

Adjudicative Advice

Permanent Impairment (NEL) Rating Guideline for Upper and Lower Extremity Repetitive Strain Injuries (RSI)

Background

Work-related Repetitive Strain Injuries (RSIs) are among the most common ways workers are injured on the job. RSIs occur due to overuse which results in wear and tear on specific parts of the body.

There are four major risk factors that have been identified as contributing to RSI. Alone or in combination they often increase the likelihood of developing a repetitive type of injury. These risk factors may include:

- Awkward or Static Posture
- Repetition
- Force
- Vibration.

To rate permanent impairment from RSI, the WSIB uses a prescribed rating schedule, the report from a Non-Economic Loss (NEL) medical assessment, and all relevant health information in the claim file. The prescribed rating schedule is the American Medical Association Guides to the Evaluation of Permanent Impairment, 3rd edition (revised), (the AMA guides).

The AMA guides indicate that in order to realistically assess for Upper Extremity (UE) and Lower Extremity (LE) RSIs in terms of a permanent impairment, the injured worker should have worked for six to eight hours prior to attending the NEL assessment. The expectation is that after having used the extremity for this prescribed period of time, the NEL

assessment would likely demonstrate a change in relevant findings for a repetitive type of injury, such as range of motion (ROM), providing a more accurate reflection of the resulting symptoms.

However, noting the complexities and time constraints which are embedded in the NEL process itself, the diverse and unique situations of both workers and employers, as well as the scheduling availability of the roster physicians, such an arrangement is generally not viable or realistic. Therefore, if a worker attends the NEL assessment without having used the extremity for a prolonged period of time, there is a distinct possibility that rating parameters, such as a decrease in ROM, will be within normal limits. The resulting problem is that, according to the AMA Guides, the NEL would be zero per cent.

Practice Guideline

Noting the parameters which have been set out in the existing AMA guides, in order to appropriately assess ratings of RSI conditions, the NEL Department in 1998 established a rating practice. This practice was developed to ensure consistency and fair recognition of permanent impairments in repetitive strain type injuries.

When the worker's NEL assessment shows normal ROM, we apply the permanent impairment (NEL) rating guideline for upper and lower extremity RSIs.

Notice: This document is intended to assist WSIB decision-makers in reaching consistent decisions in similar fact situations and to supplement applicable WSIB policies and guidelines as set out in the Operational Policy Manual (OPM). This document is **not a policy** and in the event of a conflict between this document and an OPM policy or guideline, the decision-maker will rely on the latter.

The following charts depict the long-standing, established rating practice. For both upper and lower extremities, the categories of assessment include physical findings, history, treatment, and activities of daily living. Depending on the impact in each of the categories, there is a prescribed percentage awarded. Each category has a specified range and is subject

to a maximum percentage. The charts outline the ranges and maximums for each category of assessment as well as the maximum for the extremity. As with all NEL ratings, the degree of permanent impairment is expressed as a percentage of total permanent impairment of the whole person (WP).

RSI Rating for Upper Extremity (UE)

1. Physical Findings <ul style="list-style-type: none"> • Pain and tenderness • Swelling • Scarring (if surgical history) • Decreased ROM • Inflammation 	3% UE, Range (0-3)
2. History Current functional disorder as a result of the RSI	1% UE, Range (0-1)
3. Treatment Example of past or present ongoing treatment <ul style="list-style-type: none"> • Steroid injections • Physiotherapy • Analgesic/anti-inflammatory meds • Splints/tensors • Braces/supports • Surgery 	2%UE, Range (0-2)
4. Activities of Daily Living (ADL) <ul style="list-style-type: none"> • Difficulties with basic function (e.g., self care/ personal hygiene/sleep) • Regional functions are impaired (e.g., hand dominance of affected limb/joint) • Cognitive impairment is noted (e.g., emotive, stress) • Interactive activities are impaired (e.g., social/ leisure) 	3% UE, Range (0-3)
Total	9% UE = 5%WP

Where an RSI affects **multiple** levels of the same limb (for example, shoulder, elbow, and wrist), **physical findings** are rated for each of the impaired levels. For all other categories of assessment (history, treatment, and activities of daily living), those categories are rated **once** for the whole limb.

RSI Rating for Lower Extremity (LE)

1. Physical Findings <ul style="list-style-type: none"> • Pain and tenderness • Swelling • Scarring (if surgical history) • Decreased ROM • Inflammation 	2% LE, Range (0-2)
2. History Current functional disorder as a result of the RSI	1% LE, Range (0-1)
3. Treatment Example of past or present ongoing treatment <ul style="list-style-type: none"> • Steroid injections • Physiotherapy • Analgesic/anti-inflammatory meds • Splints/tensors • Braces/supports • Surgery 	2%LE, Range (0-2)
4. Activities of Daily Living (ADL) <ul style="list-style-type: none"> • Impaired quality of life supported by roster Dr.'s comments or by medical on file 	3%LE, Range (0-3)
Total	8% LE = 3%WP

Where an RSI affects *multiple* levels of the same limb (for example, hip, knee and ankle), *physical findings* are rated for each of the impaired levels. For all other categories of assessment (history, treatment, and activities of daily living), those categories are rated *once* for the whole limb.

In certain instances, there are non repetitive injuries in the upper and/or lower extremity, such as non surgical fractures or traumatic strains or sprains, which, when assessed, show no abnormal findings with which to calculate a NEL benefit. In these cases, RSI criteria as outlined previously may be used to calculate an impairment percentage.

Impact of Rating

It is important for adjudicators to remember that in reviewing the NEL award granted in RSI claims, the actual percentage of the award

should not be used as the sole indicator of the seriousness of the permanent impairment. In these claims, although the award is relatively low, given the area of injury that is rated, the level of impairment could be significant (e.g., a 3% NEL award for an Upper Extremity RSI to the wrist). This distinction is important when considering early and safe return to work options for the worker, including any accommodation considerations. Therefore, adjudicators should consider both the actual area of the injury and the corresponding NEL award when reviewing an RSI claim.

NEL Department, August 1998;
Claims Quality Loop, July 2007