

MEDICAL REPORT CRITERIA CHECKLIST

The following list of report elements are generally considered to be critical for rating purposes. The list is not exhaustive - it is intended only as a general guideline. Under specific circumstances, additional information may be needed in order to provide a fair rating.

- 1) HISTORY OF PRESENT INJURY
Must include description of industrial accident or illness and subsequent course of treatment.
- 2) PRESENT COMPLAINTS
Must state the injured worker's version of pain and limitations.
- 3) PHYSICAL EXAM FINDINGS
Must include findings on examination and results of diagnostic tests.
- 4) DIAGNOSIS
Must include diagnoses for all conditions you are evaluating.
- 5) PERMANENT & STATIONARY STATUS
Must state whether injured worker's condition has become permanent and stationary.
- 6) OBJECTIVE FACTORS OF DISABILITY
Range of motion measurements must be consistent with Packard Thurber. (See charts for reporting upper and lower extremity measurements.)
- 7) SUBJECTIVE FACTORS OF DISABILITY
Must provide your assessment of injured worker's pain in terms of location, intensity, and frequency or associated activity. Care must be taken to assure that language you use conveys the intended meaning. (See Information Sheet on Subjective Disability.)
- 8) WORK CAPACITY LOSS
Must state whether or not any loss has occurred and describe all losses. Care must be taken to assure that language you use conveys the intended meaning. (See Information Sheet on Work Capacity, and Guidelines for Spine & Torso, and Lower Extremity.)
- 9) APPORTIONMENT
Must state whether or not there was a pre-existing disability and describe any such disability in full.
- 10) NEED FOR TREATMENT
Must state whether or not there is need for current or future treatment and describe all such treatment needed.
- 11) INTERNAL CONSISTENCY
Must explain any significant differences in level of disability between objectives, subjectives and work capacity. (See Information Sheet on Subjective Disability)

**ROUTINE UPPER
EXTREMITY MEASUREMENTS**

Date: _____

Name: _____

Claim No.: _____

Injured hand (circle one): R L

Major hand (circle one): R L

Note: Measurements not shown are considered normal. In case of bilateral disability, please show measurement as "right/left" and provide estimated normal motion, eg: Elbow extension (R/L) - 165/150 (EN 180).

Motions: Report measurements as "injured/uninjured" in degrees of Active Motion

Shoulder: Abd. _____ / _____
 Flex. _____ / _____
 I.R. _____ / _____
 E.R. _____ / _____
 Ext. _____ / _____
 Add. _____ / _____

Forearm: Pron. _____ / _____
 Sup. _____ / _____

Wrist: D.F. _____ / _____
 P.F. _____ / _____
 R.D. _____ / _____
 U.D. _____ / _____

Elbow: Ext. _____ / _____
 Flex. _____ / _____

		Proximal	Distal	
Thumb	Ext.	/	/	Finger tips miss mid- palm (in.)
	Flex.	/	/	
		Proximal	Middle	Distal
Index	Ext.	/	/	/
	Flex.	/	/	/
Middle	Ext.	/	/	/
	Flex.	/	/	/
Ring	Ext.	/	/	/
	Flex.	/	/	/
Little	Ext.	/	/	/
	Flex.	/	/	/

Grip: (Dynamometer Readings)

Inj.	Uninj.	EN (for bilateral disability only)
_____ / _____	_____ / _____	_____
_____ / _____	_____ / _____	_____
_____ / _____	_____ / _____	_____

**ROUTINE LOWER
EXTREMITY MEASUREMENTS**

Date: _____

Name: _____

Claim No.: _____

Note: Measurements not shown are considered normal. In case of bilateral disability, please show fraction as right/left and provide estimated normal motion, e.g.: Hip flexion (R/L) - 80/70 (EN 110).

Girth Measurements: Report as "injured/uninjured" in inches.

Thigh (at 1/3 distance from patella to umbilicus): _____ / _____

Calf (at greatest circumference): _____ / _____

Motions: Report measurements as "injured/uninjured" in degrees of Active Motion except as noted below.

Hip: Flexion _____ / _____
Extension _____ / _____
Internal Rotation _____ / _____
External Rotation _____ / _____
Abduction _____ / _____
Adduction _____ / _____

Knee: Extension _____ / _____
Flexion _____ / _____

Ankle: Dorsal _____ / _____
Plantar _____ / _____
Inversion* _____ / _____
Eversion* _____ / _____

	Proximal Joint	Distal Joint
Great Toe:	Extension* _____ / _____	_____ / _____
	Flexion* _____ / _____	_____ / _____

* Report measurements in degrees of Passive Motion

INFORMATION SHEET ON SUBJECTIVE DISABILITY

What is subjective disability?

Subjective disability is a limitation of function caused by subjective factors. The most common subjective factor is pain although numbness, weakness, tenderness, paresthesia, and sensitivity can also cause subjective disability. Pain is not always disabling. It becomes disabling only when its degree affects function.

How should subjective disability be described?

Subjective disability should be described in terms of location, degree, frequency and precipitating activity. Terms describing degree and frequency are taken to have the following meanings:

Degree: **Minimal or mild** pain constitutes an annoyance, but causes no handicap in the performance of activity.
 Slight pain can be tolerated but causes some handicap in the performance of precipitating activity.
 Moderate pain can be tolerated but causes marked handicap in the performance of precipitating activity.
 Severe pain precludes precipitating activity.

Frequency: **Occasional** - approximately 25%.of the time
 Intermittent - approximately 50% of the time
 Frequent - approximately 75% of the time
 Constant - approximately 90-100% of the time

Typical examples of subjective disability would be:

- Occasional moderate pain in the wrist.
- Slight to moderate pain in the knee on prolonged standing. (Note that precipitating activity descriptions can substitute for traditional words of art describing frequency.)
- Intermittent slight pain in the elbow increasing to moderate on repetitive gripping and heavy lifting.

What is the difference between subjective complaints and subjective disability?

Subjective complaints are the injured worker's version of his or her pain and the effect that pain has on activity usually expressed in the worker's own words. Subjective disability is the physician's assessment of the injured worker's pain based on medical evaluation and using the appropriate terminology as described above. Both subjective complaints and disability should be addressed separately by the physician in the medical report.

Is there a relationship between subjective disability and work restrictions?

Yes, there is, but not a rigid one. It is entirely conceivable that two workers with legitimate "light work" restrictions could have different pain scenarios. However, one would start to question a very significant work restriction accompanied by only minimal or no subjective disability and/or objectives. Likewise, high levels of pain with minimal restrictions may require clarification.

INFORMATION SHEET ON WORK CAPACITY LOSS

What is work capacity (WC) loss?

Work capacity loss is a characterization of disability based on a percentage loss of pre-injury capacity to do specific activities. For example, a back injury may be described as resulting in a 50% loss of pre-injury capacity to perform lifting. WC loss may also take the form of a prophylactic work restriction in which the injured worker must avoid certain activities to prevent undue pain or the likelihood of reinjury. WC loss is one of the two major indexes of disability, the other being the objective/subjective index. Many disabilities can be described using both indexes.

What are the Guidelines for Work Capacity?

In order to bring a measure of consistency and uniformity to the use of work capacity in describing disability, the Permanent Disability Rating Schedule (hereafter referred to as the Schedule) provides two sets of guidelines - one for spine and torso disabilities (i.e., neck, back, pelvis, abdomen, heart, chest and lungs), and the other for lower extremity disabilities. (See attached.) Each provides a framework of defined benchmarks at various levels of loss for different types of activities.

Does each guideline subsume all preceding guidelines?

No. Although some defined levels of WC loss subsume preceding levels, that is not always the case. For example, using the Spine & Torso guidelines, a “no heavy lifting” restriction which rates 20% does not subsume a “no very heavy work” restriction even though it rates only 15%. A close reading of the definitions shows why. “No heavy lifting” contemplates a 50% loss of only lifting capacity. On the other hand, “no very heavy work” involves not only a 25% loss of lifting, but also a 25% loss of bending, stooping, pushing, pulling and climbing and other activities. It is important to take careful note of the guideline definitions in order to know what meaning will be ascribed to the guideline language that you use in a report.

Am I limited to using just the Guidelines to describe WC loss?

No. The Guidelines merely provide a framework for evaluating disability. You may use intermediate percentages of loss when they apply, such as a 40% loss of pre-injury lifting ability. You also may describe loss of capacity for activities that are not even scheduled, such as inability to work with arms overhead. The important thing is to describe what has been lost as accurately as possible.

Can I use WC loss to describe upper extremity disability?

Guidelines for upper extremity (UE) losses are not included in the new Schedule. However, this does not mean that work capacity cannot be used to describe UE disability. On the contrary, it is the doctor’s responsibility to describe WC losses when they occur. However, difficulties arise when undefined words of art (like those contained in some of the proposed UE guidelines) are used. To avoid this problem, it is advisable to describe any WC loss in terms of percentage losses of capacity to do specific activities. For example, instead of saying an injured worker is “limited to simple manipulation”, one should say that the worker has lost approximately 75% of pre-injury capacity for performing activities requiring finger dexterity”.

SPINE AND TORSO GUIDELINES ^{1, 2}

<u>Work Capacity As Index</u> ³	<u>Standard Rating</u>
<u>Disability Precluding Very Heavy Lifting</u> contemplates the individual has lost approximately 25% of pre-injury capacity for lifting. (A statement “inability to lift 50 pounds “ is not meaningful. The total lifting effort, including weight, distance, endurance, frequency, body position and similar factors should be considered with reference to the particular individual.)	10%
<u>Disability Precluding Very Heavy Work</u> contemplates the individual has lost approximately 25% of pre-injury capacity for performing such activities as bending, stooping, lifting, pushing, pulling and climbing or other activities involving comparable physical effort.	15%
<u>Disability Precluding Repetitive Motions of Neck or Back</u> contemplates the individual has lost approximately 50% of pre-injury capacity for flexing, extending, bending, and rotating neck or back.	15%
<u>Disability Precluding Heavy Lifting</u> contemplates the individual has lost approximately 50% of pre-injury capacity for lifting. (See statement regarding lifting under “Very Heavy Lifting” above)	20%
<u>Disability Precluding Heavy Lifting and Repeated Bending and Stooping</u> contemplates the individual has lost approximately 50% of pre-injury capacity for lifting, bending and stooping.	25%
<u>Disability Precluding Heavy Work</u> contemplates the individual has lost approximately 50% of pre-injury capacity for performing such activities as bending, stooping, lifting, pushing, pulling, and climbing or other activities involving comparable physical effort.	30%
<u>Disability Precluding Substantial Work</u> contemplates the individual has lost approximately 75% of pre-injury capacity for performing such activities as bending, stooping, lifting, pushing, pulling, and climbing or other activities involving comparable physical effort.	40%
<u>Disability Resulting in Limitation to Light Work</u> contemplates the individual can do work in a standing or walking position, with a minimum of demands for physical effort.	50%

¹ Either or both indexes of disability may be used to describe a particular condition. The final rating is to be based on the index yielding the higher rating.

² When warranted by facts and evidence, additional factors may be considered resulting in a change in the disability rating.

³ Guidelines using work capacity as an index apply to neck, back, pelvis, heart, pulmonary and abdominal disabilities.

<u>Work Capacity</u> <u>As Index</u> ⁴	<u>Standard</u> <u>Rating</u>
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Disability Resulting in Limitation to Semi-sedentary Work..... 60%
 contemplates the individual can do work approximately 50% of the time in a sitting position, and approximately 50% of the time in a standing or walking position, with a minimum of demands for physical effort whether standing, or walking.

Disability Resulting in Limitation to Sedentary Work 70%
 contemplates the individual can do work predominantly in a sitting position at a bench, desk or table with a minimum of demands for physical effort and with some degree of walking and standing being permitted .

<u>Subjective Factor</u> <u>As Index</u> ^{5, 6}	<u>Standard</u> <u>Rating</u>
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Disability Resulting from 10%
Constant Slight Pain
 contemplates an individual with pain which can be tolerated, but causes some handicap in performance of activity.

Disability Resulting from 30%
Constant Slight to Moderate Pain

Disability Resulting from 50%
Constant Moderate Pain
 contemplates an individual with pain which can be tolerated, but causes marked handicap in the performance of activity.

⁴ Guidelines using work capacity as an index apply to neck, back, pelvis, heart, pulmonary and abdominal disabilities.

⁵ Guidelines using subjective factors as index apply to neck, back, pelvis, and abdominal disabilities. Subjective disability should be identified as prescribed in 8CCR9727.

⁶ Objective factors of disability may be considered in conjunction with spine or torso pain.

LOWER EXTREMITY GUIDELINES^{1,2}

<u>Work Capacity As Index</u>	<u>Standard Rating</u>
<u>Disability Precluding Squatting and/or kneeling</u>	5%
contemplates loss of approximately 90-100% of worker's pre-injury capacity for squatting and/or kneeling.	
<u>Disability Precluding Climbing</u>	10%
contemplates loss of approximately 90-100% of worker's pre-injury capacity for climbing.	
<u>Disability Precluding Walking Over Uneven Ground</u>	10%
contemplates loss of approximately 90-100% of worker's pre-injury capacity for walking over rough terrain.	
<u>Disability Precluding Very Heavy Lifting</u>	10%
contemplates loss of approximately 25% of worker's pre-injury capacity for lifting.	
<u>Disability Precluding Climbing, Walking Over Uneven Ground, Squatting, Kneeling, Crouching, Crawling, and Pivoting, or other activities involving comparable physical effort.</u>	20%
<u>Disability Precluding Prolonged Weight-Bearing</u>	20%
contemplates ability to do work approximately 75% of time in standing and walking position, and requires sitting approximately 25% of time.	
<u>Disability Precluding Heavy Lifting</u>	20%
contemplates loss of approximately 50% of worker's pre-injury capacity for lifting.	
<u>Disability Precluding Heavy Lifting, and Precluding Climbing, Walking Over Uneven Ground, Squatting, Kneeling, Crouching, Crawling, and Pivoting, or other activities involving comparable physical effort.</u>	30%
<u>Disability Precluding Heavy Lifting, Prolonged Weight-Bearing, and Precluding Climbing, Walking Over Uneven Ground, Squatting, Kneeling, Crouching, Crawling, and Pivoting or other activities involving comparable physical effort.</u>	40%
<u>Disability Resulting in Limitation of Weight-Bearing to Half Time</u>	40%
contemplates ability to do work approximately 50% of time in standing and walking position, and requires sitting approximately 50% of time.	

¹ Need for orthopedic appliances may be considered in conjunction with other elements comprising the disability.

² When warranted by facts and evidence, additional factors may be considered resulting in a change in the disability.

LOWER EXTREMITY GUIDELINES (con't)

<u>Work Capacity As Index</u>	<u>Standard Rating</u>
<u>Disability Resulting in Limitation to Semi-Sedentary Work</u>	60%
contemplates ability to do work approximately 50% of the time in a sitting position, and approximately 50% of the time in a standing or walking position, with a minimum of demands for physical effort whether standing walking, or sitting.	
<u>Disability Resulting in Limitation to Sedentary Work</u>	70%
contemplates ability to do work predominantly in a sitting position at a bench , desk or table with a minimum of demands for physical effort and with some degree of standing and walking being permitted.	