

1 Department of Labor and Industry

2

3 Adopted Rules Governing Workers' Compensation Permanent Partial
4 Disability Schedules

5

6 Rules as Adopted

7 5223.0010 WORKERS' COMPENSATION PERMANENT PARTIAL DISABILITY
8 SCHEDULES.

9 Subpart 1. Purpose of schedules. Minnesota Statutes,
10 section 176.105, subdivision 4, requires the commissioner of
11 labor and industry to adopt rules assigning specific percentages
12 of disability of the whole body for specific permanent partial
13 disabilities. This chapter assigns percentages of disability of
14 the whole body for permanent partial disabilities.

15 Subp. 2. Interpretation of schedules. Only the categories
16 in the schedules in this chapter may be used when rating the
17 extent of a disability. Where a category represents the
18 disabling condition, the disability determination shall not be
19 based on the cumulation of lesser included categories. If more
20 than one category may apply to a condition, the category most
21 closely representing the condition shall be selected. Where
22 more than one category is necessary to represent the disabling
23 condition, categories shall be selected to avoid double
24 compensation for any part of a condition. The percentages of
25 disability to the whole body as set forth in two or more
26 categories shall not be averaged, prorated, or otherwise
27 deviated from, unless specifically provided in the schedule.
28 Unless provided otherwise, where an impairment must be rated
29 under more than one category, the ratings must be combined using
30 the A + B (1-A) formula as provided in Minnesota Statutes,
31 section 176.105, subdivision 4, paragraph (c). With respect to
32 the musculo-skeletal schedule, the percent of whole body
33 disability for motor or sensory loss of a member shall not
34 exceed the percent of whole body disability for amputation of
35 that member.

36 Subp. 3. Disabilities not part of schedules. A category

1 not found within this chapter shall not be used to determine
2 permanent partial disability.

3 Subp. 4. Rules of construction. The technical terms in
4 this chapter are defined in either part 5223.0020, or by the
5 documents incorporated by reference in this chapter. Documents
6 are incorporated by reference only to the extent necessary for
7 definition or to the extent specifically referenced in a
8 schedule. The documents incorporated by reference are not
9 subject to frequent change, although new editions occasionally
10 may be published. These documents are common medical references
11 and are conveniently available to the public as noted in items A
12 to K. These documents are as follows:

13 A. Guides to the Evaluation of Permanent Impairment,
14 published by the American Medical Association, Committee on
15 Rating of Mental and Physical Impairment, second edition 1984.
16 This document is also known as the A.M.A. Guides. Available at
17 the University of Minnesota, Biomedical Library.

18 B. Snellen Charts, published by American Medical
19 Association Committee for Eye Injuries and designated Industrial
20 Vision Test Charts. These charts are also known and referred to
21 as A.M.A. charts. Available at the Minnesota State Law Library.

22 C. American Medical Association Rating Reading Card
23 of 1932, published by the American Medical Association Committee
24 for Eye Injuries. This document is also known as the A.M.A.
25 Card. Available at the Minnesota State Law Library.

26 D. S3.1-1977 Criteria for Permissible Ambient Noise
27 during Audiometric Testing and S3.6-1969 (R1973) Specification
28 for Audiometers, published by the American National Standard
29 Institutes, Inc. in 1973 and 1977, respectively. Available at
30 the Minnesota State Law Library.

31 E. Metropolitan Life Insurance Company Height and
32 Weight Tables, published by the Metropolitan Life Insurance
33 Company, 1983. Available at the Minnesota State Law Library.

34 F. The Revised Kenny Self-Care Evaluation: A
35 Numerical Measure of Independence in Activities of Daily Living,
36 published by Sister Kenny Institute, 1973. Available at the

1 Minnesota State Law Library.

2 G. Dorland's Illustrated Medical Dictionary, 26th
3 edition, published by W.B. Saunders Company, 1981. This
4 document is also known as Dorland's. Available at the
5 University of Minnesota Biomedical Library.

6 H. D.S.M. III, Diagnostic and Statistical Manual of
7 Mental Disorders, published by American Psychiatric Association,
8 1980. This document is also known as D.S.M. III. Available at
9 the University of Minnesota Biomedical Library.

10 I. Fractures, Charles A. Rockwood and David Green,
11 published by Lippencott, 1975. Available at the University of
12 Minnesota Biomedical Library.

13 J. Textbook on Anatomy, William Henry Hollinshead,
14 published by Harper & Row, 1985. Available at the University of
15 Minnesota Biomedical library.

16 K. "The Estimation of Areas of Burns," in Surgery,
17 Gynecology and Obstetrics, by Lund and Browder, pages 352-358,
18 volume 79, published by Surgical Publishing Company of Chicago,
19 1944. This document is referred to as Lund and Browder.
20 Available at the Minnesota State Law Library.

21 Subp. 5. Severability. If any provision of this chapter
22 is held to conflict with a governing statute, applicable
23 provisions of the Minnesota Administrative Procedure Act, or
24 other relevant law; to exceed the statutory authority conferred;
25 to lack a reasonable relationship to statutory purposes or to be
26 unconstitutional, arbitrary, or unreasonable; or to be invalid
27 for any other reason; the validity and enforceability of the
28 remaining provisions of the rule shall in no manner be affected.

29 5223.0020 DEFINITIONS.

30 Subpart 1. Scope. For the purpose of this chapter the
31 terms defined in this part have the meanings given them unless
32 the context clearly indicates otherwise. Terms not defined in
33 this part are defined in Dorland's or other documents
34 incorporated by reference. If the definition in a document
35 incorporated by reference conflicts with or differs from the
36 definition in this chapter, the specific definitions in this

1 chapter shall govern.

2 Subp. 2. Acromio-clavicular grade 1. "Acromio-clavicular
3 grade 1" means an undisplaced acromio-clavicular joint.

4 Subp. 3. Acromio-clavicular grade 2. "Acromio-clavicular
5 grade 2" means a 50 percent displacement of the clavicle in
6 relationship to the acromion at the acromio-clavicular joint.

7 Subp. 4. Acromio-clavicular grade 3. "Acromio-clavicular
8 grade 3" means a completely disrupted acromio-clavicular joint.

9 Subp. 5. Activities of daily living. "Activities of daily
10 living" means the ability to perform self cares, to perform
11 housework and related tasks, to ride in or operate a motor
12 vehicle, and to perform vocational tasks not requiring physical
13 labor.

14 Subp. 6. Ankylosis. "Ankylosis" means the stiffening or
15 fixation of a joint.

16 Subp. 7. ANSI. "ANSI" means the American National
17 Standards Institute.

18 Subp. 8. Banding. "Banding" means a thick, rope-like cord
19 of hypertrophic scarring resulting from burns.

20 Subp. 9. Category. "Category" means a permanent partial
21 disability as described in this chapter and the corresponding
22 percent of disability to the whole body for that permanent
23 partial disability.

24 Subp. 10. Chronic. "Chronic" means the repeated or
25 continuous occurrence of a specific condition or symptom.

26 Subp. 11. Demonstrable degenerative
27 changes. "Demonstrable degenerative changes" means radiographic
28 findings demonstrating the presence of degeneration of
29 intervertebral disc or facet joints. Examples of demonstrable
30 degenerative changes are disc space narrowing, small
31 osteophytes, and facet joint hypertrophic changes.

32 Subp. 12. Desirable level of weight. "Desirable level of
33 weight" means preferred weights in the tables created by the
34 Metropolitan Life Insurance Company.

35 Subp. 13. Disarticulation. "Disarticulation" means an
36 amputation occurring through a joint.

1 Subp. 14. Distance vision. "Distance vision" means the
2 ability to distinguish letters at a distance of 20 feet
3 according to the Snellen and A.M.A. Charts.

4 Subp. 15. Family member. "Family member" means
5 cohabitants and is not limited to those related by blood or
6 marriage. In cases of institutionalization or similar nonhome
7 environment, family member may include staff members who care
8 for the individual on a regular basis.

9 Subp. 16. Fore-quarter. "Fore-quarter" means the
10 amputation of the upper extremity involving the scapula,
11 clavicle, and muscles that attach to the chest.

12 Subp. 17. Fusion. "Fusion" means the surgical uniting of
13 one vertebral segment to an adjoining vertebral segment.

14 Subp. 18. Gastrostomy. "Gastrostomy" means a surgical
15 creation of a gastric fistula through the abdominal wall for the
16 purpose of introducing food into the stomach.

17 Subp. 19. Glossopharyngeal. "Glossopharyngeal" means the
18 ninth cranial nerve with sensory fibers to the tongue and
19 pharynx. It affects taste and swallowing.

20 Subp. 20. Gross motor weakness. "Gross motor weakness"
21 means total or partial loss as described in part 5223.0160.

22 Subp. 21. Hypertrophic scar. "Hypertrophic scar" means an
23 elevated irregularly shaped mass of scar tissue.

24 Subp. 22. Hypoglossal. "Hypoglossal" means the motor
25 nerve to the tongue. It is the 12th cranial nerve and carries
26 impulses from the brain to the tongue, including movement of
27 muscles and secretion of glands and motor movement.

28 Subp. 23. Kenny scale. "Kenny scale" means the Kenny
29 self-care evaluation system in The Revised Kenny Self-Care
30 Evaluation: A Numerical Measure of Independence of Activities
31 of Daily Living.

32 Subp. 24. Laminectomy. "Laminectomy" means the removal of
33 part or all of the lamina of one vertebral segment, usually with
34 associated disc excision.

35 Subp. 25. Lethargy. "Lethargy" means, in relation to a
36 nervous system injury to the brain, that an individual is

1 drowsy, but can be aroused.

2 Subp. 26. Moderate referred shoulder and arm
3 pain. "Moderate referred shoulder and arm pain" means pain of
4 an intensity necessitating decreased activity in order to avoid
5 the pain. This pain is demonstrated in a dermatomal
6 distribution into the shoulder and upper extremity.

7 Subp. 27. Moderate partial dislocation. "Moderate partial
8 dislocation" means a loss of normal vertebral alignment of up to
9 50 percent of the vertebral body on the adjacent vertebral body
10 associated with vertebral fractures.

11 Subp. 28. Near vision. "Near vision" means clearness of
12 vision at the distance of 14 inches.

13 Subp. 29. Nonpreferred extremity. "Nonpreferred extremity"
14 means the arm or leg not used dominantly, as for example, the
15 left hand of a right-handed writer.

16 Subp. 30. Objective clinical findings. "Objective
17 clinical findings" as used in part 5223.0070 means examination
18 results which are reproducible and consistent. Examples of
19 objective clinical findings are involuntary muscle spasms,
20 consistent postural abnormalities, and changes in deep tendon
21 reflexes.

22 Subp. 31. Postural abnormality. "Postural abnormality"
23 means a deviation from normal posture, as found on
24 anterior/posterior or lateral X-rays, that involves the spine
25 and pelvis or segments of the spine or pelvis, such as kyphosis,
26 lordosis, or scoliosis.

27 Subp. 32. Preferred extremity. "Preferred extremity"
28 means the dominant leg or arm, as for example, the right arm of
29 a right-handed person.

30 Subp. 33. Presbycusis. "Presbycusis" means a decline in
31 hearing acuity that occurs with the aging process.

32 Subp. 34. Pseudophakia. "Pseudophakia" means that the
33 crystalline lens of the eye has been replaced with a surgically
34 implanted lens.

35 Subp. 35. Self cares. "Self cares" means bed activities,
36 transfers, locomotion, dressing, personal hygiene, bowel and

1 bladder, and feeding as described in The Revised Kenny Self-Care
2 Evaluation: A Numerical Measure of Independence in Activities
3 of Daily Living, pages 10-24.

4 Subp. 36. Spinal stenosis. "Spinal stenosis" means the
5 narrowing of the spinal canal.

6 Subp. 37. Spondylolisthesis. "Spondylolisthesis" means
7 the forward movement of one vertebral body of one of the lower
8 lumbar vertebrae on the vertebrae below it or upon the sacrum.

9 Subp. 38. Spondylolisthesis grade 1. "Spondylolisthesis
10 grade 1" means forward movement from zero to 25 percent of the
11 vertebral body.

12 Subp. 39. Spondylolisthesis grade 2. "Spondylolisthesis
13 grade 2" means forward movement from 25 to 50 percent of the
14 vertebral body.

15 Subp. 40. Spondylolisthesis grade 3. "Spondylolisthesis
16 grade 3" means movement from 50 to 75 percent of the vertebral
17 body.

18 Subp. 41. Spondylolisthesis grade 4. "Spondylolisthesis
19 grade 4" means forward movement from 75 to 100 percent of the
20 vertebral body.

21 Subp. 42. Stupor. "Stupor" means, in relation to a
22 nervous system injury to the brain, that a strong stimulus or
23 pain is needed to arouse consciousness or response.

24 Subp. 43. Tinnitus. "Tinnitus" means a subjective sense
25 of noises in the head or ringing in the ear for which there is
26 no observable external cause.

27 Subp. 44. Trigeminal. "Trigeminal" means the mixed nerve
28 with sensory fibers to the face, cornea, anterior scalp, nasal
29 and oral cavities, tongue and supertentorial dura matter. It
30 also has motor fibers to the muscles of mastication. It is the
31 fifth cranial nerve.

32 Subp. 45. Vertigo. "Vertigo" means a sensation of moving
33 around in space or having objects move about the person. It is
34 the result of a disturbance of the equilibratory apparatus.

35 Subp. 46. Vestibular. "Vestibular" means the main
36 division of the auditory nerve. It is the eighth cranial nerve

1 and deals with equilibrium.

2 Subp. 47. Wrinkling. "Wrinkling" means small ridges on
3 the skin formed by shrinking or contraction as a result of burns.

4 Subp. 48. 14/14. "14/14" is a term used in the
5 measurement of near vision. It is the clearness of vision at a
6 distance of 14 inches. The numerator is the test distance in
7 inches. The denominator is the distance at which the smallest
8 letter on the A.M.A. card can be seen.

9 Subp. 49. 20/20 Snellen or A.M.A. Chart. "20/20 Snellen
10 or A.M.A. Chart" refers to a chart imprinted with block letters
11 or numbers in gradually decreasing sizes, identified according
12 to distances at which they are ordinarily visible. It is used
13 in testing visual acuity. The numerator is the test distance in
14 feet. The denominator is the distance at which the smallest
15 letter discriminated by a patient would subtend five minutes of
16 arc.

17 5223.0030 EYE SCHEDULE.

18 Subpart 1. Complete loss of vision. For complete loss of
19 vision in both eyes, disability of the whole body is 85
20 percent. For complete loss of vision in one eye, disability of
21 the whole body is 24 percent. In determining the degree of
22 vision impairment and of whole body disability, subparts 2 to 6
23 shall be used.

24 Subp. 2. Examination. Disability shall not be determined
25 until all medically acceptable attempts to correct the defect
26 have been made. Prior to the final examination on which
27 disability is to be determined, at least six months shall elapse
28 after all visible inflammation has disappeared. In cases of
29 disturbance of extrinsic ocular muscles, optic nerve atrophy,
30 injury of the retina, sympathetic ophthalmia, and traumatic
31 cataract, at least 12 months shall elapse before the final
32 examination is made. Testing shall be conducted with corrective
33 lenses applied, unless indicated otherwise in this part.

34 Subp. 3. Maximum and minimum limits of primary coordinate
35 factors of vision. The primary coordinate factors of vision are
36 central visual acuity, visual field efficiency, and ocular

1 motility.

2 A. The maximum limit for each coordinate function is
3 established in subitems (1) to (3):

4 (1) The maximum limit of central visual acuity is
5 the ability to recognize letters or characters which subtend an
6 angle of five minutes, each unit part of which subtends a
7 one-minute angle at the distance viewed. A 20/20 Snellen or
8 A.M.A. chart is 100 percent (maximum) central visual acuity for
9 distance vision. 14/14 A.M.A. card is 100 percent (maximum)
10 central visual acuity for near vision.

11 (2) The maximum visual field is defined as 500
12 degrees. It is the sum of the degrees in the eight principal
13 meridians from the point of fixation to the outermost limits of
14 visual perception and defines the area in which a three
15 millimeter white target is visible at 33 centimeters. One
16 hundred percent visual field efficiency is that visual field
17 which extends from the point of fixation outward 85 degrees,
18- down 65 degrees, down and in 50 degrees, inward 60 degrees, in
19 and up 55 degrees, upward 45 degrees, and up and out 55 degrees.

20 (3) Maximum ocular motility is present if there
21 is absence of diplopia in all parts of the field of binocular
22 fixation, and if normal binocular motor coordination is present.

23 B. The minimum limit for each coordinate function is
24 established in subitems (1) to (3):

25 (1) The minimum limit of central visual acuity is:

26 (a) for distance vision, 20/800 Snellen or
27 A.M.A. chart; and

28 (b) for near vision, 14/560 A.M.A. card.

29 (2) The minimum limit for field vision is
30 established as a concentric central contraction of the visual
31 field to five degrees. Five degrees of contraction of the
32 visual field reduces the visual efficiency of the eye to zero.

33 (3) The minimum limit for ocular motility is
34 established by the presence of diplopia in all parts of the
35 field of binocular fixation or by absence of binocular motor
36 coordination. The minimum limit is 50 percent ocular motility

1 efficiency.

2 Subp. 4. Measurement of coordinate factors of vision and
3 computation of partial loss.

4 A. Central visual acuity shall be measured both for
5 distance vision and for near vision, each eye being measured
6 separately, both with and without correction. A Snellen or
7 A.M.A. chart shall be used for distance vision and an A.M.A.
8 card shall be used for near vision. Illumination shall be at
9 least five footcandles.

10 (1) Table 1 shows the percentage of visual
11 efficiency corresponding to the notations for distance vision and
12 for near vision. For test readings between those listed on the
13 chart, round up from the midpoint to the nearest reading, and
14 round down from below the midpoint.

15 Where distance vision is less than 20/200 and the A.M.A.
16 chart is used, readings are at ten feet. The test reading is
17 translated to the corresponding distance reading in Table 1 by
18 multiplying both the numerator and the denominator of the test
19 reading by two.

20 TABLE 1
21 Central Visual Acuity

22	23 A.M.A. Chart	24 A.M.A.	25 Percentage of
26	27 or Snellen	28 Card	29 Central
30	31 Reading for	32 Reading	33 Visual Acuity
34	35 Distance	36 for Near	Efficiency
28	20/20	14/14	100.00
29	20/25	14/17.5	95.7
30	20/25.7	95.0
32	20/30	14/21	91.5
33	20/32.1	90.0
34	20/35	14/24.5	87.5
36	20/38.4	85.0

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1	20/40	14/28	83.6
2	20/44.9	14/31.5	80.0
3			
4	20/50	14/35	76.5
5			
6	20/52.1	75.0
7	20/60	14/42	69.9
8			
9	20/60.2	.....	70.0
10	20/68.2	.....	65.0
11	20/70	14/49	64.0
12			
13	20/77.5	.....	60.0
14	20/80	14/56	58.5
15	20/86.8	.....	55.0
16			
17	20/90	14/63	53.4
18	20/97.5	.....	50.0
19	20/100	14/70	48.9
20			
21	20/109.4	.....	45.0
22	20/120	14/84	40.9
23	.....	14/89	38.4
24			
25	20/122.5	.....	40.0
26	20/137.3	.....	35.0
27	20/140	14/98	34.2
28			
29	20/155	.....	30.0
30	20/160	14/112	28.6
31	20/175	25.0
32			
33	20/180	14/126	23.9
34	20/200	14/140	20.0
35	20/220	14/154	16.7
36			

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1	20/240	14/168	14.0
2			
3	14/178	12.3
4	20/260	14/182	11.7
5			
6	20/280	14/196	9.7
7	20/300	14/210	8.2
8	20/320	14/224	6.8
9	20/340	14/238	5.7
10	20/360	14/252	4.8
11	20/380	14/266	4.0
12			
13	20/400	14/280	3.3
14	20/450	14/315	2.1
15	20/500	14/350	1.4
16			
17	20/600	14/420	0.6
18	20/700	14/490	0.3
19	20/800	14/560	0.1

20 (2) The percentage of central visual acuity
 21 efficiency of the eye for distance vision is that percentage in
 22 Table 1 which corresponds to the test reading for distance
 23 vision for that eye.

24 (3) The percentage of central visual acuity
 25 efficiency of the eye for near vision is that percentage in
 26 Table 1 which corresponds to the test reading for near vision
 27 for that eye.

28 (4) The percentage of central visual acuity
 29 efficiency of the eye in question is determined as follows:

30 (a) Multiply by two the value determined for
 31 corrected near vision in subitem (3).

32 (b) Add the product obtained in unit (a) to
 33 the value determined for corrected distance vision in subitem
 34 (2).

35 (c) Divide the sum obtained in unit (b) by
 36 three.

1 The following is an example of this calculation. If the
2 central visual acuity efficiency for distance is 70 percent, and
3 that for near is 25 percent, the percentage of central visual
4 acuity efficiency for the eye is:

$$5 \quad 70\% + (2 \times 25)$$

$$6 \quad \frac{\quad}{3} = 40\% \text{ central visual acuity efficiency}$$

$$7$$

8 (5) For traumatic aphakia, the corrected central
9 visual acuity efficiency of the eye is 50 percent of the central
10 visual acuity efficiency determined in subitem (4). This
11 subitem shall not apply if an adjustment for glasses or contact
12 lenses pursuant to subpart 5, item B, subitem (2) or (3) results
13 in a lower visual efficiency than would be given by application
14 of this subitem.

15 (6) For traumatic pseudophakia, the corrected
16 central visual acuity efficiency of the eye is 80 percent of the
17 central visual acuity efficiency determined in subitem (4).
18 This subitem shall not apply if an adjustment for glasses or
19 contact lenses pursuant to subpart 5, item B, subitem (2) or (3)
20 results in a lower visual efficiency than would be given by
21 application of this subitem.

22 B. For each eye, the extent of the field of vision
23 shall be determined by perimetric test methods. A three
24 millimeter white disk which subtends a 0.5-degree angle under
25 illumination of not less than seven footcandles shall be used.
26 For aphakia, a six millimeter white disk shall be used. The
27 result shall be plotted on the visual field chart as illustrated
28 in the A.M.A. Guides, page 144.

29 (1) The amount of radial contraction in the eight
30 principal meridians shall be determined. The sum of the degrees
31 of field vision remaining on these meridians, divided by 500, is
32 the visual field efficiency of one eye, expressed as a
33 percentage. If the eye has a concentric central contraction of
34 the field to a diameter of five degrees, the visual efficiency
35 is zero.

36 (2) When the impairment of field is irregular and
37 not fairly disclosed by the eight radii, the determination shall

1 be based on a number of radii greater than eight and the divisor
2 in subitem (1) shall be changed accordingly.

3 (3) Where there is a loss of a quadrant or a
4 half-field, the degrees of field vision remaining in each
5 meridian are added to one-half the sum of the two boundary
6 meridians.

7 C. Ocular motility shall be measured in all parts of
8 the motor field with any useful correction applied.

9 (1) All directions of gaze shall be tested with
10 use of a test light and without the addition of colored lenses
11 or correcting prisms. The extent of diplopia is determined on
12 the perimeter at 330 millimeters or on a tangent screen at a
13 distance of one meter from the eye.

14 (2) Plot the test results on a motility chart as
15 illustrated in the A.M.A. Guides, page 147.

16 (3) Determine the percentage loss of ocular
17 motility from the motility chart. This percentage is assigned
18 to the injured eye or, if both eyes are injured, to the eye with
19 the greatest impairment of central visual acuity and field
20 vision. The eye with the greatest impairment means the eye for
21 which the product of central visual acuity efficiency and visual
22 field efficiency is the least. For the purpose of calculation,
23 a value of zero percent is deemed to be one percent. For the
24 other eye, the percentage loss of ocular motility is zero.

25 (4) The percentage loss of ocular motility is
26 subtracted from 100 percent to obtain the ocular motility
27 efficiency. The minimum ocular motility efficiency of one eye
28 is 50 percent.

29 Subp. 5. Visual efficiency. The visual efficiency of one
30 eye is the product of the efficiency values of central visual
31 acuity, of visual field, and of ocular motility. For the
32 purpose of this calculation, these values shall be expressed as
33 decimals and not as percentages; a value of zero percent is
34 deemed to be one percent.

35 A. For example, if central visual acuity efficiency
36 is 50 percent, visual field efficiency is 80 percent, and ocular

1 motility efficiency is 100 percent, the visual efficiency of the
2 eye is .50 times .80 times 1.00, equals 40 percent. If ocular
3 motility efficiency is changed to 50 percent, the visual
4 efficiency is .50 times .80 times .50, equals 20 percent.

5 B. Visual efficiency shall be adjusted as set in this
6 item. Visual efficiency may not be less than zero percent. No
7 adjustment for glasses or contacts shall be made in cases of
8 aphakia or pseudophakia where the central visual efficiency was
9 adjusted pursuant to subpart 4, item A, subitem (5) or (6).

10 (1) Visual efficiency shall be decreased by
11 subtracting two percent for any of the following conditions
12 which are present due to the injury: loss of color vision; loss
13 of adaptation to light and dark; metamorphosis; entropion or
14 ectropion uncorrected by surgery; lagophthalmos; epiphora; and
15 muscle disturbances such as ocular ticks not included under
16 diplopia.

17 (2) If glasses are required as a result of the
18 injury, or if as a result of the injury the refractive error
19 increases by at least one diopeter of sphere or of cylinder or
20 of both, subtract five percent from the visual efficiency.
21 Where the glasses contain prisms, subtract six percent.

22 (3) If a noncosmetic contact lens is required in
23 one or both eyes as a result of the injury, subtract seven
24 percent from the visual efficiency.

25 Subp. 6. Procedure for determining whole body disability
26 due to vision loss. For each eye, subtract the percentage of
27 visual efficiency determined in subpart 5 from 100 percent. The
28 difference is the percentage impairment of each eye. The better
29 eye has the lower percentage impairment. The poorer eye has the
30 greater percentage impairment.

31 A. Multiply the percentage impairment of the better
32 eye by three.

33 B. Add the percentage impairment of the poorer eye to
34 the product obtained in item A.

35 C. Divide the sum obtained in item B by four.

36 D. The quotient obtained in item C is the percentage

1 impairment of the visual system. Fractions shall be rounded to
 2 the nearest whole number percentage as provided in subpart 4,
 3 item A, subitem (1).

4 E. The percentage impairment of the visual system is
 5 translated to the percentage disability of the whole body by
 6 Table 2.

7 Table 2
 8 Eye Schedule

9	10 Impairment	11 Disability	12	13 Impairment	14 Disability
15	16 of Visual	17 of Whole	18	19 of Visual	20 of Whole
21	22 System, %	23 Man, %	24	25 System, %	26 Man, %
27	0	0	27	45	42
28	1	1	28	46	43
29	2	2	29	47	44
30	3	3	30	48	45
31	4	4	31	49	46
32	5	5	32	50	47
33	6	6	33	51	48
34	7	7	34	52	49
35	8	8	35	53	50
36	9	8	36	54	51
37	10	9	37	55	52
38	11	10	38	56	53
39	12	11	39	57	54
40	13	12	40	58	55
41	14	13	41	59	56
42	15	14	42	60	57
43	16	15	43	61	58
44	17	16	44	62	59
45	18	17	45	63	59
46	19	18	46	64	60
47	20	19	47	65	61
48	21	20	48	66	62
49	22	21	49	67	63
50	23	22	50	68	64
51	24	23	51	69	65
52	25	24	52	70	66
53	26	25	53	71	67
54	27	25	54	72	68
55	28	26	55	73	69
56	29	27	56	74	70
57	30	28	57	75	71
58	31	29	58	76	72
59	32	30	59	77	73
60	33	31	60	78	74
61	34	32	61	79	75
62	35	33	62	80	76
63	36	34	63	81	76
64	37	35	64	82	77
65	38	36	65	83	78
66	39	37	66	84	79
67	40	38	67	85	80
68	41	39	68	86	81
69	42	40	69	87	82
70	43	41	70	88	83
71	44	42	71	89	84
72			72	90 - 100	85

59 5223.0040 EAR SCHEDULE.

60 Subpart 1. General. For hearing loss, the maximum

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1 disability of the whole body is 35 percent. The procedures in
2 subparts 2 to 7 shall be used to determine the extent of
3 binaural hearing loss and of whole body disability.

4 Subp. 2. Medical diagnosis. Otological evaluation shall
5 be the method for determining the degree of permanent partial
6 hearing loss. The medical diagnosis shall include the following:

7 A. A complete history of occupational, military, and
8 recreational noise exposure. This medical history shall include
9 documentation of any previous hearing loss, if that information
10 is available.

11 B. A complete physical examination of the ear.

12 C. An audiological evaluation which shall include
13 pure tone air conduction and bone conduction testing.

14 Subp. 3. Standards for audiometric calibration and test
15 environment. To ensure accurate measurement of hearing loss,
16 the following standards shall be observed in conducting the
17 tests required in subpart 2:

18 A. The audiometer used to measure hearing loss shall
19 be calibrated to meet the specifications of ANSI S3.6-1969
20 (R1973), Specifications for Audiometers. The following are also
21 required:

22 (1) biological or electroacoustical calibration
23 checks of the audiometer shall be performed monthly;

24 (2) electroacoustical calibration shall be
25 performed annually to certify the audiometer to the ANSI
26 standard in this item; and

27 (3) the calibration records shall be preserved
28 and shall be provided upon request.

29 B. Audiometric test rooms or booths shall meet the
30 specifications of ANSI S3.1-1977, Criteria for Permissible
31 Ambient Noise during Audiometric Testing.

32 Subp. 4. Waiting period for final evaluation of hearing
33 loss. A waiting period of at least three months shall elapse
34 between the date of the occurrence of the noise injury and the
35 final evaluation of the permanent partial hearing loss.

36 Subp. 5. Procedure for determining disability of whole

1 body due to hearing loss. The binaural hearing loss is
2 determined as follows:

3 A. The calculation for the percent of binaural
4 hearing loss consists of the following steps:

5 (1) For each ear, test the hearing threshold
6 levels at the four frequencies of 500, 1,000, 2,000, and 3,000
7 Hertz.

8 (2) For each ear, determine the average
9 four-frequency hearing level. The average four-frequency
10 hearing level is one-fourth of the sum of the threshold levels
11 at each of the four tested frequencies. The average
12 four-frequency hearing level is expressed in decibels.

13 (3) For each ear, subtract 25 decibels from the
14 average four-frequency hearing level for that ear. The
15 remainder, expressed in decibels, is the adjusted average
16 four-frequency hearing level.

17 (4) For each ear, multiply the adjusted average
18 four-frequency hearing level by 1.5 percent. The product is the
19 monaural hearing loss, expressed as a percentage. A product
20 less than zero percent is deemed to be zero. A product greater
21 than 100 percent is deemed to be 100 percent.

22 (5) Considering both ears, compare the monaural
23 hearing losses as determined in subitem (4). The ear with the
24 smaller monaural hearing loss is the better ear. The ear with
25 the larger monaural hearing loss is the poorer ear.

26 (6) Multiply the monaural hearing loss of the
27 better ear by five, add this product to the monaural hearing
28 loss of the poorer ear, and divide the sum by six. The quotient
29 is the binaural hearing loss, expressed as a percentage. The
30 formula is:

$$\begin{array}{l}
 31 \\
 32 \quad \text{(monaural hearing} \quad \text{(monaural hearing} \quad \text{percent binaural} \\
 33 \quad 5 \times \text{loss of better ear)} + \text{loss of poorer ear)} = \text{hearing loss} \\
 34 \\
 35 \quad \underline{\hspace{15em}} \\
 \hspace{15em} 6
 \end{array}$$

36 B. The calculation of the percent of binaural hearing
37 loss is illustrated by the following examples.

38 Example 1

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

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

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

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

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

c. Calculation of monaural hearing loss:

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

d. Calculation of binaural hearing loss:

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

Example 2

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

a. Calculation of average four-frequency hearing level.

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

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

$$\begin{aligned} \text{Right ear} &= 25 \text{ decibels} - 25 \text{ decibels} = 0 \text{ decibels} \\ \text{Left ear} &= 55 \text{ decibels} - 25 \text{ decibels} = 30 \text{ decibels} \end{aligned}$$

c. Calculation of monaural hearing loss:

$$\begin{aligned} \text{Right ear} &= 0 \times 1.5 \text{ percent} = 0 \\ \text{Left ear} &= 30 \times 1.5 \text{ percent} = 45 \text{ percent} \end{aligned}$$

d. Calculation of binaural hearing loss:

$$\frac{(0\% \times 5) + 45\%}{6} = 7.5 \text{ percent binaural hearing loss}$$

1 C. The binaural hearing loss is translated to a
2 percentage of disability of the whole body by the ear schedule
3 set forth below:

4 EAR SCHEDULE

	Binaural Hearing Loss, Percent	Disability of Whole Body Percent
5		
6		
7		
8		
9	0 - 1.7	0
10	1.8 - 4.2	1
11	4.3 - 7.4	2
12	7.5 - 9.9	3
13	10.0 - 13.1	4
14		
15	13.2 - 15.9	5
16	16.0 - 18.8	6
17	18.9 - 21.4	7
18	21.5 - 24.5	8
19	24.6 - 27.1	9
20		
21	27.2 - 30.0	10
22	30.1 - 32.8	11
23	32.9 - 35.9	12
24	36.0 - 38.5	13
25	38.6 - 41.7	14
26		
27	41.8 - 44.2	15
28	44.3 - 47.4	16
29	47.5 - 49.9	17
30	50.0 - 53.1	18
31	53.2 - 55.7	19
32		
33	55.8 - 58.8	20
34	58.9 - 61.4	21
35	61.5 - 64.5	22
36	64.6 - 67.1	23
37	67.2 - 70.0	24
38		
39	70.1 - 72.8	25
40	72.9 - 75.9	26
41	76.0 - 78.5	27
42	78.6 - 81.7	28
43	81.8 - 84.2	29
44		
45	84.3 - 87.4	30
46	87.5 - 89.9	31
47	90.0 - 93.1	32
48	93.2 - 95.7	33
49	95.8 - 98.8	34
50		
51	98.9 - 100.0	35

52 Subp. 6. Presbycusis. The calculation of the binaural
53 hearing loss shall not include an additional adjustment for
54 presbycusis.

55 Subp. 7. Tinnitus. No additional percentage of permanent
56 partial disability for hearing loss shall be allowed for
57 tinnitus.

58 5223.0050 SKULL DEFECTS.

59 Subpart 1. Skull depressions. For skull defects the

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1 percent of disability of the whole body is provided by the
2 following schedule:

	Unfilled defect	Filled defect
	Percent	Percent
3 0 - 1-1/2 square inches	0	0
4 1-1/2 - 2-1/2 square inches	5	0
5 2-1/2 - 4 square inches	10	2
6 4 - 6-1/2 square inches	15	3
7 6-1/2 or more square inches	20	5

8 Subp. 2. Skull fractures. Skull fractures are:

9 A. Basilar skull fracture with persistent spinal
10 fluid leak, 20 percent.

11 B. Basilar skull fracture without cerebrospinal fluid
12 leak, 0 percent.

13 5223.0060 CENTRAL NERVOUS SYSTEM.

14 Subpart 1. General. For permanent partial disability of
15 the central nervous system the percentage of disability of the
16 whole body is as provided in subparts 2 to 9.

17 Subp. 2. Trigeminal nerve. Permanent partial disability
18 of the trigeminal nerve is a disability of the whole body as
19 follows:

- 20 A. partial unilateral sensory loss, 3 percent;
- 21 B. complete unilateral sensory loss, 5 percent;
- 22 C. partial bilateral sensory loss, 10 percent;
- 23 D. complete bilateral sensory loss, 25 percent;
- 24 E. intractable trigeminal neuralgia, 20 percent;
- 25 F. atypical facial pain, 5 percent;
- 26 G. partial unilateral motor loss, 2 percent;
- 27 H. complete unilateral motor loss, 5 percent;
- 28 I. partial bilateral motor loss, 10 percent; or
- 29 J. complete bilateral motor loss, 30 percent.

30 Subp. 3. Facial nerve. Permanent partial disability of
31 the facial nerve is a disability of the whole body as follows:

- 32 A. total loss of taste, 3 percent;
- 33 B. partial unilateral motor loss, 25 to 75 percent of
34 function lost, 3 percent;

1 C. unilateral motor loss, more than 75 percent of
2 function lost, 10 percent;

3 D. partial bilateral motor loss, 25 to 75 percent of
4 function lost, 10 percent; or

5 E. bilateral motor loss, more than 75 percent of
6 function lost, 20 percent.

7 Subp. 4. Vestibular loss with vertigo or disequilibrium.
8 Vestibular loss with vertigo or disequilibrium is a disability
9 of the whole body as follows:

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

14 B. a score of 16 to 28 on the Kenny scale, and
15 ambulation impaired due to equilibrium disturbance, 30 percent;

16 C. a score of 10 to 16 on the Kenny scale, 40
17 percent; or

18 D. a score of 0 to 10 on the Kenny scale, 70 percent.

19 Subp. 5. Glossopharyngeal, vagus and spinal accessory
20 nerves. Permanent partial disability to glossopharyngeal, vagus
21 and spinal accessory nerves is a disability of the whole body as
22 follows:

23 A. Swallowing impairment caused by disability to any
24 one or more of these nerves:

25 (1) diet restricted to semi-solids, 10 percent;

26 (2) diet restricted to liquids, 25 percent; or

27 (3) diet by tube feeding or gastrostomy, 50
28 percent.

29 B. Mechanical disturbances of articulation due to
30 disability to any one or more of these nerves:

31 (1) 95 percent or more of words are understood by
32 those who are not family members and others outside the
33 immediate family, but speech is distorted, 5 percent;

34 (2) 95 percent or more of words are understood by
35 family members, but speech is distorted and not easily
36 understood by those who are not family members, 10 percent;

1 (3) 75 percent or more of words are understood by
2 family members, but speech is distorted, 15 percent;

3 (4) more than 50 percent of words are understood
4 by family members, 20 percent;

5 (5) less than 50 percent of words are understood
6 by family members, 25 percent; or

7 (6) 10 percent or less of words are understood by
8 family members, 30 percent.

9 Subp. 6. Hypoglossal nerve. Permanent partial disability
10 of hypoglossal nerve is a disability of the whole body as
11 follows:

12 A. Bilateral paralysis; swallowing impairment:

13 (1) diet restricted to semi-solids, 10 percent;

14 (2) diet restricted to liquids, 25 percent; and

15 (3) diet by tube feeding or gastrostomy, 50
16 percent.

17 B. Mechanical disturbances of articulation:

18 (1) 95 percent or more of words are understood by
19 family members and others outside the immediate family, but
20 speech is distorted, 5 percent;

21 (2) 95 percent or more of words are understood by
22 family members, but speech is distorted and not easily
23 understood by nonfamily members, 10 percent;

24 (3) 75 percent or more of words are understood by
25 family members, but speech is distorted, 15 percent;

26 (4) more than 50 percent of words are understood
27 by family members, 20 percent;

28 (5) less than 50 percent of words are understood
29 by family members, 25 percent; or

30 (6) 10 percent or less of words are understood by
31 family members, 30 percent.

32 Subp. 7. Spinal cord. To rate under this subpart,
33 determine the disability to the lower extremities, upper
34 extremities, respiration, urinary bladder, anorectal, and sexual
35 functions as follows. The percentage of whole body disability
36 under this subpart is determined by combining the disabilities

1 under items A to F in the manner described in Minnesota
2 Statutes, section 176.105, subdivision 4, paragraph (c).

3 A. A permanent partial disability in the use of lower
4 extremities is a disability of the whole body as follows:

5 (1) can rise to a standing position and can walk,
6 but has difficulty walking onto elevations, grades, steps, and
7 distances, 15 percent;

8 (2) can stand but can walk only on a level
9 surface, 30 percent;

10 (3) can stand but cannot walk, 45 percent; and

11 (4) can neither stand nor walk, 65 percent.

12 B. Permanent partial disability in the use of upper
13 extremities is a disability of the whole body as follows:

14 Whole Body Disability, Percentages

	Preferred	Nonpreferred	Both
	extremity	extremity	

17	score of 24 to 28 on			
18	Kenny scale, but some			
19	difficulty with digital	10	5	15
20	dexterity			

21	score of 16 to 28			
22	on Kenny scale, but no			
23	digital dexterity	20	10	30
24	score of 10 to 16 on	40	40	50
25	Kenny scale			

26	score of 0 to 10 on			
27	Kenny scale	70	70	85

28 C. Permanent partial disability of the respiratory
29 function is a disability of the whole body as follows:

30 (1) difficulty only where extra exertion is
31 required, such as running, climbing stairs, heavy lifting, or
32 carrying loads, 10 percent;

33 (2) restricted to limited walking, confined to
34 one's own home, 35 percent;

35 (3) restricted to bed, 75 percent; and

36 (4) has no spontaneous respiration, 95 percent.

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1 D. Permanent partial disability of the bladder is a
2 disability of the whole body as set forth below. Evaluative
3 procedures to be followed are in part 5223.0220, subpart 2.

4 (1) impaired voluntary control evidenced by
5 urgency or hesitancy, but continent without collecting devices,
6 10 percent;

7 (2) impaired voluntary control, incontinent
8 requiring external collecting devices, 20 percent; or

9 (3) impaired voluntary control, incontinent
10 requiring internal collecting or continence devices, 30 percent.

11 E. The permanent partial disability of the anorectal
12 function is a disability of the whole body as follows:

13 (1) impaired voluntary control with urgency, 10
14 percent;

15 (2) impaired voluntary control without reflex
16 regulation, 20 percent; or

17 (3) impaired voluntary control, incontinent
18 without diversion, 30 percent.

19 F. Permanent partial disability of sexual function is
20 a disability of the whole body as follows:

21 (1) Male: rate under part 5223.0220, subpart 6.

22 (2) Female: rate under part 5223.0220, subpart 9.

23 Subp. 8. Brain injury. Supporting objective evidence of
24 structural injury, neurological deficit, or psychomotor findings
25 is required to substantiate the permanent partial disability.
26 Permanent partial disability of the brain is a disability of the
27 whole body as follows:

28 A. Communications disturbances, expressive:

29 (1) mild disturbance of expressive language
30 ability not significantly impairing ability to be understood,
31 such as mild word-finding difficulties, mild degree of
32 paraphasias, or mild dysarthria, 10 percent;

33 (2) severe impairment of expressive language
34 ability, but still capable of functional communication with the
35 use of additional methods such as gestures, facial expression,
36 writing, word board, or alphabet board, 35 percent; or

1 (3) unable to produce any functional expressive
2 language, 70 percent.

3 B. Communication disturbances, receptive:

4 (1) mild impairment of comprehension of aural
5 speech, but comprehension functional with the addition of visual
6 cues such as gestures, facial expressions, or written material,
7 40 percent;

8 (2) some ability to comprehend language is
9 present, but significant impairment even with use of visual cues
10 such as gestures, facial expressions, and written material, 60
11 percent; or

12 (3) no evidence of functional comprehension of
13 language, 90 percent.

14 C. Complex integrated cerebral function disturbances
15 must be determined by medical observation and organic
16 dysfunctions supported by psychometric testing. Functional
17 overlay or primary psychiatric disturbances shall not be rated
18 under this part. The permanent partial disabilities are as
19 follows:

20 (1) mild impairment of higher level cognitive
21 function or memory, but able to live independently and function
22 in the community as evidenced by independence in activities such
23 as shopping and taking a bus, 20 percent;

24 (2) same as subitem (1), and also requires
25 supporting devices and direction to carry out limited vocational
26 tasks, 30 percent;

27 (3) moderate impairment of memory, judgment, or
28 other higher level cognitive abilities, can live alone with some
29 supervision such as for money management, some limitation in
30 ability to function independently outside the home in activities
31 such as shopping and traveling, 50 percent;

32 (4) moderately severe impairment of memory,
33 judgment, or other higher cognitive abilities, unable to live
34 alone and some supervision required at all times, but able to
35 perform self cares independently, 70 percent; or

36 (5) severe impairment of memory, judgment, or

1 other higher cognitive abilities such that constant supervision
2 and assistance in self cares are required, 95 percent.

3 D. Emotional disturbances and personality changes
4 must be substantiated by medical observation and by organic
5 dysfunction supported by psychometric testing. Permanent
6 partial disability is a disability of the whole body as follows:

7 (1) only present under stressful situation such
8 as losing one's job, getting a divorce, or a death in the
9 family, 10 percent;

10 (2) present at all times but not significantly
11 impairing ability to relate to others, to live with others, or
12 to perform self cares, 30 percent;

13 (3) present at all times in moderate to severe
14 degree, minimal ability to live with others, some supervision
15 required, 65 percent; or

16 (4) severe degree of emotional disturbance which,
17 because of danger to self and others, requires continuous
18 supervision, 95 percent.

19 E. Psychotic disorders, as described in D.S.M. III,
20 not caused by organic dysfunction and substantiated by medical
21 observation:

22 (1) only present under stressful situation, such
23 as losing one's job, getting divorced, a death in the family, 10
24 percent;

25 (2) present at all times but not significantly
26 impairing ability to relate to others, live with others, or
27 perform self cares, 30 percent;

28 (3) present at all times in moderate to severe
29 degree significantly affecting ability to live with others, and
30 requiring some supervision, 65 percent; or

31 (4) severe degree of emotional disturbance which,
32 because of danger to self or others, requires continuous
33 supervision, 95 percent.

34 F. Consciousness disturbances; permanent partial
35 disability of the whole body is as follows:

36 (1) mild or intermittent decreased level of

1 consciousness manifested by periodic mild confusion or lethargy,
2 a score of 16 to 28 on the Kenny scale, 40 percent;

3 (2) moderate intermittent or continuous decreased
4 level of consciousness manifested by a moderate level of
5 confusion or lethargy, and a score of 10 to 16 on the Kenny
6 scale, 70 percent;

7 (3) severe decreased level of consciousness
8 manifested as stupor with inability to function independently,
9 and a score of 0 to 10 on the Kenny scale, 95 percent; or

10 (4) comatose or persistent vegetative state, 99
11 percent.

12 G. Motor dysfunction, movement disorder, paralysis,
13 spasticity, sensory loss, or neglect. Where these impairments
14 are due to brain or brain stem injury, rate as provided in
15 subpart 7, items A and B.

16 H. Other impairments; impairments of respiration,
17 urinary bladder function, anorectal function, or sexual function
18 due to brain or brain stem injury are rated as provided in
19 subpart 7, items C to F.

20 I. Epilepsy; permanent partial disability due to
21 epilepsy is a disability of the whole body as follows:

22 (1) well controlled, on medication for one year
23 or more, able to enter work force but with restrictions
24 preventing operation of motor vehicles or dangerous machinery
25 and climbing above six feet in height, 10 percent;

26 (2) seizures occurring at least once a year, but
27 not severely limiting ability to live independently, 20 percent;

28 (3) seizures occurring at least six times per
29 year, some supervision required, 40 percent;

30 (4) seizures poorly controlled with at least 15
31 seizures per year, supervision required, protective care
32 required with activities restricted, 75 percent; or

33 (5) frequency of seizures requires continuous
34 supervision and protective care, activities restricted, unable
35 to perform self cares, 95 percent.

36 J. Headaches; permanent partial disability due to

1 vascular headaches with nausea or vomiting is a five percent
2 disability of the whole body.

3 K. Total loss of taste, 3 percent.

4 L. Traumatic head injury, complete and total loss of
5 smell, supported by objective examination, 3 percent.

6 5223.0070 MUSCULO-SKELETAL SCHEDULE; BACK.

7 Subpart 1. Lumbar spine. The spine rating is inclusive of
8 leg symptoms except for gross motor weakness, bladder or bowel
9 dysfunction, or sexual dysfunction. Permanent partial
10 disability of the lumbar spine is a disability of the whole body
11 as follows:

12 A. Healed sprain, strain, or contusion:

13 (1) Subjective symptoms of pain not substantiated
14 by objective clinical findings or demonstrable degenerative
15 changes, 0 percent.

16 (2) Pain associated with rigidity (loss of motion
17 or postural abnormality) or chronic muscle spasm. The chronic
18 muscle spasm or rigidity is substantiated by objective clinical
19 findings but without associated demonstrable degenerative
20 changes, 3.5 percent.

21 (3) Pain associated with rigidity (loss of motion
22 or postural abnormality) or chronic muscle spasm. The chronic
23 muscle spasm or rigidity is substantiated by objective clinical
24 findings and is associated with demonstrable degenerative
25 changes.

26 (a) single vertebral level, 7 percent; or

27 (b) multiple vertebral levels, 10.5 percent.

28 (4) pain associated with rigidity (loss of motion
29 or postural abnormality) or chronic muscle spasm. The chronic
30 muscle spasm or rigidity is substantiated by objective clinical
31 findings.

32 (a) spondylolisthesis grade I, no surgery, 7
33 percent;

34 (b) spondylolisthesis grade II, no surgery,
35 14 percent; or

36 (c) spondylolisthesis grade III or IV,

1 without fusion, 24.5 percent.

2 B. Herniated intervertebral disc, single vertebral
3 level:

4 (1) Condition not surgically treated:

5 (a) X-ray or computerized axial tomography
6 or myelogram specifically positive for herniated disc; excellent
7 results, with resolution of objective neurologic findings, 9
8 percent.

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

14 (2) condition treated by surgery:

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

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

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

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

29 (3) recurrent herniated intervertebral disc,
30 occurring to same vertebral level previously treated with
31 surgery or chemonucleolysis, add five percent to subitem (2);

32 (4) herniated intervertebral disc at a new
33 vertebral level other than the previously treated herniated
34 intervertebral disc, calculate rating the same as subitems (1)
35 and (2); or

36 (5) second herniated disc at adjacent level

1 treated concurrently, add five percent to subitem (1) or (2).

2 C. Spinal stenosis, central or lateral, proven by
3 computerized axial tomography or myelogram:

4 (1) mild symptoms such as occasional back pain
5 with athletic activities or repetitive bending or lifting, leg
6 pain with radicular symptoms, one vertebral level and no
7 surgery, 14 percent; or

8 (2) severe spinal stenosis with bilateral leg
9 pain requiring decompressive laminectomy, single vertebral
10 level, with or without surgery (if multiple vertebral levels,
11 add five percent per vertebral level), 18 percent.

12 D. Spinal fusion surgery for single vertebral level
13 with or without laminectomy, 17.5 percent. Add five percent for
14 each additional vertebral level.

15 E. Fractures:

16 (1) vertebral compression with a decrease of ten
17 percent or less in vertebral height, one or more vertebral
18 segments, no fragmentation, no involvement of posterior
19 elements, no nerve root involvement, 4 percent;

20 (2) vertebral compression with a decrease of 25
21 percent or less in vertebral height, one or more vertebral
22 segments, no fragmentation, no involvement posterior elements,
23 no nerve root involvement, 10.5 percent;

24 (3) vertebral compression fracture, with a
25 decrease of more than 25 percent in vertebral height, one or
26 more vertebral segments, no fragmentation, no involvement
27 posterior elements, no nerve root involvement, 15 percent;

28 (4) vertebral fracture with involvement of
29 posterior elements with X-ray evidence of moderate partial
30 dislocation:

31 (a) no nerve root involvement, healed, 10.5
32 percent;

33 (b) with persistent radicular pain, 12
34 percent;

35 (c) with surgical fusion, healed, no
36 permanent motor or sensory changes, 14 percent;

1 (5) severe dislocation:

2 (a) normal reduction with surgical fusion,
3 12 percent;

4 (b) poor reduction with fusion, persistent
5 radicular pain, 17.5 percent;

6 Subp. 2. Cervical spine. The spine rating is inclusive of
7 arm symptoms except for gross motor weakness; sensory loss; and
8 bladder, bowel, or sexual dysfunction. Bladder, bowel, or
9 sexual dysfunction must be rated as provided in part 5223.0060,
10 subpart 7. Permanent partial disability of the cervical spine
11 is a disability of the whole body as follows:

12 A. Healed sprain, strain, or contusion:

13 (1) Subjective symptoms of pain not substantiated
14 by objective clinical findings or demonstrable degenerative
15 changes, 0 percent.

16 (2) Pain associated with rigidity (loss of motion
17 or postural abnormality) or chronic muscle spasm. The chronic
18 muscle spasm or rigidity is substantiated by objective clinical
19 findings but without associated demonstrable degenerative
20 changes, 3.5 percent.

21 (3) Pain associated with rigidity (loss of motion
22 or postural abnormality) or chronic muscle spasm. The chronic
23 muscle spasm or rigidity is substantiated by objective clinical
24 findings and is associated with demonstrable degenerative
25 changes.

26 (a) Single vertebral level, 7 percent; or

27 (b) Multiple vertebral levels, 10.5 percent.

28 B. Herniated intervertebral disc, single vertebral
29 level:

30 (1) Condition not surgically treated:

31 (a) X-ray or computerized axial tomography
32 or myelogram specifically positive for herniated disc; excellent
33 results, with resolution of objective neurologic findings, 9
34 percent.

35 (b) Neck and specific radicular pain present
36 with objective neurologic findings; and X-ray or computerized

1 axial tomography or myelogram specifically positive for
2 herniated disc; and no surgery is performed for treatment, 14
3 percent.

4 (2) Condition treated by surgery:

5 (a) Surgery with excellent results such as
6 mild neck pain, no arm pain, and no neurologic deficit, 9
7 percent.

8 (b) Surgery with average results such as
9 mild increase in symptoms with neck motion or lifting, and mild
10 to moderate restriction of activities related to neck and arm
11 pain, 11 percent.

12 (c) Surgery with poor surgical results such
13 as persistent or increased symptoms with neck motion or lifting,
14 and major restriction of activities because of neck and arm
15 pain, 13 percent.

16 (d) Multiple operations on neck with poor
17 surgical results such as persisting or increased symptoms of
18 neck and arm pain, 15 percent.

19 (3) Recurrent herniated intervertebral disc,
20 occurring to same vertebral level previously treated with
21 surgery, add five percent to subitem (2).

22 (4) Herniated intervertebral disc at a new
23 vertebral level other than the previously treated herniated
24 intervertebral disc, calculate rating the same as subitems (1)
25 and (2).

26 (5) Second herniated disc at adjacent level
27 treated concurrently, add five percent to subitem (1) or (2).

28 C. Spinal stenosis, proven by computerized axial
29 tomography or myelogram.

30 (1) With myelopathy verified by objective
31 neurologic findings, no loss of function, 14 percent.

32 (2) Loss of function: the rate provided in part
33 5223.0060, subpart 7.

34 D. Fusion of a single vertebral level with or without
35 a laminectomy, 11.5 percent. Add five percent for each
36 additional vertebral level.

1 E. Fracture:

2 (1) vertebral compression with a decrease of ten
3 percent or less in vertebral height, one or more vertebral
4 segments, no fragmentation, no involvement of posterior
5 elements, no nerve root involvement, loss of motion neck and all
6 planes, approximately 75 percent normal range of motion neck
7 with pain, 6 percent;

8 (2) vertebral compression with a decrease of 25
9 percent or less in vertebral height, one or more vertebral
10 segments, no fragmentation, no involvement posterior elements,
11 no nerve root involvement, loss of motion in the neck in all
12 planes, approximately 50 percent normal range of motion in neck
13 with pain, 14 percent;

14 (3) vertebral compression with a decrease of more
15 than 25 percent of vertebral height, one or more vertebral
16 segments, no fragmentation, no involvement posterior elements,
17 no nerve root involvement, loss of motion in the neck in all
18 planes, approximately 50 percent normal range of motion in neck
19 with pain, 19 percent;

20 (4) vertebral fracture with involvement of
21 posterior elements with X-ray evidence of moderate partial
22 dislocation:

23 (a) no nerve root involvement, healed, 10.5
24 percent;

25 (b) with persistent pain, 12 percent;

26 (c) with surgical fusion, healed, no
27 permanent motor or sensory changes, 14 percent;

28 (5) severe dislocation:

29 (a) normal reduction with surgical fusion,
30 12 percent;

31 (b) poor reduction with fusion, persistent
32 radicular pain, 17.5 percent.

33 Subp. 3. Thoracic spine. The spine rating is inclusive of
34 all symptoms including radicular gross motor weakness and
35 sensory loss, but excluding spinal cord injury. Permanent
36 partial disability of the thoracic spine is a disability of the

1 whole body as follows:

2 A. Healed sprain, strain, or contusion:

3 (1) Subjective symptoms of pain not substantiated
4 by objective clinical findings or demonstrable degenerative
5 changes, 0 percent.

6 (2) Pain associated with chronic muscle spasm.
7 The chronic muscle spasm is substantiated by objective clinical
8 findings and is associated with demonstrable degenerative
9 changes, single or multiple level, 3.5 percent.

10 B. Herniated intervertebral disc, symptomatic:

11 (1) Condition not surgically treated:

12 (a) X-ray or computerized axial tomography
13 or myelogram specifically positive for herniated disc; excellent
14 results, with resolution of objective neurologic findings, 3
15 percent.

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

20 (2) Condition treated by surgery:

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

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

27 C. Fractures:

28 (1) Vertebral compression with a decrease of ten
29 percent or less in vertebral height, one or more vertebral
30 segments, no fragmentation, no involvement of posterior
31 elements, no nerve root involvement, 4 percent.

32 (2) Vertebral compression with a decrease of 25
33 percent or less in vertebral height, one or more vertebral
34 segments, no fragmentation, no involvement posterior elements,
35 no nerve root involvement, 10.5 percent.

36 (3) Vertebral compression fracture, with a

1 decrease of more than 25 percent in vertebral height, one or
 2 more vertebral segments, no fragmentation, no involvement
 3 posterior elements, no nerve root involvement, 15 percent.

4 (4) Vertebral fracture with involvement of
 5 posterior elements with x-ray evidence of moderate partial
 6 dislocation:

7 (a) no nerve root involvement, healed, 10.5
 8 percent;

9 (b) with persistent pain, with mild motor
 10 and sensory manifestations, 17.5 percent;

11 (c) with surgical fusion, healed, no
 12 permanent motor or sensory changes, 14 percent.

13 (5) Severe dislocation, normal reduction with
 14 surgical fusion:

15 (a) No residual motor or sensory changes, 12
 16 percent;

17 (b) Poor reduction with fusion, persistent
 18 radicular pain, motor involvement, 17.5 percent.

19 5223.0080 MUSCULO-SKELETAL SCHEDULE; AMPUTATIONS OF UPPER
 20 EXTREMITY.

21 Permanent partial disability due to amputation of upper
 22 extremities is a disability of the whole body as follows:

23 A. forequarter amputation, 70 percent;

24 B. disarticulation at shoulder joint, 60 percent;

25 C. amputation of arm above deltoid insertion, 60
 26 percent;

27 D. amputation of arm between deltoid insertion and
 28 elbow joint, 57 percent;

29 E. disarticulation at elbow joint, 57 percent;

30 F. amputation of forearm below elbow joint proximal
 31 to insertion of biceps tendon, 57 percent;

32 G. amputation of forearm below elbow joint distal to
 33 insertion of biceps tendon, 54 percent;

34 H. disarticulation at wrist joint, 54 percent;

35 I. midcarpal or midmetacarpal amputation of hand, 54
 36 percent;

1 J. amputation of all fingers except thumb at
2 metacarpophalangeal joints, 32.5 percent;

3 K. amputation of thumb:

4 (1) at metacarpophalangeal joint or with
5 resection of metacarpal bone, 21.5 percent;

6 (2) at interphalangeal joint or through proximal
7 phalynx, 16 percent;

8 (3) from interphalangeal joint to midportion
9 distal phalynx, 13 percent;

10 (4) from mid-distal phalynx, distal, 6 percent;

11 L. amputation of index finger:

12 (1) at metacarpophalangeal joint or with
13 resection of metacarpal bone or through proximal phalynx, 13.5
14 percent;

15 (2) at proximal interphalangeal joint or through
16 middle phalynx, 11 percent;

17 (3) at distal interphalangeal joint to middistal
18 phalynx, 5 percent;

19 (4) from middistal phalynx, distal, 2.5 percent;

20 M. amputation of middle finger:

21 (1) at metacarpophalangeal joint or with
22 resection of metacarpal bone or through proximal phalynx, 11
23 percent;

24 (2) at proximal interphalangeal joint or through
25 middle phalynx, 9 percent;

26 (3) at distal interphalangeal joint to middistal
27 phalynx, 5 percent;

28 (4) from middistal phalynx, distal, 2.5 percent;

29 N. amputation of ring finger:

30 (1) at metacarpophalangeal joint or with
31 resection of metacarpal bone or through proximal phalynx, 5.5
32 percent;

33 (2) at proximal interphalangeal joint or through
34 middle phalynx, 4 percent;

35 (3) at distal interphalangeal joint to middistal
36 phalynx, 3 percent;

- 1 (4) from middistal phalynx, distal, 1.5 percent;
- 2 O. amputation of little finger:
- 3 (1) at metacarpophalangeal joint or with
- 4 resection of metacarpal bone or through proximal phalynx, 3
- 5 percent;
- 6 (2) at proximal interphalangeal joint or through
- 7 middle phalynx, 2 percent;
- 8 (3) at distal interphalangeal joint to middistal
- 9 phalanx, 1 percent;
- 10 (4) from middistal phalynx, distal, 0.5 percent.

11 5223.0090 MUSCULO-SKELETAL SCHEDULE; SENSORY LOSS, UPPER

12 EXTREMITIES.

13 Subpart. 1. General. For sensory loss to the upper

14 extremities resulting from nerve injury, the disability of the

15 whole body is set forth in subparts 2 to 4. For the portion of

16 the body described in subpart 2, there must be a total loss of

17 the sensory function. Carpal tunnel syndrome is rated under

18 part 5223.0130, subpart 3, items E and F.

- 19 Subp. 2. Total sensory loss. Sensory loss, complete:
- 20 A. median function at wrist, 22.5 percent;
- 21 B. ulnar function at wrist, 11 percent;
- 22 C. radial function at wrist, 5.5 percent;
- 23 D. medial antebrachial cutaneous, 3 percent;
- 24 E. medial brachial cutaneous, 3 percent;
- 25 F. loss of thumb, whole, 11 percent;
- 26 (1) radial digital nerve, 4 percent;
- 27 (2) ulnar digital nerve, 6.5 percent;
- 28 G. index finger, whole, 5.5 percent;
- 29 (1) radial digital nerve, whole, 3.5 percent;
- 30 (2) ulnar digital nerve, 2 percent;
- 31 H. long finger, whole, 5.5 percent;
- 32 (1) radial digital nerve, 3.5 percent;
- 33 (2) ulnar digital nerve, 2 percent;
- 34 I. ring finger, whole, 3 percent;
- 35 (1) radial digital nerve, 2 percent;
- 36 (2) ulnar digital nerve, 1 percent;

1 J. little finger, whole, 3 percent;

2 (1) radial digital nerve, 1 percent;

3 (2) ulnar digital nerve, 2 percent;

4 K. sensory loss distal to proximal interphalangeal
5 joint, 50 percent of the value of entire digital nerve as set
6 forth in subpart 2, either radial or ulnar as applicable;

7 L. sensory loss distal to one-half distal phalanx, 25
8 percent of entire digital nerve as set forth in subpart 2.

9 Subp. 3. Quality of sensory loss in hand. The levels of
10 sensory loss and the corresponding disabilities of the whole
11 body are measured as follows:

12 A. minimal, 2-point discrimination at 6 millimeters
13 or less, 0 percent;

14 B. moderate, 2-point discrimination greater than 6
15 millimeters, 1/2 of value in subpart 2;

16 C. severe, 2-point discrimination at greater than 10
17 millimeters, 3/4 of value in subpart 2;

18 D. total, 2-point discrimination at greater than 15
19 millimeters, same value as in subpart 2.

20 Subp. 4. Causalgia. When objective medical evidence shows
21 persistent causalgia despite treatment, there is loss of sensory
22 and motor function, loss of joint function, and inability to use
23 the extremity in any useful manner. The permanent partial
24 disability to the member, rating from the most proximal joint
25 involved, and the percentage disability of the whole body is 50
26 percent of that in part 5223.0080, subpart 1.

27 5223.0100 MUSCULO-SKELETAL SCHEDULE; MOTOR LOSS OR MOTOR AND
28 SENSORY LOSS, UPPER EXTREMITIES.

29 Subpart 1. Total or complete loss. Total or complete loss
30 means that motor function is less than anti-gravity and there is
31 complete loss of sensation. For loss to the ~~lower~~ upper
32 extremities resulting from nerve injury, and where there is
33 total loss of function for those particular portions of the
34 body, the disability of the whole body is:

35 A. Motor loss, complete:

36 (1) median nerve above mid forearm, 30 percent;

- 1 (2) median nerve below mid forearm, 19 percent;
- 2 (3) radial nerve, 19 percent;
- 3 (4) ulnar nerve above mid forearm, 19 percent;
- 4 (5) ulnar nerve below mid forearm, 13.5 percent.

5 B. Complete motor and sensory loss:

- 6 (1) median nerve above mid forearm, 40.5 percent;
- 7 (2) median nerve below mid forearm, 35 percent;
- 8 (3) radial nerve, 27 percent;
- 9 (4) ulnar nerve above mid forearm, 21.5 percent;
- 10 (5) ulnar nerve below mid forearm, 16 percent.

11 C. Complete loss of motor function:

- 12 (1) brachial plexus complete, 60 percent:
 - 13 (a) upper trunk C5-6, 47 percent;
 - 14 (b) mid trunk C7, 23 percent;
 - 15 (c) lower trunk C8-T1, 46 percent;
- 16 (2) anterior thoracic, 3 percent;
- 17 (3) axillary nerve, 23 percent;
- 18 (4) dorsal scapular, 3 percent;
- 19 (5) long thoracic, 9 percent;
- 20 (6) musculo cutaneous, 17.5 percent;
- 21 (7) subscapular, 3 percent;
- 22 (8) suprascapular, 11.5 percent;
- 23 (9) thoraco dorsal, 6 percent.

24 D. Complete loss of function, motor and sensory:

- 25 (1) C-5 root, 11 percent;
- 26 (2) C-6 root, 12 percent;
- 27 (3) C-7 root, 11 percent;
- 28 (4) C-8 root, 13 percent.

29 Subp. 2. Partial loss. Partial loss means that motor
30 function is less than normal but greater than anti-gravity, and
31 there is incomplete sensory loss. Partial loss is rated at 25
32 percent of the percentages assigned at subpart 1.

33 5223.0110 MUSCULO-SKELETAL SCHEDULE; SHOULDER.

34 Subpart 1. General. For permanent partial disability to
35 the shoulder, disability of the whole body is as in subparts 2
36 and 3.

1 Subp. 2. Range of motion.

2 A. Total ankylosis in optimum position, abduction 60
3 degrees, flexion ten degrees, rotation, neutral position, 30
4 percent;

5 B. total ankylosis in mal-position, grade upward to
6 50 percent;

7 C. mild limitation of motion: no abduction beyond 90
8 degrees, rotation no more than 40 degrees with full flexion and
9 extension, 3 percent;

10 D. moderate limitation of motion: no abduction
11 beyond 60 degrees, rotation no more than 20 degrees, with
12 flexion and extension limited to 30 degrees, 12 percent;

13 E. severe limitation of motion: no abduction beyond
14 25 degrees, rotation no more than ten degrees, flexion and
15 extension limited to 20 degrees, 30 percent;

16 Subp. 3. Procedures or conditions.

17 A. Acromio-clavicular separation of the following
18 severity:

19 (1) grade 1, 0 percent;

20 (2) grade 2, 3 percent;

21 (3) grade 3, 6 percent.

22 B. anterior or posterior shoulder dislocation, no
23 surgery, single episode, 3 percent.

24 C. recurrent dislocation, at least three times in six
25 months, 10 percent.

26 D. repair recurrent shoulder dislocation:

27 (1) no loss of motion, 6 percent;

28 (2) if mild limitation of motion, 9 percent;

29 (3) if moderate or severe limitation of motion,

30 rate as in subpart 2, items D and E.

31 E. resection distal end of clavicle, 3 percent.

32 F. humeral shaft fracture, normal range of motion
33 both joints, 0 percent.

34 G. humeral shaft fracture, open reduction, mild
35 restriction of shoulder and elbow motion, 6 percent. For
36 moderate or severe limitation of motion, rate as in subpart 2,

1 items D and E.

2 H. surgical neck fracture, healed, ~~mild~~ no loss of
3 motion, 0 percent; if loss of motion, rate as in subpart 2.

4 I. greater tuberosity fracture, normal range of
5 motion, 0 percent. If loss of motion, rate as in subpart 2.

6 5223.0120 MUSCULO-SKELETAL SCHEDULE; ELBOW.

7 Subpart 1. General. Permanent partial disability of the
8 elbow is disability of the whole body as in subparts 2 and 3.

9 Subp. 2. Range of motion. Flexion and extension of
10 forearm is 85 percent of the arm. Rotation of the forearm is 15
11 percent of the arm.

12 A. Total ankylosis in optimum position approximating
13 midway between 90 degrees flexion and 180 degrees extension, a
14 45-degree angle, 30 percent.

15 B. Total ankylosis in mal-position, 40 percent.

16 C. Limitation of motion:

17 (1) mild, motion limited from ten degrees flexion
18 to 100 degrees of further flexion, 6 percent;

19 (2) moderate, motion limited from 20 degrees
20 flexion to 75 degrees of further flexion, 12 percent;

21 (3) severe, motion limited from 45 degrees
22 flexion to 90 degrees of further flexion, 21 percent;

23 D. Flail elbow, pseudarthrosis above joint line, wide
24 motion but very unstable, 39 percent.

25 E. Resection head of radius, 9 percent.

26 Subp. 3. Procedures or conditions.

27 A. Radial or ulnar shaft fracture, full motion, 0
28 percent;

29 B. radial or ulnar fracture, open reduction, mild
30 limitation of motion as defined in subpart 2, item C, 9 percent;

31 C. olecranon fracture, no loss of motion, 0 percent;

32 D. olecranon fracture, open reduction internal
33 fixation, mild limitation of motion as defined in subpart 2,
34 item C, 6 percent;

35 E. epicondylar fracture, no loss of motion, 0 percent;

36 F. epicondylar fracture, mild loss of motion as

1 defined in subpart 2, item C, 6 percent;

2 G. release medial or lateral epicondyle, 2 percent;

3 H. ulnar nerve transposition, 2 percent.

4 5223.0130 MUSCULO-SKELETAL SCHEDULE; WRIST.

5 Subpart 1. General. Permanent partial disability of wrist
6 is disability of the whole body as set in subparts 2 and 3.

7 Subp. 2. Range of motion.

8 A. Excision distal end of ulna, flexion and extension
9 credited with 75 percent of hand, and rotation 25 percent of
10 hand, 5 percent;

11 B. total ankylosis in optimum position, 19 percent;

12 C. total ankylosis in mal-position of extreme flexion
13 or extension, 25 percent;

14 D. limitation of motion:

15 (1) mild, rotation normal, loss of 15 degrees
16 palmar flexion and loss of 20 degrees dorsiflexion, 5 percent;

17 (2) moderate, rotation limited to 60 degrees in
18 pronation-supination, loss of 25 degrees palmar flexion, loss of
19 30 degrees dorsiflexion, 10 percent; or

20 (3) severe, rotation limited to 30 degrees in
21 pronation-supination, palmar flexion less than 25 degrees,
22 dorsi-flexion less than 30 degrees, 15 percent.

23 Subp. 3. Procedure or conditions.

24 A. Colles/Smith, extraarticular:

25 (1) no loss of motion, 0 percent;

26 (2) mild loss of motion as defined in subpart 2,
27 item D, subitem (1), 3 percent.

28 B. Colles/Smith/Barton, intraarticular.

29 (1) no loss of motion, 0 percent;

30 (2) mild loss of motion as defined in subpart 2,
31 item D, subitem (1), 6 percent;

32 (3) moderate loss of motion as defined in subpart
33 2, item D, subitem (2), 10 percent.

34 C. Carpal bone fracture, no loss of motion, 3 percent.

35 D. Carpal dislocation, mild loss of motion as defined
36 in subpart 2, item D, subitem (1), 6 percent.

- 1 E. Carpal tunnel release, 0.5 percent.
 2 F. Carpal tunnel release with moderate paresthesias,
 3 3 percent.
 4 G. DeQuervain's release, 0 percent.
 5 H. Ganglion excision, 0 percent.
 6 I. Scaphoid graft, 3 percent.

7 5223.0140 MUSCULO-SKELETAL SCHEDULE; FINGERS.

8 Subpart 1. General. Permanent partial disability of
 9 fingers is a disability of the whole body as set in subpart 2.

10 Subp. 2. Ankylosis of joints.

11 A. Thumb.

12 (1) Total ankylosis interphalangeal joint:

13 (a) optimum position, 0 to 15 degrees, 8
 14 percent;

15 (b) mal-position, flexion greater than 15
 16 degrees, 14 percent.

17 (2) Total ankylosis metacarpophalangeal joint:

18 (a) optimum position, up to 25 degree
 19 flexion, 10.5 percent;

20 (b) mal-position, flexion greater than 25
 21 degrees, 14 percent.

22 (3) Total ankylosis both interphalangeal and
 23 metacarpophalangeal joints:

24 (a) optimum position, 16 percent;

25 (b) mal-position, 18 percent.

26 (4) Total ankylosis carpometacarpal joint alone:

27 (a) optimum position, 4 percent;

28 (b) mal-position, 8 percent.

29 (5) Total ankylosis interphalangeal,
 30 metacarpophalangeal, and carpometacarpophalangeal joints:

31 (a) optimum position, 19 percent;

32 (b) mal-position, 21 percent.

33 (6) Limitation of motion, thumb:

34 (a) mild, total closing motion tip of digit,
 35 can flex to touch palm, and extend to 15 degrees flexion,
 36 strength of grip normal, 3 percent;

1 (b) moderate, total closing motion, tip of
2 digit, lacks 1/2 inch of touching palm and can extend to 30
3 degrees flexion, 6 percent;

4 (c) severe, total closing motion tip of
5 digit lacks one inch of touching palm and can extend to 45
6 degrees flexion, 9 percent.

7 B. Digits other than thumb.

8 (1) to rate any digit excluding the thumb, find
9 the appropriate descriptive category in item A, then multiply
10 the rating by the following factor for the involved digit:

11 (a) index finger, multiply by 0.6;

12 (b) middle finger, multiply by 0.5;

13 (c) ring finger, multiply by 0.25;

14 (d) little finger, multiply by 0.125.

15 (2) Total ankylosis of distal interphalangeal
16 joint, multiply rating in unit (a) or (b) by multiplier for
17 involved digit in subitem (1).

18 (a) optimum position, 5.5 percent;

19 (b) mal-position, flexed 35 degrees or more,
20 8 percent.

21 C. soft tissue loss, isolated soft tissue loss of the
22 end of digit greater than one centimeter, 20 percent of the
23 disability to the whole body for amputation of that digit as set
24 forth at part 5223.0080.

25 5223.0150 MUSCULO-SKELETAL SCHEDULE; AMPUTATIONS OF LOWER
26 EXTREMITIES.

27 For permanent partial disability due to amputation of lower
28 extremities the disability of the whole body is:

29 A. hemipelvectomy, 50 percent;

30 B. disarticulation at hip joint, 40 percent;

31 C. amputation above knee joint with short thigh
32 stump, 3 inch or less below tuberosity of ischium, 40 percent;

33 D. amputation above knee joint with functional stump,
34 36 percent;

35 E. disarticulation at knee joint, 36 percent;

36 F. amputation below knee joint with short stump, 3

1 inch or less below intercondular notch, 36 percent;

2 G. amputation below knee joint with functional stump,
3 28 percent;

4 H. amputation at ankle, Syme type, 28 percent;

5 I. partial amputation of foot, Chopart's type, 21
6 percent;

7 J. mid-metatarsal amputation, 14 percent;

8 K. amputation of all toes at metatarsophalangeal
9 joints, 8 percent;

10 L. amputation of great toe:

11 (1) with resection of metatarsal bone, 8 percent;

12 (2) at metatarsophalangeal joint, 5 percent;

13 (3) at interphalangeal joint, 4 percent;

14 M. amputation of lesser toe, 2nd-5th:

15 (1) with resection of metatarsal bone, 2 percent;

16 (2) at metatarsophalangeal joint, 1 percent;

17 (3) at proximal interphalangeal joint, 0 percent;

18 (4) at distal interphalangeal joint, 0 percent.

19 5223.0160 MUSCULO-SKELETAL SCHEDULE; NERVE INJURY OR MOTOR AND
20 SENSORY LOSS, LOWER EXTREMITIES.

21 Subpart 1. Total loss. Total loss means that motor
22 function is less than anti-gravity and there is complete loss of
23 sensation. For loss to the lower extremities resulting from
24 nerve injury, and where there is total loss of function for
25 those particular portions of the body, the disability of the
26 whole body is:

27 A. femoral, anterior crural, 13 percent;

28 B. femoral, anterior crural, below iliacus nerve, 11
29 percent;

30 C. genitofemoral, genito crural, 2 percent;

31 D. inferior gluteal, 9 percent;

32 E. lateral femoral cutaneous, 3 percent;

33 F. posterior cutaneous of thigh, 2 percent;

34 G. superior gluteal, 7 percent;

35 H. sciatic, above hamstring innervation, 31 percent;

36 I. common peroneal, lateral, or external popliteal,

1 13 percent;

2 J. deep peroneal, above midshin, 9 percent;

3 K. deep peroneal, below midshin, anterior tibial, 2
4 percent;

5 L. superficial peroneal, 5 percent;

6 M. tibial nerve, medial, or internal popliteal:

7 (1) above knee, 15 percent;

8 (2) posterior tibial, midcalf and knee, 11
9 percent;

10 (3) below midcalf, 9 percent;

11 (4) lateral plantar branch, 3 percent; or

12 (5) medial plantar branch, 3 percent;

13 N. sural, external saphenous, 1 percent;

14 O. L-4 nerve root, 11 percent;

15 P. L-5 nerve root, 13 percent;

16 Q. S-1 nerve root, 15 percent; or

17 R. Lumbosacral plexus, 40 percent.

18 Subp. 2. **Partial loss.** Partial loss means that motor
19 function is less than normal but greater than anti-gravity, and
20 there is incomplete sensory loss. Partial loss is rated at 25
21 percent of the percentages assigned at subpart 1.

22 5223.0170 MUSCULO-SKELETAL SCHEDULE; JOINTS.

23 Subpart 1. **General.** For permanent partial disability of
24 joints, disability of the whole body is set forth in subparts 2
25 to 9.

26 Subp. 2. **Surgical or traumatic shortening of lower
27 extremity.**

28 A. 1/4 inch to 3/4 inch, 3 percent;

29 B. 3/4 to 1-1/4 inches, 4.5 percent;

30 C. 1-1/4 to 1-3/4 inches, 6 percent; or

31 D. 1-3/4 inches and above, 9 percent.

32 Subp. 3. **Hip.**

33 A. range of motion.

34 (1) limitation of motion:

35 (a) mild, anterior posterior movement from 0
36 degree to 120 degree flexion, rotation and lateral motion,

1 abduction, adduction free to 50 percent of normal, 6 percent;

2 (b) moderate, anterior posterior motion from

3 15 degrees flexion deformity to 110 degrees further flexion,

4 rotation, lateral motion, abduction, and adduction free to 25

5 percent normal, 12 percent;

6 (c) severe, anterior posterior motion from

7 30 degrees flexion deformity to 90 degrees further flexion, 22

8 percent.

9 B. Procedures or conditions:

10 (1) nonunion proximal femur fracture without
11 reconstruction, 33 percent;

12 (2) arthroplasty, able to stand at work and walk,
13 motion 25 percent to 50 percent of normal, 18 percent;

14 (3) total hip arthroplasty, normal result, 13
15 percent;

16 (4) femoral endoprosthesis:

17 (a) minimal pain, near normal range of
18 motion, able to walk unsupported, 15 percent;

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

21 (5) hip pinning for fracture.

22 (a) minimal pain, near normal range of
23 motion, able to walk unsupported, 5 percent;

24 (b) mild to moderate pain, motion 50 percent
25 of normal, 10 percent.

26 Subp. 4. Femur. Femur:

27 A. shaft fracture, closed, healed, 0 percent;

28 B. femoral shaft fracture, open reduction, loss of
29 less than 20 degrees of movement of any one plane of either the
30 hip or the knee, no malalignment, 2 percent.

31 Subp. 5. Knee. Knee:

32 A. Range of motion.

33 (1) ankylosis and limited motion, total ankylosis
34 optimum position, 15 degrees flexion, 22 percent;

35 (2) limitation of motion:

36 (a) mild, 0 degrees to at least 110 degrees

1 flexion, 2 percent;

2 (b) moderate, 5 degrees to at least 80

3 degrees flexion, 7 percent;

4 (c) severe, 5 degrees to at least 60 degrees

5 flexion, 15 percent;

6 (d) extremely severe, limited from 15

7 degrees flexion deformity with further flexion to 90 degree, 18

8 percent.

9 B. Procedures or conditions:

10 (1) surgical removal of medial or lateral
11 semilunar cartilage, more than 50 percent of cartilage removed,
12 no complications, 3 percent;

13 (2) partial meniscectomy, up to 50 percent of the
14 meniscus removed, 2 percent;

15 (3) surgical removal both cartilages, 9 percent;

16 (4) ruptured cruciate ligament, repaired or
17 unrepaired:

18 (a) mild laxity, 3 percent;

19 (b) moderate laxity, 7 percent;

20 (c) severe laxity, 10 percent;

21 (5) excision of patella, 9 percent;

22 (6) plateau fracture, depressed bone elevated,
23 semilunar excised, 9 percent;

24 (7) plateau fracture, undisplaced, 2 percent;

25 (8) supracondylar or intercondylar fracture,
26 displaced, 7 percent;

27 (9) supracondylar or intercondylar fracture,
28 undisplaced, 2 percent;

29 (10) patella fracture, open reduction or partial
30 patellectomy, displaced, 5 percent;

31 (11) patella fracture, open reduction or partial
32 patellectomy, undisplaced, 2 percent;

33 (12) patellar shaving, 1 percent;

34 (13) arthroscopy, 0 percent;

35 (14) repair collateral ligament, mild laxity, 2
36 percent;

- 1 (15) repair collateral ligament, moderate laxity,
2 4 percent;
- 3 (16) repair patellar dislocation, 5 percent;
- 4 (17) total knee arthroplasty, flexion to 90
5 degrees, extension to 0 degrees, 13 percent;
- 6 (18) total knee unicondylar, 7 percent;
- 7 (19) lateral retinacular release, 1 percent;
- 8 (20) proximal tibial osteotomy, flexion to 90
9 degrees, extension to 0 degrees, 5 percent.

10 Subp. 6. Tibia. Tibia:

- 11 A. tibial shaft fracture, undisplaced, healed, normal
12 motion and alignment, 0 percent;
- 13 B. tibial shaft fracture, open reduction, loss of
14 less than 20 degrees of movement in any one plane in either the
15 knee or the ankle with full knee extension, no malalignment, 5
16 percent.

17 Subp. 7. Ankle and foot.

18 A. Range of motion:

- 19 (1) total ankylosis ankle and foot, pantalar
20 arthrodesis:
- 21 (a) in 10 degrees plantar flexion, 15
22 percent;
- 23 (b) mal-position 30 degrees plantar flexion,
24 20 percent;
- 25 (2) ankylosis of foot, subtalar or triple
26 arthrodesis tarsal bones, ankle, normal motion, 7.5 percent;
- 27 (a) decreased motion, subtalar joint, 3.5
28 percent;
- 29 (b) ankylosis in mal-position, 8 percent;
- 30 (3) ankylosis of tibia and talus, subtalar joints
31 free, optimum position 15 degrees plantar flexion, 12 percent;
- 32 (4) limitation of motion in the ankle:
- 33 (a) mild, motion limited from position of 90
34 degrees right angle to 20 degrees plantar flexion, 3 percent;
- 35 (b) moderate, motion limited from position
36 of 10 degrees flexion to 20 degrees plantar flexion, 6 percent;

1 (c) severe, motion limited from position of
 2 20 degrees plantar flexion to 30 degrees plantar flexion, 12
 3 percent.

4 B. Procedures or conditions:

5 (1) achilles tendon rupture with treatment
 6 surgically or nonsurgically, able to stand on toes, 2 percent;

7 (2) achilles tendon rupture with treatment
 8 surgically or nonsurgically, unable to sustain body weight on
 9 toes, 4 percent;

10 (3) open reduction ankle:

11 (a) normal range of motion:

12 i. medial malleolus only, 2 percent;

13 ii. lateral malleolus only, 2 percent;

14 (b) normal to mild restriction on range of
 15 motion:

16 i. medial and lateral malleolus, 4
 17 percent;

18 ii. trimalleolar, 4 percent;

19 (c) for moderate to severe restriction of
 20 range of motion in the ankle, rate as in item A, subitem (4);

21 (4) ankle, lateral ligament reconstruction, mild
 22 laxity, normal range of motion, 2 percent;

23 (5) ankle, lateral ligament reconstruction,
 24 moderate laxity, at least ten degrees greater widening on the
 25 Talar tilt stress test X-ray compared to the uninjured side, 3
 26 percent.

27 Subp. 8. Foot.

28 A. Range of motion:

29 (1) ankylosis of tarsal metatarsal or mild tarsal
 30 joints:

31 (a) normal position, 2.5 percent;

32 (b) mal-position, 5 percent;

33 (2) limited motion in the foot:

34 (a) mild, limited motion with mild pain with
 35 weight bearing, no change in activities, 2.5 percent;

36 (b) moderate, limitation of motion with pain

1 with weight bearing, no reduction in athletic or vigorous
2 activities, 5 percent;

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

6 B. Procedures or conditions:

7 (1) calcaneal fracture, extra articular, pain
8 with weight bearing, 6 percent;

9 (2) calcaneal fracture, intra articular:

10 (a) mild limitation of motion as in item A,
11 subitem (2), unit (a), 6 percent;

12 (b) moderate limitation of motion as in item
13 A, subitem (2), unit (b), 12 percent;

14 (c) severe limitation of motion as in item
15 A, subitem (2), unit (c), 18 percent;

16 (3) avascular necrosis talus:

17 (a) mild limitation of motion as in item A,
18 subitem (2), unit (a), 6 percent;

19 (b) moderate limitation of motion as in item
20 A, subitem (2), unit (b), 12 percent;

21 (c) severe limitation of motion as in item
22 A, subitem (2), unit (c) 18 percent;

23 (4) tarsal fractures, healed, mild pain, 3
24 percent;

25 (5) metatarsal fractures, healed, 0 percent;

26 (6) phalyngeal fractures, healed, 0 percent.

27 Subp. 9. Toes.

28 A. Complete ankylosis of metatarsophalangeal joint,
29 any toe, 3 percent;

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

32 5223.0180 RESPIRATORY SYSTEM.

33 Subpart 1. Evaluation procedures. The procedures used in
34 evaluating permanent partial disability of the respiratory
35 system shall include the following:

36 A. complete history and physical examination with

1 special reference to cardiopulmonary symptoms and signs;

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

5 C. hematocrit or hemoglobin determination;

6 D. electrocardiogram;

7 E. performance of the following tests of ventilation:

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

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

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

17 Subp. 2. Measurement of respiratory loss of function.

18 Table 1 shall be used to calculate the percentage of disability
19 of the whole body due to permanent partial disability of the
20 respiratory system.

21 TABLE 1

	Forced Spirometry Measurements	Diffusing Capacity*	Percent Disa- bility of Whole Body
27 Symptoms			
28			
29 When dyspnea		Not	0
30 occurs, is		Applicable	
31 consistent	Not less than 85		
32 with the	percent of normal		
33 circumstances			
34 of activity.			
35			
36 Dyspnea does	70 to 85 percent	Not	15

1 not occur at of normal Applicable
 2 rest and seldom
 3 occurs during
 4 the performance
 5 of the usual
 6 activities of
 7 daily living.

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

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

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

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

36 Subp. 3. Asthma. Asthma which is not medically

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1 controllable and which requires at least six hospitalizations in
2 12 months, 25 percent.

3 5223.0190 ORGANIC HEART DISEASE.

4 Subpart 1. General. For permanent partial disability due
5 to organic heart disease, the disability of the whole body is
6 set forth in subpart 2.

7 Subp. 2. Heart ratings. The following ratings may be
8 applied only after a compilation of a patient's complete history
9 and a physical examination. Testing must include chest X-ray
10 and electrocardiogram. The testing may include
11 echocardiography, exercise testing, and radionuclide studies.

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

15 Organic Heart Disease Schedule

16 Percentage
17 Disability
18 of Whole

19 Body 10 percent 30 percent 60 percent 85 percent

20
21 Organic Present Present Present Present
22 Heart
23 Disease

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

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

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1 or hill- living
 2 climbing,
 3 and walking
 4

5 Level of No symptoms Symptoms Symptoms May be
 6 unusual from from hill- from present
 7 activity walking or stair- emotional at rest
 8 causing quickly, climbing, stress, or may
 9 symptoms recreation, walking walking awaken
 10 hill- or quickly, quickly, patient
 11 stair- arm-work, and similar
 12 climbing, or activities
 13 arm-work, recreation
 14 and similar
 15 activities
 16

17 Signs of No No Relieved by Not usually
 18 heart therapy relieved by
 19 failure therapy
 20

21 Signs of No With With mild Rest or
 22 symptoms prolonged exertion nocturnal
 23 of or severe symptoms
 24 angina exertion
 25

26 Objective Ischemic Ischemic Ischemic Diagnostic
 27 tests of S-T segment S-T segment S-T segment ischemic
 28 functional changes of changes of changes of S-T segment
 29 status at least at least at least changes of
 30 1 mm at or 1 mm at or 1 mm at or at least
 31 before before before 1 mm on
 32 stage 3 of stage 2 of stage 1 of resting
 33 a Bruce a Bruce a Bruce electro-
 34 protocol protocol protocol cardiogram
 35 exercise exercise exercise
 36 test, or test, or test, or

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1 diagnostic diagnostic diagnostic
 2 ischemic ischemic ischemic
 3 changes at changes at changes at
 4 a level of a level of a level of
 5 7 METS or 4 METS or 2 METS or
 6 less in a less in a less in a
 7 nuclear nuclear nuclear
 8 isotope isotope isotope
 9 exercise exercise exercise
 10 study study study

11 5223.0200 VASCULAR DISEASE AFFECTING EXTREMITIES.

12 The following schedule shall be used to determine the
 13 percentage of disability of the whole body for permanent partial
 14 disability due to vascular disease. Permanent partial
 15 disability from vascular disease affecting the extremities must
 16 be rated according to the following classifications. The system
 17 shall be used only after a complete history and physical
 18 examination. The full evaluation shall include imaging
 19 examination (X-ray with and without contrast, computer axial
 20 tomography scanning, sonography, radionuclide studies) volume
 21 studies, or flow studies.

22 A. Vascular disease schedule, lower extremities.

23 Percentage of Disability of Whole Body

24 0 percent 10 percent 30 percent 60 percent 90 percent

26	Inter-	No	Approx.	Approx.	Less than	Constant
27	mittant		one city	1/4 city	1/4 city	pain
28	claudi-		block	block	block	
29	cation					
30	distance					
31						
32	Pain at	No	No	No	Sometimes	Constant
33	rest					
34						
35	Physical	None	Healed,	Healed	Amputa-	Amputa-
36	signs of	No	painless	stump	tion	tion

1	diagnosis	ulcer-	stump,	but persis-	above	above
2		ation	or	tent	wrist or	wrist or
3			healed	signs of	ankle	ankle
4			ulcer	activity,	with con-	in more
5				or persis-	tinued	than one
6				tent	sign of	limb, or
7				super-	disease,	wide,
8				ficial	or wide-	deep ul-
9				ulcer	spread	ceration
10					deep	of more
11					ulcer	than one
12						limb

14	Edema	Rare and	Persis-	Very	Marked	Marked
15		transi-	tent,	severe	and	and
16		ent	incom-	and only	uncon-	uncon-
17			pletely	partially	trollable	trollable
18			con-	con-		
19			trolled	trolled		

B. Peripheral vascular disease, upper extremities.

(1) Class 1. The following findings are present:

22 Decreased pulse or pulses; minimal loss of subcutaneous tissue
 23 of fingertips; calcification of arteries as detected by
 24 radiographic examination or Raynaud's phenomenon that occurs
 25 with exposure to temperature lower than zero degrees centigrade
 26 (32 degrees Fahrenheit) but is readily controlled by medication;
 27 0 percent.

(2) Class 2. Objective signs of vascular damage

29 as evidenced by findings such as that of a healed, painless
 30 stump of an amputated digit showing evidence of persistent
 31 vascular disease, or of a healed ulcer; and Raynaud's phenomenon
 32 occurs on exposures lower than four degrees centigrade (39
 33 degrees Fahrenheit) but is controlled by medication, 10 percent.

(3) Class 3. Objective signs of vascular damage

35 as evidenced by healed amputation of two or more digits of one
 36 extremity, with evidence of persisting vascular disease or

1 superficial ulceration; and Raynaud's phenomenon occurs on
2 exposure to temperatures lower than ten degrees centigrade (50
3 degrees Fahrenheit) and it is only partially controlled by
4 medication; 30 percent.

5 (4) Class 4. Objective evidence of vascular
6 damage as evidenced by signs such as amputation of two or more
7 digits of two extremities with evidence of persistent vascular
8 disease, or persistent widespread or deep ulceration involving
9 one extremity; and Raynaud's phenomenon occurs on exposure to
10 temperatures lower than 15 degrees centigrade (59 degrees
11 Fahrenheit) and is only partially controlled by medication; 54
12 percent.

13 5223.0210 GASTROINTESTINAL TRACT.

14 Subpart 1. General. The following schedule is for the
15 evaluation of permanent partial disability of the
16 gastrointestinal tract. The evaluation must include a thorough
17 history and physical examination. Additional studies, such as
18 radiographic, metabolic, absorptive, endoscopic, and biopsy may
19 be necessary to determine the functioning of these organs.
20 Disability shall not be determined until after completion of all
21 medically accepted diagnostic and therapeutic efforts. The
22 percentages indicated in this schedule are the disability of the
23 whole body for the corresponding class.

24 For evaluative purposes, the digestive tract has been
25 divided into (1) the esophagus, stomach, duodenum, small
26 intestine, and pancreas, (2) the colon and rectum, (3) the anus,
27 and (4) the liver and biliary tract.

28 Subp. 2. Upper digestive tract (esophagus, stomach,
29 duodenum, small intestine, and pancreas).

30 A. Class 1, 2 percent.

31 (1) Symptoms or signs of upper digestive tract
32 disease are present and there is anatomic loss or alteration;
33 continuous treatment is not required; and weight can be
34 maintained at the desirable level; or

35 (2) There are no complications after surgical
36 procedures.

1 B. Class 2, 15 percent. Symptoms and signs of
2 organic upper digestive tract disease are present or there is
3 anatomic loss or alteration; dietary restriction and drugs are
4 required for control of symptoms, signs, or nutritional
5 deficiency; and loss of weight below the desirable weight does
6 not exceed 10 percent.

7 C. Class 3, 35 percent.

8 (1) symptoms and signs of organic upper digestive
9 tract disease are present or there is anatomic loss or
10 alteration; and dietary restrictions and drugs do not completely
11 control symptoms, signs, or nutritional state; or

12 (2) there is 10 to 20 percent loss of weight
13 below the desirable weight and the weight loss is ascribable to
14 a disorder of the upper digestive tract.

15 D. Class 4, 65 percent.

16 (1) symptoms and signs of organic upper digestive
17 tract disease are present or there is anatomic loss or
18 alteration; and symptoms are not controlled by treatment; or

19 (2) there is greater than a 20 percent loss of
20 weight below the desirable weight and the weight loss is
21 ascribable to a disorder of the upper digestive tract.

22 Subp. 3. Colon and rectum.

23 A. Class 1, 2 percent:

24 (1) signs and symptoms of colonic or rectal
25 disease are infrequent;

26 (2) limitation of activities, special diet, or
27 medication is not required; no systemic manifestations are
28 present and weight and nutritional state can be maintained at a
29 desirable level; or

30 (3) there are no complications after surgical
31 procedures.

32 B. Class 2, 15 percent. There is objective evidence
33 of colonic or rectal disease and anatomic loss or alteration.
34 There are mild gastrointestinal symptoms with intermittent
35 disturbance of bowel function, accompanied by periodic or
36 continual pain. Minimal restriction of diet or mild symptomatic

1 therapy may be necessary. No impairment of nutrition results.

2 C. Class 3, 30 percent. There is objective evidence
3 of colonic or rectal disease and anatomic loss or alteration;
4 there are moderate to severe exacerbations with disturbance of
5 bowel habit, accompanied by periodic or continual pain;
6 restriction of activity, special diet and drugs are required
7 during attacks; and there are constitutional manifestations such
8 as fever, anemia, or weight loss.

9 D. Class 4, 50 percent. There is objective evidence
10 of colonic and rectal disease or anatomic loss or alteration;
11 there are persistent disturbances of bowel function present at
12 rest with severe persistent pain; complete limitation of
13 activity, continued restriction of diet, and medication do not
14 entirely control the symptoms; there are constitutional
15 manifestations such as fever, weight loss, or anemia present;
16 and there is no prolonged remission.

17 Subp. 4. Anus.

18 A. Class 1, 2 percent. Signs of organic anal disease
19 are present or there is anatomic loss or alteration; or there is
20 mild incontinence involving gas or liquid stool; or anal
21 symptoms are mild, intermittent, and controlled by treatment.

22 B. Class 2, 12 percent. Signs of organic anal
23 disease are present or there is anatomic loss or alteration; and
24 moderate but partial fecal incontinence is present requiring
25 continual treatment; or continual anal symptoms are present and
26 incompletely controlled by treatment.

27 C. Class 3, 22 percent.

28 (1) signs of organic anal diseases are present
29 and there is anatomic loss or alteration; and complete fecal
30 incontinence is present; or

31 (2) signs of organic anal disease are present and
32 severe anal symptoms are unresponsive or not amenable to therapy.

33 Subp. 5. Liver and biliary tract.

34 A. Class 1, 5 percent.

35 (1) There is objective evidence of persistent
36 liver disease even though no symptoms of liver disease are

1 present; and no history of ascites, jaundice, or bleeding
2 esophageal varices within five years; nutrition and strength are
3 normal; and biochemical studies indicate minimal disturbance of
4 the liver function; or

5 (2) Primary disorders of bilirubin metabolism are
6 present.

7 B. Class 2, 20 percent. There is objective evidence
8 of chronic liver disease even though no symptoms of liver
9 disease are present; and no history of ascites, jaundice, or
10 bleeding esophageal varices within five years; nutrition and
11 strength are normal; and biochemical studies indicate more
12 severe liver damage than Class 1.

13 C. Class 3, 40 percent. There is objective evidence
14 of progressive chronic liver disease, or history of jaundice,
15 ascites, or bleeding esophageal or gastric varices within the
16 past year; nutrition and strength may be affected; and there is
17 intermittent ammonia and meat intoxication.

18 D. Class 4, 75 percent. There is objective evidence
19 of progressive chronic liver disease, or persistent ascites or
20 persistent jaundice or bleeding esophageal or gastric varices,
21 with central nervous system manifestations or hepatic
22 insufficiency; and nutrition state is below normal.

23 Subp. 6. Biliary tract.

24 A. Class 1, 5 percent. There is an occasional
25 episode of biliary tract dysfunction.

26 B. Class 2, 20 percent. There is recurrent biliary
27 tract impairment irrespective of treatment.

28 C. Class 3, 40 percent. There is irreparable
29 obstruction of the bile tract with recurrent cholangitis.

30 D. Class 4, 75 percent. There is persistent jaundice
31 and progressive liver disease due to obstruction of the common
32 bile duct.

33 5223.0220 REPRODUCTIVE AND URINARY TRACT SCHEDULE.

34 Subpart 1. General. This part sets forth the percentage
35 of disability of the whole body for permanent partial disability
36 of the reproductive and urinary systems. The percentages

1 indicated in this schedule are the disability of the whole body
2 for the corresponding class.

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

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

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

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

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

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

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

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

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

35 Subp. 3. Upper urinary tract.

36 A. Solitary kidney, 10 percent. This category shall

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

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

10 C. Class 2, 22 percent. Diminution of the upper
11 urinary tract function as evidenced by a creatinine clearance of
12 40 to 50 percent of age and sex adjusted normal values, no other
13 underlying disease.

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

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

20 Subp. 4. Bladder.

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

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

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

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

31 Subp. 5. Urethra.

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

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

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1 treatment.

2 Subp. 6. Penis.

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

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

10 C. Psychogenic impotence, 0 percent.

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

12 A. Class 1, 5 percent.

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

16 (2) continuous treatment is not required; and

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

19 (4) solitary teste is present.

20 B. Class 2, 10 percent.

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

24 (2) frequent or continuous treatment is required;
25 and

26 (3) there are detectable seminal or hormonal
27 abnormalities.

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

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

34 Subp. 8. Prostate and seminal vesicles.

35 A. Class 1, 5 percent.

36 (1) there are symptoms and signs of prostatic or

1 seminal vesicular dysfunction or disease;

2 (2) anatomic alteration is present; and

3 (3) continuous treatment is not required.

4 B. Class 2, 10 percent.

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

8 (2) anatomic alteration is present; and

9 (3) continuous treatment is required.

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

12 Subp. 9. Vulva and vagina.

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

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

17 Subp. 10. Cervix and uterus.

18 A. Class 1, 5 percent.

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

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

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

26 B. Class 2, 10 percent.

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

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

32 C. Class 3, 20 percent.

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

36 (2) cervical stenosis is complete; or

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

3 Subp. 11. Fallopian tubes and ovaries.

4 A. Class 1, 5 percent.

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

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

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

14 C. Class 3, 20 percent.

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

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

21 5223.0230 SKIN DISORDERS.

22 Permanent partial disability resulting from skin disorders
23 are a disability of the whole body as set forth in this part.
24 This schedule is based upon the effect of the disorder on the
25 ability to function and perform activities of daily living and
26 the degree of treatment required for the disorder. The schedule
27 is not based upon the location or the percentage of the body
28 affected by a specific skin disorder. Impairment due to burns
29 shall be rated under part 5223.0240 and not under this schedule.

30 A. Class 1, 2 percent. Signs or symptoms of skin
31 disorder are present and supported by objective skin findings.
32 With treatment there is no or minimal limitation in the
33 performance of the activities of daily living, although certain
34 physical or chemical agents might temporarily increase the
35 extent of limitation.

36 B. Class 2, 10 percent. Signs and symptoms of skin

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1 disorder are present and intermittent treatment is required.
2 There is limitation in the performance of some of the activities
3 of daily living.

4 C. Class 3, 20 percent. Signs and symptoms of skin
5 disorder are present. Continuous treatment is required. There
6 is limitation in the performance of many of the activities of
7 daily living.

8 D. Class 4, 45 percent. Signs and symptoms of skin
9 disorder are present. Continuous treatment is required which
10 may include periodic confinement at home or other domicile.
11 There is limitation in the performance of many of the activities
12 of daily living.

13 E. Class 5, 70 percent. Signs and symptoms of skin
14 disorder are present. Continuous treatment is required which
15 necessitates confinement at home or other domicile. There is
16 severe limitation in the performance of nearly all of the
17 activities of daily living.

18 5223.0240 BURNS.

19 Subpart 1. General. The whole body disability due to
20 burns is not equal to the percent of body surface area which is
21 burned. The percentage of body surface area affected must be
22 determined according to Lund and Browder. The ratings
23 determined under subparts 1 to 4 must be combined as set forth
24 at Minnesota Statutes, section 176.105, subdivision 4, paragraph
25 (c), provided that the maximum disability to the whole body
26 under this schedule must not exceed 70 percent. Loss of motion
27 or body parts except the face must be rated under the
28 musculoskeletal schedules and must not be considered as included
29 in a rating under this part unless specifically provided
30 otherwise.

31 Subp. 2. Burns other than electrical conduction. A rating
32 under this part is the rating assigned by items A to F combined
33 as provided in Minnesota Statutes, section 176.105, subdivision
34 4, paragraph (c):

35 A. Any burn that heals within one month and leaves no
36 hypertrophic scar, 0 percent.

1 B. Cold intolerance of the hands, face, or head as
2 evidenced by the wearing of heavy gloves or additional scarves
3 at 35 degrees Fahrenheit; a scar of at least ten square
4 centimeters must be present for an affected member to be rated
5 under this item:

- 6 (1) dominant hand, 4 percent;
- 7 (2) nondominant hand, 3 percent;
- 8 (3) both hands, 6 percent;
- 9 (4) face, 3 percent; or
- 10 (5) face and both hands, 10 percent.

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

15 D. Sensitivity to sun exposure as evidenced by the
16 need to cover the skin or use sun screen to prevent sunburn; a
17 scar of at least ten square centimeters must be present for an
18 affected member to be rated under this item:

- 19 (1) dominant hand, 4 percent;
- 20 (2) nondominant hand, 3 percent;
- 21 (3) both hands, 6 percent;
- 22 (4) face, 3 percent; or
- 23 (5) face and both hands, 10 percent.

24 E. Sensitivity to dust, chemical, or petroleum
25 exposure; altered sweating; or apocrine gland dysfunction. For
26 one or any combination of these conditions, the whole body
27 disability is:

- 28 (1) If the sensitivity affects less than 5
29 percent of the body surface area, 0 percent.
- 30 (2) If the sensitivity affects 5 to 20 percent of
31 the body surface area, 2 percent.
- 32 (3) If the sensitivity affects 20 percent or more
33 of the body surface area, 3 percent.

34 F. Sensory loss due to burns:

- 35 (1) Loss of sensation on palmar surface of hands
36 shall be rated as provided by part 5223.0090, subpart 3.

1 (2) Sensory loss in less than 5 percent of the
2 body surface area, 0 percent.

3 (3) Sensory loss in 5 to 20 percent of the body
4 surface area, 2 percent.

5 (4) Sensory loss in more than 20 percent of the
6 body surface area, 5 percent.

7 Subp. 3. Electrical conduction injuries.

8 A. Associated sensory loss and concomitant thermal
9 injuries must be rated as provided in subpart 1.

10 B. Peripheral nerve deficits must be rated as
11 provided in the musculoskeletal schedule.

12 The ratings under items A and B must be combined in the
13 manner set forth at Minnesota Statutes, section 176.105,
14 subdivision 4, paragraph (c).

15 Subp. 4. Cosmetic disfigurement. This part applies to
16 disfigurement on the face, the head, the neck, or the hands due
17 to burns. Where there is surgery, this rating is done after
18 correction by plastic surgery. The final rating under this
19 schedule shall not be done until hypertrophic scarring is
20 matured or more than 24 months after the injury. The ratings
21 under the items of this part must be combined in the manner set
22 forth at Minnesota Statutes, section 176.105, subdivision 4,
23 paragraph (c).

24 A. The face is the anterior head from the forehead,
25 to and including the chin.

26 (1) Loss of facial features:

27 (a) Deformity of nasal tip or deformity,
28 thinning, or eversion of ala nasi, 5 percent.

29 (b) Loss of more than 50 percent of nasal
30 cartilage or of both ala nasi, 25 percent.

31 (2) Eyes:

32 (a) Loss of one eyebrow, 2.5 percent.

33 (b) Loss of two eyebrows, 5 percent.

34 (c) Ectropian unaccompanied by visual
35 impairment:

36 i. Lower lid pulled from eye when

1 mouth is opened and neck extended, 5 percent.

2 ii. Lower lid pulled away with no
3 movement of face or neck, 10 percent.

4 iii. Cornea unprotected when sleeping,
5 15 percent.

6 (d) Epiphora unaccompanied by visual
7 impairment, 10 percent.

8 (3) Mouth. A rating under this subitem is the
9 arithmetic sum of units (a) to (d).

10 (a) Noncongenital microstomia or distortion
11 affecting eating and dental hygiene, 10 percent.

12 (b) Eversion of the upper lip, 7.5 percent.

13 (c) Eversion of the lower lip, 7.5 percent.

14 (d) Distortion of vermilion border, 10
15 percent.

16 (4) Ear. Loss of 75 percent or more of one
17 external ear, 5 percent.

18 (5) Hypertrophic scarring of face in areas other
19 than those covered in subitems (1) to (4):

20 (a) Affecting only forehead above the
21 eyebrows, 10 percent.

22 (b) Affecting the lower face from eyebrows
23 to chin, 25 percent.

24 (c) Affecting both the forehead above the
25 eyebrows and the lower face from the eyebrows to chin, 35
26 percent.

27 (6) Wrinkling of face in areas other than those
28 covered in subitems (1) to (5), one-third of percentages in
29 subitem (5).

30 B. Head, Alopecia:

31 (1) Anterior hairline:

32 (a) Loss of less than 20 percent of hair on
33 anterior hairline, 0 percent.

34 (b) Loss of 20 to 50 percent of hair on
35 anterior hairline, 2 percent.

36 (c) Loss of more than 50 percent of hair on

1 anterior hairline, 3 percent.

2 (2) Elsewhere on head and not affecting anterior
3 hairline:

4 (a) Loss of 0 to 15 percent of hair, 0
5 percent.

6 (b) Loss of 15 to 30 percent of hair, 1
7 percent.

8 (c) Loss of 20 to 50 percent of hair, 2
9 percent.

10 (d) Loss of more than 50 percent of hair, 3
11 percent.

12 The ratings under subitems (1) and (2) must be combined as
13 set forth in Minnesota Statutes, section 176.105, subdivision 4,
14 paragraph (c).

15 C. The anterior neck extends from the ear lobule
16 anteriorly to the ear lobule and downward to mid clavicle.
17 Disfigurement on the posterior neck from the ear lobule
18 posteriorly to the ear lobule shall not be rated under this
19 rule. Ratings under subitems (1) and (2) shall be combined as
20 set forth in Minnesota Statutes, section 176.105, subdivision 4,
21 paragraph (c).

22 (1) Hypertrophic scarring or banding:

23 (a) Affecting less than 10 percent of the
24 anterior neck, 0 percent.

25 (b) Affecting 10 to 30 percent of the
26 anterior neck, 10 percent.

27 (c) Affecting 30 to 50 percent of the
28 anterior neck, 12 percent.

29 (d) Affecting more than 50 percent of the
30 anterior neck, 15 percent.

31 (2) The chin shelf is the area from the chin
32 backwards to the neck.

33 (a) Chin shelf extends less than 2 inches, 3
34 percent.

35 (b) Chin shelf extends less than 1 inch, 10
36 percent.

1 D. The hand extends from the carpus outward. Loss of
2 body parts and loss of motion are rated in the musculoskeletal
3 schedule.

4 (1) Hypertrophic scarring affecting less than 30
5 percent of dorsum of one hand, 0 percent.

6 (2) Hypertrophic scarring affecting 30 to 50
7 percent of dorsum of one hand, 3 percent.

8 (3) Hypertrophic scarring affecting 50 percent or
9 more of dorsum of one hand, 7 percent.

10 5223.0250 PREEXISTING IMPAIRMENTS.

11 Where a disability is subject to apportionment under
12 Minnesota Statutes, section 176.101, subdivision 4a, the rating
13 for the disabled condition under a category of the schedules of
14 this chapter must be reduced as provided in this part. As used
15 in this part, the term disabled condition includes the
16 preexisting disability.

17 A. This part applies where the preexisting disability
18 has not been rated and neither item B nor C is applicable.

19 (1) The preexisting disability must be rated
20 under a category of the schedules of this chapter.

21 (2) The whole body disability rating assigned to
22 the disabled condition of the member by the schedules of this
23 chapter must be reduced by the rating assigned to the
24 preexisting disability of the member in subitem (1).

25 (3) For example, the medical report establishes a
26 preexisting impairment of amputation of the index finger at the
27 metacarpophalangeal joint. This injury is a 13.5 percent
28 preexisting disability to the body as a whole under part
29 5223.0080, subpart 1, item L, subitem (1). The disabled
30 condition is amputation of all fingers except the thumb at the
31 metacarpophalangeal joint, a 32.5 percent disability under part
32 5223.0080, subpart 1, item J, 32.5 percent less 13.5 percent
33 gives the disability (adjusted for the preexisting impairment)
34 of 19 percent. Payment is made for the 19 percent disability at
35 the rate appropriate for a 32.5 percent disability. Thus, if
36 economic recovery benefits are paid, 19 percent is multiplied by

1 680 weeks; for impairment benefits, 19 percent is multiplied by
2 \$85,000.

3 B. This item applies where the preexisting disability
4 of a member has been rated in another proceeding or state and
5 the rating represents a percentage of disability to the whole
6 body. The rating of the disabled condition under a category of
7 these schedules shall be reduced by the rating assigned to the
8 preexisting disability of the member.

9 C. This item applies where the injury producing the
10 preexisting disability occurred prior to January 1, 1984, and
11 the preexisting disability has been rated under Minnesota
12 Statutes, section 176.101, subdivision 3; or where Minnesota
13 Statutes, chapter 176 is inapplicable and the rating represents
14 a percentage of disability of a member.

15 (1) From Table 1, determine the maximum whole
16 body disability assignable to the preexisting disability. Use
17 Table 2 where disability to an internal organ is rated as a
18 percentage of disability to the particular organ rather than a
19 percentage of disability to internal organs. Where the
20 preexisting disability is not listed in Table 1 or Table 2, the
21 maximum whole body disability is the maximum disability assigned
22 to the affected member by the schedules of this chapter.

23 TABLE 1

24	25	Maximum Whole Body
26	Member	Disability (Percent)
27		
28	Thumb	16
29	Index finger	11
30	Middle finger	9
31	Ring finger	4
32	Little finger	2
33	Great toe	5
34	Lesser toe	1
35	Hand	54
36	Hand and wrist	54

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1	Arm	60
2	Foot	21
3	Foot and ankle	28
4	Leg	40
5	Eye	24
6	Eyes (both)	85
7	Hearing loss, (one ear)	6
8	Hearing loss (both ears)	35
9	Back	71
10	Voice	70
11	Burns and skin impairments,	
12	including disfigurement	70
13	Internal organs,	
14	excluding brain	85
15	Brain	100
16	Head	20

TABLE 2

		Maximum Whole Body Disability (Percent)
21	Member	
22		
23	Stomach	65
24	Pancreas	65
25	Colon	50
26	Spleen	0
27	Bladder	30
28	Sexual organs or function	20
29	Circulatory system	90
30	Heart	85
31	Lungs	85
32	Liver	75
33	Solitary kidney	10
34	Kidney, excluding	
35	solitary kidney	77

36 (2) Multiply the prior rating of the member's

1 preexisting disability by the maximum whole body disability
2 determined in subitem (1). Where a disputed rating has been
3 closed out to a stipulated rating but payments were made on a
4 different rating, the rating for purposes of this part is the
5 closed-out rating.

6 (3) Subtract the percentage amount determined in
7 subitem (2) from the whole body disability rating assigned to
8 the disabled condition of the member by the schedules of this
9 chapter. The remainder is the amount due for the disabled
10 condition after apportionment for the preexisting disability.

11 (4) For example, a pre-1984 back injury was rated
12 at 25 percent of the back. The whole body disability
13 attributable to this injury is 25 percent by 71 percent equals
14 17.75 percent. After 1984, a second back injury is rated at 24.5
15 percent under this chapter (24.5 percent minus 17.75 percent
16 equals 6.75 percent). Six and three-fourths (6.75) percent is
17 the amount assigned to the disabled condition after
18 apportionment.

19 D. Where both Minnesota Statutes, sections 176.101,
20 subdivision 4a, and 176.105, subdivision 4, paragraph (c) apply,
21 apportionment must be determined as follows:

22 (1) For each member, determine the percentage of
23 whole body disability under items A to C, as appropriate.

24 (2) Combine the percentages obtained in subitem
25 (1) in the manner set forth in Minnesota Statutes, section
26 176.105, subdivision 4, paragraph (c). Prior to the next
27 application of the formula, the result of an application of the
28 formula must be stated as a decimal, not as a percentage, that
29 is rounded up or down to four decimal places.