



Workers'
Compensation
Board

IMPAIRMENT GUIDELINES

FOR PROVIDERS SEEKING BOARD AUTHORIZATION

JUNE 4, 2025

AGENDA

- 1 Impairment Guidelines
- 2 Key terms and concepts
- 3 Applying the 2018 Impairment Guidelines – approach to schedule loss of use

- 4 Applying the 2012 Impairment Guidelines – approach to non-schedule loss of use

- 5 Resources

IMPAIRMENT GUIDELINES

The New York State (NYS) **Workers' Compensation Guidelines for Determining Impairment** provide a uniform process to be utilized by medical professionals for determining permanent impairment.

There are two types of *Impairment Guidelines*:

- 1 Schedule loss of use (**SLU**)
- 2 Non-schedule loss of use, also known as non-schedule permanent partial disability (**NSL-PPD**)



IMPAIRMENT GUIDELINES

■ Schedule loss of use (SLU) impairments:

- Are based on criteria found in the *Workers' Compensation Guidelines for Determining Impairment (2018 Impairment Guidelines)*.
- Have awards based on the percent (%) loss of use.

■ Non-schedule loss of use (NSL-PPD) impairments:

- Are based on criteria found in the *Workers' Compensation Guidelines for Determining Impairment and Loss of Wage Earning Capacity (2012 Impairment Guidelines)*, Chapters 9-17.
- Have awards expressed as a class and severity ranking with a functional assessment.

IMPAIRMENT TYPES

Schedule loss of use impairments are covered by a schedule. These include:

- Impairment of extremities
 - Includes nervous system residual impairment that impacts the use of extremities, vision, or hearing
- Loss of vision
- Loss of hearing
- Facial disfigurement



IMPAIRMENT TYPES (CON'T)

Non-schedule loss of use impairments are not covered by a schedule. These include:

- Spine and pelvis conditions
- Heart, skin, and brain conditions
- Residual impairments of the extremities that are not amenable to a schedule award



Key terms and concepts



KEY TERMS AND CONCEPTS



Permanent Impairment



Determination of
Permanency



Loss of Wage-Earning
Capacity (LWEC)



Maximum Medical
Improvement (MMI)

PERMANENT IMPAIRMENT

Permanent impairment is:

- Defined as any anatomic or functional abnormality or loss.
- Considered permanent when MMI has been reached and there is residual impairment.
- A purely medical opinion submitted by the authorized provider based upon a complete medical evaluation and accurate objective assessment of function.
- Used by the Workers' Compensation Law judge (WCLJ) in determining non-schedule permanency.



DETERMINATION OF PERMANENCY: SLU

The Board will make a legal determination that reflects the impact of the workplace injury on the workers' ability to work.

■ In a schedule loss of use:

- Determination is based on the medical evidence of a loss of earning power.
- A schedule award is given **not** for an injury sustained, but for the residual permanent physical and functional impairments.



DETERMINATION OF PERMANENCY: NSL-PPD

■ In a non-schedule loss of use:

- Determination is based on the medical evidence of permanent impairment, plus vocational factors.
- With this determination, the Board finds the duration of permanent partial disability based upon LWEC, and the rate of payment upon the wage-earning capacity.
- LWEC is determined by a WCLJ in NSL-PPD cases based on residual impairment and functional and vocational factors.



MAXIMUM MEDICAL IMPROVEMENT (MMI)

- MMI is a finding that is based upon a medical judgement that:
 - The worker has recovered from the work injury to the greatest extent expected.
 - There is no further improvement reasonably expected.
- The need for palliative or symptomatic treatment does not preclude a finding of MMI.
- In cases that do not involve surgery or fractures, MMI cannot be determined prior to six months from the date of injury or disablement, unless otherwise stated or agreed by the parties.





Applying the 2018 Impairment Guidelines — approach to SLU

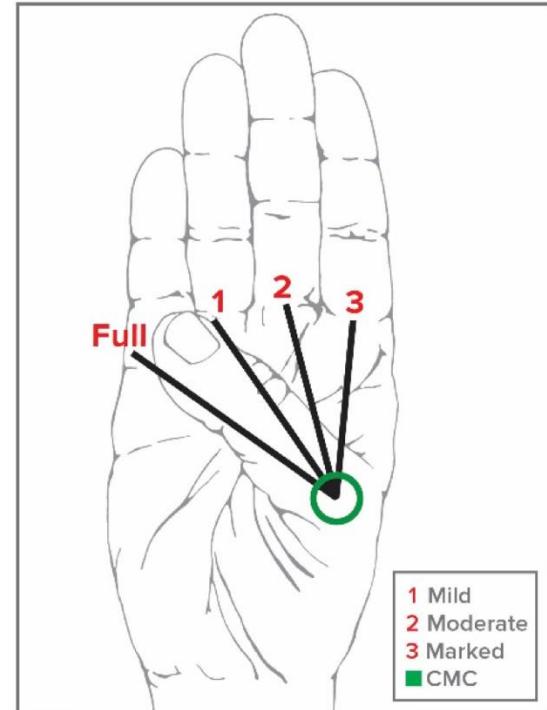
2018 IMPAIRMENT GUIDELINES: APPROACH TO SLU



- The objective is to accurately assess the permanent residual physical deficit a patient suffered as a result of their injury at MMI.
- Permanent residual physical deficit at MMI may include physical damage to bone, muscles, cartilage, tendons, nerves, blood vessels, and other tissue.

APPROACH TO SLU (cont'd)

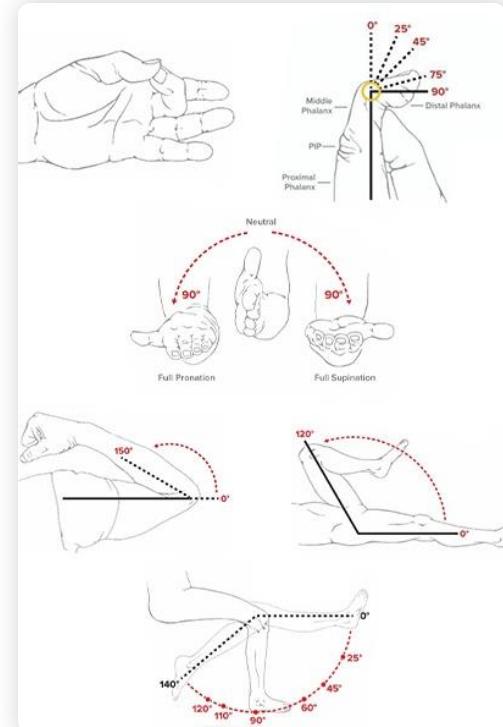
- The 2018 *Impairment Guidelines* Table of Contents on the following slides will help medical providers identify the location of each body part and/or condition that is amenable to an SLU evaluation.
- Each chapter addresses the SLU evaluation for an individual body part or condition.



APPROACH TO SLU (cont'd)

Table of Contents

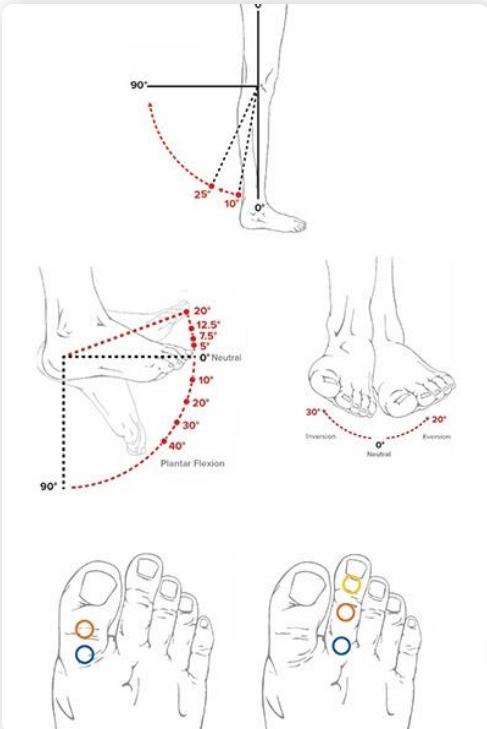
- Chapter 01** Introduction
- Chapter 02** Upper Extremities – Thumb and Fingers
- Chapter 03** Upper Extremities – Hand and Wrist
- Chapter 04** Upper Extremities – Elbow
- Chapter 05** Upper Extremities – Shoulder
- Chapter 06** Hip and Femur



APPROACH TO SLU (cont'd)

Table of Contents

- Chapter 07** Knee and Tibia
- Chapter 08** Lower Extremities – Ankle and Foot
- Chapter 09** Greater and Lesser Toes
- Chapter 10** Central Nervous System Conditions, Peripheral Nerve Injuries, and Entrapment Compression
- Chapter 11** Visual System/Auditory System, Facial Scars, and Disfigurement



APPROACH TO SLU: SPECIAL CONSIDERATION

First, determine whether a condition triggers a **Special Consideration**.

- If so, perform the SLU determination consistent with the requirements noted in the relevant Special Considerations section.
- If not, the SLU evaluation should conform to the *2018 Impairment Guidelines*' general criteria for a given body part.



APPROACH TO SLU: DOCUMENTING SLU

Documenting loss (% SLU)

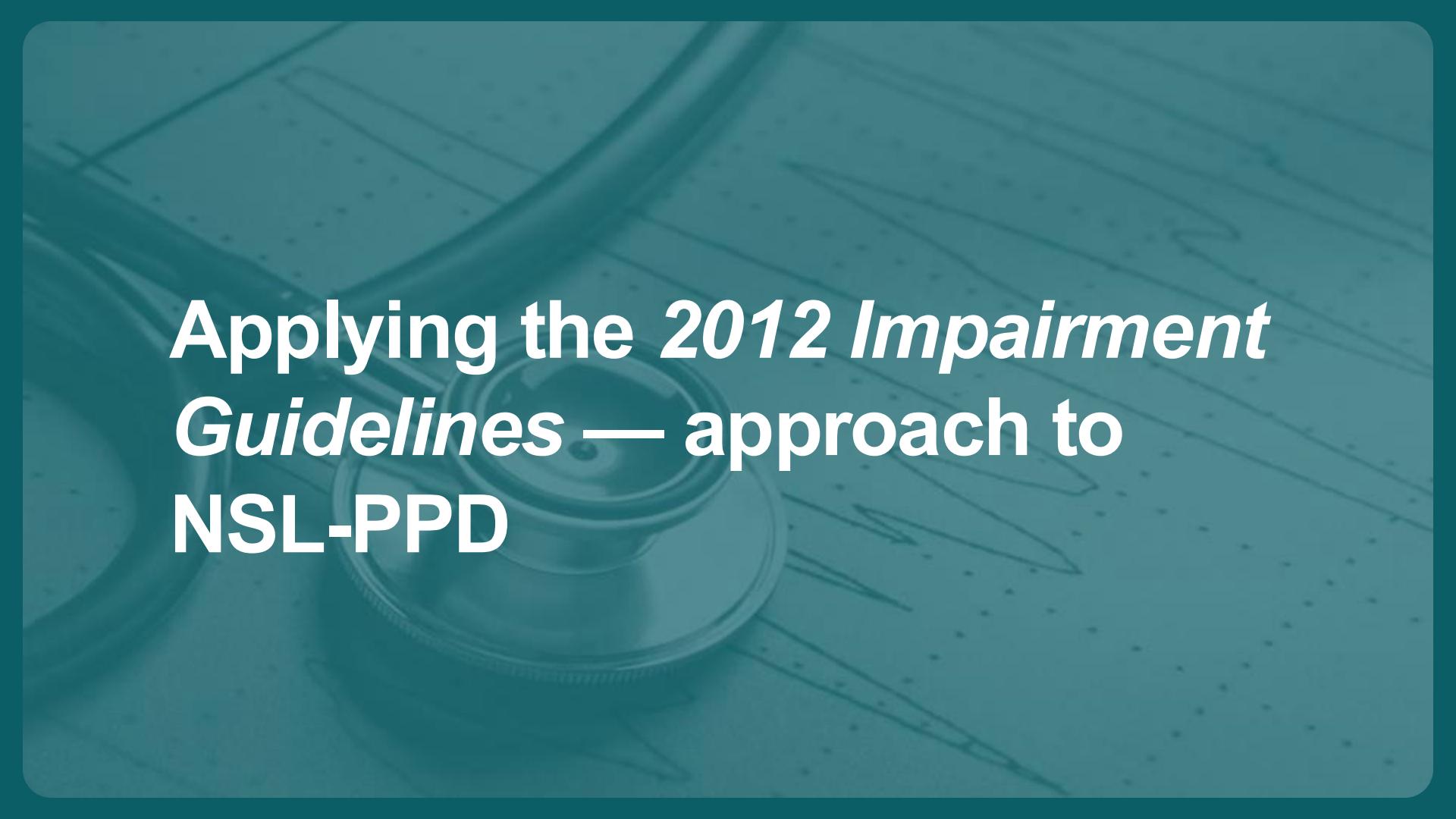
- Range of motion (ROM) is a key factor in the SLU determination.
- ROM values for affected joints should be documented utilizing the guidelines' instructions.
- Three repeat measurements of active ROM should be performed using a goniometer.
 - All three measurements should be recorded in the narrative.
 - The **highest** of the three measured values should be used in the SLU determination.
- Normal ROM for the relevant joint(s) are identified in diagrams.
 - Diagrams and tables clearly identify the specific ROM values that correlate with mild, moderate, and marked deficits (percent loss of use).

APPROACH TO SLU: DOCUMENTING SLU (cont'd)

Documenting loss (% SLU)

- Once ROM value(s) have been determined, instructions in the appropriate sections/tables of the guidelines are used to determine the deficit of % SLU should be used to calculate the % SLU.
- Generally, ROM deficits correspond to SLU percentages as follows:
 - 25% loss = mild
 - 50% loss = moderate
 - 75% loss = marked
- Comprehensive training on the *2018 Impairment Guidelines* is available on the WCB website, **Schedule Loss of Use Training**.





Applying the *2012 Impairment Guidelines* — approach to NSL-PPD

2012 IMPAIRMENT GUIDELINES: APPROACH TO NSL-PPD



- Chapters 9-17 from the 2012 *Impairment Guidelines* provide the criteria for evaluating NSL-PPD.
- Impairments that are not amenable to SLU result in non-schedule loss or classification.

APPROACH TO NSL-PPD

The medical impairment sections for NSL-PPD in the *2012 Impairment Guidelines* are organized by body system.

Chapter 11

Spine and Pelvis

Chapter 12

Respiratory

Chapter 13

Cardiovascular

Chapter 14

Skin

Chapter 15

Brain

Chapter 16

Pain

Chapter 17

Other Injuries and
Occupational Diseases

APPROACH TO NSL-PPD (cont'd)

- Within each body system chapter, there are tables providing specific instructions for classifying impairment and establishing severity rankings.
- In general, permanent medical impairment reduces earning capacity because it restricts the worker's ability to perform certain work-related activities or tasks.

Chapter 2: Upper Extremities

2.1. Thumb

Table 2.1. Percent Loss of Use of the Thumb: Flexion and Extension

Joints	Mild	Moderate	Marked
IP	10-15%	20-25%	40-45%
MCP	15-20%	25-30%	45-50%
IP & MCP	20-30%	40-50%	80-90%
CMC	20-25%	30-40%	50-90%

APPROACH TO NSL-PPD: LWEC

NSL-PPD awards are based on the loss of wage-earning capacity (LWEC)



■ LWEC:

- Is determined by the WCLJ based on residual impairment and functional and vocational factors.
- Establishes the maximum number of benefit weeks available.
- Is determined by the WCLJ based on the facts of the case if the worker is not working.

APPROACH TO NSL-PPD: LWEC (cont'd)

LWEC is determined based on:

- Medical evidence from the physician's medical evaluation.
 - For example, the nature and degree of permanent physical or mental impairment, and the impact on functional ability.
- Vocational and other factors.
 - For example, education, training, skills, age, literacy, English proficiency, etc.
- How much earning capacity an injured worker has lost due to their medical impairment, functional limitations, prior work history, education skills, and aptitudes.
 - For example, the nature and degree of permanent physical or mental impairment, and the impact on functional ability.



APPROACH TO NSL-PPD: FORM C-4.3

The Doctor's Report of MMI/Permanent Impairment (Form C-4.3):

- Is used when rendering an opinion or responding to a request by the Board regarding MMI and/or permanent impairment.
- Is sent to the Board, the insurance carrier, and the claimant's attorney or licensed representative, if applicable, once completed.

Doctor's Report of MMI/Permanent Partial Impairment C-4.3

Use this form: 1. When rendering an opinion on MMI and/or permanent partial impairment, or 2. In response to a request by the Workers' Compensation Board to render a decision on MMI and/or permanent partial impairment.

Insurance carrier or claimant's attorney, if applicable, if necessary, send a copy of this form promptly to the Board, the insurance carrier and to the patient's attorney or licensed representative, if they have one. If not, send a copy to the patient. Failure to do so may delay the payment of necessary treatment, just as the timely payment of wage loss benefits to the patient, creates the necessity for testimony, and jeopardise your Board testimony. You may also fill out this form online at www.wcb.ny.gov.

Date of Examination: _____ WCB Case #: _____ Claim Admin/Claim Number: _____

A. Patient's Information

1. Name: _____ Last _____ First _____ MI _____ 2. Date of Birth: _____ 3. SSN: _____

4. Address (if changed from previous report): _____ Number and Street _____ City _____ State _____ Zip Code _____

5. Home phone #: _____ 6. Date of injury/illness: _____ 7. Patient's Account #: _____

B. Doctor's Information

1. Your name: _____ 2. WCB Authorization #: _____

3. WCB Rating Code: _____ 4. Federal Tax ID #: _____ The Tax ID # is the (check one) SSN EIN

5. Office address: _____ Number and Street _____ City _____ State _____ Zip Code _____

6. Billing Group or Practice Name: _____

7. Billing address: _____ Number and Street _____ City _____ State _____ Zip Code _____

8. Office phone #: _____ 9. Billing phone #: _____ 10. Treating Provider's NPI #: _____

C. Billing Information

1. Employer's insurance carrier: _____ 2. Insurer ID: W_____

3. Insurance carrier's address: _____ Number and Street _____ City _____ State _____ Zip Code _____

4. Diagnosis or nature of disease or injury:
Enter ICD10 Code: _____ ICD10 Descriptor: _____
(1) _____
(2) _____
(3) _____
(4) _____

5. Billing (CPT) Code: _____ 6. Charge (\$): _____ 7. Zip Code: _____

C-4.3 (5-22) Page 1

APPROACH TO NSL-PPD: FORM C-4.3 (cont'd)

Form C-4.3:

- Pages 1-2 are completed for all permanent impairment reports.
- Attachment A is completed for all body parts and/or conditions for which the schedule award is appropriate.

Patient Name: _____ Date of injury/illness: _____

Permanent Partial Disability - Attachment A
Schedule Loss of Use of Member

If the patient has a permanent partial impairment, complete Attachment A for all body parts and conditions for which a schedule award is appropriate (schedule loss of use). You must complete this attachment for all body parts and conditions for which you treated the patient for the date of injury listed in Section A, Question 6. Attach additional sheets if needed.

Body Part
Please include all the information in the bullet points below in the table on this page or attach a medical narrative with your report. The medical narrative should include the following information:

- Affected body part (include left or right side) and identify Guideline chapter (when special consideration exist)
- Measured Active Range of Motion (ROM) (3 measurements for injured body part, and use the greatest ROM). If not, please explain why
- Measurement of contralateral body part ROM, or explain why inapplicable
- Previously received scheduled losses of use to same body part(s), if known, stating with specificity the percentage loss of use you believe to be attributable solely to the injury being evaluated (and why), versus the percentage(s) of loss of use to the same body part(s) attributed to prior injury(es)
- Special considerations
- Loading for Digits and Toes

| Body Part/Measurement |
|--|--|--|--|--|--|
| 1
<input type="checkbox"/> Left
<input type="checkbox"/> Right | 2
<input type="checkbox"/> Left
<input type="checkbox"/> Right | 3
<input type="checkbox"/> Left
<input type="checkbox"/> Right | 4
<input type="checkbox"/> Left
<input type="checkbox"/> Right | 5
<input type="checkbox"/> Left
<input type="checkbox"/> Right | 6
<input type="checkbox"/> Left
<input type="checkbox"/> Right |
| Range of Motion (3 measures) | | | | | |
| Contralateral Applicable Y/N If No, please, explain below | | | | | |
| Contralateral ROM | | | | | |
| Special Considerations (Chapter) | | | | | |
| Impairment % | | | | | |
| Details: | | | | | |

C-4.3A (5-22) Page 3

Barcode: C-4.3 5-22

APPROACH TO NSL-PPD: FORM C-4.3 (cont'd)

Form C-4.3:

- Attachment B is completed for non-schedule awards.
- Comprehensive training on the *2012 Impairment Guidelines* is available on the WCB website, **Impairment Guidelines Training**.

Patient Name: _____	First _____	MI _____	Date of injury/illness: _____	
Permanent Partial Disability - Attachment B				
Non-Schedule Award (Classification)				
1. Non-Schedule Permanent Partial Disability: (Identify impairment class according to the latest Workers' Compensation Guidelines for Determining Impairment. Attach separate sheet for additional body parts.)				
Body Part:	Impairment Table:	Severity Ranking:		
Body Part:	Impairment Table:	Severity Ranking:		
Body Part:	Impairment Table:	Severity Ranking:		
State the basis for the impairment classification (attach additional narrative, if necessary): History: _____				
Physical Findings: _____				
Diagnostic Test Results: _____				
2. Patient's Work Status: <input type="checkbox"/> At the pre-injury job <input type="checkbox"/> At other employment <input type="checkbox"/> Not working				
3. Functional Capabilities/Exertion Abilities: a. Please describe patient's residual functional capacities for any work at this time (not limited to the at-injury job activities):				
Never	Occasionally	Frequently	Constantly	
Lifting/carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pulling/pushing	<input type="checkbox"/>	<input type="checkbox"/> lbs.	<input type="checkbox"/>	lbs.
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending/stooping/squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Simple grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fine manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching later/below shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Driving a vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operating machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temp extremes/high humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Psychiatric/neuro-behavioral (attach documentation describing functional limitations)				
b. Please check the applicable category for the patient's exertional ability:				
<input type="checkbox"/> Very Heavy Work - Exerting up to 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. Physical demand requirements are in excess of those for Heavy Work.				
<input type="checkbox"/> Heavy Work - Exerting 50 to 100 pounds of force occasionally, and/or 25 to 50 pounds of force frequently, and/or 10 to 20 pounds of force constantly to move objects. Physical demand requirements are in excess of those for Medium Work.				
<input type="checkbox"/> Medium Work - Exerting 20 to 50 pounds of force occasionally, and/or 10 to 25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly to move objects. Physical demand requirements are in excess of those for Light Work.				
Light Work - Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently and/or negligible amount of force constantly to move objects. Physical demand requirements are in excess of those for Sedentary Work. Even though the weight lifted may only be a negligible amount, a job should be rated Light Work: (1) when it requires walking or standing to a significant degree; or (2) when it requires sitting most of the time but entails pushing and pulling of heavy objects even though the weight of those materials is negligible. NOTE: The constant stress of making a constant pushing and/or pulling of materials, even though the weight of those materials is negligible, is not considered Light Work.				
<input type="checkbox"/> Sedentary Work - Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.				
Patient's Residual Functional Capacities Occasionally: can perform activity up to 1/3 of the time. Frequently: can perform activity from 1/3 to 2/3 of the time. Constantly: can perform activity more than 2/3 of the time.				
C-4.3B (5-22) Page 4				



RESOURCES

MEDICAL DIRECTOR'S OFFICE

HELPLINE: (800) 781-2362

EMAIL: MDO@wcb.ny.gov

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X @NYSWorkersComp

f @NYSWCB

o @NYSWorkersCompBoard

▶ youtube.com/@nswcb

in linkedin.com/company/nswcb

✉ wcb.ny.gov (“Get WCB Notifications”)