# ANALYSIS FOR UPDATING MINIMUM PERMANENT PARTIAL 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 resulting 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 (8) years. Under s. 227.13, Wis. Stats., the Department was authorized to appoint a medical advisory committee composed of physicians practicing in one or more areas of specialization or treating disciplines within the medical profession, to review and recommend revising minimum permanent partial disability ratings based on typical loss of function to the Department and the Worker's Compensation Advisory Council.

The Department appointed the practitioners on the Health Care Provider Advisory Committee to serve on the medical advisory committee to review and recommend revisions to the minimum permanent partial disability ratings in accordance with 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., and is composed of health care providers providing treatment to injured employees under s. 102.42, Wis. Stats. The statutory 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 used in the necessity of treatment dispute resolution process.

Department staff began the process of reviewing and revising the minimum permanent partial disability ratings contained in s. DWD. 80.32 of the Wisconsin Administrative Code by preparing and distributing a survey to practitioners who treat or examine injured employees. The survey was emailed directly to physicians that have interacted with the worker's compensation system and a link to the survey was publicized by the Wisconsin Medical Society, state chiropractic associations, and podiatric association. The survey was administered online through Survey Monkey and contained approximately 167 questions. The questions contained in the survey covered use of the current ratings in addition to asking about the need for a minimum rating to cover other medical procedures and physical conditions. After compiling the responses to the survey, Department staff reviewed the survey questions and responses with the Health Care Provider Advisory Committee.

At meetings held approximately each calendar quarter since 2017 the members of the Health Care Provider Advisory Committee reviewed and discussed the current minimum permanent partial disability ratings contained in s. DWD 80.32 of the Wisconsin

Administrative Code. They also reviewed and discussed the survey the Department sent to practitioners and the responses received.

The following are the consensus recommendations from the Health Care Provider Advisory Committee. The recommended statutory minimum ratings presented below generally fall somewhere between the current rating and the average of the ratings designated by the survey respondents.

The Health Care Provider Advisory Committee determined it was advisable to maintain the current minimum permanent partial disability ratings for the following physical conditions:

**Amputations**

- Equivalent to amputation at midpoint between two joints when stump is functional.
- Equivalent to amputation at the next most proximal joint when stump unsuitable to accommodate a prosthesis.
- Grade minimum permanent disability upward when stump is not functional.

**Hip**

- 50% for ankylosis of a hip in optimum position with 15 degrees to 30 degrees flexion.
- Grade minimum permanent partial disability rating upward for any hip malposition.
- For shortening of a leg with no posterior or lateral angulation, no minimum rating for shortening of less than ¾ inch; a minimum rating of 5% for shortening of ¾ inch; 7% for shortening of 1 inch; 14% for shortening of 1 ½ inches; and 22% for shortening of 2 inches. More than 2 inches of shortening will result in greater proportional rating than listed above.
- 40% for a total hip prosthesis.
- 35% for a partial hip prosthesis.

**Knee**

- 5% for removal of up to 50% of a meniscus or if a percentage of permanent disability is not specified.
- 10% for anterior cruciate ligament repair.

### Ankle

- 15% for subtalar ankylosis in optimal position with loss of inversion and eversion.

### Toes

- 50% for ankylosis of the great toe at the proximal joint.
- 40% for other toes at the proximal joint.
- 15% for ankylosis of the great toe at the distal joint.
- On merits for malposition.

### Shoulder

- 55% for ankylosis of a shoulder in optimum position with the scapula free.
- Grade minimum permanent partial disability rating upward for any shoulder malposition.
- 20% for limitation of active elevation of a shoulder in flexion and abduction to 90 degrees but otherwise normal.
- 50% for a total prosthesis of a shoulder.

### Elbow

- 60% for ankylosis of an elbow in optimum position at a 45-degree angle with rotational motion (radio-ulnar) destroyed.
- 45% for ankylosis of an elbow in optimum position at a 45-degree angle with rotational motion (radio-ulnar) intact.
- Grade minimum permanent partial disability rating upward for any elbow malposition.
- 15% for severe loss of pronation limited to 10 degrees in rotation of the elbow joint.
- 10% for severe loss of supination limited to 10 degrees in rotation of the elbow joint.

### Wrist

- 30% for ankylosis for optimum position of a wrist at 30 degrees dorsiflexion.

- Grade minimum permanent partial disability rating upward for any wrist malposition.
- 5% for total loss of inversion of a wrist.
- 5% for total loss of eversion of a wrist.

**Loss of Nerve Function (Complete Sensory Loss)**

- 15% for loss of sensation to the dorsal surface of any digit.

**Spine**

- 5% per level for removal of disc material with no undue symptomatic complaints or any objective findings.
- The minimum permanent partial disability rating for a chymopapain injection to be rated by a doctor.
- The minimum permanent partial disability rating for compression fractures of vertebrae of such degree to cause permanent disability may be rated 5% and graded upward.

**Fingers**

- 15% for loss of sensation to the dorsal surface of any digit.
- Complete ankylosis of a thumb

| | Mid-Position | Complete Extension |
|---|---|---|
| Distal joint only | 25% | 35% |
| Proximal joint only | 15% | (recommended change from 20% to 25%) |
| Distal & proximal joints | 35% | 65% |
| Carpometacarpal joint only | 20% | 20% |
| Distal, proximal & Carpometacarpal joints | 85% | 100% |

- Complete ankylosis of a finger

| | | |
|---|---|---|
| Distal joint only | 25% | 35% |
| Middle joint only | (recommended change from 75% to 70%) | 85% |
| Proximal joint only | 40% | 50% |
| Distal & middle joints | 85% | 100% |
| Distal, middle, & proximal joints | 100% | 100% |

- No change to the current permanent partial disability ratings for loss of motion at the distal, middle, or proximal joints of fingers or thumb.

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

**Minimum permanent disability ratings for hip injuries**

Under the current rule the minimum rating for joint resurfacing of the hip is 35%. This is the same minimum rating as used for a partial prosthesis (replacement) of the hip. The recommendation is to establish a minimum rating of 30%. The rationale for establishing this minimum rating is recognizing the difference between a partial hip joint prosthesis and resurfacing. Resurfacing is a less invasive procedure with less exposure, less soft tissue trauma and less bone loss than results from a partial hip joint replacement. Individuals who undergo hip resurfacing usually experience better outcomes than those who undergo partial hip joint replacement.

The rule currently contains no minimum rating for labral repair of the hip. The recommendation is to establish a minimum rating of 5% for a labral repair. Labral repair is an intraarticular surgery predisposing an individual to arthritis of the hip joint and other adverse sequelae. The rational for establishing this minimum rating is this will be comparable to the same procedure to a shoulder.

**Minimum permanent disability ratings for knee injuries**

For full knee extension the current rule provides the measurement is from 180 degrees. The recommendation is to change the measurement for full knee extension from 180 degrees to zero (0) degrees. Full extension of a knee (straight leg) should be measured as zero (0) degrees and flexion should be measured from this angle in positive degrees. This change is consistent with the consensus of practitioners about how motion deficits affect an individual's ability to work and function.

Ankylosis of the knee, in optimum position, at 10 degrees, has a minimum rating of 40% under the current rule. The recommendation is to increase the minimum rating for ankylosis of the knee to 50%. The rationale for increasing this rating is the difficulty an individual with this condition has in ambulation (walking) and engaging in other activities necessary for daily living.

The rule currently does not contain any minimum rating for loss of extension for the knee. The recommendation is to establish minimum ratings for mild, moderate, and severe loss of flexion and extension of the knee. The rationale for establishing minimum ratings for motion deficits is that greater loss of knee extension results in increased difficulty with ambulation. The recommendation is to establish the following minimum ratings for motion deficits in the knee based on normal flexion of 135 degrees and normal extension at zero (0) degrees:

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|---|---|
| 90-degree loss of flexion (severe limitation) | Establish minimum rating of 25% |
| 45-degree loss of flexion (moderate limitation) | Establish minimal rating of 10% |
| 30-degree loss of flexion (mild limitation) | Establish minimum rating of 5% |
| 30-degree loss of extension (severe limitation) | Establish minimum rating of 30% |
| 20-degree loss of extension (moderate limitation) | Establish minimum rating of 15% |
| 10-degree loss of extension (mild limitation) | Establish minimum rating of 5% |

For a total knee prosthesis, the current rule provides for a minimum rating of 50%. The recommendation is to reduce the minimum rating to 40% for a total knee prosthesis. The rationale for reducing the minimum rating to 40% is this rating is comparable to the ratings for most other joint replacements. Joint replacement technology has advanced in recent years and people tend to have better outcomes than in the past.

The current rule provides for a minimum rating of 45% for a partial knee prosthesis. The recommendation is to decrease the minimum rating to 35% for a partial knee prosthesis. The rationale for this reduction is that a minimum rating of 35% is comparable to the minimum ratings for most other partial joint replacements. Joint replacement technology has advanced in recent years and people tend to have better outcomes than in the past.

Knee joint resurfacing is treated the same as a partial prosthesis under the current rule with the minimum rating of 45%. The recommendation is to decrease the minimum rating for knee joint resurfacing to 30%. The rationale for decreasing the minimum rating is the same as for establishing a minimum rating of 30% 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 experience better outcomes compared to those who undergo a partial joint replacement.

There is no minimum rating for patellectomy or patellar excision in the current rule. The recommendation is to establish a minimum rating of 20% for patellectomy or total patellar excision. The rationale for establishing a minimum rating for patellectomy or total patella excision is the patella is a key component of the extension mechanism of the knee. Excision of the patella alters the functional mechanics of the knee leading to increased likelihood of arthritis and negative sequelae in the future.

The current rule does not include a minimum rating for an injury that results in recurrent patellar dislocation that requires surgical repair. The recommendation is to establish a minimum rating of 10%. The rationale for establishing a minimum rating for surgical repair of a patellar dislocation is this procedure involves significant changes of the anatomy of the knee to prevent further dislocations. Cartilage or ligament damage often results from this injury and there is an increased likelihood of arthritis developing in the knee.

With the current rule there is a minimum rating of 5% for a meniscectomy. The recommendation is to (1) increase the minimum rating to 8% when 50% or more of the meniscus is removed; (2) maintain the current minimum rating of 5% when up to 50% of the meniscus is removed or when a percentage is not specified; and (3) decrease the minimum rating to 3% when the meniscus is repaired with only incidental debridement. The rationale for these recommendations is a higher disability rating is warranted for removal of 50% or more of a meniscus because there is a higher likelihood of an individual developing arthritis, loss of shock absorption capacity of the knee joint, and functional deficits. Debridement (repair) of a meniscus will be less disabling because more normal cartilage tissue is being preserved with this procedure.

A minimum rating for posterior cruciate ligament reconstruction is not included in the current rule. The recommendation is to establish a minimum rating of 10% for reconstruction of the posterior cruciate ligament. The rationale for establishing a minimum rating is that the injury results in instability and other functional deficits. The minimum rating should be comparable to reconstruction of the anterior cruciate ligament.

Debridement of the anterior cruciate ligament is considered a repair and the minimum rating is 10% under the current rule. The recommendation is to establish a minimum rating of 5% for debridement of the anterior cruciate ligament or posterior cruciate ligament including removal of cyclops lesion. The rationale for establishing a minimum rating is these procedures are performed on partially injured anterior cruciate ligament or posterior cruciate ligament, and there should be a lower rating for these procedures than for reconstruction of a torn ligament.

There is no minimum rating for a tibial osteotomy in the current rule. The recommendation is to establish a minimum rating of 10% for a tibial osteotomy. The rationale for establishing a minimum rating for a tibial osteotomy is this is an invasive procedure and results in a realignment of bone.

**Minimum permanent disability ratings for ankle injuries**

The current rule provides for a minimum rating of 40% for total ankylosis of the ankle, optimum position, with a total loss of motion. The recommendation is to increase the minimum rating to 50%. The rationale for increasing the minimum rating is an individual

with this condition will have a great deal of difficulty with ambulation and other activities necessary for daily living.

Ankylosis of the ankle joint with loss of dorsi and plantar flexion has a minimum rating of 30% under the current rule. The recommendation is to increase the minimum rating to 35%. The rationale for increasing the minimum rating is this physical condition causes a loss of motion in the ankle joint and an individual with this condition will have a great deal of difficulty with ambulation and other activities necessary for daily living.

There is no minimum rating for a total prosthesis of the ankle joint under the current rule. The recommendation is to establish a minimum rating of 40% for a total ankle prosthesis (replacement). The rationale for establishing this minimum rating is artificial ankle joint replacements are becoming more frequent in standard medical practice and a minimum rating is needed. A minimum rating of 40% for a total prosthesis of the ankle joint will conform with other joint replacements in the lower extremity.

Under the current rule there is no minimum rating for a partial prosthesis of the ankle joint. The recommendation is to establish a minimum rating of 35% for a partial ankle prosthesis (replacement). The rationale for establishing this minimum rating is artificial ankle joint replacements are becoming more frequent in standard medical practice and a minimum rating is needed. A minimum rating of 35% for a partial prosthesis of the ankle joint will conform with other partial joint replacements in the lower extremity.

Under the current rule there is no minimum rating for ankle joint resurfacing. The recommendation is to establish the minimum rating for ankle joint resurfacing to 30%. Resurfacing is a less invasive procedure with less exposure, less soft tissue trauma and less bone loss than a partial joint replacement.

**Minimum permanent disability ratings for toe injuries**

The current rule does not provide minimum ratings for ankylosis of the lesser toes at the middle and distal joints. The recommendation is to establish a minimum rating of 15% for ankylosis of a lesser toe at the middle joint and 10% for ankylosis of a lesser toe at the distal joint. The recommended ratings do not cover injuries to the great (big) toe. The rationale for these ratings is that ankylosis of the lesser toe joints causes difficulty with ambulation. The recommendation is to remove the language in s. DWD 80.32 (6), Wis. Admin. Code, "All other toes at any interphalangeal joint if no deformity, no disability" and "Loss of motion, No disability".

**Minimum permanent disability ratings for shoulder injuries**

Under the current rule there is a minimum rating of 50% for a total, partial, or revision replacement of the shoulder joint. The recommendation is to decrease the minimum rating to 45% for a partial prosthesis of the shoulder joint. Although the recommendation

of 45% is higher than for a partial prosthesis of a lower extremity, the rationale for the recommendation is use of the upper extremities for most employees is more important for performing work than use of the lower extremities.

The current rule provides for a minimum rating of 50% for shoulder joint resurfacing. The recommendation is to decrease the minimum rating to 40%. The rationale for decreasing the minimum rating to 40% is that shoulder joint resurfacing is a less invasive procedure with less exposure, less soft tissue trauma and less bone loss than a full or partial shoulder joint replacement. Individuals who undergo joint resurfacing usually experience better outcomes than those who undergo joint replacements.

**Minimum permanent disability ratings for other shoulder deficits**

For shoulder limitation of active elevation in flexion and abduction to 45 degrees the current rule provides for a minimum rating of 30%. The recommendation is to increase the minimal rating to 40%. The rationale for increasing the minimum rating is because an individual with this condition has a major loss of range of motion in the shoulder and will experience a high degree of disability. Most upper extremity work would be difficult for an individual with this condition.

The minimum rating for shoulder limitation of active elevation in flexion and abduction to 135 degrees is 5% under the current rule. The recommendation is to increase the minimum rating to 10%. The rationale for increasing the minimum rating is that an individual with this condition has a moderate loss of range of motion and will experience a moderate degree of disability. Overhead work will be particularly difficult for an individual with this condition.

There is no minimum rating under the current rule for loss of external rotation of the shoulder. The recommendation is to establish a minimum rating of 9% for severe loss of external rotation of the shoulder limited to 10 degrees. The rationale for establishing this minimum rating is that limitation of the external shoulder rotation has a substantial negative effect on an individual's ability to work and on performing activities necessary for daily living.

There is no minimum rating under the current rule for loss of external rotation of the shoulder. The recommendation is to establish a minimum rating of 6% for moderate loss of external rotation of the shoulder limited to 20 degrees. The rationale for establishing this minimum rating is that with a limitation of 20 degrees external shoulder rotation has a moderate negative effect on an individual's ability to work and on performing activities necessary for daily living.

With the current rule there is no minimum rating for loss of external rotation of the shoulder. The recommendation is to establish a minimum rating of 3% for mild loss of external rotation of the shoulder limited to 45 degrees. The rationale for establishing this minimum rating is that with motion limited to 45 degrees external shoulder rotation has a

noticeable negative effect on an individual's ability to work and on performing activities necessary for daily living.

There is no minimum rating under the current rule for loss of internal rotation of the shoulder. The recommendation is to establish a minimum rating of 6% for severe loss of external rotation of the shoulder limited to 10 degrees. The rationale for establishing this minimum rating is that limitation of the internal shoulder rotation has a negative effect on an individual's ability to work and on performing activities necessary for daily living. However, a limitation of 10 degrees on internal shoulder rotation is not as debilitating as external rotation of the shoulder for purposes of employment and other activities of daily living.

The current rule provides for no minimum rating for loss of internal rotation of the shoulder. The recommendation is to establish a minimum rating of 4% for moderate loss of internal rotation of the shoulder limited to 20 degrees. The rationale for establishing this minimum rating is that with a limitation of 20 degrees internal shoulder rotation has a moderate negative effect on an individual's ability to work and on performing activities necessary for daily living. A limitation of 20 degrees on internal shoulder rotation is not as debilitating as external rotation or severe internal rotation of the shoulder for purposes of employment and other activities of daily living.

With the current rule there is no minimum rating for loss of internal rotation of the shoulder. The recommendation is to establish a minimum rating of 2% for mild loss of internal rotation of the shoulder limited to 45 degrees. The rationale for establishing this minimum rating is that with motion limited to 45 degrees internal shoulder rotation has a noticeable negative effect on an individual's ability to work and on performing activities necessary for daily living. A limitation of 45 degrees on internal shoulder rotation is not as debilitating as limitation of external rotation or severe or moderate internal rotation of the shoulder for purposes of employment and other activities of daily living.

There is no minimum rating for rotator cuff reconstruction in the current rule. The recommendation is to establish a minimum rating of 10% for rotator cuff reconstruction. The rationale for establishing this minimum rating is that even with good results following a rotator cuff reconstruction, the shoulder anatomy and mechanics will be altered and may result in functional deficits. The recommendation for this rating is also based on the rating for a rotator cuff reconstruction being comparable to the rating for an anterior cruciate ligament reconstruction as each structure is critical to the proper function of the respective joint.

There is no minimum rating for rotator cuff debridement in the current rule. The recommendation is to establish a minimum rating of 5% for rotator cuff debridement. The rationale for establishing this minimum rating is that even with good results following a rotator cuff debridement, the shoulder anatomy and mechanics will be altered and may result in functional deficits.

Under the current rule there is no minimum rating for anterior, posterior, or superior labral repair. The recommendation is to establish a minimum rating of 5%. The rationale for establishing this minimum rating is that repair of the labrum involves attaching tendons and ligaments to improve stability to the shoulder.

The current rule does not include a minimum rating for a complete distal clavicle excision. The recommendation is to establish a minimum rating of 3% for this procedure. The rationale for establishing this minimum rating is that a substantial amount of bone is removed from the end of the clavicle resulting in a loss of cushion in the shoulder joint.

A minimum rating for repair of the proximal biceps tendon is not included in the current rule. The recommendation is to establish a minimum rating of 3%. The rationale for establishing this minimum rating is the proximal biceps tendon functions to stabilize the shoulder. The procedure changes the anatomy and physiology of the shoulder. Part of the shoulder function is lost when the tendon is cut and re-attached or re-implanted.

**Minimum permanent disability ratings for elbow injuries**

Under the current rule there is no minimum rating for repair of the distal biceps tendon. The recommendation is to establish a minimum rating of 5%. The rationale for establishing this minimum rating is that the distal biceps tendon is critical to the proper function of the elbow. Negative permanent sequelae result from repair of the distal biceps tendon. Part of the elbow function is lost after the tendon is cut and re-attached or re-implanted into bone.

There is no minimum rating for total prosthesis (replacement) of the elbow in the current rule. The recommendation is to establish a minimum rating of 40%. Artificial elbow joint replacements are becoming more frequent in standard medical practice and a minimum rating is needed. The rational for establishing a 40% minimum rating is that this is consistent with prosthesis at other joints except the shoulder.

There is no minimum rating for a partial prosthesis (replacement) of the elbow in the current rule. The recommendation is to establish a minimum rating of 20%. Artificial elbow joint replacements are becoming more frequent in standard medical practice and a minimum rating is needed. The rational for establishing a 20% minimum rating is that this procedure would commonly be a radial head replacement which is a considerably less invasive procedure compared to a total elbow replacement. Results from a partial elbow prosthesis are usually less disabling than other partial joint prostheses.

The current rule does not contain a minimum disability rating for open or arthroscopic repair of tendinosis or tear of common flexor tendon or extensor tendon. The recommendation is to establish a minimum rating of 5%. The rationale for establishing this minimum rating is that the anatomy is altered following these procedures and these conditions can cause persistent pain due to recurrent degeneration or tears.

The rule currently does not contain any minimum ratings for limitation of elbow joint motion with zero (0) degrees as full extension and 140 degrees as full flexion. The recommendation is to establish minimum ratings for mild, moderate, and severe loss of flexion and extension of the elbow. The rationale for establishing minimum ratings for elbow motion deficits is to make measurements consistent with the consensus of heath care providers on how motion deficits affect an individual's physical ability to work and engage in activities of daily living. The recommendation is to establish the following minimum ratings for motion deficits in the elbow:

| | |
|---|---|
| Loss of flexion, limited to 30 degrees (severe) | Establish minimum rating to 30% |
| Loss of flexion, limited to 70 degrees (moderate) | Establish minimum rating up to 20% |
| Loss of flexion, limited to 110 degrees (mild) | Establish minimum rating up to 5% |
| Loss of extension, limited to 30 degrees (severe) | Establish minimum rating to 30% |
| Loss of extension, limited to 70 degrees (moderate) | Establish minimum rating to 20% |
| Loss of extension, limited to 110 degrees (mild) | Establish minimum rating to 5% |

Rotation at elbow joint

| | |
|---|---|
| Loss of pronation, limited to 30 degrees (moderate) | Establish minimum rating of 10% |
| Loss of pronation, limited to 60 degrees (mild) | Establish minimum rating of 3% |
| Loss of supination, limited to 30 degrees (moderate) | Establish minimum rating of 7% |
| Loss of supination, limited to 60 degrees (mild) | Establish minimum rating of 2% |

The current rule contains a 20% minimum rating for rotational ankylosis in neutral position. The recommendation is to increase this to 25% to make this consistent with the consensus of heath care providers on how motion deficits affect an individual's physical ability to work and engage in activities of daily living.

**Minimum permanent disability ratings for wrist injuries**

No minimum rating for a total wrist prosthesis is contained in the current rule. The recommendation is to establish a minimum rating of 40% for a total wrist prosthesis. The rationale for this minimum rating is that artificial wrist joint replacements are becoming more frequent in standard medical practice and a minimum rating is needed. The minimum 40% rating is to conform with most other total joint replacements.

With the current rule there is no minimum rating for a partial wrist prosthesis. The recommendation is to establish a minimum rating of 35% for a partial wrist prosthesis. The rationale for this minimum rating is that artificial wrist joint replacements are becoming more frequent in standard medical practice and a minimum rating is needed. The minimum 35% rating is to conform with most other partial joint replacements.

The current rule provides for a minimum rating of 12½% for total loss of extension of the wrist. The recommendation is to increase the minimum rating to 15%. The rationale for increasing the minimum rating is that loss of extension of the wrist results in greater dysfunction of the upper extremity including loss of grip function and fine motor skills of a hand.

A minimum rating of 7½% for total loss of flexion of the wrist is contained in the current rule. The recommendation is to increase the minimum rating to 12%. The rationale for increasing the minimum rating is that loss of flexion of the wrist results in greater dysfunction of the upper extremity including loss of grip function and fine motor skills of a hand.

**Loss of Nerve Function Peripheral Nerve Disorders**

Complete Sensory Loss is the title for the current s. DWD 80.32 (10). The recommendation is to change the title to Peripheral Nerve Disorders, to update the language, and to reorganize this subdivision in table format.

The current rule contains minimum ratings for complete loss of sensation and complete loss of motor function due to specific upper or lower extremity peripheral nerve injuries. Updates to minimum ratings for complete loss of sensation and complete loss of motor function and the rationale for changes are described below.

Most of the subsections in DWD 80.32 include guidance on how to assign disability for injuries that are both complete and incomplete. Section DWD 80.32 states that findings of weakness, decreased endurance, decreased sensation, heat or cold intolerance, pain, or other functional deficits shall result in an estimate higher than the minimum, but variation in the rating of disability associated with these factors is quite high. The recommendation is to add guidance on minimum ratings for incomplete sensory deficits based on altered sensation and pain, and minimum ratings for incomplete motor deficits based on decreased strength. The rationale for this recommendation is to make the

section easier for practitioners to interpret, and to increase the consistency of ratings for incomplete loss of nerve function across practitioners.

**Any digit**

The current rule provides for a minimum rating of 50% for complete loss of sensation to any digit. The recommendation is to increase the minimum rating to 55% at the joint proximal to level of involvement. The rationale for increasing this minimum rating is that finger sensation is a very important component of function for those working with their hands and for activities of daily living. Decreased sensation also predisposes to further injury.

The loss of sensation to the palmar surface of any digit has a minimum rating of 35% under the current rule. The recommendation is to increase the minimum rating to 40% at the joint proximal to the level of involvement. The rationale for increasing the minimum rating is that palmar sensation is important for a wide variety of work activities, including activities of daily living and increasingly prevalent use of small electronic devices. Decreased palmar sensation also predisposes to further injury.

The current rule does not contain a minimum disability rating for loss of sensation from damage to the digital nerve. The recommendation is to establish a minimum rating of 20% at the joint proximal to the level of involvement. The rationale for establishing this minimum rating is that employees frequently sustain lacerations to fingers that cut the digital nerve that results in sensory loss over half of the finger, including palmar and dorsal aspects, and some loss of function.

**Ulnar Nerve**

The current rule provides for a 50% minimum rating at the wrist for ulnar nerve paralysis, above elbow, with sensory involvement. The recommendation is to update the language to motor and sensory involvement of the ulnar nerve above the mid forearm and update the minimum rating to 50% at the elbow. The rationale for this minimum rating is that the ulnar nerve is a very important component of function for those working with their hands (power grasp) and for activities of daily living. Decreased function also predisposes to further injury. The rating for common sites of compression around the elbow (cubital tunnel) will not change.

There is no minimum rating in the current rule for motor involvement of the ulnar nerve above the mid forearm. The recommendation is to establish a minimum rating of 45% at the elbow. The rationale for establishing this minimum rating is that the ulnar nerve is a very important component of function for those working with their hands (power grasp) and for activities of daily living. The rating for common sites of compression around the elbow (cubital tunnel) will not change.

There is no minimum rating for sensory loss of the ulnar nerve above the mid forearm in the current rule. The recommendation is to establish a minimum rating of 15% at the elbow. The rationale for establishing this minimum rating is that the ulnar nerve is a very important component of function for those working with their hands and for activities of daily living. Decreased function also predisposes to further injury. The rating for common sites of compression around the elbow (cubital tunnel) will not change.

The current rule provides for a minimum disability rating of 45% - 50% for motor and sensory involvement to the ulnar nerve below the mid forearm. The recommendation is to decrease this minimum rating to 40% at the wrist. The rationale for decreasing this minimum rating is that while the ulnar nerve is a very important component of function for those working with their hands (power grasp) and for activities of daily living, median nerve function (precision grasp) is considered more important.

The current rule provides for a minimum disability rating of 35% - 45% for motor involvement to the ulnar nerve below the mid forearm. The recommendation is to decrease this minimum rating to 35% at the wrist. The rationale for decreasing this minimum rating is that while the ulnar nerve is a very important component of function for those working with their hands (power grasp) and for activities of daily living, median nerve function (precision grasp) is considered more important.

The current rule provides a rating of 25% for total ulnar sensory loss to a hand and a 5% - 10% rating at the wrist for below elbow, sensory involvement only. The recommendation is to update the language to sensory involvement only below mid forearm and set the minimum rating at 15% at the wrist. The rationale is that while the ulnar nerve is a very important component of function for those working with their hands and for activities of daily living, median nerve sensation (palmar aspect of thumb, index, and middle fingers) is considered more important.

**Median Nerve**

Under the current rule the minimum rating for motor and sensory involvement of the median nerve above the mid forearm is a range between 55% - 65%. The recommendation is to establish the minimum rating to 65% at the elbow. The rationale for establishing the minimum rating at the higher end of the range is that the median nerve is a very important component of function for those working with their hands (precision grasp), for activities of daily living and increasingly prevalent use of small electronic devices. Decreased function also predisposes to further injury.

There is no minimum rating for motor involvement to the median nerve above the mid forearm in the current rule. The recommendation is to establish a minimum rating of 45% at the elbow. The rationale for establishing this minimum rating is that the median nerve is a very important component of function for those working with their hands (precision grasp) and for activities of daily living.

For sensory involvement to the median nerve above the mid forearm there is no minimum disability rating in the current rule. The recommendation is to establish a minimum rating of 40% at the elbow. The rationale for establishing this minimum rating is that the median nerve is a very important component of function for those working with their hands and for activities of daily living (sensation over the thenar eminence, thumb, index, middle and ½ of the ring fingers). Decreased function also predisposes to further injury.

Under the current rule the minimum rating for thenar paralysis with sensory loss is 40% - 50%. The recommendation is to update the injury description to motor and sensory involvement of the median nerve below the mid forearm and update the minimum rating to 50% at the wrist for this condition. The rationale for this minimum rating is that the median nerve is a very important component of function for those working with their hands (precision grasp), for activities of daily living and increasingly prevalent use of small electronic devices. Decreased function also predisposes to further injury.

For motor involvement to the median nerve below the mid forearm there is no minimum disability rating in the current rule. The recommendation is to establish a minimum rating of 25% at the wrist. The rationale for increasing this minimum rating is that the median nerve is a very important component of function for those working with their hands (precision grasp), for activities of daily living and increasingly prevalent use of small electronic devices.

Under the current rule, the minimum rating for total median sensory loss to a hand is 65% - 75%. The recommendation is to update the injury description to median sensory involvement only below mid forearm. The recommendation is to decrease the minimum rating to 45% at the wrist. The rationale for establishing this minimum rating is that while the median nerve is a very important component of function for those working with their hands and for activities of daily living (sensation over the thenar eminence, thumb, index, middle and ½ of the ring fingers), and decreased function also predisposes to further injury, the current rating for sensory loss alone was excessive.

**Radial Nerve**

Under the current rule, the minimum rating for radial nerve paralysis with complete loss of extension at the elbow, wrist, and fingers is 45% - 50% at the shoulder. The recommendation is to update the description to motor and sensory involvement to the radial nerve including the triceps and set the minimum rating at 45% at the shoulder. The rationale for this minimum rating is radial nerve injury at this level results in significant functional deficits, including loss of elbow, wrist and finger extension, and sensation over the dorsal aspect of the arm, hand, thumb and proximal index, middle and ring fingers. Decreased function also predisposes to further injury.

The current rule contains no minimum disability rating for motor involvement only to the radial nerve including the triceps. The recommendation is to establish a minimum rating

of 40% at the shoulder. The rationale for establishing this minimum rating emphasizes the relative importance of motor versus sensory fibers for those working with their hands and for activities of daily living.

In the current rule there no minimum disability rating for sensory involvement only to the radial nerve including the upper arm. The recommendation is to establish a minimum rating of 5% at the shoulder. The rationale for establishing this minimum rating is that the radial nerve is an important component of function for those working with their hands (sensation over the posterior arm and forearm and dorsal surface of the hand), though it is of lesser importance compared to median and ulnar nerve sensation.

There is no minimum disability rating for motor and sensory loss involvement to the radial nerve below the elbow. The recommendation is to establish a minimum rating of 40% at the elbow. The rationale for establishing this minimum rating is that radial nerve injury at this level results in significant functional deficits, including loss of wrist and finger extension, and sensation over the dorsal aspect of the hand, thumb and proximal index, middle and ring fingers. Decreased function also predisposes to further injury.

Under the current rule, the minimum rating for radial nerve paralysis with complete loss of extension to the wrist and fingers is 45% - 50% at the wrist. The recommendation is to update the description to radial motor involvement only below elbow and decrease the rating to 35% at the elbow. The rationale for this minimum rating emphasizes the relative importance of motor versus sensory fibers for those working with their hands and for activities of daily living.

The current rule contains no minimum disability rating for sensory involvement only to the radial nerve below the elbow. The recommendation is to establish a minimum rating of 5% at the elbow. The rationale for establishing this rating reflects the lesser importance of radial nerve sensation compared to median or ulnar nerve sensation.

**Axillary nerve**

The current rule does not contain a minimum disability rating for complete loss for motor and sensory involvement of the axillary nerve. The recommendation is to establish a minimum rating of 35% at the shoulder. The rationale for establishing this minimum rating is that the axillary nerve is a very important component of function for those working with their arms (shoulder abduction) and for activities of daily living.

Under the current rule there is no minimum disability rating for complete loss for motor involvement of the axillary nerve. The recommendation is to establish a minimum rating of 33% at the shoulder. The rationale for establishing this minimum rating emphasizes the relative importance of motor versus sensory fibers for those working with their arms and for activities of daily living.

There is no minimum disability rating for complete loss for sensory involvement of the axillary nerve in the current rule. The recommendation is to establish a minimum rating

of 2% at the shoulder. The rational for this rating is that functional impact of lost sensation over the lateral aspect of the upper arm is less significant than injuries to the rotator cuff, which are associated with a minimum 5% rating.

**Musculocutaneous nerve**

The current rule does not contain a minimum disability rating for complete loss for motor and sensory involvement of the musculocutaneous nerve. The recommendation is to establish a minimum rating of 30% at the shoulder for musculocutaneous neuropathy motor and sensory loss. The rational for establishing this minimum rating is that the musculocutaneous nerve is a very important component of function for those working with their arms (elbow flexion and forearm supination) and for activities of daily living.

There is no minimum disability rating for complete loss for motor involvement of the musculocutaneous nerve. The recommendation is to establish a minimum rating of 25% at the shoulder for musculocutaneous neuropathy motor involvement only. The rationale for establishing this minimum rating emphasizes the relative importance of motor versus sensory fibers for those working with their arms and for activities of daily living.

The current rule does not contain a minimum disability rating for complete loss of sensory involvement of the musculocutaneous nerve. The recommendation is to establish a minimum rating of 5% at the shoulder for musculocutaneous neuropathy sensory loss. The rationale for establishing this minimum rating reflects the lesser importance of musculocutaneous nerve sensation compared to median or ulnar nerve sensation.

**Peroneal nerve**

For the complete loss of the peroneal nerve causing a foot drop the current rule provides for a minimum disability rating in a range between 25% - 30% at the knee. The recommendation is to increase the minimum rating to 40% with the rating changed to the level of the ankle for this condition. The rationale for changing the assignment of this injury to the ankle will avoid the confusion noted with ratings under current guidelines and is consistent with the functional deficits (difficulties with walking and fall risk) experienced by claimants following this injury. Overall compensation for this injury does not change significantly.

The current rule does not contain a minimum disability rating for motor involvement only that causes a foot drop. The recommendation is to establish a minimum rating of 35% at the ankle for this condition. The rationale for establishing this rating reflects the relative importance of the peroneal motor function to mobility (difficulties with walking and fall risk).

Under the current rule there is no minimum disability rating for sensory involvement only of the peroneal nerve (dorsal foot). The recommendation is to establish a minimum rating of 10% at the ankle for this condition. The rationale for establishing this rating reflects the importance of protective foot sensation. Decreased foot sensation also predisposes to further injury.

**Tibial nerve**

The current rule does not contain a minimum disability rating for the complete loss of tibial nerve function. The recommendation is to establish a minimum rating of 45% at the ankle for this condition. The rational for establishing this rating reflects the importance of ankle plantarflexion for mobility and sensation over the plantar surface of the foot.

The current rule does not contain a minimum disability rating for tibial motor involvement only that causes plantarflexion weakness. The recommendation is to establish a minimum rating of 30% at the ankle for this condition. The rationale for establishing this rating reflects the importance of the tibial motor function to mobility.

The current rule does not contain a minimum disability rating for sensory involvement only. The recommendation is to establish a minimum rating of 15% at the ankle for this condition. The rational for establishing this minimum rating reflects the importance of sensation over the ankle and foot for some functional activities. Decreased sensation also predisposes to further injury.

**Plantar nerve**

The current rule contains no provision for a minimum disability rating for sensory involvement of the plantar nerve (plantar foot). The recommendation is to establish a minimum disability rating of 12% at the ankle for this condition. The rationale for establishing this minimum rating reflects the importance of sensation of the foot for some functional activities. Decreased foot sensation also predisposes to further injury.

**Note regarding Tables 80.32—1 through 80.32—4**

Table 80.32—1 summarizes the revised minimum ratings for complete loss of function for peripheral nerves.

Table 80.32—2 is designed to provide guidance when rating incomplete sensory deficits and pain.

Table 80.32—3 is designed to provide guidance when rating weakness.

Table 80.32—4 summarizes revised minimum ratings for specified surgical procedures involving peripheral nerves.

**Table 80.32—1**

**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 | 40% at elbow |
| Motor and sensory involvement below mid forearm | 50% at wrist |
| Motor involvement only below mid forearm | 25% 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 | 33% at shoulder |
| Sensory involvement only | 2% 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 |
| **Tibial nerve complete loss** | |
| Motor and sensory involvement | 45% at ankle |
| Motor involvement only | 30% at ankle |
| Sensory involvement only | 15% at ankle |
| **Plantar nerve complete loss** | |
| Sensory involvement (plantar foot) | 12% at ankle |

**Table 80.32—2**

| 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<br>- Diminished light touch | 1-25% |
| Altered (decreased) sensation +/- mild pain that interferes with some activity<br>- Diminished light touch, 2-Point discrimination | 26-60% |
| Altered (decreased) sensation +/- moderate pain that prevents many activities<br>- 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<br>- Absent protective sensation | 81-99% |
| Absence of all sensation or severe pain that prevents all activity | 100% |

*For combined sensory and motor deficits (See Table 80.32-3), average the percentages rated for each component alone then multiply that percentage by the value for the specified nerve.

**Table 80.32—3**

| 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<br>- No activity limitations | 0% |
| Mildly decreased strength against resistance (5- or 4+/5), but full active range of motion<br>- 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<br>- 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<br>- Substantial activity deficits | 61-80% |
| Decreased strength (2/5) full active range of motion with gravity eliminated<br>- 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<br>- No functional movement of muscles innervated by specified nerve | 96-99% |
| Absent strength (0/5) no contractility<br>- No movement of muscles innervated by specified nerve | 100% |

*For combined sensory (See Table 80.32-2) and motor deficits, average the percentages rated for each component alone then multiply that percentage by the value for the specified nerve.

**Table 80.32—4**

| 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 |

**Common Nerve-Related Surgical Procedures (See Table 80.32—4 on Page 21)**

The current rule does not include a minimum disability rating for carpal tunnel release. The recommendation is to establish a minimum rating of 2% at the level of the wrist for a carpal tunnel release. The rationale for this minimum rating is that carpal tunnel release involves a demonstratable anatomic change to the wrist by cutting the carpal ligament.

There is no minimum rating for cubital tunnel release in the current rule. The recommendation is to establish a minimum rating of 2% at the level of the elbow. The rationale for this minimum rating is that cubital tunnel release involves a demonstratable anatomic change by releasing the cubital tunnel.

For ulnar nerve transposition there is no minimum rating in the current rule. The recommendation is to establish a minimum rating of 5% at the elbow. The rationale for establishing this minimum rating is that an ulnar nerve transposition involves a demonstratable anatomic change by moving the nerve.

**Minimum permanent disability ratings for spine (back) injuries**

The recommendation is to change the title of s. DWD 80.32 (11) from Back to Spine. The rationale is that this will be a more inclusive title.

The current rule provides for a minimum rating of 5% per level for a fusion to the spine. The recommendation is to increase the minimum rating to 7% per level. The rationale for increasing the minimum rating is that a fusion to the spine will lead to more degenerative changes at adjacent levels in the spine years after the surgery.

For decompression and fusion of the spine there is currently a minimum disability rating of 10% per level in the current rule. The recommendation is to increase the minimum rating to 12% per level. The rationale for increasing the minimum rating is that a fusion to the spine will lead to more degenerative changes at adjacent levels in the spine years after the surgery.

There is a minimum rating of 7½% per level for implantation of an artificial disc in the spine under the current rule. The recommendation is to increase the minimum rating to 10% per level. The rationale for this increasing the minimum 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 medical procedure to the patient.

Under the current rule there is no minimum disability rating for herniation of a spinal disc directly related to mechanism of trauma and treated conservatively. The recommendation is to establish a minimum rating of 2% per level for a confirmed spinal disc herniation directly related to the mechanism of trauma and treated conservatively.

The rationale for establishing this minimum rating is there is structural damage to the disc, scarring and predisposition to future problems such as degenerative arthritis.

The current rule does not contain a minimum permanent disability rating for implantation of a permanent spinal cord stimulator. The recommendation is to establish a 2% minimum rating for implantation of a spinal cord stimulator. The rational for establishing this minimum rating is there is a fixed structural implant for the stimulator physically implanted in the person's back which may cause structural damage, pain, and other complications. A minimum rating of 2% is consistent with conservative treatment provided for back pain.

Under the current rule there is no minimum permanent disability rating for implantation of an intrathecal pain pump. The recommendation is to establish a 2% minimum rating for implantation of an intrathecal pain pump. The rational for establishing this minimum rating is there is a fixed structural implant for the stimulator physically implanted under a person's skin and there is a burden associated with the care of the pain pump as it may require battery recharging, medication refills in addition to other regular maintenance. A minimum rating of 2% is consistent with conservative treatment provided for back pain.

For a sacroiliac fusion there is no minimum permanent disability rating under the current rule. The recommendation is to establish a minimum disability rating of 7% for a sacroiliac fusion. The rationale for establishing this minimum rating is that a fusion of the sacroiliac joint increases the strain on adjacent structures which leads to more degenerative changes years after the surgery.

The current rule does not contain a minimum permanent disability rating for a coccyx fracture that causes permanent disability.  The recommendation is to establish a minimum rating of 5%. The rationale for establishing 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 the vertebrae that cause permanent disability.

There is no minimum permanent disability rating for pelvic fractures and symphysis pubis separation that case permanent disability. The recommendation is to establish a minimum rating of 10% for pelvic fractures and symphysis pubis separation. The rational for establishing this minimum rating is that people living with these physical conditions frequently experience chronic pain with ambulation and difficulty engaging in other activities necessary for daily living.

**Minimum permanent disabilities for finger injuries**

The current rule provides for a minimum permanent disability rating of 20% for ankylosis of the thumb at the proximal joint with full extension. The recommendation is to increase the minimum rating to 25%. The rationale for increasing the minimum rating is that with a thumb fused at full extension causes the thumb to be in a fixed position that

significantly limits use of the hand for purposes of employment and activities of daily living.

With the current rule there is a minimum permanent disability rating of 75% for ankylosis of a finger at the middle joint at mid-position. The recommendation is to decrease the minimum rating to 70%. The rationale for decreasing this minimum rating is to more accurately reflect the relative contribution of this ankylosed joint to finger function.

There is no minimum permanent disability for a thumb or finger prosthesis in the current rule. The recommendation is to establish a minimum rating of 40% for a thumb or finger prosthesis. The rationale for establishing this minimum rating is because more of these procedures are being performed and a rating of 40% is consistent with other permanent disability ratings for joint replacements.

**Minimum permanent disability ratings for kidney injuries**

The current rule provides for a minimum permanent disability rating of 5% for loss of one (1) kidney. The recommendation is to increase the minimum rating to 10%. The rationale for increasing the minimum rating is that loss of a kidney may lead to renal failure in the remaining kidney.

There is no minimum permanent disability rating for loss of an only remaining kidney under the current rule. The recommendation is to establish a minimum rating of 20% for the loss of an only remaining kidney. The rationale for establishing this minimum rating is that the loss of an only remaining kidney will require the person to undergo regular dialysis.

**Minimum permanent disability ratings for injuries resulting in loss of smell**

For loss of the sense of smell the current rule provides for a minimum permanent disability rating of 2½%. The recommendation is to increase the minimum rating to 5%. The rationale for increasing the permanent disability rating is that the loss of smell will cause safety issues because some people will not be able to smell such odors as gas leaks, poisoned or unsafe foods. The loss of smell will result in a significant decrease in a person's quality of life.

**Minimum permanent disability ratings for injuries resulting in loss of spleen**

Under the current rule there is no minimum permanent disability rating for loss of the spleen. The recommendation is to establish a minimum 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.

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