

**5223.0400 PERIPHERAL NERVOUS SYSTEM; UPPER EXTREMITY-MOTOR LOSS.**

Subpart 1. **General.** For permanent partial impairment to the peripheral nerves, plexuses, and nerve roots of the upper extremity resulting from nerve injury or disease, and if there is total loss of motor function for those particular portions of the body served by the peripheral nerve, plexus, or nerve root, disability to the whole body is as provided in subparts 2 to 6.

A. Total or complete motor loss means that motor function is less than muscle strength grade 2/5.

B. If injury to a nerve, plexus, or nerve root results only in sensory loss, the rating is as provided in part 5223.0410.

C. If motor loss occurs together with sensory loss, the rating under this part may be combined as described in part 5223.0300, subpart 3, item E, with the rating under part 5223.0410.

D. The ratings in this part include the rating of the impairment due to any restriction of range of motion or ankylosis at any joint of the affected member that is strictly the result of the nerve lesion and no further rating for those losses shall be combined with ratings under this part.

Subp. 2. **Peripheral nerve.** There is total or complete motor loss of the peripheral nerve, and signs or symptoms of organic disease or injury are present, and there is anatomic loss or alteration:

A. median nerve:

(1) entire motor distribution involved, 33 percent;

(2) involving the flexor pollicis longus, flexor digitorum profundus (index), flexor digitorum superficialis, pronator quadratus, and intrinsic muscles of the hand, 21 percent;

(3) involving the flexor pollicis longus, flexor digitorum profundus (index), and pronator quadratus (anterior interosseous syndrome), 15 percent;

B. radial nerve:

(1) entire motor distribution, 25 percent;

(2) with sparing of triceps, 22 percent;

(3) with sparing of triceps and wrist extensors, 15 percent;

C. ulnar nerve:

(1) entire motor distribution involved, 25 percent;

- (2) only intrinsic muscles of the hand involved, 18 percent;
- D. anterior thoracic nerve, three percent;
- E. axillary nerve, 21 percent;
- F. dorsal scapular nerve, three percent;
- G. long thoracic nerve, nine percent;
- H. musculocutaneous nerve, 15 percent;
- I. subscapular nerve, three percent;
- J. suprascapular nerve, 15 percent;
- K. thoracodorsal nerve, three percent;
- L. spinal accessory nerve, six percent.

Subp. 3. **Brachial plexus.** There is total or complete motor loss of the brachial plexus, and signs or symptoms of organic disease or injury are present, and there is anatomic loss or alteration:

- A. upper trunk (C5, C6), 42 percent;
- B. middle trunk (C7), 21 percent;
- C. lower trunk (C8, T1), 42 percent;
- D. entire plexus, unilateral, 60 percent.

Subp. 4. **Nerve root.** There is total or complete motor loss of the nerve root, and signs or symptoms of organic disease or injury are present, and there is anatomic loss or alteration:

- A. C5 root, 18 percent;
- B. C6 root, 21 percent;
- C. C7 root, 21 percent;
- D. C8 root, 27 percent;
- E. T1 root, 12 percent.

Subp. 5. **Incomplete loss.** Incomplete loss means that motor function is less than normal but at least antigravity. Motor function is measured in the specific muscles innervated by the injured or diseased nerve, plexus trunk, or nerve root, and muscle strength is graded as follows:

- A. 5/5: majority of the tested muscles able to sustain contraction against expected resistance;

B. 4/5: majority of the tested muscles unable to sustain contraction against expected resistance but able to sustain contraction against some applied resistance;

C. 3/5: majority of the tested muscles unable to sustain contraction against any applied resistance but able to move part through full range of motion against gravity;

D. 2/5: majority of the tested muscles able to move part through full range of motion with gravity eliminated.

The rating for incomplete loss is made on the muscle strength grade of the majority of the affected muscles:

- (1) muscle strength grade 5/5, zero percent;
- (2) muscle strength grade 4/5, 25 percent of rating assigned in subpart 2, 3, or 4;
- (3) muscle strength grade 3/5, 50 percent of rating assigned in subpart 2, 3, or 4;
- (4) muscle strength grade 2/5, 75 percent of rating assigned in subpart 2, 3, or 4;
- (5) muscle strength grade less than 2/5, 100 percent of rating assigned in subpart 2, 3, or 4.

Subp. 6. **Complex regional pain syndrome, reflex sympathetic dystrophy, causalgia, and cognate conditions.** This subpart applies to dates of injury from July 1, 1993, through August 8, 2010. For dates of injury on or after August 9, 2010, rate complex regional pain syndrome, reflex sympathetic dystrophy, causalgia, and cognate conditions as provided under part 5223.0435. For purposes of rating under this part, reflex sympathetic dystrophy, causalgia, and cognate conditions are deemed to occur in a member if at least five of the following conditions persist concurrently in that member: edema, local skin color change of red or purple, osteoporosis in underlying bony structures demonstrated by radiograph, local dyshidrosis, local abnormality of skin temperature regulation, reduced passive range of motion in contiguous or contained joints, local alteration of skin texture of smooth or shiny, or typical findings of reflex sympathetic dystrophy on bone scan.

If reflex sympathetic dystrophy is present and persistent despite treatment, the permanent partial disability, rating from the most proximal joint of the involved member, is:

A. mild: meets the requirements of this subpart, 25 percent of the rating for the appropriate category in part 5223.0540;

B. moderate: meets the requirements of this subpart and the involved member is limited to a helping role in bilateral upper extremity activities, 50 percent of the rating for the appropriate category in part 5223.0540;

C. severe: meets the requirements of this subpart and the involved member cannot be used for most of the activities of daily living, 75 percent of the rating for the appropriate category in part 5223.0540.

**Statutory Authority:** *MS s 176.105*

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