

1 Department of Labor and Industry

2

3 Adopted Permanent Rules Relating to Workers' Compensation

4 Permanent Partial Disability Schedules

5

6 Rules as Adopted

7 5223.0300 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 impairments. Parts 5223.0300 to 5223.0650 assign percentages of
14 disability of the whole body for permanent partial impairment.

15 Subp. 2. Effective date. Parts 5223.0300 to 5223.0650 are
16 effective July 1, 1993.

17 Subp. 3. Interpretation of schedules. In applying these
18 schedules, the rules of construction in items A to H apply.

19 A. Only the categories in the schedules in parts
20 5223.0300 to 5223.0650 may be used when rating the extent of
21 impairment. If a category applicable to the impairing condition
22 cannot be found in parts 5223.0300 to 5223.0650, then the
23 category most closely resembling the impairment or the
24 percentage of permanent partial disability based on analogy
25 shall be chosen.

26 B. If a category represents the impairing condition,
27 the disability determination shall not be based on the
28 cumulation of lesser included categories.

29 C. If more than one category may apply to a
30 condition, the category most closely representing the condition
31 shall be selected.

32 D. If more than one category is necessary to
33 represent all of the mutually exclusive impairing conditions
34 resulting from an injury, categories shall be selected to avoid
35 double compensation for any part of a condition.

1 E. The percentages of disability to the whole body as
2 provided in two or more categories shall not be averaged,
3 prorated, or otherwise deviated from, unless specifically
4 provided in the schedule. Unless provided otherwise, if an
5 impairment must be rated under more than one category, the
6 ratings must be combined using the $A + B(1 - A)$ formula set
7 forth in Minnesota Statutes, section 176.105, subdivision 4,
8 paragraph (c), where A is the rating with the largest percentage
9 and B is the rating with the next largest percentage. If there
10 are more than two impairments, the combination of the largest
11 and next largest percentages becomes the new A and the third
12 largest percentage becomes the new B. This process is continued
13 interactively until all percentages are combined.

14 F. In certain situations as specifically noted
15 elsewhere in these schedules, the percentages of disability must
16 be added ($A + B$) rather than combined. These summed percentages
17 may then be combined or added with other percentages as
18 appropriate.

19 G. With respect to the musculoskeletal schedule, the
20 percent of whole body disability for motor or sensory loss of a
21 member shall not exceed the percent of whole body disability for
22 amputation of that member.

23 H. A category not found within parts 5223.0300 to
24 5223.0650 shall not be used to determine permanent partial
25 disability.

26 Subp. 4. **Incorporations by reference.** The technical terms
27 in parts 5223.0300 to 5223.0650 are defined either in part
28 5223.0310 or by the documents incorporated by reference in parts
29 5223.0300 to 5223.0650. Documents are incorporated by reference
30 only to the extent necessary for definition or to the extent
31 specifically referenced in a schedule. The documents
32 incorporated by reference are not subject to frequent change,
33 although new editions occasionally may be published. These
34 documents are common medical references and are conveniently
35 available to the public at the University of Minnesota,
36 Biomedical Library and are accessible through the Minitex

1 interlibrary loan system. These documents are as follows:

2 A. "Adult Normal for the Nine Hole Peg Test of Finger
3 Dexterity," V. Mathiowetz et al. The Occupational Therapy
4 Journal of Research, volume 5, pp. 24-38 (1985).

5 B. Guides to the Evaluation of Permanent Impairment,
6 published by the American Medical Association, Committee on
7 Rating of Mental and Physical Impairment, 3rd edition, 1988.
8 This document is also referred to as the A.M.A. Guides.

9 C. S3.1-1977 Criteria for Permissible Ambient Noise
10 during Audiometric Testing, published by the American National
11 Standards Institute, Inc., 1973.

12 D. S3.6-1969 (R1973) Specification for Audiometers,
13 published by the American National Standards Institute, Inc.,
14 1977.

15 E. Metropolitan Life Insurance Company Height and
16 Weight Tables, published by the Metropolitan Life Insurance
17 Company, 1983, and reproduced in the A.M.A Guides, 3rd edition,
18 page 178.

19 F. F. F. Plum and J. B. Posner, Diagnosis of Stupor
20 and Coma, 2nd edition, published by F. A. Davis, Philadelphia,
21 1972.

22 G. Dorland's Illustrated Medical Dictionary, 27th
23 edition, published by W. B. Saunders Company, 1988. This
24 document is also referred to as Dorland's.

25 H. D.S.M. III, Diagnostic and Statistical Manual of
26 Mental Disorders, published by American Psychiatric Association,
27 1980. This document is also referred to as D.S.M. III.

28 I. Fractures, 2nd edition, Charles A. Rockwood and
29 David Green, published by Lippencott, 1984.

30 J. Textbook on Anatomy, William Henry Hollinshead,
31 published by Harper & Row, 1985.

32 K. "The Estimation of Areas of Burns," in Surgery,
33 Gynecology and Obstetrics, by Lund and Browder, pages 352-358,
34 volume 79, published by Surgical Publishing Company of Chicago,
35 1944. This document is also referred to as Lund and Browder.

36 L. Stedman's Medical Dictionary, 25th edition,

1 published by Williams and Wilkins, 1990. This document is also
2 referred to as Stedman's.

3 5223.0310 DEFINITIONS.

4 Subpart 1. **Scope.** For the purpose of parts 5223.0300 to
5 5223.0650, the terms defined in this part have the meanings
6 given them unless the context clearly indicates otherwise.
7 Terms not defined in this part are defined in documents
8 incorporated by reference. If the definition in a document
9 incorporated by reference conflicts with or differs from the
10 definition in parts 5223.0300 to 5223.0650, the specific
11 definition in parts 5223.0300 to 5223.0650 shall govern.

12 Subp. 2. **Acromioclavicular grade 1.** "Acromioclavicular
13 grade 1" means an undisplaced acromioclavicular joint.

14 Subp. 3. **Acromioclavicular grade 2.** "Acromioclavicular
15 grade 2" means a 50 percent displacement of the clavicle in
16 relationship to the acromion at the acromioclavicular joint as
17 measured on standard X-ray view of the acromioclavicular joint
18 in comparison to an uninjured contralateral acromioclavicular
19 joint or in comparison to normative values.

20 Subp. 4. **Acromioclavicular grade 3.** "Acromioclavicular
21 grade 3" means a completely disrupted acromioclavicular joint as
22 measured on standard X-ray view of the acromioclavicular joint
23 in comparison to an uninjured contralateral acromioclavicular
24 joint or in comparison to normative values.

25 Subp. 5. **Activities of daily living.** "Activities of daily
26 living" means the ability to perform all of the following:

27 A. self cares: urinating, defecating, brushing
28 teeth, combing hair, bathing, dressing oneself, and eating;

29 B. communication: writing, seeing, hearing, and
30 speaking;

31 C. normal living postures: sitting, lying down, and
32 standing;

33 D. ambulation: walking and climbing stairs;

34 E. travel: driving and riding;

35 F. nonspecialized hand functions: grasping and

1 tactile discrimination;

2 G. sexual function: participating in usual sexual
3 activity;

4 H. sleep: ability to have restful sleep pattern; and

5 I. social and recreational activities: ability to
6 participate in group activities.

7 Subp. 6. Adaptive equipment for ambulation. "Adaptive
8 equipment for ambulation" means a crutch, cane, walker,
9 prosthesis, orthosis, or other medical device other than a
10 wheelchair which allows an individual, who would otherwise be
11 unable, to walk without assistance from another person.

12 Subp. 7. Ankylosis. "Ankylosis" means the abnormal
13 immobility and consolidation of a joint.

14 Subp. 8. ~~Appropriate, consistent, and reproducible~~
15 ~~clinical findings.~~ "Appropriate, consistent, and reproducible
16 clinical findings" means that all of the following statements
17 are true of the clinical findings as a whole in regard to the
18 alleged organic pain syndrome:

19 A. ~~the clinical findings are the same from one~~
20 ~~examination to another, that is, there is intraexaminer~~
21 ~~reliability;~~

22 B. ~~the clinical findings are the same from one~~
23 ~~examiner to another, that is, there is interexaminer~~
24 ~~reliability;~~

25 C. ~~the majority of those clinical findings expected~~
26 ~~in an instance of the alleged organic pain syndrome are found on~~
27 ~~examination, that is, the findings are sensitive;~~

28 D. ~~there are few if any clinical findings that are~~
29 ~~not expected in an instance of the alleged organic pain~~
30 ~~syndrome, that is, the findings are specific.~~

31 Subp. ~~9.~~ ANSI. "ANSI" means the American National
32 Standards Institute.

33 Subp. ~~10.~~ 9. Articulation. "Articulation" means the
34 enunciation of words.

35 Subp. ~~11.~~ 10. Banding. "Banding" means a thick, ropelike
36 cord of hypertrophic scarring.

1 Subp. ~~12~~ 11. **Cardiopulmonary exercise testing.**

2 "Cardiopulmonary exercise testing" means a standardized,
3 graduated exercise test performed according to a protocol, for
4 the purpose of determining maximum exercise capacity expressed
5 as VO2 max.

6 Subp. ~~13~~ 12. **Carpal instability.** "Carpal instability"
7 means either an incompetence of the ligament support system of
8 the wrist or a change in the joint contact surface configuration
9 of the carpal bones such that there is abnormal alignment or
10 movement of the proximal carpal row.

11 Subp. ~~14~~ 13. **Category.** "Category" means a permanent
12 partial impairment as described in parts 5223.0300 to 5223.0650
13 and the corresponding percent of disability to the whole body
14 for that permanent partial impairment.

15 Subp. ~~15~~ 14. **Chronic.** "Chronic" means the repeated or
16 continuous occurrence of a specific condition or symptom.

17 Subp. ~~16~~ 15. **Colostomy.** "Colostomy" means the surgical
18 creation of a new opening of the colon on the surface of the
19 body.

20 Subp. ~~17~~ 16. **Coma.** "Coma" means a state of
21 unconsciousness from which the individual cannot be aroused,
22 even by powerful stimulation.

23 Subp. ~~18~~ 17. **Contracture.** "Contracture" means a
24 condition of fixed resistance to passive movement at a joint
25 resulting from fibrosis of the soft tissues. A contracture is
26 named by the direction in which the fibrosis draws the joint,
27 that is, a joint drawn into flexion has a flexion contracture
28 and there is a fixed resistance to passive extension.

29 Subp. ~~19~~ 18. **DCO.** "DCO" means the diffusion capacity of
30 carbon monoxide as measured by a test performed as described in
31 the A.M.A. Guide, 3rd edition, pp. 112-113. The measurement is
32 expressed as a percentage of the normal value. The normal
33 values used are those listed in the A.M.A. Guide, 3rd edition,
34 pp. 114-115, incorporated by reference in part 5223.0300,
35 subpart 4, item B.

36 Subp. ~~20~~ 19. **Delirium.** "Delirium" means a mental

1 disturbance marked by illusions, hallucinations, delusions,
2 cerebral excitement, physical restlessness, and incoherence, and
3 having a comparatively short course.

4 Subp. ~~21~~ 20. **Desirable level of weight.** "Desirable level
5 of weight" means preferred weights in the tables created by the
6 Metropolitan Life Insurance Company. For purposes of parts
7 5223.0300 to 5223.0650, the following are the minimums of the
8 preferred weights (in pounds) for men and women of various
9 heights and builds:

Height	Small Frame		Medium Frame		Large Frame	
	Male	Female	Male	Female	Male	Female
12 4' 10"		102		109		118
13 4' 11"		103		111		120
14 5'		104		113		122
15 5' 1"		106		115		125
16 5' 2"	128	108	131	118	138	128
17 5' 3"	130	111	133	121	140	131
18 5' 4"	132	114	135	124	142	134
19 5' 5"	134	117	137	127	144	137
20 5' 6"	136	120	139	130	146	140
21 5' 7"	138	123	142	133	149	143
22 5' 8"	140	126	145	136	152	146
23 5' 9"	142	129	148	139	155	149
24 5' 10"	144	132	151	142	158	152
25 5' 11"	146	135	154	145	161	155
26 6'	149	138	157	148	164	158
27 6' 1"	152		160		168	
28 6' 2"	155		164		172	
29 6' 3"	158		167		176	
30 6' 4"	162		171		181	

31
32 Subp. ~~22~~ 21. **Disarticulation.** "Disarticulation" means an
33 amputation occurring through a joint.

34 Subp. ~~23~~ 22. **Distance vision.** "Distance vision" means
35 the ability to distinguish letters at a distance of 20 feet
36 according to any eye chart in which the 20/20 (6/6) letters
37 subtend five minutes of arc.

38 Subp. ~~24~~ 23. **Dysequilibrium.** "Dysequilibrium" means any
39 derangement of proper balance.

40 Subp. ~~25~~ 24. **Esophagostomy.** "Esophagostomy" means the
41 creation of an artificial opening into the esophagus.

42 Subp. ~~26~~ 25. **Executive functions.** "Executive functions"
43 means such activities as managing a checkbook, entering into
44 contracts, and making medium- and long-range financial plans.

45 Subp. ~~27~~ 26. **Family member.** "Family member" means
46 cohabitant and is not limited to those related by blood or
47 marriage. In cases of institutionalization or similar nonhome

1 environment, family member may include staff members who care
2 for the individual on a regular basis.

3 Subp. ~~28~~ 27. FEV1. "FEV1" means the forced expiratory
4 volume in one second as measured by a spirometric test performed
5 as described in the A.M.A. Guide, 3rd edition, pp. 111-112. The
6 measurement used must be taken from the spirogram which is both
7 technically acceptable and represents the best effort of the
8 patient. The measurement is expressed as a percentage of the
9 normal value. The normal values used are those listed in the
10 A.M.A. Guide, 3rd edition, pp. 112-113, incorporated by
11 reference in part 5223.0300, subpart 4, item B.

12 Subp. ~~29~~ 28. 14/14 Snellen rating. "14/14 Snellen rating"
13 means a measurement of visual acuity for near vision. The
14 numerator is the test distance in inches. The denominator is
15 the distance at which the smallest letter on the test instrument
16 can be seen.

17 Subp. ~~30~~ 29. Fusion. "Fusion" means the operative
18 formation of an ankylosis.

19 Subp. ~~31~~ 30. FVC. "FVC" means the forced vital capacity
20 as measured by a spirometric test performed as described in the
21 A.M.A. Guide, 3rd edition, pp. 111-112. The measurement used
22 must be taken from the spirogram which is both technically
23 acceptable and represents the best effort of the patient. The
24 measurement is expressed as a percentage of the normal value.
25 The normal values used are those listed in the A.M.A. Guide, 3rd
26 edition, pp. 110-111, incorporated by reference in part
27 5223.0300, subpart 4, item B.

28 Subp. ~~32~~ 31. Gastrostomy. "Gastrostomy" means the
29 creation of an artificial opening into the stomach.

30 Subp. ~~33~~ 32. Hypertrophic scar. "Hypertrophic scar"
31 means an elevated irregularly shaped mass of scar tissue.

32 Subp. ~~34~~ 33. Ileostomy. "Ileostomy" means the creation
33 of an artificial opening into the ileum.

34 Subp. ~~35~~ 34. Jejunostomy. "Jejunostomy" means the
35 creation of an artificial opening into the jejunum.

36 Subp. ~~36~~ 35. Lethargy. "Lethargy" means in relation to

1 an injury to the brain, that an individual is drowsy, but can be
2 aroused.

3 Subp. ~~37~~ 36. **Method of Lund and Browder.** "Method of Lund
4 and Browder" means a method of estimating the body surface area
5 of body parts as represented by the following values for adults:

6	Part	Surface Area (as a
7		percentage of total
8		body surface area)
9	Head	7
10	Neck	2
11	Anterior trunk	13
12	Posterior trunk	13
13	Right buttock	2.5
14	Left buttock	2.5
15	Genitals	1
16	Right upper arm	4
17	Left upper arm	4
18	Right lower arm (exclusive of hand)	3
19	Left lower arm (exclusive of hand)	3
20	Right hand	2.5
21	Left hand	2.5
22	Right thigh	9.5
23	Left thigh	9.5
24	Right leg (exclusive of foot)	7
25	Left leg (exclusive of foot)	7
26	Right foot	3.5
27	Left foot	3.5

28
29 Subp. ~~38~~ 37. **Motility chart.** "Motility chart" means the
30 chart of figure 3, p. 160 of the A.M.A. Guides, 3rd edition.

31 Subp. ~~39~~ 38. **Near vision.** "Near vision" means the
32 ability to read text or to distinguish letters at a distance of
33 14 inches as measured by any eye test for use at 14 inches and
34 is measured using the appropriate optical correction for the
35 14-inch distance.

36 Subp. ~~40~~ 39. **Nine hole peg test.** The "Nine hole peg test"
37 is a commonly used, relatively inexpensive, and quickly
38 administered measurement of finger dexterity as described in the
39 "Adult Normal for the Nine Hole Peg Test of Finger Dexterity,"
40 incorporated by reference in part 5223.0300, subpart 4, item A.

41 Subp. ~~41~~ 40. **Painful organic syndrome.** "Painful organic
42 syndrome" means a musculoskeletal condition characterized by
43 pain with use of the affected member which limits the voluntary
44 active range of motion, without any limitation of forced passive
45 range of motion, and attributed to a lesion in the soft tissues,
46 that is, capsule, ligament, tendon, fascia, and muscle, and
47 defined by a set of clinical findings.

1 Subp. ~~42~~ 41. Presbycusis. "Presbycusis" means a decline
2 in hearing acuity that occurs with the aging process.

3 Subp. ~~43~~ 42. Pseudophakia. "Pseudophakia" means that the
4 crystalline lens of the eye has been replaced with a surgically
5 implanted lens.

6 Subp. ~~44~~ 43. Radicular pain. "Radicular pain" means pain
7 described as radiating distally into an extremity in the
8 distribution of a nerve root and characterized by consistent
9 findings on provocation testing, ~~that-is~~ for example, the
10 straight leg raising test.

11 Subp. ~~45~~ 44. Radicular paresthesia. "Radicular
12 paresthesia" means abnormal sensations, that is, burning or
13 prickling, described as involving an extremity in the
14 distribution of a nerve root.

15 Subp. ~~46~~ 45. Self cares. "Self cares" means urinating,
16 defecating, brushing teeth, combing hair, bathing, dressing
17 oneself, and eating.

18 Subp. ~~47~~ 46. Speech intensity. "Speech intensity" means
19 the level of sound intensity of an individual's speech. Speech
20 intensity determines the ability to be heard versus
21 intelligibility which determines the ability to be understood.

22 Subp. ~~48~~ 47. Spinal stenosis. "Spinal stenosis" means
23 the narrowing of the spinal canal.

24 Subp. ~~49~~ 48. Spondylolisthesis. "Spondylolisthesis"
25 means the forward movement of one vertebral body on the
26 vertebrae below it or upon the sacrum.

27 Subp. ~~50~~ 49. Spondylolisthesis grade 1.
28 "Spondylolisthesis grade 1" means forward movement from zero to
29 25 percent of the vertebral body as measured on standard X-ray
30 view of the spine.

31 Subp. ~~51~~ 50. Spondylolisthesis grade 2.
32 "Spondylolisthesis grade 2" means forward movement from 25 to 50
33 percent of the vertebral body as measured on standard X-ray view
34 of the spine.

35 Subp. ~~52~~ 51. Spondylolisthesis grade 3.
36 "Spondylolisthesis grade 3" means movement from 50 to 75 percent

1 of the vertebral body as measured on standard X-ray view of the
2 spine.

3 Subp. ~~53~~ 52. **Spondylolisthesis grade 4.**

4 "Spondylolisthesis grade 4" means forward movement from 75 to
5 100 percent of the vertebral body as measured on standard X-ray
6 view of the spine.

7 Subp. ~~54~~ 53. **Stupor.** "Stupor" means, in relation to a
8 nervous system injury to the brain, that a strong stimulus or
9 pain is needed to arouse consciousness or response.

10 Subp. ~~55~~ 54. **Table for loss of central visual acuity.**

11 "Table for loss of central visual acuity" means the table of
12 Table 2, p. 155 of the A.M.A. Guides, 3rd edition.

13 Subp. ~~56~~ 55. **Tandem gait.** "Tandem gait" means walking by
14 placing one foot directly in front of the other in a heel-to-toe
15 fashion.

16 Subp. ~~57~~ 56. **Tinnitus.** "Tinnitus" means a subjective
17 sense of noises in the head or ringing in the ear for which
18 there is no observable external cause.

19 Subp. ~~58~~ 57. **Trigeminal neuralgia.** "Trigeminal neuralgia"
20 means paroxysmal pain extending along the course of the
21 trigeminal nerve.

22 Subp. ~~59~~ 58. **20/20 Snellen rating.** "20/20 Snellen rating"
23 means a measurement of visual acuity for distance vision. The
24 numerator is the test distance in feet. The denominator is the
25 distance at which the smallest letter discriminated by a patient
26 would subtend five minutes of arc.

27 Subp. ~~60~~ 59. **Vertigo.** "Vertigo" means a sensation of
28 moving around in space or having objects move about the person.
29 It is the result of a disturbance of the equilibratory apparatus.

30 Subp. ~~61~~ 60. **Visual field chart.** "Visual field chart"
31 means the charts of figure 1, p. 156 of the A.M.A. Guides, 3rd
32 edition.

33 Subp. ~~62~~ 61. **VO2 max.** "VO2 max" means the maximum
34 exercise capacity of an individual as measured by
35 cardiopulmonary exercise testing and expressed as oxygen
36 consumption in milliliters/(kilograms x minutes).

1 Subp. ~~63~~ 62. Wrinkling. "Wrinkling" means small ridges
2 on the skin formed by shrinking or contraction of the skin.

3 5223.0315 PREEXISTING IMPAIRMENTS.

4 This part may be used only for the rating of preexisting
5 impairments for determining apportionment under Minnesota
6 Statutes, section 176.101, subdivision 4a. Ratings of permanent
7 partial disability under Minnesota Statutes, section 176.101,
8 subdivisions 3a and 3b, shall be determined under parts
9 5223.0300 to 5223.0310 and 5223.0320 to 5223.0650. If an
10 impairment is subject to apportionment under Minnesota Statutes,
11 section 176.101, subdivision 4a, the rating for the impaired
12 condition under a category of the schedules of parts 5223.0300
13 to 5223.0650 must be reduced as provided in this part. As used
14 in this part, "impaired condition" includes the preexisting
15 impairment.

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

18 (1) The preexisting impairment must be rated
19 under a category of the schedules of parts 5223.0300 to
20 5223.0650.

21 (2) The whole body disability rating assigned to
22 the impaired condition of the member by the schedules of parts
23 5223.0300 to 5223.0650 must be reduced by the rating assigned to
24 the preexisting impairment of the member in subitem (1).

25 (3) For example, the medical report establishes a
26 preexisting amputation of the great toe at the
27 metatarsophalangeal joint. This condition is a five percent
28 preexisting disability to the body as a whole under part
29 5223.0550, subpart 1, item K, subitem (2). The new work-related
30 condition is an amputation of the rest of the toes of the same
31 foot at the metatarsophalangeal joints, best rated at eight
32 percent disability to the body as a whole under part 5223.0550,
33 subpart 1, item J, which rates the disability for amputation of
34 all toes at metatarsophalangeal joint. The disability rating of
35 eight percent must therefore be adjusted for the preexisting

1 condition, which is a lesser included category. This is done by
 2 subtracting five percent for the preexisting condition from
 3 eight percent for the overall condition. Payment is made for
 4 the resulting three percent disability rating at the rate
 5 appropriate for the overall disability rating of eight percent
 6 in this example.

7 B. This item applies if the preexisting impairment of
 8 a member has been rated in another proceeding or state and the
 9 rating represents a percentage of disability to the whole body.
 10 The rating of the impaired condition under a category of these
 11 schedules shall be reduced by the rating assigned to the
 12 preexisting impairment of the member.

13 C. This item applies if the injury producing the
 14 preexisting impairment occurred prior to January 1, 1984, and
 15 the preexisting impairment is governed by Minnesota Statutes,
 16 section 176.101, subdivision 3; or if Minnesota Statutes,
 17 chapter 176, is inapplicable, the rating represents a percentage
 18 of disability of a member, and the rating was made prior to the
 19 current injury.

20 (1) From Table 1, determine the maximum whole
 21 body disability assignable to the preexisting impairment. Use
 22 Table 2 if impairment to an internal organ is rated as a
 23 percentage of disability to the particular organ rather than a
 24 percentage of disability to the internal organs as a whole. If
 25 the preexisting impairment is not listed in Table 1 or Table 2,
 26 the maximum whole body disability is the maximum disability
 27 assigned to the affected member by the schedules of parts
 28 5223.0300 to 5223.0650.

29 Table 1

30 Member	31 <u>Conversion Factor for</u>
32	32 <u>Maximum Whole Body</u>
33	32 <u>Disability (Percent)</u>
33 Thumb	16
34 Index finger	±± 9
35 Middle finger	9
36 Ring finger	4
37 Little finger	± 4
38 Great toe	5
39 Lesser toe	1
40 Hand	54
41 Hand and wrist	54
42 Arm	60

1	Foot	21
2	Foot and ankle	28 26
3	Leg	40
4	Eye	24
5	Eyes (both)	85
6	Hearing loss (one ear)	6
7	Hearing loss (both ears)	35
8	Back	71
9	Voice	70
10	Burns and skin impairments,	
11	including disfigurement	70
12	Internal organs, excluding	
13	brain	85
14	Brain	100
15	Head	20

Table 2

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

35 (2) Multiply the prior rating of the member's
 36 preexisting impairment by the maximum whole body disability
 37 determined in subitem (1). If a disputed rating has been closed
 38 out to a stipulated rating but payments were made on a different
 39 rating, the rating for purposes of this part is the closed-out
 40 rating.

41 (3) Subtract the percentage amount determined in
 42 subitem (2) from the whole body disability rating assigned to
 43 the impaired condition of the member by the schedules of parts
 44 5223.0300 to 5223.0650. The remainder is the amount due for the
 45 impaired condition after apportionment for the preexisting
 46 impairment.

47 (4) For example, a pre-1984 back injury was rated
 48 at 25 percent of the back. The whole body disability
 49 attributable to this injury is 25 percent multiplied by 71
 50 percent, which equals 17.75 percent. After 1984, a second back
 51 injury is rated at 24.5 percent under parts 5223.0300 to
 52 5223.0650 (24.5 percent minus 17.75 percent equals 6.75

1 percent). Six and three-fourths (6.75) percent is the amount
2 assigned to the impaired condition after apportionment.

3 D. If Minnesota Statutes, sections 176.101,
4 subdivision 4a, and 176.105, subdivision 4, paragraph (c),
5 apply, apportionment must be determined according to subitems
6 (1) and (2).

7 (1) For each impairing condition, determine the
8 percentage of whole body disability under items A to C, as
9 appropriate.

10 (2) Combine the percentages obtained in subitem
11 (1) as described in part 5223.0300, subpart 3, item E. Before
12 the next application of the formula, the result of an
13 application of the formula must be stated as a decimal, not as a
14 percentage, that is rounded up or down to four decimal places.

15 5223.0320 FACE, NOSE, MOUTH, OR THROAT.

16 Subpart 1. General. For permanent partial impairment to
17 the face, nose, mouth, or throat other than for cosmetic
18 disfigurement, disability of the whole body is as provided in
19 subparts 2 to 4. Permanent partial impairment due to cosmetic
20 disfigurement is as provided in part 5223.0650 and may be
21 combined with ratings under this part as described in part
22 5223.0300, subpart 3, item E.

23 Subp. 2. Chewing or swallowing. Signs or symptoms of
24 organic disease of the face, nose, mouth, or throat are present
25 or there is an objectively demonstrated neurological lesion of a
26 type known to interfere with chewing or swallowing; and, in the
27 case of organic disease of the face, nose, mouth, or throat,
28 there is anatomic loss or alteration; and signs or symptoms have
29 persisted despite treatment.

30 A. Restricted to mechanical soft diet, ten percent.

31 B. Diet restricted to liquids, 25 percent.

32 C. Diet by tube feeding or gastrostomy, 50 percent.

33 Subp. 3. Articulation. Signs or symptoms of organic
34 disease of the face, nose, mouth, or throat are present or there
35 is an objectively demonstrated neurological lesion of a type

1 known to interfere with articulation, as defined in part
2 5223.0310, subpart ~~10~~ 9; and, in the case of organic disease of
3 the face, nose, mouth, or throat, there is anatomic loss or
4 alteration, and signs or symptoms have persisted despite
5 treatment.

6 A. Speech intensity, as defined in part 5223.0310,
7 subpart ~~47~~ 46, is sufficient and 95 percent or more of words,
8 that is, nearly all words, are understood by persons who are not
9 family members, but speech is distorted, three percent.

10 B. Speech intensity can be sustained but is
11 insufficient in noisy environments, or 95 percent or more of
12 words, that is, nearly all words, are understood by family
13 members, as defined in part 5223.0310, subpart ~~27~~ 26, but
14 strangers have difficulty understanding anything but basic
15 communications, that is, name, address, or rote information, ten
16 percent.

17 C. Speech intensity cannot be sustained for more than
18 a few seconds and 95 percent or more of words, that is, nearly
19 all words, are understood by family members though strangers
20 have difficulty understanding anything but basic communications,
21 15 percent.

22 D. Speech is understood by family members only, 20
23 percent.

24 E. Can produce only a barely heard whisper or
25 unintelligible except for basic communication with family
26 members, 25 percent.

27 F. Completely inaudible or completely unintelligible,
28 35 percent.

29 Subp. 4. **Upper respiratory tract.** Signs or symptoms of
30 upper respiratory tract obstruction are present, and there is
31 anatomical loss or alteration of nares, nasal cavities, sinuses,
32 eustachian tubes, mouth, pharynx, larynx, upper trachea to
33 fourth ring, or lower trachea to bifurcation, and signs or
34 symptoms have persisted despite treatment.

35 A. Incomplete or unilateral obstruction of the upper
36 respiratory tract, including, but not limited to, chronic

1 mastoiditis, chronic rhinitis, chronic sinusitis, or chronic
2 eustachian tube defects, two percent.

3 B. Complete bilateral obstruction of the nose or
4 nasopharynx, five percent.

5 C. Other disorders, the rating is as provided in part
6 5223.0560.

7 Subp. 5. Temporomandibular joint. Impairment of the
8 temporomandibular joint is ratable only under subparts 2 and 3
9 and part 5223.0650, subpart 2.

10 Subp. 6. Jaw and facial bones. Impairment of the jaw and
11 facial bones is ratable only under subparts 2, 3, and 4 and
12 parts 5223.0330 and 5223.0650, subpart 2.

13 Subp. 7. Complete loss of teeth. Ratings under this
14 subpart are not combinable with any other subpart under this
15 part. Ratings under this part may not exceed a total of ten
16 percent whole body impairment.

17 A. Upper incisors, one percent each.

18 B. All other teeth, 0.5 percent each.

19 5223.0330 EYE.

20 Subpart 1. General. For permanent partial impairment to
21 vision from any cause, disability of the whole body is as
22 provided in subparts 2 and 3. Permanent partial disability due
23 to cosmetic disfigurement is as provided in part 5223.0650 and
24 may be combined with ratings under this part as described in
25 part 5223.0300, subpart 3, item E. Permanent partial disability
26 due to impairment of the jaw and facial bones is as provided in
27 part 5223.0320, subpart 6, and may be combined with ratings
28 under this part as described in part 5223.0300, subpart 3, item
29 E.

30 Subp. 2. Complete loss of vision.

31 A. Complete loss of vision in both eyes, 85 percent.

32 B. Complete loss of vision in one eye if vision in
33 the other eye is completely normal in regard to acuity,
34 motility, and visual field, 24 percent.

35 C. Enucleation:

1 (1) unilateral, 24 percent;

2 (2) bilateral, 85 percent.

3 D. In all other cases of loss of vision, the rating
4 is as provided in subpart 3.

5 Subp. 3. Incomplete loss of vision.

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

16 B. The primary coordinate factors of vision are
17 central visual acuity, visual field efficiency, and ocular
18 motility.

19 (1) The maximum limit for each coordinate
20 function is established in units (a) to (c).

21 (a) The maximum limit of central visual
22 acuity is the ability to recognize letters or characters which
23 subtend an angle of five minutes, each unit part of which
24 subtends a one-minute angle at the distance viewed. A 20/20
25 Snellen rating is 100 percent maximum central visual acuity for
26 distance vision. A 14/14 Snellen rating is 100 percent maximum
27 central visual acuity for near vision, as defined in part
28 5223.0310, subpart ~~39~~ 38.

29 (b) The maximum visual field is 500
30 degrees. It is the sum of the degrees in the eight principal
31 meridians from the point of fixation to the outermost limits of
32 visual perception and defines the area in which a three
33 millimeter white target is visible at 33 centimeters. One
34 hundred percent visual field efficiency is the visual field that
35 extends from the point of fixation outward 85 degrees, down and
36 outward 85 degrees, down 65 degrees, down and in 50 degrees,

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

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

7 (2) The minimum limit for each coordinate
8 function is established in units (a) to (c).

9 (a) The minimum limit of central visual
10 acuity is a 20/800 Snellen rating for distance vision and a
11 14/140 Snellen rating for near vision.

12 (b) The minimum limit for field vision is
13 established as a concentric central contraction of the visual
14 field to five degrees.

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

19 C. The measurement of the coordinate factors of
20 vision shall be performed as specified in subitems (1) to (3).

21 (1) Central visual acuity shall be measured in a
22 20/20 Snellen rating for distance vision and a 14/14 Snellen
23 rating for near vision, with each eye being measured separately,
24 with correction. Test illumination shall be at least five
25 foot-candles.

26 (a) Using the corrected near vision and the
27 corrected far vision for an eye, refer to the table for loss of
28 central vision, as defined in part 5223.0310, subpart 55 54, and
29 locate the appropriate percentage of loss using the upper figure
30 of the two provided. This is the percentage loss of central
31 vision for that eye.

32 (b) In cases with aphakia, or pseudophakia
33 as defined in part 5223.0310, subpart 43 42, proceed as in unit
34 (a), but use the lower figure of the two provided in the table.
35 This is the percentage loss of central vision corrected for
36 aphakia or pseudophakia for that eye.

1 (2) For each eye, the extent of the field of
2 vision shall be determined by perimetric test methods. A three
3 millimeter white disk that subtends a 0.5 degree angle under
4 illumination of not less than seven foot-candles shall be used.
5 For aphakia, a six millimeter white disk shall be used. The
6 result shall be plotted on the visual field chart as defined in
7 part 5223.0310, subpart 6~~±~~ 60.

8 (a) The amount of radial contraction in the
9 eight principal meridians shall be determined. The sum of the
10 degrees of field vision lost on these meridians, divided by 500,
11 is the visual field loss of one eye, expressed as a percentage.
12 If the eye has a concentric central contraction of the field to
13 a diameter of five degrees, the visual loss is 100 percent.

14 (b) If the impairment of field is irregular
15 and not fairly disclosed by the eight radii, the determination
16 shall be based on a number of radii greater than eight and the
17 divisor in unit (a) shall be changed accordingly.

18 (c) If there is a loss of a quadrant or a
19 half-field, the degrees of field vision lost in each included
20 meridian are added to one-half the sum of the two boundary
21 meridians.

22 (3) Ocular motility shall be measured in all
23 parts of the motor field with any useful correction applied.

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

29 (b) Plot the test results on a motility
30 chart, as defined in part 5223.0310, subpart 38 37.

31 (c) Determine the percentage loss of ocular
32 motility from the motility chart by adding the percentages for
33 loss of ocular motility due to diplopia in the meridian of
34 maximum impairment on the motility charts. This percentage is
35 assigned to the injured eye or, if both eyes are injured, to the
36 eye with the greatest impairment of central visual acuity and

1 field vision. The eye with the greatest impairment means the
 2 eye for which the loss of central vision and visual field is the
 3 greatest. For the purpose of calculation, a value of zero
 4 percent is deemed to be one percent. For the other eye, the
 5 percentage loss of ocular motility is zero.

6 D. The visual impairment of one eye is the
 7 combination of the percentage losses of central vision acuity,
 8 visual field, and ocular motility as described in part
 9 5223.0300, subpart 3, item E. This combination is calculated by
 10 combining the loss of vision and the loss of visual field for
 11 each eye. The combined loss for the eye with the larger
 12 combined loss is combined with the loss of ocular motility.

13 Impairment of the eye shall be increased by adding two
 14 percent for each of the following conditions which are present
 15 due to the injury:

- 16 (1) loss of color vision;
- 17 (2) loss of adaptation to light and dark;
- 18 (3) metamorphopsia;
- 19 (4) entropion or ectropion uncorrected by
 20 surgery;
- 21 (5) lagophthalmos;
- 22 (6) epiphora;
- 23 (7) muscle disturbances such as ocular tics not
 24 included under diplopia.

25 E. The procedure for determining whole body
 26 disability due to vision loss is described in subitems (1) to
 27 (5). The better eye has the lower percentage impairment. The
 28 poorer eye has the greater percentage impairment.

29 (1) Multiply the percentage impairment of the
 30 better eye by three.

31 (2) Add the percentage impairment of the poorer
 32 eye to the product obtained in item A.

33 (3) Divide the sum obtained in item B by four.

34 (4) The quotient obtained in item C is the
 35 percentage impairment of the visual system. Fractions shall be
 36 rounded to the nearest whole number percentage by rounding up

1 from the midpoint and rounding down from below the midpoint.

2 (5) The percentage impairment of the visual
3 system is translated to the percentage disability of the whole
4 body by Table 3.

5 Table 3

6 Eye Schedule

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

57 Subp. 4. Extraocular muscle. Impairment of extraocular
58 muscle is ratable only under subpart 3.

59 Subp. 5. Ocular adnexa. Impairment of the eyelid,
60 eyelashes, conjunctiva, lacrimal duct, or lacrimal gland are
61 ratable only under subpart 3 or part 5223.0650, subpart 2.

1 5223.0340 EAR.

2 Subpart 1. **General.** For permanent partial impairment to
3 hearing, disability to the whole body is as provided in subparts
4 2 to 8. For hearing loss, the maximum disability of the whole
5 body is 35 percent. Permanent partial impairment due to
6 cosmetic disfigurement is rated as provided in part 5223.0650
7 and may be combined with ratings under this part as described in
8 part 5223.0300, subpart 3, item E. Permanent partial impairment
9 due to impairment of vestibular function is rated as provided in
10 part 5223.0360, subpart 5, and may be combined with ratings
11 under this part.

12 Subp. 2. **Standards for audiometric calibration and test**
13 **environment.** To ensure accurate measurement of hearing loss,
14 the standards in items A and B shall be observed in conducting
15 the audiological evaluation required in subpart 4.

16 A. The audiometer used to measure hearing loss shall
17 be calibrated to meet the specifications of ANSI, S3.6-1969 (R
18 1973), Specifications for Audiometers, as incorporated by
19 reference in part 5223.0300, subpart 4, item D. The following
20 are also required:

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

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

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

28 B. Audiometric test rooms or booths shall meet the
29 specifications of ANSI S3.1-1977, Criteria for Permissible
30 Ambient Noise during Audiometric Testing, as incorporated by
31 reference in part 5223.0300, subpart 4, item C.

32 Subp. 3. **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.

1 Subp. 4. Procedure for determining binaural hearing loss.

2 The calculation for the percent of binaural hearing loss is done
3 with the worksheet provided in subpart 5 and consists of the
4 steps in items A to F.

5 A. For each ear, test the hearing threshold levels at
6 the four frequencies of 500, 1,000, 2,000, and 3,000 Hertz as
7 determined by pure tone air conduction testing.

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

13 C. 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 D. 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 E. Considering both ears, compare the monaural
23 hearing losses as determined in item D. 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 F. Multiply the monaural hearing loss of the better
27 ear by five, add this product to the monaural hearing loss of
28 the poorer ear, and divide the sum by six. The quotient is the
29 binaural hearing loss, expressed as a percentage. The formula
30 is:

$$\begin{array}{rcl}
 31 & (5 \times \text{monaural hearing} & (\text{monaural hearing} & \text{percent} \\
 32 & \text{loss of better ear}) & + & \text{loss of poorer ear}) & \text{binaural} \\
 33 & & & & = & \text{hearing} \\
 34 & \hline & 6 & & & \text{loss} \\
 35 & & & & &
 \end{array}$$

36 Subp. 5. Worksheet for calculating percent of binaural
37 hearing loss.

38	Left Ear		Right Ear	
39	Hertz	Threshold Hertz	Threshold	Hertz

1	500	A.	_____	500	A.	_____
2	1,000	B.	_____	1,000	B.	_____
3	2,000	C.	_____	2,000	C.	_____
4	3,000	D.	_____	3,000	D.	_____
5	$(A + B + C + D) \div 4 =$	E.	_____	$(A + B + C + D) \div 4 =$	E.	_____
6	$E - 25 =$	F.	_____	$E - 25 =$	F.	_____
7	$(\text{if } < 0 \text{ use } 0)$			$(\text{if } < 0 \text{ use } 0)$		
8	$F \times 1.5 =$	G.	_____	$F \times 1.5 =$	G.	_____

9
10 Make G(1) the lesser of the two G's
11 Make G(2) the greater of the two G's
12 $[[G(1) \times 5] + G(2)] \div 6 = H.$ _____ (binaural hearing loss)
13 H converts to whole body impairment as provided
14 in subpart 6
15

16 Subp. 6. Procedure for determining disability due to
17 binaural hearing loss. The binaural hearing loss is translated
18 to a percentage of disability of the whole body by the ear
19 schedule in this subpart.

20 Ear Schedule

	Binaural Hearing Loss, Percent	Whole Body Disability, Percent
24	0.0 - 1.7	0
25	1.8 - 4.2	1
26	4.3 - 7.4	2
27	7.5 - 9.9	3
28	10.0 - 13.1	4
29	13.2 - 15.9	5
30	16.0 - 18.8	6
31	18.9 - 21.4	7
32	21.5 - 24.5	8
33	24.6 - 27.1	9
34	27.2 - 30.0	10
35	30.1 - 32.8	11
36	32.9 - 35.9	12
37	36.0 - 38.5	13
38	38.6 - 41.7	14
39	41.8 - 44.2	15
40	44.3 - 47.4	16
41	47.5 - 49.9	17
42	50.0 - 53.1	18
43	53.2 - 55.7	19
44	55.8 - 58.8	20
45	58.9 - 61.4	21
46	61.5 - 64.4	22
47	64.6 - 67.1	23
48	67.2 - 70.0	24
49	70.1 - 72.8	25
50	72.9 - 75.9	26
51	76.0 - 78.5	27
52	78.6 - 81.7	28
53	81.8 - 84.2	29
54	84.3 - 87.4	30
55	87.5 - 89.9	31
56	90.0 - 93.1	32
57	93.2 - 95.7	33
58	95.8 - 98.8	34
59	98.9 - 100.0	35

60
61 Subp. 7. Presbycusis. The calculation of the binaural
62 hearing loss shall not include an additional adjustment for
63 presbycusis.

1 Subp. 8. Tinnitus. No additional percentage of permanent
2 partial impairment for hearing loss shall be allowed for
3 tinnitus, as defined in part 5223.0310, subpart 57 56.

4 5223.0350 SKULL DEFECTS.

5 Subpart 1. General. For permanent partial impairment to
6 the skull, disability of the whole body is as provided in
7 subparts 2 and 3. Associated central nervous system deficits
8 must be rated as provided in part 5223.0360 and may be combined
9 with ratings under this part as described in part 5223.0300,
10 subpart 3, item E.

11 Subp. 2. Skull depressions.

12 A. Unfilled skull defects are rated according to
13 their surface area, rounded to the nearest square centimeter by
14 rounding up from the midpoint and rounding down from below the
15 midpoint:

- 16 (1) up to five square centimeters, one percent;
- 17 (2) six to ten square centimeters, three percent;
- 18 (3) 11 to 16 square centimeters, five percent;
- 19 (4) 17 to 26 square centimeters, ten percent;
- 20 (5) 27 to 42 square centimeters, 15 percent;
- 21 (6) 43 or more square centimeters, 20 percent.

22 B. Filled skull defects are rated at zero percent.
23 If there is a cosmetic deformity, the rating is as provided in
24 part 5223.0650.

25 Subp. 3. Skull fractures. For a fracture which deforms
26 the face, the rating is as provided in part 5223.0650, subpart 2.

27 A. Basilar skull fracture without cerebrospinal fluid
28 leak, zero percent.

29 B. Other fractures of the skull, zero percent.

30 5223.0360 CENTRAL NERVOUS SYSTEM.

31 Subpart 1. General. For permanent partial impairment of
32 the central nervous system the percentage of disability of the
33 whole body is as provided in subparts 2 to 7.

34 Subp. 2. Trigeminal nerve. For permanent partial
35 impairment of the trigeminal nerve, the percent of disability is

- 1 provided in items A to J.
- 2 A. partial unilateral sensory loss, three percent;
- 3 B. complete unilateral sensory loss, ten percent;
- 4 C. partial bilateral sensory loss, ten percent;
- 5 D. complete bilateral sensory loss, 25 percent;
- 6 E. intractable trigeminal neuralgia, as defined in
- 7 part 5223.0310, subpart 58 57, 20 percent;
- 8 F. atypical facial neuralgia, five percent;
- 9 G. partial unilateral motor loss:
- 10 (1) less than 25 percent of function lost, zero
- 11 percent;
- 12 (2) 25 to 75 percent of function lost, two
- 13 percent;
- 14 H. complete unilateral motor loss, more than 75
- 15 percent of function lost, five percent;
- 16 I. partial bilateral motor loss:
- 17 (1) less than 25 percent of function lost, zero
- 18 percent;
- 19 (2) 25 to 75 percent of overall function lost,
- 20 ten percent;
- 21 J. complete bilateral motor loss, more than 75
- 22 percent of overall function lost, 30 percent.
- 23 Subp. 3. Taste or smell. For permanent partial impairment
- 24 of taste or smell, the percent of disability is provided in
- 25 items A and B.
- 26 A. total loss of taste, one percent;
- 27 B. total loss of smell, one percent.
- 28 Subp. 4. Facial nerve. For injuries to the lower motor
- 29 neuron, rate each side independently, then add the ratings for
- 30 the overall impairment:
- 31 A. partial unilateral motor loss, 25 to 75 percent of
- 32 function lost, three percent;
- 33 B. unilateral motor loss, more than 75 percent of
- 34 function lost:
- 35 (1) able to close the eye without assistance,
- 36 seven percent;

1 (2) unable to close the eye without assistance,
2 ten percent.

3 Subp. 5. **Dysequilibrium or vertigo.** Signs or symptoms of
4 dysequilibrium, as defined in part 5223.0310, subpart ~~24~~ 23, or
5 vertigo, as defined in part 5223.0310, subpart ~~60~~ 59, are
6 present and persistent despite therapy, and there is anatomic
7 loss or alteration or objectively measurable neurologic deficit
8 in the vestibular mechanism, ocular mechanism, proprioceptive
9 sense organs, spinal cord, brain stem, cerebellum, or cerebral
10 cortex of a type known to cause dysequilibrium or vertigo:

11 A. can live independently without supervision or
12 assistance but with restrictions on working at exposed heights,
13 walking on scaffolding or girders, and activities such as riding
14 a bicycle, ten percent;

15 B. can live independently without supervision or
16 assistance but with restrictions preventing the operation of any
17 motor vehicle, 20 percent;

18 C. able to perform self cares, as defined in part
19 5223.0310, subpart ~~46~~ 45, independently but requires adaptive
20 equipment for ambulation as defined in part 5223.0310, subpart
21 6, and is not capable of operating any motor vehicle, 40
22 percent;

23 D. requires some assistance with self cares and a
24 wheelchair or human assistance with ambulation, 75 percent;

25 E. unable to perform self cares and dependent even
26 with wheelchair locomotion, 95 percent.

27 Subp. 6. **Spinal cord.** To rate under this subpart,
28 determine the impairment to the central nervous system,
29 peripheral nervous system, respiratory system, urinary bladder,
30 anus, penis, and any other members as provided in items A to G.
31 The ratings obtained are then combined for the final rating as
32 described in part 5223.0300, subpart 3, item E:

33 A. central nervous system ataxia, movement disorder,
34 tremor, or spasticity as provided in subpart 7, item E;

35 B. the extremities as provided in parts 5223.0400 to
36 5223.0430;

- 1 C. the respiratory system as provided in part
- 2 5223.0560;
- 3 D. the urinary bladder as provided in part 5223.0600,
- 4 subpart 4;
- 5 E. the anus as provided in part 5223.0590, subpart 4;
- 6 F. the penis as provided in part 5223.0600, subpart
- 7 6, or the vagina or vulva as provided in part 5223.0600, subpart
- 8 9;
- 9 G. any other members as provided in the appropriate
- 10 parts of this schedule.

11 Subp. 7. Brain dysfunction. Signs or symptoms of organic
 12 brain dysfunction due to illness or injury must be present and
 13 persistent with anatomic loss or alteration, or objectively
 14 measurable neurologic deficit. A rating under this part is the
 15 combination as described in part 5223.0300, subpart 3, item E,
 16 of the ratings assigned by items A to I.

17 A. Communications disturbances, expressive:

18 (1) mild disturbance of expressive language
 19 ability not significantly impairing ability to be understood,
 20 such as mild word-finding difficulties, mild degree of
 21 paraphasia, ten percent;

22 (2) unintelligible oral language, but still
 23 capable of functional communication with the use of additional
 24 methods such as gestures, facial expression, writing, word
 25 board, or alphabet board, 35 percent;

26 (3) unable to produce any functional
 27 communication, 70 percent.

28 B. Communication disturbances, receptive:

29 (1) unable to comprehend oral speech without the
 30 addition of visual cues such as gestures, facial expressions, or
 31 written material, 35 percent;

32 (2) some ability to comprehend communication is
 33 present, but significant impairment even with use of visual cues
 34 such as gestures, facial expressions, and written material, 60
 35 percent;

36 (3) no evidence of functional comprehension of

1 language, 95 percent.

2 C. Disturbances of consciousness or complex
3 integrated cerebral function disturbances must be determined by
4 medical observation, and in the case of complex integrated
5 cerebral function, supported by psychometric testing.
6 Functional overlay or primary psychiatric disturbances shall not
7 be rated under this part. Disturbances of complex integrated
8 cerebral function include defects in orientation, ability to
9 abstract or understand concepts, memory, judgment, ability to
10 initiate and perform planned activity, and acceptable social
11 behavior. Disturbances of consciousness include lethargy,
12 clouding of consciousness, delirium, stupor, and coma:

13 (1) mild impairment of complex integrated
14 cerebral function is demonstrated by psychometric testing but
15 able to live independently, ten percent;

16 (2) mild impairment of complex integrated
17 cerebral function is demonstrated by psychometric testing and
18 able to live independently but requiring supervision with
19 executive function, as defined in part 5223.0310, subpart ~~26~~ 25,
20 20 percent;

21 (3) moderate impairment of complex integrated
22 cerebral function is demonstrated by psychometric testing or
23 there is a mild clouding of consciousness and able to perform
24 all activities of daily living, as defined in part 5223.0310,
25 subpart 5, independently but requiring some supervision on a
26 daily basis, 40 percent;

27 (4) moderately severe impairment of complex
28 integrated cerebral function is demonstrated by psychometric
29 testing or there is a moderate clouding of consciousness or
30 persistent lethargy as defined in part 5223.0311, subpart 38,
31 and requires supervision for activities of daily living, as
32 defined in part 5223.0310, subpart 5, 75 percent;

33 (5) severe impairment of complex integrated
34 cerebral function is demonstrated by psychometric testing or
35 there is delirium as defined in part 5223.0310, subpart ~~20~~ 19,
36 and requires assistance as well as supervision in activities of

1 daily living, 95 percent;

2 (6) stupor, as defined in part 5223.0310, subpart
3 ~~54~~ 53; coma, as defined in part 5223.0310, subpart ~~17~~ 16; or
4 persistent vegetative state, 99 percent.

5 D. Emotional disturbances and personality changes
6 must be substantiated by medical observation and supported by
7 psychometric testing. These disturbances may include
8 irritability, outbursts of rage or aggression, absence of normal
9 emotional response, inappropriate euphoria, depression, abnormal
10 emotional interaction with others, involuntary laughing and
11 crying, akinetic mutism, and uncontrollable fluctuation of
12 emotional state. Primary psychiatric disturbances, including
13 functional overlay, shall not be rated under this part:

14 (1) intermittent emotional disturbances requiring
15 intervention by a caregiver are only present under stressful
16 situations such as losing one's job, getting a divorce, or a
17 death in the family, ten percent;

18 (2) mild emotional disturbance is present at all
19 times but can live independently and relate to others, 20
20 percent;

21 (3) moderate emotional disturbance is present at
22 all times and can live independently but requires some
23 supervision on a daily basis, 40 percent;

24 (4) moderate to severe emotional disturbances are
25 present at all times, and requires sheltering with some
26 supervision of all activities, 75 percent;

27 (5) severe degree of emotional disturbance is
28 present at all times and is confined to continuous supervision
29 and protective care, 95 percent.

30 E. Ataxia, movement disorder including tremor, or
31 spasticity:

32 (1) in the upper extremity:

33 (a) performance on the nine hole peg test
34 better, that is, faster, than the tenth percentile of the
35 age-sex specific normative value in both arms, zero percent;

36 (b) performance on the nine hole peg test

1 worse, that is, slower, than the tenth percentile of the age-sex
2 specific normative value in one arm, ten percent;

3 (c) performance on the nine hole peg test
4 worse, that is, slower, than the tenth percentile of the age-sex
5 specific normative value in both arms, 40 percent;

6 (d) requires some assistance with activities
7 of daily living, as defined in part 5223.0310, subpart 5, 75
8 percent;

9 (e) unable to perform activities of daily
10 living, 95 percent;

11 (2) the tenth percentile of the age-sex specific
12 normative value, in seconds, of the nine hold peg test is:

13 (a) at less than 25 years of age:

14 i. for a male: right hand - 18.5;
15 left hand - 19.6;

16 ii. for a female: right hand - 18.5;
17 left hand - 20.3;

18 (b) at 25 to 29 years of age:

19 i. for a male: right hand - 18.7;
20 left hand - 19.7;

21 ii. for a female: right hand - 18.6;
22 left hand - 19.9;

23 (c) at 30 to 34 years of age:

24 i. for a male: right hand - 20.9;
25 left hand - 21.5;

26 ii. for a female: right hand - 18.7;
27 left hand - 20.4;

28 (d) at 35 to 39 years of age:

29 i. for a male: right hand - 21.0;
30 left hand - 23.9;

31 ii. for a female: right hand - 18.4;
32 left hand - 19.9;

33 (e) at 40 to 44 years of age;

34 i. for a male: right hand - 20.5;
35 left hand - 21.5;

36 ii. for a female: right hand - 19.5;

1 left hand - 22.2;

2 (f) at 45 to 49 years of age:

3 i. for a male: right hand - 21.7;

4 left hand - 24.1;

5 ii. for a female: right hand - 19.9;

6 left hand - 20.8;

7 (g) at 50 to 54 years of age:

8 i. for a male: right hand - 21.5;

9 left hand - 23.6;

10 ii. for a female: right hand - 21.2;

11 left hand - 23.9;

12 (h) at 55 to 59 years of age:

13 i. for a male: right hand - 22.5;

14 left hand - 25.1;

15 ii. for a female: right hand - 21.2;

16 left hand - 22.3;

17 (i) at 60 to 64 years of age:

18 i. for a male: right hand - 23.6;

19 left hand - 24.2;

20 ii. for a female: right hand - 21.0;

21 left hand - 23.4;

22 (j) at 65 to 69 years of age:

23 i. for a male: right hand - 24.4;

24 left hand - 27.4;

25 ii. for a female: right hand - 22.4;

26 left hand - 24.9;

27 (k) at 70 to 74 years of age:

28 i. for a male: right hand - 26.2;

29 left hand - 28.8;

30 ii. for a female: right hand - 23.7;

31 left hand - 25.5;

32 (l) at greater than 74 years of age:

33 i. for a male: right hand - 28.0;

34 left hand - 32.5;

35 ii. for a female: right hand - 25.2;

36 left hand - 30.1;

- 1 (3) in the lower extremity:
- 2 (a) normal tandem gait, as defined in part
- 3 5223.0310, subpart 56 55, zero percent;
- 4 (b) abnormal tandem gait and with
- 5 restriction on working on exposed heights and walking on
- 6 scaffolding or girders, ten percent;
- 7 (c) unable to walk on level ground without
- 8 adaptive equipment for ambulation, as defined in part 5223.0310,
- 9 subpart 6, 40 percent;
- 10 (d) unable to walk and wheelchair bound, 75
- 11 percent;
- 12 (e) abnormal sitting balance impairs use of
- 13 the upper extremities so unable to perform any activities of
- 14 daily living, as defined in part 5223.0310, subpart 5, 95
- 15 percent.
- 16 F. Impairments of respiration, urinary bladder
- 17 function, anorectal function, or sexual function, the rating is
- 18 as provided in parts 5223.0560 to 5223.0600.
- 19 G. Episodic neurologic disorders, that is, syncope,
- 20 epilepsy, or convulsive disorders:
- 21 (1) able to live independently without
- 22 supervision or assistance but with restrictions preventing the
- 23 operation of motor vehicles or dangerous machinery and working
- 24 on exposed heights, 20 percent;
- 25 (2) able to live independently but having three
- 26 or more seizures per 12-month period despite adequate treatment
- 27 and with restrictions preventing the operation of motor vehicles
- 28 or dangerous machinery and working on exposed heights, 30
- 29 percent;
- 30 (3) able to perform all self cares, as defined in
- 31 part 5223.0310, subpart 46 45, independently, but some
- 32 supervision is required, 40 percent;
- 33 (4) requires some assistance with self care,
- 34 supervision is required, and some protective care is required,
- 35 75 percent;
- 36 (5) unable to perform any self cares, constant

1 supervision and constant protective care is required, and
2 confinement to home or domicile is necessary, 95 percent.

3 H. Recurring vascular headaches characterized as
4 throbbing in nature, accompanied by nausea and vomiting, and
5 associated with an inability to perform activities of daily
6 living, as defined in part 5223.0310, subpart 5, in excess of 12
7 hours, two percent.

8 I. Motor or sensory impairments, the rating is as
9 provided in parts 5223.0400 to 5223.0430.

10 5223.0370 MUSCULOSKELETAL SCHEDULE; CERVICAL SPINE.

11 Subpart 1. General. For permanent partial impairment to
12 the cervical spine, disability of the whole body is as provided
13 in subparts 2 to 5. The impairing condition in the cervical
14 spine resulting from an injury may be rated only under one
15 category of subpart 2, 3, or 4. Categories from more than one
16 category in subpart 2, 3, or 4 cannot be used in rating the
17 impairing condition resulting from a single injury. Categories
18 in subparts 2 to 4 may not be combined or added together in
19 rating the extent of impairment due to a single injury except as
20 specifically provided. Categories in other subparts may be
21 combined with the rating under subpart 3 or 4 as specifically
22 provided in this part.

23 If any injury has resulted in mutually exclusive impairing
24 conditions in other areas of the spine, such as thoracic spine
25 or lumbar spine, the mutually exclusive impairing conditions
26 must be rated separately and all impairments shall be combined
27 as described in part 5223.0300, subpart 3, item E.

28 A. Permanent partial impairment due to injury of the
29 spinal cord is as provided in part 5223.0360, subpart 6, and may
30 be combined with ratings under subpart 2.

31 B. Permanent partial impairment due to injury of the
32 nerve roots is as provided in parts 5223.0400 and 5223.0410 and
33 may be combined with ratings under this part if the nerve injury
34 results in complete loss, as defined in part 5223.0410, subpart
35 1, item A. If the loss is less than complete, the ratings under

1 this part are inclusive of any injury to the nerve.

2 C. Permanent partial impairment due to bladder
3 dysfunction is as provided in part 5223.0600, subpart 4, and may
4 be combined with ratings under this part.

5 D. Permanent partial impairment due to sexual
6 dysfunction is as provided in part 5223.0600, subparts 7 and 10,
7 and may be combined with ratings under this part.

8 E. Permanent partial impairment due to anal
9 dysfunction is as provided in part 5223.0590, subpart 4, and may
10 be combined with ratings under this part.

11 Subp. 2. Fractures.

12 A. Compression fracture of vertebral body, with no
13 involvement of posterior elements, one or more vertebral
14 bodies is rated by the greatest loss of vertebral height among
15 the involved segments:

16 (1) decrease of ~~up to~~ no more than ten percent in
17 vertebral height in any vertebral segment, zero percent;

18 (2) decrease of greater than ten percent but less
19 than or equal to 25 percent in vertebral height in ~~all~~
20 compressed-vertebrae at least one vertebral segment, six
21 percent;

22 (3) decrease in vertebral height is greater than
23 26 percent but less than or equal to 50 percent in at least one
24 vertebral segment, 14 percent;

25 (4) decrease of greater than 50 percent in
26 vertebral height in at least one vertebral segment, 19 percent.

27 B. Vertebral fractures involving posterior elements
28 and X-ray evidence of dislocation regardless of vertebral
29 compression of any degree:

30 (1) normal reduction and no surgery required,
31 10.5 percent;

32 (2) surgery performed and normal reduction
33 achieved, 14 percent;

34 (3) no surgery performed and reduction not
35 normal, 15 percent;

36 (4) surgery performed with poor reduction, 19

1 percent.

2 C. Any other documented acute fracture other than as
3 specified in item A or B, four percent.

4 D. For fractures of multiple vertebral levels, add
5 three percent, regardless of the number of levels involved, to
6 whichever of item A, B, or C is otherwise applicable.

7 Subp. 3. Cervical pain syndrome.

8 A. Symptoms of pain or stiffness in the region of the
9 cervical spine not substantiated by persistent objective
10 clinical findings, regardless of radiographic findings, zero
11 percent.

12 B. Symptoms of pain or stiffness in the region of the
13 cervical spine, substantiated by persistent objective clinical
14 findings, that is, involuntary muscle tightness in the
15 paracervical muscle or decreased passive range of motion in the
16 cervical spine, but no radiographic abnormality, 3.5 percent.

17 C. Symptoms of pain or stiffness in the region of the
18 cervical spine, substantiated by persistent objective clinical
19 findings, that is, involuntary muscle tightness in the
20 paracervical muscle or decreased passive range of motion in the
21 cervical spine, and with any radiographic, myelographic, CT
22 scan, or MRI scan abnormality ~~and is~~ not specifically addressed
23 elsewhere in this part:

24 (1) single vertebral level, seven percent;

25 (2) multiple vertebral levels, ten percent.

26 Subp. 4. Radicular syndromes.

27 A. Radicular pain or paresthesia, as defined in part
28 5223.0310, subpart 45 44, with or without cervical pain
29 syndrome, not substantiated by persistent objective clinical
30 findings, regardless of radiographic findings, zero percent.

31 B. Radicular pain or paresthesia, with or without
32 cervical pain syndrome, with persistent objective clinical
33 findings confined to the region of the cervical spine, that is,
34 involuntary muscle tightness in the paracervical muscle or
35 decreased passive range of motion in the cervical spine, but no
36 radiographic findings, 3.5 percent.

1 C. Radicular pain or paresthesia, with or without
2 cervical pain syndrome, with persistent objective clinical
3 findings confined to the region of the cervical spine, that is,
4 involuntary muscle tightness in the paracervical muscle or
5 decreased passive range of motion in the cervical spine, and
6 with any radiographic, myelographic, CT scan, or MRI scan
7 abnormality ~~and-is~~ not specifically addressed elsewhere in this
8 part:

- 9 (1) single vertebral level, seven percent;
10 (2) multiple vertebral levels, ten percent;
11 (3) if a surgery at one level, other than fusion,
12 is performed as part of the treatment, ten percent;
13 (4) if a surgery at other levels, other than
14 fusion, is performed as part of the treatment, 13 percent.

15 D. Radicular pain or paresthesia, with or without
16 cervical pain syndrome, and with objective radicular findings,
17 that is, hyporeflexia or EMG abnormality or nerve root specific
18 muscle weakness in the upper extremity, on examination and
19 myelographic, CT scan, or MRI scan evidence of intervertebral
20 disc bulging, protrusion, or herniation that impinges on a
21 cervical nerve root, and the medical imaging findings correlate
22 anatomically with the findings on neurologic examination, nine
23 percent with the addition of as many of subitems (1) to (4) as
24 apply, but each may be used only once:

- 25 (1) if chronic radicular pain or paresthesia
26 persist despite treatment, add three percent;
27 (2) if a surgery other than a fusion performed as
28 part of the treatment, add two percent, if surgery included a
29 fusion, the rating is as provided in subpart 5;
30 (3) for additional surgery, other than a fusion,
31 regardless of the number of additional surgeries, add two
32 percent, if the additional surgery included a fusion, the rating
33 is as provided in subpart 5;
34 (4) additional concurrent lesion on contralateral
35 side at the same level or on either side at any other level
36 which meets all of the criteria of this item or item E, add nine

1 percent.

2 E. Radicular pain or paresthesia, with or without
3 cervical pain syndrome, and with objective radicular findings,
4 that is, reflex changes or EMG abnormality or nerve root
5 specific muscle weakness in the upper extremity, or myelopathic
6 findings on examination and myelographic, CT scan, or MRI scan
7 evidence of spinal stenosis, as defined in part 5223.0310,
8 subpart ~~48~~ 47, that impinges on a cervical nerve root or spinal
9 cord and the medical imaging findings correlate with the
10 findings on neurological examination, ten percent with the
11 addition of as many of subitems (1) to (4) as apply, but each
12 may be used only once:

13 (1) if chronic radicular pain or paresthesia, or
14 myelopathic symptoms persist despite treatment, add three
15 percent;

16 (2) if a surgery other than a fusion performed as
17 part of the treatment, add five percent, if surgery included a
18 fusion, the rating is as provided in subpart 5;

19 (3) for additional surgery, other than a fusion,
20 regardless of the number of additional surgeries, add three
21 percent, if the additional surgery included a fusion, the rating
22 is as provided in subpart 5;

23 (4) additional concurrent lesion on contralateral
24 side at same level or at either side at other level which meets
25 all of the criteria of this item or item D, add nine percent.

26 Subp. 5. Fusion.

27 A. Fusion, as defined in part 5223.0310, subpart ~~30~~
28 29, at one level performed as part or all of the surgical
29 treatment of a cervical pain or radicular syndrome, add 2.5
30 percent to the otherwise appropriate category in subpart 3 or 4.

31 B. Fusion at multiple levels performed as part or all
32 of the surgical treatment of a cervical pain or radicular
33 syndrome, add five percent to the otherwise appropriate category
34 in subpart 3 or 4.

35 5223.0380 MUSCULOSKELETAL SCHEDULE; THORACIC SPINE.

1 Subpart 1. **General.** For permanent partial impairment to
 2 the thoracic spine, disability of the whole body is as provided
 3 in subparts 2 to 4. The impairing condition in the thoracic
 4 spine resulting from an injury may be rated only under one
 5 category of subpart 2, 3, or 4. Categories from more than one
 6 of subpart 2, 3, or 4 cannot be used in rating the impairing
 7 condition resulting from a single injury. Categories in
 8 subparts 2 to 4 may not be combined or added together in rating
 9 the extent of impairment due to a single injury except as
 10 specifically provided. Categories in other subparts may be
 11 combined with the rating under subpart 3 or 4 as specifically
 12 provided in this part.

13 If any injury has resulted in mutually exclusive impairing
 14 conditions in other areas of the spine, such as cervical spine,
 15 under part 5223.0370, or lumbar spine, under part 5223.0390, the
 16 mutually exclusive impairing conditions must be rated separately
 17 and then all ratings combined as described in part 5223.0300,
 18 subpart 3, item E.

19 A. Permanent partial disability due to injury of the
 20 spinal cord is as provided in part 5223.0360, subpart 6, and may
 21 be combined with ratings under subpart 2.

22 B. Permanent partial impairment due to bladder
 23 dysfunction is as provided in part 5223.0600, subpart 4, and may
 24 be combined with ratings under this part.

25 C. Permanent partial impairment due to sexual
 26 dysfunction is as provided in part 5223.0600, subparts 7 and 10,
 27 and may be combined with ratings under this part.

28 D. Permanent partial impairment due to anal
 29 dysfunction is as provided in part 5223.0590, subpart 4, and may
 30 be combined with ratings under this part.

31 Subp. 2. **Fractures.**

32 A. Compression fracture of vertebral body, with no
 33 involvement of posterior elements, one or more vertebral
 34 bodies is rated by the greatest loss of vertebral height among
 35 the involved segments:

36 (1) decrease of ~~up-to~~ no more than ten percent of

1 vertebral height in any vertebral segment, zero percent;

2 (2) decrease of greater than ten percent but less
3 than or equal to 25 percent in vertebral height in ~~all~~
4 compressed-vertebrae at least one vertebral segment, four
5 percent;

6 (3) decrease in vertebral height is greater than
7 26 percent but less than or equal to 50 percent in at least one
8 vertebral segment, 10.5 percent;

9 (4) decrease of greater than 50 percent in
10 vertebral height in at least one vertebral segment, 15 percent.

11 B. Vertebral fractures involving posterior elements
12 and X-ray evidence of dislocation regardless of vertebral
13 compression of any degree:

14 (1) normal reduction and no surgery required,
15 10.5 percent;

16 (2) surgery performed and normal reduction
17 achieved, 14 percent;

18 (3) no surgery performed and reduction is not
19 normal, 15 percent;

20 (4) surgery performed with poor reduction, 19
21 percent.

22 C. Any other documented acute fracture other than as
23 specified in item A or B, four percent.

24 D. For fractures of multiple vertebral levels, add
25 three percent, regardless of the number of levels involved, to
26 item A, B, or C as otherwise applicable.

27 Subp. 3. **Thoracic pain syndrome.**

28 A. Symptoms of pain or stiffness in the region of the
29 thoracic spine not substantiated by persistent objective
30 clinical findings, regardless of radiographic findings, zero
31 percent.

32 B. Symptoms of pain or stiffness in the region of the
33 thoracic spine, substantiated by persistent objective clinical
34 findings, that is, involuntary muscle tightness in the
35 paradorsal muscles, regardless of radiographic abnormality, 2.5
36 percent.

1 Subp. 4. Radicular syndromes.

2 A. Radicular pain or radicular paresthesia, as
3 defined in part 5223.0310, subparts ~~44~~ 43 and ~~45~~ 44, with or
4 without thoracic pain syndrome, not substantiated by persistent
5 objective clinical findings, regardless of radiographic
6 findings, zero percent.

7 B. Radicular pain or radicular paresthesia, with or
8 without thoracic pain syndrome, with persistent objective
9 clinical findings confined to the region of the thoracic spine,
10 that is, involuntary muscle tightness in the paradorsal muscles,
11 but no radiographic findings, 2.5 percent.

12 C. Radicular pain or radicular paresthesia, with or
13 without thoracic pain syndrome, with persistent objective
14 clinical findings confined to the region of the thoracic spine,
15 that is, involuntary muscle tightness in the paradorsal muscles,
16 and with any radiographic, myelographic, CT scan, or MRI scan
17 abnormality ~~and is~~ not specifically addressed elsewhere in this
18 part, five percent.

19 D. Radicular pain or radicular paresthesia, with or
20 without thoracic pain syndrome, and myelographic, CT scan, or
21 MRI scan evidence of intervertebral disc bulging, protrusion, or
22 herniation that impinges on a thoracic nerve root, and the
23 medical imaging findings correlate anatomically, three percent
24 with the addition of as many of subitems (1) to (4) as apply,
25 but each may be used only once:

26 (1) if chronic radicular pain or radicular
27 paresthesia persist despite treatment, add two percent;

28 (2) if a surgery is performed as part of the
29 treatment, add two percent;

30 (3) for additional surgery, regardless of the
31 number of additional surgeries, add two percent;

32 (4) additional concurrent lesion on contralateral
33 side at same level or on either side at other level which meets
34 all of the criteria of this item, add three percent.

35 5223.0390 MUSCULOSKELETAL SCHEDULE; LUMBAR SPINE.

1 Subpart 1. **General.** For permanent partial impairment to
2 the lumbar spine, disability of the whole body is as provided in
3 subparts 2 to 5. The impairing condition in the lumbar spine
4 resulting from an injury may be rated only under one category of
5 subpart 2, 3, or 4. Categories from more than one of subpart 2,
6 3, or 4 cannot be used in rating the impairing condition
7 resulting from a single injury. Categories in subparts 2 to 4
8 may not be combined or added together in rating the extent of
9 impairment due to a single injury except as specifically
10 provided. Categories in other subparts may be combined with the
11 rating under subpart 3 or 4 as specifically provided in this
12 part.

13 If any injury has resulted in mutually exclusive impairing
14 conditions in other areas of the spine, such as cervical spine,
15 under part 5223.0370, or thoracic spine, under part 5223.0380,
16 the mutually exclusive impairing conditions must be rated
17 separately and then all impairments combined as described in
18 part 5223.0300, subpart 3, item E.

19 A. Permanent partial impairment due to injury of the
20 spinal cord is as provided in part 5223.0360, subpart 6, and may
21 be combined with ratings under subpart 2.

22 B. Permanent partial impairment due to injury of the
23 nerve roots is as provided in parts 5223.0420 and 5223.0430 and
24 may be combined with ratings under this part if the nerve root
25 injury results in complete loss as defined in part 5223.0420,
26 subpart 1, item A, or 5223.0430, subpart 1, item A. If the loss
27 is less than complete, the ratings under this part are inclusive
28 of any injury to the nerve root.

29 C. Permanent partial impairment due to bladder
30 dysfunction is as provided in part 5223.0600, subpart 4, and may
31 be combined with ratings under this part.

32 D. Permanent partial impairment due to sexual
33 dysfunction is as provided in 5223.0600, subparts 7 and 10, and
34 may be combined with ratings under this part.

35 E. Permanent partial impairment due to anal
36 dysfunction is as provided in part 5223.0590, subpart 4, and may

1 be combined with ratings under this part.

2 Subp. 2. Fractures.

3 A. Compression fracture of vertebral body, with no
4 involvement of posterior elements, one or more vertebral
5 bodies is rated by the greatest loss of vertebral height among
6 the involved segments:

7 (1) decrease of ~~up-to~~ no more than ten percent of
8 vertebral height in any vertebral segment, zero percent;

9 (2) decrease of greater than ten percent but less
10 than or equal to 25 percent in vertebral height in ~~all~~
11 compressed-vertebrae at least one vertebral segment, four
12 percent;

13 (3) decrease in vertebral height is greater than
14 26 percent but less than or equal to 50 percent in at least one
15 vertebral segment, 10.5 percent;

16 (4) decrease of greater than 50 percent in
17 vertebral height in at least one vertebral segment, 15 percent.

18 B. Vertebral fractures involving posterior elements
19 and X-ray evidence of dislocation regardless of vertebral
20 compression of any degree:

21 (1) normal reduction and no surgery required,
22 10.5 percent;

23 (2) surgery performed and normal reduction
24 achieved, 14 percent;

25 (3) no surgery performed and reduction is not
26 normal, 15 percent;

27 (4) surgery performed with poor reduction, 19
28 percent.

29 C. Any other documented acute fracture other than as
30 specified in item A or B, four percent.

31 D. For fractures of multiple vertebral levels, add
32 three percent, regardless of the number of levels involved, to
33 item A, B, or C as otherwise applicable.

34 Subp. 3. Lumbar pain syndrome.

35 A. Symptoms of pain or stiffness in the region of the
36 lumbar spine not substantiated by persistent objective clinical

1 findings, regardless of radiographic findings, zero percent.

2 B. Symptoms of pain or stiffness in the region of the
3 lumbar spine, substantiated by persistent objective clinical
4 findings, that is, involuntary muscle tightness in the
5 paralumbar muscles or decreased range of motion in the lumbar
6 spine, but no radiographic abnormality, 3.5 percent.

7 C. Symptoms of pain or stiffness in the region of the
8 lumbar spine, substantiated by persistent objective clinical
9 findings, that is, involuntary muscle tightness in the
10 paralumbar muscles or decreased range of motion in the lumbar
11 spine, and with any radiographic, myelographic, CT scan, or MRI
12 scan abnormality ~~and-is~~ not specifically addressed elsewhere in
13 this part:

- 14 (1) single vertebral level, seven percent;
15 (2) multiple vertebral levels, ten percent.

16 D. Symptoms of pain or stiffness in the region of the
17 lumbar spine, substantiated by persistent objective clinical
18 findings, that is, involuntary muscle tightness in the
19 paralumbar muscles or decreased range of motion in the lumbar
20 spine, and with radiographic evidence of spondylolisthesis, as
21 defined in part 5223.0310, subpart 49 48:

- 22 (1) grade 1, as defined in part 5223.0310,
23 subpart 50 49, seven percent;
24 (2) grade 2, as defined in part 5223.0310,
25 subpart 51 50, 14 percent;
26 (3) grade 3 or 4, as defined in part 5223.0310,
27 subparts 52 51 and 53 52, 24.5 percent.

28 Subp. 4. Radicular syndromes.

29 A. Radicular pain or radicular paresthesia, as
30 defined in part 5223.0310, subparts 44 43 and 45 44, with or
31 without lumbar pain syndrome, not substantiated by persistent
32 objective clinical findings, regardless of radiographic
33 findings, zero percent.

34 B. Radicular pain or radicular paresthesia, with or
35 without lumbar pain syndrome, with persistent objective clinical
36 findings confined to the region of the lumbar spine, that is,

1 involuntary muscle tightness in the paralumbar muscles or
2 decreased range of motion in the lumbar spine, but no
3 radiographic findings, 3.5 percent.

4 C. Radicular pain or radicular paresthesia, with or
5 without lumbar pain syndrome, with persistent objective clinical
6 findings confined to the region of the lumbar spine, that is,
7 involuntary muscle tightness in the paralumbar muscles or
8 decreased range of motion in the lumbar spine, and with any
9 radiographic, myelographic, CT scan, or MRI scan abnormality not
10 specifically addressed elsewhere in this part:

11 (1) single vertebral level, seven percent;

12 (2) multiple vertebral levels, ten percent;

13 (3) if a surgery at one level, other than fusion,
14 performed as part of the treatment, ten percent;

15 (4) if a surgery at other levels, other than
16 fusion, performed as part of the treatment, 13 percent.

17 D. Radicular pain or radicular paresthesia, with or
18 without lumbar pain syndrome, and with objective radicular
19 findings, that is, hyporeflexia or EMG abnormality or nerve root
20 specific muscle weakness in the lower extremity, on examination
21 and myelographic, CT scan, or MRI scan evidence of
22 intervertebral disc bulging, protrusion, or herniation that
23 impinges on a lumbar nerve root, and the medical imaging
24 findings correlate anatomically with the findings on neurologic
25 examination, nine percent with the addition of as many of
26 subitems (1) to (4) as apply, but each may be used only once:

27 (1) if chronic radicular pain or radicular
28 paresthesia persist despite treatment, add three percent;

29 (2) if a surgery other than a fusion performed as
30 part of the treatment, add two percent, if surgery included a
31 fusion, the rating is as provided in subpart 5;

32 (3) for additional surgery, other than a fusion,
33 regardless of the number of additional surgeries, add two
34 percent, if the additional surgery included a fusion, the rating
35 is as provided in subpart 5;

36 (4) additional concurrent lesion on contralateral

1 side at the same level or on either side at other level, which
2 meets all of the criteria of this item or item E, add nine
3 percent.

4 E. Radicular pain or radicular paresthesia, with or
5 without lumbar pain syndrome, and with objective radicular
6 findings, that is, reflex changes or EMG abnormality or nerve
7 root specific muscle weakness in the lower extremity, on
8 examination and myelographic, CT scan, or MRI scan evidence of
9 spinal stenosis, as defined in part 5223.0310, subpart ~~48~~ 47,
10 that impinges on a lumbar nerve root, and the medical imaging
11 findings correlate with the findings on neurological
12 examination, ten percent with the addition of as many of
13 subitems (1) to (4) as apply, but each may be used only once:

14 (1) if chronic radicular pain or radicular
15 paresthesia persist despite treatment, add three percent;

16 (2) if a surgery other than a fusion performed as
17 part of the treatment, add five percent, if surgery included a
18 fusion, the rating is as provided in subpart 5;

19 (3) for additional surgery, other than a fusion,
20 regardless of the number of additional surgeries, add three
21 percent, if additional surgery included a fusion, the rating is
22 as provided in subpart 5;

23 (4) additional concurrent lesion on contralateral
24 side at the same level or on either side at other level, which
25 meets all of the criteria of this item or item D, add nine
26 percent.

27 Subp. 5. Fusion.

28 A. Fusion, as defined in part 5223.0310, subpart ~~30~~
29 29, at one level performed as part or all of the surgical
30 treatment of a lumbar pain or radicular pain syndrome, add five
31 percent to the otherwise appropriate category in subpart 3 or 4.

32 B. Fusion at multiple levels performed as part or all
33 of the surgical treatment of a lumbar pain or radicular pain
34 syndrome, add ten percent to the otherwise appropriate category
35 in subpart 3 or 4.

1 5223.0400 PERIPHERAL NERVOUS SYSTEM; UPPER EXTREMITY-MOTOR LOSS.

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

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

10 B. If injury to a nerve, plexus, or nerve root
11 results only in sensory loss, the rating is as provided in part
12 5223.0410.

13 C. If motor loss occurs together with sensory loss,
14 the rating under this part may be combined as described in part
15 5223.0300, subpart 3, item E, with the rating under part
16 5223.0410.

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

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

26 A. median nerve:

27 (1) entire motor distribution involved, 33
28 percent;

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

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

36 B. radial nerve:

- 1 (1) entire motor distribution, 25 percent;
 2 (2) with sparing of triceps, 22 percent;
 3 (3) with sparing of triceps and wrist extensors,
 4 15 percent;

5 C. ulnar nerve:

- 6 (1) entire motor distribution involved, 25
 7 percent;
 8 (2) only intrinsic muscles of the hand involved,
 9 18 percent;

10 D. anterior thoracic nerve, three percent;

11 E. axillary nerve, 21 percent;

12 F. dorsal scapular nerve, three percent;

13 G. long thoracic nerve, nine percent;

14 H. musculocutaneous nerve, 15 percent;

15 I. subscapular nerve, three percent;

16 J. suprascapular nerve, 15 percent;

17 K. thoracodorsal nerve, three percent;

18 L. spinal accessory nerve, six percent.

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

23 A. upper trunk (C5, C6), 42 percent;

24 B. middle trunk (C7), 21 percent;

25 C. lower trunk (C8, T1), 42 percent;

26 D. entire plexus, unilateral, 60 percent.

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

30 A. C5 root, 18 percent;

31 B. C6 root, 21 percent;

32 C. C7 root, 21 percent;

33 D. C8 root, 27 percent;

34 E. T1 root, 12 percent.

35 Subp. 5. Incomplete loss. Incomplete loss means that
 36 motor function is less than normal but at least antigravity.

1 Motor function is measured in the specific muscles innervated by
2 the injured or diseased nerve, plexus trunk, or nerve root, and
3 muscle strength is graded as follows:

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

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

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

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

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

16 (1) muscle strength grade 5/5, zero percent;

17 (2) muscle strength grade 4/5, 25 percent of
18 rating assigned in subpart 2, 3, or 4;

19 (3) muscle strength grade 3/5, 50 percent of
20 rating assigned in subpart 2, 3, or 4;

21 (4) muscle strength grade 2/5, 75 percent of
22 rating assigned in subpart 2, 3, or 4;

23 (5) muscle strength grade less than 2/5, 100
24 percent of rating assigned in subpart 2, 3, or 4.

25 Subp. 6. **Reflex sympathetic dystrophy, causalgia, and**
26 **cognate conditions.** For purposes of rating under this part,
27 reflex sympathetic dystrophy, causalgia, and cognate conditions
28 are deemed to occur in a member if at least five of the
29 following conditions persist concurrently in that member:
30 edema, local skin color change of red or purple, osteoporosis in
31 underlying bony structures demonstrated by radiograph, local
32 dyshidrosis, local abnormality of skin temperature regulation,
33 reduced passive range of motion in contiguous or contained
34 joints, local alteration of skin texture of smooth or shiny, or
35 typical findings of reflex sympathetic dystrophy on bone scan.

36 If reflex sympathetic dystrophy is present and persistent

1 despite treatment, the permanent partial disability, rating from
2 the most proximal joint of the involved member, is:

3 A. mild: meets the requirements of this subpart, 25
4 percent of the rating for the appropriate category in part
5 5223.0540;

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

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

14 5223.0410 PERIPHERAL NERVOUS SYSTEM; UPPER EXTREMITY-SENSORY
15 LOSS.

16 Subpart 1. Total loss. For permanent partial impairment
17 to the peripheral nerves, plexuses, and nerve roots of the upper
18 extremities resulting from nerve injury or disease and if there
19 is loss of sensory function for those particular portions of the
20 body served by the peripheral nerve, plexus, or root, the
21 disability of the whole body is as provided in subparts 2 to 7.

22 A. Total or complete sensory loss means that there is
23 no preserved sensation.

24 B. If injury to a nerve, plexus, or nerve root
25 results only in motor loss, the rating is as provided in part
26 5223.0400.

27 C. If motor loss occurs together with sensory loss,
28 then the rating under this part may be combined as described in
29 part 5223.0300, subpart 3, item E, with the rating under part
30 5223.0400.

31 Subp. 2. Peripheral nerve. There is total or complete
32 sensory loss of the peripheral nerve, and signs or symptoms of
33 organic disease or injury are present, and there is anatomic
34 loss or alteration:

35 A. in the distribution of the axillary, one percent;

- 1 B. in the distribution of the medial antebrachial
2 cutaneous, two percent;
- 3 C. in the distribution of the medial brachial
4 cutaneous, two percent;
- 5 D. in the distribution of the musculocutaneous, one
6 percent;
- 7 E. in the distribution of the radial, three percent;
- 8 F. in the distribution of the suprascapular, three
9 percent;
- 10 G. in the distribution of the median, 24 percent; or
- 11 H. in the distribution of the ulnar:
- 12 (1) entire distribution, ten percent;
- 13 (2) dorsal ulnar sensory nerve only, three
14 percent;
- 15 (3) ulnar digital nerve to the fifth finger only,
16 both proximal and distal to the metacarpophalangeal joint of the
17 fifth finger, 5.5 percent, if only distal to the
18 metacarpophalangeal joint, the rating is as provided in subpart
19 6, item A, subitem (5).
- 20 Subp. 3. **Brachial plexus.** There is total or complete
21 sensory loss of the brachial plexus, and signs or symptoms of
22 organic disease or injury are present, and there is anatomic
23 loss or alteration:
- 24 A. in the distribution of the entire plexus,
25 unilateral, 60 percent;
- 26 B. in the distribution of the upper trunk, 15
27 percent;
- 28 C. in the distribution of the middle trunk, three
29 percent;
- 30 D. in the distribution of the lower trunk, 12 percent.
- 31 Subp. 4. **Nerve root.** There is total or complete sensory
32 loss of the nerve root, and signs or symptoms of organic disease
33 or injury are present, and there is anatomic loss or alteration:
- 34 A. in the distribution of the C5 nerve root, three
35 percent;
- 36 B. in the distribution of the C6 nerve root, 12

1 percent;

2 C. in the distribution of the C7 nerve root, seven
3 percent;

4 D. in the distribution of the C8 nerve root, ten
5 percent;

6 E. in the distribution of the T1 nerve root, three
7 percent.

8 Subp. 5. Partial loss. Partial loss means that there is
9 incomplete sensory loss. Partial loss is rated at 25 percent of
10 the percentages assigned in subparts 2 to 4 except as provided
11 for in subpart 6 in regard to sensory loss in the digits.

12 Subp. 6. Loss of sensation in the digits.

13 A. Total sensory loss in the digits: signs or
14 symptoms of organic disease or injury are present, and there is
15 anatomic loss or alteration, and sensory loss is confined to the
16 digits and not part of a larger sensory loss rated in subpart 2,
17 3, or 4.

18 (1) Loss of sensation in the thumb:

19 (a) whole, 10.5 percent;

20 (b) radial side distal to the
21 metacarpophalangeal joint, four percent;

22 (c) ulnar side distal to the
23 metacarpophalangeal joint, 6.5 percent.

24 (2) Loss of sensation in the index finger:

25 (a) whole, 5.5 percent;

26 (b) radial side distal to the
27 metacarpophalangeal joint, whole, 3.5 percent;

28 (c) ulnar side distal to the
29 metacarpophalangeal joint, two percent.

30 (3) Loss of sensation in the middle finger:

31 (a) whole, 5.5 percent;

32 (b) radial side distal to the
33 metacarpophalangeal joint, 3.5 percent;

34 (c) ulnar side distal to the
35 metacarpophalangeal joint, two percent.

36 (4) Loss of sensation in the ring finger:

- 1 (a) whole, three percent;
- 2 (b) radial side distal to the
- 3 metacarpophalangeal joint, two percent;
- 4 (c) ulnar side distal to the
- 5 metacarpophalangeal joint, one percent.
- 6 (5) Loss of sensation in the little finger:
- 7 (a) whole, three percent;
- 8 (b) radial side distal to the
- 9 metacarpophalangeal joint, one percent;
- 10 (c) ulnar side distal to the
- 11 metacarpophalangeal joint, two percent.
- 12 B. Sensory loss distal to proximal interphalangeal
- 13 joint, 75 percent of the value as provided in item A, either
- 14 whole, radial side, or ulnar side as applicable.
- 15 C. Sensory loss distal to the middle of the distal
- 16 phalanx, 50 percent of the value as provided in item A, either
- 17 whole, radial side, or ulnar side as applicable.
- 18 D. The levels of sensory loss in the digits and the
- 19 corresponding disabilities of the whole body are measured as
- 20 follows:
- 21 (1) minimal, two-point discrimination at six
- 22 millimeters or less, zero percent;
- 23 (2) moderate, two-point discrimination greater
- 24 than six millimeters, one-half of the value in subpart 2;
- 25 (3) severe, two-point discrimination at greater
- 26 than ten millimeters, three-fourths of the value in subpart 2;
- 27 (4) total, two-point discrimination at greater
- 28 than 15 millimeters, the same value as in subpart 2.
- 29 Subp. 7. Reflex sympathetic dystrophy, causalgia, and
- 30 cognate conditions. For purposes of rating under this part,
- 31 reflex sympathetic dystrophy, causalgia, and cognate conditions
- 32 are deemed to occur in a member if at least five of the
- 33 following conditions persist concurrently in that member:
- 34 edema, local skin color change of red or purple, osteoporosis in
- 35 underlying bony structures demonstrated by radiograph, local
- 36 dyshidrosis, local abnormality of skin temperature regulation,

1 reduced passive range of motion in contiguous or contained
2 joints, local alteration of skin texture of smooth or shiny, or
3 typical findings of reflex sympathetic dystrophy on bone scan.

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

7 A. mild: meets the requirements of this subpart, 25
8 percent of the rating for the appropriate category in part
9 5223.0540;

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

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

18 5223.0420 PERIPHERAL NERVOUS SYSTEM; LOWER EXTREMITY-MOTOR LOSS.

19 Subpart 1. Total loss. For permanent partial impairment
20 to the peripheral nerves, plexuses, and nerve roots of the lower
21 extremity resulting from nerve injury or disease, and if there
22 is loss of motor function for those particular portions of the
23 body served by the peripheral nerve, plexus, or nerve root,
24 disability to the whole body is as provided in subparts 2 to 6.

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

27 B. If injury to nerve, plexus, or nerve root results
28 in sensory loss alone, the rating is as provided in part
29 5223.0430.

30 C. If motor loss occurs together with sensory loss,
31 the rating under this part may be combined as described in part
32 5223.0300, subpart 3, item E, with the rating under part
33 5223.0430.

34 D. The ratings in this part include the rating of the
35 impairment due to any restriction of range of motion or

1 ankylosis of any joint of the affected member that is strictly
2 the result of the nerve lesion and no further rating for those
3 losses must be combined with ratings under this part.

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

8 A. femoral:

9 (1) entire motor distribution involved, 17
10 percent;

11 (2) iliacus spared, 14 percent;

12 B. obturator nerve:

13 (1) entire motor distribution, four percent;

14 (2) only adductor magnus involved, zero percent;

15 C. inferior gluteal, six percent;

16 D. superior gluteal, eight percent;

17 E. sciatic, entire motor distribution involved, 30
18 percent;

19 F. common peroneal, 14 percent;

20 G. deep peroneal:

21 (1) entire motor distribution involved, ten
22 percent;

23 (2) only the peroneus tertius and extensor
24 digitorum brevis involved, two percent;

25 H. superficial peroneal, four percent;

26 I. tibial nerve:

27 (1) entire motor distribution involved, 14
28 percent;

29 (2) gastrocnemius innervation spared, eight
30 percent;

31 (3) gastrocnemius and soleus innervation spared,
32 six percent;

33 (4) lateral plantar branch, two percent;

34 (5) medial plantar branch, two percent.

35 Subp. 3. Lumbosacral plexus. There is total or complete
36 motor loss of the lumbosacral plexus, and signs or symptoms of

1 organic disease or injury are present, and there is anatomic
2 loss or alteration: entire lumbosacral plexus, unilateral, 50
3 percent.

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

7 A. L3 nerve root, eight percent;

8 B. L4 nerve root, 14 percent;

9 C. L5 nerve root, 15 percent;

10 D. S1 nerve root, 12 percent.

11 Subp. 5. **Incomplete loss.** Incomplete loss means that
12 motor function is less than normal but at least antigravity.

13 Motor function is measured in the specific muscles innervated by
14 the injured nerve, plexus, or nerve root, and muscle strength is
15 graded as follows:

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

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

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

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

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

28 (1) muscle strength grade 5/5, zero percent;

29 (2) muscle strength grade 4/5, 25 percent of
30 rating assigned in subpart 2, 3, or 4;

31 (3) muscle strength grade 3/5, 50 percent of
32 rating assigned in subpart 2, 3, or 4;

33 (4) muscle strength grade 2/5 or less, 100
34 percent of rating assigned in subpart 2, 3, or 4.

35 Subp. 6. **Reflex sympathetic dystrophy, causalgia, and**
36 **cognate conditions.** For purposes of rating under this part,

1 reflex sympathetic dystrophy, causalgia, and cognate conditions
2 are deemed to occur in a member if at least five of the
3 following conditions persist concurrently in that member:
4 edema, local skin color change of red or purple, osteoporosis in
5 underlying bony structures demonstrated by radiograph, local
6 dyshidrosis, local abnormality of skin temperature regulation,
7 reduced passive range of motion in contiguous or contained
8 joints, local alteration of skin texture of smooth or shiny, or
9 typical findings of reflex sympathetic dystrophy on bone scan.

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

13 A. mild: meets the requirements of this subpart, 25
14 percent of the rating for the appropriate category in part
15 5223.0550;

16 B. moderate: meets the requirements of this subpart
17 and the individual can ambulate only with assistive devices or
18 special shoes, 50 percent of the rating for the appropriate
19 category in part 5223.0550;

20 C. severe: meets the requirements of this subpart
21 and the individual is unable to weight-bear to effectively
22 perform most of the activities of daily living, 75 percent of
23 the rating for the appropriate category in part 5223.0550.

24 5223.0430 PERIPHERAL NERVOUS SYSTEM; LOWER EXTREMITY-SENSORY
25 LOSS.

26 Subpart 1. Total loss. For permanent partial impairment
27 to the peripheral nerves, plexuses, and nerve roots of the lower
28 extremities resulting from nerve injury or disease and where
29 there is loss of sensory function for those particular portions
30 of the body served by the peripheral nerve, plexus, or root, the
31 disability of the whole body is as provided in subparts 2 to 6.

32 A. Total or complete sensory loss means that there is
33 no preserved sensation.

34 B. If injury to a nerve, plexus, or nerve root
35 results only in motor loss, the rating is provided in part

1 5223.0420.

2 C. If motor loss occurs together with sensory loss,
3 the rating under this part may be combined as described in part
4 5223.0300, subpart 3, item E, with the rating under part
5 5223.0420.

6 Subp. 2. Peripheral nerve. There is total or complete
7 sensory loss of the peripheral nerve, and signs or symptoms of
8 organic disease or injury are present, and there is anatomic
9 loss or alteration in the distribution of the:

- 10 A. femoral, anterior crural, two percent;
- 11 B. genitofemoral, or genitocrural, two percent;
- 12 C. lateral femoral cutaneous, four percent;
- 13 D. posterior cutaneous of thigh, two percent;
- 14 E. sciatic, ten percent;
- 15 F. superficial peroneal, two percent;
- 16 G. tibial nerve:
 - 17 (1) entire sensory distribution, six percent;
 - 18 (2) lateral plantar branch, two percent; or
 - 19 (3) medial plantar branch, two percent;
- 20 H. sural (external saphenous), one percent.

21 Subp. 3. Lumbosacral plexus. There is total or complete
22 sensory loss of the lumbosacral plexus, and signs or symptoms of
23 organic disease or injury are present, and there is anatomic
24 loss or alteration, and there is objective conformation by
25 electrodiagnostic testing: in the distribution of the
26 lumbosacral plexus, 16 percent.

27 Subp. 4. Nerve root. There is total or complete sensory
28 loss of the nerve root, and signs or symptoms of organic disease
29 or injury are present, and there is anatomic loss or alteration
30 in the distribution of the:

- 31 A. L3 nerve root, two percent;
- 32 B. L4 nerve root, two percent;
- 33 C. L5 nerve root, three percent;
- 34 D. S1 nerve root, four percent;
- 35 E. S2, S3, and S4 nerve roots resulting in saddle
36 anesthesia, two percent, for abnormality of penile sensation or

1 function, the rating is as provided in part 5223.0600, subpart
2 6; for abnormality of vaginal sensation or function, the rating
3 is as provided in part 5223.0600, subpart 9; for abnormality of
4 anal function, the rating is as provided in part 5223.0590,
5 subpart 4.

6 Subp. 5. **Partial loss.** Partial loss means that there is
7 incomplete sensory loss. Partial loss is rated at 25 percent of
8 the percentages assigned in subparts 2 to 4.

9 Subp. 6. **Reflex sympathetic dystrophy, causalgia, and**
10 **cognate conditions.** For purposes of rating under this part,
11 reflex sympathetic dystrophy, causalgia, and cognate conditions
12 are deemed to occur in a member if at least five of the
13 following conditions persist concurrently in that member:
14 edema, local skin color change of red or purple, osteoporosis in
15 underlying bony structures demonstrated by radiograph, local
16 dyshidrosis, local abnormality of skin temperature regulation,
17 reduced passive range of motion in contiguous or contained
18 joints, local alteration of skin texture of smooth or shiny, or
19 typical findings of reflex sympathetic dystrophy on bone scan.

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

23 A. **mild:** meets the requirements of this subpart, 25
24 percent of the rating for the appropriate category in part
25 5223.0550;

26 B. **moderate:** meets the requirements of this subpart
27 and the individual can ambulate only with assistive devices or
28 special shoes, 50 percent of the rating for the appropriate
29 category in part 5223.0550;

30 C. **severe:** meets the requirements of this subpart
31 and the individual is unable to weight-bear to effectively
32 perform most of the activities of daily living, 75 percent of
33 the rating for the appropriate category in part 5223.0550.

34 5223.0440 MUSCULOSKELETAL SCHEDULE; TRUNK, EXCLUDING SPINE.

35 Subpart 1. **General.** For permanent partial impairment to

1 the trunk, excluding the spine, disability of the whole body is
2 as provided in this part. For purposes of rating, the trunk has
3 been divided into:

4 A. the chest, including the scapulae, clavicles,
5 sternum, ribs, costal cartilages, and chest wall musculature;
6 and

7 B. the abdomen, including the abdominal musculature.

8 Subp. 2. Chest. Disorders of the chest resulting in a
9 permanent impairment of the respiration must be rated under part
10 5223.0560.

11 A. Scapula:

12 (1) disorder, fracture, or surgical removal or
13 alteration of the scapula not otherwise ratable under part
14 5223.0450, zero percent;

15 (2) disorder, dislocation, fracture, or surgical
16 removal or alteration of the acromioclavicular joint not
17 otherwise ratable under part 5223.0450, zero percent.

18 B. Clavicle:

19 (1) disorder, fracture, or surgical removal or
20 alteration of the clavicle not otherwise ratable under part
21 5223.0450, zero percent;

22 (2) disorder, dislocation, fracture, or surgical
23 removal or alteration of the sternoclavicular joint, zero
24 percent.

25 C. Sternum disorder, dislocation, fracture, or
26 surgical alteration or removal of:

27 (1) the sternum, zero percent;

28 (2) the manubriosternal joint, zero percent;

29 (3) the xiphisternal junction, zero percent;

30 (4) the xiphoid, zero percent.

31 D. Ribs, costal cartilage, and rib musculature,
32 disorder, dislocation, fracture, or surgical alteration or
33 removal of:

34 (1) rib or ribs, zero percent;

35 (2) costal cartilage, zero percent;

36 (3) costal muscles, zero percent.

1 Subp. 3. **Abdomen.**

2 A. Abdominal muscle:

3 (1) strain or sprain of abdominal muscle, zero
4 percent;

5 (2) tear or other acquired defect in abdominal
6 muscle not otherwise ratable under item B, zero percent.

7 B. Hernia:

8 (1) inguinal hernia, unilateral or bilateral,
9 repaired, zero percent;

10 (2) inguinal hernia, direct or indirect,
11 unilateral or bilateral and recurrent after two or more
12 herniorrhaphies, three percent;

13 (3) abdominal hernia, repaired, zero percent;

14 (4) abdominal hernia, recurrent after two or more
15 herniorrhaphies, one percent;

16 (5) femoral hernia, unilateral or bilateral,
17 repaired, zero percent;

18 (6) femoral hernia, unilateral or bilateral,
19 recurrent after two or more herniorrhaphies, one percent.

20 5223.0450 MUSCULOSKELETAL SCHEDULE; SHOULDER AND UPPER ARM.

21 Subpart 1. **General.** For permanent partial impairment to
22 the shoulder and upper arm, disability of the whole body is as
23 provided in subparts 2 to 4. The percent of whole body
24 disability under this part may not exceed the percent of whole
25 body disability for amputation of the arm at the shoulder. Each
26 mutually exclusive impairing condition must be rated separately
27 and the ratings must be combined as described in part 5223.0300,
28 subpart 3, item E.

29 If an impairing condition is represented by a category
30 designated as exclusive under subpart 2, it must be rated by
31 that category only and that rating may not be combined with a
32 rating under any other category of this part for that impairing
33 condition.

34 If an impairing condition is represented by a category
35 designated as combinable under subpart 3, it must be rated under

1 that category and under the appropriate categories describing
 2 loss of function under subpart 4. The ratings obtained must be
 3 combined as described in part 5223.0300, subpart 3, item E.

4 If an impairing condition is not represented by a category
 5 designated either exclusive or combinable, it must be rated only
 6 under the appropriate categories describing loss of function
 7 under subpart 4.

8 Subp. 2. **Exclusive Categories.**

9 A. Acromioclavicular separation of the following
 10 severity:

11 (1) grade 1, as defined in part 5223.0310,
 12 subpart 2, zero percent;

13 (2) grade 2, as defined in part 5223.0310,
 14 subpart 3, one percent;

15 (3) grade 3, as defined in part 5223.0310,
 16 subpart 4, three percent.

17 B. Anterior or posterior shoulder dislocation,
 18 documented by examination, imaging study, or invasive
 19 investigation:

20 (1) single episode or occurring less than three
 21 times in six months, three percent;

22 (2) occurring at least three times in six months,
 23 no surgical repair, ten percent;

24 (3) recurring after attempted surgical repair,
 25 ten percent;

26 (4) if repaired surgically and there is no
 27 recurrence after surgical repair, the rating is as provided
 28 under subpart 4.

29 C. Resection distal end of clavicle, three percent.

30 D. Chronic bicipital tendon rupture, one percent.

31 E. Resection arthroplasty, 36 percent.

32 F. Painful organic syndrome, as defined in part
 33 5223.0310, subpart ~~4~~ 40, not elsewhere specified and
 34 substantiated by appropriate, consistent, and reproducible
 35 clinical or medical imaging findings, ~~as defined in part~~
 36 ~~5223.0310, subpart 8~~, which results in persistent limitation of

1 active range of motion but no limitation of passive range of
2 motion, zero percent.

3 Subp. 3. Combinable categories.

4 A. Chronic rotator cuff tear, demonstrated by medical
5 imaging study, with or without surgical repair:

6 (1) partial thickness, two percent;

7 (2) full thickness, six percent.

8 B. Implant arthroplasty, 18 percent.

9 C. Fracture or dislocation involving scapula,
10 clavicle, humerus, not otherwise ratable under subpart 2 or 3,
11 or part 5223.0460, zero percent.

12 Subp. 4. Categories describing loss of function. Function
13 at the shoulder is measured by the available passive range of
14 motion in three arcs at the shoulder: flexion or extension,
15 abduction or adduction, and rotation. Examination with
16 goniometer is performed to determine the limits of passive range
17 of motion in each arc. If there is an impairment in more than
18 one arc, the ratings for each arc are added to determine the
19 final impairment for loss of function.

20 A. Extent of range of flexion or extension:

21 (1) extension is greater than zero degrees and
22 flexion is:

23 (a) to greater than 150 degrees, zero
24 percent;

25 (b) to between 121 degrees and 150 degrees,
26 three percent;

27 (c) to between 101 degrees and 120 degrees,
28 five percent;

29 (d) to between 51 degrees and 100 degrees,
30 eight percent;

31 (e) to between zero degrees and 50 degrees,
32 12.5 percent;

33 (f) to less than zero degrees, that is,
34 there is an extension contracture, 18 percent;

35 (2) extension is limited to between zero and nine
36 degrees flexion, that is, there is a flexion contracture, and

1 flexion is:
2 (a) to greater than 150 degrees, zero
3 percent;
4 (b) to between 121 degrees and 150 degrees,
5 three percent;
6 (c) to between 101 degrees and 120 degrees,
7 five percent;
8 (d) to between 51 degrees and 100 degrees,
9 eight percent;
10 (e) to less than 51 degrees, 12.5 percent;
11 (3) extension is limited to between ten degrees
12 and 50 degrees flexion, that is, there is a flexion contracture,
13 and flexion is:
14 (a) to greater than 150 degrees, two
15 percent;
16 (b) to between 121 degrees and 150 degrees,
17 five percent;
18 (c) to between 101 degrees and 120 degrees,
19 seven percent;
20 (d) to between 51 degrees and 100 degrees,
21 ten percent;
22 (e) to less than 51 degrees, 14.5 percent;
23 (4) extension is limited to between 51 degrees
24 and 100 degrees flexion, that is, there is a flexion
25 contracture, and flexion is:
26 (a) to greater than 150 degrees, eight
27 percent;
28 (b) to between 121 degrees and 150 degrees,
29 11 percent;
30 (c) to between 101 degrees and 120 degrees,
31 13 percent;
32 (d) to less than 101 degrees, 16 percent;
33 (5) extension is limited to between 101 degrees
34 and 150 degrees flexion, that is, there is a flexion
35 contracture, and flexion is:
36 (a) to greater than 150 degrees, 14.5

1 percent;

2 (b) to between 121 degrees and 150 degrees,
3 17.5 percent;

4 (c) to less than 121 degrees, 18 percent;

5 (6) extension is limited to greater than 150
6 degrees flexion, that is, there is a flexion contracture, and
7 flexion is to greater than 150 degrees, 18 percent;

8 (7) ankylosis, as defined in part 5223.0310,
9 subpart 7, in flexion or extension occurs:

10 (a) in extension, 18 percent;

11 (b) between ~~one-degree~~ zero degrees and 50
12 degrees of flexion, 14.5 percent;

13 (c) between 51 degrees of flexion and 100
14 degrees of flexion, 16 percent;

15 (d) at greater than ~~±0±~~ 100 degrees of
16 flexion, 18 percent.

17 B. Extent of range of abduction or adduction:

18 (1) adduction is greater than zero degrees and
19 abduction is:

20 (a) to greater than 150 degrees, zero
21 percent;

22 (b) to between 121 degrees and 150 degrees,
23 three percent;

24 (c) to between 81 degrees and 120 degrees,
25 eight percent;

26 (d) to less than 81 degrees, 11 percent;

27 (2) adduction is limited to between zero and nine
28 degrees abduction, that is, there is an abduction contracture,
29 and abduction is:

30 (a) to greater than 150 degrees, zero
31 percent;

32 (b) to between 121 degrees and 150 degrees,
33 three percent;

34 (c) to between 81 degrees and 120 degrees,
35 eight percent;

36 (d) to less than 81 degrees, 11 percent;

1 (3) adduction is limited to between ten degrees
2 and 80 degrees abduction, that is, there is an abduction
3 contracture, and abduction is:

4 (a) to greater than 150 degrees, two
5 percent;

6 (b) to between 121 degrees and 150 degrees,
7 five percent;

8 (c) to between 81 degrees and 120 degrees,
9 ten percent;

10 (d) to less than 81 degrees, 11 percent;

11 (4) adduction is limited to greater than 80
12 degrees abduction, that is, there is an abduction contracture,
13 11 percent;

14 (5) ankylosis, as defined in part 5223.0310,
15 subpart 7, in abduction or adduction occurs:

16 (a) in adduction, 11 percent;

17 (b) between one-degree zero degrees and 80
18 degrees of abduction, six percent;

19 (c) at greater than 80 degrees, 11 percent.

20 C. Extent of range of rotation:

21 (1) external rotation is greater than 40 degrees
22 and internal rotation is:

23 (a) to greater than 20 degrees, zero
24 percent;

25 (b) to between zero degrees and 20 degrees,
26 one percent;

27 (c) limited to between zero degrees and nine
28 degrees external rotation, that is, there is an external
29 rotation contracture, one percent;

30 (d) limited to between ten degrees and 40
31 degrees external rotation, that is, there is an external
32 rotation contracture, three percent;

33 (e) limited to greater than 40 degrees
34 external rotation, that is, there is an external rotation
35 contracture, seven percent;

36 (2) external rotation is limited to between ten

1 degrees and 40 degrees and internal rotation is:

2 (a) to greater than 20 degrees, one percent;

3 (b) to between zero degrees and 20 degrees,
4 two percent;

5 (c) limited to between zero degrees and nine
6 degrees external rotation, that is, there is an external
7 rotation contracture, two percent;

8 (d) limited to between ten degrees and 40
9 degrees external rotation, that is, there is an external
10 rotation contracture, four percent;

11 (3) external rotation is limited to between zero
12 degrees and nine degrees and internal rotation is:

13 (a) to greater than 20 degrees, one percent;

14 (b) ~~up~~ to between zero degrees and 20
15 degrees, two percent;

16 (4) external rotation is limited to between ten
17 degrees and 20 degrees internal rotation, that is, there is an
18 internal rotation contracture, and internal rotation is:

19 (a) to greater than 20 degrees, three
20 percent;

21 (b) to between ten degrees and 20 degrees,
22 four percent;

23 (5) external rotation is limited to greater than
24 20 degrees internal rotation, that is, there is an internal
25 rotation contracture, and internal rotation is to greater than
26 20 degrees, seven percent;

27 (6) ankylosis, as defined in part 5223.0310,
28 subpart 7, in rotation occurs:

29 (a) at greater than 20 degrees of internal
30 rotation, seven percent;

31 (b) between 20 degrees of internal rotation
32 and 40 degrees of external rotation, four percent;

33 (c) at greater than 40 degrees of external
34 rotation, seven percent.

35 5223.0460 MUSCULOSKELETAL SCHEDULE; ELBOW AND FOREARM.

1 Subpart 1. **General.** For permanent partial impairment to
 2 the elbow and forearm, disability of the whole body is as
 3 provided in subparts 2 to 4. The percent of whole body
 4 disability under this part may not exceed the percent of whole
 5 body disability for amputation of the arm at the elbow under
 6 part 5223.0540. Each mutually exclusive impairing condition
 7 must be rated separately and the ratings must be combined as
 8 described in part 5223.0300, subpart 3, item E.

9 If an impairing condition is represented by a category
 10 designated as exclusive under subpart 2, it must be rated by
 11 that category only and that rating may not be combined with a
 12 rating under any other category of this part for that impairing
 13 condition.

14 If an impairing condition is represented by a category
 15 designated as combinable under subpart 3, it must be rated under
 16 that category and under the appropriate categories describing
 17 loss of function under subpart 4. The ratings obtained must be
 18 combined as described in part 5223.0300, subpart 3, item E.

19 If an impairing condition is not represented by a category
 20 designated either exclusive or combinable, it must be rated only
 21 under the appropriate categories describing loss of function
 22 under subpart 4.

23 Subp. 2. **Exclusive categories.**

24 A. Flail elbow, 39 percent.

25 B. Resection head of radius, five percent.

26 C. Painful organic syndrome, as defined in part
 27 5223.0310, subpart ~~4~~ 40, including chronic epicondylitis,
 28 medial or lateral, not elsewhere specified, and substantiated by
 29 appropriate, consistent, and reproducible clinical findings~~7-as~~
 30 ~~defined-in-part-5223-0310-7-subpart-87~~, which results in
 31 persistent limitation of active range of motion but no
 32 limitation of passive range of motion, zero percent.

33 D. Nerve entrapment syndrome of the radial, median,
 34 or ulnar nerve at the elbow or in the forearm:

35 (1) resolved with treatment, zero percent;

36 (2) pain and paresthesia recurring or persisting

1 despite treatment, but not substantiated by objective persistent
 2 findings on electrodiagnostic testing, zero percent;

3 (3) pain and paresthesia persisting despite
 4 treatment, or recurring and persisting despite treatment and
 5 substantiated by persistent findings on electrodiagnostic
 6 testing, two percent;

7 (4) objectively demonstrable motor or sensory
 8 loss, the rating is as provided in parts 5223.0400 and 5223.0410.

9 Subp. 3. **Combinable categories.**

10 A. **Arthroplasty:**

11 (1) total elbow, 17 percent;

12 (2) radial head, five percent.

13 B. **Elbow instability: excessive passive mediolateral**
 14 **motion in comparison to normal:**

15 (1) **subluxation in extension, reduced by flexion:**

16 (a) **intermittent, five percent;**

17 (b) **continuous, ten percent;**

18 (2) **dislocation:**

19 (a) **intermittent or elicited only by**

20 **examination, six percent;**

21 (b) **spontaneous continuous, ten percent.**

22 C. **Elbow lateral deviation: permanent deformity;**

23 **measured with elbow in full passive extension:**

24 (1) **less than 30 degrees, zero percent;**

25 (2) **greater than or equal to 30 degrees, three**
 26 **percent.**

27 D. **Fracture or dislocation involving humerus, radius,**

28 **or ulna, not otherwise ratable under subpart 2 or 3 or part**

29 **5223.0450 or 5223.0470, zero percent.**

30 Subp. 4. **Categories describing loss of function. Function**

31 **at the elbow or forearm is measured by the available passive**

32 **range of motion at the elbow.**

33 **The passive range of motion is measured in two arcs:**

34 **flexion or extension and supination or pronation. Examination**

35 **with goniometer is performed to determine the limitation of**

36 **passive range of motion in each arc. If there is impairment in**

1 more than one arc, the ratings for each arc added to determine
2 the overall disability for loss of motion.

3 A. Extent of range of flexion or extension:

4 (1) extension is limited to between zero and 30
5 degrees flexion, that is, any flexion contracture is less than
6 30 degrees, and flexion is:

7 (a) to greater than 100 degrees, zero
8 percent;

9 (b) to between 61 degrees and 100 degrees,
10 six percent;

11 (c) to between 31 degrees and 60 degrees, 15
12 percent;

13 (d) to less than 31 degrees, 25 percent;

14 (2) extension is limited to between 31 degrees
15 and 60 degrees flexion, that is, there is a flexion contracture,
16 and flexion is:

17 (a) to greater than 100 degrees, three
18 percent;

19 (b) to between 61 degrees and 100 degrees,
20 nine percent;

21 (c) to less than 61 degrees, 18 percent;

22 (3) extension is limited to between 61 degrees
23 and 100 degrees flexion, that is, there is a flexion
24 contracture, and flexion is:

25 (a) to greater than 100 degrees, seven
26 percent;

27 (b) to less than 101 degrees, 13 percent;

28 (4) extension is limited to greater than 100
29 degrees flexion, that is, there is a flexion contracture, and
30 flexion is to greater than 100 degrees flexion, 25 percent;

31 (5) ankylosis, as defined in part 5223.0310,
32 subpart 7, in flexion or extension occurs:

33 (a) between zero degrees and 30 degrees, 25
34 percent;

35 (b) between 31 degrees and 60 degrees, 18
36 percent;

1 (c) between 61 degrees and 100 degrees, 13
2 percent;

3 (d) at greater than 100 degrees, 25 percent.

4 B. Extent of range of rotation:

5 (1) pronation is greater than 45 degrees and
6 supination is:

7 (a) to greater than 45 degrees, zero
8 percent;

9 (b) to between zero degrees and 45 degrees,
10 that is, there is a pronation contracture, one percent;

11 (c) limited to between one degree and 45
12 degrees pronation, that is, there is a pronation contracture,
13 three percent;

14 (d) limited to greater than 45 degrees
15 pronation, that is, there is a pronation contracture, 17
16 percent;

17 (2) pronation is limited to between one degree
18 and 45 degrees and supination is:

19 (a) to greater than 45 degrees, five
20 percent;

21 (b) to between zero degrees and 45 degrees,
22 six percent;

23 (c) limited to between one degree and 45
24 degrees pronation, that is, there is a pronation contracture,
25 eight percent;

26 (3) pronation is limited to between zero degrees
27 and 45 degrees supination, that is, there is a supination
28 contracture, and supination is:

29 (a) to greater than 45 degrees, 11 percent;

30 (b) to between zero degrees and 45 degrees,
31 12 percent;

32 (4) pronation is limited to greater than 45
33 degrees supination, that is, there is a supination contracture,
34 17 percent;

35 (5) ankylosis, as defined in part 5223.0310,
36 subpart 7, in rotation occurs:

1 (a) ~~between-ten~~ at greater than 45 degrees
2 of supination ~~and-45-degrees-of-pronation~~, ~~eight~~ 17 percent;

3 (b) between ten degrees of supination and 45
4 degrees of supination, 12 percent;

5 (c) ~~at-greater-than-45~~ between nine degrees
6 of supination and 45 degrees of pronation, ~~±7~~ eight percent;

7 (d) at greater than 45 degrees of pronation,
8 17 percent.

9 5223.0470 MUSCULOSKELETAL SCHEDULE; WRIST.

10 Subpart 1. **General.** For permanent partial impairment to
11 the wrist, disability of the whole body is as provided in
12 subparts 2 to 4. The percent of whole body disability under
13 this part may not exceed the percent of whole body disability
14 for amputation of the arm at the wrist under part 5223.0540.
15 Each mutually exclusive impairing condition must be rated
16 separately and the ratings must be combined as described in part
17 5223.0300, subpart 3, item E.

18 If an impairing condition is represented by a category
19 designated as exclusive under subpart 2, it must be rated by
20 that category only and that rating may not be combined with a
21 rating under any other category of this part for that impairing
22 condition.

23 If an impairing condition is represented by a category
24 designated as combinable under subpart 3, it must be rated under
25 that category and under the appropriate categories describing
26 loss of function under subpart 4. The ratings obtained must be
27 combined as described in part 5223.0300, subpart 3, item E.

28 If an impairing condition is not represented by a category
29 designated either exclusive or combinable, it must be rated only
30 under the appropriate categories describing loss of function
31 under subpart 4.

32 Subp. 2. **Exclusive categories.**

33 A. Painful organic syndrome, as defined in part
34 5223.0310, subpart ~~4±~~ 40, including tendonitis syndrome and de
35 Quervain syndrome, not elsewhere specified, and substantiated by

1 appropriate, consistent, and reproducible clinical findings, ~~as~~
 2 ~~defined in part 5223.0310, subpart 8,~~ which results in
 3 persistent limitation of active range of motion but no
 4 limitation of passive range of motion, zero percent.

5 B. Nerve entrapment syndrome of the ulnar, radial, or
 6 median nerve at the wrist:

7 (1) resolved with treatment, zero percent;

8 (2) pain and paresthesia recurring or persisting
 9 despite treatment, but not substantiated by objective persistent
 10 findings on electrodiagnostic testing, zero percent;

11 (3) pain and paresthesia persisting despite
 12 treatment or recurring and persisting despite treatment and
 13 substantiated by persistent findings on electrodiagnostic
 14 testing, three percent;

15 (4) objectively demonstrable motor or sensory
 16 loss, the rating is as provided in parts 5223.0400 and 5223.0410.

17 Subp. 3. Combinable categories.

18 A. Arthroplasty:

19 (1) total wrist, 18 percent;

20 (2) ulnar head, five percent;

21 (3) proximal carpal row, nine percent;

22 (4) single carpal bone resection except resection
 23 of the pisiform or hook of the hamate, six percent;

24 (5) excision of the pisiform or the hook of the
 25 hamate, two percent.

26 B. Carpal instability, as defined in part 5223.0310,
 27 subpart ~~13~~ 12, based on appropriate clinical, laboratory, and
 28 medical imaging findings:

29 (1) confirmed by clinical examination only, four
 30 percent;

31 (2) confirmed by both clinical examination and
 32 medical imaging study, seven percent;

33 (3) confirmed by both clinical examination and
 34 medical imaging study which also demonstrates degenerative
 35 arthritis, 11 percent.

36 C. Fracture or dislocation involving radius, ulna,

1 carpal bone not otherwise ratable under subpart 2 or 3 or part
2 5223.0460, zero percent.

3 Subp. 4. Categories describing loss of function. Function
4 at the wrist is measured by the available passive range of
5 motion at the wrist.

6 The passive range of motion is measured in two arcs:
7 flexion or extension and deviation. Examination with goniometer
8 is performed to determine the limits of passive range of motion
9 in each arc. If there is impairment in more than one arc, the
10 ratings for each arc are added to determine the overall
11 disability for loss of motion.

12 A. Extent of range of flexion or extension:

13 (1) extension is greater than 45 degrees and
14 flexion is:

15 (a) to greater than 45 degrees, zero
16 percent;

17 (b) to between 31 degrees and 45 degrees,
18 2.5 percent;

19 (c) to between zero degrees and 30 degrees,
20 five percent;

21 (d) limited to between one degree and 30
22 degrees extension, that is, there is an extension contracture,
23 ten percent;

24 (e) limited to greater than 30 degrees
25 extension, that is, there is an extension contracture, 25
26 percent;

27 (2) extension is limited to between 31 degrees
28 and 45 degrees and flexion is:

29 (a) to greater than 45 degrees, 2.5 percent;

30 (b) to between 31 degrees and 45 degrees,
31 five percent;

32 (c) to between zero degrees and 30 degrees,
33 7.5 percent;

34 (d) limited to between one degree and 30
35 degrees extension, that is, there is an extension contracture,
36 12.5 percent;

1 (e) limited to greater than 30 degrees
 2 extension, that is, there is an extension contracture, 25
 3 percent;

4 (3) extension is limited to between one degree
 5 and 30 degrees and flexion is:

6 (a) to greater than 45 degrees, five
 7 percent;

8 (b) to between 31 degrees and 45 degrees,
 9 7.5 percent;

10 (c) to between zero degrees and 30 degrees,
 11 ten percent;

12 (d) to between one degree and 30 degrees
 13 extension, that is, there is an extension contracture, 15
 14 percent;

15 (4) extension is limited to between zero degrees
 16 and 30 degrees flexion, that is, there is a flexion contracture,
 17 and flexion is:

18 (a) to greater than 45 degrees, ten percent;

19 (b) to between 31 degrees and 45 degrees,
 20 12.5 percent;

21 (c) to less than 30 degrees, 15 percent;

22 (5) extension is limited to greater than 30
 23 degrees flexion, that is, there is a flexion contracture, 25
 24 percent;

25 (6) ankylosis, as defined in part 5223.0310,
 26 subpart 7, in flexion or extension occurs:

27 (a) ~~between~~ at greater than 30 degrees of
 28 ~~extension and five degrees of flexion,~~ ± 25 percent;

29 (b) between ~~six~~ 30 degrees of ~~flexion~~
 30 extension and ~~30~~ five degrees of flexion, ~~20~~ 15 percent;

31 (c) ~~at-greater-than-30~~ between six degrees
 32 of ~~extension~~ flexion and 30 degrees of flexion, ~~25~~ 20 percent;

33 (d) at greater than 30 degrees of flexion,
 34 25 percent.

35 B. Extent of range of deviation:

36 (1) ulnar deviation is greater than 15 degrees

1 and radial deviation is:

2 (a) to greater than zero degrees, zero
3 percent;

4 (b) limited to between zero degrees and 15
5 degrees ulnar deviation, that is, there is an ulnar deviation
6 contracture, two percent;

7 (c) limited to greater than 15 degrees ulnar
8 deviation, that is, there is an ulnar deviation contracture,
9 five percent;

10 (2) ulnar deviation is limited to between zero
11 degrees and 15 degrees and radial deviation is:

12 (a) to greater than zero degrees, two
13 percent;

14 (b) to between zero degrees and 15 degrees
15 ulnar deviation, that is, there is an ulnar deviation
16 contracture, four percent;

17 (3) ulnar deviation is limited to greater than
18 zero degrees radial deviation, that is, there is a radial
19 deviation contracture, five percent;

20 (4) ankylosis, as defined in part 5223.0310,
21 subpart 7, in deviation occurs:

22 (a) ~~between-one-degree-of-ulnar-deviation~~
23 ~~and-15-degrees-of-ulnar~~ in radial deviation, ~~two~~ five percent;

24 (b) ~~at-greater-than-15~~ between zero degrees
25 of ulnar deviation and 15 degrees of ulnar deviation, ~~five~~ two
26 percent;

27 (c) ~~in-radial~~ at greater than 15 degrees of
28 ulnar deviation, five percent.

29 5223.0480 MUSCULOSKELETAL SCHEDULE; HAND AND FINGERS.

30 Subpart 1. General.

31 A. Permanent partial impairment of fingers is a
32 disability of the whole body is as provided in subparts 2 to 4.
33 The percent of whole body disability under this part may not
34 exceed the percent of whole body disability for amputation of
35 the hand or digit if the impairing condition is confined to a

1 digit under part 5223.0540. Each mutually exclusive impairing
2 condition must be rated separately and the ratings must be
3 combined as described in part 5223.0300, subpart 3, item E. If
4 an impairing condition is represented by a category designated
5 as exclusive under subpart 2, it must be rated by that category
6 only and that rating may not be combined with a rating under any
7 other category of this part for that impairing condition.

8 If an impairing condition is represented by a category
9 designated as combinable under subpart 3, must be rated under
10 that category and under the appropriate categories describing
11 loss of function under subpart 4. The ratings obtained must be
12 combined as described in part 5223.0300, subpart 3, item E.

13 If an impairing condition is not represented by a category
14 designated either exclusive or combinable, it must be rated only
15 under the appropriate categories describing loss of function
16 under subpart 4.

17 B. For purposes of computing the percent of
18 disability due to injuries of the digits, each digit and each
19 joint of each digit is assigned a percentage representing the
20 percent of disability of the whole body resulting from 100
21 percent disability of that digit or joint. In subparts 4 and 5,
22 the final percent disability of the whole body is computed by
23 multiplying the overall percent disability to the digit or joint
24 times the values listed in this subpart.

25 (1) Value of the digits:

- 26 (a) thumb, 22 percent;
27 (b) index finger, 11 percent;
28 (c) middle finger, 11 percent;
29 (d) ring finger, five percent;
30 (e) little finger, five percent.

31 (2) Value of the joints:

- 32 (a) thumb:
33 i. carpometacarpal joint, 17 percent;
34 ii. metacarpophalangeal joint, seven
35 percent;
36 iii. interphalangeal joint, two

1 percent;

2 (b) index and middle fingers:

3 i. metacarpophalangeal joint, 11

4 percent;

5 ii. proximal interphalangeal joint,

6 eight percent;

7 iii. distal interphalangeal joint,

8 five percent;

9 (c) ring and little fingers:

10 i. metacarpophalangeal joint, five

11 percent;

12 ii. proximal interphalangeal joint,

13 four percent;

14 iii. distal interphalangeal joint, two

15 percent.

16 Subp. 2. Exclusive categories.

17 A. Mallet deformity, loss of active extension at
18 distal interphalangeal joint of 30 degrees or more,
19 substantiated by objective clinical findings, and persisting
20 despite therapy, or recurring and persisting after attempted
21 surgical correction:

22 (1) index finger, 0.5 percent;

23 (2) middle finger, 0.5 percent;

24 (3) ring finger, 0.2 percent;

25 (4) little finger, 0.2 percent.

26 B. Boutonniere deformity, flexion of the proximal
27 interphalangeal joint of 30 degrees or more and extension of the
28 distal interphalangeal joint, which can be reduced passively but
29 not actively, substantiated by objective clinical findings, and
30 persisting despite treatment, or recurring and persisting after
31 attempted surgical correction:

32 (1) index finger, 1.1 percent;

33 (2) middle finger, 1.1 percent;

34 (3) ring finger, 0.5 percent;

35 (4) little finger, 0.5 percent.

36 C. Swan neck deformity, hyperextension of the

1 proximal interphalangeal joint exceeding 15 degrees or more and
 2 flexion of the distal interphalangeal, which can be reduced
 3 passively but not actively, substantiated by objective clinical
 4 findings; and persisting despite treatment, or recurring and
 5 persisting after attempted surgical correction:

- 6 (1) index finger, 1.1 percent;
- 7 (2) middle finger, 1.1 percent;
- 8 (3) ring finger, 0.5 percent;
- 9 (4) little finger, 0.5 percent.

10 D. Arthroplasty, 100 percent of the value of the
 11 joint.

12 Subp. 3. Combinable categories.

13 A. Ulnar or radial deviation at a joint: permanent
 14 fixed deformity, measured with joint at neutral position:

- 15 (1) less than ten degrees, zero percent;
- 16 (2) mild: ~~less than 20~~ ten degrees to 19
 17 degrees, ten percent of the value of the digit;
- 18 (3) moderate: 20 degrees to 30 degrees, 20
 19 percent of the value of the digit;
- 20 (4) severe: greater than 30 degrees, 30 percent
 21 of the value of the digit.

22 B. Rotational deformity: permanent fixed deformity,
 23 measured with joint at neutral position:

- 24 (1) less than five degrees, zero percent;
- 25 (2) mild: five degrees to 15 degrees, ten
 26 percent of the value of the digit;
- 27 (3) moderate: 16 degrees to 30 degrees, 20
 28 percent of the value of the digit;
- 29 (4) severe: greater than 30 degrees, 30 percent
 30 of the value of the digit.

31 C. Instability: excessive passive ulnar or radial
 32 motion in the joint in comparison to normal:

- 33 (1) less than five degrees, zero percent;
- 34 (2) mild: five degrees to ten degrees, ten
 35 percent of the value of the joint;
- 36 (3) moderate: 11 degrees to 20 degrees, 20

1 percent of the value of the joint;

2 (4) severe: greater than 20 degrees, 30 percent
3 of the value of the joint.

4 D. Intrinsic tightness: measured by hyperextending
5 the digit at the metacarpophalangeal joint and then attempting
6 to flex the proximal interphalangeal joint, and persisting
7 despite therapy, or recurring and persisting after attempted
8 surgical correction:

9 (1) flexion greater than 80 degrees at the
10 proximal interphalangeal joint, zero percent;

11 (2) mild: flexion from 60 degrees to 80 degrees,
12 15 percent of the value of the digit;

13 (3) moderate: flexion from 20 degrees to 59
14 degrees, 30 percent of the value of the digit;

15 (4) severe: flexion less than 20 degrees, 40
16 percent of the value of the digit.

17 E. Triggering: substantiated by objective clinical
18 findings, and persisting despite therapy, or recurring and
19 persisting after attempted surgical correction:

20 (1) mild: inconstant during active range of
21 motion, ten percent of the value of the digit;

22 (2) moderate: constant during active range of
23 motion, 20 percent of the value of the digit;

24 (3) severe: constant during passive range of
25 motion, 30 percent of the value of the digit.

26 F. Fracture or dislocation involving metacarpal or
27 phalanx not otherwise ratable under subpart 3 or 4, zero percent.

28 Subp. 4. Categories describing loss of function. Function
29 of the hand and fingers is measured by the available passive
30 range of motion at each joint and by the quality and extent of
31 tactile sensation in the hand. For injuries involving lacerated
32 tendons, the available active range of motion is measured and
33 applied to items A to H.

34 The passive range of motion at all joints of the digits
35 excluding the carpometacarpal joint of the thumb is measured in
36 one arc: flexion or extension. Examination with goniometer is

1 performed to determine the limits of passive range of motion at
2 each of these joints. The passive range of motion of the
3 carpometacarpal joint of the thumb is measured by three
4 movements of the thumb: extension or abduction, radial
5 abduction, and opposition. Examination with a metric ruler is
6 performed to determine the passive limitations of each of the
7 movements of the carpometacarpal joint of the thumb.

8 For the thumb, all appropriate ratings for loss of motion
9 at the interphalangeal, metacarpal, and carpometacarpal joints
10 are added to determine the overall rating for loss of motion of
11 the thumb. This overall rating for loss of motion of the thumb
12 is multiplied by the value of the thumb to convert to the whole
13 body disability for loss of motion of the thumb.

14 For the fingers, disability for loss of motion at different
15 joints of the same finger are combined to determine the overall
16 disability for loss of motion of the digit. Overall
17 disabilities for loss of motion of a digit are multiplied by the
18 value of the digit to find the whole body disability for loss of
19 motion of that digit. The disabilities for loss of motion of
20 digits are added to determine the overall disability for loss of
21 motion of the hand when there is injury to more than one digit.

22 The quality and extent of tactile sensation is evaluated
23 according to part 5223.0410, subpart 6.

24 Any disability for loss of sensation is combined with any
25 overall disability for loss of range of motion to determine the
26 final disability for loss of function.

27 A. Extent of range of flexion or extension at
28 metacarpophalangeal joint for fingers excluding the thumb:

29 (1) extension is greater than zero degrees and
30 flexion is:

31 (a) to greater than 70 degrees, zero
32 percent;

33 (b) limited to between 51 degrees and 70
34 degrees, ten percent of the value of the digit;

35 (c) limited to between 21 degrees and 50
36 degrees, 25 percent of the value of the digit;

1 (d) limited to between zero degrees and 20
2 degrees, 40 percent of the value of the digit;

3 (e) less than zero degrees, that is, there
4 is an extension contracture, 60 percent of the value of the
5 digit;

6 (2) extension is limited to between zero degrees
7 and nine degrees flexion, that is, there is a flexion
8 contracture, and flexion is:

9 (a) to greater than 70 degrees, zero
10 percent;

11 (b) limited to between 51 degrees and 70
12 degrees, ten percent of the value of the digit;

13 (c) limited to between 21 degrees and 50
14 degrees, 25 percent of the value of the digit;

15 (d) limited to between zero degrees and 20
16 degrees, 40 percent of the value of the digit;

17 (3) extension is limited to between ten degrees
18 and 30 degrees flexion, that is, there is a flexion contracture,
19 and flexion is:

20 (a) to greater than 70 degrees, ten percent
21 of the value of the digit;

22 (b) limited to between 51 degrees and 70
23 degrees, 20 percent of the value of the digit;

24 (c) limited to between 21 degrees and 50
25 degrees, 35 percent of the value of the digit;

26 (d) limited to between ten degrees and 20
27 degrees, 50 percent of the value of the digit;

28 (4) extension is limited to between 31 degrees
29 and 60 degrees flexion, that is, there is a flexion contracture,
30 and flexion is:

31 (a) to greater than 70 degrees, 35 percent
32 of the value of the digit;

33 (b) limited to between 51 degrees and 70
34 degrees, 45 percent of the value of the digit;

35 (c) limited to between 31 degrees and 50
36 degrees, 60 percent of the value of the digit;

1 (5) extension is limited to between 61 degrees
2 and 80 degrees flexion, that is, there is a flexion contracture,
3 and flexion is:

4 (a) to greater than 70 degrees, 70 percent
5 of the value of the digit;

6 (b) limited to between 61 degrees and 70
7 degrees, 80 percent of the value of the digit;

8 (6) extension is limited to greater than 80
9 degrees flexion, that is, there is a flexion contracture, 100
10 percent of the value of the digit;

11 (7) ankylosis, as defined in part 5223.0310,
12 subpart 7, of the metacarpophalangeal joint for the fingers
13 excluding the thumb occurs:

14 (a) ~~between-neutral-and-30-degrees-of~~
15 ~~flexion in extension~~, 50 60 percent of the value of the digit;

16 (b) ~~in-extension~~ between neutral and 30
17 degrees of flexion, 60 50 percent of the value of the digit;

18 (c) between 31 degrees of flexion and 60
19 degrees of flexion, 60 percent of the value of the digit;

20 (d) between 61 degrees of flexion and 80
21 degrees of flexion, 80 percent of the value of the digit;

22 (e) at greater than 80 degrees of flexion,
23 100 percent of the value of the digit.

24 B. Extent of range of flexion or extension and the
25 proximal interphalangeal joint for fingers excluding the thumb:

26 (1) extension is greater than zero degrees and
27 flexion is:

28 (a) to greater than 90 degrees, zero
29 percent;

30 (b) limited to between 61 degrees and 90
31 degrees, ten percent of the value of the digit;

32 (c) limited to between 46 degrees and 60
33 degrees, 25 percent of the value of the digit;

34 (d) limited to between zero degrees and 45
35 degrees, 45 percent of the value of the digit;

36 (e) less than zero degrees, that is, there

1 is an extension contracture, 80 percent of the value of the
2 digit;

3 (2) extension is limited to between zero degrees
4 and nine degrees flexion, that is, there is a flexion
5 contracture, and flexion is:

6 (a) to greater than 90 degrees, zero
7 percent;

8 (b) limited to between 61 degrees and 90
9 degrees, ten percent of the value of the digit;

10 (c) limited to between 46 degrees and 60
11 degrees, 25 percent of the value of the digit;

12 (d) limited to between zero degrees and 45
13 degrees, 45 percent of the value of the digit;

14 (3) extension is limited to between ten degrees
15 and 45 degrees flexion, that is, there is a flexion contracture,
16 and flexion is:

17 (a) to greater than 90 degrees, ten percent
18 of the value of the digit;

19 (b) limited to between 61 degrees and 90
20 degrees, 20 percent of the value of the digit;

21 (c) limited to between 46 degrees and 60
22 degrees, 35 percent of the value of the digit;

23 (d) limited to between ten degrees and 45
24 degrees, 55 percent of the value of the digit;

25 (4) extension is limited to between 46 degrees
26 and 60 degrees flexion, that is, there is a flexion contracture,
27 and flexion is:

28 (a) to greater than 90 degrees, 30 percent
29 of the value of the digit;

30 (b) limited to between 61 degrees and 90
31 degrees, 40 percent of the value of the digit;

32 (c) limited to between 46 degrees and 60
33 degrees, 55 percent of the value of the digit;

34 (5) extension is limited to between 61 degrees
35 and 90 degrees flexion, that is, there is a flexion contracture,
36 and flexion is:

1 (a) to greater than 90 degrees, 45 percent
2 of the value of the digit;

3 (b) limited to between 61 degrees and 90
4 degrees, 55 percent of the value of the digit;

5 (6) extension is limited to greater than 90
6 degrees flexion, that is, there is a flexion contracture, 80
7 percent of the value of the digit;

8 (7) ankylosis, as defined in part 5223.0310,
9 subpart 7, at the proximal interphalangeal joint for the fingers
10 excluding the thumb occurs:

11 (a) ~~between zero degrees and 45 degrees of~~
12 ~~flexion in extension~~, 55 80 percent of the value of the digit;

13 (b) between 46 zero degrees and 45 degrees
14 ~~of flexion and 90 degrees of flexion~~, 65 55 percent of the value
15 of the digit;

16 (c) ~~in extension~~ between 46 degrees of
17 flexion and 90 degrees of flexion, ~~80~~ 65 percent of the value of
18 the digit;

19 (d) at greater than 90 degrees of flexion,
20 90 percent of the value of the digit.

21 C. Extent of range of flexion or extension at the
22 distal interphalangeal joint for fingers excluding the thumb:

23 (1) extension is greater than zero degrees and
24 flexion is:

25 (a) to greater than 45 degrees, zero
26 percent;

27 (b) limited to between zero degrees and 45
28 degrees, 20 percent of the value of the digit;

29 (c) less than zero degrees, that is, there
30 is an extension contracture, 45 percent of the value of the
31 digit;

32 (2) extension is limited to between zero degrees
33 and nine degrees flexion, that is, there is a flexion
34 contracture, and flexion is:

35 (a) to greater than 45 degrees, zero
36 percent;

1 (b) limited to between zero degrees and 45
2 degrees, 20 percent of the value of the digit;

3 (3) extension is limited to between ten degrees
4 and 45 degrees flexion, that is, there is a flexion contracture,
5 and flexion is:

6 (a) to greater than 45 degrees, ten percent
7 of the value of the digit;

8 (b) limited to between ten degrees and 45
9 degrees, 30 percent of the value of the digit;

10 (4) extension is limited to greater than 45
11 degrees flexion, that is, there is a flexion contracture, 45
12 percent of the value of the digit;

13 (5) ankylosis, as defined in part 5223.0310,
14 subpart 7, at the interphalangeal joint for the fingers
15 excluding the thumb occurs:

16 (a) ~~between-zero-degrees-and-45-degrees-of~~
17 ~~flexion in extension~~, ~~30~~ 45 percent of the value of the digit;

18 (b) ~~greater-than~~ between zero degrees and 45
19 degrees of flexion, ~~45~~ 30 percent of the value of the digit;

20 (c) ~~in-extension~~ greater than 45 degrees of
21 flexion, 45 percent of the value of the digit.

22 D. Extent of range of flexion or extension at the
23 metacarpophalangeal joint for the thumb:

24 (1) extension is greater than zero degrees and
25 flexion is:

26 (a) to greater than 30 degrees, zero
27 percent;

28 (b) limited to between zero degrees and 30
29 degrees, six percent of the thumb;

30 (c) limited to less than zero degrees, that
31 is, there is an extension contracture, six percent of the thumb;

32 (2) extension is limited to between zero degrees
33 and 30 degrees flexion, that is, there is a flexion contracture,
34 and flexion is:

35 (a) to greater than 30 degrees, zero
36 percent;

1 (b) limited to between zero degrees and 30
2 degrees, six percent of the thumb;

3 (3) extension is limited to greater than 30
4 degrees flexion, that is, there is a flexion contracture, 11
5 percent of the thumb;

6 (4) ankylosis, as defined in part 5223.0310,
7 subpart 7, at the metacarpophalangeal joint of the thumb occurs:

8 (a) at less than or equal to 30 degrees of
9 flexion, six percent of the thumb;

10 (b) at greater than 30 degrees of flexion,
11 11 percent of the thumb.

12 E. Extent of range of flexion or extension at the
13 interphalangeal joint for the thumb:

14 (1) extension is greater than zero degrees and
15 flexion is:

16 (a) to greater than 40 degrees, zero
17 percent;

18 (b) limited to between zero degrees and 40
19 degrees, three percent of the thumb;

20 (c) limited to less than zero degrees, that
21 is, there is an extension contracture, nine percent of the
22 thumb;

23 (2) extension is limited to between zero degrees
24 and nine degrees flexion, that is, there is a flexion
25 contracture, and flexion is:

26 (a) to greater than 40 degrees, zero
27 percent;

28 (b) limited to between zero degrees and 40
29 degrees, three percent of the thumb;

30 (3) extension is limited to between ten degrees
31 and 40 degrees flexion, that is, there is a flexion contracture,
32 and flexion is:

33 (a) to greater than 40 degrees, three
34 percent of the thumb;

35 (b) limited to between ten degrees and 40
36 degrees, six percent of the thumb;

1 (4) extension is limited to greater than 40
2 degrees flexion, that is, there is a flexion contracture, nine
3 percent of the thumb;

4 (5) ankylosis, as defined in part 5223.0310,
5 subpart 7, at the interphalangeal joint of the thumb occurs:

6 (a) ~~between-zero-degrees-and-40-degrees-of~~
7 ~~flexion in extension, four~~ nine percent of the thumb;

8 (b) ~~greater-than~~ between zero degrees and 40
9 degrees of flexion, ~~nine~~ four percent of the thumb;

10 (c) ~~in-extension~~ greater than 40 degrees of
11 flexion, nine percent of the thumb.

12 F. Abduction of the thumb is the greatest possible
13 distance from the flexor crease of the metacarpophalangeal joint
14 of the fifth metacarpophalangeal joint to the palmar skin of the
15 thumb tuft. The limit of passive abduction is:

16 (1) greater than ten centimeters, zero percent;

17 (2) eight to ten centimeters, five percent of the
18 thumb;

19 (3) less than eight centimeters, 20 percent of
20 the thumb.

21 G. Radial abduction of the thumb is the greatest
22 possible distance from the radial border of the index finger to
23 the ulnar border of the thumb. The limit of passive radial
24 abduction is:

25 (1) greater than eight centimeters, zero percent;

26 (2) between five centimeters and eight
27 centimeters, 20 percent of the thumb;

28 (3) less than five centimeters, 40 percent of the
29 thumb.

30 H. Opposition of the thumb is the smallest possible
31 distance between the thumb and index fingertips. The limit of
32 passive opposition is:

33 (1) less than one centimeter, zero percent;

34 (2) between one centimeter and three centimeters,
35 25 percent of the thumb;

36 (3) greater than three centimeters, 50 percent of

1 the thumb.

2 5223.0490 MUSCULOSKELETAL SCHEDULE; PELVIS.

3 Subpart 1. General. For permanent impairment to the
4 pelvis, disability of the whole body is as provided in subpart 2.
5 Permanent impairments due to sprains or strains of the
6 sacroiliac joints must be treated as lumbar regional pain
7 syndrome and rated as provided in part 5223.0390, subpart 3.

8 A. Permanent partial impairment due to injury to the
9 peripheral nerves is as provided in parts 5223.0420 and
10 5223.0430, and may be combined with ratings under this part.

11 B. Permanent partial impairment due to bladder and
12 urinary tract dysfunction is as provided in part 5223.0600,
13 subpart 4, and may be combined with ratings under this part.

14 C. Permanent partial impairment due to sexual
15 dysfunction is as provided in part 5223.0600, subparts 7 and 10,
16 and may be combined with ratings under this part.

17 D. Permanent partial impairment due to anal
18 dysfunction is as provided in part 5223.0590, subpart 4, and may
19 be combined with ratings under this part.

20 Subp. 2. Fractures.

21 A. Fracture, healed or ununited, without displacement
22 demonstrated on medical imaging study, zero percent.

23 B. Healed fracture with displacement demonstrated on
24 medical imaging study, and with persistent gait abnormality,
25 five percent.

26 C. Ununited fracture with displacement demonstrated
27 on medical imaging study, and with persistent gait abnormality,
28 ten percent.

29 D. Persistent coccygodynia with or without coccyx
30 fracture and with or without surgical treatment, zero percent.

31 E. Fracture into acetabulum, the rating is the loss
32 of range of motion at the hip as provided in part 5223.0500,
33 subpart 4, and the rating under the categories of this part, and
34 the final rating is the higher of the two, which may not be
35 added or combined.

1 5223.0500 MUSCULOSKELETAL SCHEDULE; HIP AND UPPER LEG.

2 Subpart 1. General. For permanent partial impairment to
3 the hip and upper leg, disability of the whole body is as
4 provided in subparts 2 to 4. The percent of whole body
5 disability under this part may not exceed the percent of whole
6 body disability for amputation of the leg at the hip under part
7 5223.0550. Each mutually exclusive impairing condition must be
8 rated separately and the ratings must be combined as described
9 in part 5223.0300, subpart 3, item E.

10 If an impairing condition is represented by a category
11 designated as exclusive under subpart 2, it must be rated by
12 that category only and that rating may not be combined with a
13 rating under any other category of this part for that impairing
14 condition.

15 If an impairing condition is represented by a category
16 designated as combinable under subpart 3, it must be rated under
17 that category and under the appropriate categories describing
18 loss of function under subpart 4. The ratings obtained must be
19 combined as described in part 5223.0300, subpart 3, item E.

20 If an impairing condition is not represented by a category
21 designated either exclusive or combinable, it must be rated only
22 under the appropriate categories describing loss of function
23 under subpart 4.

24 Subp. 2. Exclusive categories.

25 A. Painful organic syndrome, as defined in part
26 5223.0310, subpart ~~4~~ 40, not elsewhere specified and
27 substantiated by appropriate, consistent, and reproducible
28 clinical or medical imaging findings, ~~as defined in part~~
29 ~~5223.0310, subpart 8~~, which results in persistent limitation of
30 active range of motion or persistent deviation of gait but no
31 limitation of passive range of motion, zero percent.

32 B. Nerve entrapment syndrome of the femoral,
33 obturator, or sciatic nerve at the pelvis, hip, or upper leg:

- 34 (1) resolved with treatment, zero percent;
35 (2) pain and paresthesia recurring or persisting

1 despite treatment, but not substantiated by objective persistent
 2 findings on electrodiagnostic testing, zero percent;

3 (3) pain and paresthesia persisting despite
 4 treatment, or recurring and persisting despite treatment and
 5 substantiated by persistent findings on electrodiagnostic
 6 testing, two percent;

7 (4) objectively demonstrable motor or sensory
 8 loss, the rating is as provided in parts 5223.0420 and 5223.0430.

9 C. Nonunion of femoral shaft fracture requiring
 10 nonweight bearing orthosis for ambulation, 20 percent.

11 Subp. 3. **Combinable categories.**

12 A. Traumatic or surgical discrepancy of the lower
 13 extremity:

14 (1) less than 1.0 centimeters, zero percent;

15 (2) 1.0 centimeters to 1.9 centimeters, three
 16 percent;

17 (3) 2.0 centimeters to 3.2 centimeters, 4.5
 18 percent;

19 (4) 3.3 centimeters to 4.4 centimeters, six
 20 percent;

21 (5) 4.5 centimeters and greater, nine percent.

22 B. Arthroplasty, eight percent.

23 C. Fractures:

24 (1) nonunion of hip fracture, 12 percent;

25 (2) femoral endoprosthesis, six percent;

26 (3) hip pinning for fracture, three percent;

27 (4) fracture or dislocation involving the femur
 28 not otherwise ratable under subpart 2 or 3 or part 5223.0510,
 29 zero percent.

30 Subp. 4. **Categories describing loss of function.** Function
 31 of the hip is measured by the available passive range of motion
 32 in three arcs: flexion or extension, abduction or adduction,
 33 and rotation. Examination with goniometer is performed to
 34 determine the limits of passive range of motion in each arc.

35 If there is impairment in more than one arc, the rating for
 36 each arc is added to determine the final rating for loss of

1 function.

2 A. Extent of range of flexion or extension:

3 (1) extension is greater than zero degrees and
4 flexion is:

5 (a) to greater than 90 degrees, zero
6 percent;

7 (b) limited to between 61 degrees and 90
8 degrees, two percent;

9 (c) limited to between 31 degrees and 60
10 degrees, four percent;

11 (d) limited to between zero degrees and 30
12 degrees, six percent;

13 (e) less than zero degrees, that is, there
14 is an extension contracture, seven percent;

15 (2) extension is limited to between zero and 19
16 degrees flexion, that is, there is a flexion contracture, and
17 flexion is:

18 (a) to greater than 90 degrees, zero
19 percent;

20 (b) limited to between 61 degrees and 90
21 degrees, two percent;

22 (c) limited to between 31 degrees and 60
23 degrees, four percent;

24 (d) limited to less than 31 degrees, six
25 percent;

26 (3) extension is limited to between 20 degrees
27 and 30 degrees flexion, that is, there is a flexion contracture,
28 and flexion is:

29 (a) to greater than 90 degrees, two percent;

30 (b) limited to between 61 degrees and 90
31 degrees, four percent;

32 (c) limited to between 31 degrees and 60
33 degrees, six percent;

34 (d) limited to less than 31 degrees, eight
35 percent;

36 (4) extension is limited to between 31 degrees

1 and 45 degrees flexion, that is, there is a flexion contracture,
2 and flexion is:

3 (a) to greater than 90 degrees, ten percent;

4 (b) limited to between 61 degrees and 90
5 degrees, 12 percent;

6 (c) limited to less than 61 degrees, 14
7 percent;

8 (5) extension is limited to between 46 degrees
9 and 60 degrees flexion, that is, there is a flexion contracture,
10 and flexion is:

11 (a) to greater than 90 degrees, 20 percent;

12 (b) limited to between 61 degrees and 90
13 degrees, 22 percent;

14 (c) limited to less than 61 degrees, 24
15 percent;

16 (6) extension is limited to greater than 60
17 degrees flexion, that is, there is a flexion contracture, 40
18 percent;

19 (7) ankylosis, as defined in part 5223.0310,
20 subpart 7, in flexion or extension occurs:

21 (a) ~~between-zero-degrees-and-30-degrees~~
22 ~~flexion in extension, 20~~ 40 percent;

23 (b) between zero degrees and 30 degrees
24 ~~flexion and-60-degrees-flexion, 24~~ 20 percent;

25 (c) ~~at-greater-than~~ between 31 degrees and
26 60 degrees flexion, 40 24 percent;

27 (d) ~~in-extension at greater than 60 degrees~~
28 flexion, 40 percent.

29 B. Extent of range of abduction or adduction:

30 (1) adduction is greater than 20 degrees and
31 abduction is:

32 (a) to greater than 20 degrees, zero
33 percent;

34 (b) limited to between ~~zero-degrees~~ one
35 degree and 20 degrees, one percent;

36 (c) limited to between zero degrees and 20

1 degrees adduction, that is, there is an adduction contracture,
2 four percent;

3 (d) limited to greater than 20 degrees, that
4 is, there is an adduction contracture, eight percent;

5 (2) adduction is limited to between zero degrees
6 and 20 degrees abduction and abduction is:

7 (a) to greater than 20 degrees, one percent;

8 (b) limited to between ~~zero-degrees~~ one
9 degree and 20 degrees, two percent;

10 (c) limited to between zero degrees and 20
11 degrees adduction, that is, there is an adduction contracture,
12 five percent;

13 (3) adduction is limited to between zero degrees
14 and 20 degrees abduction, that is, there is an abduction
15 contracture, and abduction is:

16 (a) to greater than 20 degrees, four
17 percent;

18 (b) limited to between zero degrees and 20
19 degrees, five percent;

20 (4) adduction is limited to greater than 20
21 degrees abduction, that is, there is an abduction contracture,
22 eight percent;

23 (5) ankylosis, as defined in part 5223.0310,
24 subpart 7, in abduction or adduction occurs:

25 (a) ~~between-zero-degrees-and-20-degrees~~
26 ~~abduction~~ in adduction, ~~five~~ eight percent;

27 (b) ~~at-greater-than~~ between zero degrees and
28 20 degrees abduction, ~~eight~~ five percent;

29 (c) ~~in-adduction~~ at greater than 20 degrees
30 abduction, eight percent.

31 C. Extent of range of rotation:

32 (1) external rotation is greater than 30 degrees
33 and internal rotation is:

34 (a) to greater than 20 degrees, zero
35 percent;

36 (b) limited to between ~~zero-degrees~~ one

1 degree and 20 degrees, two percent;

2 (c) limited to between zero degrees and 20
3 degrees external rotation, that is, there is an external
4 contracture, two percent;

5 (d) limited to between 21 degrees and 30
6 degrees external rotation, that is, there is an external
7 rotation contracture, four percent;

8 (e) limited to greater than 30 degrees
9 external rotation, that is, there is an external rotation
10 contracture, eight percent;

11 (2) external rotation is limited to between 21
12 degrees and 30 degrees and internal rotation is:

13 (a) to greater than 20 degrees, zero
14 percent;

15 (b) limited to between ~~zero-degrees~~ one
16 degree and 20 degrees, two percent;

17 (c) limited to between zero degrees and 20
18 degrees external rotation, that is, there is an external
19 rotation contracture, two percent;

20 (d) limited to between 21 degrees and 30
21 degrees external rotation, that is, there is an external
22 rotation contracture, four percent;

23 (3) external rotation is limited to between zero
24 degrees and 20 degrees and internal rotation is:

25 (a) to greater than 20 degrees, two percent;

26 (b) limited to between ~~zero-degrees~~ one
27 degree and 20 degrees, four percent;

28 (c) limited to between zero degrees and 20
29 degrees external rotation, that is, there is an external
30 rotation contracture, four percent;

31 (4) external rotation is limited to between zero
32 degrees and 20 degrees internal rotation, that is, there is an
33 internal rotation contracture, and internal rotation is:

34 (a) to greater than 20 degrees, two percent;

35 (b) limited to between zero degrees and 20
36 degrees, four percent;

1 (5) external rotation is limited to between 21
2 degrees and 30 degrees internal rotation, that is, there is an
3 internal rotation contracture, four percent;

4 (6) external rotation is limited to greater than
5 30 degrees internal rotation, that is, there is an internal
6 rotation contracture, eight percent;

7 (7) ankylosis, as defined in part 5223.0310,
8 subpart 7, in rotation occurs:

9 (a) between at greater than 20 degrees
10 internal rotation and ~~20 degrees external rotation~~, ~~four~~ eight
11 percent;

12 (b) at-greater-than between 20 degrees
13 internal rotation and 20 degrees external rotation, ~~eight~~ four
14 percent;

15 (c) at greater than 20 degrees external
16 rotation, eight percent.

17 5223.0510 MUSCULOSKELETAL SCHEDULE; KNEE AND LOWER LEG.

18 Subpart 1. General. For permanent partial impairment to
19 the knee and lower leg, disability of the whole body is as
20 provided in subparts 2 to 4. The percent of whole body
21 disability under this part may not exceed the percent of whole
22 body disability for amputation of the leg at the knee under part
23 5223.0550. Each mutually exclusive impairing condition must be
24 rated separately and the ratings must be combined as described
25 in part 5223.0300, subpart 3, item E.

26 If an impairing condition is represented by a category
27 designated as exclusive under subpart 2, it must be rated by
28 that category only and that rating may not be combined with a
29 rating under any other category of this part for that impairing
30 condition.

31 If an impairing condition is represented by a category
32 designated as combinable under subpart 3, it must be rated under
33 that category and under the appropriate categories describing
34 loss of function under subpart 4. The ratings obtained must be
35 combined as described in part 5223.0300, subpart 3, item E.

1 If an impairing condition is not represented by a category
2 designated either exclusive or combinable, it must be rated only
3 under the appropriate categories describing loss of function
4 under subpart 4.

5 Subp. 2. Exclusive categories.

6 A. Plateau fracture:

7 (1) undisplaced, two percent;

8 (2) depressed bone elevated, medial or lateral
9 plateau, and:

10 (a) semilunar cartilage intact, seven
11 percent;

12 (b) semilunar cartilage excised, partially
13 or completely, nine percent;

14 (3) depressed bone elevated, both medial and
15 lateral plateaus, and:

16 (a) both semilunar cartilages intact, nine
17 percent;

18 (b) one or both semilunar cartilages excised
19 partially or completely, 11 percent.

20 B. Supracondylar or intercondylar fracture:

21 (1) undisplaced supracondylar or undisplaced
22 intercondylar fracture, two percent;

23 (2) undisplaced bicondylar fracture, five
24 percent;

25 (3) displaced supracondylar fracture, four
26 percent;

27 (4) displaced unicondylar fracture, six percent;

28 (5) displaced bicondylar fracture, ten percent.

29 C. Patellar shaving, one percent.

30 D. Ruptured collateral ligament repaired or
31 unrepaired:

32 (1) mild laxity, two percent;

33 (2) moderate laxity, four percent.

34 E. Repair patellar dislocation, five percent.

35 F. Lateral retinacular release, one percent.

36 G. Painful organic syndrome, as defined in part

1 5223.0310, subpart ~~4~~ 40, not elsewhere specified and
 2 substantiated by appropriate, consistent, and reproducible
 3 clinical or medical imaging findings~~7-as-defined-in-part~~
 4 ~~5223.03107-subpart-87~~ which results in persistent limitation of
 5 active range of motion or persistent deviation of gait but no
 6 limitation of passive range of motion, zero percent.

7 H. Nerve entrapment syndrome of the tibial or
 8 peroneal nerves at the knee or in the lower leg:

9 (1) resolved with treatment, zero percent;

10 (2) pain and paresthesia recurring or persisting
 11 despite treatment, but not substantiated by objective persistent
 12 findings on electrodiagnostic testing, zero percent;

13 (3) pain and paresthesia persisting despite
 14 treatment, or recurring and persisting despite treatment and
 15 substantiated by persistent findings on electrodiagnostic
 16 testing, two percent;

17 (4) objectively demonstrable motor or sensory
 18 loss, the rating is as provided in parts 5223.0420 and 5223.0430.

19 I. Nonunion of tibia fracture requiring nonweight
 20 bearing orthosis for ambulation, 18 percent.

21 Subp. 3. **Combinable categories.**

22 A. Partial or total patellectomy, four percent.

23 B. Meniscectomy, or excision of semilunar cartilage
 24 in a single knee. If meniscectomy, or excision of semilunar
 25 cartilage is performed on both knees, rate each separately and
 26 combine the ratings for the overall impairment:

27 (1) up to 50 percent of a cartilage removed, two
 28 percent;

29 (2) more than 50 percent of a cartilage removed,
 30 three percent;

31 (3) up to 50 percent of both cartilages removed,
 32 four percent;

33 (4) more than 50 percent of both cartilages
 34 removed, six percent.

35 C. Arthroplasty:

36 (1) unicondylar, seven percent;

1 (2) total condylar, eight percent;

2 (3) patella replacement, seven percent.

3 D. Cruciate ligament laxity:

4 (1) anterior:

5 (a) mild: positive drawer sign, no pivot
6 shift, three percent;

7 (b) severe: positive drawer sign, pivot
8 shift, five percent;

9 (2) posterior, five percent.

10 E. Posttraumatic varus deformity:

11 (1) up to five degrees, zero percent;

12 (2) between six degrees and 15 degrees, two
13 percent;

14 (3) greater than 15 degrees, four percent.

15 F. Posttraumatic valgus deformity:

16 (1) up to ten degrees, zero percent;

17 (2) between 11 degrees and 20 degrees, two
18 percent;

19 (3) greater than 20 degrees, four percent.

20 G. Proximal tibial osteotomy, four percent.

21 H. Distal femoral osteotomy, four percent.

22 I. Fracture or dislocation involving the femur,
23 tibia, or fibula not otherwise ratable under subpart 2 or 3 or
24 part 5223.0500 or 5223.0520, zero percent.

25 Subp. 4. Categories describing loss of function. Function
26 of the knee is measured by the available passive range of motion
27 in flexion or extension. Examination with goniometer is
28 performed to determine the limits of passive range.

29 A. Extent of range of flexion or extension:

30 (1) extension is limited to between zero degrees
31 and nine degrees flexion, that is, there may be a flexion
32 contracture, and flexion is:

33 (a) to greater than 120 degrees, zero
34 percent;

35 (b) limited to between 91 degrees and 120
36 degrees, two percent;

1 (c) limited to between 51 degrees and 90
2 degrees, 12 percent;

3 (d) limited to between 20 degrees and 50
4 degrees, 16 percent;

5 (e) limited to less than 20 degrees, 20
6 percent;

7 (2) extension is limited to between ten degrees
8 and 20 degrees flexion, that is, there is a flexion contracture,
9 and flexion is:

10 (a) to greater than 120 degrees, two
11 percent;

12 (b) limited to between 91 degrees and 120
13 degrees, four percent;

14 (c) limited to between 51 degrees and 90
15 degrees, 14 percent;

16 (d) limited to between 20 degrees and 50
17 degrees, 18 percent;

18 (e) limited to less than 20 degrees, 20
19 percent;

20 (3) extension is limited to between 21 degrees
21 and 35 degrees flexion, that is, there is a flexion contracture,
22 and flexion is:

23 (a) to greater than 120 degrees, eight
24 percent;

25 (b) limited to between 91 degrees and 120
26 degrees, ten percent;

27 (c) limited to between 51 degrees and 90
28 degrees, 20 percent;

29 (d) limited to less than 51 degrees, 24
30 percent;

31 (4) extension is limited to between 36 degrees
32 and 50 degrees flexion, that is, there is a flexion contracture,
33 and flexion is:

34 (a) to greater than 120 degrees, 16 percent;

35 (b) limited to between 91 degrees and 120
36 degrees, 18 percent;

1 (c) limited to less than 90 degrees, 28
2 percent;

3 (5) extension is limited to between 51 degrees
4 and 90 degrees flexion, that is, there is a flexion contracture,
5 and flexion is:

6 (a) to greater than 120 degrees, 26 percent;

7 (b) limited to less than ~~±20~~ 121 degrees, 28
8 percent;

9 (6) extension is limited to greater than 90
10 degrees flexion, that is, there is a flexion contracture, 36
11 percent;

12 (7) ankylosis, as defined in part 5223.0310,
13 subpart 7, in flexion or extension occurs:

14 (a) between neutral and 20 degrees, 20
15 percent;

16 (b) between 21 degrees and 50 degrees, 24
17 percent;

18 (c) between 51 degrees and 90 degrees, 28
19 percent;

20 (d) at greater than 90 degrees, 36 percent.

21 5223.0520 MUSCULOSKELETAL SCHEDULE; ANKLE.

22 Subpart 1. General. For permanent partial impairment to
23 the ankle, disability of the whole body is as provided in
24 subparts 2 to 4. The percent of whole body disability under
25 this part may not exceed the percent of whole body disability
26 for amputation of the leg at the ankle under part 5223.0550.
27 Each mutually exclusive impairing condition must be rated
28 separately and the ratings must be combined as described in part
29 5223.0300, subpart 3, item E.

30 If an impairing condition is represented by a category
31 designated as exclusive under subpart 2, it must be rated by
32 that category only and that rating may not be combined with a
33 rating under any other category of this part for that impairing
34 condition.

35 If an impairing condition is represented by a category

1 designated as combinable under subpart 3, it must be rated under
 2 that category and under the appropriate categories describing
 3 loss of function under subpart 4. The ratings obtained must be
 4 combined as described in part 5223.0300, subpart 3, item E.

5 If an impairing condition is not represented by a category
 6 designated either exclusive or combinable, it must be rated only
 7 under the appropriate categories describing loss of function
 8 under subpart 4.

9 Subp. 2. Exclusive categories.

10 A. Achilles tendon rupture:

- 11 (1) able to stand on toes, two percent;
 12 (2) unable to sustain body weight on toes, four
 13 percent.

14 B. Ankle, rupture of medial or lateral ligament,
 15 repaired or unrepaired:

- 16 (1) mild laxity, two percent;
 17 (2) moderate laxity of at least ten degrees
 18 greater widening on the Talar tilt stress test X-ray compared to
 19 the uninjured side, four percent.

20 C. Painful organic syndrome, as defined in part
 21 5223.0310, subpart ~~4~~ 40, not elsewhere specified and
 22 substantiated by appropriate, consistent, and reproducible
 23 clinical or radiographic findings, ~~as defined in part 5223.0310,~~
 24 ~~subpart-8,~~ which results in persistent limitation of active
 25 range of motion or persistent deviation of gait but no
 26 limitation of passive range of motion, zero percent.

27 D. Nerve entrapment syndrome of the plantar, sural,
 28 or peroneal nerve at the ankle or in the foot:

- 29 (1) resolved with treatment, zero percent;
 30 (2) pain and paresthesia recurring or persisting
 31 despite treatment, but not substantiated by objective persistent
 32 findings on electrodiagnostic testing, zero percent;
 33 (3) pain and paresthesia persisting despite
 34 therapy, or recurring and persisting despite treatment and
 35 substantiated by electrodiagnostic testing, two percent;
 36 (4) objectively demonstrable motor or sensory

1 loss, the rating is as provided in parts 5223.0420 and 5223.0430.

2 E. Calcaneal fracture, extraarticular, three percent.

3 Subp. 3. Combinable categories.

4 A. Calcaneal fracture, intraarticular, three percent.

5 B. Avascular necrosis of the talus, ten percent.

6 C. Arthroplasty, ten percent.

7 D. Ankle fractures:

8 (1) medial or lateral malleolus, two percent;

9 (2) bimalleolar or trimalleolar, four percent;

10 (3) any other fractures or dislocations involving
11 the ankle not otherwise ratable under subpart 2 or 3, one
12 percent.

13 Subp. 4. Categories describing loss of function. Function
14 of the ankle is measured by available passive range of motion in
15 two arcs: flexion or extension and inversion or eversion.

16 Examination with goniometer is performed to determine the limits
17 of passive range in each arc. If there is impairment in both
18 arcs, the ratings for loss of motion in the arcs are added to
19 determine the final rating of disability for loss of function.

20 A. Extent of range of dorsoplantar flexion:

21 (1) plantar flexion is greater than 30 degrees
22 and dorsiflexion is:

23 (a) to greater than ten degrees, zero
24 percent;

25 (b) limited to between zero degrees and ten
26 degrees, two percent;

27 (c) limited to between one degree and 20
28 degrees plantar flexion, that is, there is a plantar flexion
29 contracture, five percent;

30 (d) limited to greater than 20 degrees
31 plantar flexion, that is, there is a plantar flexion
32 contracture, ten percent;

33 (2) plantar flexion is limited to between 16
34 degrees and 30 degrees and dorsiflexion is:

35 (a) to greater than ten degrees, two
36 percent;

1 (b) limited to between zero degrees and ten
2 degrees, four percent;

3 (c) limited to between one degree and 20
4 degrees plantar flexion, that is, there is a plantar flexion
5 contracture, seven percent;

6 (d) limited to greater than 20 degrees
7 plantar flexion, that is, there is a plantar flexion
8 contracture, 12 percent;

9 (3) plantar flexion is limited to between one
10 degree and 15 degrees and dorsiflexion is:

11 (a) to greater than ten degrees, four
12 percent;

13 (b) limited to between zero degrees and ten
14 degrees, six percent;

15 (c) limited to between one degree and 15
16 degrees plantar flexion, that is, there is a plantar flexion
17 contracture, nine percent.

18 (4) plantar flexion is limited to zero degrees
19 and ten degrees dorsiflexion, that is, there is a dorsiflexion
20 contracture, ten percent;

21 (5) plantar flexion is limited to greater than
22 ten degrees dorsiflexion, that is, there is a dorsiflexion
23 contracture, 20 percent;

24 (6) ankylosis, as defined in part 5223.0310,
25 subpart 7, in dorsiflexion or plantar flexion occurs:

26 (a) ~~between at greater than~~ ten degrees of
27 dorsiflexion ~~and 20 degrees of plantar flexion~~, ~~eight~~ 20
28 percent;

29 (b) ~~at-greater-than~~ between ten degrees of
30 dorsiflexion ~~and 20 degrees of plantar flexion~~, ~~20~~ eight
31 percent;

32 (c) at greater than 20 degrees of plantar
33 flexion, 20 percent.

34 B. Extent of range of inversion or eversion:

35 (1) eversion is greater than 15 degrees and
36 inversion is:

- 1 (a) to greater than 30 degrees, zero
2 percent;
- 3 (b) limited to between 16 degrees and 30
4 degrees, one percent;
- 5 (c) limited to between zero degrees and 15
6 degrees, two percent;
- 7 (d) limited to between one degree and 15
8 degrees eversion, that is, there is an eversion contracture,
9 three percent;
- 10 (e) limited to greater than 15 degrees
11 eversion, that is, there is an eversion contracture, seven
12 percent;
- 13 (2) eversion is limited to between 11 degrees and
14 15 degrees and inversion is:
- 15 (a) to greater than 30 degrees, zero
16 percent;
- 17 (b) limited to between 16 degrees and 30
18 degrees, one percent;
- 19 (c) limited to between zero degrees and 15
20 degrees, two percent;
- 21 (d) limited to between one degree and 15
22 degrees eversion, that is, there is an eversion contracture,
23 three percent;
- 24 (3) eversion is limited to between one degree and
25 ten degrees and inversion is:
- 26 (a) to greater than 30 degrees, one percent;
- 27 (b) limited to between 16 degrees and 30
28 degrees, two percent;
- 29 (c) limited to between zero degrees and 15
30 degrees, three percent;
- 31 (d) limited to between one degree and ten
32 degrees eversion, that is, there is an eversion contracture,
33 four percent;
- 34 (4) eversion is limited to between zero degrees
35 and ten degrees inversion, that is, there is an inversion
36 contracture, and inversion is:

- 1 (a) to greater than 30 degrees, two percent;
- 2 (b) limited to between 16 degrees and 30
- 3 degrees, three percent;
- 4 (c) limited to between zero degrees and 15
- 5 degrees, four percent;
- 6 (5) eversion is limited to between ten degrees
- 7 and 20 degrees inversion, that is, there is an inversion
- 8 contracture, and inversion is:
- 9 (a) to greater than 30 degrees, four
- 10 percent;
- 11 (b) limited to ~~between 16 degrees and 30~~
- 12 less than 31 degrees, five percent;
- 13 (6) eversion is limited to greater than 20
- 14 degrees inversion, that is, there is an inversion contracture,
- 15 eight percent;
- 16 (7) ankylosis, as defined in part 5223.0310,
- 17 subpart 7, in inversion or eversion occurs:
- 18 (a) ~~between~~ at greater than 20 degrees
- 19 inversion ~~and ten degrees eversion~~, one eight percent;
- 20 (b) ~~at greater than~~ between 20 degrees
- 21 inversion and ten degrees eversion, ~~seven~~ one percent;
- 22 (c) at greater than ~~20~~ ten degrees inversion
- 23 eversion, ~~eight~~ seven percent.

24 5223.0530 MUSCULOSKELETAL SCHEDULE; FOOT AND TOES.

25 Subpart 1. General. For permanent partial impairment to

26 the foot and toes, disability of the whole body is as provided

27 in subparts 2 to 4. The percent of whole body disability under

28 this part may not exceed the percent of whole body disability

29 for amputation of the foot, or toe when the impairing condition

30 is confined to a toe under part 5223.0550. Each mutually

31 exclusive impairing condition must be rated separately and the

32 ratings must be combined as described in part 5223.0300, subpart

33 3, item E.

34 If an impairing condition is represented by a category

35 designated as exclusive under subpart 2, it must be rated by

1 that category only and that rating may not be combined with a
 2 rating under any other category of this part for that impairing
 3 condition.

4 If an impairing condition is not represented by a category
 5 designated either exclusive or combinable, it must be rated only
 6 under the appropriate categories describing loss of function
 7 under subpart 3.

8 Subp. 2. Exclusive categories.

9 A. Painful organic syndrome, as defined in part
 10 5223.0310, subpart ~~4~~ 40, not elsewhere specified and
 11 substantiated by appropriate, consistent, and reproducible
 12 clinical or radiographic findings~~7-as-defined-in-part-5223-03107~~
 13 ~~subpart-87~~ which results in persistent limitation of active
 14 range of motion or persistent deviation of gait but no
 15 limitation of passive range of motion, zero percent.

16 B. Tarsal fractures:

17 (1) healed with normal weight bearing, zero
 18 percent;

19 (2) healed with deformity resulting in abnormal
 20 weight bearing as evidenced by skin calluses, three percent;

21 (3) nonunion, three percent.

22 C. Tarsal metatarsal fracture or dislocation:

23 (1) reduced, two percent;

24 (2) unreduced, five percent.

25 D. Metatarsal fractures:

26 (1) healed with normal weight bearing, zero
 27 percent;

28 (2) healed with deformity resulting in abnormal
 29 weight bearing as evidenced by skin calluses, three percent;

30 (3) nonunion, two percent.

31 E. Phalangeal fractures:

32 (1) healed with normal weight bearing, zero
 33 percent;

34 (2) healed with deformity resulting in abnormal
 35 weight bearing as evidenced by skin calluses or corns, one
 36 percent.

1 Subp. 3. Categories describing loss of function. Function
2 of the toes is the availability of passive motion at the
3 joints. When there is more than one impairment to a toe,
4 combine the separate disabilities for the final rating. If
5 there is impairment to more than one toe, add the separate
6 disabilities of each toe for the final rating for loss of
7 function.

8 A. Ankylosis, as defined in part 5223.0310, subpart
9 7, of the interphalangeal joint of the great toe:

10 (1) between neutral position and 20 degrees of
11 flexion, one percent;

12 (2) at greater than 20 degrees of flexion, or in
13 extension, four percent.

14 B. Ankylosis of the metatarsophalangeal joint of the
15 great toe as determined by standing in a barefoot lateral
16 projection X-ray and through being measured of the proximal
17 phalanx from the weight-bearing surface:

18 (1) between neutral position and 20 degrees of
19 dorsiflexion, three percent;

20 (2) in plantar flexion, five percent;

21 (3) at greater than 20 degrees of dorsiflexion,
22 five percent.

23 C. Ankylosis of joints of second through fifth toes:

24 (1) at the distal interphalangeal joint, zero
25 percent;

26 (2) at the proximal interphalangeal joint:

27 (a) between five degrees of dorsiflexion and
28 ten degrees of plantar flexion, zero percent;

29 (b) at greater than five degrees of
30 dorsiflexion, or at greater than ten degrees of plantar flexion,
31 one percent;

32 (3) at the metatarsophalangeal joint:

33 (a) between neutral position and ten degrees
34 of dorsiflexion, zero percent;

35 (b) in plantar flexion or at greater than
36 ten degrees of dorsiflexion, one percent.

1 5223.0540 MUSCULOSKELETAL SCHEDULE; AMPUTATIONS OF UPPER
2 EXTREMITY.

3 Subpart 1. Amputations. Permanent partial impairment due
4 to amputation of upper extremities is a disability of the whole
5 body as follows:

6 A. amputation of the upper extremity at the shoulder,
7 including removal of the ipsilateral scapula, clavicle, and
8 muscles of the upper extremity attaching to the chest, 70
9 percent;

10 B. disarticulation, as defined in part 5223.0310,
11 subpart ~~22~~ 21, at shoulder joint, 60 percent;

12 C. amputation of arm above deltoid insertion, 60
13 percent;

14 D. amputation of arm between deltoid insertion and
15 elbow joint, 57 percent;

16 E. disarticulation at elbow joint, 57 percent;

17 F. amputation of forearm below elbow but proximal to
18 insertion of biceps tendon, 57 percent;

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

21 H. disarticulation at wrist joint, 54 percent;

22 I. midcarpal or midmetacarpal amputation of hand, 54
23 percent;

24 J. amputation of multiple digits, add as described in
25 part 5223.0300, subpart 3, item E, the ratings obtained for the
26 specific abnormalities in items K to O;

27 K. amputation of thumb:

28 (1) at metacarpophalangeal joint or with
29 resection of metacarpal bone, 22 percent;

30 (2) through proximal phalanx, 16 percent;

31 (3) at interphalangeal joint to middle of distal
32 phalanx, 11 percent;

33 (4) distal to middle of distal phalanx, 6.5
34 percent;

35 (5) isolated soft tissue loss of the end of the

1 digit greater than one centimeter, five percent;

2 L. amputation of index finger:

3 (1) at metacarpophalangeal joint or with
4 resection of metacarpal bone or through proximal phalanx, 11
5 percent;

6 (2) at proximal interphalangeal joint or through
7 middle phalanx, nine percent;

8 (3) at distal interphalangeal joint to middle of
9 distal phalanx, five percent;

10 (4) distal to middle of distal phalanx, 2.5
11 percent;

12 (5) isolated soft tissue loss of the end of the
13 digit greater than one centimeter, 2.5 percent;

14 M. amputation of middle finger:

15 (1) at metacarpophalangeal joint or with
16 resection of metacarpal bone or through proximal phalanx, 11
17 percent;

18 (2) at proximal interphalangeal joint or through
19 middle phalanx, nine percent;

20 (3) at distal interphalangeal joint to middle of
21 distal phalanx, five percent;

22 (4) distal to middle of distal phalanx, 2.5
23 percent;

24 (5) isolated soft tissue loss of the end of the
25 digit greater than one centimeter, 2.5 percent;

26 N. amputation of ring finger:

27 (1) at metacarpophalangeal joint or with
28 resection of metacarpal bone or through proximal phalanx, 5.5
29 percent;

30 (2) at proximal interphalangeal joint or through
31 middle phalanx, four percent;

32 (3) at distal interphalangeal joint to middle of
33 distal phalanx, 2.5 percent;

34 (4) distal to middle of distal phalanx, one
35 percent;

36 (5) isolated soft tissue loss of the end of the

- 1 digit greater than one centimeter, one percent;
- 2 O. amputation of little finger:
- 3 (1) at metacarpophalangeal joint or with
- 4 resection of metacarpal bone or through proximal phalanx, 5.5
- 5 percent;
- 6 (2) at proximal interphalangeal joint or through
- 7 middle phalanx, four percent;
- 8 (3) at distal interphalangeal joint to middle of
- 9 distal phalanx, 2.5 percent;
- 10 (4) distal to middle of distal phalanx, one
- 11 percent;
- 12 (5) isolated soft tissue loss of the end of the
- 13 digit greater than one centimeter, one percent.

14 5223.0550 MUSCULOSKELETAL SCHEDULE; AMPUTATIONS OF LOWER

15 EXTREMITIES.

16 Subpart 1. **Amputations.** For permanent partial impairment

17 due to amputation of lower extremities, the disability of the

18 whole body is:

- 19 A. amputation of the lower limb through the
- 20 sacroiliac joint, 50 percent;
- 21 B. disarticulation, as defined in part 5223.0310,
- 22 subpart ~~22~~ 21, at hip joint, 40 percent;
- 23 C. amputation above knee joint, three inches or less
- 24 below tuberosity of ischium, 40 percent;
- 25 D. amputation above knee joint more than three inches
- 26 below tuberosity of ischium, 36 percent;
- 27 E. disarticulation at knee joint, 34 percent;
- 28 F. amputation below knee joint, four inches or less
- 29 below intercondylar notch, 34 percent;
- 30 G. amputation below knee joint more than four inches
- 31 below intercondylar notch, 28 percent;
- 32 H. amputation at ankle, Syme type to midmetatarsal,
- 33 26 percent;
- 34 I. midmetatarsal amputation, 14 percent;
- 35 J. amputation of all toes at metatarsophalangeal

- 1 joints, eight percent;
- 2 K. amputation of great toe:
- 3 (1) with resection of metatarsal bone, eight
- 4 percent;
- 5 (2) at metatarsophalangeal joint, five percent;
- 6 (3) at interphalangeal joint, four percent;
- 7 L. amputation of any of second to fifth toes:
- 8 (1) with resection of metatarsal bone, two
- 9 percent;
- 10 (2) at metatarsophalangeal joint, one percent;
- 11 (3) at proximal interphalangeal joint, zero
- 12 percent;
- 13 (4) at distal interphalangeal joint, zero percent.

14 5223.0560 RESPIRATORY.

15 Subpart 1. Evaluation procedures. The procedures used in

16 evaluating permanent partial impairment of the respiratory

17 system includes the following:

18 A. performance of the following tests of ventilation,

19 as defined in part 5223.0310, subparts ~~19~~ 18, ~~28~~ 27, and ~~31~~

20 30:

- 21 (1) FEV1;
- 22 (2) FVC;
- 23 (3) DCO;

24 B. performance of cardiopulmonary exercise testing.

25 Cardiopulmonary exercise testing, as defined in part 5223.0310,

26 subpart ~~12~~ 11, should be done when complaints of dyspnea and

27 limitation of activity are more severe than spirometry or DCO

28 would indicate, or there was incorrect or submaximum performance

29 in the spirometry or DCO tests. Performance on cardiopulmonary

30 exercise testing is measured by the VO2 max, as defined in part

31 5223.0310, subpart ~~62~~ 61.

32 Subp. 2. Respiratory impairment.

- 33 A. Class 1, zero percent:
- 34 (1) FEV1 greater than or equal to 80 percent of
- 35 predicted, FVC greater than or equal to 80 percent of predicted,

1 DCO greater than or equal to 80 percent of predicted, and
2 FEV1/FVC greater than or equal to ~~80~~ 70 percent of predicted; or
3 (2) VO2 max greater than 25 milliliters per
4 kilogram each minute.

5 B. Class 2, ten percent:

6 (1) FEV1 greater than 69 percent but less than 80
7 percent of predicted, or FVC greater than 69 percent but less
8 than 80 percent of predicted, or DCO greater than 69 percent but
9 less than 80 percent of predicted, or FEV1/FVC greater than 69
10 59 percent but less than ~~80~~ 70 percent of predicted; or

11 (2) VO2 max greater than 22 milliliters per
12 kilogram each minute but less than or equal to 25 milliliters
13 per kilogram each minute.

14 C. Class 3, 25 percent:

15 (1) FEV1 greater than 59 percent but less than 70
16 percent of predicted, or FVC greater than 59 percent but less
17 than 70 percent of predicted, or DCO greater than 59 percent but
18 less than 70 percent of predicted, or FEV1/FVC greater than 59
19 49 percent but less than ~~70~~ 60 percent of predicted; or

20 (2) VO2 max greater than 19 milliliters per
21 kilogram each minute but less than or equal to 22 milliliters
22 per kilogram each minute.

23 D. Class 4, 50 percent:

24 (1) FEV1 greater than 41 percent but less than 60
25 percent of predicted, or FVC greater than 49 percent but less
26 than 60 percent of predicted, or DCO greater than 41 percent but
27 less than 60 percent of predicted, or FEV1/FVC greater than 41
28 percent but less than ~~60~~ 50 percent of predicted; or

29 (2) VO2 max greater than 15 milliliters per
30 kilogram each minute but less than or equal to 19 milliliters
31 per kilogram each minute.

32 E. Class 5, 75 percent:

33 (1) FEV1 greater than 30 percent but less than 41
34 percent of predicted, or FVC greater than 40 percent but less
35 than 50 percent of predicted, or DCO greater than 30 percent but
36 less than 41 percent of predicted, or FEV1/FVC greater than 30

1 percent but less than 41 percent of predicted; or

2 (2) VO2 max greater than seven milliliters per
3 kilogram each minute but less than or equal to 15 milliliters
4 per kilogram each minute.

5 F. Class 6, 95 percent:

6 (1) FEV1 less than or equal to 30 percent, or FVC
7 less than or equal to 40 percent, or DCO less than or equal to
8 30 percent, or FEV1/FVC less than or equal to 30 percent; or

9 (2) VO2 max less than or equal to seven
10 milliliters per kilogram each minute.

11 Subp. 3. Asthma and pulmonary conditions with an asthmatic
12 component. Asthma and pulmonary conditions with an asthmatic
13 component may be rated only under this subpart. Ratings under
14 subpart 2 may not be substituted for or combined with ratings
15 under this subpart.

16 A. Ratings under this subpart are based on:

17 (1) the level of bronchial obstruction as
18 measured by pulmonary function tests done when the individual is
19 on an optimum treatment regimen but without the addition of
20 inhaled bronchodilator immediately ~~proceeding~~ preceding the
21 pulmonary function testings;

22 (2) the level of bronchial responsiveness as
23 measured by standardized methacholine challenge testing;

24 (3) the need for bronchodilator therapy.

25 Each element in subitems (1) to (3) must be present for the
26 rating under that subitem to be assigned.

27 B. The permanent partial disability for asthma and
28 pulmonary conditions with an asthmatic component is:

29 (1) class I: FEV1 and FEV1/FVC are equal to or
30 greater than 80 percent of predicted, PD20 is greater than 25
31 milligrams per milliliter, and no need for persistent
32 bronchodilator therapy, zero percent;

33 (2) class II: FEV1 and FEV1/FVC are equal to or
34 greater than 80 percent of predicted, PD20 is five to 25
35 milligrams per milliliter, and no need for persistent
36 bronchodilator therapy, five percent;

1 (3) class III: FEV1 and FEV1/FVC are equal to or
2 greater than 80 percent of predicted, PD20 is five to 25
3 milligrams per milliliter, and persistent bronchodilator therapy
4 is required, ten percent;

5 (4) class IV: FEV1 and FEV1/FVC are equal to or
6 greater than 80 percent of predicted, PD20 is .025 to four
7 milligrams per milliliter, and no persistent bronchodilator
8 therapy is required, ten percent;

9 (5) class V: FEV1 and FEV1/FVC are equal to or
10 greater than 80 percent of predicted, PD20 is .025 to four
11 milligrams per milliliter, and persistent bronchodilator therapy
12 is required, 13 percent;

13 (6) class VI: FEV1 and FEV1/FVC are equal to or
14 greater than 80 percent of predicted, and PD20 is less than 0.25
15 milligrams per milliliter, 15 percent;

16 (7) class VII: FEV1 or FEV1/FVC is less than 80
17 percent but greater than or equal to 70 percent of predicted,
18 and PD20 is greater than five milligrams per milliliter, 18
19 percent;

20 (8) class VIII: FEV1 or FEV1/FVC is less than 80
21 percent but greater than or equal to 70 percent of predicted,
22 and PD20 is 0.25 to four milligrams per milliliter, 20 percent;

23 (9) class IX: FEV1 or FEV1/FVC is less than 80
24 percent but greater than or equal to 70 percent of predicted,
25 and PD20 is less than 0.25 milligrams per milliliter, 25
26 percent;

27 (10) class X: FEV1 or FEV1/FVC is less than 70
28 percent but greater than or equal to 60 percent of predicted,
29 and PD20 is greater than 0.25 milligrams per milliliter, 28
30 percent;

31 (11) class XI: FEV1 or FEV1/FVC is less than 70
32 percent but greater than or equal to 60 percent of predicted,
33 and PD20 is less than 0.25 milligrams per milliliter, 33
34 percent;

35 (12) class XII: FEV1 or FEV1/FVC is less than 60
36 percent but greater than or equal to 40 percent of predicted,

1 and PD20 is greater than 0.25 milligrams per milliliter, 50
2 percent;

3 (13) class XIII: FEV1 or FEV1/FVC is less than
4 60 percent but greater than or equal to 40 percent of predicted,
5 and PD20 is less than 0.25 milligrams per milliliter, 60
6 percent;

7 (14) class XIV: FEV1 or FEV1/FVC is less than 40
8 percent but greater than or equal to 30 percent of predicted, 75
9 percent;

10 (15) class XV: FEV1 or FEV1/FVC is less than 30
11 percent of predicted, 95 percent.

12 C. Additional impairment occurs if persistent steroid
13 therapy is required for the treatment of the asthma or asthmatic
14 component:

15 (1) only inhaled steroids required, add three
16 percent to the otherwise appropriate class in item B, but the
17 total impairment cannot exceed 95 percent;

18 (2) if oral steroids are required or oral
19 steroids and inhaled steroids, add ten percent to the otherwise
20 appropriate class in item B, but the total impairment cannot
21 exceed 95 percent.

22 5223.0570 ORGANIC HEART DISEASE.

23 Subpart 1. General. For permanent partial impairment due
24 to organic heart disease, the disability of the whole body is as
25 provided in ~~subpart~~ subparts 2 and 3.

26 Subp. 2. Organic heart disease. Signs or symptoms of
27 organic heart disease are documented, there is anatomic loss or
28 alteration as demonstrated by angiography or nuclear medicine
29 study.

30 Objective evidence of myocardial infarction is documented,
31 that is, cardiac enzymes or EKG changes:

32 A. uncomplicated, five percent;

33 B. with persistent abnormal cardiac function, the
34 rating is as provided in subpart 3 and combined as described in
35 part 5223.0300, subpart 3, item E, with five percent.

1 Subp. 3. **Exercise limitation.** Signs or symptoms of
2 organic heart disease are documented, there is anatomic loss or
3 alteration as demonstrated on angiography or nuclear medicine
4 study. The percentage of disability is determined by the loss
5 of functional exercise capacity as measured by Bruce protocol
6 exercise stress test or nuclear isotope exercise study.

7 A. Able to exercise to a VO2 max greater than 25
8 milliliters per kilogram each minute, zero percent.

9 B. Exercise stress test or exercise study stopped at
10 or VO2 max of 25 milliliters per kilogram each minute but after
11 22 milliliters per kilogram each minute due to development of
12 diagnostic ischemic changes, arrhythmia, pathological change in
13 blood pressure or blood pressure-heart rate product, or the
14 development of objective clinical signs of cardiac dysfunction,
15 or dyspnea with rales on auscultation, or chest pain relieved by
16 nitroglycerin, ten percent.

17 C. Exercise stress test or exercise study stopped at
18 or before VO2 max of 22 milliliters per kilogram each minute but
19 after 19 milliliters per kilogram each minute due to development
20 of diagnostic ischemic changes, arrhythmia, pathological change
21 in blood pressure or blood pressure-heart rate product, or the
22 development of objective clinical signs of cardiac dysfunction,
23 or dyspnea with rales on auscultation, or chest pain relieved by
24 nitroglycerin, 25 percent.

25 D. Exercise stress test or exercise study stopped at
26 or before VO2 max 19 milliliters per kilogram each minute but
27 after 15 milliliters per kilogram each minute due to development
28 of diagnostic ischemic changes, arrhythmia, pathological change
29 in blood pressure or blood pressure-heart rate product, or the
30 development of objective clinical signs of cardiac dysfunction,
31 or dyspnea with rales on auscultation, or chest pain relieved by
32 nitroglycerin, 50 percent.

33 E. Exercise stress test or exercise study stopped at
34 or before VO2 max of 15 milliliters per kilogram each minute but
35 after seven milliliters per kilogram each minute due to
36 development of diagnostic ischemic changes, arrhythmia,

1 pathological change in blood pressure or blood pressure-heart
2 rate product, or the development of objective clinical injury of
3 cardiac dysfunction, or dyspnea with rales on auscultation, or
4 chest pain relieved by nitroglycerin, 75 percent.

5 F. Exercise stress test or exercise study stopped
6 before a VO2 max of seven milliliters per kilogram each minute
7 due to development of diagnostic ischemic changes, arrhythmia,
8 pathological change in blood pressure or blood pressure-heart
9 rate product, or the development of objective clinical signs of
10 cardiac dysfunction, or dyspnea with rales on auscultation, or
11 chest pain relieved by nitroglycerin, 95 percent.

12 G. Diagnostic ischemic changes at rest, 95 percent.

13 5223.0580 VASCULAR DISEASE AFFECTING EXTREMITIES.

14 Subpart. 1. General. This part provides the percentage of
15 disability of the whole body for permanent partial impairment of
16 the vascular system, including the arteries, veins, and
17 lymphatics. For purposes of evaluation, disorders of the
18 vascular system are grouped into the following categories:

- 19 A. ulceration;
- 20 B. edema;
- 21 C. intermittent claudication;
- 22 D. Raynaud's Phenomenon.

23 A permanent partial impairment of the vascular system may
24 be rated under any of subparts 1 to 6, but only under one
25 subpart for any injury or illness. The category that is
26 appropriate and provides for the largest percentage of
27 disability is the correct category for rating. Any amputation
28 occurring due to impairment of the vascular system shall be
29 rated separately as provided in parts 5223.0540 and 5223.0550
30 and is the sole rating due to the vascular impairment for that
31 member. If only a part of a limb, that is, a single finger, is
32 amputated, the remainder of the limb may suffer a permanent
33 impairment due to a vascular disorder, that is, Raynaud's
34 Phenomenon in the remaining fingers. In such a case, the
35 ratings under this part may be combined with ratings under parts

1 5223.0540 and 5223.0550.

2 Subp. 2. **Ulceration.** There is organic disease of the
3 arterial, venous, or lymphatic system as demonstrated by an
4 X-ray with or without contrast, computerized axial tomogram,
5 sonogram, or radionuclide scan, or a volume study or a flow
6 study, the rating is as provided in part 5223.0640 for skin
7 disorders.

8 Subp. 3. **Edema.** There is organic disease of the arterial,
9 venous, or lymphatic system as demonstrated by an X-ray with or
10 without contrast, computerized axial tomogram, sonogram, or
11 radionuclide scan, or a volume study or a flow study. For
12 purposes of rating under this subpart, the value of the upper
13 extremity shall be 60 percent of the whole body and the value of
14 the lower extremity shall be 40 percent of the whole body. The
15 ratings for each limb involved are combined as described in part
16 5223.0300, subpart 3, item E, to determine the final rating
17 under this subpart.

18 A. No edema, or edema completely controlled by
19 treatment, zero percent.

20 B. There is persistent mild to moderate edema of a
21 limb that is incompletely controlled by treatment, ten percent
22 of the value of the extremity, that is, six percent of the whole
23 body for an upper extremity, four percent of the whole body for
24 a lower extremity.

25 C. There is persistent severe edema of a limb that is
26 incompletely controlled by treatment, 30 percent of the value of
27 the extremity, that is, 18 percent of the whole body for an
28 upper extremity, 12 percent of the whole body for a lower
29 extremity.

30 D. There is persistent severe edema of a limb that is
31 completely unamenable to treatment, 65 percent of the value of
32 the extremity, that is, 39 percent of the whole body for an
33 upper extremity, 26 percent of the whole body for a lower
34 extremity.

35 Subp. 4. **Intermittent claudication.** The rating under this
36 subpart is the same whether vascular impairment in one or both

1 lower extremities is the cause of the intermittent
2 claudication. There is organic disease of the arterial system
3 in the lower extremity as demonstrated by an X-ray with or
4 without contrast, computerized axial tomogram, sonogram, or
5 radionuclide scan, or a volume study or a flow study, and:

6 A. no intermittent claudication, or claudication
7 completely controlled by treatment, zero percent;

8 B. intermittent claudication occurs after walking
9 more than 500 feet on level ground despite treatment, ten
10 percent of the whole body;

11 C. intermittent claudication occurs after walking
12 less than 500 feet on level ground despite treatment, 30 percent
13 of the whole body;

14 D. claudication occurs at rest despite treatment, 85
15 percent of the whole body.

16 Subp. 5. Raynaud's Phenomenon. There is organic disease
17 of the arterial system in the upper extremity as demonstrated by
18 a radiograph, X-ray with or without contrast, computerized axial
19 tomogram, sonogram, or radionuclide scan, or a volume study or a
20 flow study, or organic disease of the autonomic nervous system.
21 The ratings for both upper extremities are combined as described
22 in part 5223.0300, subpart 3, item E, to determine the final
23 rating under this subpart.

24 A. Raynaud's Phenomenon occurs in a limb on exposure
25 to ambient temperatures lower than zero degrees centigrade, or
26 32 degrees Fahrenheit, but is controlled by treatment, zero
27 percent of-the-value-of-the-extremity.

28 B. Raynaud's Phenomenon occurs in a limb on exposure
29 to ambient temperatures lower than four degrees centigrade, or
30 39 degrees Fahrenheit, despite treatment, five percent.

31 C. Raynaud's Phenomenon occurs in a limb on exposure
32 to ambient temperatures lower than ten degrees centigrade, or 50
33 degrees Fahrenheit, despite treatment, 20 percent.

34 D. Raynaud's Phenomenon occurs in a limb on exposure
35 to ambient temperatures lower than 20 degrees centigrade, or 68
36 degrees Fahrenheit, despite treatment, 40 percent.

1 Subp. 6. **Surgical alteration.** Surgical removal or
2 alteration of all or part of an artery, vein, or lymphatic not
3 otherwise ratable under this part, zero percent.

4 5223.0590 GASTROINTESTINAL TRACT.

5 Subpart 1. **General.** This part provides the percentage of
6 disability of the whole body for permanent partial impairment of
7 the gastrointestinal tract. For evaluative purposes, the
8 gastrointestinal tract has been divided into:

- 9 A. the upper digestive tract including the esophagus,
10 stomach, duodenum, small intestine, and pancreas;
11 B. the colon and rectum;
12 C. the anus;
13 D. the liver;
14 E. the biliary tract;
15 F. enterocutaneous fistulas.

16 The ratings determined under subparts 2 to 7 may be
17 combined as described in part 5223.0300, subpart 3, item E.

18 Subp. 2. **Upper digestive tract.** Esophagus, stomach,
19 duodenum, small intestine, and pancreas.

20 A. Class 1, two percent. Signs or symptoms of
21 organic upper digestive tract disorder are present; there is
22 anatomic loss or alteration, but treatment is not required; and
23 weight can be maintained at the desirable level, as defined in
24 part 5223.0310, subpart 2~~1~~ 20, by oral diet.

25 B. Class 2, 15 percent. Signs or symptoms of organic
26 upper digestive tract disorder are present; there is anatomic
27 loss or alteration; treatment with dietary restriction and drugs
28 is required for control of symptoms, signs, or nutritional
29 deficiency; and there is loss of weight below the desirable
30 weight which does not exceed ten percent on oral diet.

31 C. Class 3, 35 percent:

32 (1) signs or symptoms of organic upper digestive
33 tract disorder are present; there is anatomic loss or
34 alteration; treatment with dietary restrictions and drugs does
35 not completely control symptoms, signs, or nutritional state;

1 and there is loss of weight below the desirable weight which is
2 greater than ten percent but does not exceed 20 percent on oral
3 diet; or

4 (2) signs or symptoms of organic upper digestive
5 tract disorder are present; there is anatomic loss or
6 alteration; intravenous hyperalimentation is required for
7 therapy; and weight loss does not exceed 20 percent of the
8 desirable weight.

9 D. Class 4, 65 percent. Signs or symptoms of organic
10 upper digestive tract disorder are present; there is anatomic
11 loss or alteration; continuous treatment with dietary
12 restrictions and drugs does not completely control symptoms,
13 signs, or nutritional state; and there is loss of weight below
14 the desirable weight which is greater than 20 percent regardless
15 of whether on oral diet or intravenous hyperalimentation.

16 E. Surgical removal or alteration of all or part of
17 the esophagus, stomach, duodenum, small intestine, or pancreas,
18 not otherwise ratable under this subpart or subpart 7 or part
19 5223.0620, zero percent.

20 Subp. 3. Colon and rectum. Fiber supplements are not to
21 be considered a special diet or a restriction of diet.

22 A. Class 1, two percent. Signs or symptoms of
23 organic colonic or rectal disorder are infrequent; limitation of
24 activities, special diet, or medication is not required; no
25 systemic manifestations are present; and weight can be
26 maintained at the desirable level, as defined in part 5223.0310,
27 subpart ~~21~~ 20.

28 B. Class 2, 15 percent. Signs or symptoms of organic
29 colonic or rectal disorder are frequent; there is anatomic loss
30 or alteration; there is intermittent disturbance of bowel
31 function, accompanied by periodic or continual pain; no
32 continuous restriction of diet or symptomatic therapy is
33 necessary; and weight can be maintained at desirable weight.

34 C. Class 3, 30 percent. Signs or symptoms of organic
35 colonic or rectal disorder are very frequent; there is anatomic
36 loss or alteration; there are moderate to severe exacerbations

1 of disturbance of bowel function, accompanied by periodic or
2 continual pain; treatment with restriction of activity, special
3 diet, and drugs is required during episodes of symptoms; and
4 there is loss of weight below the desirable weight or anemia due
5 to blood loss.

6 D. Class 4, 50 percent. Signs or symptoms of organic
7 colonic and rectal disorder are continuous; there is anatomic
8 loss or alteration; there are persistent disturbances of bowel
9 function with severe persistent pain; treatment with complete
10 limitation of activity, restriction of diet, and medication is
11 required and does not entirely control the symptoms; and there
12 is loss of weight below the desirable weight or anemia due to
13 blood loss.

14 E. Surgical removal or alteration of all or part of
15 the colon and rectum, not otherwise ratable under this subpart
16 or subpart 7, zero percent.

17 Subp. 4. Anus.

18 A. Class 1, two percent:

19 (1) signs of organic anal disorder are present
20 and there is anatomic loss or alteration, or there is an
21 objectively demonstrated neurological lesion known to interfere
22 with anal function and there is mild incontinence involving gas
23 or liquid stool;

24 (2) signs of organic anal disorder are present,
25 and there is anatomic loss or alteration, and anal symptoms are
26 mild, intermittent, and controlled by treatment.

27 B. Class 2, 12 percent:

28 (1) signs of organic anal disorder are present
29 and there is anatomic loss or alteration, or there is an
30 objectively demonstrated neurological lesion known to interfere
31 with anal function, and moderate but partial fecal incontinence
32 is present, and treatment is required;

33 (2) signs of organic anal disorder are present,
34 there is anatomic loss or alteration, and continual anal
35 symptoms are present and incompletely controlled by treatment.

36 C. Class 3, 22 percent:

1 (1) signs of organic anal disorder are present
2 and there is anatomic loss or alteration, or there is an
3 objectively demonstrated neurological lesion known to interfere
4 with anal function and complete fecal incontinence is present in
5 spite of continuous treatment;

6 (2) signs of organic anal disorder are present,
7 there is anatomic loss or alteration, and continued anal
8 symptoms are present and completely unresponsive or not amenable
9 to therapy.

10 Subp. 5. Liver.

11 A. Class 1, five percent:

12 (1) there is objective evidence of persistent
13 liver disorder even though no symptoms of liver disorder are
14 present; there is no history of ascites, jaundice, or bleeding
15 esophageal varices within five years; weight can be maintained
16 at the desirable level, as defined in part 5223.0310, subpart 21
17 20; and biochemical studies, that is, SGOT or SGPT, are less
18 than four times the upper limit of normal;

19 (2) primary disorders of bilirubin metabolism are
20 present.

21 B. Class 2, 20 percent. There is objective evidence
22 of persistent liver disorder even though no symptoms of liver
23 disease are present; there is no history of ascites, jaundice,
24 or bleeding esophageal varices within five years; weight can be
25 maintained at the desirable level; and biochemical studies, that
26 is, SGOT or SGPT, are more than four times the upper limit of
27 normal.

28 C. Class 3, 40 percent. There is objective evidence
29 of persistent liver disorder; there is a history of jaundice,
30 ascites, or bleeding esophageal or gastric varices within the
31 past year; and there are intermittent symptoms of portosystemic
32 encephalopathy.

33 D. Class 4, 75 percent. There is objective evidence
34 of persistent liver disorder; there is persistent ascites,
35 jaundice, or bleeding esophageal or gastric varices; there are
36 central nervous system manifestations of hepatic insufficiency;

1 and there is loss of lean body weight below the desirable weight
2 which is greater than ten percent.

3 E. Surgical removal or alteration of part of the
4 liver, not otherwise ratable under this subpart or subpart 7,
5 zero percent.

6 Subp. 6. Biliary tract.

7 A. Class 1, five percent. There are less than four
8 episodes in a 12-month period of biliary tract dysfunction.

9 B. Class 2, 20 percent. There are more than four
10 episodes in a 12-month period of biliary tract dysfunction, and
11 symptoms are unresponsive or unamenable to treatment.

12 C. Class 3, 40 percent. There is irreparable
13 persisting obstruction of the bile tract with recurrent
14 cholangitis.

15 D. Class 4, 75 percent. There is persistent jaundice
16 and liver disorder due to obstruction of the common bile duct,
17 and the liver disease is as described in subpart 5, item D.

18 E. Surgical removal or alteration of all or part of
19 the biliary tract or gallbladder, not otherwise ratable under
20 this subpart or subpart 7, zero percent.

21 Subp. 7. Enterocutaneous fistulas.

22 A. Esophagostomy, as defined in part 5223.0310,
23 subpart ~~25~~ 24, ten percent.

24 B. Gastrostomy, as defined in part 5223.0310, subpart
25 ~~32~~ 31, ten percent.

26 C. Jejunostomy, as defined in part 5223.0310, subpart
27 ~~35~~ 34, 15 percent.

28 D. Ileostomy, as defined in part 5223.0310, subpart
29 ~~34~~ 33, 15 percent.

30 E. Colostomy, as defined in part 5223.0310, subpart
31 ~~16~~ 15, five percent.

32 5223.0600 REPRODUCTIVE AND URINARY TRACT SCHEDULE.

33 Subpart 1. General. This part provides the percentage of
34 disability of the whole body for permanent partial impairment of
35 the reproductive and urinary systems. The percentages indicated

1 in this schedule are the disability of the whole body for the
2 corresponding class. For evaluative purposes, the reproductive
3 and urinary systems are divided into the:

- 4 A. upper urinary tract;
- 5 B. bladder;
- 6 C. urethra;
- 7 D. male reproductive organs; and
- 8 E. female reproductive organs.

9 The ratings determined under subparts 2 to 11 may be
10 combined as described in part 5223.0300, subpart 3, item E.

11 Subp. 2. Upper urinary tract.

12 A. Loss of a single kidney, ten percent. This
13 category shall apply only when loss of a single kidney is the
14 only upper urinary tract permanent partial impairment. When
15 loss of a single kidney occurs in combination with any one of
16 the classes in items B to E, the disability rating for that
17 class shall be increased by adding ten percent to the otherwise
18 applicable rating.

19 B. Class 1, five percent. Signs or symptoms of
20 organic and irreversible upper urinary tract disorder are
21 present; there is anatomic loss or alteration; and the
22 creatinine clearance is decreased below normal but is greater
23 than 52 milliliters per minute.

24 C. Class 2, 22 percent. Signs or symptoms of organic
25 and irreversible upper urinary tract disorder are present; there
26 is anatomic loss or alteration; and the creatinine clearance is
27 less than 52 milliliters per minute but is greater than 42
28 milliliters per minute.

29 D. Class 3, 47 percent. Signs or symptoms of organic
30 and irreversible upper urinary tract disorder are present; there
31 is anatomic loss or alteration; and the creatinine clearance is
32 less than 42 milliliters per minute but is greater than 28
33 milliliters per minute.

34 E. Class 4, 77 percent:

35 (1) signs or symptoms of organic and irreversible
36 upper urinary tract disorder are present; there is anatomic loss

1 or alteration; and the creatinine clearance is less than 28
2 milliliters per minute;

3 (2) there is loss of both kidneys or only kidney
4 and chronic hemodialysis or kidney transplantation is required.

5 F. Surgical removal or alteration of all or part of
6 the upper urinary tract not otherwise ratable under this subpart
7 or subpart 4, zero percent.

8 Subp. 3. Bladder.

9 A. Class 1, five percent. Signs or symptoms of
10 organic bladder disorder are present and there is anatomic loss
11 or alteration, or there is an objectively demonstrated
12 neurological lesion known to interfere with bladder function,
13 and intermittent treatment is required, but there is no evidence
14 of intervening malfunction between episodes of treatments or
15 symptomatology.

16 B. Class 2, 15 percent. Signs or symptoms of organic
17 bladder disorder are present, and there is anatomic loss or
18 alteration, or there is an objectively demonstrated neurological
19 lesion known to interfere with bladder function, and continuous
20 treatment is required, but there is no incontinence.

21 C. Class 3, 20 percent. Signs or symptoms of organic
22 bladder disorder are present and there is anatomic loss or
23 alteration, or there is an objectively demonstrated neurological
24 lesion known to interfere with bladder function, and there is
25 intermittent incontinence.

26 D. Class 4, 30 percent. Signs or symptoms of organic
27 bladder disorder are present and there is anatomic loss or
28 alteration, or there is an objectively demonstrated neurological
29 lesion known to interfere with bladder function, and there is
30 total incontinence.

31 E. Surgical removal or alteration of all or part of
32 the bladder not otherwise ratable under this subpart or subpart
33 4, zero percent.

34 Subp. 4. Urinary diversion.

35 A. Uretero - intestinal, ten percent.

36 B. Cutaneous ureterostomy without intubation, ten

1 percent.

2 C. Nephrotomy or intubated ureterostomy, 15 percent.

3 Subp. 5. Urethra.

4 A. Class 1, two percent. Signs or symptoms of
5 organic urethral disorder are present; there is anatomic loss or
6 alteration; and intermittent therapy is required to control
7 symptoms.

8 B. Class 2, 15 percent. Signs or symptoms of organic
9 urethral disorder are present that are not controlled by
10 treatment and there is anatomic loss or alteration.

11 Subp. 6. Penis.

12 A. Psychogenic impotence, zero percent.

13 B. Class 1, ten percent. There is an objectively
14 demonstrated organic dysfunction and there is anatomic loss or
15 alteration, or there is an objectively demonstrated neurological
16 lesion known to interfere with penile function, and sexual
17 function is possible but there is difficulty with erection,
18 ejaculation, or sensation.

19 C. Class 2, 15 percent. There is an objectively
20 demonstrated organic dysfunction and there is anatomic loss or
21 alteration, or there is an objectively demonstrated neurological
22 lesion known to interfere with penile function, and erection is
23 possible but ejaculation and sensation are absent.

24 D. Class 3, 20 percent. There is an objectively
25 demonstrated organic dysfunction and there is anatomic loss or
26 alteration, or there is an objectively demonstrated neurological
27 lesion known to interfere with penile function, and there is
28 complete absence of erection, ejaculation, and sensation.

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

30 A. Class 1, five percent:

31 (1) signs or symptoms of organic testicular,
32 epididymal, or spermatic cord disorder are present; there is
33 anatomic alteration or loss; continuous treatment is not
34 required; and there are no abnormalities of seminal or hormonal
35 functions;

36 (2) there has been loss of one testicle.

1 B. Class 2, ten percent. Signs or symptoms of
2 organic testicular, epididymal, or spermatic cord disorder are
3 present; there is anatomic alteration or loss; continuous
4 treatment is required; and there are objectively detectable
5 seminal or hormonal abnormalities.

6 C. Class 3, 20 percent:

7 (1) signs or symptoms of organic testicular,
8 epididymal, or spermatic cord disorder are present; there is
9 anatomic alteration or loss; and there is complete loss of
10 seminal or hormonal function;

11 (2) there has been loss of both testes or only
12 testicle.

13 ~~D. -- Inguinal hernia, direct or indirect, unilateral or~~
14 ~~bilateral, recurrent after two or more herniorrhaphies, five~~
15 ~~percent.~~

16 Subp. 8. Prostate and seminal vesicles.

17 A. Class 1, five percent. Signs or symptoms of
18 organic prostatic or seminal vesicular dysfunction or disorder
19 are present; there is anatomic alteration or loss; and
20 continuous treatment is not required.

21 B. Class 2, ten percent. Signs or symptoms of
22 organic prostatic or seminal vesicular dysfunction or disorder
23 are present; there is anatomic alteration or loss; and
24 continuous treatment is required.

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

27 Subp. 9. Vulva and vagina.

28 A. Class 1, ten percent:

29 (1) signs or symptoms of organic vulvar or
30 vaginal dysfunction or disorder are present and there is
31 anatomic loss or alteration, or there is an objectively
32 demonstrated neurological lesion known to interfere with sexual
33 function, and there is impaired sensation but penile containment
34 is possible;

35 (2) signs or symptoms of organic vulvar or
36 vaginal dysfunction or disorder are present and there is

1 anatomic loss or alteration, or there is an objectively
2 demonstrated neurological lesion known to interfere with sexual
3 function, and penile containment is possible, and there is a
4 complete loss of sensation or significant dyspareunia is present.

5 B. Class 2, 20 percent. Signs or symptoms of organic
6 vulvar or vaginal dysfunction or disorder are present and there
7 is anatomic loss or alteration, or there is an objectively
8 demonstrated neurological lesion known to interfere with sexual
9 function, and there is impaired sexual function, and penile
10 containment is not possible.

11 Subp. 10. Cervix and uterus.

12 A. Class 1, five percent:

13 (1) signs or symptoms of organic disorder or
14 deformity of the cervix or uterus are present; there is anatomic
15 loss or alteration; and continuous treatment is not required;

16 (2) there is cervical stenosis which requires no
17 treatment;

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

20 B. Class 2, ten percent:

21 (1) signs or symptoms of organic disorder or
22 deformity of the cervix or uterus are present; there is anatomic
23 loss or alteration; and continuous treatment is required;

24 (2) there is cervical stenosis and recurrent
25 treatment is required.

26 C. Class 3, 20 percent:

27 (1) signs or symptoms of organic disorder or
28 deformity of the cervix or uterus are present which are not
29 controlled by continuous treatment, and there is anatomic loss
30 or alteration;

31 (2) there is complete cervical stenosis
32 completely unamenable to treatment;

33 (3) there is anatomic or complete functional loss
34 of the cervix or uterus in the premenopausal years.

35 Subp. 11. Fallopian tubes and ovaries.

36 A. Class 1, five percent:

1 (1) signs or symptoms of organic disorder or
2 deformity of the fallopian tubes or ovaries are present, and
3 continuous treatment is not required;

4 (2) there is anatomic or complete functional loss
5 of one fallopian tube or ovary in the premenopausal years.

6 B. Class 2, ten percent. Signs or symptoms of
7 organic disorder or deformity of the fallopian tubes or ovaries
8 are present, and continuous treatment is required, but tubal
9 patency persists and ovulation is possible.

10 C. Class 3, 20 percent:

11 (1) signs or symptoms of organic disorder or
12 deformity of the fallopian tubes or ovaries are present, and
13 there is total loss of tubal patency or total failure to produce
14 ova in the premenopausal years completely unamenable to
15 treatment;

16 (2) there is anatomic or complete functional loss
17 of both fallopian tubes or both ovaries in the premenopausal
18 years.

19 5223.0610 HEMATOPOIETIC.

20 Subpart 1. General. This part provides the percentage of
21 disability of the whole body for permanent partial impairment of
22 the hematopoietic system. For evaluation purposes, the
23 following are considered separately:

- 24 A. red blood cells;
25 B. platelets; and
26 C. white blood cells.

27 The ratings determined under subparts 2 to 4 may be
28 combined as described in part 5223.0300, subpart 3, item E.

29 Subp. 2. Red blood cells.

30 A. History of persistent anemia substantiated by
31 objective tests, and uncorrected by appropriate and persistent
32 therapy:

33 (1) hemoglobin greater than nine grams per 100
34 milliliters, zero percent;

35 (2) hemoglobin greater than eight grams per 100

1 milliliters and less than or equal to nine grams per 100
2 milliliters, 20 percent;

3 (3) hemoglobin greater than seven grams per 100
4 milliliters and less than or equal to eight grams per 100
5 milliliters, 40 percent;

6 (4) hemoglobin greater than six grams per 100
7 milliliters and less than or equal to seven grams per 100
8 milliliters, 60 percent;

9 (5) hemoglobin greater than five grams per 100
10 milliliters and less than or equal to six grams per 100
11 milliliters, 80 percent;

12 (6) hemoglobin less than five grams per 100
13 milliliters, 95 percent.

14 B. History of persistent erythrocytosis substantiated
15 by objective tests, uncorrected by continuous therapy for 12
16 months, and not related to a condition which can be rated as
17 provided in parts 5223.0560 to 5223.0580:

18 (1) hemoglobin less than 18 grams per 100
19 milliliters with no or infrequent therapy, zero percent;

20 (2) hemoglobin less than 18 grams per 100
21 milliliters and requiring frequent or continuous therapy, five
22 percent;

23 (3) hemoglobin greater than 18 grams per 100
24 milliliters despite continuous therapy, ten percent.

25 Subp. 3. Platelets.

26 A. History of persistent thrombocytopenia
27 substantiated by objective tests, and uncorrected by persistent
28 and appropriate therapy:

29 (1) platelet count greater than 70,000, zero
30 percent;

31 (2) platelet count less than 70,000 but greater
32 than 40,000 and individual is restricted from high risk
33 activity, 20 percent;

34 (3) platelet count less than 40,000 but greater
35 than 20,000 and individual is restricted from strenuous
36 activity, 40 percent;

1 (4) platelet count less than 20,000 and there is
2 a consistent risk of life-threatening hemorrhage, 75 percent.

3 B. Any permanent impairment to other body parts or
4 organs directly resulting from hemorrhage secondary to the
5 thrombocytopenia must be rated as provided in the appropriate
6 parts of this schedule. These ratings must be combined with
7 each other and with any ratings under this part in the manner
8 described in Minnesota Statutes, section 176.105, subdivision 4,
9 paragraph (c).

10 Subp. 4. **White blood cells.**

11 A. History of persistent leukopenia substantiated by
12 objective tests, and uncorrected by persistent and appropriate
13 therapy:

14 (1) white count greater than or equal to 2,000,
15 zero percent;

16 (2) white count less than 2,000 but no limitation
17 on time spent outside domicile, ten percent;

18 (3) white count less than 2,000 and there is
19 limitation on the amount of time spent outside of domicile, 40
20 percent;

21 (4) white count less than 2,000 and receiving
22 active medical care for opportunistic infection more than half
23 the time, 70 percent;

24 (5) white count less than 2,000 and ongoing
25 active opportunistic infection despite continuous medical care,
26 95 percent.

27 Subp. 5. **Spleen.** Surgical removal or alteration of all or
28 part of the spleen, not otherwise ratable under this part, zero
29 percent.

30 5223.0620 ENDOCRINE.

31 Subpart 1. **General.** For permanent partial impairment due
32 to endocrine disease, the disability of the whole body is as
33 provided in subparts 2 to 5. For evaluation purposes, the
34 following are considered separately:

35 A. hypothyroidism;

- 1 B. hypoparathyroidism;
2 C. hypoadrenalism; and
3 D. hypoinsulinism.

4 Any permanent partial impairment to other body parts or
5 organs directly resulting from any of these endocrine disorders
6 must be rated as provided in the appropriate parts of this
7 schedule. These ratings may be combined with each other and
8 with any ratings under this part as described in part 5223.0300,
9 subpart 3, item E.

10 Subp. 2. **Thyroid; hypothyroidism.** History of signs or
11 symptoms of thyroid insufficiency substantiated by objective
12 tests, and there is anatomic loss or alteration, and persisting
13 for 12 months:

14 A. signs or symptoms resolved with chronic
15 replacement therapy, zero percent;

16 B. signs or symptoms cannot be fully resolved with
17 replacement therapy, 15 percent.

18 Subp. 3. **Parathyroid; hypoparathyroidism.** History of
19 signs or symptoms of parathyroid insufficiency substantiated by
20 objective tests, and there is anatomic loss or alteration, and
21 persisting:

22 A. normal calcium level maintained by replacement
23 therapy, zero percent;

24 B. normal calcium level cannot be maintained despite
25 replacement therapy, ten percent.

26 Subp. 4. **Adrenal; hypoadrenalism.** History of signs or
27 symptoms of adrenal insufficiency substantiated by objective
28 tests, and there is anatomic loss or alteration, and persisting:

29 A. signs or symptoms resolved with replacement
30 therapy, zero percent;

31 B. signs or symptoms cannot be consistently
32 controlled with replacement therapy, 15 percent.

33 Subp. 5. **Insulin; hypoinsulinism.** History of signs or
34 symptoms of insulin deficiency substantiated by objective tests,
35 and there is anatomic loss or alteration to the islets of
36 Langerhans, and persisting:

1 A. signs or symptoms controlled with diet alone, two
2 percent;

3 B. signs or symptoms controlled with oral medication
4 and diet, four percent;

5 C. signs or symptoms controlled with insulin and
6 diet, 15 percent;

7 D. signs or symptoms inadequately controlled despite
8 treatment with insulin and diet, 25 percent.

9 5223.0630 SKIN DISORDERS.

10 Subpart 1. **General.** This part provides the percentage of
11 disability of the whole body for permanent partial impairment of
12 the skin. This schedule is not affected by the location of the
13 skin disorder or the percentage of the body surface area
14 involved, or by the type of skin disorder, except for those due
15 to heat injuries and cold injuries which must be rated as
16 provided in part 5223.0640.

17 Subp. 2. **Skin disorders.**

18 A. Class 0, zero percent. Signs or symptoms of skin
19 disorder resolved completely with treatment.

20 B. Class 1, two percent. Signs or symptoms of skin
21 disorder are present and supported by objective skin findings,
22 and there is no persistent limitation in the performance of the
23 activities of daily living, as defined in part 5223.0310,
24 subpart 5, although exposure to certain physical or chemical
25 agents may temporarily result in a limitation of activity.

26 C. Class 2, ten percent. Signs or symptoms of skin
27 disorder are present, and intermittent treatment is required,
28 and there is limitation in the performance of some of the
29 activities of daily living.

30 D. Class 3, 20 percent. Signs or symptoms of skin
31 disorder are present, and continuous treatment is required, and
32 there is limitation in the performance of many of the activities
33 of daily living but able to live independently.

34 E. Class 4, 40 percent. Signs or symptoms of skin
35 disorder are present, and continuous treatment is required which

1 may include periodic confinement at home or other domicile, and
2 there is limitation in the performance of many of the activities
3 of daily living, and cannot live independently, but able to
4 perform self cares independently.

5 F. Class 5, 75 percent. Signs or symptoms of skin
6 disorder are present, and continuous treatment is required which
7 necessitates confinement at home or other domicile, and there is
8 severe limitation in the performance of nearly all of the
9 activities of daily living and requires some assistance with
10 self cares.

11 5223.0640 HEAT AND COLD INJURIES.

12 Subpart 1. General. This part provides the percentage of
13 disability of the whole body for permanent partial impairment
14 due to heat and cold injuries.

15 Heat injuries may be due to radiant heat, flame, hot gases
16 or fumes, electric current, friction, chemicals, or radiation.
17 Cold injuries may be due to environmental conditions or from
18 contact with cold solids, liquids, or gases.

19 The whole body disability due to heat or cold injuries is
20 not directly equal to the percentage of body surface area
21 involved. The percentage of body surface area involved is used,
22 however, in certain items to categorize impairments. When
23 required the percentage of body surface area affected must be
24 determined according to the method of Lund and Browder, as
25 defined in part 5223.0310, subpart 37 36.

26 Any permanent partial impairment to other body parts or
27 organs other than as provided in this part and directly
28 resulting from a heat or cold injury must be rated as provided
29 in the appropriate parts of this schedule. These ratings may be
30 combined with each other and with any ratings under this part as
31 described in part 5223.0300, subpart 3, item E.

32 Subp. 2. Heat and cold injuries other than electrical
33 conduction. A rating under this part is the combination, as
34 described in part 5223.0300, subpart 3, item E, of the ratings
35 assigned by items A to E.

1 A. Any heat or cold injury that heals and leaves no
2 scar, zero percent.

3 B. Cold intolerance of the hands, face, or head as
4 evidenced by the wearing of heavy gloves or additional scarves
5 at 35 degrees Fahrenheit:

6 (1) a scar or skin graft of at least ten square
7 centimeters must be present for an affected member to be rated
8 under this item. These ratings may be added as described in
9 part 5223.0300, subpart 3, item E, to determine the overall
10 rating for cold intolerance:

11 (a) dominant hand, four percent;

12 (b) nondominant hand, three percent;

13 (c) face, three percent; or

14 (d) foot, three percent;

15 (2) with history of preceding heat or cold injury
16 but without scar or skin graft, entire impairment of all
17 affected areas is, two percent.

18 C. Systemic heat intolerance as evidenced by fatigue
19 or malaise or nausea; an oral temperature of at least 100
20 degrees Fahrenheit upon exposure to an environmental temperature
21 of 90 degrees Fahrenheit at 60 percent relative humidity; and an
22 initial heat injury that involved at least 50 percent of the
23 body surface area, as measured by the method of Lund and
24 Browder, as defined in part 5223.0310, subpart 37 36, five
25 percent.

26 D. Sensitivity to sun exposure as evidenced by the
27 need to cover the skin or use sun screen to prevent sunburn, or
28 local sensitivity to heat as evidenced by redness or pain, and a
29 scar or skin graft of at least ten square centimeters must be
30 present for an affected member to be rated under this item.
31 These ratings may be added as described in part 5223.0300,
32 subpart 3, item F, to determine the overall rating for
33 sensitivity to sun exposure:

34 (1) dominant hand, four percent;

35 (2) nondominant hand, three percent;

36 (3) face, three percent;

1 (4) if the sensitivity affects any other areas of
2 the body, affecting less than five percent of the body surface
3 area, zero percent;

4 (5) if the sensitivity affects any other body
5 areas, affecting five to 20 percent of the body surface area,
6 two percent;

7 (6) if the sensitivity affects any other body
8 areas, affecting more than 20 percent of the body surface area,
9 three percent.

10 E. Skin sensitivity to dust, chemical, or petroleum
11 exposure, or altered sweating, or apocrine gland dysfunction.
12 For one or any combination of these conditions, the whole body
13 disability is:

14 (1) if the sensitivity affects less than five
15 percent of the body surface area, zero percent;

16 (2) if the sensitivity affects five to 20 percent
17 of the body surface area, two percent;

18 (3) if the sensitivity affects 20 percent or more
19 of the body surface area, three percent.

20 F. Nondermatomal sensory loss:

21 (1) loss of sensation due to nerve injury must be
22 rated as provided in parts 5223.0410 and 5223.0430;

23 (2) any loss of sensation in the digits must be
24 rated as provided in part 5223.0410;

25 (3) nondermatomal sensory loss, affecting less
26 than five percent of the body surface area, one percent;

27 (4) nondermatomal sensory loss, affecting five to
28 20 percent of the body surface area, three percent;

29 (5) nondermatomal sensory loss, affecting more
30 than 20 percent of the body surface area, five percent.

31 Subp. 3. Electrical conduction injuries.

32 A. Injury to the skin must be rated as provided in
33 subpart 2, items A to E.

34 B. Injury to peripheral nerve must be rated as
35 provided in parts 5223.0400 to 5223.0430, as applicable.

36 C. Cosmetic disfigurement must be rated as provided

1 in part 5223.0650.

2 5223.0650 COSMETIC DISFIGUREMENT.

3 Subpart 1. **General.** This part provides the percentage of
4 disability of the whole body for permanent partial impairment
5 due to cosmetic disfigurement. This part applies only to
6 disfigurement on the face, head, neck, or dorsum of the hands.
7 If there has been an operation, this rating is done after
8 correction by plastic surgery. The final rating under this
9 schedule shall not be done until 24 months after the injury.
10 The ratings under this part may be combined as described in part
11 5223.0300, subpart 3, item E.

12 Subp. 2. **Face.**

13 A. The face is the anterior head from the forehead,
14 to and including the chin.

15 B. The nose:

16 (1) deformity of nasal tip, or external
17 deformity, thinning, or eversion of ala nasi, five percent;

18 (2) loss of more than 50 percent of nasal
19 cartilage, or of both ala nasi, 25 percent;

20 (3) deforming fracture of the nose, four percent.

21 C. The eyes, where this rating may be combined with
22 any additional rating as provided in part 5223.0330, if visual
23 impairment is present:

24 (1) loss of one eyebrow, 2.5 percent;

25 (2) loss of two eyebrows, five percent;

26 (3) ectropion:

27 (a) lower lid pulled from eye when mouth is
28 opened and neck extended, five percent;

29 (b) lower lid pulled away with no movement
30 of face or neck, ten percent;

31 (c) cornea unprotected when sleeping, 15
32 percent;

33 (4) epiphora, ten percent;

34 (5) scarring of an eyelid, four percent.

35 D. The mouth, a rating under this item is the sum of

1 subitems (1) to (4):

2 (1) noncongenital microstomia or distortion
3 affecting eating and dental hygiene, ten percent;

4 (2) eversion of the upper lip, 7.5 percent;

5 (3) eversion of the lower lip, 7.5 percent;

6 (4) distortion of vermillion border, ten percent.

7 E. The ear:

8 (1) loss of 75 percent or more of one external
9 ear, five percent;

10 (2) loss of less than 75 percent of one external
11 ear, or significant scarring or disfigurement of an ear, four
12 percent.

13 F. The face, in areas other than those covered in
14 items B to E:

15 (1) deforming fractures of facial skeleton, other
16 than nose, eight percent per side of face involved;

17 (2) diffuse scarring, that is, secondary to burns:

18 (a) hypertrophic scarring, as defined in
19 part 5223.0310, subpart 33 32, affecting only forehead above the
20 eyebrows, ten percent;

21 (b) hypertrophic scarring affecting the
22 lower face from eyebrows to chin, 25 percent;

23 (c) hypertrophic scarring affecting both the
24 forehead above the eyebrows and the lower face from the eyebrows
25 to chin, 35 percent;

26 (3) wrinkling, as defined in part 5223.0310,
27 subpart 63 62, of face in areas covered in subitem (2), units (a)
28 to (c), one-third of listed percentages;

29 (4) linear scarring, that is, secondary to
30 lacerations:

31 (a) linear scar less than two centimeters in
32 length, zero percent;

33 (b) linear scar greater than two centimeters
34 in length but less than eight centimeters in length, two
35 percent;

36 (c) linear scar greater than eight

1 centimeters or multiple linear scars, four percent;

2 (d) hypertrophic linear scarring, multiply
3 listed percentages in units (a) to (c), by 1.25.

4 Subp. 3. Head, alopecia.

5 A. Anterior hairline:

6 (1) loss of less than 20 percent of hair on
7 anterior hairline, zero percent;

8 (2) loss of 20 to 50 percent of hair on anterior
9 hairline, two percent;

10 (3) loss of more than 50 percent of hair on
11 anterior hairline, three percent.

12 B. Elsewhere on head and not affecting anterior
13 hairline:

14 (1) loss of zero to 15 percent of hair, zero
15 percent;

16 (2) loss of 16 to 30 percent of hair, one
17 percent;

18 (3) loss of 31 to 50 percent of hair, two
19 percent;

20 (4) loss of more than 50 percent of hair, three
21 percent.

22 The ratings under this item and item A must be combined as
23 provided in Minnesota Statutes, section 176.105, subdivision 4,
24 paragraph (c).

25 Subp. 4. Anterior neck.

26 A. The anterior neck extends from the ear lobule
27 anteriorly to the ear lobule and downward to midclavicle.
28 Disfigurement on the posterior neck from the ear lobule
29 posteriorly to the ear lobule shall not be rated under subpart 6.

30 Ratings under items B and C shall be combined as described in
31 part 5223.0300, subpart 3, item E.

32 B. Hypertrophic scarring, as defined in part
33 5223.0310, subpart ~~33~~ 32, or banding, as defined in part
34 5223.0310, subpart ~~11~~ 10, of the anterior neck:

35 (1) affecting less than ten percent of the
36 anterior neck, zero percent;

1 (2) affecting ten to 30 percent of the anterior
2 neck, ten percent;

3 (3) affecting 30 to 50 percent of the anterior
4 neck, 12 percent;

5 (4) affecting more than 50 percent of the
6 anterior neck, 15 percent.

7 C. The chin shelf is the area from the chin backwards
8 to the neck:

9 (1) chin shelf extends less than two inches,
10 three percent;

11 (2) chin shelf extends less than one inch, ten
12 percent.

13 Subp. 5. Hand. The hand extends from the carpus
14 distally. Loss of body parts and loss of function are rated in
15 parts 5223.0400 to 5223.0550 and ratings as provided in those
16 parts may be combined as described in part 5223.0300, subpart 3,
17 item E, with ratings under this subpart.

18 A. Hypertrophic scarring, as defined in part
19 5223.0310, subpart ~~33~~ 32, affecting less than 30 percent of
20 dorsum of one hand, zero percent.

21 B. Hypertrophic scarring affecting 30 to 50 percent
22 of dorsum of one hand, three percent.

23 C. Hypertrophic scarring affecting 50 percent or more
24 of dorsum of one hand, seven percent.

25 D. Hypertrophic scarring affecting the palm of the
26 hand, zero percent.

27 Subp. 6. Other disfigurements.

28 A. Loss of volume of female breast tissue, rate each
29 breast separately and add the ratings for the overall disability
30 due to loss of volume. Ratings under this item may be added as
31 described in part 5223.0300, subpart 3, item F, to ratings under
32 item B:

33 (1) loss of zero to 25 percent of volume of
34 breast, zero percent;

35 (2) loss of 26 to 50 percent of volume of breast,
36 two percent;

1 (3) loss of greater than 50 percent of volume of
2 breast, four percent.

3 B. Loss of nipple, either male or female, rate each
4 nipple separately and add the ratings for the overall impairment
5 due to loss of nipple. Ratings under this item may be added as
6 described in part 5223.0300, subpart 3, item F, to ratings under
7 item A and combined as described in part 5223.0300, subpart 3,
8 item E, with ratings under other applicable items. Loss of
9 nipple, three percent.

10 C. Disfigurement other than of the face, head,
11 anterior neck, and hand rated in subparts 2 to 4, or loss of
12 volume of female breast tissue or loss of nipple rated in items
13 A and B. Visible loss of tissue, hypertrophic scarring, as
14 defined in part 5223.0310, subpart ~~33~~ 32, and visible pigment
15 changes are considered disfigurements under this item:

16 (1) less than five percent of body surface area
17 according to the method of Lund and Browder, as defined in part
18 5223.0310, subpart ~~37~~ 36, zero percent;

19 (2) five percent to 20 percent of the body
20 surface area, two percent;

21 (3) 21 percent to 50 percent of the body surface
22 area, four percent;

23 (4) greater than 50 percent of the body surface
24 area, ten percent.