and/or posterior labrum. The rationale for this minimum rating is repair of the labrum involves attaching tendons and ligaments to provide stability to the shoulder.

Complete distal clavicle excision Establish minimum PPD rating of 3%
The HCPAC recommends establishing a minimum PPD rating of 3% for a complete distal clavicle excision. The rationale for this minimum rating is that a substantial amount of bone is removed from the end of the clavicle and there is a loss of cushion in the joint.

Proximal biceps tendon repair Establish minimum PPD rating of 3%
The HCPAC recommends establishing a minimum PPD rating of 3% for repair of the proximal biceps tendon. The rationale for this minimum rating is that the proximal biceps tendon functions to stabilize the shoulder. This procedure changes the anatomy and physiology of the shoulder. Part of that function is lost when the tendon is cut and re-attached or re-implanted into bone.

(8) Elbow

Distal biceps tendon repair Establish minimum PPD rating of 5%
The HCPAC recommends establishing a minimum PPD rating of 5% for distal biceps tendon repair. The distal biceps tendon is critical to the function of the elbow and, even if the tear is repaired, it is associated with negative permanent sequelae.

Prosthesis, total Establish minimum PPD rating of 40%
The HCPAC recommends establishing a minimum PPD rating of 40% for a total elbow prosthesis. Artificial elbow joint replacements are becoming more frequent in standard medical practice and a minimum rating is needed. The rationale for this recommendation is that a 40% rating is consistent with prosthesis at other joints except the shoulder.

Prosthesis, partial Establish minimum PPD rating of 20%
The HCPAC recommends establishing a minimum PPD rating of 20% for a partial elbow prosthesis. Artificial elbow joint replacements are becoming more frequent in standard medical practice and a minimum rating is needed. The rationale for this minimum rating is that this procedure would commonly be a radial head replacement and this would be a considerably less invasive procedure compared to a total elbow replacement. Results from a partial elbow prosthesis are usually less disabling than other joint partial prostheses.

Open or arthroscopic repair of tendinosis or tear of common flexor tendon or extensor tendon tear Establish minimum PPD rating of 5%
The HCPAC recommends establishing a minimum PPD rating of 5% for an open or arthroscopic repair for tendinosis or tear of the common flexor tendon or extensor tendon. The rationale for this minimum rating is these conditions usually cause persistent pain due to recurrent degeneration or tears.

Other range of motion deficits:

Limitation of elbow joint motion with zero degrees as full extension and 140 degrees as full flexion

Loss of flexion, limited to 30 degrees (severe) Establish minimum PPD rating to 30%

Loss of flexion, limited to 70 degrees (moderate) Establish minimum PPD rating to 20%

Loss of flexion, limited to 110 degrees (mild) Establish minimum PPD rating to 5%

Loss of extension, limited to 30 degrees (severe) Establish minimum PPD rating to 30%

Loss of extension, limited to 70 degrees (moderate) Establish minimum PPD rating to 20%

Loss of extension, limited to 30 degrees (mild) Establish minimum PPD rating to 5%

Rotation at elbow joint

Loss of pronation, limited to 10 degrees (severe) Maintain minimum PPD rating of 15%

Loss of pronation, limited to 30 degrees (moderate) Establish minimum PPD rating of 10%

Loss of pronation, limited to 60 degrees (mild) Establish a minimum PPD rating of 3%

Loss of supination, limited to 10 degrees (severe) Maintain minimum PPD rating of 10%

Loss of supination, limited to 30 degrees (moderate) Establish a minimum PPD rating of 7%

Loss of supination, limited to 60 degrees (mild) Establish a minimum PPD rating of 2%

The HCPAC recommends updating the ratings for loss of motion to make the measurements consistent with consensus on how motion deficits affect patients' ability to work and function.

Distal biceps tendon repair 5%

The HCPAC recommends establishing a minimum PPD rating of 5% for repair of the distal biceps tendon. Part of the function is lost when the tendon is cut and re-attached or re-implanted into bone.

(9) Wrist

Prosthesis total Establish minimum PPD rating of 40%

The HCPAC recommends a minimum PPD rating of 40% for total prosthesis of the wrist. Artificial wrist joint replacements are becoming more frequent in standard medical practice and a minimum rating is needed. The rationale for the minimum PPD rating of 40% is to conform with most other joint replacements.

Prosthesis partial Establish minimal PPD rating of 35%

The HCPAC recommends establishing a minimum PPD rating of 35% for a partial prosthesis of the wrist. Artificial wrist joint replacements are becoming more frequent in standard medical practice and a minimum rating is needed. The rationale for the minimum PPD rating of 35% is to conform with most other partial joint replacements.

Other range of motion deficits:

Total loss of extension Increase minimum PPD rating from 12 ½% to 15%

The HCPAC recommends increasing the minimum PPD rating from 12 ½ % to 15% for total loss of extension. Loss of extension results in great dysfunction of the upper extremity including loss of grip strength and fine motor skills.

Total loss of flexion Increase minimum PPD rating from 7 ½% to 12%

The HCPAC recommends increasing the minimum PPD rating from 7 ½ % to 12% for total loss of flexion. Loss of flexion results in great dysfunction of the upper extremity.

(10) Complete Sensory Loss.

The HCPAC recommends changing the name of this section to **Peripheral Nerve Disorders**.

The HCPAC recommends organizing this section to appear in table form and updating the language as follows:

Complete Loss of Function of Referenced Nerves	
Digital Sensory Loss for Hand	
Any digit complete	55% at joint proximal to level of involvement
Any digit palmar surface	40% at joint proximal to level of involvement
Any digit dorsal surface	15% at joint proximal to level of involvement
Digital nerve	20% at joint proximal to level of involvement
Ulnar nerve complete loss	
Motor and sensory involvement above mid forearm	50% at elbow
Motor involvement only above mid forearm	45% at elbow
Sensory involvement only above mid forearm	15% at elbow
Motor and sensory involvement below mid forearm	40% at wrist
Motor involvement only below mid forearm	35% at wrist
Sensory involvement only below mid forearm	15% at wrist
Median nerve complete loss	
Motor and sensory involvement above mid forearm	65% at elbow
Motor involvement only above mid forearm	45% at elbow
Sensory involvement only above mid forearm	45% at elbow
Motor and sensory involvement below mid forearm	50% at wrist
Motor involvement only below mid forearm	15% at wrist
Sensory involvement only below mid forearm	45% at wrist
Radial nerve complete loss	
Motor and sensory involvement including triceps	45% at shoulder
Motor involvement only including triceps	40% at shoulder
Sensory involvement only including upper arm	5% at shoulder
Motor and sensory involvement below elbow	40% at elbow
Motor involvement only below elbow	35% at elbow
Sensory involvement only below elbow	5% at elbow
Axillary nerve complete loss	
Motor and sensory involvement	35% at shoulder
Motor involvement only	30% at shoulder
Sensory involvement only	5% at shoulder
Musculocutaneous nerve complete loss	
Motor and sensory involvement	30% at shoulder
Motor involvement only	25% at shoulder
Sensory involvement only	5% at shoulder
Peroneal nerve complete loss	
Motor and sensory involvement causing foot drop	40% at ankle
Motor involvement only causing foot drop	35% at ankle
Sensory involvement only (dorsal foot)	10% at ankle
Plantar nerve complete loss	
Sensory involvement (plantar foot)	15% at ankle

Characterization of Sensory Deficit or Pain Due to Specific Upper or Lower Extremity Peripheral Nerve Injury*	% of Total Loss
Normal sensation and no pain	0%
Altered (decreased) sensation +/- minimal pain forgotten during activity - Diminished light touch	1-25%
Altered (decreased) sensation +/- mild pain that interferes with some activity - Diminished light touch, 2-Point discrimination	26-60%
Altered (decreased) sensation +/- moderate pain that prevents many activities - Diminished protective sensation (pain, temperature or pressure can cause damage before being perceived)	61-80%
Absent superficial sensation +/- abnormal sensation or severe pain that prevents most activity - Absent protective sensation	81-99%
Absence of all sensation or severe pain that prevents all activity	100%

*For combined sensory and motor deficits, average the percentages rated for each component alone then multiply that percentage by the value for the specified nerve.

Characterization of Motor Deficit Due to Specific Upper or Lower Extremity Peripheral Nerve Injury*	% of Total Loss
Full strength (5/5) and full active range of motion for muscles innervated by specified nerve - No activity limitations	0%
Mildly decreased strength against resistance (5- or 4+/5), but full active range of motion - Mildly diminished endurance or ability to perform activities	1-25%
Moderately decreased strength against resistance (4 or 4-/5), but full active range of motion - Moderately diminished endurance and ability to perform activities	26-60%
Decreased strength (3/5) full active range of motion against gravity, but not against resistance - Substantial activity deficits	61-80%
Decreased strength (2/5) full active range of motion with gravity eliminated - Inability to perform most activities for muscles innervated by specified nerve	81-95%
Severely decreased strength (1/5) slight contractility but no range even with gravity eliminated - No functional movement of muscles innervated by specified nerve	96-99%
Absent strength (0/5) no contractility - No movement of muscles innervated by specified nerve	100%

*For combined sensory and motor deficits, average the percentages rated for each component alone then multiply that percentage by the value for the specified nerve.

Common Nerve-Related Surgical Procedures	Minimum Disability
Carpal Tunnel Release	2% at Wrist
Cubital Tunnel Release	2% at Elbow
Ulnar Nerve Transposition	5% at Elbow

The HCPAC recommends incorporating the charts entitled "Characterization of Sensory Deficit or Pain Due to Specific Upper or Lower Extremity Peripheral Nerve Injury" and "Characterizations of Motor Deficit Due to Specific Upper or Lower Extremity Peripheral Nerve Injury" to make the ratings consistent with current medical consensus on determining disability ratings.

Complete loss of sensation to any digit <i>The HCPAC recommends increasing the minimum PPD rating for complete loss of sensation to any digit from 50% to 55%.</i>	Increase minimum PPD rating to 55%
Loss of sensation to palmar surface of any digit <i>The HCPAC recommends increasing the minimum PPD rating for loss of sensation to palmar surface of any digit from 35% to 40%. The rationale for increasing the minimum rating is that the palmar surface is more important than the dorsal surface for employment and activities of daily living. The most common response to the survey of practitioners who responded to the survey was 40%.</i>	Increase minimum PPD rating from 35% to 40%
Loss of sensation to dorsal surface of any digit <i>The HCPAC recommends maintaining this rating because this combined with the new recommended rating for loss of sensation to the palmar surface of any digit will add up to 55% which is the new recommended rating for complete loss of sensation of any digit.</i>	Maintain minimum PPD at 15%
Loss of sensation from damage to the digital nerve <i>The HCPAC recommends establishing a minimum PPD rating of 20% for loss of sensation from damage to the digital nerve. The rationale for establishing this minimum rating is that employees frequently sustain lacerations to fingers that cut the digital nerve that results in numbness, sensory loss and some loss of function.</i>	Establish minimum PPD rating of 20%
Ulnar nerve above mid forearm motor and sensory involvement <i>The HCPAC recommends establishing a minimum PPD rating of 50% for ulnar nerve above elbow with motor and sensory involvement. The rationale for establishing this rating is 50% was the most common response from practitioners who responded to the survey.</i>	Establish minimum PPD rating of 50%
Ulnar nerve below mid forearm motor and sensory involvement <i>The HCPAC recommends decreasing the minimum PPD rating for ulnar nerve below elbow with motor and sensory involvement from the lower end of the current 45%-50% to 40%.</i>	Decrease minimum PPD rating to 40%
Ulnar nerve below mid forearm motor involvement only <i>The HCPAC recommends decreasing the minimum PPD rating from 35%-45% to 35%, the lower end of the range, for ulnar nerve below elbow with motor involvement only.</i>	Decrease minimum PPD rating to 35%
Ulnar nerve below mid forearm total loss of sensation <i>The HCPAC recommends increasing the minimum PPD rating for ulnar nerve below elbow loss of sensation from 5%-10% to 15% at the wrist. The rationale for this minimum rating is that 15% was the most common response from practitioners who responded to the survey.</i>	Increase minimum PPD rating of 15%
Medial nerve above mid forearm motor and sensory involvement <i>The HCPAC recommends establishing a minimum PPD rating of 65% for medial nerve above elbow motor and sensory involvement. The rationale for this minimum rating is the current rating is for a range between 55%-65% at the wrist, and the HCPAC believes there should not be a range for this rating. The most common response was 65% from practitioners who responded to the survey.</i>	Establish minimum PPD rating to 65%
Medial nerve forearm motor involvement only	Establish minimum PPD rating of 45%

The HCPAC recommends establishing a minimum PPD rating of 45% for medial nerve forearm involvement only. The rationale for this minimum rating is this was the most common response from practitioners who responded to the survey.

Axillary nerve complete loss, motor and sensory involvement

Establish minimum PPD rating of 35%

The HCPAC recommends establishing a minimum PPD rating of 35% for axillary neuropathy motor and sensory involvement.

Axillary nerve complete loss, motor involvement only

Establish minimum PPD rating of 30%

The HCPAC recommends establishing a minimum PPD rating of 30% for axillary neuropathy motor and sensory involvement.

Axillary nerve complete loss, total sensory loss

Establish minimum PPD rating of 5%

The HCPAC recommends establishing a minimum PPD rating of 5% for axillary neuropathy for total sensory loss. The rationale for this minimum rating is that it is consistent with AMA ratings.

Musculocutaneous nerve complete loss, motor and sensory involvement

Establish minimum PPD rating of 30%

The HCPAC recommends establishing a minimum PPD rating of 30% for musculocutaneous neuropathy motor and sensory loss.

Musculocutaneous nerve complete loss, motor involvement only

Establish minimum PPD rating of 25%

The HCPAC recommends establishing a minimum PPD rating of 25% for musculocutaneous neuropathy motor involvement only.

Musculocutaneous nerve complete loss, sensory loss

Establish minimum PPD rating of 5%

The HCPAC recommends establishing a minimum PPD rating of 5% for musculocutaneous neuropathy total sensory loss.

Peroneal nerve complete loss causing foot drop

Modify minimum PPD rating to 35% at the ankle

The HCPAC recommends modifying the minimum PPD rating from 25%-30% to 35% for peroneal nerve paralysis causing foot drop and have the rating at the level of the ankle.

Carpal tunnel release

Establish minimum PPD rating of 2% (wrist)

The HCPAC recommends establishing a minimum PPD rating of 2% at the wrist for a carpal tunnel release with good results. The rationale for this minimum rating is that a carpal tunnel release involves a demonstrable anatomic change by cutting the carpal ligament. After the procedure people frequently experience scarring, sensory deficits, numbness and motor deficits. A 2% rating is common for carpal tunnel surgery.

Cubital tunnel release

Establish minimum PPD rating of 2% (elbow)

The HCPAC recommends establishing a minimum PPD rating of 2% at the elbow for a cubital tunnel release with good results. The rationale for this minimum rating is that a cubital tunnel release involves a demonstrable anatomic change by cutting a ligament. After the procedure people frequently experience scarring, sensory deficits, numbness and motor deficits.

Ulnar nerve transposition

Establish minimum PPD rating of 5% (elbow)

The HCPAC recommends establishing a minimum PPD rating of 5% at the elbow for ulnar nerve transposition. The rationale for this minimum rating is following an ulnar nerve transposition there is a demonstrable anatomic

change when the nerve is moved and attached to a muscle. People regularly experience chronic pain with the ulnar nerve although they may return to normal function.

(11) Spine

The HCPAC recommends changing the name of this section from Back to Spine to be more inclusive.

Spinal fusion Increase minimum PPD rating from 5% to 7% per level
The HCPAC recommends increasing the minimum PPD rating for a spinal fusion from 5% to 7% per level. The rationale for this increase in minimum PPD rating is that the procedure will lead to more degenerative changes at adjacent levels of the spine years after the surgery.

Spinal decompression and fusion Increase minimum PPD rating from 10% to 12% per level
The HCPAC recommends increasing the minimum PPD rating for a spinal decompression and fusion from 10% to 12% per level. The rationale for this increase in minimum PPD rating is that the procedure will lead to more degenerative changes at adjacent levels of the spine years after the surgery.

Implantation of artificial spinal disc Increase minimum PPD rating from 7.5% to 10% per level
The HCPAC recommends increasing the minimum PPD rating for implantation of spinal disc from 7.5% to 10% per level. The rationale for this increase in minimum PPD rating is the long term results of injured employees with artificial spinal discs has not been positive. Many need to have the artificial spinal discs surgically removed which is a high risk procedure to the patient.

Spinal disc herniation directly related to mechanism of trauma and treated conservatively Establish minimum PPD rating of 2%
The HCPAC recommends establishing a minimum PPD rating of 2% for a confirmed spinal disc herniation directly related to the mechanism of trauma and treated conservatively. The rationale for this minimum PPD rating is there is structural damage to the disc, scarring and predisposition to future problems (degenerative arthritis).

Implantation of permanent spinal cord stimulator Establish minimum PPD rating of 2%
The HCPAC recommends establishing a minimum PPD rating of 2% for implantation of a spinal cord stimulator. The rationale for this minimum rating is there is a fixed structural implant for the stimulator physically implanted in the person's back and there may be inconvenience and damage caused to the back. A 2% minimum rating is consistent with conservative treatment provided for back pain.

Implantation of intrathecal pain pump Establish minimum PPD rating of 2%
The HCPAC recommends establishing a minimum PPD rating of 2% for implantation of an intrathecal pain pump. The rationale for this minimum rating is there is a fixed structural implant for the pain pump physically implanted under the person's skin and there is a burden associated with the care of the pain pump as it may require battery charging, medication refills, and other regular maintenance. A 2% minimum rating is consistent with conservative treatment provided for back pain.

Sacroiliac joint fusion Establish minimum PPD rating of 7%
The HCPAC recommends establishing a minimum PPD rating of 7% for a sacroiliac joint fusion. The rationale for this minimum rating is that fusion of this joint increases stress on adjacent structures which leads to more degenerative changes years after the surgery.

Coccyx fracture that causes permanent disability Establish minimum PPD rating of 5%
The HCPAC committee recommends establishing a minimum PPD rating of 5% for a coccyx fracture that causes permanent disability. The rationale for this minimum rating is that some coccyx fractures cause chronic

pain and difficulty with sitting. The minimum rating should be the same as for compression fractures of vertebrae that cause permanent disability.

Pelvic fractures &
symphysis pubis separation that cause
permanent disability

Establish minimum PPD rating of 10%

The HCPAC recommends establishing a minimum PPD rating of 10% for pelvic fractures and symphysis pubis separation. The rationale for this minimum rating is that people with these conditions frequently experience chronic pain with ambulation and other activities necessary for daily living.

(12) Fingers

Thumb fusion at proximal joint
at complete extension

Increase minimum PPD rating from 20% to 25%

The HCPAC recommends increasing the minimum PPD rating from 20% to 25% for fusion of a thumb at the proximal joint at full extension. The rationale for this minimum rating is that with a thumb fused at full extension leaves the thumb in a position that significantly limits use of the hand.

Finger fusion at middle joint
at mid-position

Decrease minimum PPD rating from 75% to 70%

The HCPAC recommends reducing the minimum PPD rating from 75% to 70% for fusion of a finger at the middle joint at mid-position. The rationale for this minimum rating is the HCPAC adopted the consensus of responses from a survey of practitioners.

Thumb or finger joint prosthesis

Establish minimum PPD rating of 40%

The HCPAC recommends establishing a minimum PPD rating of 40% for a thumb or finger joint prosthesis. The rationale for this minimum rating is there is currently no minimum rating, more of these procedures are being performed and 40% is consistent with other PPD ratings for joint a prosthesis.

(13) Kidney

Loss of one kidney

Increase minimal PPD rating from 5% to 10%

The HCPAC recommends increasing the minimum PPD rating for loss of one kidney from 5% to 10%. The rationale for this increase in minimum PPD is the loss of a kidney may lead to renal failure in the remaining kidney and require the person to undergo regular dialysis.

Loss of only remaining kidney

Establish minimal PPD rating of 20%

The HCPAC recommends increasing the minimum PPD rating for loss of an only remaining kidney from 5% to 20%. The rationale for this increase in minimum PPD is the loss of an only remaining kidney will require the person to undergo regular dialysis.

(14) Loss of smell

Total loss of sense of smell

Increase minimum PPD rating from 2.5% to 5%

The HCPAC recommends increasing the minimum PPD rating from 2.5% to 5% for loss of smell. The rationale for increasing the minimum rating is that loss of smell will cause safety issues because people will not be able to smell things such as gas leaks and poisoned or unsafe food and it will result in a significant decrease in quality of life.

(15) Splenectomy

Loss of the spleen

Establish minimum PPD rating of 5%

The HCPAC recommends establishing a minimum PPD rating of 5% for loss of the spleen. The rationale for establishing this minimum rating is that removal of the spleen may lead to a higher risk of future infections and immune system complications. Five percent (5%) was the most common response from practitioners who completed the survey.

Amendments to ch. 102, Wis. Stats., recommended by the Health Care Provider Advisory Committee.

1. Permanent disability resulting from Complex Regional Pain Syndrome (CRPS) should be rated as an unscheduled injury instead of as a scheduled injury. This is consistent with the alterations that occur in the central nervous system as part of CRPS.
2. There should be no statute of limitations for an injury to an employee who sustains the loss of the only remaining kidney due to the injury.
3. Increase the maximum number of weeks specified in s. 102.52 (12), Wis. Stats., for total loss of a foot at the ankle from 250 to 300.
4. Authorize advance practice nurse prescribers and physician assistants to provide work restrictions to injured employees following routine clinic visits.

Additional recommendations by the Health Care Provider Advisory Committee.

1. Injured employees should continue to have their choice of doctor licensed in and practicing in Wisconsin for evaluation and treatment.
2. Doctors who conduct independent medical examinations and medical record reviews for worker's compensation insurance carriers should be licensed in and practicing in Wisconsin.