

1 Department of Labor and Industry

2 Workers' Compensation Division

3

4 Adopted Amendments to Temporary Rules of the State Department of

5 Labor and Industry Governing Workers' Compensation Permanent

6 Partial Disability Schedule

7

8 Temporary Rules as Adopted

9 8 MCAR S 1.9001 [Temporary] Workers' compensation permanent

10 partial disability schedule rules.

11 A. Purpose of schedules. Laws of Minnesota 1983, chapter

12 290, section 86, requires the commissioner of labor and industry

13 to promulgate temporary rules assigning specific percentages of

14 disability of the whole body for specific permanent partial

15 disabilities. Rules 8 MCAR SS 1.9001-1.9025 [Temporary] assign

16 percentages of disability of the whole body for permanent

17 partial disabilities.

18 B. Interpretation of schedules. Only the categories set

19 forth in the schedules in 8 MCAR SS 1.9001-1.9025 [Temporary]

20 may be used when rating the extent of a disability. Where a

21 category represents the disabling condition, the disability

22 determination shall not be based on the cumulation of lesser

23 included categories. If more than one category may apply to a

24 condition, the category most closely representing the condition

25 shall be selected. Where more than one category is necessary to

26 represent the disabling condition, categories shall be selected

27 to avoid double compensation for any part of a condition. The

28 percentages of disability to the whole body as set forth in two

29 or more categories shall not be averaged, prorated, or otherwise

30 deviated from, unless specifically provided in the schedule.

31 Unless provided otherwise, where an impairment must be rated

32 under more than one category, the ratings must be combined as

33 provided in Minnesota Statutes, section 176.105, subdivision 4,

34 clause (c). With respect to the musculo-skeletal schedule, the

35 percent of whole body disability for motor or sensory loss of a

36 member shall not exceed the percent of whole body disability for

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1 amputation of that member.

2 C. Disabilities not part of schedules. A category not found  
3 within 8 MCAR SS 1.9001-1.9025 [Temporary] shall not be used to  
4 determine permanent partial disability.

5 D. Rules of construction. The technical terms in 8 MCAR SS  
6 1.9001-1.9025 [Temporary] are defined in either 8 MCAR S 1.9002  
7 [Temporary], or by the documents incorporated by reference in  
8 this rule. Documents are incorporated by reference only to the  
9 extent necessary for definition or to the extent specifically  
10 referenced in a schedule. These documents are as follows:

11 1. Guides to the Evaluation of Permanent Impairment,  
12 published by the American Medical Association, Committee on  
13 Rating of Mental and Physical Impairment, 1976 edition. This  
14 document is also known as the A.M.A. Guides.

15 2. Snellen Charts, published by American Medical  
16 Association Committee for Eye Injuries and designated Industrial  
17 Vision Test Charts. These charts are also known and referred to  
18 as A.M.A. charts;

19 3. American Medical Association Rating Reading Card of  
20 1932, published by the American Medical Association Committee  
21 for Eye Injuries. This document is also known as the A.M.A.  
22 Card.

23 4. American National Standard Institutes, Inc., S3.1-1977  
24 Criteria for Permissible Ambient Noise during Audiometric  
25 Testing and S3.6-1969 (R1973) Specification for Audiometers;

26 5. Metropolitan Life Insurance Company Height and Weight  
27 Tables, published by the Metropolitan Life Insurance Company,  
28 1983;

29 6. The Revised Kenny Self-Care Evaluation: A Numerical  
30 Measure of Independence in Activities of Daily Living, Sister  
31 Kenny Institute, 1973;

32 7. Dorland's Illustrated Medical Dictionary, 25th  
33 edition, 1974. This document is also known as Dorland's;

34 8. D.S.M. III, Diagnostic and Statistical Manual of  
35 Mental Disorders, American Psychiatric Association, 1980. This  
36 document is also known as D.S.M. III;

- 1 9. Fractures, Charles A. Rockwood and David Green, 1975;  
2 10. Textbook on Anatomy, William Henry Hollinshead, 1974;  
3 and  
4 11. "The Estimation of Areas of Burns," in Surgery,  
5 Gynecology and Obstetrics, by Lund and Browder, pages 352-358,  
6 volume 79, 1944. This document is referred to as Lund and  
7 Browder.

8 E. Severability. If any provision of these rules is held to  
9 conflict with a governing statute, applicable provisions of the  
10 Minnesota Administrative Procedure Act, or other relevant law;  
11 to exceed the statutory authority conferred; to lack a  
12 reasonable relationship to statutory purposes or to be  
13 unconstitutional, arbitrary, or unreasonable; or to be invalid  
14 for any other reason; the validity and enforceability of the  
15 remaining provisions of the rule shall in no manner be affected.

16 8 MCAR S 1.9002 [Temporary] Definitions.

17 A. Scope. For the purpose of 8 MCAR SS 1.9001-1.9025  
18 [Temporary] the terms defined in this rule have the meanings  
19 given them unless the context clearly indicates otherwise.  
20 Terms not defined in this rule are defined in Dorland's or other  
21 documents incorporated by reference. If the definition in a  
22 document incorporated by reference conflicts with or differs  
23 from the definition set forth in 8 MCAR S 1.9001-1.9025  
24 [Temporary], the specific definitions set forth in these rules  
25 shall govern.

26 B. Acromio-clavicular grade 1. "Acromio-clavicular grade 1"  
27 means an undisplaced acromio-clavicular joint.

28 C. Acromio-clavicular grade 2. "Acromio-clavicular grade 2"  
29 means a 50 percent displacement of the clavicle in relationship  
30 to the acromion at the acromio-clavicular joint.

31 D. Acromio-clavicular grade 3. "Acromio-clavicular grade 3"  
32 means a completely disrupted acromio-clavicular joint.

33 E. Activities of daily living. "Activities of daily living"  
34 means the ability to perform self cares, to perform housework  
35 and related tasks, to ride in or operate a motor vehicle, and to  
36 perform vocational tasks not requiring physical labor.

1 F. Ankylosis. "Ankylosis" means the stiffening or fixation  
2 of a joint.

3 G. ANSI. "ANSI" means the American National Standards  
4 Institute.

5 H. Banding. "Banding" means a thick, rope-like cord of  
6 hypertrophic scarring resulting from burns.

7 I. Category. "Category" means a permanent partial  
8 disability as described in these rules and the corresponding  
9 percent of disability to the whole body for that permanent  
10 partial disability.

11 J. Chronic. "Chronic" means the repeated or continuous  
12 occurrence of a specific condition or symptom.

13 K. Demonstrable degenerative changes. "Demonstrable  
14 degenerative changes" means radiographic findings demonstrating  
15 the presence of degeneration of intervertebral disc or facet  
16 joints. Examples of demonstrable degenerative changes are disc  
17 space narrowing, small osteophytes, and facet joint hypertrophic  
18 changes.

19 L. Desirable level of weight. "Desirable level of weight"  
20 means preferred weights set forth in tables created by the  
21 Metropolitan Life Insurance Company.

22 M. Disarticulation. "Disarticulation" means an amputation  
23 occurring through a joint.

24 N. Distance vision. "Distance vision" means the ability to  
25 distinguish letters at a distance of 20 feet according to the  
26 Snellen and A.M.A. Charts.

27 O. Family member. "Family member" means cohabitants and is  
28 not limited to those related by blood or marriage. In cases of  
29 institutionalization or similar nonhome environment, family  
30 member may include staff members who care for the individual on  
31 a regular basis.

32 P. Fore-quarter. "Fore-quarter" means the amputation of the  
33 upper extremity involving the scapula, clavicle, and muscles  
34 that attach to the chest.

35 Q. Fusion. "Fusion" means the surgical uniting of one  
36 vertebral segment to an adjoining vertebral segment.

1 R. Gastrostomy. "Gastrostomy" means a surgical creation of  
2 a gastric fistula through the abdominal wall for the purpose of  
3 introducing food into the stomach.

4 S. Glossopharyngeal. "Glossopharyngeal" means the ninth  
5 cranial nerve with sensory fibers to the tongue and pharynx. It  
6 affects taste and swallowing.

7 T. Gross motor weakness. "Gross motor weakness" means total  
8 or partial loss as described at 8 MCAR S 1.9016 A. and B.

9 U. Hypertrophic scar. "Hypertrophic scar" means an elevated  
10 irregularly shaped mass of scar tissue.

11 V. Hypoglossal. "Hypoglossal" means the motor nerve to the  
12 tongue. It is the 12th cranial nerve and carries impulses from  
13 the brain to the tongue, including movement of muscles and  
14 secretion of glands and motor movement.

15 W. Kenny scale. "Kenny scale" means the Kenny self-care  
16 evaluation system as set forth in The Revised Kenny Self-Care  
17 Evaluation: A Numerical Measure of Independence of Activities  
18 of Daily Living.

19 X. Laminectomy. "Laminectomy" means the removal of part or  
20 all of the lamina of one vertebral segment, usually with  
21 associated disc excision.

22 Y. Lethargy. "Lethargy" means, in relation to a nervous  
23 system injury to the brain, that an individual is drowsy, but  
24 can be aroused.

25 Z. Moderate referred shoulder and arm pain. "Moderate  
26 referred shoulder and arm pain" means pain of an intensity  
27 necessitating decreased activity in order to avoid the pain.  
28 This pain is demonstrated in a dermatomal distribution into the  
29 shoulder and upper extremity.

30 AA. Moderate partial dislocation. "Moderate partial  
31 dislocation" means a loss of normal vertebral alignment of up to  
32 50 percent of the vertebral body on the adjacent vertebral body  
33 associated with vertebral fractures.

34 BB. Near vision. "Near vision" means clearness of vision at  
35 the distance of 14 inches.

36 CC. Nonpreferred extremity. "Nonpreferred extremity" means

1 the arm or leg not used dominantly, as for example, the left  
2 hand of a right-handed writer.

3 DD. Objective clinical findings. "Objective clinical  
4 findings" as used in 8 MCAR S 1.9007 [Temporary] means  
5 examination results which are reproducible and consistent.  
6 Examples of objective clinical findings are involuntary muscle  
7 spasms, consistent postural abnormalities, and changes in deep  
8 tendon reflexes.

9 EE. Postural abnormality. "Postural abnormality" means a  
10 deviation from normal posture, as found on anterior/posterior or  
11 lateral X-rays, that involves the spine and pelvis or segments  
12 of the spine or pelvis, such as kyphosis, lordosis, or scoliosis.

13 FF. Preferred extremity. "Preferred extremity" means the  
14 dominant leg or arm, as for example, the right arm of a  
15 right-handed person.

16 GG. Presbycusis. "Presbycusis" means a decline in hearing  
17 acuity that occurs with the aging process.

18 HH. Pseudophakia. "Pseudophakia" means that the crystalline  
19 lens of the eye has been replaced with a surgically implanted  
20 lens.

21 II. Self cares. "Self cares" means bed activities,  
22 transfers, locomotion, dressing, personal hygiene, bowel and  
23 bladder, and feeding as described in The Revised Kenny Self-Care  
24 Evaluation: A Numerical Measure of Independence in Activities  
25 of Daily Living, pages 10-24.

26 JJ. Spinal stenosis. "Spinal stenosis" means the narrowing  
27 of the spinal canal.

28 KK. Spondylolisthesis. "Spondylolisthesis" means the  
29 forward movement of one vertebral body of one of the lower  
30 lumbar vertebrae on the vertebrae below it or upon the sacrum.

31 LL. Spondylolisthesis grade 1. "Spondylolisthesis grade 1"  
32 means forward movement from zero to 25 percent of the vertebral  
33 body.

34 MM. Spondylolisthesis grade 2. "Spondylolisthesis grade 2"  
35 means forward movement from 25 to 50 percent of the vertebral  
36 body.

1 NN. Spondylolisthesis grade 3. "Spondylolisthesis grade 3"  
2 means movement from 50 to 75 percent of the vertebral body.

3 OO. Spondylolisthesis grade 4. "Spondylolisthesis grade 4"  
4 means forward movement from 75 to 100 percent of the vertebral  
5 body.

6 PP. Stupor. "Stupor" means, in relation to a nervous system  
7 injury to the brain, that a strong stimulus or pain is needed to  
8 arouse consciousness or response.

9 QQ. Tinnitus. "Tinnitus" means a subjective sense of noises  
10 in the head or ringing in the ear for which there is no  
11 observable external cause.

12 RR. Trigeminal. "Trigeminal" means the mixed nerve with  
13 sensory fibers to the face, cornea, anterior scalp, nasal and  
14 oral cavities, tongue and supertentorial dura matter. It also  
15 has motor fibers to the muscles of mastication. It is the fifth  
16 cranial nerve.

17 SS. Vertigo. "Vertigo" means a sensation of moving around  
18 in space or having objects move about the person. It is the  
19 result of a disturbance of the equilibratory apparatus.

20 TT. Vestibular. "Vestibular" means the main division of the  
21 auditory nerve. It is the eighth cranial nerve and deals with  
22 equilibrium.

23 UU. Wrinkling. "Wrinkling" means small ridges on the skin  
24 formed by shrinking or contraction as a result of burns.

25 VV. 14/14. "14/14" is a term used in the measurement of  
26 near vision. It is the clearness of vision at a distance of 14  
27 inches. The numerator is the test distance in inches. The  
28 denominator is the distance at which the smallest letter on the  
29 A.M.A. card can be seen.

30 WW. 20/20 Snellen or A.M.A. Chart. "20/20 Snellen or A.M.A.  
31 Chart" refers to a chart imprinted with block letters or numbers  
32 in gradually decreasing sizes, identified according to distances  
33 at which they are ordinarily visible. It is used in testing  
34 visual acuity. The numerator is the test distance in feet. The  
35 denominator is the distance at which the smallest letter  
36 discriminated by a patient would subtend five minutes of arc.

1 8 MCAR S 1.9003 [Temporary] Eye schedule.

2 A. Complete loss of vision. For complete loss of vision in  
3 both eyes, disability of the whole body is 85 percent. For  
4 complete loss of vision in one eye, disability of the whole body  
5 is 24 percent. In determining the degree of vision impairment  
6 and of whole body disability, B.-F. shall be used.

7 B. Examination. Disability shall not be determined until  
8 all medically acceptable attempts to correct the defect have  
9 been made. Prior to the final examination on which disability  
10 is to be determined, at least six months shall elapse after all  
11 visible inflammation has disappeared. In cases of disturbance  
12 of extrinsic ocular muscles, optic nerve atrophy, injury of the  
13 retina, sympathetic ophthalmia, and traumatic cataract, at least  
14 12 months shall elapse before the final examination is made.  
15 Testing shall be conducted with corrective lenses applied,  
16 unless indicated otherwise in this rule.

17 C. Maximum and minimum limits of primary coordinate factors  
18 of vision. The primary coordinate factors of vision are central  
19 visual acuity, visual field efficiency, and ocular motility.  
20 The determination of maximum and minimum limits for each of the  
21 coordinate functions is established below.

22 1. Maximum limit.

23 a. The maximum limit of central visual acuity is the  
24 ability to recognize letters or characters which subtend an  
25 angle of five minutes, each unit part of which subtends a  
26 one-minute angle at the distance viewed. A 20/20 Snellen or  
27 A.M.A. chart is 100 percent (maximum) central visual acuity for  
28 distance vision. 14/14 A.M.A. card is 100 percent (maximum)  
29 central visual acuity for near vision.

30 b. The maximum visual field is defined as 500 degrees.  
31 It is the sum of the degrees in the eight principal meridians  
32 from the point of fixation to the outermost limits of visual  
33 perception and defines the area in which a three millimeter  
34 white target is visible at 33 centimeters. One hundred percent  
35 visual field efficiency is that visual field which extends from  
36 the point of fixation outward 85 degrees, down 65 degrees, down



1 and in 50 degrees, inward 60 degrees, in and up 55 degrees,  
2 upward 45 degrees, and up and out 55 degrees.

3 c. Maximum ocular motility is present if there is  
4 absence of diplopia in all parts of the field of binocular  
5 fixation, and if normal binocular motor coordination is present.

6 2. Minimum limit.

7 a. The minimum limit of central visual acuity is  
8 (1) for distance vision, 20/800 Snellen or A.M.A.  
9 chart;

10 (2) for near vision, 14/560 A.M.A. card.

11 b. The minimum limit for field vision is established  
12 as a concentric central contraction of the visual field to five  
13 degrees. Five degrees of contraction of the visual field  
14 reduces the visual efficiency of the eye to zero.

15 c. The minimum limit for ocular motility is  
16 established by the presence of diplopia in all parts of the  
17 field of binocular fixation or by absence of binocular motor  
18 coordination. The minimum limit is 50 percent ocular motility  
19 efficiency.

20 D. Measurement of coordinate factors of vision and the  
21 computation of their partial loss.

22 1. Central visual acuity efficiency. Central visual  
23 acuity shall be measured both for distance vision and for near  
24 vision, each eye being measured separately, both with and  
25 without correction. A Snellen or A.M.A. chart shall be used for  
26 distance vision and an A.M.A. card shall be used for near vision.  
27 Illumination shall be at least five footcandles.

28 a. Table 1 shows the percentage of visual efficiency  
29 corresponding to the notations for distance vision and for near  
30 vision. For test readings between those listed on the chart,  
31 round up from the midpoint to the nearest reading, and round  
32 down from below the midpoint.

33 Where distance vision is less than 20/200 and the A.M.A.  
34 chart is used, readings are at ten feet. The test reading is  
35 translated to the corresponding distance reading in Table 1 by  
36 multiplying both the numerator and the denominator of the test

1 reading by two.

2 TABLE 1

3 Central Visual Acuity

4	5 A.M.A. Chart	6 A.M.A.	7 Percentage of
8	9 or Snellen	10 Card	11 Central
12	13 Reading for	14 Reading	15 Visual Acuity
16	17 Distance	18 for Near	19 Efficiency
20	20/20	14/14	100.00
21	20/25	14/17.5	95.7
22	20/25.7	.....	95.0
23	20/30	14/21	91.5
24	20/32.1	.....	90.0
25	20/35	14/24.5	87.5
26	20/38.4	.....	85.0
27	20/40	14/28	83.6
28	20/44.9	14/31.5	80.0
29	20/50	14/35	76.5
30	20/52.1	.....	75.0
31	20/60	14/42	69.9
32	20/60.2	.....	70.0
33	20/68.2	.....	65.0
34	20/70	14/49	64.0
35	20/77.5	.....	60.0
36	20/80	14/56	58.5
37	20/86.8	.....	55.0
38	20/90	14/63	53.4
39	20/97.5	.....	50.0

1	20/100	14/70	48.9
2			
3	20/109.4	.....	45.0
4	20/120	14/84	40.9
5	.....	14/89	38.4
6			
7	20/122.5	.....	40.0
8	20/137.3	.....	35.0
9	20/140	14/98	34.2
10			
11	20/155	.....	30.0
12	20/160	14/112	28.6
13	20/175	.....	25.0
14			
15	20/180	14/126	23.9
16	20/200	14/140	20.0
17	20/220	14/154	16.7
18			
19	20/240	14/168	14.0
20			
21	....	14/178	12.3
22	20/260	14/182	11.7
23			
24	20/280	14/196	9.7
25	20/300	14/210	8.2
26	20/320	14/224	6.8
27	20/340	14/238	5.7
28	20/360	14/252	4.8
29	20/380	14/266	4.0
30			
31	20/400	14/280	3.3
32	20/450	14/315	2.1
33	20/500	14/350	1.4
34			
35	20/600	14/420	0.6
36	20/700	14/490	0.3

1                    20/800                    14/560                    0.1

2                    b. The percentage of central visual acuity efficiency  
3 of the eye for distance vision is that percentage in Table 1  
4 which corresponds to the test reading for distance vision for  
5 that eye.

6                    c. The percentage of central visual acuity efficiency  
7 of the eye for near vision is that percentage in Table 1 which  
8 corresponds to the test reading for near vision for that eye.

9                    d. The percentage of central visual acuity efficiency  
10 of the eye in question is determined as follows:

11                    (1) Multiply by two the value determined for  
12 corrected near vision in c.

13                    (2) Add the product obtained in step 1 to the value  
14 determined for corrected distance vision in b.

15                    (3) Divide the sum obtained in step 2 by three.

16                    The following is an example of this calculation. If the  
17 central visual acuity efficiency for distance is 70 percent, and  
18 that for near is 25 percent, the percentage of central visual  
19 acuity efficiency for the eye is:

20                    70% + (2 x 25)  
21                                        
22                    3                    = 40% central visual acuity efficiency

23                    e. For traumatic aphakia, the corrected central visual  
24 acuity efficiency of the eye is 50 percent of the central visual  
25 acuity efficiency determined in d. This paragraph shall not  
26 apply if an adjustment for glasses or contact lenses pursuant to  
27 E.2.b. or c. results in a lower visual efficiency than would be  
28 given by application of this paragraph.

29                    f. For traumatic pseudophakia, the corrected central  
30 visual acuity efficiency of the eye is 80 percent of the central  
31 visual acuity efficiency determined in d. This paragraph shall  
32 not apply if an adjustment for glasses or contact lenses  
33 pursuant to E.2.b. or c. results in a lower visual efficiency  
34 than would be given by application of this paragraph.

35                    2. Visual field efficiency. For each eye, the extent of  
36 the field of vision shall be determined by perimetric test  
37 methods. A three millimeter white disk which subtends a

1 0.5-degree angle under illumination of not less than seven  
2 footcandles shall be used. For aphakia, a six millimeter white  
3 disk shall be used. The result shall be plotted on the visual  
4 field chart as illustrated in the A.M.A. Guides, page 94.

5 a. The amount of radial contraction in the eight  
6 principal meridians shall be determined. The sum of the degrees  
7 of field vision remaining on these meridians, divided by 500, is  
8 the visual field efficiency of one eye, expressed as a  
9 percentage. If the eye has a concentric central contraction of  
10 the field to a diameter of five degrees, the visual efficiency  
11 is zero.

12 b. When the impairment of field is irregular and not  
13 fairly disclosed by the eight radii, the determination shall be  
14 based on a number of radii greater than eight and the divisor in  
15 a. shall be changed accordingly.

16 c. Where there is a loss of a quadrant or a  
17 half-field, the degrees of field vision remaining in each  
18 meridian are added to one-half the sum of the two boundary  
19 meridians.

20 3. Ocular motility. Ocular motility shall be measured in  
21 all parts of the motor field with any useful correction applied.

22 a. All directions of gaze shall be tested with use of  
23 a test light and without the addition of colored lenses or  
24 correcting prisms. The extent of diplopia is determined on the  
25 perimeter at 330 millimeters or on a tangent screen at a  
26 distance of one meter from the eye.

27 b. Plot the test results on a motility chart as  
28 illustrated in the A.M.A. Guides, page 97.

29 c. Determine the percentage loss of ocular motility  
30 from the motility chart. This percentage is assigned to the  
31 injured eye or, if both eyes are injured, to the eye with the  
32 greatest impairment of central visual acuity and field vision.  
33 The eye with the greatest impairment means the eye for which the  
34 product of central visual acuity efficiency and visual field  
35 efficiency is the least. For the purpose of calculation, a  
36 value of zero percent is deemed to be one percent. For the

1 other eye, the percentage loss of ocular motility is zero.

2 d. The percentage loss of ocular motility is  
3 subtracted from 100 percent to obtain the ocular motility  
4 efficiency. The minimum ocular motility efficiency of one eye  
5 is 50 percent.

6 E. Visual efficiency. The visual efficiency of one eye is  
7 the product of the efficiency values of central visual acuity,  
8 of visual field, and of ocular motility. For the purpose of  
9 this calculation, these values shall be expressed as decimals  
10 and not as percentages; a value of zero percent is deemed to be  
11 one percent.

12 1. For example, if central visual acuity efficiency is 50  
13 percent, visual field efficiency is 80 percent, and ocular  
14 motility efficiency is 100 percent, the visual efficiency of the  
15 eye is .50 times .80 times 1.00, equals 40 percent. If ocular  
16 motility efficiency is changed to 50 percent, the visual  
17 efficiency is .50 times .80 times .50, equals 20 percent.

18 2. Visual efficiency shall be adjusted as set in this  
19 clause. Visual efficiency may not be less than zero percent.  
20 No adjustment for glasses or contacts shall be made in cases of  
21 aphakia or pseudophakia where the central visual efficiency was  
22 adjusted pursuant to D.l.e. or f.

23 a. Visual efficiency shall be decreased by subtracting  
24 two percent for any of the following conditions which are  
25 present due to the injury: loss of color vision; loss of  
26 adaptation to light and dark; metamorphosis; entropion or  
27 ectropion uncorrected by surgery; lagophthalmos; epiphora; and  
28 muscle disturbances such as ocular ticks not included under  
29 diplopia.

30 b. If glasses are required as a result of the injury,  
31 or if as a result of the injury the refractive error increases  
32 by at least one diopter of sphere or of cylinder or of both,  
33 subtract five percent from the visual efficiency. Where the  
34 glasses contain prisms, subtract six percent.

35 c. If a noncosmetic contact lens is required in one or  
36 both eyes as a result of the injury, subtract seven percent from

1 the visual efficiency.

2 F. Procedure for determining whole body disability due to  
3 vision loss. For each eye, subtract the percentage of visual  
4 efficiency as determined in E. from 100 percent. The difference  
5 is the percentage impairment of each eye. The better eye has  
6 the lower percentage impairment. The poorer eye has the greater  
7 percentage impairment.

8 1. Multiply the percentage impairment of the better eye  
9 by three.

10 2. Add the percentage impairment of the poorer eye to the  
11 product obtained in step 1.

12 3. Divide the sum obtained in step 2 by four.

13 4. The quotient obtained in step 3 is the percentage  
14 impairment of the visual system. Fractions shall be rounded to  
15 the nearest whole number percentage as provided in D.1.a.

16 5. The percentage impairment of the visual system is  
17 translated to the percentage disability of the whole body by  
18 Table 2.

19 Table 2

20 Eye Schedule

21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
Impairment	of Visual	Disability		Impairment	of Visual	Disability		Impairment	of Visual	Disability		Impairment	of Visual	Disability		Impairment	of Visual	Disability		Impairment	of Visual	Disability		Impairment	of Visual	Disability		Impairment	of Visual	Disability	
System, %	System, %	Man, %		System, %	System, %	Man, %		System, %	System, %	Man, %		System, %	System, %	Man, %		System, %	System, %	Man, %		System, %	System, %	Man, %		System, %	System, %	Man, %		System, %	System, %	Man, %	
0		0		45		42		45		42		45		42		45		42		45		42		45		42		45		42	
1		1		46		43		46		43		46		43		46		43		46		43		46		43		46		43	
2		2		47		44		47		44		47		44		47		44		47		44		47		44		47		44	
3		3		48		45		48		45		48		45		48		45		48		45		48		45		48		45	
4		4		49		46		49		46		49		46		49		46		49		46		49		46		49		46	
5		5		50		47		50		47		50		47		50		47		50		47		50		47		50		47	
6		6		51		48		51		48		51		48		51		48		51		48		51		48		51		48	
7		7		52		49		52		49		52		49		52		49		52		49		52		49		52		49	
8		8		53		50		53		50		53		50		53		50		53		50		53		50		53		50	
9		8		54		51		54		51		54		51		54		51		54		51		54		51		54		51	
10		9		55		52		55		52		55		52		55		52		55		52		55		52		55		52	
11		10		56		53		56		53		56		53		56		53		56		53		56		53		56		53	
12		11		57		54		57		54		57		54		57		54		57		54		57		54		57		54	
13		12		58		55		58		55		58		55		58		55		58		55		58		55		58		55	
14		13		59		56		59		56		59		56		59		56		59		56		59		56		59		56	
15		14		60		57		60		57		60		57		60		57		60		57		60		57		60		57	
16		15		61		58		61		58		61		58		61		58		61		58		61		58		61		58	
17		16		62		59		62		59		62		59		62		59		62		59		62		59		62		59	
18		17		63		59		63		59		63		59		63		59		63		59		63		59		63		59	
19		18		64		60		64		60		64		60		64		60		64		60		64		60		64		60	
20		19		65		61		65		61		65		61		65		61		65		61		65		61		65		61	
21		20		66		62		66		62		66		62		66		62		66		62		66		62		66		62	
22		21		67		63		67		63		67		63		67		63		67		63		67		63		67		63	
23		22		68		64		68		64		68		64		68		64		68		64		68		64		68		64	
24		23		69		65		69		65		69		65		69		65		69		65		69		65		69		65	
25		24		70		66		70		66		70		66		70		66		70		66		70		66		70		66	
26		25		71		67		71		67		71		67		71		67		71		67		71		67		71		67	
27		25		72		68		72		68		72		68		72		68		72		68		72		68		72		68	

1	28	26	73	69
2	29	27	74	70
3	30	28	75	71
4	31	29	76	72
5	32	30	77	73
6	33	31	78	74
7	34	32	79	75
8	35	33	80	76
9	36	34	81	76
10	37	35	82	77
11	38	36	83	78
12	39	37	84	79
13	40	38	85	80
14	41	39	86	81
15	42	40	87	82
16	43	41	88	83
17	44	42	89	84
18			90 - 100	85

19 8 MCAR S 1.9004 [Temporary] Ear schedule.

20 A. General. For hearing loss, the maximum disability of the  
21 whole body is 35 percent. The procedures in B.-G. shall be used  
22 to determine the extent of binaural hearing loss and of whole  
23 body disability.

24 B. Medical diagnosis. Otological evaluation shall be the  
25 method for determining the degree of permanent partial hearing  
26 loss. The medical diagnosis shall include the following:

27 1. A complete history of occupational, military, and  
28 recreational noise exposure. This medical history shall include  
29 documentation of any previous hearing loss, if that information  
30 is available;

31 2. A complete physical examination of the ear; and

32 3. An audiological evaluation which shall include pure  
33 tone air conduction and bone conduction testing.

34 C. Standards for audiometric calibration and test  
35 environment. To ensure accurate measurement of hearing loss,  
36 the following standards shall be observed in conducting the  
37 tests required in B.:

38 1. The audiometer used to measure hearing loss shall be  
39 calibrated to meet the specifications of ANSI S3.6-1969 (R1973),  
40 Specifications for Audiometers. The following are also required:

41 a. Biological or electroacoustical calibration checks  
42 of the audiometer shall be performed monthly;

43 b. Electroacoustical calibration shall be performed  
44 annually to certify the audiometer to the ANSI standard in 1;



1 and

2 c. The calibration records shall be preserved and  
3 shall be provided upon request; and

4 2. Audiometric test rooms or booths shall meet the  
5 specifications of ANSI S3.1-1977, Criteria for Permissible  
6 Ambient Noise during Audiometric Testing.

7 D. Waiting period for final evaluation of hearing loss. A  
8 waiting period of at least three months shall elapse between the  
9 date of the occurrence of the noise injury and the final  
10 evaluation of the permanent partial hearing loss.

11 E. Procedure for determining disability of whole body due to  
12 hearing loss.

13 1. The binaural hearing loss is determined. The  
14 calculation for the percent of binaural hearing loss consists of  
15 the following steps:

16 a. For each ear, test the hearing threshold levels at  
17 the four frequencies of 500, 1,000, 2,000, and 3,000 Hertz;

18 b. For each ear, determine the average four-frequency  
19 hearing level. The average four-frequency hearing level is  
20 one-fourth of the sum of the threshold levels at each of the  
21 four tested frequencies. The average four-frequency hearing  
22 level is expressed in decibels;

23 c. For each ear, subtract 25 decibels from the average  
24 four-frequency hearing level for that ear. The remainder,  
25 expressed in decibels, is the adjusted average four-frequency  
26 hearing level;

27 d. For each ear, multiply the adjusted average  
28 four-frequency hearing level by 1.5 percent. The product is the  
29 monaural hearing loss, expressed as a percentage. A product  
30 less than zero percent is deemed to be zero. A product greater  
31 than 100 percent is deemed to be 100 percent;

32 e. Considering both ears, compare the monaural hearing  
33 losses as determined in d. The ear with the smaller monaural  
34 hearing loss is the better ear. The ear with the larger  
35 monaural hearing loss is the poorer ear; and

36 f. Multiply the monaural hearing loss of the better

1 ear by five, add this product to the monaural hearing loss of  
 2 the poorer ear, and divide the sum by six. The quotient is the  
 3 binaural hearing loss, expressed as a percentage. The formula  
 4 is:

$$\frac{5 \times (\text{monaural hearing loss of better ear}) + (\text{monaural hearing loss of poorer ear})}{6} = \text{percent binaural hearing loss}$$

10 2. The calculation of the percent of binaural hearing  
 11 loss is illustrated by the following examples.

12 Example 1

	500 Hertz	1,000 Hertz	2,000 Hertz	3,000 Hertz
15 Right ear	15	25	45	55
16 Left ear	30	45	60	85

17 a. Calculation of the average four-frequency hearing  
 18 level:

$$\begin{aligned} \text{Right ear} &= \frac{15 + 25 + 45 + 55}{4} = \frac{140}{4} = 35 \text{ decibels} \\ \text{Left ear} &= \frac{30 + 45 + 60 + 85}{4} = \frac{220}{4} = 55 \text{ decibels} \end{aligned}$$

26 b. Calculation of adjusted average four-frequency  
 27 hearing level:

$$\begin{aligned} \text{Right ear} &= 35 \text{ decibels} - 25 \text{ decibels} = 10 \text{ decibels;} \\ \text{Left ear} &= 55 \text{ decibels} - 25 \text{ decibels} = 30 \text{ decibels;} \end{aligned}$$

30 c. Calculation of monaural hearing loss:

$$\begin{aligned} \text{Right ear} &= 10 \times 1.5\% = 15\% \\ \text{Left ear} &= 30 \times 1.5\% = 45\% \end{aligned}$$

33 d. Calculation of binaural hearing loss:

$$\frac{(15\% \times 5) + 45\%}{6} = 20 \text{ percent binaural hearing loss}$$

37 Example 2

	500 Hertz	1,000 Hertz	2,000 Hertz	3,000 Hertz
40 Right ear	20	25	30	35
41 Left ear	30	45	60	85

42 a. Calculation of average four-frequency hearing level.

$$\begin{aligned} \text{Right ear} &= \frac{20 + 25 + 30 + 35}{4} = 25 \text{ decibels} \\ \text{Left ear} &= \frac{30 + 45 + 60 + 85}{4} = 55 \text{ decibels} \end{aligned}$$

1 b. Calculation of adjusted average four-frequency  
2 hearing level.

3 Right ear = 25 decibels - 25 decibels = 0 decibels  
4 Left ear = 55 decibels - 25 decibels = 30 decibels

5 c. Calculation of monaural hearing loss:

6 Right ear = 0 x 1.5 percent = 0  
7 Left ear = 30 x 1.5 percent = 45 percent

8 d. Calculation of binaural hearing loss:

9 (0% x 5) + 45%  
10 
$$\frac{\quad}{6} = 7.5 \text{ percent binaural hearing loss}$$
  
11

12 3. The binaural hearing loss is translated to a  
13 percentage of disability of the whole body by the ear schedule  
14 set forth below:

15 EAR SCHEDULE

16	17 Binaural Hearing	18 Loss, Percent	19	20 Disability of
				21 Whole Body
				22 Percent
20	0	- 1.7		0
21	1.8	- 4.2		1
22	4.3	- 7.4		2
23	7.5	- 9.9		3
24	10.0	- 13.1		4
25				
26	13.2	- 15.9		5
27	16.0	- 18.8		6
28	18.9	- 21.4		7
29	21.5	- 24.5		8
30	24.6	- 27.1		9
31				
32	27.2	- 30.0		10
33	30.1	- 32.8		11
34	32.9	- 35.9		12
35	36.0	- 38.5		13
36	38.6	- 41.7		14
37				
38	41.8	- 44.2		15
39	44.3	- 47.4		16
40	47.5	- 49.9		17
41	50.0	- 53.1		18
42	53.2	- 55.7		19
43				
44	55.8	- 58.8		20
45	58.9	- 61.4		21
46	61.5	- 64.5		22
47	64.6	- 67.1		23
48	67.2	- 70.0		24
49				
50	70.1	- 72.8		25
51	72.9	- 75.9		26
52	76.0	- 78.5		27
53	78.6	- 81.7		28
54	81.8	- 84.2		29
55				
56	84.3	- 87.4		30
57	87.5	- 89.9		31
58	90.0	- 93.1		32
59	93.2	- 95.7		33
60	95.8	- 98.8		34
61				

1 98.9 -100.0 35

2 F. Presbycusis. The calculation of the binaural hearing  
3 loss shall not include an additional adjustment for presbycusis.

4 G. Tinnitus. No additional percentage of permanent partial  
5 disability for hearing loss shall be allowed for tinnitus.

6 8 MCAR S 1.9005 [Temporary] Skull defects.

7 A. Skull depressions. For skull defects the percent of  
8 disability of the whole body is provided by the following  
9 schedule:

	Unfilled defect	Filled defect
	Percent	Percent
12 0 - 1-1/2 square inches	0	0
13 1-1/2 - 2-1/2 square inches	5	0
14 2-1/2 - 4 square inches	10	2
15 4 - 6-1/2 square inches	15	3
16 6-1/2 or more square inches	20	5

17 B. Skull fractures.

18 1. Basilar skull fracture with persistent spinal fluid  
19 leak, 20 percent.

20 2. Basilar skull fracture without cerebrospinal fluid  
21 leak, 0 percent.

22 8 MCAR S 1.9006 [Temporary] Central nervous system.

23 A. General. For permanent partial disability of the central  
24 nervous system the percentage of disability of the whole body is  
25 as provided in B.-I.

26 B. Trigeminal nerve. Permanent partial disability of the  
27 trigeminal nerve is a disability of the whole body as set forth  
28 below:

- 29 1. Partial unilateral sensory loss, 3 percent;
- 30 2. Complete unilateral sensory loss, 5 percent;
- 31 3. Partial bilateral sensory loss, 10 percent;
- 32 4. Complete bilateral sensory loss, 25 percent;
- 33 5. Intractable trigeminal neuralgia, 20 percent;
- 34 6. Atypical facial pain, 5 percent;
- 35 7. Partial unilateral motor loss, 2 percent;

1 8. Complete unilateral motor loss, 5 percent;

2 9. Partial bilateral motor loss, 10 percent; or

3 10. Complete bilateral motor loss, 30 percent.

4 C. Facial nerve. Permanent partial disability of the facial  
5 nerve is a disability of the whole body as set forth below:

6 1. Total loss of taste, 3 percent;

7 2. Partial unilateral motor loss, 25 to 75 percent of  
8 function lost, 3 percent;

9 3. Unilateral motor loss, more than 75 percent of  
10 function lost, 10 percent;

11 4. Partial bilateral motor loss, 25 to 75 percent of  
12 function lost, 10 percent;

13 5. Bilateral motor loss, more than 75 percent of function  
14 lost, 20 percent.

15 D. Vestibular loss with vertigo or disequilibrium is a  
16 disability of the whole body as set forth below:

17 1. A score of 24 to 28 on the Kenny scale, and restricted  
18 in activities involving personal or public safety, such as  
19 operating a motor vehicle or riding a bicycle, 10 percent;

20 2. A score of 16 to 28 on the Kenny scale, and ambulation  
21 impaired due to equilibrium disturbance, 30 percent;

22 3. A score of 10 to 16 on the Kenny scale, 40 percent;

23 4. A score of 0 to 10 on the Kenny scale, 70 percent.

24 E. Glossopharyngeal, vagus and spinal accessory nerves.

25 Permanent partial disability to glossopharyngeal, vagus and  
26 spinal accessory nerves is a disability of the whole body as set  
27 forth below:

28 1. Swallowing impairment caused by disability to any one  
29 or more of these nerves:

30 a. diet restricted to semi-solids, 10 percent;

31 b. diet restricted to liquids, 25 percent; or

32 c. diet by tube feeding or gastrostomy, 50 percent.

33 2. Mechanical disturbances of articulation due to  
34 disability to any one or more of these nerves:

35 a. 95 percent or more of words are understood by those  
36 who are not family members and others outside the immediate

1 family, but speech is distorted, 5 percent;

2           b. 95 percent or more of words are understood by  
3 family members, but speech is distorted and not easily  
4 understood by those who are not family members, 10 percent;

5           c. 75 percent or more of words are understood by  
6 family members, but speech is distorted, 15 percent;

7           d. more than 50 percent of words are understood by  
8 family members, 20 percent;

9           e. less than 50 percent of words are understood by  
10 family members, 25 percent;

11           f. 10 percent or less of words are understood by  
12 family members, 30 percent.

13       G. Hypoglossal nerve. Permanent partial disability of  
14 hypoglossal nerve is a disability of the whole body as listed  
15 below:

16           1. Bilateral paralysis; swallowing impairment:

17               a. diet restricted to semi-solids, 10 percent;

18               b. diet restricted to liquids, 25 percent; and

19               c. diet by tube feeding or gastrostomy, 50 percent.

20           2. Mechanical disturbances of articulation:

21               a. 95 percent or more of words are understood by  
22 family members and others outside the immediate family, but  
23 speech is distorted, 5 percent;

24               b. 95 percent or more of words are understood by  
25 family members, but speech is distorted and not easily  
26 understood by nonfamily members, 10 percent;

27               c. 75 percent or more of words are understood by  
28 family members, but speech is distorted, 15 percent;

29               d. more than 50 percent of words are understood by  
30 family members, 20 percent;

31               e. less than 50 percent of words are understood by  
32 family members, 25 percent;

33               f. 10 percent or less of words are understood by  
34 family members, 30 percent.

35       H. Spinal cord. To rate under this section, determine the  
36 disability to the lower extremities, upper extremities,

1 respiration, urinary bladder, anorectal, and sexual functions as  
2 set forth below. The percentage of whole body disability under  
3 this section is determined by combining the disabilities under  
4 1.-6. in the manner described at Minnesota Statutes, section  
5 176.105, subdivision 4, clause (c).

6 1. Lower extremities. A permanent partial disability in  
7 the use of lower extremities is a disability of the whole body  
8 as set forth below:

9 a. can rise to a standing position and can walk, but  
10 has difficulty walking onto elevations, grades, steps, and  
11 distances, 15 percent;

12 b. can stand but can walk only on a level surface, 30  
13 percent;

14 c. can stand but cannot walk, 45 percent; and

15 d. can neither stand nor walk, 65 percent.

16 2. Upper extremities. Permanent partial disability in  
17 the use of upper extremities is a disability of the whole body  
18 as set forth below:

19 Whole Body Disability, Percentages

	Preferred	Nonpreferred	Both
	extremity	extremity	

22 score of 24 to 28 on

23 Kenny scale, but some

24 difficulty with digital	10	5	15
----------------------------	----	---	----

25 dexterity

26 score of 16 to 28

27 on Kenny scale, but no

28 digital dexterity	20	10	30
----------------------	----	----	----

29 score of 10 to 16 on

30 Kenny scale	40	40	50
----------------	----	----	----

31 score of 0 to 10 on

32 Kenny scale	70	70	85
----------------	----	----	----

33 3. Respiration. Permanent partial disability of the  
34 respiratory function is a disability of the whole body as set  
35 forth below:

36 a. difficulty only where extra exertion is required,

1 such as running, climbing stairs, heavy lifting, or carrying  
2 loads, 10 percent;

3       b. restricted to limited walking, confined to one's  
4 own home, 35 percent;

5       c. restricted to bed, 75 percent; and

6       d. has no spontaneous respiration, 95 percent.

7       4. Urinary bladder function. Permanent partial  
8 disability of the bladder is a disability of the whole body as  
9 set forth below. Evaluative procedures to be followed are set  
10 forth in 8 MCAR S 1.9022 [Temporary] B.

11       a. Impaired voluntary control evidenced by urgency or  
12 hesitancy, but continent without collecting devices, 10 percent.

13       b. Impaired voluntary control, incontinent requiring  
14 external collecting devices, 20 percent.

15       c. Impaired voluntary control, incontinent requiring  
16 internal collecting or continence devices, 30 percent.

17       5. Anorectal function. The permanent partial disability  
18 of the anorectal function is a disability of the whole body as  
19 set forth below:

20       a. impaired voluntary control with urgency, 10 percent;

21       b. impaired voluntary control without reflex  
22 regulation, 20 percent;

23       c. impaired voluntary control, incontinent without  
24 diversion, 30 percent.

25       6. Sexual function. Permanent partial disability of  
26 sexual function is a disability of the whole body as set forth  
27 below.

28       a. Male:

29           (1) impaired sexual function, but vaginal  
30 penetration possible, 10 percent;

31           (2) impaired sexual function, and vaginal  
32 penetration not possible, 20 percent.

33       b. Female:

34           (1) impaired sexual function, but penile containment  
35 possible, 10 percent;

36           (2) impaired sexual function, and penile containment



1 not possible, 20 percent.

2 I. Brain injury. Supporting objective evidence of  
3 structural injury, neurological deficit, or psychomotor findings  
4 is required to substantiate the permanent partial disability.

5 Permanent partial disability of the brain is a disability of the  
6 whole body as set forth below.

7 1. Communications disturbances, expressive:

8 a. mild disturbance of expressive language ability not  
9 significantly impairing ability to be understood, such as mild  
10 word-finding difficulties, mild degree of paraphasias, or mild  
11 dysarthria, 10 percent;

12 b. severe impairment of expressive language ability,  
13 but still capable of functional communication with the use of  
14 additional methods such as gestures, facial expression, writing,  
15 word board, or alphabet board, 35 percent;

16 c. unable to produce any functional expressive  
17 language, 70 percent.

18 2. Communication disturbances, receptive:

19 a. mild impairment of comprehension of aural speech,  
20 but comprehension functional with the addition of visual cues  
21 such as gestures, facial expressions, or written material, 40  
22 percent;

23 b. some ability to comprehend language is present, but  
24 significant impairment even with use of visual cues such as  
25 gestures, facial expressions, and written material, 60 percent;

26 c. no evidence of functional comprehension of  
27 language, 90 percent.

28 3. Complex integrated cerebral function disturbances must  
29 be determined by medical observation and organic dysfunctions  
30 supported by psychometric testing. Functional overlay or  
31 primary psychiatric disturbances shall not be rated under this  
32 rule. The permanent partial disabilities are as follows:

33 a. mild impairment of higher level cognitive function  
34 or memory, but able to live independently and function in the  
35 community as evidenced by independence in activities such as  
36 shopping and taking a bus, 20 percent;

1           b. same as a., and also requires supporting devices  
2 and direction to carry out limited vocational tasks, 30 percent;

3           c. moderate impairment of memory, judgment, or other  
4 higher level cognitive abilities, can live alone with some  
5 supervision such as for money management, some limitation in  
6 ability to function independently outside the home in activities  
7 such as shopping and traveling, 50 percent;

8           d. moderately severe impairment of memory, judgment,  
9 or other higher cognitive abilities, unable to live alone and  
10 some supervision required at all times, but able to perform self  
11 cares independently, 70 percent;

12           e. severe impairment of memory, judgment, or other  
13 higher cognitive abilities such that constant supervision and  
14 assistance in self cares are required, 95 percent.

15           4. Emotional disturbances and personality changes must be  
16 substantiated by medical observation and by organic dysfunction  
17 supported by psychometric testing. Permanent partial disability  
18 is a disability of the whole body as set forth below:

19           a. only present under stressful situation such as  
20 losing one's job, getting a divorce, or a death in the family,  
21 10 percent;

22           b. present at all times but not significantly  
23 impairing ability to relate to others, to live with others, or  
24 to perform self cares, 30 percent;

25           c. present at all times in moderate to severe degree,  
26 minimal ability to live with others, some supervision required,  
27 65 percent;

28           d. severe degree of emotional disturbance which,  
29 because of danger to self and others, requires continuous  
30 supervision, 95 percent.

31           5. Psychotic disorders, as described in D.S.M. III, not  
32 caused by organic dysfunction and substantiated by medical  
33 observation:

34           a. only present under stressful situation, such as  
35 losing one's job, getting divorced, a death in the family, 10  
36 percent;

1           b. present at all times but not significantly  
2 impairing ability to relate to others, live with others, or  
3 perform self cares, 30 percent;

4           c. present at all times in moderate to severe degree  
5 significantly affecting ability to live with others, and  
6 requiring some supervision, 65 percent;

7           d. severe degree of emotional disturbance which,  
8 because of danger to self or others, requires continuous  
9 supervision, 95 percent.

10          6. Consciousness disturbances; permanent partial  
11 disability of the whole body is as set forth below:

12           a. mild or intermittent decreased level of  
13 consciousness manifested by periodic mild confusion or lethargy,  
14 a score of 16 to 28 on the Kenny scale, 40 percent;

15           b. moderate intermittent or continuous decreased level  
16 of consciousness manifested by a moderate level of confusion or  
17 lethargy, and a score of 10 to 16 on the Kenny scale, 70 percent;

18           c. severe decreased level of consciousness manifested  
19 as stupor with inability to function independently, and a score  
20 of 0 to 10 on the Kenny scale, 95 percent;

21           d. comatose or persistent vegetative state, 99 percent.

22          7. Motor dysfunction, movement disorder, paralysis,  
23 spasticity, sensory loss, or neglect. Where these impairments  
24 are due to brain or brain stem injury, rate as provided in H.1.  
25 and 2.

26          8. Other impairments; impairments of respiration, urinary  
27 bladder function, anorectal function, or sexual function due to  
28 brain or brain stem injury are rated as provided in H.3.-6.

29          9. Epilepsy; permanent partial disability due to epilepsy  
30 is a disability of the whole body as set forth below:

31           a. well controlled, on medication for one year or  
32 more, able to enter work force but with restrictions preventing  
33 operation of motor vehicles or dangerous machinery and climbing  
34 above six feet in height, 10 percent;

35           b. seizures occurring at least once a year, but not  
36 severely limiting ability to live independently, 20 percent;

1 c. seizures occurring at least six times per year,  
2 some supervision required, 40 percent;

3 d. seizures poorly controlled with at least 15  
4 seizures per year, supervision required, protective care  
5 required with activities restricted, 75 percent;

6 e. frequency of seizures requires continuous  
7 supervision and protective care, activities restricted, unable  
8 to perform self cares, 95 percent.

9 10. Headaches; permanent partial disability due to  
10 vascular headaches with nausea or vomiting is a five percent  
11 disability of the whole body.

12 8 MCAR S 1.9007 [Temporary] Musculo-skeletal schedule; back.

13 A. Lumbar spine. The spine rating is inclusive of leg  
14 symptoms except for gross motor weakness, bladder or bowel  
15 dysfunction, or sexual dysfunction. Permanent partial  
16 disability of the lumbar spine is a disability of the whole body  
17 as set forth below:

18 1. Healed sprain, strain, or contusion:

19 a. Subjective symptoms of pain not substantiated by  
20 objective clinical findings or demonstrable degenerative  
21 changes, 0 percent.

22 b. Pain associated with rigidity (loss of motion or  
23 postural abnormality) or chronic muscle spasm. The chronic  
24 muscle spasm or rigidity is substantiated by objective clinical  
25 findings but without associated demonstrable degenerative  
26 changes, 3.5 percent.

27 c. Pain associated with rigidity (loss of motion or  
28 postural abnormality) or chronic muscle spasm. The chronic  
29 muscle spasm or rigidity is substantiated by objective clinical  
30 findings and is associated with demonstrable degenerative  
31 changes.

32 (1) Single vertebral level, 7 percent.

33 (2) Multiple vertebral levels, 10.5 percent.

34 d. Pain associated with rigidity (loss of motion or  
35 postural abnormality) or chronic muscle spasm. The chronic  
36 muscle spasm or rigidity is substantiated by objective clinical

1 findings.

2 (1) Spondylolisthesis grade I, no surgery, 7 percent.

3 (2) Spondylolisthesis grade II, no surgery, 14  
4 percent.

5 (3) Spondylolisthesis grade III or IV, without  
6 fusion, 24.5 percent.

7 2. Herniated intervertebral disc, single vertebral level:

8 a. back and specific radicular pain present with  
9 objective neurologic findings; and X-ray or computerized axial  
10 tomography or myelogram specifically positive for herniated  
11 disc; and no surgery is performed for treatment, 14 percent;

12 b. condition treated by surgery:

13 (1) surgery or chemonucleolysis with excellent  
14 results such as mild low back pain, no leg pain, and no  
15 neurologic deficit, 9 percent;

16 (2) surgery or chemonucleolysis with average results  
17 such as mild increase in symptoms with bending or lifting, and  
18 mild to moderate restriction of activities related to back and  
19 leg pain, 11 percent;

20 (3) surgery or chemonucleolysis with poor surgical  
21 results such as persistent or increased symptoms with bending or  
22 lifting, and major restriction of activities because of back and  
23 leg pain, 13 percent;

24 (4) multiple operations on low back with poor  
25 surgical results such as persisting or increased symptoms of  
26 back and leg pain, 15 percent;

27 c. recurrent herniated intervertebral disc, occurring  
28 to same vertebral level previously treated with surgery or  
29 chemonucleolysis, add five percent to b.(1)-(4);

30 d. herniated intervertebral disc at a new vertebral  
31 level other than the previously treated herniated intervertebral  
32 disc, calculate rating the same as a. and b.

33 3. Spinal stenosis, central or lateral, proven by  
34 computerized axial tomography or myelogram:

35 a. mild symptoms such as occasional back pain with  
36 athletic activities or repetitive bending or lifting, leg pain

1 with radicular symptoms, one vertebral level and no surgery, 14  
2 percent;

3           b. severe spinal stenosis with bilateral leg pain  
4 requiring decompressive laminectomy, single vertebral level,  
5 with or without surgery (if multiple vertebral levels, add five  
6 percent per vertebral level), 18 percent.

7           4. Fusion surgery. Spinal fusion surgery for single  
8 vertebral level with or without laminectomy, 17.5 percent. Add  
9 five percent for each additional vertebral level.

10          5. Fractures:

11           a. vertebral compression with a decrease of 25 percent  
12 or less in vertebral height, one or more vertebral segments, no  
13 fragmentation, no involvement posterior elements, no nerve root  
14 involvement, 10.5 percent;

15           b. vertebral compression fracture, with a decrease of  
16 more than 25 percent in vertebral height, one or more vertebral  
17 segments, no fragmentation, no involvement posterior elements,  
18 no nerve root involvement, 15 percent;

19           c. vertebral fracture with involvement of posterior  
20 elements with X-ray evidence of moderate partial dislocation:

21               (1) no nerve root involvement, healed, 10.5 percent;

22               (2) with persistent radicular pain, 12 percent;

23               (3) with surgical fusion, healed, no permanent motor  
24 or sensory changes, 14 percent;

25           d. severe dislocation:

26               (1) normal reduction with surgical fusion, 12  
27 percent;

28               (2) poor reduction with fusion, persistent radicular  
29 pain, 17.5 percent;

30          B. Cervical spine. The spine rating is inclusive of arm  
31 symptoms except for gross motor weakness; sensory loss; and  
32 bladder, bowel, or sexual dysfunction. Bladder, bowel, or  
33 sexual dysfunction must be rated as provided in 8 MCAR S 1.9006

34 H. Permanent partial disability of the cervical spine is a  
35 disability of the whole body as set forth below:

36          1. Healed sprain, strain, or contusion:

1 a. Subjective symptoms of pain not substantiated by  
2 objective clinical findings or demonstrable degenerative  
3 changes, 0 percent.

4 b. Pain associated with rigidity (loss of motion or  
5 postural abnormality) or chronic muscle spasm. The chronic  
6 muscle spasm or rigidity is substantiated by objective clinical  
7 findings but without associated demonstrable degenerative  
8 changes, 3.5 percent.

9 c. Pain associated with rigidity (loss of motion or  
10 postural abnormality) or chronic muscle spasm. The chronic  
11 muscle spasm or rigidity is substantiated by objective clinical  
12 findings and is associated with demonstrable degenerative  
13 changes.

14 (1) Single vertebral level, 7 percent.

15 (2) Multiple vertebral levels, 10.5 percent.

16 2. Herniated intervertebral disc, single vertebral level:

17 a. Neck and specific radicular pain present with  
18 objective neurologic findings; and x-ray or computerized axial  
19 tomography or myelogram specifically positive for herniated  
20 disc; and no surgery is performed for treatment, 14 percent.

21 b. Condition treated by surgery:

22 (1) Surgery with excellent results such as mild neck  
23 pain, no arm pain, and no neurologic deficit, 9 percent.

24 (2) Surgery with average results such as mild  
25 increase in symptoms with neck motion or lifting, and mild to  
26 moderate restriction of activities related to neck and arm pain,  
27 11 percent.

28 (3) Surgery with poor surgical results such as  
29 persistent or increased symptoms with neck motion or lifting,  
30 and major restriction of activities because of neck and arm  
31 pain, 13 percent.

32 (4) Multiple operations on neck with poor surgical  
33 results such as persisting or increased symptoms of neck and arm  
34 pain, 15 percent.

35 c. Recurrent herniated intervertebral disc, occurring  
36 to same vertebral level previously treated with surgery, add

- 1 five percent to b.(1)-(4).
- 2 d. Herniated intervertebral disc at a new vertebral  
3 level other than the previously treated herniated intervertebral  
4 disc, calculate rating the same as a. and b.
- 5 3. Spinal stenosis, proven by computerized axial  
6 tomography or myelogram.
- 7 a. With myelopathy verified by objective neurologic  
8 findings, no loss of function, 14 percent.
- 9 b. Loss of function. Rate as provided in 8 MCAR S  
10 1.9006 H.
- 11 4. Fusion surgery. Anterior or posterior. Fusion of a  
12 single vertebral level with or without a laminectomy, 11.5  
13 percent. Add five percent for each additional vertebral level.
- 14 5. Fracture:
- 15 a. vertebral compression with a decrease of 25 percent  
16 or less in vertebral height, one or more vertebral segments, no  
17 fragmentation, no involvement posterior elements, no nerve root  
18 involvement, loss of motion in the neck in all planes,  
19 approximately 50 percent normal range of motion in neck with  
20 pain, 14 percent;
- 21 b. vertebral compression with a decrease of more than  
22 25 percent of vertebral height, one or more vertebral segments,  
23 no fragmentation, no involvement posterior elements, no nerve  
24 root involvement, loss of motion in the neck in all planes,  
25 approximately 50 percent normal range of motion in neck with  
26 pain, 19 percent;
- 27 c. vertebral fracture with involvement of posterior  
28 elements with X-ray evidence of moderate partial dislocation:
- 29 (1) no nerve root involvement, healed, 10.5 percent;  
30 (2) with persistent pain, 12 percent;
- 31 (3) with surgical fusion, healed, no permanent motor  
32 or sensory changes, 14 percent;
- 33 d. severe dislocation:
- 34 (1) normal reduction with surgical fusion, 12  
35 percent;
- 36 (2) poor reduction with fusion, persistent radicular



1 pain, 17.5 percent.

2 C. Thoracic spine. The spine rating is inclusive of all  
3 symptoms including radicular gross motor weakness and sensory  
4 loss, but excluding spinal cord injury. Permanent partial  
5 disability of the thoracic spine is a disability of the whole  
6 body as set forth below:

7 1. Healed sprain, strain, or contusion:

8 a. Subjective symptoms of pain not substantiated by  
9 objective clinical findings or demonstrable degenerative  
10 changes, 0 percent.

11 b. Pain associated with chronic muscle spasm. The  
12 chronic muscle spasm is substantiated by objective clinical  
13 findings and is associated with demonstrable degenerative  
14 changes, single or multiple level, 3.5 percent.

15 2. Herniated intervertebral disc, symptomatic:

16 a. Specific radicular pain present with objective  
17 neurologic findings, and x-ray or computerized axial tomography  
18 or myelogram specifically positive for herniated disc, and no  
19 surgery is performed for treatment, 5 percent.

20 b. Condition treated by surgery:

21 (1) Surgery with excellent results such as mild  
22 thoracic pain, no radicular pain, and no neurological deficit, 5  
23 percent;

24 (2) Surgery with poor surgical results such as  
25 persistence of increased symptoms with lifting, and major  
26 restriction of activities, 10 percent.

27 3. Fractures:

28 a. Vertebral compression with a decrease of 25 percent  
29 or less in vertebral height, one or more vertebral segments, no  
30 fragmentation, no involvement posterior elements, no nerve root  
31 involvement, 10.5 percent.

32 b. Vertebral compression fracture, with a decrease of  
33 more than 25 percent in vertebral height, one or more vertebral  
34 segments, no fragmentation, no involvement posterior elements,  
35 no nerve root involvement, 15 percent.

36 c. Vertebral fracture with involvement of posterior

1 elements with x-ray evidence of moderate partial dislocation:

2 (1) no nerve root involvement, healed, 10.5 percent;

3 (2) with persistent pain, with mild motor and  
4 sensory manifestations, 17.5 percent;

5 (3) with surgical fusion, healed, no permanent motor  
6 or sensory changes, 14 percent.

7 d. Severe dislocation, normal reduction with surgical  
8 fusion:

9 (1) No residual motor or sensory changes, 12 percent;

10 (2) Poor reduction with fusion, persistent radicular  
11 pain, motor involvement, 17.5 percent;

12 8 MCAR S 1.9008 [Temporary] Musculo-skeletal schedule;  
13 amputations of upper extremity.

14 A. Permanent partial disability due to amputation of upper  
15 extremities is a disability of the whole body as set forth below:

16 1. forequarter amputation, 70 percent;

17 2. disarticulation at shoulder joint, 60 percent;

18 3. amputation of arm above deltoid insertion, 60 percent;

19 4. amputation of arm between deltoid insertion and elbow  
20 joint, 57 percent;

21 5. disarticulation at elbow joint, 57 percent;

22 6. amputation of forearm below elbow joint proximal to  
23 insertion of biceps tendon, 57 percent;

24 7. amputation of forearm below elbow joint distal to  
25 insertion of biceps tendon, 54 percent;

26 8. disarticulation at wrist joint, 54 percent;

27 9. midcarpal or midmetacarpal amputation of hand, 54  
28 percent;

29 10. amputation of all fingers except thumb at  
30 metacarpophalangeal joints, 32.5 percent;

31 11. amputation of thumb:

32 a. at metacarpophalangeal joint or with resection of  
33 metacarpal bone, 21.5 percent;

34 b. at interphalangeal joint or through proximal  
35 phalynx, 16 percent;

36 c. from interphalangeal joint to midportion distal

1 phalynx, 13 percent;

2 12. amputation of index finger:

3 a. at metacarpophalangeal joint or with resection of  
4 metacarpal bone or through proximal phalynx, 13.5 percent;

5 b. at proximal interphalangeal joint or through middle  
6 phalynx, 11 percent;

7 c. at distal interphalangeal joint to middistal  
8 phalynx, 5 percent;

9 d. from middistal phalynx, distal, 2.5 percent;

10 13. amputation of middle finger:

11 a. at metacarpophalangeal joint or with resection of  
12 metacarpal bone or through proximal phalynx, 11 percent;

13 b. at proximal interphalangeal joint or through middle  
14 phalynx, 9 percent;

15 c. at distal interphalangeal joint to middistal  
16 phalynx, 5 percent;

17 d. from middistal phalynx, distal, 2.5 percent;

18 14. amputation of ring finger:

19 a. at metacarpophalangeal joint or with resection of  
20 metacarpal bone or through proximal phalynx, 5.5 percent;

21 b. at proximal interphalangeal joint or through middle  
22 phalynx, 4 percent;

23 c. at distal interphalangeal joint to middistal  
24 phalynx, 3 percent;

25 d. from middistal phalynx, distal, 1.5 percent;

26 15. amputation of little finger:

27 a. at metacarpophalangeal joint or with resection of  
28 metacarpal bone or through proximal phalynx, 3 percent;

29 b. at proximal interphalangeal joint or through middle  
30 phalynx, 2 percent;

31 c. at distal interphalangeal joint to middistal  
32 phalanx, 1 percent;

33 d. from middistal phalynx, distal, 0.5 percent.

34 8 MCAR S 1.9009 [Temporary] Musculo-skeletal schedule; sensory  
35 loss, upper extremities.

36 A. General. For sensory loss to the upper extremities

1 resulting from nerve injury, the disability of the whole body is  
2 set forth in B.-D. For the portion of the body described in B.,  
3 there must be a total loss of the sensory function.

4 B. Sensory loss, complete:

- 5 1. median function at wrist, 22.5 percent;
- 6 2. ulnar function at wrist, 11 percent;
- 7 3. radial function at wrist, 5.5 percent;
- 8 4. medial antebrachial cutaneous, 3 percent;
- 9 5. medial brachial cutaneous, 3 percent;
- 10 6. loss of thumb, whole, 11 percent;
  - 11 a. radial digital nerve, 4 percent;
  - 12 b. ulnar digital nerve, 6.5 percent;
- 13 7. index finger, whole, 5.5 percent;
  - 14 a. radial digital nerve, whole, 3.5 percent;
  - 15 b. ulnar digital nerve, 2 percent;
- 16 8. long finger, whole, 5.5 percent;
  - 17 a. radial digital nerve, 3.5 percent;
  - 18 b. ulnar digital nerve, 2 percent;
- 19 9. ring finger, whole, 3 percent;
  - 20 a. radial digital nerve, 2 percent;
  - 21 b. ulnar digital nerve, 1 percent;
- 22 10. little finger, whole, 3 percent;
  - 23 a. radial digital nerve, 1 percent;
  - 24 b. ulnar digital nerve, 2 percent;
- 25 11. sensory loss distal to proximal interphalangeal  
26 joint, 50 percent of the value of entire digital nerve as set  
27 forth in B., either radial or ulnar as applicable;
- 28 12. sensory loss distal to one-half distal phalanx, 25  
29 percent of entire digital nerve as set forth in B.

30 C. Quality of sensory loss in the hand. The levels of  
31 sensory loss and the corresponding disabilities of the whole  
32 body are measured as follows:

- 33 1. minimal, 2-point discrimination at 6 millimeters or  
34 less, 0 percent;
- 35 2. moderate, 2-point discrimination greater than 6  
36 millimeters, 1/2 of value in B.;

1 3. severe, 2-point discrimination at greater than 10  
2 millimeters, 3/4 of value in B.;

3 4. total, 2-point discrimination at greater than 15  
4 millimeters, same value as in B.

5 D. Causalgia. When objective medical evidence shows  
6 persistent causalgia despite treatment, there is loss of sensory  
7 and motor function, loss of joint function, and inability to use  
8 the extremity in any useful manner. The permanent partial  
9 disability to the member, rating from the most proximal joint  
10 involved, and the percentage disability of the whole body is 50  
11 percent of that set forth in 8 MCAR S 1.9008 [Temporary] A.1.-15.

12 8 MCAR S 1.9010 [Temporary] Musculo-skeletal schedule; motor  
13 loss or motor and sensory loss, upper extremities.

14 A. Total or complete loss. Total or complete loss means  
15 that motor function is less than anti-gravity and there is  
16 complete loss of sensation. For loss to the lower extremities  
17 resulting from nerve injury, and where there is total loss of  
18 function for those particular portions of the body, the  
19 disability of the whole body is:

20 1. Motor loss, complete:

- 21 a. median nerve above mid forearm, 30 percent;
- 22 b. median nerve below mid forearm, 19 percent;
- 23 c. radial nerve, 19 percent;
- 24 d. ulnar nerve above mid forearm, 19 percent;
- 25 e. ulnar nerve below mid forearm, 13.5 percent.

26 2. Complete motor and sensory loss:

- 27 a. median nerve above mid forearm, 40.5 percent;
- 28 b. median nerve below mid forearm, 35 percent;
- 29 c. radial nerve, 27 percent;
- 30 d. ulnar nerve above mid forearm, 21.5 percent;
- 31 e. ulnar nerve below mid forearm, 16 percent.

32 3. Complete loss of motor function:

- 33 a. brachial plexus complete, 60 percent:
  - 34 (1) upper trunk C5-6, 47 percent;
  - 35 (2) mid trunk C7, 23 percent;
  - 36 (3) lower trunk C8-T1, 46 percent;

- 1           b. anterior thoracic, 3 percent;
- 2           c. axillary nerve, 23 percent;
- 3           d. dorsal scapular, 3 percent;
- 4           e. long thoracic, 9 percent;
- 5           f. musculo cutaneous, 17.5 percent;
- 6           g. subscapular, 3 percent;
- 7           h. suprascapular, 11.5 percent;
- 8           i. thoraco dorsal, 6 percent.
- 9           4. Complete loss of function, motor and sensory:
- 10          a. C-5 root, 11 percent;
- 11          b. C-6 root, 12 percent;
- 12          c. C-7 root, 11 percent;
- 13          d. C-8 root, 13 percent.
- 14          B. Partial loss. Partial loss means that motor function is
- 15 less than normal but greater than anti-gravity, and there is
- 16 incomplete sensory loss. Partial loss is rated at 25 percent of
- 17 the percentages assigned at A.1.-4.
- 18 8 MCAR S 1.9011 [Temporary] Musculo-skeletal schedule; shoulder.
- 19          A. General. For permanent partial disability to the
- 20 shoulder, disability of the whole body is as set forth in B.-C.:
- 21          B. Range of motion:
- 22           1. total ankylosis in optimum position, abduction 60
- 23 degrees, flexion ten degrees, rotation, neutral position, 30
- 24 percent;
- 25           2. total ankylosis in mal-position, grade upward to 50
- 26 percent;
- 27           3. mild limitation of motion: no abduction beyond 90
- 28 degrees, rotation no more than 40 degrees with full flexion and
- 29 extension, 3 percent;
- 30           4. moderate limitation of motion: no abduction beyond 60
- 31 degrees, rotation no more than 20 degrees, with flexion and
- 32 extension limited to 30 degrees, 12 percent;
- 33           5. severe limitation of motion: no abduction beyond 25
- 34 degrees, rotation no more than ten degrees, flexion and
- 35 extension limited to 20 degrees, 30 percent;
- 36          C. Procedures or conditions:

- 1 1. acromio-clavicular separation of the following
  - 2 severity:
    - 3 a. grade 1, 0 percent;
    - 4 b. grade 2, 3 percent;
    - 5 c. grade 3, 6 percent.
  - 6 2. anterior or posterior shoulder dislocation, no
  - 7 surgery, single episode, 3 percent.
  - 8 3. recurrent dislocation, at least three times in six
  - 9 months, 10 percent.
  - 10 4. repair recurrent shoulder dislocation, no loss of
  - 11 motion, 6 percent.
  - 12 5. resection distal end of clavicle, 3 percent.
  - 13 6. humeral shaft fracture, normal range of motion both
  - 14 joints, 0 percent.
  - 15 7. humeral shaft fracture, open reduction, mild
  - 16 restriction of shoulder and elbow motion, 6 percent.
  - 17 8. surgical neck fracture, healed, mild loss of motion, 0
  - 18 percent.
  - 19 9. greater tuberosity fracture, mild loss of motion, mild
  - 20 pain on abduction, 2 percent.
- 21 8 MCAR S 1.9012 [Temporary] Musculo-skeletal schedule; elbow.
- 22 A. General. Permanent partial disability of the elbow is
  - 23 disability of the whole body as set forth in B.-C.
  - 24 B. Range of motion. Flexion and extension of forearm is 85
  - 25 percent of the arm. Rotation of the forearm is 15 percent of
  - 26 the arm.
    - 27 1. Total ankylosis in optimum position approximating
    - 28 midway between 90 degrees flexion and 180 degrees extension, a
    - 29 45-degree angle, 30 percent.
    - 30 2. Total ankylosis in mal-position, 40 percent.
    - 31 3. Limitation of motion:
      - 32 a. mild, motion limited from ten degrees flexion to
      - 33 100 degrees of further flexion, 6 percent;
      - 34 b. moderate, motion limited from 20 degrees flexion to
      - 35 75 degrees of further flexion, 12 percent;
      - 36 c. severe, motion limited from 45 degrees flexion to

1 90 degrees of further flexion, 21 percent;

2 4. Flail elbow, pseudarthrosis above joint line, wide  
3 motion but very unstable, 39 percent.

4 5. Resection head of radius, 9 percent.

5 C. Procedures or conditions:

6 1. radial or ulnar shaft fracture, full motion, 0 percent;

7 2. radial or ulnar fracture, open reduction, mild

8 limitation of motion as defined in B.3., 9 percent;

9 3. olecranon fracture, no loss of motion, 0 percent;

10 4. olecranon fracture, open reduction internal fixation,  
11 mild limitation of motion as defined in B.3., 6 percent;

12 5. epicondylar fracture, no loss of motion, 0 percent;

13 6. epicondylar fracture, mild loss of motion as defined  
14 in B.3., 6 percent;

15 7. release medial or lateral epicondyle, 2 percent;

16 8. ulnar nerve transposition, 2 percent.

17 8 M<sup>C</sup>AR S 1.9013 [Temporary] Musculo-skeletal schedule; wrist.

18 A. General. Permanent partial disability of wrist is  
19 disability of the whole body as set in B.-C.

20 B. Range of motion:

21 1. excision distal end of ulna, flexion and extension  
22 credited with 75 percent of hand, and rotation 25 percent of  
23 hand, 5 percent;

24 2. total ankylosis in optimum position, 19 percent;

25 3. total ankylosis in mal-position of extreme flexion or  
26 extension, 25 percent;

27 4. limitation of motion:

28 a. mild, rotation normal, loss of 15 degrees palmar  
29 flexion and loss of 20 degrees dorsiflexion, 5 percent;

30 b. moderate, rotation limited to 60 degrees in  
31 pronation-supination, loss of 25 degrees palmar flexion, loss of  
32 30 degrees dorsiflexion, 10 percent;

33 c. severe, rotation limited to 30 degrees in  
34 pronation-supination, palmar flexion less than 25 degrees,  
35 dorsi-flexion less than 30 degrees, 15 percent.

36 C. Procedure or conditions.



- 1 1. Colles/Smith, extraarticular:
  - 2 a. no loss of motion, 0 percent;
  - 3 b. mild loss of motion as defined in B.4.a., 3 percent.
- 4 2. Colles/Smith/Barton, intraarticular.
  - 5 a. no loss of motion, 0 percent;
  - 6 b. mild loss of motion as defined in B.4.a., 6 percent;
  - 7 c. moderate loss of motion as defined in B.4.b., 10
  - 8 percent.
- 9 3. Carpal bone fracture, no loss of motion, 3 percent.
- 10 4. Carpal dislocation, mild loss of motion as defined in
- 11 B.4.a., 6 percent.
- 12 5. Carpal tunnel release, 0.5 percent.
- 13 6. Carpal tunnel release with moderate paresthesias, 3
- 14 percent.
- 15 7. DeQuervain's release, 0 percent.
- 16 8. Ganglion excision, 0 percent.
- 17 9. Scaphoid graft, 3 percent.

18 8 MCAR S 1.9014 [Temporary] Musculo-skeletal schedule, fingers.

19 A. General. Permanent partial disability of fingers is a  
20 disability of the whole body as set forth in B.-C.

21 B. Ankylosis of joints.

- 22 1. Any digit, excluding the thumb.
  - 23 a. Total ankylosis of distal interphalangeal joint:
    - 24 (1) optimum position, 4 percent;
    - 25 (2) mal-position, flexed 35 degrees or more, 5
    - 26 percent.
  - 27 b. Total ankylosis of proximal interphalangeal joint:
    - 28 (1) optimum position, flexed 25 to 40 degrees, 8
    - 29 percent;
    - 30 (2) mal-position, any position other than (1) above,
    - 31 9 percent.
  - 32 c. Total ankylosis of both distal and proximal
  - 33 interphalangeal joints. If total ankylosis of distal and
  - 34 proximal interphalangeal joints occurs, calculate disability
  - 35 according to a., and then add c. (1) or (2) as appropriate:
  - 36 (1) optimum position, 1 percent;

- 1 (2) mal-position, 2 percent.
- 2 d. Total ankylosis metacarpophalangeal joint:
- 3 (1) optimum position, 35-50 degree flexion; 0.5
- 4 percent;
- 5 (2) mal-position, any position other than (1), 1
- 6 percent.
- 7 e. Total ankylosis both interphalangeal joints and
- 8 metacarpophalangeal joint, add an additional 2 percent.
- 9 2. Thumb.
- 10 a. Total ankylosis interphalangeal joint:
- 11 (1) optimum position, 0 to 15 degrees, 1 percent;
- 12 (2) mal-position, flexion greater than 15 degrees, 2
- 13 percent.
- 14 b. Total ankylosis metacarpophalangeal joint:
- 15 (1) optimum position, up to 25 degree flexion, 1
- 16 percent;
- 17 (2) mal-position, flexion greater than 25 degrees, 2
- 18 percent.
- 19 c. Total ankylosis both interphalangeal and
- 20 metacarpophalangeal joints:
- 21 (1) optimum position, 4 percent;
- 22 (2) mal-position, 5 percent.
- 23 d. Total ankylosis carpometacarpal joint alone:
- 24 (1) optimum position, 4 percent;
- 25 (2) mal-position, 8 percent.
- 26 e. Total ankylosis interphalangeal,
- 27 metacarpophalangeal, and carpometacarpophalangeal joints:
- 28 (1) optimum position, 21 percent;
- 29 (2) mal-position, 23 percent.
- 30 3. Limitation of motion, fingers and thumb:
- 31 a. mild, total closing motion tip of digit, can flex
- 32 to touch palm and thumb, and extend to 15 degrees flexion,
- 33 strength of grip normal, 3 percent;
- 34 b. moderate, total closing motion, tip of digit, lacks
- 35 1/2 inch of touching palm and can extend to 30 degrees flexion,
- 36 6 percent;

1 c. severe, total closing motion tip of digit lacks one  
2 inch of touching palm and can extend to 45 degrees flexion, 9  
3 percent;

4 d. soft tissue loss, isolated soft tissue loss of the  
5 end of digit, 20 percent of the disability to the whole body for  
6 amputation of that digit as set forth at 8 MCAR S 1.9009  
7 [Temporary] A.1.-19.

8 B. Procedures or conditions:

- 9 1. release of trigger finger or thumb, 0 percent;
- 10 2. release of Guyon's Canal, 0 percent;
- 11 3. Boutonniere repair, 3 percent;
- 12 4. extensor tendon repair, 0 percent.

13 8 MCAR S 1.9015 [Temporary] Musculo-skeletal schedule;  
14 amputations of lower extremities.

15 For permanent partial disability due to amputation of lower  
16 extremities the disability of the whole body is:

- 17 1. hemipelvectomy, 50 percent;
- 18 2. disarticulation at hip joint, 40 percent;
- 19 3. amputation above knee joint with short thigh stump, 3  
20 inch or less below tuberosity of ischium, 40 percent;
- 21 4. amputation above knee joint with functional stump, 36  
22 percent;
- 23 5. disarticulation at knee joint, 36 percent;
- 24 6. amputation below knee joint with short stump, 3 inch  
25 or less below intercondular notch, 36 percent;
- 26 7. amputation below knee joint with functional stump, 28  
27 percent;
- 28 8. amputation at ankle, Syme type, 28 percent;
- 29 9. partial amputation of foot, Chopart's type, 21 percent;
- 30 10. mid-metatarsal amputation, 14 percent;
- 31 11. amputation of all toes at metatarsophalangeal joints,  
32 8 percent;
- 33 12. amputation of great toe:
  - 34 a. with resection of metatarsal bone, 8 percent;
  - 35 b. at metatarsophalangeal joint, 5 percent;
  - 36 c. at interphalangeal joint, 4 percent;

- 1 13. amputation of lesser toe, 2nd-5th:
- 2 a. with resection of metatarsal bone, 2 percent;
- 3 b. at metatarsophalangeal joint, 1 percent;
- 4 c. at proximal interphalangeal joint, 0 percent;
- 5 d. at distal interphalangeal joint, 0 percent.
- 6 8 MCAR S 1.9016 [Temporary] Musculo-skeletal schedule; nerve
- 7 injury or motor and sensory loss, lower extremities.
- 8 A. Total loss. Total loss means that motor function is less
- 9 than anti-gravity and there is complete loss of sensation. For
- 10 loss to the lower extremities resulting from nerve injury, and
- 11 where there is total loss of function for those particular
- 12 portions of the body, the disability of the whole body is:
- 13 1. femoral, anterior crural, 13 percent;
- 14 2. femoral, anterior crural, below iliacus nerve, 11
- 15 percent;
- 16 3. genitofemoral, genito crural, 2 percent;
- 17 4. inferior gluteal, 9 percent;
- 18 5. lateral femoral cutaneous, 3 percent;
- 19 6. posterior cutaneous of thigh, 2 percent;
- 20 7. superior gluteal, 7 percent;
- 21 8. sciatic, above hamstring innervation, 31 percent;
- 22 9. common peroneal, lateral, or external popliteal, 13
- 23 percent;
- 24 10. deep peroneal, above midshin, 9 percent;
- 25 11. deep peroneal, below midshin, anterior tibial, 2
- 26 percent;
- 27 12. superficial peroneal, 5 percent;
- 28 13. tibial nerve, medial, or internal popliteal:
- 29 a. above knee, 15 percent;
- 30 b. posterior tibial, midcalf and knee, 11 percent;
- 31 c. below midcalf, 9 percent;
- 32 d. lateral plantar branch, 3 percent;
- 33 e. medial plantar branch, 3 percent;
- 34 14. sural, external saphenous, 1 percent;
- 35 15. L-4 nerve root, 11 percent;
- 36 16. L-5 nerve root, 13 percent;

1 17. S-1 nerve root, 15 percent;

2 18. Lumbosacral plexus, 40 percent.

3 B. Partial loss. Partial loss means that motor function is  
4 less than normal but greater than anti-gravity, and there is  
5 incomplete sensory loss. Partial loss is rated at 25 percent of  
6 the percentages assigned at A.1.-18.

7 8 MCAR S 1.9017 [Temporary] Musculo-skeletal schedule; joints.

8 A. General. For permanent partial disability of joints,  
9 disability of the whole body is set forth in B.-I.

10 B. Surgical or traumatic shortening of lower extremity.

11 1. 1/4 inch to 3/4 inch, 3 percent;

12 2. 3/4 to 1-1/4 inches, 4.5 percent;

13 3. 1-1/4 to 1-3/4 inches, 6 percent;

14 4. 1-3/4 inches and above, 9 percent;

15 C. Hip.

16 1. range of motion.

17 a. limitation of motion:

18 (1) mild, anterior posterior movement from 0 degree  
19 to 120 degree flexion, rotation and lateral motion, abduction,  
20 adduction free to 50 percent of normal, 6 percent;

21 (2) moderate, anterior posterior motion from 15  
22 degrees flexion deformity to 110 degrees further flexion,  
23 rotation, lateral motion, abduction, and adduction free to 25  
24 percent normal, 12 percent;

25 (3) severe, anterior posterior motion from 30  
26 degrees flexion deformity to 90 degrees further flexion, 22  
27 percent.

28 2. Procedures or conditions:

29 a. nonunion proximal femur fracture without  
30 reconstruction, 33 percent;

31 b. arthroplasty, able to stand at work and walk,  
32 motion 25 percent to 50 percent of normal, 18 percent;

33 c. total hip arthroplasty, normal result, 13 percent;

34 d. femoral endoprosthesis:

35 (1) minimal pain, near normal range of motion, able  
36 to walk unsupported, 15 percent;

1 (2) mild to moderate pain with weight bearing,  
2 motion 50 percent of normal, 20 percent;

3 e. hip pinning for fracture.

4 (1) minimal pain, near normal range of motion, able  
5 to walk unsupported, 5 percent;

6 (2) mild to moderate pain, motion 50 percent of  
7 normal, 10 percent.

8 D. Femur:

9 1. shaft fracture, closed, healed, 0 percent;

10 2. femoral shaft fracture, open reduction, loss of less  
11 than 20 degrees of movement of any one plane of either the hip  
12 or the knee, no malalignment, 2 percent.

13 E. Knee:

14 1. Range of motion.

15 a. ankylosis and limited motion, total ankylosis  
16 optimum position, 15 degrees flexion, 22 percent;

17 b. limitation of motion:

18 (1) mild, 0 degrees to at least 110 degrees flexion,  
19 2 percent;

20 (2) moderate, 5 degrees to at least 80 degrees  
21 flexion, 7 percent;

22 (3) severe, 5 degrees to at least 60 degrees  
23 flexion, 15 percent;

24 (4) extremely severe, limited from 15 degrees  
25 flexion deformity with further flexion to 90 degree, 18 percent.

26 2. Procedures or conditions:

27 a. surgical removal of medial or lateral semilunar  
28 cartilage, no complications, 3 percent;

29 b. surgical removal both cartilages, 9 percent;

30 c. ruptured cruciate ligament, repaired or unrepaired:

31 (1) mild laxity, 3 percent;

32 (2) moderate laxity, 7 percent;

33 (3) severe laxity, 10 percent;

34 d. excision of patella, 9 percent;

35 e. plateau fracture, depressed bone elevated,  
36 semilunar excised, 9 percent;

- 1 f. plateau fracture, undisplaced, 2 percent;
- 2 g. supracondylar or intercondylar fracture, displaced,  
3 7 percent;
- 4 h. supracondylar or intercondylar fracture,  
5 undisplaced, 2 percent;
- 6 i. patella fracture, open reduction or partial  
7 patellectomy, displaced, 5 percent;
- 8 j. patella fracture, open reduction or partial  
9 patellectomy, undisplaced, 2 percent;
- 10 k. arthroscopy, 0 percent;
- 11 l. repair collateral ligament, mild laxity, 2 percent;
- 12 m. repair collateral ligament, moderate laxity, 4  
13 percent;
- 14 n. repair patellar dislocation, 5 percent;
- 15 o. total knee arthroplasty, flexion to 90 degrees,  
16 extension to 0 degrees, 13 percent;
- 17 p. total knee unicondylar, 7 percent;
- 18 q. lateral retinacular release, 1 percent;
- 19 n. r. proximal tibial osteotomy, flexion to 90  
20 degrees, extension to 0 degrees, 5 percent.

21 F. Tibia:

- 22 1. tibial shaft fracture, undisplaced, healed, normal  
23 motion and alignment, 0 percent;
- 24 2. tibial shaft fracture, open reduction, loss of less  
25 than 20 degrees of movement in any one plane in either the knee  
26 or the ankle with full knee extension, no malalignment, 5  
27 percent.

28 G. Ankle and foot.

29 1. Range of motion:

- 30 a. total ankylosis ankle and foot, pantalar  
31 arthrodesis:

32 (1) in 10 degrees plantar flexion, 15 percent;

33 (2) mal-position 30 degrees plantar flexion, 20  
34 percent;

- 35 b. ankylosis of foot, subtalar or triple arthrodesis  
36 tarsal bones, ankle, normal motion, 7.5 percent;

- 1 (1) decreased motion, subtalar joint, 3.5 percent;
- 2 (2) ankylosis in mal-position, 8 percent;
- 3 c. ankylosis of tibia and talus, subtalar joints free,
- 4 optimum position 15 degrees plantar flexion, 12 percent;
- 5 d. limitation of motion in the ankle:
- 6 (1) mild, motion limited from position of 90 degrees
- 7 right angle to 20 degrees plantar flexion, 3 percent;
- 8 (2) moderate, motion limited from position of 10
- 9 degrees flexion to 20 degrees plantar flexion, 6 percent;
- 10 (3) severe, motion limited from position of 20
- 11 degrees plantar flexion to 30 degrees plantar flexion, 12
- 12 percent.
- 13 2. Procedures or conditions:
- 14 a. achilles tendon rupture with treatment surgically
- 15 or nonsurgically, able to stand on toes, 2 percent;
- 16 b. achilles tendon rupture with treatment surgically
- 17 or nonsurgically, unable to sustain body weight on toes, 4
- 18 percent;
- 19 c. open reduction ankle:
- 20 (1) normal range of motion:
- 21 (a) medial malleolus only, 2 percent;
- 22 (b) lateral malleolus only, 2 percent;
- 23 (2) mild restriction on range of motion:
- 24 (a) medial and lateral malleolus, 4 percent;
- 25 (b) trimalleolar, 4 percent;
- 26 d. ankle, lateral ligament reconstruction, mild
- 27 laxity, normal range of motion, 2 percent.
- 28 H. Foot.
- 29 1. Range of motion:
- 30 a. ankylosis of tarsal metatarsal or mild tarsal
- 31 joints:
- 32 (1) normal position, 2.5 percent;
- 33 (2) mal-position, 5 percent;
- 34 b. limited motion in the foot:
- 35 (1) mild, limited motion with mild pain with weight
- 36 bearing, no change in activities, 2.5 percent;



1 (2) moderate, limitation of motion with pain with  
 2 weight bearing, no reduction in athletic or vigorous activities,  
 3 5 percent;

4 (3) severe, limitation of motion with pain with  
 5 weight bearing, sedentary activities not affected, 10 percent;

6 2. Procedures or conditions:

7 a. calcaneal fracture, extra articular, pain with  
 8 weight bearing, 6 percent;

9 b. calcaneal fracture, intra articular:

10 (1) mild limitation of motion as in 1.b.(1), 6  
 11 percent;

12 (2) moderate limitation of motion as in 1.b.(2), 12  
 13 percent;

14 (3) severe limitation of motion as in 1.b.(3), 18  
 15 percent;

16 c. avascular necrosis talus:

17 (1) mild limitation of motion as in 1.b.(1), 6  
 18 percent;

19 (2) moderate limitation of motion as in 1.b.(2), 12  
 20 percent;

21 (3) severe limitation of motion as in 1.b.(3), 18  
 22 percent;

23 d. tarsal fractures, healed, mild pain, 3 percent;

24 e. metatarsal fractures, healed, 0 percent;

25 f. phalangeal fractures, healed, 0 percent.

26 I. Toes.

27 1. complete ankylosis of metatarsophalangeal joint, any  
 28 toe, 3 percent;

29 2. complete ankylosis any toe, interphalangeal joint,  
 30 optimum position semi-flexion, 1 percent.

31 8 MCAR S 1.9018 [Temporary] Respiratory system.

32 A. Evaluation procedures. The procedures used in evaluating  
 33 permanent partial disability of the respiratory system shall  
 34 include the following:

35 1. complete history and physical examination with special  
 36 reference to cardiopulmonary symptoms and signs;

1 2. chest roentgenography (posteroanterior in full  
2 inspiration, posteroanterior in full expiration timed, three  
3 seconds, lateral);

4 3. hematocrit or hemoglobin determination;

5 4. electrocardiogram;

6 5. performance of the following tests of ventilation:

7 a. one second forced expiratory volume (FEV1),  
8 expressed as a percentage of the normal values set forth in the  
9 A.M.A. Guides, pages 69 and 71;

10 b. forced vital capacity (FVC), expressed as a  
11 percentage of the normal values set forth in the A.M.A. Guides,  
12 pages 70 and 72.

13 6. diffusing capacity studies must be performed when  
14 complaints of dyspnea continue unabated in spite of forced  
15 spirometric measurement results above the cut-off limits.

16 B. Measurement of respiratory loss of function. Table 1  
17 shall be used to calculate the percentage of disability of the  
18 whole body due to permanent partial disability of the  
19 respiratory system.

20 TABLE 1

	Forced Spirometry Measurements	Diffusing Capacity*	Percent Disa- bility of Whole Body
Symptoms  When dyspnea occurs, is consistent with the circumstances of activity.	Not less than 85 percent of normal	Not Applicable	0
Dyspnea does not occur at	70 to 85 percent of normal	Not Applicable	15

1 rest and seldom  
 2 occurs during  
 3 the performance  
 4 of the usual  
 5 activities of  
 6 daily living.

8	Dyspnea does	50 to 70 percent	Usually	30
9	not occur at	of normal	Not	
10	rest but does		Applicable	
11	occur during			
12	the usual			
13	activities of			
14	daily living.			

16	Dyspnea occurs	25 to 50 percent	40 percent	60
17	during	of normal	or less of	
18	activities such		normal	
19	as climbing			
20	one flight of			
21	stairs or			
22	walking one			
23	block on the			
24	level.			

26	Confined to	Less than 25 percent	20 percent	85
27	bed and	of normal	or less of	
28	oxygen		normal	
29	dependent.			

31 \* The diffusing capacity studies must be performed when  
 32 complaints of dyspnea continue unabated in spite of forced  
 33 spirometric measurement results above the cut-off limits set  
 34 forth in Table 1.

35 C. Asthma. Asthma which is not medically controllable and  
 36 which requires at least six hospitalizations in 12 months, 25

1 percent.

2 8 MCAR S 1.9019 [Temporary] Organic heart disease.

3 A. General. For permanent partial disability due to organic  
4 heart disease, the disability of the whole body is set forth in

5 B.

6 B. Heart ratings. The following ratings may be applied only  
7 after a compilation of a patient's complete history and a  
8 physical examination. Testing must include chest X-ray and  
9 electrocardiogram. The testing may include echocardiography,  
10 exercise testing, and radionuclide studies.

11 The following table sets forth symptoms of organic heart  
12 disease. The percentage of disability of the whole body is  
13 determined by the symptoms present.

14 Organic Heart Disease Schedule

15 Percentage  
16 Disability  
17 of Whole

18 Body 10 percent 30 percent 60 percent 85 percent

19  
20 Organic Present Present Present Present  
21 Heart  
22 Disease

23  
24 Symptoms Not present Not present Not present Present at  
25 at rest at rest rest

26  
27 Level of No symptoms No symptoms Symptoms from Worsening  
28 activity from usual from usual a one or more of symptoms  
29 causing activities activities block walk or with any  
30 symptoms of daily of daily from climbing activity  
31 living, living stairs.  
32 including Symptoms also  
33 such from  
34 activities activities  
35 as stair- of daily  
36 or hill- living

1		climbing,			
2		and walking			
3					
4	Level	No symptoms	Symptoms	Symptoms	May be
5	of	from	from hill-	from	present
6	unusual	walking	or stair-	emotional	at rest
7	activity	quickly,	climbing,	stress,	or may
8	causing	recreation,	walking	walking	awaken
9	symptoms	hill- or	quickly,	quickly,	patient
10		stair-	arm-work,	and similar	
11		climbing,	or	activities	
12		arm-work,	recreation		
13		and similar			
14		activities			
15					
16	Signs of	No	No	Relieved by	Not usually
17	heart			therapy	relieved by
18	failure				therapy
19					
20	Signs of	No	With	With mild	Rest or
21	symptoms		prolonged	exertion	nocturnal
22	of		or severe		symptoms
23	angina		exertion		

24 8 MCAR S 1.9020 [Temporary] Vascular disease affecting the  
 25 extremities.

26 The following schedule shall be used to determine the  
 27 percentage of disability of the whole body for permanent partial  
 28 disability due to vascular disease. Permanent partial  
 29 disability from vascular disease affecting the extremities must  
 30 be rated according to the following classifications. The system  
 31 shall be used only after a complete history and physical  
 32 examination. The full evaluation shall include imaging  
 33 examination (X-ray with and without contrast, computer axial  
 34 tomography scanning, sonography, radionuclide studies) volume  
 35 studies, or flow studies.

36 Vascular Disease Schedule

1	Percentage					
2	of disability					
3	of whole					
4	body	0 percent	10 percent	30 percent	60 percent	90 percent
5						
6	Inter-	No	Approx.	Approx.	Less than	Constant
7	mittant		one city	1/4 city	1/4 city	pain
8	claudi-		block	block	block	
9	cation					
10	distance					
11						
12	Pain at	No	No	No	Sometimes	Constant
13	rest					
14						
15	Physical	None	Healed,	Healed	Amputa-	Amputa-
16	signs of	No	painless	stump	tion	tion
17	diagnosis	ulcer-	stump,	but persis-	above	above
18		ation	or	tent	wrist or	wrist or
19			healed	signs of	ankle	ankle
20			ulcer	activity,	with con-	in more
21				or persis-	tinued	than one
22				tent	sign of	limb, or
23				super-	disease,	wide,
24				ficial	or wide-	deep ul-
25				ulcer	spread	ceration
26					deep	of more
27					ulcer	than one
28						limb
29						
30	Edema	Rare and	Persis-	Very	Marked	Marked
31		transi-	tent,	severe	and	and
32		ent	incom-	and only	uncon-	uncon-
33			pletely	partially	trollable	trollable
34			con-	con-		
35			trolled	trolled		

36 8 MCAR S 1.9021 [Temporary] Gastrointestinal tract.

1 A. General. The following schedule is for the evaluation of  
2 permanent partial disability of the gastrointestinal tract. The  
3 evaluation must include a thorough history and physical  
4 examination. Additional studies, such as radiographic,  
5 metabolic, absorptive, endoscopic, and biopsy may be necessary  
6 to determine the functioning of these organs. Disability shall  
7 not be determined until after completion of all medically  
8 accepted diagnostic and therapeutic efforts. The percentages  
9 indicated in this schedule are the disability of the whole body  
10 for the corresponding class.

11 For evaluative purposes, the digestive tract has been  
12 divided into (1) the esophagus, stomach, duodenum, small  
13 intestine, and pancreas, (2) the colon and rectum, (3) the anus,  
14 and (4) the liver and biliary tract.

15 B. Upper digestive tract (esophagus, stomach, duodenum,  
16 small intestine, and pancreas).

17 1. Class 1, 2 percent.

18 a. Symptoms or signs of upper digestive tract disease  
19 are present or there is anatomic loss or alteration; continuous  
20 treatment is not required; and weight can be maintained at the  
21 desirable level; or

22 b. There are no complications after surgical  
23 procedures.

24 2. Class 2, 15 percent. Symptoms and signs of organic  
25 upper digestive tract disease are present or there is anatomic  
26 loss or alteration; dietary restriction and drugs are required  
27 for control of symptoms, signs, or nutritional deficiency; and  
28 loss of weight below the desirable weight does not exceed 10  
29 percent.

30 3. Class 3, 35 percent.

31 a. Symptoms and signs of organic upper digestive tract  
32 disease are present or there is anatomic loss or alteration; and  
33 dietary restrictions and drugs do not completely control  
34 symptoms, signs, or nutritional state; or

35 b. There is 10 to 20 percent loss of weight below the  
36 desirable weight and the weight loss is ascribable to a disorder

1 of the upper digestive tract.

2 4. Class 4, 65 percent.

3 a. Symptoms and signs of organic upper digestive tract  
4 disease are present or there is anatomic loss or alteration; and  
5 symptoms are not controlled by treatment; or

6 b. There is greater than a 20 percent loss of weight  
7 below the desirable weight and the weight loss is ascribable to  
8 a disorder of the upper digestive tract.

9 C. Colon and rectum.

10 1. Class 1, 2 percent:

11 a. signs and symptoms of colonic or rectal disease are  
12 infrequent;

13 b. limitation of activities, special diet, or  
14 medication is not required; no systemic manifestations are  
15 present and weight and nutritional state can be maintained at a  
16 desirable level; or

17 c. there are no complications after surgical  
18 procedures.

19 2. Class 2, 15 percent. There is objective evidence of  
20 colonic or rectal disease or anatomic loss or alteration. There  
21 are mild gastrointestinal symptoms with intermittent disturbance  
22 of bowel function, accompanied by periodic or continual pain.  
23 Minimal restriction of diet or mild symptomatic therapy may be  
24 necessary. No impairment of nutrition results.

25 3. Class 3, 30 percent. There is objective evidence of  
26 colonic or rectal disease or anatomic loss or alteration; there  
27 are moderate to severe exacerbations with disturbance of bowel  
28 habit, accompanied by periodic or continual pain; restriction of  
29 activity, special diet and drugs are required during attacks;  
30 and there are constitutional manifestations such as fever,  
31 anemia, or weight loss.

32 4. Class 4, 50 percent. There is objective evidence of  
33 colonic and rectal disease or anatomic loss or alteration; there  
34 are persistent disturbances of bowel function present at rest  
35 with severe persistent pain; complete limitation of activity,  
36 continued restriction of diet, and medication do not entirely



1 control the symptoms; there are constitutional manifestations  
2 such as fever, weight loss, or anemia present; and there is no  
3 prolonged remission.

4 D. Anus.

5 1. Class 1, 2 percent. Signs of organic anal disease are  
6 present or there is anatomic loss or alteration; or there is  
7 mild incontinence involving gas or liquid stool; or anal  
8 symptoms are mild, intermittent, and controlled by treatment.

9 2. Class 2, 12 percent. Signs of organic anal disease  
10 are present or there is anatomic loss or alteration; and  
11 moderate but partial fecal incontinence is present requiring  
12 continual treatment; or continual anal symptoms are present and  
13 incompletely controlled by treatment.

14 3. Class 3, 22 percent.

15 a. Signs of organic anal diseases are present and  
16 there is anatomic loss or alteration; and complete fecal  
17 incontinence is present; or

18 b. Signs of organic anal disease are present and  
19 severe anal symptoms are unresponsive or not amenable to therapy.

20 E. Liver and biliary tract.

21 1. Class 1, 5 percent.

22 a. There is objective evidence of persistent liver  
23 disease even though no symptoms of liver disease are present;  
24 and no history of ascites, jaundice, or bleeding esophageal  
25 varices within five years; nutrition and strength are normal;  
26 and biochemical studies indicate minimal disturbance of the  
27 liver function; or

28 b. Primary disorders of bilirubin metabolism are  
29 present.

30 2. Class 2, 20 percent. There is objective evidence of  
31 chronic liver disease even though no symptoms of liver disease  
32 are present; and no history of ascites, jaundice, or bleeding  
33 esophageal varices within five years; nutrition and strength are  
34 normal; and biochemical studies indicate more severe liver  
35 damage than Class 1.

36 3. Class 3, 40 percent. There is objective evidence of

1 progressive chronic liver disease, or history of jaundice,  
2 ascites, or bleeding esophageal or gastric varices within the  
3 past year; nutrition and strength may be affected; and there is  
4 intermittent ammonia and meat intoxication.

5 4. Class 4, 75 percent. There is objective evidence of  
6 progressive chronic liver disease, or persistent ascites or  
7 persistent jaundice or bleeding esophageal or gastric varices,  
8 with central nervous system manifestations or hepatic  
9 insufficiency; and nutrition state is below normal.

10 F. Biliary tract.

11 1. Class 1, 5 percent. There is an occasional episode of  
12 biliary tract dysfunction.

13 2. Class 2, 20 percent. There is recurrent biliary tract  
14 impairment irrespective of treatment.

15 3. Class 3, 40 percent. There is irreparable obstruction  
16 of the bile tract with recurrent cholangitis.

17 4. Class 4, 75 percent. There is persistent jaundice and  
18 progressive liver disease due to obstruction of the common bile  
19 duct.

20 8 MCAR S 1.9022 [Temporary] Reproductive and urinary tract  
21 schedule.

22 A. General. This rule sets forth the percentage of  
23 disability of the whole body for permanent partial disability of  
24 the reproductive and urinary systems. The percentages indicated  
25 in this schedule are the disability of the whole body for the  
26 corresponding class.

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

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

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

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

9           a. kidney function tests, such as arterial blood  
10 gases and determinations of other chemistries that would reflect  
11 the metabolic effects of decreased kidney function;

12           b. special examinations such as cystoscopy, voiding  
13 cystograms, cystometrograms; and

14           c. a description of the anatomy of the reproduction  
15 or urinary system.

16       C. Upper urinary tract.

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

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

26           3. Class 2, 22 percent. Diminution of the upper urinary  
27 tract function as evidenced by a creatinine clearance of 40 to  
28 50 percent of age and sex adjusted normal values, no other  
29 underlying disease.

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

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

36       D. Bladder.

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

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

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

10          4. Class 4, 30 percent. Continuous dribbling.

11       E. Urethra.

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

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

17       F. Penis.

18          1. Class 1, 10 percent. Impaired sexual function but  
19 vaginal penetration is possible.

20          2. Class 2, 20 percent. Impaired sexual function and  
21 vaginal penetration is not possible.

22       G. Testes, epididymides, and spermatic cords

23          1. Class 1, 5 percent.

24           a. Symptoms and signs of testicular, epididymal, or  
25 spermatic cord disease are present and there is anatomic  
26 alteration; and

27           b. Continuous treatment is not required; and

28           c. There are no abnormalities of seminal or hormonal  
29 functions; or

30           d. Solitary teste is present.

31          2. Class 2, 10 percent.

32           a. Symptoms and signs of testicular, epididymal or  
33 spermatic cord disease are present and there is anatomic  
34 alteration; and

35           b. Frequent or continuous treatment is required; and

36           c. There are detectable seminal or hormonal

1 abnormalities.

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

5       H. Prostate and seminal vesicles.

6           1. Class 1, 5 percent.

7               a. there are symptoms and signs of prostatic or  
8 seminal vesicular dysfunction or disease;

9               b. anatomic alteration is present; and

10              c. continuous treatment is not required.

11          2. Class 2, 10 percent.

12              a. frequent severe symptoms and signs of prostatic or  
13 seminal vesicular dysfunction or disease are present; and

14              b. anatomic alteration is present; and

15              c. continuous treatment is required.

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

18       I. Vulva and vagina.

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

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

23       J. Cervix and uterus.

24           1. Class 1, 5 percent.

25               a. Symptoms and signs of disease or deformity of the  
26 cervix or uterus are present which do not require continuous  
27 treatment; or

28               b. Cervical stenosis, if present, requires no  
29 treatment; or

30               c. There is anatomic loss of the cervix or uterus in  
31 the postmenopausal years.

32          2. Class 2, 10 percent.

33              a. Symptoms and signs of disease or deformity of the  
34 cervix or uterus are present which require continuous treatment;  
35 or

36              b. Cervical stenosis, if present, requires periodic

1 treatment.

2 3. Class 3, 20 percent.

3 a. Symptoms and signs of disease or deformity of the  
4 cervix or uterus are present which are not controlled by  
5 treatment; or

6 b. Cervical stenosis is complete; or

7 c. Anatomic or complete functional loss of the cervix  
8 or uterus occurs in premenopausal years.

9 K. Fallopian tubes and ovaries.

10 1. Class 1, 5 percent.

11 a. Symptoms and signs of disease or deformity of the  
12 fallopian tubes or ovaries are present which do not require  
13 continuous treatment; or

14 b. Only one fallopian tube or ovary is functioning in  
15 the premenopausal years.

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

20 3. Class 3, 20 percent.

21 a. Symptoms and signs of disease or deformity of the  
22 fallopian tubes or ovaries are present and there is total loss  
23 of tubal patency or total failure to produce ova in the  
24 premenopausal years; or

25 b. Bilateral loss of the fallopian tubes or ovaries  
26 occurs in the premenopausal years.

27 8 MCAR S 1.9023 [Temporary] Skin disorders.

28 Permanent partial disability resulting from skin disorders  
29 are a disability of the whole body as set forth in this rule.  
30 This schedule is based upon the effect of the disorder on the  
31 ability to function and perform activities of daily living and  
32 the degree of treatment required for the disorder. The schedule  
33 is not based upon the location or the percentage of the body  
34 affected by a specific skin disorder. Impairment due to burns  
35 shall be rated under 8 MCAR S 1.9024 and not under this schedule.

36 1. Class 1, 2 percent. Signs or symptoms of skin

1 disorder are present and supported by objective skin findings.  
2 With treatment there is no or minimal limitation in the  
3 performance of the activities of daily living, although certain  
4 physical or chemical agents might temporarily increase the  
5 extent of limitation.

6       2. Class 2, 10 percent. Signs and symptoms of skin  
7 disorder are present and intermittent treatment is required.  
8 There is limitation in the performance of some of the activities  
9 of daily living.

10       3. Class 3, 20 percent. Signs and symptoms of skin  
11 disorder are present. Continuous treatment is required. There  
12 is limitation in the performance of many of the activities of  
13 daily living.

14       4. Class 4, 45 percent. Signs and symptoms of skin  
15 disorder are present. Continuous treatment is required which  
16 may include periodic confinement at home or other domicile.  
17 There is limitation in the performance of many of the activities  
18 of daily living.

19       5. Class 5, 70 percent. Signs and symptoms of skin  
20 disorder are present. Continuous treatment is required which  
21 necessitates confinement at home or other domicile. There is  
22 severe limitation in the performance of nearly all of the  
23 activities of daily living.

24 8 MCAR S 1.9024 [Temporary] Burns.

25       A. General. The whole body disability due to burns is not  
26 equal to the percent of body surface area which is burned. The  
27 percentage of body surface area affected must be determined  
28 according to Lund and Browder. The ratings determined under  
29 A.-D. must be combined as set forth at Minnesota Statutes,  
30 section 176.105, subdivision 4, clause (c), provided that the  
31 maximum disability to the whole body under this schedule must  
32 not exceed 70 percent. Loss of motion or body parts except the  
33 face must be rated under the musculoskeletal schedules and must  
34 not be considered as included in a rating under this rule unless  
35 specifically provided otherwise.

36       B. Burns other than electrical conduction. A rating under

1 this section is the ratings assigned by the following paragraphs  
2 combined as provided in Minnesota Statutes, section 176.105,  
3 subdivision 4, clause (c):

4 1. Any burn that heals within one month and leaves no  
5 hypertrophic scar, 0 percent.

6 2. Cold intolerance of the hands, face, or head as  
7 evidenced by the wearing of heavy gloves or additional scarves  
8 at 35 degrees Fahrenheit, 10 percent.

9 3. Heat intolerance is evidenced by fatigue, malaise,  
10 nausea, and an oral temperature of at least 100 degrees  
11 Fahrenheit upon exposure to an environmental temperature of 90  
12 degrees Fahrenheit at 60 percent relative humidity, 5 percent.

13 4. Sensitivity to sun exposure as evidenced by the need  
14 to cover the skin or use sun screen to prevent sunburn, 10  
15 percent.

16 5. Sensitivity to dust, chemical, or petroleum exposure;  
17 altered sweating; or apocrine gland dysfunction. For one or any  
18 combination of these conditions, the whole body disability is:

19 a. If the sensitivity affects less than 5 percent of  
20 the body surface area, 0 percent.

21 b. If the sensitivity affects 5 to 20 percent of the  
22 body surface area, 2 percent.

23 c. If the sensitivity affects 20 percent or more of  
24 the body surface area, 3 percent.

25 6. Sensory loss due to burns:

26 a. Loss of sensation on palmar surface of hands shall  
27 be rated as provided by 8 MCAR S 1.9009 C.

28 b. Sensory loss in less than 5 percent of the body  
29 surface area, 0 percent.

30 c. Sensory loss in 5 to 20 percent of the body surface  
31 area, 2 percent.

32 d. Sensory loss in more than 20 percent of the body  
33 surface area, 5 percent.

34 C. Electrical conduction injuries.

35 1. Associated sensory loss and concomitant thermal  
36 injuries must be rated as provided in A.



1           2. Peripheral nerve deficits must be rated as provided in  
2 the musculoskeletal schedule.

3           The ratings under 1. and 2. must be combined in the manner  
4 set forth at Minnesota Statutes, section 176.105, subdivision 4,  
5 clause (c).

6           D. Cosmetic disfigurement. This section applies to  
7 disfigurement on the face, the head, the neck, or the hands due  
8 to burns. Where there is surgery, this rating is done after  
9 correction by plastic surgery. The final rating under this  
10 schedule shall not be done until hypertrophic scarring is  
11 matured or more than 24 months after the injury. The ratings  
12 under the paragraphs of this section must be combined in the  
13 manner set forth at Minnesota Statutes, section 176.105,  
14 subdivision 4, clause (c).

15           1. Face. The face is the anterior head from the  
16 forehead, to and including the chin.

17           a. Loss of facial features:

18                   (1) Deformity of nasal tip or deformity, thinning,  
19 or eversion of ala nasi, 5 percent.

20                   (2) Loss of more than 50 percent of nasal cartilage  
21 or of both ala nasi, 25 percent.

22           b. Eyes:

23                   (1) Loss of one eyebrow, 2.5 percent.

24                   (2) Loss of two eyebrows, 5 percent.

25                   (3) Ectropion unaccompanied by visual impairment:

26                           (a) Lower lid pulled from eye when mouth is  
27 opened and neck extended, 5 percent.

28                           (b) Lower lid pulled away with no movement of  
29 face or neck, 10 percent.

30                           (c) Cornea unprotected when sleeping, 15 percent.

31                   (4) Epiphora unaccompanied by visual impairment, 10  
32 percent.

33           c. Mouth. A rating under this paragraph is the  
34 arithmetic sum of (1)-(4).

35                   (1) Noncongenital microstomia or distortion  
36 affecting eating and dental hygiene, 10 percent.

1 (2) Eversion of the upper lip, 7.5 percent.

2 (3) Eversion of the lower lip, 7.5 percent.

3 (4) Distortion of vermillion border, 10 percent.

4 d. Ear. Loss of 75 percent or more of one external  
5 ear, 5 percent.

6 e. Hypertrophic scarring of face in areas other than  
7 those covered in a.-d.:

8 (1) Affecting only forehead above the eyebrows, 10  
9 percent.

10 (2) Affecting the lower face from eyebrows to chin,  
11 25 percent.

12 (3) Affecting both the forehead above the eyebrows  
13 and the lower face from the eyebrows to chin, 35 percent.

14 f. Wrinkling of face in areas other than those covered  
15 in a.-e., one-third of percentages in e.

16 2. Head, Alopecia:

17 a. Anterior hairline:

18 (1) Loss of less than 20 percent of hair on anterior  
19 hairline, 0 percent.

20 (2) Loss of 20 to 50 percent of hair on anterior  
21 hairline, 2 percent.

22 (3) Loss of more than 50 percent of hair on anterior  
23 hairline, 3 percent.

24 b. Elsewhere on head and not affecting anterior  
25 hairline:

26 (1) Loss of 0 to 15 percent of hair, 0 percent.

27 (2) Loss of 15 to 30 percent of hair, 1 percent.

28 (3) Loss of 20 to 50 percent of hair, 2 percent.

29 (4) Loss of more than 50 percent of hair, 3 percent.

30 The ratings under a. and b. must be combined as set forth  
31 in Minnesota Statutes, section 176.105, subdivision 4, clause  
32 (c).

33 3. Anterior neck. The anterior neck extends from the ear  
34 lobule anteriorly to the ear lobule and downward to mid  
35 clavicle. Disfigurement on the posterior neck from the ear  
36 lobule posteriorly to the ear lobule shall not be rated under

1 this rule. Ratings under a. and b. shall be combined as set  
2 forth in Minnesota Statutes, section 176.105, subdivision 4,  
3 clause (c).

4 a. Hypertrophic scarring or banding:

5 (1) Affecting less than 10 percent of the anterior  
6 neck, 0 percent.

7 (2) Affecting 10 to 30 percent of the anterior neck,  
8 10 percent.

9 (3) Affecting 30 to 50 percent of the anterior neck,  
10 12 percent.

11 (4) Affecting more than 50 percent of the anterior  
12 neck, 15 percent.

13 b. Chin shelf. The chin shelf is the area from the  
14 chin backwards to the neck.

15 (1) Chin shelf extends less than 2 inches, 3 percent.

16 (2) Chin shelf extends less than 1 inch, 10 percent.

17 4. Hands. The hand extends from the carpus outward. Loss  
18 of body parts and loss of motion are rated in the  
19 musculoskeletal schedule.

20 a. Hypertrophic scarring affecting less than 30  
21 percent of dorsum of one hand, 0 percent.

22 b. Hypertrophic scarring affecting 30 to 50 percent of  
23 dorsum of one hand, 3 percent.

24 c. Hypertrophic scarring affecting 50 percent or more  
25 of dorsum of one hand, 7 percent.

26 8 MCAR S 1.9025 [Temporary] Pre-existing impairments.

27 Where a disability is subject to apportionment under  
28 Minnesota Statutes, section 176.101, subdivision 4a, the rating  
29 for the disabled condition under a category of the schedules of  
30 these rules must be reduced as provided in this rule. As used  
31 in this rule, the term disabled condition includes the  
32 pre-existing disability.

33 A. This section applies where the pre-existing disability  
34 has not been rated and neither B. nor C. is applicable.

35 1. The pre-existing disability must be rated under a  
36 category of the schedules of these rules.

1           2. The whole body disability rating assigned to the  
2 disabled condition of the member by the schedules of these rules  
3 must be reduced by the rating assigned to the pre-existing  
4 disability of the member in 1.

5           3. For example, the medical report establishes a  
6 pre-existing impairment of amputation of the index finger at the  
7 metacarpophalangeal joint. This injury is a 13.5 percent  
8 pre-existing disability to the body as a whole under 8 MCAR S  
9 1.9008 [Temporary] A.12.a. The disabled condition is amputation  
10 of all fingers except the thumb at the metacarpophalangeal  
11 joint, a 32.5 percent disability under 8 MCAR S 1.9008 A.10.  
12 32.5 percent less 13.5 percent gives the disability (adjusted  
13 for the pre-existing impairment) of 19 percent. Payment is made  
14 for the 19 percent disability at the rate appropriate for a 32.5  
15 percent disability. Thus, if economic recovery benefits are  
16 paid, 19 percent is multiplied by 680 weeks; for impairment  
17 benefits, 19 percent is multiplied by \$85,000.

18       B. This section applies where the pre-existing disability of  
19 a member has been rated in another proceeding or state and the  
20 rating represents a percentage of disability to the whole body.  
21 The rating of the disabled condition under a category of these  
22 schedules shall be reduced by the rating assigned to the  
23 pre-existing disability of the member.

24       C. This section applies where the injury producing the  
25 pre-existing disability occurred prior to January 1, 1984, and  
26 the pre-existing disability has been rated under Minnesota  
27 Statutes, section 176.101, subdivision 3; or where Minnesota  
28 Statutes, chapter 176 is inapplicable and the rating represents  
29 a percentage of disability of a member.

30           1. From Table 1, determine the maximum whole body  
31 disability assignable to the pre-existing disability. Use Table  
32 2 where disability to an internal organ is rated as a percentage  
33 of disability to the particular organ rather than a percentage  
34 of disability to internal organs. Where the pre-existing  
35 disability is not listed in Table 1 or Table 2, the maximum  
36 whole body disability is the maximum disability assigned to the

1 affected member by the schedules of 8 MCAR SS 1.9001-1.9024  
 2 [Temporary].

3 TABLE 1

4		5 Maximum Whole Body
6	Member	Disability (Percent)
7		
8	Thumb	16
9	Index finger	11
10	Middle finger	9
11	Ring finger	4
12	Little finger	2
13	Great toe	5
14	Lesser toe	1
15	Hand	54
16	Hand and wrist	54
17	Arm	60
18	Foot	21
19	Foot and ankle	28
20	Leg	40
21	Eye	24
22	Eyes (both)	85
23	Hearing loss (both ears)	35
24	Back	71
25	Voice	70
26	Burns and skin impairments,	
27	including disfigurement	70
28	Internal organs,	
29	excluding brain	85
30	Brain	100
31	Head	20

33 TABLE 2

34		35 Maximum Whole Body
36	Member	Disability (Percent)

1		
2	Stomach	65
3	Pancreas	65
4	Colon	50
5	Spleen	0
6	Bladder	30
7	Sexual organs or function	20
8	Circulatory system	90
9	Heart	85
10	Lungs	85
11	Liver	75
12	Solitary kidney	10
13	Kidney, excluding	
14	solitary kidney	77

15           2. Multiply the prior rating of the member's pre-existing  
16 disability by the maximum whole body disability determined in 1.  
17 Where a disputed rating has been closed out to a stipulated  
18 rating but payments were made on a different rating, the rating  
19 for purposes of this rule is the closed-out rating.

20           3. Subtract the percentage amount determined in 2. from  
21 the whole body disability rating assigned to the disabled  
22 condition of the member by the schedules of these rules. The  
23 remainder is the amount due for the disabled condition after  
24 apportionment for the pre-existing disability.

25           4. For example, a pre-1984 back injury was rated at 25  
26 percent of the back. The whole body disability attributable to  
27 this injury is 25 percent by 71 percent equals 17.75 percent.  
28 After 1984, a second back injury is rated at 24.5 percent under  
29 these rules (24.5 percent minus 17.75 percent equals 6.75  
30 percent). Six and three-fourths (6.75) percent is the amount  
31 assigned to the disabled condition after apportionment.

32           D. Where the pre-existing disability and the subsequent  
33 permanent partial disability affect more than one member,  
34 apportionment must be determined as follows:

35           1. For each member, determine the percentage of whole  
36 body disability under A.-C., as appropriate.

1           2. Combine the percentages obtained in 1. in the manner  
2 set forth in Minnesota Statutes, section 176.105, subdivision 4,  
3 clause (c). Prior to the next application of the formula, the  
4 result of an application of the formula must be stated as a  
5 decimal, not as a percentage, that is rounded up or down to four  
6 decimal places.

7

8 Effective Date. Rules 8 MCAR SS 1.9001-1.9025 [Temporary] are  
9 effective January 1, 1984.