

CHAPTER 5223
DEPARTMENT OF LABOR AND INDUSTRY
DISABILITY SCHEDULES

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5223.0300 WORKERS' COMPENSATION PERMANENT PARTIAL DISABILITY SCHEDULES.

[For text of subp 1, see M.R.]

Subp. 2. **Applicability.** Unless otherwise specified, parts 5223.0300 to 5223.0650 apply to dates of injury on or after July 1, 1993.

[For text of subps 3 and 4, see M.R.]

Statutory Authority: *MS s 176.105*

History: *35 SR 138*

5223.0310 DEFINITIONS.

[For text of subps 1 to 42, see M.R.]

Subp. 43. **Radicular pain.** "Radicular pain" means pain described as radiating distally into an extremity in the distribution of a nerve root.

Subp. 44. **Radicular paresthesia.** "Radicular paresthesia" means abnormal sensation, described as involving an extremity in the distribution of a nerve root.

[For text of subps 45 to 62, see M.R.]

Statutory Authority: *MS s 176.105*

History: *35 SR 138*

5223.0330 EYE.

[For text of subp 1, see M.R.]

Subp. 2. **Complete loss of vision.**

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

B. Complete loss of vision in one eye:

(1) if vision in the other eye is completely normal in regard to acuity, motility, and visual field, 24 percent; or

(2) if vision in the other eye is not completely normal, rate as provided in subpart 3.

C. Enucleation:

(1) unilateral:

(a) if vision in the other eye is completely normal in regard to acuity, motility, and visual field, 24 percent; or

(b) if vision in the other eye is not completely normal, rate as provided in subpart 3;

(2) bilateral, 85 percent.

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

Subp. 3. **Incomplete loss of vision.**

[For text of item A, see M.R.]

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

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

[For text of unit (a), see M.R.]

(b) The maximum visual field is 500 degrees. It is the sum of the degrees in the eight principal meridians from the point of fixation to the outermost limits of visual perception. One hundred percent visual field efficiency is the visual field that extends from the point of fixation 85 degrees temporally, 85 degrees down temporally, 65 degrees direct down, 50 degrees down nasally, 60 degrees nasally, 55 degrees up nasally, 45 degrees direct up, and 55 degrees up temporally.

[For text of unit (c), see M.R.]

[For text of subitem (2), see M.R.]

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

[For text of subitem (1), see M.R.]

(2) For each eye, the extent of the field of vision shall be determined by perimetric test methods. The result shall be plotted on the visual field chart as defined in part 5223.0310, subpart 60.

[For text of units (a) to (c), see M.R.]

[For text of subitem (3), see M.R.]

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

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

[For text of subitems (1) to (6), see M.R.]

(7) muscle disturbances such as ocular tics not included under diplopia;

(8) for dates of injury on or after August 9, 2010, corneal transplant.

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

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

(2) Add the percentage impairment of the poorer eye to the product obtained in subitem (1).

(3) Divide the sum obtained in subitem (2) by four.

(4) The quotient obtained in subitem (3) is the percentage impairment of the visual system. Fractions shall be rounded to the nearest whole number percentage by rounding up from the midpoint and rounding down from below the midpoint.

[For text of subitem (5), see M.R.]

[For text of subs 4 and 5, see M.R.]

Statutory Authority: *MS s 176.105*

History: *35 SR 138*

5223.0370 MUSCULOSKELETAL SCHEDULE; CERVICAL SPINE.

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

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

[For text of items A and B, see M.R.]

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

D. Permanent partial impairment due to sexual dysfunction is as provided in part 5223.0600, subparts 6 and 9, and may be combined with ratings under this part.

[For text of item E, see M.R.]

Subp. 2. **Fractures.**

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

[For text of subitem (1), see M.R.]

(2) decrease of greater than ten percent but less than or equal to 25 percent in vertebral height in at least one vertebral segment, six percent;

(3) decrease in vertebral height is greater than 25 percent but less than or equal to 50 percent in at least one vertebral segment, 14 percent;

[For text of subitem (4), see M.R.]

[For text of items B to D, see M.R.]

[For text of subp 3, see M.R.]

Subp. 4. **Radicular syndromes.**

[For text of items A and B, see M.R.]

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

(1) single vertebral level, seven percent;

(2) multiple vertebral levels, ten percent;

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

(4) if a surgery at more than one level, other than a fusion, is performed as part of the treatment, 13 percent.

[For text of item D, see M.R.]

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

[For text of subitem (1), see M.R.]

(2) if a surgery other than a fusion performed as part of the treatment, add five percent, if surgery included a fusion, the rating is as provided in subpart 5. For dates of injury on or after August 9, 2010, for the first surgery performed as part of the treatment, regardless of the type of surgery, add five percent; if surgery included a fusion, also add the rating as provided in subpart 5;

(3) for additional surgery, other than a fusion, regardless of the number of additional surgeries, add three percent, if the additional surgery included a fusion, the rating is as provided in subpart 5. For dates of injury on or after August 9, 2010, for additional surgery, regardless of the number of additional surgeries, add three percent. If any of the additional surgeries included a fusion, also add the rating as provided in subpart 5;

[For text of subitem (4), see M.R.]

Subp. 5. Fusion.

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

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

Statutory Authority: *MS s 176.105*

History: *35 SR 138*

5223.0380 MUSCULOSKELETAL SCHEDULE; THORACIC SPINE.

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

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

[For text of item A, see M.R.]

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

C. Permanent partial impairment due to sexual dysfunction is as provided in part 5223.0600, subparts 6 and 9, and may be combined with ratings under this part.

[For text of item D, see M.R.]

Subp. 2. Fractures.

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

[For text of subitem (1), see M.R.]

(2) decrease of greater than ten percent but less than or equal to 25 percent in vertebral height in at least one vertebral segment, four percent;

(3) decrease in vertebral height is greater than 25 percent but less than or equal to 50 percent in at least one vertebral segment, 10.5 percent;

[For text of subitem (4), see M.R.]

[For text of items B to D, see M.R.]

[For text of subps 3 and 4, see M.R.]

Statutory Authority: *MS s 176.105*

History: *35 SR 138*

5223.0390 MUSCULOSKELETAL SCHEDULE; LUMBAR SPINE.

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

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

[For text of items A and B, see M.R.]

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

D. Permanent partial impairment due to sexual dysfunction is as provided in 5223.0600, subparts 6 and 9, and may be combined with ratings under this part.

[For text of item E, see M.R.]

Subp. 2. Fractures.

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

[For text of subitem (1), see M.R.]

(2) decrease of greater than ten percent but less than or equal to 25 percent in vertebral height in at least one vertebral segment, four percent;

(3) decrease in vertebral height is greater than 25 percent but less than or equal to 50 percent in at least one vertebral segment, 10.5 percent;

[For text of subitem (4), see M.R.]

[For text of items B to D, see M.R.]

[For text of subp 3, see M.R.]

Subp. 4. **Radicular syndromes.***[For text of items A and B, see M.R.]*

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

[For text of subitems (1) and (2), see M.R.]

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

(4) if a surgery at more than one level other than a fusion is performed as part of the treatment, 13 percent.

*[For text of items D and E, see M.R.]**[For text of subp 5, see M.R.]***Statutory Authority:** *MS s 176.105***History:** *35 SR 138***5223.0400 PERIPHERAL NERVOUS SYSTEM; UPPER EXTREMITY-MOTOR LOSS.**

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

[For text of items A to C, see M.R.]

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

[For text of subps 2 to 5, see M.R.]

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

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

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

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

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

Statutory Authority: *MS s 176.105*

History: *35 SR 138*

5223.0410 PERIPHERAL NERVOUS SYSTEM; UPPER EXTREMITY-SENSORY LOSS.

[For text of subps 1 to 5, see M.R.]

Subp. 6. Loss of sensation in the digits.

[For text of items A to C, see M.R.]

D. The levels of sensory loss in the digits and the corresponding disabilities of the whole body are measured as follows:

[For text of subitem (1), see M.R.]

(2) moderate, two-point discrimination greater than six millimeters, one-half of the value in item A;

(3) severe, two-point discrimination at greater than ten millimeters, three-fourths of the value in item A;

(4) total, two-point discrimination at greater than 15 millimeters, the same value as in item A.

Subp. 7. Reflex sympathetic dystrophy, causalgia, and cognate conditions. This subpart applies to dates of injury from July 1, 1993, through August 8, 2010. For dates of injury on or after August 9, 2010, rate complex regional pain syndrome, reflex sympathetic dystrophy, causalgia, and cognate conditions as provided under part 5223.0435. For purposes of rating under this part, reflex sympathetic dystrophy, causalgia, and cognate conditions are deemed to occur in a member if at least five of the following conditions persist concurrently in that member: edema, local skin color change of red or purple, osteoporosis in underlying bony structures demonstrated by radiograph, local dyshidrosis, local abnormality of skin temperature regulation, reduced passive range of motion in contiguous or contained joints, local alteration of skin texture of smooth or shiny, or typical findings of reflex sympathetic dystrophy on bone scan.

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

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

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

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

Statutory Authority: *MS s 176.105*

History: *35 SR 138*

5223.0420 PERIPHERAL NERVOUS SYSTEM; LOWER EXTREMITY-MOTOR LOSS.

Subpart 1. Total loss. For permanent partial impairment to the peripheral nerves, plexuses, and nerve roots of the lower extremity resulting from nerve injury or disease, and if there is loss of motor function for those particular portions of the body served by

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the peripheral nerve, plexus, or nerve root, disability to the whole body is as provided in subparts 2 to 6.

A. Total or complete motor loss in the lower extremity means that motor function is less than or equal to muscle strength grade 2/5.

[For text of items B and C, see M.R.]

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

[For text of subps 2 to 5, see M.R.]

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

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

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

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

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

Statutory Authority: *MS s 176.105*

History: *35 SR 138*

5223.0430 PERIPHERAL NERVOUS SYSTEM; LOWER EXTREMITY-SENSORY LOSS.

[For text of subps 1 to 5, see M.R.]

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

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

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

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

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

Statutory Authority: *MS s 176.105*

History: *35 SR 138*

5223.0435 COMPLEX REGIONAL PAIN SYNDROME, REFLEX SYMPATHETIC DYSTROPHY, OR CAUSALGIA.

Subpart 1. **Applicability.** This part applies to dates of injury on or after August 9, 2010. For dates of injury from July 1, 1993, through August 8, 2010, the following parts apply: 5223.0400, subpart 6; 5223.0410, subpart 7; 5223.0420, subpart 6; and 5223.0430, subpart 6.

Subp. 2. **Rating.** To rate complex regional pain syndrome, reflex sympathetic dystrophy, causalgia, and cognate conditions, determine the impairment to the peripheral nervous system, the musculoskeletal system, the skin, and the vascular system as provided in items A to I. The ratings obtained are then combined for the final rating as described in part 5223.0300, subpart 3, item E. The percent of whole body disability for complex regional pain syndrome, reflex sympathetic dystrophy, or causalgia of a member shall not exceed the percent of whole body disability for amputation of that member. If there is no rating under items A to I, then the final rating is zero percent.

A. For upper extremity motor loss rate as provided in part 5223.0400, subparts 1 to 5.

B. For upper extremity sensory loss rate as provided in part 5223.0410, subparts 1 to 6.

C. For upper extremity vascular loss rate as provided in part 5223.0580.

D. For loss of range of motion in the upper extremity rate as provided in parts 5223.0450 to 5223.0480.

E. For lower extremity motor loss rate as provided in part 5223.0420, subparts 1 to 5.

F. For lower extremity sensory loss rate as provided in part 5223.0430, subparts 1 to 5.

G. For lower extremity vascular loss rate as provided in part 5223.0580.

H. For loss of range of motion in the lower extremity rate as provided in parts 5223.0500 to 5223.0530.

I. For impairment due to disorder of the skin rate as provided in part 5223.0630.

Statutory Authority: *MS s 176.105*

History: *35 SR 138*

5223.0436 THORACIC OUTLET SYNDROME.

Subpart 1. **Applicability.** This part applies to dates of injury on or after August 9, 2010.

Subp. 2. **Rating.** To rate thoracic outlet syndrome, determine the impairment to the peripheral nervous system and the vascular system as provided in items A to C. The ratings obtained are then combined for the final rating as described in part 5223.0300, subpart 3, item E. If there is no rating under items A to C, then the final rating is zero percent.

A. For upper extremity motor loss rate as provided in part 5223.0400.

B. For upper extremity sensory loss rate as provided in part 5223.0410.

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C. For upper extremity vascular loss rate as provided in part 5223.0580.

Statutory Authority: *MS s 176.105*

History: *35 SR 138*

5223.0440 MUSCULOSKELETAL SCHEDULE; TRUNK, EXCLUDING SPINE.

[For text of subps 1 and 2, see M.R.]

Subp. 3. **Abdomen.**

[For text of item A, see M.R.]

B. Hernia:

(1) inguinal hernia, direct or indirect, unilateral or bilateral, repaired once or twice, zero percent;

(2) inguinal hernia, direct or indirect, unilateral or bilateral, recurring after two repairs, three percent;

[For text of subitems (3) to (6), see M.R.]

Statutory Authority: *MS s 176.105*

History: *35 SR 138*

5223.0450 MUSCULOSKELETAL SCHEDULE; SHOULDER AND UPPER ARM.

[For text of subp 1, see M.R.]

Subp. 2. **Exclusive categories.**

[For text of item A, see M.R.]

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

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

[For text of subitems (2) to (4), see M.R.]

[For text of items C and D, see M.R.]

E. Resection arthroplasty of the glenohumeral joint, 36 percent.

[For text of item F, see M.R.]

Subp. 3. **Combinable categories.**

A. For dates of injury from July 1, 1993, through August 8, 2010, chronic rotator cuff tear, demonstrated by medical imaging study, with or without surgical repair:

(1) partial thickness, two percent;

(2) full thickness, six percent.

B. Implant arthroplasty of the glenohumeral joint, 18 percent.

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

D. For dates of injury on or after August 9, 2010, acromioplasty, zero percent.

E. For dates of injury on or after August 9, 2010, rotator cuff tear, demonstrated by medical imaging study:

(1) healed or surgically repaired with no persistent tear, zero percent;

(2) partial thickness tear which persists despite treatment, two percent;

(3) full thickness tear which persists despite treatment, six percent.

Subp. 4. **Categories describing loss of function.** Function at the shoulder is measured by the available passive range of motion in three arcs at the shoulder: flexion or extension, abduction or adduction, and rotation. Examination with goniometer is performed to determine the limits of passive range of motion in each arc. If there is an impairment in more

than one arc, the ratings for each arc are added to determine the final impairment for loss of function.

[For text of items A and B, see M.R.]

C. Extent of range of rotation:

[For text of subitems (1) and (2), see M.R.]

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

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

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

(c) limited to between one degree and nine degrees external rotation, that is, there is an external rotation contracture, two percent;

(4) external rotation is limited to between one degree and 20 degrees internal rotation, that is, there is an internal rotation contracture, and internal rotation is:

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

(b) to between one degree and 20 degrees, four percent;

[For text of subitems (5) and (6), see M.R.]

Statutory Authority: *MS s 176.105*

History: *35 SR 138*

5223.0460 MUSCULOSKELETAL SCHEDULE; ELBOW AND FOREARM.

[For text of subps 1 to 3, see M.R.]

Subp. 4. **Categories describing loss of function.** Function at the elbow or forearm is measured by the available passive range of motion at the elbow.

The passive range of motion is measured in two arcs: flexion or extension and supination or pronation. Examination with goniometer is performed to determine the limitation of passive range of motion in each arc. If there is impairment in more than one arc, the ratings for each arc are added to determine the overall disability for loss of motion.

[For text of item A, see M.R.]

B. Extent of range of rotation:

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

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

(b) to between zero degrees and 45 degrees, one percent;

[For text of units (c) and (d), see M.R.]

[For text of subitems (2) to (5), see M.R.]

Statutory Authority: *MS s 176.105*

History: *35 SR 138*

5223.0480 MUSCULOSKELETAL SCHEDULE; HAND AND FINGERS.

Subpart 1. **General.**

[For text of item A, see M.R.]

B. For purposes of computing the percent of disability due to injuries of the digits, each digit and each joint of each digit is assigned a percentage representing the percent of disability of the whole body resulting from 100 percent disability of that digit or joint. In subparts 2, item D; 3; and 4, the final percent disability of the whole body is computed by multiplying the overall percent disability to the digit or joint times the values listed in this subpart.

[For text of subitems (1) and (2), see M.R.]

[For text of subps 2 and 3, see M.R.]

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

The passive range of motion at all joints of the digits excluding the carpometacarpal joint of the thumb is measured in one arc: flexion or extension. Examination with goniometer is performed to determine the limits of passive range of motion at each of these joints. The passive range of motion of the carpometacarpal joint of the thumb is measured by three movements of the thumb: extension or abduction, radial abduction, and opposition. Examination with a metric ruler is performed to determine the passive limitations of each of the movements of the carpometacarpal joint of the thumb.

For the thumb, all appropriate ratings for loss of motion at the interphalangeal, metacarpal, and carpometacarpal joints are added to determine the overall rating for loss of motion of the thumb. This overall rating for loss of motion of the thumb is multiplied by the value of the thumb as provided in subpart 1, item B, subitem (1), to find the whole body disability for loss of motion of the thumb.

For the fingers, ratings for loss of motion at different joints of the same finger are combined to determine the overall rating for loss of motion of the finger. The overall rating for loss of motion of a finger is multiplied by the value of the finger as provided in subpart 1, item B, subitem (1), to find the whole body disability for loss of motion of that finger.

When there is injury to more than one digit, the disabilities for loss of motion of each affected digit are added to determine the overall disability for loss of motion of the hand.

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

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

[For text of items A to H, see M.R.]

Statutory Authority: *MS s 176.105*

History: *35 SR 138*

5223.0500 MUSCULOSKELETAL SCHEDULE; HIP AND UPPER LEG.

[For text of subps 1 and 2, see M.R.]

Subp. 3. **Combinable categories.**

[For text of items A and B, see M.R.]

C. Fractures:

- (1) nonunion of hip fracture, 12 percent;
- (2) fracture requiring femoral endoprosthesis, six percent;

[For text of subitems (3) and (4), see M.R.]

Subp. 4. **Categories describing loss of function.** Function of the hip is measured by the available passive range of motion in three arcs: flexion or extension, abduction or adduction, and rotation. Examination with goniometer is performed to determine the limits of passive range of motion in each arc.

If there is impairment in more than one arc, the rating for each arc is added to determine the final rating for loss of function.

[For text of item A, see M.R.]

B. Extent of range of abduction or adduction:

[For text of subitem (1), see M.R.]

(2) adduction is limited to between zero degrees and 20 degrees and abduction is:

[For text of units (a) to (c), see M.R.]

[For text of subitems (3) to (5), see M.R.]

[For text of item C, see M.R.]

Statutory Authority: *MS s 176.105*

History: *35 SR 138*

5223.0510 MUSCULOSKELETAL SCHEDULE; KNEE AND LOWER LEG.

[For text of subps 1 and 2, see M.R.]

Subp. 3. Combinable categories.

A. Partial or total patellectomy, four percent.

B. Meniscectomy, or excision of semilunar cartilage in a single knee. If meniscectomy, or excision of semilunar cartilage is performed on both knees, rate each separately and combine the ratings for the overall impairment:

- (1) up to 50 percent of a cartilage removed, two percent;
- (2) more than 50 percent of a cartilage removed, three percent;
- (3) up to 50 percent of both cartilages removed, four percent;
- (4) more than 50 percent of both cartilages removed, six percent;

(5) for dates of injury on or after August 9, 2010, up to 50 percent of one cartilage and more than 50 percent of the other cartilage removed, five percent.

[For text of items C to H, see M.R.]

I. Fracture or dislocation involving the femur, tibia, or fibula not otherwise ratable under subpart 2 or 3 or part 5223.0500 or 5223.0520, zero percent. For dates of injury on or after August 9, 2010, fracture or dislocation involving the patella not otherwise rated under this subpart, subpart 2, or part 5223.0500 or 5223.0520, zero percent.

[For text of subp 4, see M.R.]

Statutory Authority: *MS s 176.105*

History: *35 SR 138*

5223.0520 MUSCULOSKELETAL SCHEDULE; ANKLE.

[For text of subps 1 to 3, see M.R.]

Subp. 4. Categories describing loss of function. Function of the ankle is measured by available passive range of motion in two arcs: flexion or extension and inversion or eversion. Examination with goniometer is performed to determine the limits of passive range in each arc. If there is impairment in both arcs, the ratings for loss of motion in the arcs are added to determine the final rating of disability for loss of function.

[For text of item A, see M.R.]

B. Extent of range of inversion or eversion:

[For text of subitems (1) to (3), see M.R.]

(4) eversion is limited to between zero degrees and ten degrees inversion, that is, there is an inversion contracture, and inversion is:

- (a) to greater than 30 degrees, two percent;
- (b) limited to between 16 degrees and 30 degrees, three percent;
- (c) limited to between zero degrees and 15 degrees, four percent;

(5) eversion is limited to between 11 degrees and 20 degrees inversion, that is, there is an inversion contracture, and inversion is:

[For text of units (a) and (b), see M.R.]

5223.0520 DISABILITY SCHEDULES

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*[For text of subitems (6) and (7), see M.R.]***Statutory Authority:** *MS s 176.105***History:** *35 SR 138***5223.0540 MUSCULOSKELETAL SCHEDULE; AMPUTATIONS OF UPPER EXTREMITY.**

Subpart 1. **Amputations.** Permanent partial impairment due to amputation of upper extremities is a disability of the whole body as follows:

[For text of items A to I, see M.R.]

J. amputation of multiple digits, add as described in part 5223.0300, subpart 3, item F, the ratings obtained for the specific abnormalities in items K to O;

[For text of items K to M, see M.R.]

N. amputation of ring finger:

(1) at metacarpophalangeal joint or with resection of metacarpal bone or through proximal phalanx, 5.5 percent; for dates of injury on or after August 9, 2010, at metacarpophalangeal joint or with resection of metacarpal bone or through proximal phalanx, five percent;

[For text of subitems (2) to (5), see M.R.]

O. amputation of little finger:

(1) at metacarpophalangeal joint or with resection of metacarpal bone or through proximal phalanx, 5.5 percent; for dates of injury on or after August 9, 2010, at metacarpophalangeal joint or with resection of metacarpal bone or through proximal phalanx, five percent;

*[For text of subitems (2) to (5), see M.R.]***Statutory Authority:** *MS s 176.105***History:** *35 SR 138***5223.0550 MUSCULOSKELETAL SCHEDULE; AMPUTATIONS OF LOWER EXTREMITIES.**

Subpart 1. **Amputations.** For permanent partial impairment due to amputation of lower extremities, the disability of the whole body is:

[For text of items A to J, see M.R.]

K. amputation of great toe:

[For text of subitems (1) and (2), see M.R.]

(3) at interphalangeal joint, four percent; for dates of injury on or after August 9, 2010, at interphalangeal joint to insertion of flexor hallucis longus, four percent;

(4) for dates of injury on or after August 9, 2010, distal to insertion of flexor hallucis longus, zero percent;

*[For text of item L, see M.R.]***Statutory Authority:** *MS s 176.105***History:** *35 SR 138***5223.0560 RESPIRATORY.***[For text of subp 1, see M.R.]*

Subp. 2. **Fixed obstructive or restrictive disease.** A permanent partial impairment of the respiratory system due to fixed obstructive or restrictive disease must be rated under one of items A to F. If the measurements of FEV1, FVC, FEV1/FVC, DCO, or VO2 max fall in different items, then the item that provides for the largest percentage of disability is the appropriate rating for the condition.

[For text of items A to F, see M.R.]

[For text of subp 3, see M.R.]

Statutory Authority: *MS s 176.105*

History: *35 SR 138*

5223.0640 HEAT AND COLD INJURIES.

[For text of subp 1, see M.R.]

Subp. 2. **Heat and cold injuries other than electrical conduction.** A rating under this part is the combination, as described in part 5223.0300, subpart 3, item E, of the ratings assigned by items A to G.

A. Any heat or cold injury that heals and leaves no scar, zero percent.

B. Cold intolerance of the hands, face, feet, or head as evidenced by the wearing of heavy gloves, heavy socks, or additional scarves at 35 degrees Fahrenheit:

(1) a scar or skin graft of at least ten square centimeters must be present for an affected member to be rated under this item. These ratings may be added as described in part 5223.0300, subpart 3, item F, to determine the overall rating for cold intolerance:

- (a) dominant hand, four percent;
- (b) nondominant hand, three percent;
- (c) face, three percent; or
- (d) foot, three percent;

[For text of subitem (2), see M.R.]

[For text of items C to F, see M.R.]

G. Persistent open sores, recurrent skin breakdown after initial healing, or skin grafting, rate as provided in part 5223.0630.

Subp. 3. **Electrical conduction injuries.**

A. Injury to the skin must be rated as provided in subpart 2, items A to G.

[For text of items B and C, see M.R.]

Statutory Authority: *MS s 176.105*

History: *35 SR 138*

5223.0650 COSMETIC DISFIGUREMENT.

[For text of subps 1 to 3, see M.R.]

Subp. 4. **Anterior neck.**

A. The anterior neck extends from the ear lobule anteriorly to the ear lobule and downward to midclavicle. Disfigurement on the posterior neck from the ear lobule posteriorly to the ear lobule shall be rated under subpart 6. Ratings under items B and C shall be combined as described in part 5223.0300, subpart 3, item E.

[For text of items B and C, see M.R.]

[For text of subps 5 and 6, see M.R.]

Statutory Authority: *MS s 176.105*

History: *35 SR 138*