Presentation Overview

- Use case studies to examine various rating issues and how they might be handled

- Rating issues

- Rating issues involving SB 863
Case Study #1

- Carpenter Age 30
- Rotator cuff injury
- Surgical repair of rotator cuff
- Decreased strength and motion with significant pain

Factors of Impairment

- Grade 4 muscle strength 25% deficit all units of shoulder motion
- ROM S: 20-0-100 F: 110-0-30 R: 40-0-20
- 3 WP for pain
Shoulder Motions

There are six shoulder motions

Flexion/Extension
Abduction
External/Internal Rotation

Shoulder ROM Impairment

Extension =
Flexion =

Figure 16-40
Shoulder ROM Impairment

Abduction =
Adduction =

Figure 16-43

Shoulder ROM Impairment

External Rotation =
Internal Rotation =

Figure 16-46
**Shoulder ROM Impairment**

<table>
<thead>
<tr>
<th>ROM</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extension</td>
<td>2 UE</td>
</tr>
<tr>
<td>Flexion</td>
<td>5 UE</td>
</tr>
<tr>
<td>Abduction</td>
<td>3 UE</td>
</tr>
<tr>
<td>Adduction</td>
<td>1 UE</td>
</tr>
<tr>
<td>External Rotation</td>
<td>1 UE</td>
</tr>
<tr>
<td>Internal Rotation</td>
<td>4 UE</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16 UE</td>
</tr>
</tbody>
</table>

**Muscle Strength Impairment**

<table>
<thead>
<tr>
<th>Muscle Strength</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexion 24 X 25%</td>
<td>6 UE</td>
</tr>
<tr>
<td>Extension 6 x 25%</td>
<td>2 UE</td>
</tr>
<tr>
<td>Abduction 12 X 25%</td>
<td>3 UE</td>
</tr>
<tr>
<td>Adduction 6 x 25%</td>
<td>2 UE</td>
</tr>
<tr>
<td>Int rotation 6 X 25%</td>
<td>2 UE</td>
</tr>
<tr>
<td>Ext rotation 6 X 25%</td>
<td>2 UE</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>17 UE</td>
</tr>
</tbody>
</table>
Case Study #1

• Combining Muscle strength and ROM

17 C 16 = 30 UE x .6 = 18 WP

Rating Formula

3 WP add-on included for pain

Rating Annotations

• Strength cannot be rated if maximum application of force is prevented by pain or decreased motion

• Rating assumes strength impairment due to an unrelated etiologic or pathomechanical cause. Otherwise impairment based on anatomic findings should be used.
Rating Issues

• Can Strength impairment be rated?

• If strength can be rated can it be combined with decreased motion?

Questions for Physician?

• Is maximum application of force on muscle strength testing prevented by decreased motion or pain?

• What is the cause of the strength deficit?

• Etiologic and Patho-mechanical cause
Case Study #1

- Etiologic – medical cause

- Patho-mechanical – related to changes in how the body moves and functions.

Case Study #2

- Warehouse Manager Age 40

- Injured re-stacking crates

- Cervical discectomy C6-7

- Unresolved bilateral radiculopathy

- Moderate pain and difficulty with most ADL
Case Study #2

Otto Graham, MD

Factors of Impairment

• Cervical DRE III: 13 WP

• 3 WP add-on for pain

DEU Rating

Rating Per AMA Guides

Cervical DRE III: 18 WP

3 WP add-on for pain

Injured may qualify for higher of cervical DRE IV category or ROM method
Rating Issue

Bilateral Radiculopathy

- Criteria for ROM method per AMA Guides page 380
- Criteria for Cervical DRE IV (WP 25-28) per Table 15-5
- AMA Guides page 380 small number of instances where both methods apply

Case Study #2

- Otto Graham, MD
- DRE not accurate
- Figure 15-19
- 40% loss of cervical function
DEU Rating

Rating per Almaraz Case
Cervical loss of function: 80 x 40% = 32 WP

15.01.01.99 – 35 – 212E – 32 – 32 PD
3 WP add-on included for pain

Almaraz/Guzman Rating

Strengths
• Within four corners of AMA Guides
• From Chapter 15
• Opinion of the medical expert

Weaknesses
• Figure 15-19 not designed for rating
• Where did the 40% functional loss come from?
Case Study #2

Occupational Issue

• Hurt lifting crates

• Dual occupation - warehouse worker?

• Group 360?

Case Study #2

Traditional AMA Guides Rating

Utilizing Occupational Group 212

3 WP add-on included for pain

Utilizing Occupational Group 360

3 WP add-on included for pain
SB 863 Rating Issues

Effective Date of PD Changes

• Date of injury controls

• On or after January 1, 2013 DOI
Rating Formula Changes

• LC 4660.1
• Elimination of FEC modifier
• Replacement with 1.4 modifier
• First modification of standard WP impairment

New Rating Formula

2012 DOI
17.05.05.00 – 9 – [2]10 – 360G – 12 – 13 PD

2013 DOI
17.05.05.00 – 9 – [1.4]13 – 360G – 15 – 16 PD
New Rating Schedule

- Eventually a new PDRS will be adopted
- Until then use 2005 PDRS
- Replace FEC modifier with 1.4 modifier

No add-on for sleep or sexual dysfunction

- LC 4660.1
- Arising out of compensable physical injury
- Table 13-4 Sleep Arousal Impairment
- Does prohibition for add-on sleep dysfunction preclude use of Table 13-4 with other impairments?
Case Study #3

- 50 year old police officer
- Suffered heart attack chasing suspect
- Requires medication to prevent angina
- Insomnia – Sleep Arousal Class I – 9 WP

Bobby Layne, MD AME Report

Factors of Impairment

- Coronary Heart Disease Class III: 40 WP
- Insomnia – Sleep Arousal Class I – 9 WP
DEU Rating

Coronary Heart Disease

03.02.00.00 – 40 – [1.4]56 – 4901 – 65 – 69 PD

Sleep Arousal Class I: 9 WP (not used)

Per LC 4660.1 there are no increases in impairment rating for sleep dysfunction or sexual dysfunction arising out of a compensable physical injury.

DEU Procedure

• List, but do not rate the impairment in the presence of other physical impairments

• Rate if impairment is not accompanied by other impairments

• Furnish informational rating including sleep arousal upon request
Pain Add-On

• What about pain add-ons due to difficulty sleeping or sex?

Case Study #4

• Electrician Age 37

• Lumbar injury

• Unresolved radicular symptoms

• Pain that makes sleeping difficult and precludes many activities of daily living including sex
Case Study #4

Robert Waterfield, MD

Factors of Impairment

• Lumbar DRE III: 13 WP

• 3 WP add-on for pain with ADL including sleep

DEU Rating

Lumbar DRE III: 13 WP

15.03.01.00 – 16 – [1.4]22 – 380H – 27 – 27 PD
3 WP add-on included for pain

Per LC 4660.1 there are no increases in impairment rating for sleep dysfunction or sexual dysfunction arising out of a compensable physical injury.
Rating Issue

• Is a pain add-on for pain with sleeping or sex ratable?

• DEU Position:

Rate the pain unless the pain add-on is specifically only for activities of sleep or sex.

Case Study #4

Clarify with Physician

• Is part of the pain add-on due to impact of pain on ADL of sleep or sex?

• If so, how much pain add-on absent the effect on sleep and sex?
Corticospine Injuries

- Does the preclusion from rating sleep arousal extend to corticospine Table 15-6 sexual impairment?

- Nature of injury vs. arising from injury

No Add-on for Psychiatric Disorder

- LC 4660.1

- Arising out of compensable physical injury

- Psyche GAF

- Exception for violent act or catastrophic injury
No Add-on for Psychiatric Disorder

What is a catastrophic injury?

Term not defined

Includes
• Loss of limb
• Severe burn
• Severe head injury
• Paralysis

Case Study #5

• Outside salesperson age 34
• Slip and fall
• Lumbar injury
• Psyche injury
Case Study #5

Bart Starr, MD

Lumbar DRE II: 5 WP

John Unitas, PHD

Psyche GAF 60: 15 WP

Tail wagging the dog

Lumbar Rating

• Bart Starr, MD

Lumbar DRE II:5

15.03.01.00 – 5 – [1.4]7 – 212E – 6 – 6 PD
Psyche Rating

- Psyche GAF 60: 15 WP


Per LC 4660.1 there are no increases in impairment rating for psychiatric disorder arising out of a compensable physical injury.

Note: DEU rated the psyche impairment because there were no other impairments in report.

Case Study #5

- Lumbar 6 PD Psyche 25 PD

- Can PD be combined for 2013 DOI?

- What is the final PD?
Case Study #5

- If the psychiatric report and the orthopedic report impairments were combined there would be an issue with LC 4660.1.

- What if the psyche rates higher than the orthopedic impairment? Can the psyche stand alone?

- “No increases in impairment rating”

LC 4660.1 Issues

- What is a compensable physical injury?

- What about spinal cord injuries?

- What about sleep arousal or sexual dysfunction in psychiatric injuries?
SB 863 Effect on Almaraz/Guzman

• PDRS remains prima facie evidence

• Therefore the PDRS is rebuttable

• No effect of Almaraz/Guzman
### PD Rate and Weeks

- PD Weeks remain the same
- LC 4453 (d) (8)
- PD minimum and maximum rates increase

<table>
<thead>
<tr>
<th>Year</th>
<th>Min</th>
<th>Max</th>
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<tbody>
<tr>
<td>2012</td>
<td>$130</td>
<td>$230 $270</td>
</tr>
<tr>
<td>2013</td>
<td>$160</td>
<td>$230 $270 $290</td>
</tr>
<tr>
<td>2014</td>
<td>$160</td>
<td>$290</td>
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</tbody>
</table>

### New Rating Schedule Changes?

- No major changes anticipated at this time
- Same
  - Occupation modifier
  - Age modifier
Case Study #6

Registered nurse  Age 48/52

Factors of Impairment

• Lumbar DRE III: 13 WP

• Psyche GAF 63: 11WP

Apportionment

• 50% - 8/16/09   Specific      50% - 4/30/13 CT

Benson Apportionment

8/16/09 Specific DOI

15.03.01.00 – 13 – [5]17 – 311G – 19 – 22 PD (A)
14.01.00.00 – 11 – [8]15 – 311J – 23 – 26 PD (A)
(A) 26 C 22 = 42 PD

4/30/13 CT DOI

15.03.01.00 – 13 – [1.4]18 – 311G – 20 – 24 PD