Washington State Department of Labor & Industries

Claim Closures and Permanent Partial Disability

Self-Insurance Claims Adjudication Guidelines

Claim Closure – Self-Insured Employers' Authority

RCW 51.32.055, WAC 296-15-450

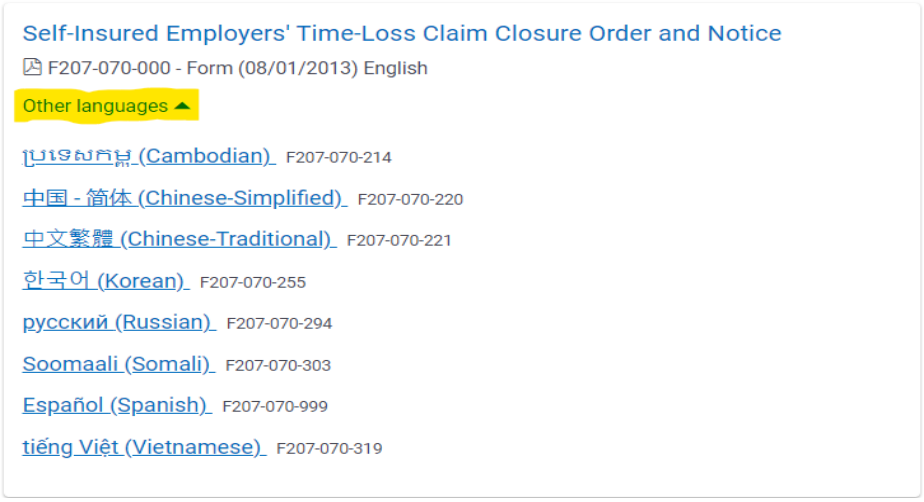
Self-insured employers have the authority to close claims filed on or after August 1, 1997 if:

- The worker returned to work for the same employer at comparable wages and benefits (at least 95% of wages and benefits received at the time of injury),
- No department order has been issued resolving a dispute (a reopening order, or interlocutory order are **not** considered a dispute), and
- If an Independent Medical Exam (IME) was obtained for closing medical, it was sent to the attending provider for concurrence and 14 days was allowed for a response.

The self-insurer must send a closing order to the worker and attending provider. The closing orders must be substantially similar to the forms outlined in WAC 296-15-450(5):

- For medical only claims, use a form substantially similar to L&I form F207-020-000.
- For time-loss and Loss of Earning Power (LEP) claims, use a form substantially similar to L&I form F207-070-000.
- For medical only claims with Permanent Partial Disability (PPD), use a form substantially similar to L&I form F207-165-000.
- For time-loss, or loss of earning power (LEP), claims with PPD, use a form substantially similar to L&I form F207-164-000.

Self-insurer's closure orders become final and binding 60 days after they are communicated if there is no protest to the order. To ensure that closing orders are communicated, self-insured employers need to send closing orders in the worker's preferred language. You can access closing order templates on the department's "Forms and Publications" page. Translated copies of the closing orders are available in the most common 8 languages. Searching for "closure" on this page will return closing order templates in English. To access the translated orders, click on the "Other Languages" link below the form number, then select the worker's preferred language.



For all claims where time-loss/LEP benefits and/or a permanent partial disability award are paid, an allowance order is required, prior to claim closure.

When requests have been submitted for a department order (interlocutory, allowance, etc.) the self-insurer should not close the claim until the department requested order has been received. This prevents an allowance order from being issued after a self-insured closure order the department was not aware of.

A self-insured employer cannot correct an order once it has been issued. If an error is discovered on an order (e.g., time-loss paid through date; PPD award amount or description; side of body incorrect on PPD order; etc.) before it becomes final and binding, the self-insurer must request cancelation of the order by the department. Closure must then be requested from the department on a completed Claim Closure form (F207-216-000) with a copy of the file.

Medical Only Claims

Medical only claim closures must be reported to the department by the end of the month following closure. The self-insured employer must send the SIF-2 with the date of closure.

Time-Loss Claims

When closing a time-loss claim, the self-insured employer must submit the following to the department (WAC 296-15-450(6)) at the time of closure:

- An SIF-2 if not previously submitted.
- A completed Claim Closure form showing all requirements for closure have been met, any time-loss or LEP benefits paid, period of payment, and the total amount of all compensation paid on the claim.

- A copy of the closing order.

Claims with PPD Awards

When closing a claim with a PPD award, the self-insured employer must submit the following to the department (WAC 296-15-450(6)) at the time of closure:

- An SIF-2 if not previously submitted.
- A completed Claim Closure form showing all requirements for closure have been met, any time-loss or LEP benefits paid, period of payment, and the total amount of all compensation paid on the claim.
- A copy of the PPD closing order.
- A copy of the PPD payment schedule, substantially similar to L&I form F207-162-000, if the award is being paid by scheduled payments.
    - The first payment (down payment) of the PPD award must be paid within 5 working days of the closure order. Continuing payments must be paid according to the established payment schedule.
    - A copy of the PPD payment schedule must be sent to the worker, notifying them when to expect payments on the remaining value of their PPD award.

Self-insured employers cannot issue PPD closing orders that include a segregation of a pre-existing PPD, reduction of a previously paid PPD, or an overpayment. **These orders must be requested from the department.**
Closing orders with PPD awards must use the language as worded on the award schedule or WAC and indicate side of body if applicable.

Examples:

- 2% impairment of the right leg at ankle (syme)
- 12% of the right ring finger at proximal interphalangeal joint
- Category 2 (WAC 296-20-280) permanent dorso-lumbar and/or lumbosacral impairments
- Category 3 (WAC 296-20-260) permanent dorsal area impairments

If the rating is for the full extremity and the injured body part is at a lower level, add “This award is for permanent impairment to the (body part)” language on the closing order.

Claim Closure – Requests to the Department

WAC 296-15-450(7)(8)(9)

When requesting closure from the department, the self-insurer must submit:

- A complete and accurate Claim Closure form (F207-216-000).
- A transaction record of all time-loss and loss of earning power payments made.
- The complete claim file, excluding bills; all records not previously submitted.
- A complete Claim Allowance Request form if an allowance order has not been issued on a claim, which has had disability benefits paid.

When the appropriate information is not submitted, it will delay closure of the claim.

Questions to Address

Before requesting closure from the department, the following questions should be addressed:

- Medical issues:
    - Were all contended medical conditions addressed?
    - Were all accepted conditions addressed in the closing medical exam?
    - Is there any permanent impairment related to this injury or occupational disease?
    - If an IME was obtained for closure, was the AP asked for concurrence?
    - Has PPD previously been paid, on this claim or another?
- Time-loss/loss of earning power compensation:
    - Have all time-loss/LEP benefits been correctly computed and paid?
    - Have the first three days after the injury been paid?
    - Were health care benefits included or excluded based on the employer's contribution?
    - Were all applicable July 1 cost of living adjustments paid?
    - Have all LEP calculation worksheets been completed, if applicable?

- Vocational issues:
    - Is the worker working or able to work?
    - Have any disputes been resolved?

Department Closures with PPD Awards

When the department closes a claim with a PPD award, the self-insurer must:

- Create a PPD payment schedule, substantially similar to L&I form F207-162-000, if the amount of the award is more than three times the state's average monthly wage at the date of injury. Send a copy to the worker and department at the time of the down payment.
- Make payment of the award, or the first scheduled payment, without delay. Payments issued within 14 days of the department's order will be considered to be timely.
- Continue payments according to the established payment schedule.

Self-Insurer Communication of Department Closing Orders

RCW 51.52.050(1)

When the department has issued an order closing a claim, the self-insurer may communicate the order to any party impacted by the order. This may be indicated if the party had not otherwise received the order (for example, if the worker's copy had been sent to the incorrect address). Service of the order by the self-insurer is considered "communication" for the purposes of filing a protest or appeal under RCW 51.52.060.

> **Note:** If the order had previously been communicated by the department, this communication from the self-insurer does not extend the 60-day timeframe for a party to file a protest or appeal.

If the self-insurer chooses to communicate a department closing, the order must be communicated using a separate, secure, and verifiable non-electronic means of delivery. It must contain the same information, including protest and appeal rights, as the original department order. The self-insurer's notice should include the following language:

> "Enclosed, please find a copy of the department order previously mailed to you that closed this claim. If you disagree with this decision, you must protest or appeal within 60 days of when you first received the order."

Permanent Partial Disability Definition

Permanent partial disability (PPD) is defined by RCW 51.08.150 as "loss of either one foot, one leg, one hand, one arm, one eye, one or more fingers, one or more toes, any dislocation where ligaments were severed where repair is not complete, or any other injury known in surgery to be permanent partial disability".

The courts have further defined PPD to include the following:

- A condition arising from the injury that is fixed, lasting and stable.
    - If further improvement is possible with medical treatment, it is not a permanent impairment.
    - A condition can be fixed and still require palliative treatment.
- Any impairment of physical or mental function which detracts from the worker's physical or mental efficiency and thus hinders the worker in the ordinary pursuits of life.

Loss of Bodily Function

WAC 296-20-19000

PPD is based on loss of bodily function. The dollar amounts for PPD awards are set by legislature. The worker may dispute the rating itself, but not the dollar value of the rating. The amount of the PPD award is based on the schedule of benefits in effect **on the date of injury**.

Loss of wages and other economic considerations are not taken into account in individual claims. The legislature is presumed to have taken into account the general effect of specific types of injuries on wage loss when determining the PPD award schedule.

Theory of Reserve Power

RCW 51.32.080(3), WAC 296-20-220

PPD can be considered for a loss of function without disability. A worker is entitled to a PPD award for the loss of a body part even if a remaining body part can fully cover the functional loss (e.g., loss of an organ not causing disability) (*Kostida v. Dept of L&I*). This case denied the theory of a reserve power. In the case of body areas or systems which are category ratings or unspecified disabilities, with the exception of loss of hearing or vision, these PPD awards are rated based on a percentage of total bodily impairment (TBI).

Tooth Loss

PPD is paid to a worker who loses one or more teeth as a result of an industrial injury. The PPD is awarded only for original teeth, whether or not the tooth is replaced by a bridge or denture. PPD is awarded at one-half percent TBI for each tooth lost.

PPD Ratings

The rating of PPD is based on medical opinion in accordance with department rules (WACs), such as the category system or other nationally recognized rating systems, such as the American Medical Association (AMA) guidelines.

PPD includes both objective findings and subjective symptoms caused by the injury, either directly or by aggravation. The condition(s) must be causally related to the injury on a more probable than not basis.

The rating does not need to include the exact terminology as written in the statute or WACs, provided it can be reasonably interpreted.

Pain and PPD Awards

WAC 296-20-19030

The AMA *Guides to the Evaluation of Permanent Impairment* and the category system both incorporate subjective complaints. Subjective complaints, such as pain, cannot be objectively validated or measured. When rating PPD, reliance is primarily placed on objective findings.

Who Can Rate

RCW 51.32.112, WAC 296-20-2010

Qualified attending providers or independent medical examiners may rate a worker's impairment. The rating should not be done until treatment is completed and the condition is medically stable.

Provider Type Currently Licensed In:	**Able to rate?**
Medicine and surgery	Yes
Osteopathic medicine and surgery	Yes
Podiatric medicine and surgery	Yes
Dentistry	Yes
Chiropractic	Yes, if department-approved consultant or IME examiner
Naturopathy	No
Optometry	No
Physician's Assistant (PA)	No
Advanced Registered Nurse Practitioners (ARNP), Including Psychiatric ARNPs	No

If the rating is done by an independent medical examiner, the report must be sent to the attending provider for review. The attending provider's opinion may, depending on the medical evidence presented, be given more weight by the Board of Industrial Insurance Appeals and Courts than one or more independent examiners. The attending provider:

- Is presumed to be more familiar with the overall course of the injury, able to average out good days and bad days.
- Has to have been treating the worker for some period of time before their opinion carries greater weight.
- May not carry greater weight if they are not a specialist in the area of medicine involved or qualified to do rating examinations.

Rating Reports

WAC 296-20-2010, WAC 296-23-377

An impairment rating report must contain the following:

- A statement that the worker has reached maximum medical improvement and that no further curative treatment is recommended.
- Pertinent details of the physical examination performed (both positive and negative findings).
- Pertinent results of any diagnostic test performed (both positive and negative findings). Include copies of any pertinent tests or studies ordered as part of the exam.
- A rating consistent with the findings and a statement of the system on which the rating was based (e.g., AMA Guides, 5th edition; category rating system).
- Rationale for the rating supported by objective findings. For ratings using the AMA Guides, the rational must state the tables, figures and page numbers on which the rating was based.

Types of PPD Ratings

There are two types of permanent partial disabilities.

Specified PPD

RCW 51.32.080

Specified disabilities are listed in RCW 51.32.080(1)(a). They are limited to amputation or loss of function of extremities, loss of hearing or loss of vision. Impairment for the loss of function of

extremities, as well as partial loss of hearing or vision, is rated using a nationally recognized impairment rating guide (AMA *Guides to the Evaluation of Permanent Impairment*) unless otherwise precluded by department rule. When a specified disability is not a complete amputation or total loss of vision or hearing, the disability is rated as a percentage of impaired function as compared to an amputation or total loss of function of the ear, eye, or limb at the appropriate level (joint). PPD Award Schedules can be found online.

Loss of vision is rated as a percentage of visual acuity without correction. 20/200 or greater is considered to be 100 percent loss of visual acuity.

Pay at the Level Rated

PPD awards must be paid at the level rated by the provider. The department prefers the rating examiner provide the PPD rating closest to the injured body part. However, it is not uncommon for some providers to rate for an entire extremity. For example:

- An injured worker has an ankle injury and the doctor provides a rating of 5% at the ankle (syme). The PPD would be paid at that level.

- An injured worker has a right knee injury and the doctor provides a rating of 2% of the right lower extremity. The PPD would be paid at the leg above the knee joint with short thigh stump.

The AMA Guides 5th edition is currently in use. The current AMA guidelines do not provide a rating table for the knee or the elbow level. Therefore, the knee and elbow must be rated at the full extremity level.

> **Example:** If the examiner provided a rating of 2% of the leg at or above knee joint with functional stump, clarification from provider would be needed.

If the examiner provides a non-specific rating, obtain clarification or use the rating at the highest point. Don't make assumptions on the rating. If a worker has a laceration on the tip of the index finger and the rating is 5% of the index finger, the PPD would be paid for the entire finger (index finger at metacarpophalangeal joint or with resection of metacarpal bone).

Finger amputation(s) at the joint are rated and paid using RCW 51.32.080(1)(a). Multiple finger amputations at the joint are paid individually for each finger. Finger amputation(s) at the joint with impairment at a level higher to the amputation level are rated in accordance with department Policy 14.30. Refer to the Remaining Amputation Value section of this chapter. Additionally, finger amputation(s) at the tips or between joints are rated and paid at the finger level (metacarpophalangeal joint).

Finger impairment(s) without amputation are rated using RCW 51.32.080(2). Consideration should be given to pre-existing impairment to the same extremity. Refer to the Pre-Existing Conditions section of this chapter.

Note: A worker is entitled to no more than 100% amputation value for an extremity for the life of the worker.

Unspecified PPD

RCW 51.32.080

Unspecified disabilities include, but are not limited to, internal injuries, back injuries, mental health conditions, respiratory disorders, and other disorders affecting the internal organs. These ratings are currently rated in accordance with WAC 296-20-200 through WAC 296-20-690, using the category rating system. PPD Award Schedules (categories) can be found online.

Injuries on or after October 1, 1974

For injuries on or after October 1, 1974 the category rating system outlined in WACs 296-20-230 through 296-20-660 is used to rate unspecified disabilities.

- For conditions rated by the category system, a percentage rating is not acceptable.
- Categories describe levels of physical and mental impairments.
- The rating provider selects the category that most closely describes the worker's condition.
- The department assigns percentages to each category. These percentages represent a comparison of the disability to total bodily impairment (TBI).
- The legislature assigns maximum monetary value to unspecified disability as compared to TBI.

The department has the authority to assign percentages to the different categories (WAC 296-20-670). This is an administrative function and is not subject to appeal. The worker may appeal the category that is awarded but not the percentage assigned to that category.

Injuries from July 1, 1971 through September 30, 1974

The category rating system cannot be applied to injuries prior to October 1, 1974. For injuries during the period July 1, 1971 through September 30, 1974, unspecified injuries are rated as a percentage of total bodily impairment (TBI).

- TBI is equivalent to loss of function of the whole person in the AMA rating system.
- With TBI, the examiner is comparing the effects of any injury with total physical disability and estimating a percentage.

PPD Award Limits

The maximum allowed for unspecified disabilities means the combined awards for unspecified disabilities paid on a claim cannot exceed the limit in effect for that claim. This limit does not apply to specified disabilities.

If injury results in the amputation or total paralysis of both legs, both arms, one leg and one arm, or total loss of vision, and the worker is able to work, the claim **should not** be closed with a PPD award. The worker is entitled to receive total permanent disability (pension) benefits without regard to ability to work. At the time the worker's condition becomes fixed, the claim should be referred to the department's pension adjudicator for consideration (RCW 51.08.160).

Payment of PPD Awards

Timely PPD Payments

WAC 296-15-450(6) and (9)

When a claim is closed with PPD, the award, or first payment, must be paid:

- Within five working days of claim closure by a self-insured employer, or
- Without delay if the department closed the claim.

Advances

The department has no jurisdiction over PPD advances prior to closure. Workers must direct any request for an advance to the self-insured employer.

Scheduled Payments

RCW 51.32.080

When a PPD award is more than three times the state's average monthly wage at the date of injury, a down payment of that amount is made. The PPD Down Payment Amounts can be found online. The balance of the award is paid in monthly installments equal to the worker's monthly time-loss compensation (at the time of closure).

Dates of Injury Prior to June 15, 2011

Interest must be paid on the unpaid balance of:

Injury Date	Interest per Annum
Prior to July 1, 1971	5%
July 1, 1971 through June 30, 1982	6%
July 1, 1982 through June 14, 2011	8%

Dates of Injury on or After June 15, 2011

RCW 51.32.080 eliminated the payment of interest on the unpaid balance.

For all dates of injury, a copy of the Schedule of Future Payments for the Balance of the PPD Award must be submitted to the worker and the department. For dates of injury on or after June 15, 2011, the interest column should be left blank.

Lump Sum Payments

PPD awards that are less than the down payment amount **must** be paid in a lump sum payment. Awards that are larger than the down payment amount must be paid out in monthly installments. If a worker wants to have a scheduled award paid out in a lump sum, a written request must be made to the department. Only the department can approve a lump sum payment (cash out) of these awards. Approval of the payment will not be made until the closing order is final.

Minor Worker

RCW 51.04.070

PPD payments to a minor worker (under age 18) must be made to the parent or legal guardian unless written authorization has been given by the parent or legal guardian to make payment to the minor worker.

Incarcerated Worker

RCW 51.32.040(3)

PPD award payments will not be paid to a worker who is confined in any institution under conviction and sentence. The worker will not be paid the PPD until they are released. However, the order awarding the PPD and closing the claim can be issued.

Exceptions:

- If the worker has any beneficiaries (RCW 51.08.020), the PPD award is paid to the beneficiaries while the worker is incarcerated.

- *Willoughby v. Dept. of L&I* established the right of prisoners incarcerated in state DOC prisons who have no beneficiaries and/or are unlikely to be released to receive PPD awards while they are still confined. PPD awards are sent to the workers in care of DOC (RCW 51.32.380). This exception does not apply to prisoners incarcerated by other states or by federal, county or city jails.

Once the worker is released any further payment due should be sent to the worker.

Deceased Worker

RCW 51.32.040(2)

If a worker dies from **a cause other than the injury** and would have been entitled to a PPD due to the effects of the injury, the PPD award is payable to the surviving spouse or children. If there is no surviving spouse or child, the award shall be paid consistent with the terms of the worker's will or, if they died without a will, consistent with the terms of RCW 11.04.015.

The courts have ruled that a worker's condition at the time of death would have been stable or fixed, so that it would be reasonable to assume the worker's condition would not have improved. A rating of the amount of PPD should have been made prior to the worker's death, or the attending provider should be able to provide a rating based on the medical records. The rating must be credible.

The spouse or dependents can make a request for the PPD to be paid to them within one year of the worker's death, regardless of any closing orders issued even if they are final and binding.

The spouse must be married to the worker at the time of death but did not have to be married to the worker on the date of injury.

Liens

RCW 51.32.040(1), RCW 74.20A.260

PPD awards are not affected by Office of Financial Recovery (OFR) liens resulting from receipt of public assistance benefits by a worker. However they are subject to Division of Child Support (DCS) liens (formerly called Office of Support Enforcement or OSE). The lien is submitted by the Department of Social and Health Services (DSHS) Order to Withhold and Deliver form which subjects up to 50 percent of the net proceeds of the PPD payment be paid to DCS. Prior to paying a PPD award on a claim with a DCS lien, telephone contact should be made with the DCS support officer who filed the lien to determine the current amount due DCS. The support officer's telephone and office location are on the Order to Withhold and Deliver.

The maximum amount payable on the lien is determined by multiplying the net PPD payable (after deductions for previous awards, advances, overpayments, etc.) by 50 percent. If the lien is greater than 50 percent of the net award, only 50 percent can be paid. DCS liens also apply to scheduled PPD payments that have not been mailed at the time the lien is received. The maximum payable is 50 percent of the remaining balance of the award at the time the lien is received.

Failure to honor a DCS lien may result in a penalty assessed by DSHS against the self-insured employer in the amount of the monies due.

Out of State Liens

The department does not recognize out of state liens. If an out of state lien request is received, notify the requesting party out of state liens are not honored and refer the requester to:

Division of Child Support
PO Box 11520
Tacoma, WA 98411
(360) 664-5321
(800) 922-4306
https://www.dshs.wa.gov/child-support

Board or Court Orders for PPD

When PPD is awarded from a Board of Industrial Insurance Appeals (BIIA) or higher court order, the entire award for PPD should be paid in a lump sum if the worker would have received the award by the time the order was entered, had it been awarded at the time of closure.

PPD Awards for Mental Health

WAC 296-20-330, WAC 296-20-340

The courts have considered that a degree of worry or brooding over the economic consequences of an injury is not uncommon and was probably taken into consideration by the legislature when setting PPD award limits. The pattern of adjustment before an industrial injury or occupational disease serves as the base line for all assessments of whether there has been a permanent impairment due to the industrial injury or occupational disease. For there to be a compensable PPD due to mental health impairment, it must be in excess of what is normally expected.

Pre-Existing Conditions

RCW 51.32.080(5)

Asymptomatic Condition

If an injury aggravated or "lighted up" a pre-existing **asymptomatic** condition, the entire resulting impairment is attributed to the injury rather than to the pre-existing condition. In the *Miller v. Dept. of L&I* decision, it states that a congenital defect or structural weakness does not in itself constitute a disability if it does not interfere with working capacity, notwithstanding the fact it presumably constitutes a loss of bodily function. This decision concludes that: " ... if any injury, within the statutory meaning, lights up or makes active a latent or quiescent infirmity or weakened physical condition occasioned by disease, then the resulting disability is to be attributed to the injury, and not to the pre-existing physical condition."

Examples:

- The worker fell off a ladder at work injuring their back. The claim is ready for closure with a Category 3 lumbar rating, with Category 2 due to pre-existing degenerative disc disease. The worker was not being treated for the degenerative disc disease and it was not preventing them from doing their normal job and daily activities. The worker is entitled to the entire Category 3 PPD.

- The worker was lifting a box and felt pain in their mid-back. The diagnosis is thoracic sprain. Examination revealed a pre-existing asymptomatic scoliosis. The IME rated Category 2 permanent dorsal area impairments. The scoliosis was asymptomatic at the time of injury therefore the worker is entitled to the entire Category 2 PPD.

Symptomatic and Disabling Condition

Increased disability resulting from an injury that aggravated or "lighted up" a pre-existing **symptomatic** and disabling condition may be segregated once the amount of pre-existing disability has been established by medical opinion.

Example:

The worker was involved in a non-work related car accident 3 months before his injury at work. He was receiving treatment and had restrictions related to the car accident. He aggravated his cervical condition when he fell at work. When his workers compensation claim was ready to close he was rated at Category 3 cervical impairment with Category 2 from the car accident. His claim will be closed with a Category 3 award, less Category 2 cervical.

Note: Self-insured employers should request closure from the department in these cases as there is a segregation of a pre-existing PPD.

Additional PPD Under the Same Claim

When a worker received a PPD award and the order has become final and binding, the extent of the disability present on the date of closure can no longer be disputed. If the claim is reopened for a worsening of the worker's condition, contentions of increase disability are limited to the extent of any increased impairment. An order closing the claim after reopening, where the PPD award was previously granted under the same claim, should indicate the total percentage of disability (previous award + percentage of increased disability). The prior monetary award is subtracted to determine the current amount due.

Example:

The worker's claim was closed with a 5% PPD on the left knee; the claim was later reopened for additional surgery and is ready for closure with a 12% PPD on the left knee. The claim will be closed with a 12% PPD less the 5% previously paid on the claim.

PPD Paid Under a Different Claim

Prior monetary awards paid under a different claim cannot be subtracted from a current award. In effect, that would compensate a worker for a prior injury at a higher rate if a different PPD schedule (from a different date of injury) was involved. Pre-existing awards will be reduced from the new award, but only for the same body part, and rated at the same level. TBI percentages can be subtracted from TBI percentages and category percentages from category percentages.

The closing order will reflect the percentage of increased disability resulting from the current claim and the monetary award due. **Note:** Self-insured employers should request closure from the department in these cases as there is a reduction of a pre-existing PPD.

Examples:

- The worker has a previous claim that closed with a Category 2 cervical PPD. A new claim is filed and is ready for closure with a Category 3 cervical rating. The new claim will be closed with a Category 3 PPD less the pre-existing Category 2 PPD.

- The worker has a previous claim for a right ankle injury that closed with 4% impairment to the right ankle. A new claim is filed five years later for a right ankle injury. The IME gives a rating of 15% of the right ankle with a 4% pre-existing impairment to the right ankle. The new claim will close with a 15% PPD less the 4% pre-existing PPD.

- The worker has a previous claim that closed with a 2% right upper extremity PPD for an elbow injury. A new claim was filed for a shoulder injury and at closure is rated a 5% right upper extremity PPD for the shoulder. The new claim will be closed with a 5% PPD for the right upper extremity with no reduction for the previous PPD because the new injury was not for the same body part.

Remaining Amputation Value

Remaining amputation value must be calculated for PPD for a worker with a pre-existing amputation at a lower level, or a single injury that causes amputation and additional disability to the same extremity at a higher level (*Ringhouse v. Dept. of L&I*). An amputation is an un-repairable severing of a limb at any level. Remaining amputation value is calculated in the following cases:

- In the same injury, a worker sustains an amputation as well as permanent disability at a level higher to the amputation level of the same extremity.

Example: On date of injury, a worker catches his right hand in a piece of machinery and traumatically amputates his right index finger at the metacarpophalangeal (MCP) joint. The worker also sustained a rotator cuff tear in his right shoulder.

- A worker sustains impairment to an extremity and has had a previous amputation to the injured extremity.

  Example: The worker has his right little finger amputated as a child due to an injury. On the date of injury, the worker sustained an injury to his right elbow.

- A worker sustains a further amputation of an extremity. The worker had previously sustained an amputation to the same extremity.

  Example: The worker had a left index finger amputation at the distal interphalangeal (DIP) joint as a child. On the date of injury, the worker's left index was traumatically amputated at the proximal interphalangeal (PIP) joint.

The PPD order will state the full award for an amputation at the appropriate level and show the deduction in cash for the monetary value of the previous amputation computed from the schedule of benefits in effect at the time of the recent injury. **Note:** Self-insured employers should request closure from the department in these cases as there is a reduction of a pre-existing PPD.