

Chapter Ind 80

WORKER'S COMPENSATION

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Ind 80.01 General. The rules of practice at hearings before the department will conform generally to the rules of practice before courts of equity. The aim is to secure the facts in as direct and simple a manner as possible.

History: 1-2-56; am. Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.02 Reports. (1) Employers under the provisions of the workmen's compensation act within one day after the fatal termination of an accident or industrial disease shall make a brief report of this occurrence to the department by telegraph, telephone or by letter. They shall also make a report on form WC-12 on the fourth day after the accident or beginning or disability from occupational disease upon every accident or disease causing death or a disability which exists beyond the third day after the employe leaves work as a result of the accident.

(2) Self-insured employers and insurance companies on all accidents which require a first report must:

(a) Make a supplementary report on form WC-13 on the eleventh day following that on which the accident occurred.

(b) Make another supplementary report immediately when payments are stopped for any reason. This report must be accompanied by an explanatory memorandum, a copy being furnished to the injured claimant if there is a dispute with the injured man.

(c) Make a final report on form WC-13 when final payment of compensation has been made, which must be accompanied by a copy of the final receipt signed by the injured employe, and a report from a physician, if the disability exceeds 3 weeks or if there is any permanent disability, unless there has been a hearing before the department.

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(d) Supply to the employe copy of final report on form WC-13 in all cases at the time of final payment, and final physician's report in cases where disability has extended beyond 3 weeks following the date of injury, or where permanent disability has resulted.

(e) Make immediate report of any amputation which requires an artificial member or appliance.

History: 1-2-56; am. (1) and (2), Register, October, 1965, No. 118, eff. 11-1-66; am. Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.03 Compromise. In any case where an accident and injury to an employe occurs of which the department has jurisdiction under the compensation act, and a compromise of liability thereunder is made directly by such employer and employe, the same shall be made in writing in the presence of one or more disinterested witnesses who shall sign such compromise, and copies of all such compromises shall be mailed immediately to the department by the employer. All compromises may be reviewed, set aside, modified or confirmed by the department upon application of either party within one year from the date of the compromise. (s. 102.16, Stats.)

History: 1-2-56; am., Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.04 Place of hearing. The department at its discretion may from time to time hold public sessions other than in the state capitol.

History: 2-1-56; am., Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.05 Procedure on claim. (1) In case of disputes in matters coming under the jurisdiction of the department, either party to the dispute may apply to the department for relief and the department shall make such order or award as shall be lawful and just in the premises.

(2) In all such cases the party complaining shall file his application with the department, with copies to be served on the adverse party. The department shall thereupon serve such adverse party with a copy of such application and such adverse party shall file his answer thereto with the department with 10 days after such service and likewise serve a copy of such answer on the party making application. The department will thereupon notify the parties of the time and place of hearing, at least 10 days prior to such hearing. (s. 102.17, Stats.)

History: 1-2-56; am., Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.06 Parties. The parties to the controversy shall be known as the applicant and the respondent. The party filing the application for relief shall be known as the applicant and the adverse party as the respondent. Either party may appear in person or by an attorney or agent.

Ind 80.07 Service. All service of papers, unless otherwise directed by the department or by law, may be made by mail and proof of such mailing shall be prima facie proof of such service. Time within which service shall be made shall be the same as in courts of record unless otherwise specified by rule or order of the department.

History: 1-2-56; am., Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.08 Amendments. Amendment may be made to any pleading upon application to the department and cause shown. The department may on its own motion, modify or change its order, finding or award at

any time within 20 days from the date thereof if it shall discover any mistake therein.

History: 1-2-56; am., Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.09 Extension of time and postponement. The department may grant extensions of time in which to comply with any rule when it shall deem such extension of time reasonable and it may likewise grant adjournments of hearings.

History: 1-2-56; am., Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.10 Stipulations. Parties to a controversy may stipulate the facts in writing, and the department may thereupon make its order or award: Stipulations must set forth in detail the manner of computing the compensation due and must be accompanied by a report from a physician stating the extent of the disability.

History: 1-2-56; am., Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.11 Depositions. At the discretion of the department depositions may be taken and used upon any hearing where the convenience of the witness or parties may so require. Such depositions shall be taken in the same manner as in courts of record. Depositions for the purpose of discovery before hearing are specifically prohibited by law, with certain exceptions as provided by s. 102.17 (1) (bm), Stats.

History: 1-2-56; am., Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.12 Designated carrier wrap-up. Where the department by one or more written orders specifically consents to the issuance of one or more policies covering only the liability incurred on a construction project, and where the owner designates the insurance carrier and pays for each such policy, the owner shall reimburse the department within 30 days after written request or requests by the department a sum determined in the discretion of the department not to exceed 2% of the total audited worker's compensation premium charged, with payment not to exceed 1% of the estimated worker's compensation premium upon initial request. If additional levy is determined necessary, request shall be made for a sum that results in a total charge not to exceed 2% of the total audited worker's compensation premium charged. The department shall be reimbursed for those expenses incurred because of the designated carrier wrap-up program.

History: Cr. Register, August, 1976, No. 248, eff. 9-1-76.

Ind 80.14 Transcripts. (1) Transcripts of testimony taken or proceedings had before the department will be furnished to the applicant or respondent or their attorneys in accordance with the following provisions:

(a) After the commencement of an action to review its order a copy of such testimony will be furnished to plaintiff or his attorney upon payment of the sum of 40 cents per folio and 10 cents per folio for each additional copy thereof and all other parties will be furnished copies upon payment of 10 cents per folio.

(b) In other cases transcript may be provided under such conditions and terms as are mutually agreed upon.

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(c) Upon proper showing of financial inability to pay for copies of such testimony or proceedings, the department in its discretion will furnish copies of the same on such terms as may be agreed upon.

History: 1-2-56; am. (1) (a) and (b), Register, October, 1965, No. 118, eff. 11-1-65; am. Register, November, 1970, No. 179, eff. 12-1-70; am. (1) (a), Register, April, 1971, No. 184, eff. 5-1-71.

Ind 80.16 Exemptions from insurance; automatic. The state and all of its political subdivisions and all state and national banks are exempt from insurance of their liability under the compensation act, without further order of this commission, if such liability is not insured in some company authorized to insure such liability. Partial insurance or divided insurance of the risk of the state and any of its political subdivisions may also be carried without further order of this commission, including agreements entered into for the joint operation of a fire or police department of other unit engaged in rescue or in the enforcement of peace or in the pursuit and capture of those charged with crime, whether composed wholly or partly of volunteers, provided the arrangement for such partial or divided insurance coverage will not result in confusion as between the separately insured and exempted portions of the employer's liability. In the event that dispute arises as to the responsibility for payment, the employer assumes full responsibility to immediately make all payments of compensation and medical expenses as may be required in any given injury case pending a final determination as to the liability.

History: 1-2-56; r. and recr. Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.17 Excess insurance. An employer who has been granted exemption from insuring his risk under the workmen's compensation act may carry excess insurance in accordance with rules of the insurance commissioner without further order of this department, and such excess insurance shall not be deemed full coverage.

History: 1-2-56; am. Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.18 Procedure in state cases. (1) The following reports and statements are required in claims for compensation or medical aid by an employe of the state.

(a) In all cases where disability extends beyond the three-day waiting period or permanent disability results, the first report of injury on form WC-12 is to be submitted to the department by the employing department.

(b) In all cases in which any disability results or medical expense is involved, a statement by the employe on form to be supplied by the department that he was injured in the course of his employment, reciting time and place of injury, the reasons for its occurrence, the nature of injury and stating all expenditures incurred for medical, surgical, hospital treatment, and medicines, to the time of the claim; whether claim is made for disability; if so, what period of temporary disability and what permanent disability is claimed, and what salary has been paid by the state during the period of disability. If bills have been paid by the injured, receipts are to be attached.

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(c) A report from the attending physician showing the nature of injury and the extent of disability. This may be made on form supplied by the department.

(d) Bill from physician and/or hospital itemizing services rendered and charges made. This need not be verified.

(e) A statement from the employing department stating whether injury occurred in the course of employment, and whether treatment is believed necessary as claimed. This will be made in conjunction with employe's statement and on the same form. If the department is unable to make statement, the reason is to be stated.

(f) A state employe who sustains an accidental injury may select his own physician; and if the case is compensable, the department will order reimbursement for reasonable medical, surgical, and hospital care, including charges for necessary medical examinations and reports. The employing department has no authority to incur any liability for medical or surgical treatment or hospital care. The employing department is not a party to a claim for compensation; the state of Wisconsin is considered the employer, and the attorney general represents the state in such cases.

(2) If the statements supplied and inquiry or investigation by the department and/or attorney general leave doubt as to legitimacy of the claim, hearing will be scheduled.

(3) The attorney general will appear for the state if hearing is set.

(4) Where payment of medical expense is authorized by the employing department under the provisions of s. 102.42(8), Stats. up to a gross of \$500 plus compensation for not to exceed 3 weeks for temporary disability for each injury, form AD-PE-S2 is to be sent to the department enumerating thereon the amounts of the expenses being authorized for payment and a voucher is to be sent to the bureau of finance with itemized statement of expenses incurred thereto.

History: 1-2-56; am. (1) (a) and (f) and cr. (5), Register, October, 1965, No. 118, eff. 11-1-65; r. (4), Register, November, 1970, No. 179, eff. 12-1-70; am. Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.19 Procedure on review by commission. (1) The following shall govern proceedings on petition for review by the commissioners from an order of an examiner.

(a) The party appealing shall file his petition with the department, setting forth separately the particular finding or findings as to which it is claimed error has been made.

(b) If the commission affirms or modifies the original decision, or directs the taking of further testimony, notice to that effect will be served upon all parties in interest.

(c) If the commission sets aside the original decision, it shall forthwith notify the opposing party, who shall have 10 days from date of notice in which to make answer. Time for answering may be extended upon order of the department. The answer shall meet separately each contention of the petitioner by a concise statement of the opposing party in support of his contention.

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(d) Brief may be filed by either party with its petition or answer, but not thereafter unless permitted by the commission. Oral argument shall not be permitted except upon request of the commission. Transcript of testimony shall not be furnished except upon order of the commission.

History: 1-2-56; am. Register, November, 1970, No. 179, eff. 12-1-70; am. Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.20 License to appear. (1) The following rules shall govern the issuance, suspension, or revocation of licenses to appear before the department in compensation matters under the provisions of s. 102.17 (1) (am), Stats.

(a) Permission to appear at a single hearing may be issued by the department through any examiner upon application evidencing qualifications provided by statute and the department's rules. Such permission may be given to appear in 3 cases before the issuing of license. When appearance has been made in 3 cases, license shall be required, which shall be issued only upon execution and filing with the department of application upon form prescribed by the department.

(b) Before license shall be issued applicant shall have appeared in representation of a party before the department on at least 3 formal hearings.

(c) The following conditions shall operate as grounds for refusal, suspension, or revocation of license.

1. Charging of excessive or unconscionable fees, misrepresentation of clients, dishonesty, fraud, sharp practice, neglect of duty, or other improper conduct in the representation of a party before the department, unless satisfactorily explained or excused by the department on the grounds of subsequent good conduct.

2. Disbarment from the practice of law, or resignation by request of properly constituted authorities, unless there has been subsequent reinstatement and continuance in good standing.

3. Contumacious conduct in hearing, gross discourtesy toward department representatives, or failure to conform to rulings or instructions of the department of its representatives.

4. Intentional or repeated failure to observe provisions of the compensation act or rules of procedure adopted by the department.

5. Any other gross evidence of lack of good moral character, fitness or act of fraud, or serious misconduct.

History: 1-2-56; am. Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.21 Physician's reports. Upon the request of the department, any party in interest to a claim under the workmen's compensation act shall furnish the department with copies of all physicians' reports in their possession or procurable by them. When deemed advisable by the department, copies of such reports may be furnished to the other parties in interest.

History: 1-2-56; am. Register, April, 1975, No. 232, eff. 5-1-75.

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Ind 80.22 Use of physicians' reports as evidence. See s. 102.17 (1) (as), Stats.

(1) Matters stated in such report which would not be competent or material evidence if given as oral testimony shall not be competent or material as prima facie evidence if objection is made, except as corroborated by competent and material oral testimony.

(2) Use of reports shall be permitted in any case in which claim for compensation is made, provided the reporting doctor is available for cross examination.

(3) An applicant shall be informed of the provisions of s. 102.17 (1) (as), Stats., and the department's rules and also that form for reporting will be supplied to him upon request.

(4) Report shall be submitted to the department upon a form prescribed by the department and shall be verified or certified. The department may require additional or supplementary reports. Upon failure of the applicant to submit such reports within the time specified prior to hearing, all reports previously filed may, in the discretion of the department, be excluded as evidence.

(5) Reports shall be filed with the application for adjustment of claim or as soon thereafter as possible. Reports not filed with the department 15 days prior to the date of hearing shall not be acceptable as evidence except upon good cause for failure so to file, established to the satisfaction of the department.

(6) Upon receipt of report the department shall promptly serve copy upon the employer or carrier.

History: 1-2-56; am. (intro. par.), (2) and (4), Register, October, 1965, No. 118, eff. 11-1-65; am. Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.23 Common insurance of employer and third party. In all cases where compensation becomes payable and the insurance carrier of an employer and of a third party shall be the same, or if there is common control of the insurer of each, the insurance carrier of the employer shall promptly notify the parties in interest and the department of that fact.

History: 1-2-56; am. Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.24 Statement of employe. When an employe gives a statement signed by him, which in any way concerns his claim, a copy of such statement must be given to the employe. When such statement is taken by a recording device and is not immediately reduced to writing, a copy of the entire statement must be given to the employe or to his attorney within a reasonable time after application for hearing is filed, and the actual recording must be available as an exhibit if formal hearing is held. Failure on the part of the employer or insurance carrier to comply with the above will preclude the use of such statement in any manner in connection with that claim.

History: Cr. Register, March, 1956, No. 3, eff. 4-1-56; am. Register, October, 1965, No. 118, eff. 11-1-65.

Ind 80.25 Loss of hearing; determined. The report of the medical committee which has revised and updated the report of 1954 is adopted. Such report is as follows:

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(1) **HARMFUL NOISE.** Hearing loss resulting from hazardous noise exposure depends upon several factors, namely, the overall intensity (sound pressure level), the daily exposure, the frequency characteristic of the noise spectrum and the total lifetime exposure. Noise exposure level of 90 decibels or more as measured on the A scale of a sound level meter for 8 hours a day is considered to be harmful.

(2) **MEASUREMENT OF NOISE.** Noise shall be measured with a sound level meter which meets ANSI standard S1.4-1971 and shall be measured on the "A" weighted network for "slow response." Noise levels reaching maxima at intervals of one second or less shall be classified as being continuous. The measurement of noise is primarily the function of acoustical engineers and properly trained personnel. Noise should be scientifically measured by properly trained individuals using approved calibrated instruments which at the present time include sound level meters, octave band analyzers and oscilloscopes, the latter particularly for impact-type noises. See Wisconsin Administrative Code sections Ind 11.03-11.06, inclusive. Register, July 1971, No. 187.

(3) **MEASURE OF HEARING ACUITY.** The use of pure tone air conduction audiometry performed under proper testing conditions is recommended for establishing the hearing acuity of workers. The audiometer should be one which meets the specifications of ANSI standard 53.6-1969 (4). The audiometer should be periodically calibrated. Preemployment records should include a satisfactory personal and occupational history as they may pertain to hearing status. Otological examination should be made where indicated. See Wisconsin Administrative Code section Ind 11.10. Register, August 1972, No. 200; Ind 11.11. Register, July 1971, No. 187; and Ind 11.12. Register, August 1972, No. 200.

(4) **FORMULA FOR MEASURING HEARING IMPAIRMENT.** For the purpose of determining the hearing impairment, pure tone air conduction audiometry is used, measuring all frequencies between 500 and 6,000 Hz. This formula uses the average of the 3 speech frequencies of 1,000, 2,000, and 3,000 Hz. Audiometric measurement for these three frequencies averaging 35 decibels or less on the ANSI calibration does not constitute any practical hearing impairment. A table for evaluating hearing impairment based upon the average readings of these 3 frequencies follows below. No deduction is made for presbycusis.

(5) **DIAGNOSIS AND EVALUATION.** The diagnosis of occupational hearing loss is based upon the occupational and medical history, the results of the otological and audiometric examinations and their evaluation.

(6) **TREATMENT.** There is no known medical or surgical treatment for improving or restoring hearing loss due to hazardous noise exposure.

(7) **ALLOWANCE FOR TINNITUS.** In addition to the above impairment, if tinnitus has permanently resulted due to work exposure, an allowance of 5% loss of hearing impairment for the affected ear or ears shall be computed.

C. Binocular Vision:

Diplopia in 3 rectangles (3/20) is 96.3% motor field efficiency.

D. Industrial Visual Efficiency of the one eye is:

$$77.7\% \times 83.3 \times 96.3\% \text{ or } 62.3\%$$

E. Impairment of the one eye for industrial use is:

$$100.0\% - 62.3\% = 37.7\%$$

F. Compensation payable is (under major schedule since amendments of 1931):

Total impairment of one eye (age 50 or less) 250 weeks. 250 weeks x 37.7% = 94.25 weeks
(Reduce the number of weeks by 2½% for each year that the age at time of injury exceeds 50.)

Note II—Example of computation covering partial disability to both eyes

1. Left Eye is 62.3% efficient, see Example I.

2. Right Eye:

A. Central Visual Acuity:

Distance—Reading of 20/30 with correction equals visual efficiency of..... 91.5%

Reading of 20/35 without glasses equals visual efficiency of 87.5%

Difference..... 4.0%

Rated efficiency is the vision without correction (because correction gives improvement of less than the 5% minimum allowance for glasses, and is not necessary to prevent eye strain, etc.) 87.5%.

Near— Reading of 14/14 with glasses equals visual efficiency of..... 100.0%

Reading of 14/21 without glasses equals visual efficiency of 91.5%

Difference..... 8.5%

Rated efficiency is 100.0% minus 5% (because 5% is the minimum allowance for glasses) or 95.0%

Final Central Visual Acuity Efficiency is:

$$87.5\% \times 95\% = 277.5 \div 3 = 92.5\%$$

B. Field vision is 100%

C. Binocular vision is 100%

D. Industrial visual efficiency of the right eye is:

$$92.5\% \times 100\% \times 100\% \text{ or } 92.5\%$$

E. Impairment of right eye for industrial use is:

$$100.0\% - 92.5\% = 7.5\%$$

3. Compensation payable is (under major schedule since amendments of 1931, and at age 50 or less):

Left eye (Example I): 94.25 weeks

Right eye: 250 weeks x 7.5% = 18.75

Total 150.5 weeks

(Reduce the number of weeks by 2½% for each year that the age at time of injury exceeded 50.)

Note III—Example of compensation covering enucleation of one eye and partial disability of the other eye

1. Left eye is 35.28% impaired (77.7% x 83.3% = 64.72%; 100%—64.72% = 35.28%, as allowance for binocular vision is inapplicable when the other eye is enucleated or blind), which results, at age 50 or less, in indemnity payable for 88.2 weeks

2. Right eye is enucleated, which, at said ages, results in indemnity payable for 275 weeks

3. Total payable: 88.2 weeks x 3 (multiple injury) =

$$264.6 + 275 = 539.6 \text{ weeks}$$

(Subject to deduction of 2½% for each year over age of 50)

The number of weeks indemnity indicated as payable for impairment of vision or for enucleation is in addition to indemnity for temporary disability. All results are subject to the limitation that the total amount of indemnity payable, including that for temporary disability, shall not exceed the indemnity which would be payable for permanent total disability. The statutory and legal rules applicable to the determination of additional compensation payable out of the

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Ind 80.27 Forms. (1) The following are listed in accordance with s. 227.013, Stats. Each form is issued by the workmen's compensation division and may be obtained in limited quantity from the Department of Industry, Labor and Human Relations, P.O. Box 2215, Madison.

- (a) WC-7 Application for Adjustment of Claim.
- (b) WC-7b Application for Review of Compromise.
- (c) WC-12 Employer's First Report of Injury or Disease.
- (d) WC-13 Supplementary Report on Accident or Industrial Disease.
- (e) WC-13a Supplementary Wage Information.
- (f) WC-16 Physician's report of Accident or Industrial Disease.
- (g) WC16a Physician's Report on Eye Injuries.
- (h) WC-16b Physician's Certified report on Accident or Industrial Disease pursuant to section 102.17 (1) (as).
- (i) WC-28 Petition for Review of Findings and Order of Examiner.

History: Cr. Register, October, 1957, No. 22, eff. 11-1-57; am. (1), Register, October, 1965, No. 118, eff. 12-1-65; am. Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.29 Value of room or meals. For the purpose of determining the value of lodging and meals for wage purposes under ch. 102, Stats., the allowance provided under ch. Ind 72, Wis. Adm. Code, shall apply.

History: Cr. Register, October, 1960, No. 58, eff. 11-1-60; am. (1) (a) and (b), Register, October, 1963, No. 94, eff. 11-1-63; r. and recr. Register, January, 1967, No. 133, eff. 2-1-67; am. Register, November, 1970, No. 179, eff. 12-1-70; r. and recr. Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.30 Average weekly earnings for members of volunteer fire companies or fire departments. The maximum average weekly earnings under the provisions of s. 102.11, Stats., which are in effect on the date of injury shall be used in computing the amount of compensation payable to an employe as defined by s. 102.07 (7), Stats., except as specific showing may be made in an individual case that such wage is not proper.

History: Cr. Register, June, 1961, No. 66, eff. 7-1-61.

Ind 80.31 Procedure and claims under ch. 66, Stats. The department shall observe the same rules and procedures and may use the same forms in processing and determining claims made under ch. 66, Stats. as are used under ch. 102, Stats.

History: Cr. Register, October, 1965, No. 118, eff. 11-1-65; am. Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.32 Permanent disabilities. Percentages of loss of use for losses of motion as compared with amputations at the involved joints.

(1) The evaluation of permanent disability is at best difficult. The final evaluation is a composite of elements which can be objectively measured and other that cannot. Believing that a guideline for minimum disabilities associated with certain loss of motion or common medical conditions would assist, the commission sought the advice of an orthopedic advisory committee. On its recommendation the department

adopts the schedule of minimum disabilities set out below. In adopting this schedule the department emphasizes that findings of additional disabling elements would result in an estimate higher than the minimum. An example would be where in addition to a described loss of motion, pain and circulatory disturbance further limited the use of an arm or a leg. The removal of a semi lunar cartilage in a knee with less than a good result would call for an estimate higher than 5% loss of use of the leg at the knee. The same principle would apply to laminectomies or spinal fusions. The minimum also assumes that the member, the back, etc., was previously without disability. Appropriate reduction should be made for any pre-existing disability.

(2) *Amputations, upper or lower extremities*

At functional level	Equivalent to amputation at midpoint
Stump unsuitable to accommodate prosthesis	Equivalent to amputation at next most proximal joint
Stump not functional	Grade upward

All ranges of joint motion or degrees of ankylosis not listed below are to be interpolated from existing percent of disability listed.

(3) *Hip*

Ankylosis, optimum position, generally 15° to 30° flexion	50%
Mal position	Grade upward
To compute disabilities for loss of motion relate % of motion lost to average range	
Shortening of leg (no posterior or lateral angulation)	
No disability for shortening less than 3/4 inch	
3/4 inch	5%
1 inch	7%
1-1/2 inches	14%
2 inches	22%

Greater than 2 inches of shortening results in greater proportionate rating than above

Prosthesis Minimum of 50%

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(4) *Knee*

Ankylosis, optimum position, 170°	40%
Remaining range, 180° - 135°	25%
Remaining range, 180° - 90°	10%
Prosthesis	40%
Removal of patella	To be based on functional impairment
Semi lunar cartilage removal Excellent to good result	5%

(5) *Ankle*

Total ankylosis, optimum position	40%
Ankylosis ankle joint	30%
Subtalar ankylosis	15%

(6) *Toes*

Ankylosis great toe at proximal joint	50%
All other toes at proximal	40%
Ankylosis great toe at distal joint	15%
All other toes at any interphalangeal joint	If no deformity, no disability
Mal position	On merits
Loss of motion	No disability

(7) *Shoulder*

Ankylosis, optimum position, scapula free	55%
In mal position	Grade upward
Limitation of active elevation in flexion and abduction to 45° but otherwise normal	30%
Limitation of active elevation in flexion and abduction to 90° but otherwise normal	20%

Limitation of active elevation in flexion and abduction to 135° but otherwise normal 5%

(8) *Elbow*

Ankylosis, optimum position, 45° angle

With radio-ulnar motion destroyed	60%
With radio-ulnar motion intact	45%
Rotational ankylosis in neutral position	20%
Any mal position	Grade upward
Limitation of motion elbow joint, radio-ulnar motion unaffected	
Remaining range—180°-135°	35%
Remaining range—135°-90°	20%
Remaining range—180°-90°	10%
Rotation at elbow joint	
Neutral to full pronation	10%
Neutral to full supination	15%

(9) *Wrist*

Ankylosis, optimum position 30° dorsiflexion	30%
Mal position	Grade upward

(10) *Complete Sensory Loss*

Any digit	50% lesser involvement to be graded appropriately - 35% for palmar, 15% for dorsal surface
Total median sensory loss to hand	65-75%
Total ulnar sensory loss to hand	25%
Ulnar nerve paralysis	
Above elbow, sensory involvement	50% at wrist
Below elbow, motor and sensory involvement	45-50% at wrist

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Below elbow, motor involvement only 35-45% at wrist

Below elbow, sensory involvement only 5-10% at wrist

Median nerve paralysis

Above elbow, motor and sensory involvement 55-65% at wrist

Thenar paralysis with sensory loss 40-50% at wrist

Radial nerve paralysis

Complete loss of extension, elbow wrist and fingers 45-55% at shoulder

Complete loss of extension, wrist and fingers 45-55% at wrist

Pareneal nerve paralysis

At level below knee 25-30% at knee

(11) *Back*

Laminectomy, no undue symptomatic complaints or any objective findings 5%

Spinal fusion L5-S1, good results 10%

Spinal fusion L4-S1, good results 10%

Cervical fusion, successful 5%

Compression fractures of vertebrae of such degree to cause permanent disability may be rated 5% and graded upward

(12) *Fingers*

(a) Complete ankylosis

Thumb	Mid-position	Complete Extension
Distal joint only	25%	35%
Proximal joint only	15%	20%
Distal and proximal joints	35%	65%
Distal, proximal and carpometacarpal joints	85%	100%

Fingers

Distal joint only	25%	35%
Middle joint only	75%	85%
Proximal joint only	40%	50%
Distal and middle joints	85%	100%
Distal, middle and proximal... joints	100%	100%

(b) Loss of Motion

Fingers	Loss of Flexion	Loss of Use	Loss of Extension	Loss of Use
Distal joint only	10% -	1%	10% -	2%
	20% -	2%	20% -	4%
	30% -	3%	30% -	6%
	40% -	5%	40% -	8%
	50% -	10%	50% -	15%
	60% -	15%	60% -	20%
	70% -	20%	70% -	30%
	80% -	25%	80% -	40%
		100% -	60%	
Middle joint only	10% -	5%	10% -	2½%
	20% -	10%	20% -	5%
	30% -	15%	30% -	10%
	40% -	25%	40% -	15%
	50% -	40%	50% -	30%
	60% -	50%	60% -	50%
	70% -	60%	70% -	70%
	80% -	70%	80% -	90%
		100% -	100%	
Proximal joint only	10% -	5%	10% -	2½%
	20% -	10%	20% -	5%
	30% -	15%	30% -	15%
	40% -	20%	40% -	20%
	50% -	25%	50% -	25%
	60% -	30%	60% -	40%
	70% -	35%	70% -	75%
	80% -	40%	80% -	85%
		90% -	100%	

History: Cr. Register, October, 1965, No. 118, eff. 11-1-65; r. and recr. Register, April, 1975, No. 232, eff. 5-1-75.

Ind 80.33 Permanent disabilities; fingertip amputations. In estimating permanent disability as a result of fingertip amputations, amputation of the distal one-third or less shall be considered the equivalent of 45% loss of use of the distal phalanx, amputation of not more than the distal two-thirds but more than the distal one-third shall be considered the equivalent of 80% loss of use of the distal phalanx, and amputation of more than the distal two-thirds shall be considered as 100% loss of the distal phalanx, provided there is not added disability as a result of

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malformed nail or tissue. In no case shall the allowance be greater than it would have been for amputation of the entire distal phalanx.

History: Cr. Register, October, 1965, No. 118, eff. 11-1-65; am. Register, November, 1970, No. 179, eff. 12-1-70.

Ind 80.50 Notice of cancellation or temination. Notice of cancellation or termination of a policy under s. 102.31 (1) (a), Stats. shall be given by certified mail or personal service to the Wisconsin compensation rating bureau, as defined in s. 626.02 (2), Stats., rather than to the department. Whenever the Wisconsin compensation rating bureau receives notice of cancellation or termination pursuant to this section, it shall immediately notify the department of the notice of cancellation or termination.

History: Cr. Register, August, 1981, No. 308, eff. 9-1-81.