

5223.0220 REPRODUCTIVE AND URINARY TRACT SCHEDULE.

Subpart 1. **General.** This part sets forth the percentage of disability of the whole body for permanent partial disability of the reproductive and urinary systems. The percentages indicated in this schedule are the disability of the whole body for the corresponding class.

Subp. 2. **Evaluative procedures.** For evaluative purposes the reproductive and urinary systems are divided into the: (1) upper urinary tract, (2) bladder, (3) urethra, (4) male reproductive organs, and (5) female reproductive organs.

Procedures for evaluating permanent partial disability of the genitourinary and reproductive systems shall include:

A. a complete history and physical examination with special reference to genitourinary/reproductive symptoms and signs, including psychological evaluation when indicated by the symptoms;

B. laboratory tests to identify the presence or absence of associated disease. The tests may include multichannel chemistry profile, complete blood count, complete urinalysis, including microscopic examination of centrifuged sediment, chest X-ray, both posterior/anterior and left lateral views, electrocardiogram, performance of a measurement of total renal functions – endogenous creatinine clearance corrected for total body surface area. Other tests may include:

(1) kidney function tests, such as arterial blood gases and determinations of other chemistries that would reflect the metabolic effects of decreased kidney function;

(2) special examinations such as cystoscopy, voiding cystograms, cystometrograms;

(3) a description of the anatomy of the reproduction or urinary system;

(4) urodynamics, specifically cystometry combined with electromyography of the external urethral sphincter to evaluate for presumed upper or lower motor neuron neurogenic bladder; and

(5) nocturnal penile tumescence monitoring with paper or computer printout that displays frequency, duration, and, whenever possible, rigidity of erections.

Subp. 3. **Upper urinary tract.**

A. Solitary kidney, 10 percent. This category shall apply only when a solitary kidney is the only upper urinary tract permanent partial disability. When a solitary kidney occurs in combination with any one of the following four classes, the disability rating for that class shall be increased by 10 percent.

B. Class 1, 5 percent. Diminution of kidney function as evidenced by a creatinine clearance of 50 to 70 percent of age and sex adjusted normal values, other underlying causes absent.

C. Class 2, 22 percent. Diminution of the upper urinary tract function as evidenced by a creatinine clearance of 40 to 50 percent of age and sex adjusted normal values, no other underlying disease.

D. Class 3, 47 percent. Diminution of upper urinary tract function, as evidenced by creatinine clearance of 25 to 40 percent of age and sex adjusted normal values.

E. Class 4, 77 percent. Diminution of upper urinary tract function as evidenced by creatinine clearance below 25 percent of age and sex adjusted normal values.

Subp. 4. Bladder.

A. Class 1, 5 percent. Symptoms and signs of bladder disorder requiring intermittent treatment, but without evidence of intervening malfunction between periods of treatments or symptomatology.

B. Class 2, 15 percent. Symptoms and signs of bladder disorder requiring continuous treatment, or there is bladder reflex activity but loss of voluntary control.

C. Class 3, 20 percent. Poor reflex activity evidenced by intermittent dribbling, and no voluntary control.

D. Class 4, 30 percent. Continuous dribbling.

Subp. 5. Urethra.

A. Class 1, 2 percent. Symptoms and signs of urethral disorder are present which require intermittent therapy for control.

B. Class 2, 15 percent. Symptoms and signs of urethral disorder that cannot be effectively controlled by treatment.

Subp. 6. Penis.

A. Class 1, 10 percent. Impaired sexual function but vaginal penetration is possible, with supporting objective evidence of abnormal penile tumescence studies to substantiate impaired tumescence or rigidity.

B. Class 2, 20 percent. Impaired sexual function and vaginal penetration is not possible, with supporting objective evidence of insufficient penile tumescence or rigidity.

C. Psychogenic impotence, 0 percent.

Subp. 7. Testes, epididymides, and spermatic cords.

A. Class 1, 5 percent.

(1) symptoms and signs of testicular, epididymal, or spermatic cord disease are present and there is anatomic alteration; and

(2) continuous treatment is not required; and

(3) there are no abnormalities of seminal or hormonal functions; or

(4) solitary teste is present.

B. Class 2, 10 percent.

(1) symptoms and signs of testicular, epididymal or spermatic cord disease are present and there is anatomic alteration; and

(2) frequent or continuous treatment is required; and

(3) there are detectable seminal or hormonal abnormalities.

C. Class 3, 20 percent. Trauma or disease produces bilateral anatomical loss or there is no detectable seminal or hormonal function of testes, epididymides, or spermatic cords.

D. Inguinal hernia, direct or indirect, unilateral or bilateral, recurrent after two or more herniorrhaphies, 5 percent.

Subp. 8. Prostate and seminal vesicles.

A. Class 1, 5 percent.

(1) there are symptoms and signs of prostatic or seminal vesicular dysfunction or disease;

(2) anatomic alteration is present; and

(3) continuous treatment is not required.

B. Class 2, 10 percent.

(1) frequent severe symptoms and signs of prostatic or seminal vesicular dysfunction or disease are present; and

(2) anatomic alteration is present; and

(3) continuous treatment is required.

C. Class 3, 20 percent. There has been ablation of the prostate or seminal vesicles.

Subp. 9. Vulva and vagina.

A. Class 1, 10 percent. Impaired sexual function but penile containment is possible.

B. Class 2, 20 percent. Impaired sexual function and penile containment is not possible.

Subp. 10. Cervix and uterus.

A. Class 1, 5 percent.

(1) symptoms and signs of disease or deformity of the cervix or uterus are present which do not require continuous treatment; or

(2) cervical stenosis, if present, requires no treatment; or

(3) there is anatomic loss of the cervix or uterus in the postmenopausal years.

B. Class 2, 10 percent.

(1) symptoms and signs of disease or deformity of the cervix or uterus are present which require continuous treatment; or

(2) cervical stenosis, if present, requires periodic treatment.

C. Class 3, 20 percent.

(1) symptoms and signs of disease or deformity of the cervix or uterus are present which are not controlled by treatment; or

(2) cervical stenosis is complete; or

(3) anatomic or complete functional loss of the cervix or uterus occurs in premenopausal years.

Subp. 11. Fallopian tubes and ovaries.

A. Class 1, 5 percent.

(1) symptoms and signs of disease or deformity of the fallopian tubes or ovaries are present which do not require continuous treatment; or

(2) only one fallopian tube or ovary is functioning in the premenopausal years.

B. Class 2, 10 percent. Symptoms and signs of disease or deformity of the fallopian tubes or ovaries are present which require continuous treatment, but tubal patency persists and ovulation is possible.

C. Class 3, 20 percent.

(1) symptoms and signs of disease or deformity of the fallopian tubes or ovaries are present and there is total loss of tubal patency or total failure to produce ova in the premenopausal years; or

(2) bilateral loss of the fallopian tubes or ovaries occurs in the premenopausal years.

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