

HIP

Q4 What should the rating be for ankylosis of the hip, optimum position (15 – 30 degrees of flexion)? Current minimum rating is 50%, graded upward for malposition.

- 4 of 6 responses agreed with current. 2 of 6 responses were for a 60% rating.

(Q5 - Q17: No consensus or few responses regarding lost hip range of motion.)

HCPAC recommends maintaining the current rating for total ankylosis as 50% PPD.

Q18 Should there be a minimum rating for an open reduction internal fixation (ORIF) of a hip fracture?

- 4 of 5 responses were for no minimum rating. One response was for a 20% minimum rating.

Q19 What should the % rating be for each of the following hip surgeries?

Prosthesis total (current minimum rating 40%)

Prosthesis total revision (If both procedures from same work injury, current minimum rating is an additional 40%)

Prosthesis partial (Current minimum rating 35%)

Hip resurfacing (Current minimum rating 35%, same as for partial prosthesis)

- 4 of 4 responses were for no change. However, for hip resurfacing the current minimum rating is 35% (same as for partial prosthesis); the average for the responses was 27. *Discuss with HCPAC.*

HCPAC recommends maintaining the current ratings for total joint replacement at 40% PPD and partial joint replacement at 35% PPD and set prosthetic resurfacing at 30% PPD.

Q20 What should the % rating be for shortening of the leg?

- 4 of 4 responses were for no change.

HCPAC recommends adding a minimum rating of 5% PPD for labral repair of the hip.

KNEE

Q23 What should the % rating be for ankylosis at the knee in optimum position (170 degrees)?

- 6 of 6 responded with minimum ratings from 40%-60% and an average of 47.5%.
 - *WCD recommends increasing the minimum rating from 40% to 45%.*

HCPAC recommends increasing the minimum rating for total ankylosis to 50% PPD.

Q24 What should the % rating be for limitations in knee flexion? (Current minimum rating for lost flexion only).

- 6 of 6 responses were for no change.

Q25 For knee range of motion assessments, would it be preferable to consider full knee extension as 0 degrees? (Currently measured as 180 degrees)

- 6 of 6 responses were in favor of this change.
 - *WCD recommends considering full knee extension as 0 degrees.*

HCPAC recommends that full knee extension is considered as zero (0) degrees.

Q26 Should there be a minimum rating for lost knee extension?

Q27 What should the degrees be for each level of extension limitation?

- 7 of 7 responses were for minimum ratings.
- WCD recommends 5% for mild, 10% for moderate and 20% for severe lost knee extension.

HCPAC recommends considering a 10-degree loss of extension as a mild limitation equal to 5% PPD, a 20-degree loss of extension as a moderate limitation equal to 15% PPD, and a 30-degree loss of extension as a severe limitation equal to 30% PPD.

Q29 Should there be a minimum rating for varus deformity?

Q30 What should the degrees be for each level of varus deformity?

Q31 What should the % ratings be for each of the following varus deformities?

Q32 Should there be a minimum rating for valgus deformity?

Q33 What should the degrees be for each level of valgus deformity?

Q34 What should the % ratings be for the following valgus deformities?

- 3 were for no change and 3 had no opinion.

Q35 What should the % ratings be for the following?

Prosthesis total (Current minimum rating 50%)

Prosthesis revision, total (If both procedures from the same work injury, current minimum rating is an additional 50%)

Prosthesis partial (Current minimum rating 45%)

Prosthesis revision, partial (if both procedures from the same work injury, current minimum rating is an additional 45%)

HCPAC recommends reducing the current rating for total joint replacement to 40% PPD and partial joint replacement to 35% PPD to be consistent with prosthesis at the hip or ankle.

Q36 Should there be a minimum for joint resurfacing?

- 3 of 4 responses were in favor of a minimum rating. The responses included ratings of 20%, 25% and 30%. *Discuss with HCPAC.*

HCPAC recommends a minimum rating for prosthetic resurfacing as 30% PPD.

Q37 Should there be a minimum rating for removal of patella?

- 3 of 4 responses were in favor of a minimum rating. The responses included ratings of 20%, 30% and 35%.
- WCD recommends a minimum rating of 20% for removal of the patella.

HCPAC recommends a minimum rating of 20% for removal of the patella.

Q38 Should there be a rating for recurrent patellar dislocations?

- 4 of 4 responses were in favor of a minimum rating. The responses included ratings of 5%, 10%, 10% and 25%.
- WCD recommends a minimum rating of 10% for surgical procedure to address recurrent patellar dislocations.

HCPAC recommends a minimum rating of 10% for recurrent patellar dislocation.

Q39 What should the % ratings be for the following?

Meniscectomy (Current minimum rating at 5%, regardless of how much meniscus is removed)

Medial and lateral meniscectomy, in same procedure

- 5 of 5 responses were in favor of a 5% rating for meniscectomy. When medial and lateral meniscectomy performed in the same procedure, 5 of 5 responses were in favor of a minimum rating. The responses included 7%, 7%, 7.5% 7.5% and 10%.
- *WCD recommends a minimum rating of 7.5% when a medial and lateral meniscectomy is performed in the same procedure.*

HCPAC recommends a minimum rating of 5% PPD per meniscus if up to 50% is removed or if percentage is not specified and a minimum rating of 8% PPD per meniscus if 50% or more of the meniscus is removed.

Q40 Should there be a minimum % rating for meniscus repair versus removal?

- 3 of 5 responses were in favor. *Discuss this with HCPAC.*

HCPAC recommends a minimum rating of 3% PPD when no part of the meniscus is removed when a procedure to repair the meniscus is performed.

Q41 What should the % rating be for anterior cruciate ligament repair? (Current minimum rating at 10%)

- 5 of 5 responses were in favor of no change.

HCPAC recommends a minimum rating of 10% PPD for anterior cruciate ligament (ACL) reconstruction or posterior cruciate ligament (PCL) reconstruction.

Q42 Should there be a lower minimum rating for repair of an otherwise intact ACL (debridement, removal of Cyclops lesion) (Current minimum rating at 10%)

- 3 of 5 responses favored this reduction. The responses included ratings of 0%, 1%, 2.5%, 5%, and 10%.
- *WCD recommends a minimum rating of 5%.*

HCPAC recommends a minimum rating of 5% PPD for ACL or PCL debridement, including removal of cyclops lesion.

Q43 Should there be a minimum rating for a tibial osteotomy?

- 3 of 5 responses were in favor of a minimum rating. Those responses were for ratings of 10%, 10% and 25%. *Discuss this with the HCPAC.*

HCPAC recommends a minimum rating of 10% PPD for a tibial osteotomy with a good result.

ANKLE – FOOT

Q46 What should the % rating be for the following?

Ankylosis, optimum position, total loss of motion (Current minimum rating 40%)

Ankylosis, ankle joint, loss of dorsi and plantar flexion (Current minimum rating 30%)

Subtalar ankylosis, loss of inversion and eversion (Current minimum rating 15%).

- 4 of 4 responses in favor of increasing the minimum rating; average rating of 19%-20%.

- *WCD recommends that the minimum rating be increased from 15% to 20% for subtalar ankylosis/total loss of inversion and eversion.*

HCPAC recommends the following minimum ratings at the level of the ankle:

Total Ankylosis = 50% PPD

Ankylosis Ankle Joint/Loss of dorsi and plantar flexion = 35% PPD

Subtalar Ankylosis/Loss of inversion and eversion = 15% PPD

Total Joint Replacement = 40% PPD

Partial Joint Replacement = 35% PPD

Q47 Should there be a minimum rating for a traumatic loss of the plantar arch of the foot?

Q48 What should the % ratings be for the following plantar arch deformities?

Mild deformity, Moderate deformity, Severe deformity

- 4 of 4 responses were in favor.
- *WCD recommends a minimum rating for plantar arch deformities of 5% for mild deformity, 10% for moderate deformity and 15% for severe deformity.*

Q49 Do you have any comments regarding disability ratings for ankles and feet?

- One response suggested a 32% rating. *Discuss with the HCPAC.*

TOES

Q51 What should the % ratings be for the following?

Ankylosis of great toe at proximal joint (Current minimum rating 50%)

Ankylosis of other toes at proximal joint (Current minimum rating 40%)

Ankylosis of great toe at distal joint (Current minimum rating 15%)

- 3 of 4 responses were basically for no change.

Q52 Should there be a rating for ankylosis of other toes at other joints?

Q53 What should the % ratings be for the following? Mid joint, Distal joint

- 3 of 4 responses were in favor of establishing minimum ratings.
- *WCD recommends establishing minimum ratings of 15% for ankylosis at middle joint and 10% for the distal joint.*

HCPAC recommends adding minimum ratings of 15% PPD for ankylosis at the middle joint and 10% PPD for ankylosis at the distal joint for toes other than the great toe.

Q55 Should there be a rating for toe joint prosthesis?

- 3 of 4 responses were in favor, with an average of 20%.
- *WCD recommends establishing a minimum rating of 20% for a toe prosthesis.*

HCPAC recommends adding minimum ratings of 40% PPD for total joint replacement and 35% PPD for partial joint replacement of the great toe.

SHOULDER

Q58 What should the % ratings be for the following?

Ankylosis, optimum position, scapula free (Current minimum rating 55%)

Prosthesis, total (Current minimum rating 50%)

Prosthesis revision, total (If surgery related to the same injury, then current minimum rating is an additional 50%)

Prosthesis partial (Current minimum rating the same 50% as for the total procedure)

Prosthesis revision, partial (If surgery related to the same injury, then current minimum rating is an additional 50%)

- The consensus of 9 responses was for no change.

HCPAC recommends the following minimum ratings at the level of the shoulder:

Total Ankylosis = 55% PPD

Prosthesis, total = 50% PPD

Prosthesis revision, total = 50% PPD

Prosthesis partial = 45% PPD

Prosthesis revision, partial = 45% PPD

Q59 Should there be a minimum rating for joint resurfacing?

- 9 of 9 responses were in favor of a minimum rating with the range from 10%-50% and an average of 33%
- *WCD recommends establishing a minimum rating of 45% for shoulder joint resurfacing, partial prosthesis, and partial prosthesis revision.*

HCPAC recommends adding minimum ratings of 45% PPD for shoulder joint resurfacing.

Q60 What should the % ratings be for limitation of motion? (Current ratings are based on the average of lost elevation, taken as the average of lost abduction and forward flexion)

Active elevation in flexion and abduction to 45 degrees (Current minimum rating 30%)

Active elevation in flexion and abduction to 90 degrees (Current minimum rating 20%)

Active elevation in flexion and abduction to 135 degrees (Current minimum rating 5%)

- Majority of responses were for the same. 3 responses were for higher ratings.

HCPAC recommends adjusting the ratings based on shoulder range of motion as follows:

Active elevation in flexion and abduction limited to 45 degrees = minimum of 40% PPD

Active elevation in flexion and abduction limited to 90 degrees = minimum of 20% PPD

Active elevation in flexion and abduction limited to 135 degrees = minimum of 10% PPD

Q61 Should there be a minimum rating for lost external rotation?

Q62 What should the % ratings be for the following external rotation limitations?

Mild limitation, Moderate limitation, Severe limitation

- 7 of 9 responses favored a minimum rating; the averages were 4% for mild, 8% for moderate and 14% for severe.
- *WCD recommends ratings of 2.5% for mild, 5% for moderate and 7.5 % for severe loss of shoulder external rotation.*

HCPAC recommends adding minimum ratings for loss of external rotation as follows:

Limitation to 10 degrees = severe = 9% PPD

Limitation to 20 degrees = moderate = 6% PPD

Limitation to 45 degrees = mild = 3% PPD

Q63 Should there be a minimum rating for lost internal rotation?

Q64 What should the % ratings be for the following internal rotation limitations?

Mild limitation, Moderate limitation, Severe limitation

- 6 of 9 responses favored minimum ratings. The averages were 5% for mild, 7.5% for moderate and 15% for severe.
- *WCD recommends ratings of 2.5% for mild, 5% for moderate and 7.5 % for severe loss of shoulder internal rotation.*

HCPAC recommends adding minimum ratings for loss of internal rotation (from the “loose pack” position) as follows:

Limitation to 10 degrees = severe = 6% PPD

Limitation to 20 degrees = moderate = 4% PPD

Limitation to 45 degrees = mild = 2% PPD

Q65 Should there be a minimum rating for rotator cuff repair?

- 5 of 9 responses favored a minimum rating for rotator cuff repair ranging from 5% to 15% with an average of 8%.
WCD requests input from the HCPAC concerning establishing a minimum rating.

HCPAC recommends adding a minimum rating of 10% PPD for rotator cuff repair.

Q158 Should there be a minimum % rating for any other procedure?

- Response for rotator cuff repair suggesting 5% for repair of 1-2 tendons, 7.5% for repair of 3 tendons and 10% for repair of 4 tendons

HCPAC recommends adding a minimum rating of 5% PPD per structure for superior, anterior, or posterior labral repair of shoulder. (Note: Correspondingly, a minimum rating of 5% PPD should also be added for labral repair of the hip.)

Q66 Should there be a minimum rating for reconstruction for recurrent dislocations?

- 6 of 9 responses were in favor with most at 5%.
- *WCD recommends establishing a minimum rating of 5% for surgical procedure to address recurrent shoulder dislocations.*

(Q67 - Q71 No consensus or few responses regarding minimum ratings for AC joint repair, acromioplasty, Mumford-distal clavicle resection, or repair to costoclavicular joint-ligaments.)

HCPAC recommends adding a minimum rating of 3% PPD for distal clavicle excision.

Q74 If there is a minimum rating for a distal biceps tendon repair, to which joint should the rating be assigned?

- 3 of 4 responses were in favor of assigning the rating for distal biceps tendon repair to the elbow rather than the shoulder.
WCD requests input from the HCPAC about assignment of the rating at the elbow.

HCPAC recommends adding minimum ratings of 5% PPD at the elbow for distal biceps tendon repair and 3% PPD at the shoulder for proximal biceps tenodesis.

ELBOW

Q77 What should the rating be for ankylosis of the elbow joint in optimum position (45 degrees flexion from full extension = 135 degrees)?

- 4 of 4 responses were in favor of a minimum rating. The range of assessments was 50%, 50%, 60% and 75% with an average of 59%.
- *WCD recommends establishing a minimum rating of 60%.*

Q78 What should the % rating be for ankylosis, optimum position based on the conditions below?

With radio-ulnar motion destroyed (Currently minimum rating 60%)

With radio-ulnar motion preserved (Current minimum rating 45%)

With rotational ankylosis in neutral position (Current minimum rating 20%)

- No changes for the current ratings.

HCPAC recommends adjusting the minimum rating from 20% PPD to 25% PPD for rotational ankylosis in neutral position.

Q79 What should the % rating be for the limitations of elbow flexion and extension described below?

Remaining range, 180-135 degrees (Current minimum rating 35%)

Remaining range, 135-90 degrees (Current minimum rating 20%)

Remaining range, 180-90 degrees (Current minimum rating 10%)

- No changes to the current ratings.

HCPAC recommends adjusting the ratings, using zero as full extension of the elbow, as follows:

Flexion to 110 degrees = mild loss = 5% PPD

Flexion to 70 degrees = moderate loss = 20% PPD

Flexion to 30 degrees = severe loss = 30% PPD

Extension to 15 degrees = mild loss = 5% PPD

Extension to 40 degrees = moderate loss = 15% PPD

Extension to 90 degrees = severe loss = 30% PPD

Q80 Should there be a minimum rating for an elbow prosthesis?

- 4 of 4 responses were in favor of minimum rating. Suggested 40%, 40%, 40% and 50%.
- *WCD recommends a rating of 40% for an elbow prosthesis.*

HCPAC recommends adding minimum ratings of 40% PPD for total elbow prosthesis and 20% for partial elbow prosthesis.

Q81 What should the % rating be for the limitation of the elbow joint based on the conditions below?

Lost supination (Current minimum rating 10%)

Lost pronation (Current minimum rating 15%)

- 2 recommended no change and 2 were very close to current rating.

Q82 Can lost pronation and supination that results from a distal radius or other wrist area injury be rated at the wrist? (Current rating is necessarily applied to the elbow)

- 3 of 4 responses were in favor of rating at the wrist rather than at the elbow.
Discuss with HCPAC.

HCPAC recommends adding a minimum rating of 5% PPD at the elbow for open or arthroscopic repair for tendinosis and/or tear of the common flexor or extensor tendons

WRIST

Q85 What should the % rating be for the following wrist conditions?

Ankylosis, optimum position, 30 degrees dorsiflexion ____% (Current minimum rating 30%)

Total loss of dorsiflexion ____% (Current minimum rating 12.5%)

Total loss of palmar flexion ____% (Current minimum rating 7.5%)

Total loss of inversion ____% (Current minimum rating 5%)

Total loss of eversion ____% (Current minimum rating 5%)

- The 8 responses averaged 17% for loss of dorsiflexion and 12% for loss of palmar flexion.
 - *WCD recommends rating loss of dorsiflexion at 15% and loss of palmar flexion at 12%.*

HCPAC recommends adjusting the ratings for total loss of dorsiflexion at the wrist to 15% PPD and for total loss of palmar flexion at the wrist to 12% PPD.

NERVES

Q89 What should the % rating be for the following median nerve conditions?

Above elbow motor and sensory involvement ____% (Current minimum rating 55-65% at wrist)

Forearm motor involvement only ____%

Thenar paralysis with sensory involvement ____% (Current minimum rating 40-50% at wrist)

Total sensory loss to hand and fingers ____% (Current minimum rating 65-75%)

- 3 of 4 responses were at or below current rating of 35-45% for forearm motor involvement only; 3 of 4 survey responses were for a 50% minimum rating for total sensory loss to hand and fingers.
 - *WCD recommends reducing the minimum rating to 40% for forearm motor involvement only and reducing the minimum rating for total sensory loss to hand and fingers to 50%*

HCPAC recommends the following minimum ratings related to the median nerve:

Above elbow motor and sensory involvement	65%
Forearm motor involvement only	45% (not previously rated)
Thenar paralysis with sensory involvement	50%
Total sensory loss to hand and fingers	45%

Q90 What should the % rating be for the following ulnar nerve conditions?

Above elbow motor and sensory involvement ____% (Current minimum rating 45-50% at wrist)

Below elbow motor and sensory involvement ____% (Current minimum rating 35-45% at wrist)

Above elbow total loss of sensation ____% (Current minimum rating 50% at wrist)

Below elbow total loss of sensation ____% (Current minimum rating 5-10% at wrist)

- 3 of 4 recommended rating of 15% or higher for total loss of sensation below elbow.
 - *WCD recommends increasing the minimum rating for total loss of sensation below the elbow from 5%-10% and set at 15%.*

HCPAC recommends the following minimum ratings related to the ulnar nerve:

Above elbow motor and sensory involvement	50%
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Below elbow motor and sensory involvement	45%
Above elbow total loss of sensation	40%
Below elbow total loss of sensation	15%
Below elbow motor involvement only	35%
Total ulnar sensory loss to hand	15%

Q91 What should the % ratings be for the following radial nerve conditions?

Above elbow motor and sensory involvement ____% (Current minimum rating for paralysis 45-55% at shoulder)
Below elbow motor and sensory involvement ____% (Current minimum rating for paralysis 45-55% at wrist)

HCPAC recommends the following minimum ratings related to the radial nerve:

Above elbow motor and sensory involvement	50%
Below elbow motor and sensory involvement	45%

Q92 Should there be a minimum % rating for loss of radial nerve sensation?

- 4 of 4 survey responses were in favor of a minimum rating with 5% as the most common response.
- *WCD recommends a minimum rating of 5% for loss of radial nerve sensation.*

HCPAC recommends adding a minimum rating of 5% for loss of radial nerve sensation.

Q93 What should be the % rating for peroneal nerve (or lumbar nerve root) paralysis causing foot drop (Current minimum rating 25-30% at knee)?

HCPAC recommends increasing the minimum rating to 35% for injuries of the peroneal nerve (or lumbar nerve root) paralysis causing foot drop.

Q94 What should the % rating be for complete loss of sensation to a digit? (Current minimum rating 50%)

HCPAC recommends increasing the minimum rating to 55% for complete loss of sensation to a digit.

Q95 What should the % rating be for loss of sensation to the palmar surface of a digit? (Current minimum rating 35%)

HCPAC recommends increasing the minimum rating to 40% for loss of sensation to the palmar surface of a digit.

Q96 What should the % rating be for loss of sensation to the dorsal surface of a digit? (Current minimum rating is 15%)

HCPAC recommends maintaining the current minimum rating of 15% for loss of sensation to the dorsal surface of a digit.

Q97 Should there be a minimum rating for loss of sensation from damage to digital nerve (medial or lateral aspect of finger)?

Summary of 80.32 Survey Results with HCPAC Recommendations from August 3, 2018, October 12, 2018, January 18, 2019, and May 17, 2019 Meetings

- 2 of 3 survey responses were in favor of a minimum rating with suggested ratings of 15% and 25%.

HCPAC recommends adding a minimum rating of 20% for loss of sensation from damage to digital nerve.

Q98 Should there be a minimum rating for loss of sensation to foot?

Q99 What should the minimum % rating be for the following conditions?

Loss of plantar surface sensation _____%

Loss of dorsal surface sensation _____%

- 4 of 4 survey responses were in favor of establishing minimum rating(s) for loss of sensation to the foot.
- *WCD recommends a minimum rating of 35% for loss of plantar surface sensation and 15% for loss of dorsal surface sensation.*

HCPAC recommends adding minimum ratings for loss of sensation to a foot as follows:

Loss of plantar surface sensation 35%

Loss of dorsal surface sensation 15%

Q103 Should there be a minimum rating for a carpal tunnel release?

Q104 Should there be a minimum rating for a cubital tunnel release?

- 2 responses for both; one yes and one no.

HCPAC recommends adding minimum ratings for a carpal tunnel release of 2% at the wrist and for a cubital tunnel release of 2% at the elbow.

Q105 Should there be a minimum rating for an ulnar nerve transposition?

- 2 of 3 survey responses were in favor and suggested ratings of 5% and 10%.

HCPAC recommends adding a minimum rating of 5% at the elbow for an ulnar nerve transposition.

HCPAC also recommends adding minimum ratings for axillary neuropathy as follows:

Motor and sensory involvement 35%

Motor involvement only 30%

Total sensory loss 5%

HCPAC also recommends adding minimum ratings for musculocutaneous neuropathy as follows:

Motor and sensory involvement 30%

Motor involvement only 25%

Total sensory loss 5%

HCPAC also recommends that Complex Regional Pain Syndrome (CRPS) be rated as an unscheduled injury (consistent with contribution from central nervous system pathophysiology) instead of as a scheduled injury (to the symptomatic area of the body).

BACK

Q108 What should the minimum rating be for removal of disc material or relief from the effects of a disc lesion or spinal cord pressure at the following levels? (Current minimum rating 5% per level)

Cervical spine decompression (provide % rating)

Thoracic spine decompression (provide % rating)

Lumbar spine decompression (provide % rating)

- The survey averages were 7% for cervical, 6.5% for thoracic and 8% for lumbar.

Q109 What should the minimum rating be for spinal fusion at the following levels? (Current minimum rating 5% per level)

Cervical spine fusion (provide % rating)

Thoracic spine fusion (provide % rating)

Lumbar spine fusion (provide % rating)

- The survey response averages were 9.8% for cervical, 8.7% for thoracic, and 8% for lumbar.

HCPAC recommends increasing the minimum rating for spinal fusion to 7% PPD per level.

Q111 Suggested minimum % rating for decompression and fusion of the following:

% rating for the cervical spine

% rating for the thoracic spine

% rating for the lumbar spine

- 10% was the most common survey response with 6.5% as the average of the 4 responses.

Based on the recommendation to increase the minimum rating for a spinal fusion to 7% PPD, a decompression and fusion would increase to a minimum rating of 12% PPD.

Q112 What should the rating be for implantation of an artificial disc? (Current minimum rating at 7.5% per level)

- 7.5% was the most common survey response with an average of 10%.

HCPAC recommends increasing the minimum rating for implantation of an artificial disc to 10% PPD per level.

Q113 Should there be a minimum rating for a disc herniation that is treated conservatively (with therapy / injections)?

- 19 of 30 survey responses were in favor, with 5% the most common response and 6% the average.

HCPAC recommends adding a minimum rating of 2% PPD for a confirmed disc herniation that is directly related to the mechanism of trauma and treated conservatively.

Q. 114 Should there be a minimum rating for implantation of a spinal cord stimulator?

- 20 of 29 survey responses were in favor of a minimum rating with 5% the most common response and 8% as the average.

HCPAC recommends adding a minimum rating of 2% PPD for the implantation of a spinal cord stimulator.

Q. 115 Should there be a minimum rating for implantation and [sic] intrathecal pain pumps?

- 18 of 30 responses were in favor with responses of 3%, 5%, and 10% and an average of 9.4%.

HCPAC recommends adding a minimum rating of 2% PPD for the implantation of an intrathecal pain pump.

Q. 116 Should there be a minimum rating for a sacroiliac joint fusion?

- 26 of 30 responses were in favor with 5% the most common response and an average of 8.5%.

HCPAC recommends adding a minimum rating of 7% PPD for a sacroiliac (SI) joint fusion.

Q117 What should the rating be for compression fractures of the vertebrae? (Current minimum rating is 5% per level, if fracture [sic] causes permanent disability.)

% rating for a cervical compression fracture

% rating for thoracic compression fracture

% rating for lumbar compression fracture

25 of 25 responses to the survey were in favor of a minimum rating with 5% the most common response and averages of 7% for cervical, 5% for thoracic and 7% for lumbar.

Q118 Should % rating for a burst fracture be higher than 5% per level?

- 22 of 29 responses were in favor of a minimum rating more than 5% with 10% as the most common response and an average of 14%.

HCPAC does not recommend a rating specific to a burst fracture because the treatment almost always involves a fusion procedure which already has a statutory minimum rating.

Q119 Should there be a minimum rating for coccyx fractures that cause permanent disability?

- 22 of 30 responses were in favor of a minimum rating with 5% the most common response and an average of 6%.

HCPAC recommends adding a minimum 5% PPD rating for a coccyx fracture that causes permanent disability.

Q121 Should there be a minimum rating for fractures involving the sacroiliac [sic] joint?

- 9 of 12 responses were in favor of a minimum rating with 5% the most common response and an average of 7.8%.
- *WCD recommends a minimum rating for fracture of the sacroiliac joint of 5%.*

Q122 Should there be a minimum rating for separation of the symphysis pubis or unstable pelvic fractures?

- 12 of 13 survey responses were in favor of a minimum rating with 10 % the most common rating and 11% as the average.
- *WCD recommends minimum ratings of 10% for separation of the symphysis pubis and unstable pelvic fractures.*

HCPAC recommends adding a minimum 10% PPD rating for separation of the symphysis pubis or pelvic fractures that causes permanent disability.

THUMB & FINGERS

Q126 What should the % rating be for fusion of the thumb proximal (MCP) joint only?

Mid-position (Current minimum rating at 15%)

Complete extension (Current minimum rating at 20%)

- The survey responses (6 of 6) provided a range of ratings from 15% to 45% with the average of 25%.

HCPAC recommends increasing the minimum rating from 20% to 25% PPD for fusion of the thumb at the proximal (MCP) joint in complete extension.

Q131 Should there be a minimum rating for lost thumb opposition?

Q132 What should the % ratings be for the following limitations of thumb opposition?

mild limitation

moderate limitation

severe limitation

- 6 of 8 responses were in favor of establishing a minimum rating for limitations of thumb opposition. *Discussion for the HCPAC.*

Q134 What should the % rating be for fusion of a finger middle (PIP) joint only?

Mid-position (Current minimum rating at 75%)

Complete Extension (Current minimum rating at 85%)

- The survey results ranged from 50% to 80% and the average was 70%.
 - *WCD recommends decreasing the minimum rating for fusion of the finger middle joint at mid-position from 75% to 70%.*

HCPAC recommends decreasing the minimum rating for fusion of the finger middle joint at mid-position from 75% to 70% PPD.

Q138 Should there be a statutory minimum rating for a thumb or finger joint prosthesis?

- 5 of 7 survey responses were in favor of establishing a minimum rating. The survey results ranged from 30% to 75% and the average was 40%.
 - *WCD recommends establishing a minimum rating of 40% for a finger or thumb joint prosthesis.*

HCPAC recommends establishing a minimum rating of 40% for a finger or thumb joint prosthesis.

MISCELLANEOUS

HCPAC recommends establishing a minimum rating of 40% PPD for total and 35% PPD for partial wrist prosthesis.

HCPAC recommends increasing the minimum rating from 5% to 10% PPD for the loss of one kidney. If the loss is of the only remaining kidney, the minimum rating should be 20% PPD and there should be no statute of limitations for additional claims of benefits.

Q149 What should the minimum % rating be for total loss of smell?

- There were only 2 responses and they were in favor of a minimum rating. The suggested minimum ratings were 5% and 10%. The current rating is 2.5%.

HCPAC recommends increasing the minimum rating for total loss of smell from 2.5% to 5% PPD.

Q151 The diagram below illustrates the value in weeks assigned to major joints of the body. If you believe that the value for a particular joint should be changed, please indicate the joint and value that you believe to be more appropriate.

- The survey responses were in favor of increasing the number of weeks assigned to the ankle with a range from 250-500 weeks and 300 weeks as the average.
- *WCD recommends increasing the number of weeks in s. 102.52 (12) for total loss of a foot at the ankle from 250 to 300 weeks.*

HCPAC recommends increasing the number of weeks in s. 102.52 (12), Wis. Stats., for total loss of a foot at the ankle from 250 to 300 weeks.

Q154 Should there be minimum ratings for other elements of disability? (Current statute reads other elements shall be rated, but no minimum percentage given.)

Q155 Provide minimum % ratings for the following:

Pain of at least moderate severity

Altered sensation

Sensitivity to heat and cold

Weakness, loss of at least one grade

Unstable grafts

Edema of at least moderate severity

Functional deficits

- The survey responses were as follows:

Pain of at least moderate severity	average 4.3%
Altered sensation	average 12.6%
Sensitivity to heat & cold	average 5.8%
Weakness, loss of at least one (1) grade	average 7.4%
Unstable grafts	average 6.5%
Edema of at least moderate severity	average 4.3%
Functional deficits	average 7.5%

Q159 Current code requires stacking the minimum percentages of loss of use for certain surgical procedures performed sequentially for issues related to the same date of injury, not to exceed 100% loss of use. Should this practice continue?

- 35 of 40 responses recommended keeping the current practice of stacking the minimum percentages for loss of use for certain surgical procedures performed sequentially based on the same injury date.

Q160 Should there be a minimum % rating for a traumatic splenectomy?

- 11 of 21 responses were in favor of a minimum rating. The range of responses in the survey was from 2% to 10% with 5% as the most common response.

Q161 Should nurse practitioners and physician assistants be allowed to provide work restrictions following routine clinic visits? (Currently considered as nature and extent of disability, which prevents the issue from being addressed by them.)

- 32 of 52 responses were in favor of allowing PAs and APNPs to assign work restrictions following routine clinic visits.

Q162 Should injured workers continue to have their choice of doctors licensed in Wisconsin for the evaluation and treatment of their injuries?

- 48 of 51 responses were in favor of continuing to allow injured workers to have their choice of doctors licensed in and practicing in Wisconsin.

Q164 Is the recently adopted \$100.00 maximum charge for completion of a final medical report reasonable?

Q165 What is the average time that it takes you to complete a final medical report?

Q166 What is the range of time that it takes you to complete a final medical report?

- The survey responses were evenly divided at 26 about the \$100 maximum charge for completing a final medical report as being reasonable.
- 46 responses indicated it took from 10 minutes to 2-4 hours to complete a final medical report.

Q167 Should Wisconsin adopt use of the AMA Guides to the Evaluation of Permanent Impairment, and drop use of our current state statutes on the evaluation of permanent disability?

- 29 of 50 responses were not in favor of adopting use of the AMA Guides to the Evaluation of Permanent Impairment.