

EVALUATION AND PROCESSING OF PERMANENT PARTIAL IMPAIRMENT IN INDIANA WORKER'S COMPENSATION CASES

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Evaluation

Physicians may use whichever edition of the AMA Guides to the Evaluation of Permanent Impairment they think most appropriate to the individual case when evaluating the permanent impairment of an injured worker. For example, if the 6th Edition would preclude recovery for an impairment, an earlier edition should be consulted. One such impairment would be a severe loss of grip strength experienced with amputation of multiple digits on one hand. The 5th edition takes this into account while the 6th does not. The report of the physician or surgeon, required by IC 22-3-3-10.5, must contain the elements set out in IC 22-3-3-6(e).

Processing

In all cases where a PPI rating has been issued (0-100%), it should be filed with the Board via the PPI Submission Portal, accessible by adjusters through Gateway. There is a help document available from the website as well as on Gateway. 0% PPIs, just like monetary ones, should be accompanied by the waiver and medical report and an attempt to obtain signatures should be made. If the worker refuses to sign the SF1043 and/or waiver, a copy may be filed for compliance purposes *30 days after submission to the injured worker*. Do not submit to the Board at the time you send it to the injured worker for signature.

Overall, the process for filing the 0% PPI is the same for both indemnity & medical only claims.

Ideally, the PPI rating is submitted at the time of filing of the SX (38911) through EDI. However, in most cases, the PPI rating is not going to be available at the time of SX filing and as such will either need to be filed on a SROI 02 or on the FN if the rating is a 0%. On claims with a monetary PPI, payments should be reported via SROI PY after receiving Board approval.

Calculating the Value of the PPI

Impairment ratings should be to the most specific body part affected. Exceptions are when multiple body parts are involved. Translating a simple finger injury to the upper extremity or the body as a whole is not necessary, as the Worker's Compensation Board per IC 22-3-3-10(f) and IC 22-3-7-16(i) will only approve payment for the impairment of the finger.

The Board will no longer apply the Multi-Digit Calculation which is not required by current statutes. If multiple digits are impaired, but there is no amputation, a hand rating will be approved.

A wrist injury will be considered an impairment of the upper extremity but if use of the hand is also affected, there should be a hand rating as well and these will be combined. If there are impairments to various parts of a limb, such as a left elbow and left wrist, the Board will approve payment for the combined rating to the left upper extremity.

Upper and lower extremity impairments will no longer be separated into above or below the joint except in the case of amputations, per IC 22-3-3-10(f) (1,3,8,9) and IC 22-3-7-16(i) (1,3,8,9). Upper extremity ratings will be based on 50 degrees; lower extremity to 45 degrees.

Ankle impairments are sometimes rated using the ankle/foot conversion table, found in the 5th and 6th editions of the AMA Guidelines. Sometimes a physician will rate to the lower extremity with an ankle injury, similar to the treatment of a wrist injury. The Board will accept both but will not take the injury out to the whole body.

Head, neck, shoulder, back, hip, hernias, and any bilateral injury are currently rated to the whole person. An exception is the shoulder injury that occurs to the "ball" and not the "socket", which the physician will rate to the upper extremity. Additionally, if two different body parts are injured in the same accident, these are rated individually and then converted to the whole person. Amputations are the exception to this practice. Amputations are always calculated separately, per IC 22-3-3-10(f) and IC 22-3-7-16(i), then added to impairments to other body parts or a whole person rating.

Burn and other skin impairments are written to the whole body because skin is an organ and will now also be approved for payment this way.

Amputations

Amputations require unique evaluations according to the particular case and make general rules impractical, especially where additional impairments are also involved. Please feel free to contact the Board for help with these evaluations. Amputations are never combined into whole person ratings with other injuries.

Partial amputations of hands and feet require completion of the hand or foot chart delineating the exact location of the loss by separation. This must be submitted along with the PPI report.

When, in addition to a loss by separation of one or more digits, use of the hand is affected and a hand rating is given by the physician, the Board will add on the value of the digit loss once instead of doubling it per IC 22-3-3-10(f) (2) and IC 22- 3-7-16(i) (2) because the amputation is already factored into the physician's rating once. When the loss of grip strength and pinch ability with fingers lost raises the value of the PPI beyond a straight amputation, this must be considered. However, if this calculation results in a lower dollar PPI than a straight doubling of the lost digits, the lost digits must be paid per statute as the law must be given preference over any edition of the AMA Guidelines. Doubling refers to the dollars paid, not the degrees. See IC 22-3-3-10(f) (2) and IC 22-3-7-16(i) (2)

A similar practice will be followed with feet and toes but only if additional loss of use and function of the foot is reflected in the PPI provided according to the AMA Guidelines. The PPI should never be valued at less than the toes doubled per statute.

When multiple digits are amputated but the physician rates no impairment/loss of use to the hand/foot, the digits will be added together and doubled but will not be combined into a hand or foot impairment. Serious consideration should be given to using the 5th edition of the AMA Guidelines with the amputation of multiple fingers because of the effect this has on the use of the hand and thus the upper extremity. The escalation clause of IC 22-3-3-10(g) or IC 22-3-7-16(j) will apply.

Contrary to the case of loss of use of multiple parts of the body, an amputation will not be combined with a loss of function impairment of a different body part into a whole person rating. The amputation will be doubled and paid in addition to the loss of use impairments and the escalation clause of IC 22-3-3-10(g) (5-8) will apply.

Loss of fatty tissue alone, without bone loss, does not constitute an amputation within the terms of the statute and will be paid per the physician's rating.