

California
Orthopaedic
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## **Top 10 Disability Durations**

**April 18, 2013** 

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# Disability Durations for the Top 10 Workers' Compensations Claims

## **Upper Limb**

- 1. Carpal Tunnel Syndrome
- 2. Ulnar Nerve Elbow
- 3. Rotator cuff / Shoulder Impingement
- 4. Fingertip amputations

## **Spine**

- 1. Low back pain lumbar strain
- 2. Lumbar diskectomy
- 3. Lumbar fusion
- 4. Neck pain

## **Lower Limb**

- 1. Knee Meniscectomy
- 2. Ankle strain or sprain

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Notes:

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## **MDGuidelines**

http://www.mdguidelines.com/

## **Official Disability Guidelines (ODG)**

http://www.disabilitydurations.com/

## **The Hand Center**

J. M. Melhorn and S. M. Seaman. Working With Common Upper Extremity Problems. In: The Guides to the Evaluation of Work Ability and Return to Work, edited by J. B. Talmage, J. M. Melhorn, and M. H. Hyman, Chicago, IL: American Medical Association, 2011, p. 177-228.

## User friendly – email or call me

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Notes:

This is your opportunity to help your patients.

Duration guidelines can be used as tools to you help patients understand what realistic return-to-work dates are.

Remember apples and oranges

What are you comparing?

Different ICD-9, ICD-10, CPT?

Different co-morbidities, outcomes, complications

Guidelines are guidelines

Differences may exist between the duration tables and the reference graphs. Duration tables provide expected recovery periods based on the type of work performed by the individual. The reference graphs reflect the actual experience of many individuals across the spectrum of physical conditions, in a variety of industries, and with varying levels of case management. Selected graphs combine multiple codes based on similar means and medians.

## Return to work is a learned skill

## **Additional resources:**

AAOS Occupational Orthopaedics and Workers' Compensation

Course: A Multidisciplinary Perspective – usually in November

at www.AAOS.com

http://www7.aaos.org/education/courses/course\_detail.aspx?Product Id=25135

AADEP Annual Meeting – usually in January

at www. AADEP.org

Notes:

## 1. Carpal Tunnel Syndrome

## ODG as 354.0 Carpal tunnel syndrome

Return-To-Work "Best Practice" Guidelines

Conservative treatment

modified work (limit repetitive use of hand/wrist): 0 days

regular work (if not aggravating to disability/use of splint): 0-5 days

regular work (if work related & electrodiagnostically confirmed): 28 days

regular work (with severe nerve impairment): indefinite

Endoscopic/mini-palm surgery

modified work: 3-5 days

regular work, non-dominant arm: 28 days

regular/repetitive/heavy manual work, dominant arm: 42 days to indefinite

Open surgery

modified work: 10-14 days non-dominant arm: 42 days

regular/repetitive/heavy manual work, dominant arm: 56 days to indefinite regular/repetitive/heavy manual work, bilateral: 84 days to indefinite

Capabilities & Activity Modifications for Restricted Work:

Modified work: Repetitive motion activities (w or w/o splint) not more than 4 times/hr; repetitive keying up to 15 keystrokes/min not more than 2 hrs/day; gripping and using light tools (pens, scissors, etc.) with 5-minute break at least every 20 min; no pinching; driving car up to 2 hrs/day; light work up to 5 lbs 3 times/hr; avoidance of prolonged periods in wrist flexion or extension.

Regular work (if not cause or aggravating to disability): Repetitive motion activities not more than 25 times/hr; repetitive keying up to 45 keystrokes/min 8 hrs/day; gripping and using moderate tools (pliers, screwdrivers, etc.) fulltime; pinching up to 5 times/min; driving car or light truck up to 6 hrs/day or heavy truck up to 3 hrs/day; moderate to heavy work up to 35 lbs not more than 7 times/hr.

Description: Compression of the nerve that travels through the wrist to the thumb side of the hand causing pain, tingling, or numbness along the wrist, palm, and fingers. Pain may also be felt in the arm or shoulder, and is often worse while sleeping.

Disability Duration Adjustment Factors by Age								
Age Group	18-24	25-34	35-44	45-54	55-64	65-74		
Adjustment Factor	0.34	0.75	1.08	1.15	1.10	NA		

RTW Claims Data (Calendar-days away from work by decile)

## Notes:

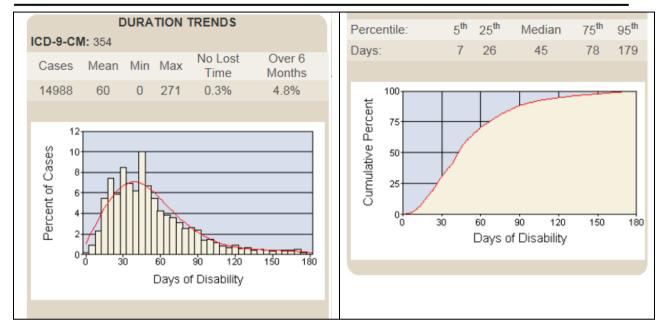
10%	20%	30%	40%	50 %	60%	70%	80%	90 %	100%	Mean
12	15	22	29	42	46	57	84	161	365	71.23
RTW Post Surgery (Calendar-days away from work by decile)										
10%	20%	30%	40%	50 %	60%	70%	80%	90 %	100%	Mean
Wris	t endo	scopy	/surge	ery (CI	PT 298	848)				
16	26	32	40	46	57	68	83	130	365	65.88
Carpal tunnel surgery (CPT 64721)										
18	30	39	46	54	65	81	107	185	365	81.96

## MDGuidelines as 354.0 Carpal tunnel syndrome

dical treatment,	carpal tun	nel syndroi	me.	Surgical treatment release.	, open or e	ndoscopic	carpal tu
DU	RATION IN	DAYS		DU	RATION IN	DAYS	
Job Classification	Minimum	Optimum	Maximum	Job Classification	Minimum	Optimum	Maximur
Sedentary	0	7	21		4		
Light	0	7	21	Sedentary	1	14	42
Medium	0	14	28	Light	3	21	42
Heavy	0	21	42	Medium	14	28	56
•	_			Heavy	21	42	84
Very Heavy	0	28	63	Very Heavy	28	56	91

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#### Notes:



## THC as 354.0 Carpal tunnel syndrome

**THC** = The Hand Center (my practice)

MDG = MDGuidelines first number is MDA 5 and second number is MDA 6 if only one number then same for both editions

**Non-Surgical CTS** 

		THC			MDG	
Job	<b>Target</b>	<b>Tmin</b>	<b>Tmax</b>	Opt	Min	Max
Sedentary	0	0	7	7	0	21
Light	0	0	7	7	0	21
Medium	0	0	12	14	0	28
Heavy	0	0	21	21	0	42
Very Heavy	0	0	28	18/28	0	63

Surgical CTS (Mini-Palm at THC), All types by MDG

		THC			MDG	
Job	<b>Target</b>	<mark>Tmin</mark>	<b>Tmax</b>	Opt	Min	Max
Sedentary	0	0	7	14	1	42
Light	0	0	7	28/21	1/3	42
Medium	14	0	28	42/28	14	56
Heavy	21	0	42	42	28//21	84
Very Heavy	28	3	61	56	28	84/91

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Notes:

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## 2. Ulnar Nerve Elbow

## **ODG** as 354.2 Ulnar Nerve Elbow

## Return-To-Work "Best Practice" Guidelines

Without surgery

modified work: 0 day regular work: 14 days

With surgery

modified work: 14 days

regular work, non-dominant arm: 21 days regular work, dominant arm: 49 days

## Capabilities & Activity Modifications for Restricted Work:

<u>Modified work</u>: Repetitive motion activities not more than 4 times/hr; single upper extremity work if injured arm is non-dominant arm; lifting and carrying up to 3 lbs not more than 4 times/hr; pulling and pushing up to 5 lbs 3 times/hr; gripping using light tools (pens, scissors, etc) with 5-minute break at least every 20 min; avoid direct pressure on the elbow area; limit repetitive keying up to 15 keystrokes/min not more than 2 hrs/day; driving car up to 2 hrs/day; no full extension activities; possible immobilization by long arm splint or cast, tennis elbow splint, or wrist splint; no climbing ladders.

Regular manual work: Repetitive motion activities not more than 8 times/hr; use of injured dominant arm for moderate work; lifting and carrying up to 20 lbs not more than 15 times/hr; pulling and pushing up to 40 lbs 15 times/hr; gripping using moderate tools (pliers, screwdrivers, etc) full time; driving car or light truck up to 6 hrs/day or heavy truck up to 4 hrs/day; full extension activities up to 12 times/hr with up to 10 lbs of weight; possible immobilization by sling, wrist splint, or tennis elbow splint; climbing ladders up to 50 rungs/hr.

## MDGuidelines as 354.2, 354.4, 354.8, 354.9 Ulnar Nerve Elbow

elbow.									
DURATION IN DAYS									
Job Classification	Minimum	Optimum	Maximum						
Sedentary	0	7	28						
Light	1	10	28						
Medium	7	21	56						
Heavy	14	28	56						
Very Heavy	14	28	56						

Surgical treatment, simple release and anterior subcutaneous transfer, ulnar nerve entrapment (elbow).

DURATION IN DAYS									
Job Classification	Minimum	Optimum	Maximum						
Sedentary	7	14	28						
Light	7	28	42						
Medium	28	42	84						
Heavy	35	56	112						
Very Heavy	42	84	126						

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#### Notes:

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MDG = MDG uidelines first number is MDA 5 and second number is MDA 6 if only one number then same for both editions, x = no data

**Non-Surgical UNE** 

g		THC			MDG	
Job	<b>Target</b>	<b>Tmin</b>	<b>Tmax</b>	Opt	Min	Max
Sedentary	0	0	7	x/7	x/0	x/28
Light	0	0	7	x/10	x/1	x/28
Medium	0	0	14	x/21	x/7	x/56
Heavy	0	0	21	x/28	x/14	x/56
Very Heavy	0	0	28	x/28	x/14	x/56

Surgical UNE (decompression- possible transposition THC), All types by MDG

		THC			MDG	
Job	<mark>Target</mark>	<mark>Tmin</mark>	<b>Tmax</b>	Opt	Min	Max
Sedentary	0	0	7	21/14	7	42/28
Light	0	0	7	28	7	42
Medium	14	0	28	56/42	28	365/84
Heavy	21	0	47	98/56	28/35	365/112
Very Heavy	28	0	56	98/84	42	365/126

## 3. Rotator cuff / Shoulder Impingement

Very wide category, CPT codes sprains, strains, AC-joint, coracoclavicular infraspinatus, rotator cuff, etc

## ODG as 840.4 Rotator cuff

Return-To-Work "Best Practice" Guidelines

Medical treatment

modified work: 0 days manual work: 7 days

manual overhead work: 28 days heavy manual work: 56 days Arthroscopic surgical repair/acromioplasty clerical/modified work: 28 days Disability Durations
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#### Notes:

manual work, non-dominant arm: 56 days manual work, dominant arm: 70 days

## Open surgery

clerical/modified work: 42-56 days

manual work, non-dominant arm: 70-90 days manual work, dominant arm: 106-180 days

heavy manual work if cause of disability: indefinite

## Capabilities & Activity Modifications for Restricted Work:

Modified work: No overhead work (reaching above shoulder) plus no reaching to shoulder level (90 degree position); no holding arm in abduction or flexion; pulling and pushing not more than 8 lbs up to 4 times/hr; lifting and carrying up to 5 lbs 3 times/hr; single arm upper extremity work using injured arm for light work only; possible immobilization by abduction brace, sling, or clavicle brace; no climbing ladders.

Manual work: Reaching above shoulder not more than 12 times/hr with up to 15 lbs of weight; reaching to shoulder up to 15 times/hr with up to 25 lbs of weight; holding arm in abduction or flexion up to 12 times/hr with up to 15 lbs of weight; pulling and pushing up to 60 lbs 20 times/hr; lifting and carrying up to 40 lbs 15 times/hr; single upper extremity work using injured arm for moderate work only (full use of non-injured arm); possible immobilization by abduction brace, sling, or clavicle brace; climbing ladders up to 50 rungs/hr.

#### MDGuidelines as 840.4 Rotator cuff

DU	DURATION IN DAYS			DL	JRATION IN	DAYS	
Job Classification	Minimum	Optimum	Maximum	Job Classification	Minimum	Optimum	Maxim
Sedentary	7	10	21	Sedentary	7	14	70
Light	7	10	42	Light	7	21	84
Medium	28	42	70	Medium	28	84	112
Heavy	56	84	112	Heavy	56	98	140
Very Heavy	70	112	140	Very Heavy	70	112	154

THC = The Hand Center (my practice)

MDG = MDG uidelines first number is MDA 5 and second number is MDA 6 if only one number then same for both editions, x = no data

## **Non-Surgical Rotator Cuff Tear**

		THC			MDG	
Job	<b>Target</b>	<b>Tmin</b>	<b>Tmax</b>	Opt	Min	Max
Sedentary	0	0	1	3	0	4
Light	0	0	1	3	0	7

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#### Notes:

Medium	0	0	8	21	14	42
Heavy	14	0	42	42	28	84
Very Heavy	28	7	49	42	28	84

**Surgical Arthroscope Rotator Cuff** 

8	•	THC			MDG	
Job	<b>Target</b>	<b>Tmin</b>	<b>Tmax</b>	Opt	Min	Max
Sedentary				10	7	21
Light				10	7	21/42
Medium				42	28	56
Heavy				70	56/42	84/91
Very Heavy				70/84	56	84/112

Surgical Open Rotator Cuff (mini-deltoid splitting THC), All types by MDG

		<b>THC</b>			MDG	
Job	<b>Target</b>	<mark>Tmin</mark>	<b>Tmax</b>	Opt	Min	Max
Sedentary	5	0	14	42/10	28/7	70/21
Light	5	0	17	56/21	28/10	84/42
Medium	21	7	35	84/42	42/14	140/56
Heavy	42	14	91	84/70	70/42	140/91
Very Heavy	49	21	105	84	70/56	140/112

#### 

## 4. Fingertip amputations

## ODG as 866 traumatic amputation finger

Return-To-Work "Best Practice" Guidelines

Clerical/modified work: 21-28 days Manual/regular work: 112 days

MDGuidelines as 84.01, 84.02 traumatic amputation finger

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#### Notes:

;	urgical treatment	gical treatment, finger or thumb amputation.						
	DURATION IN DAYS							
	Job Classification	Minimum	Optimum	Maximum				
	Sedentary	7	14	42				
	Light	7	14	42				
	Medium	14	28	49				
	Heavy	14	42	63				
	Very Heavy	21	42	91				

#### 

## 1. Low back pain – lumbar strain

## ODG as 847.2 lumbar sprains and strains

Return-To-Work "Best Practice" Guidelines Mild (grade I), clerical/modified work: 0 days Mild, manual/heavy manual work: 7-10 days

Severe (grade II-III), clerical/modified work: 0-3 days

Severe, manual work: 14-17 days Severe, heavy manual work: 35 days

With radicular signs, see 722.1 (disc disorders) Obesity comorbidity (BMI >= 30), multiply by: 1.31

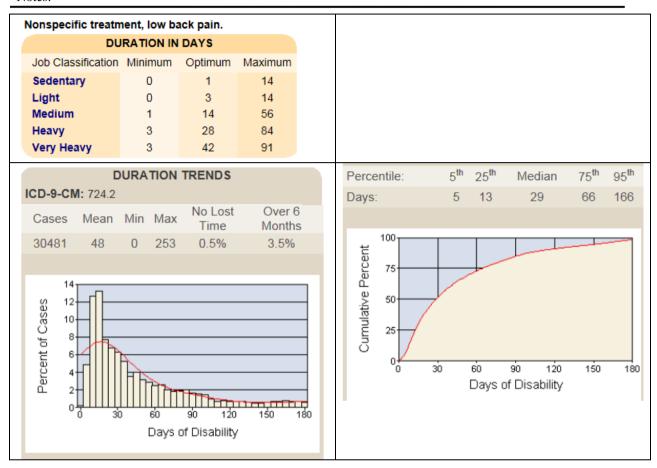
## Capabilities & Activity Modifications for Restricted Work:

Clerical/modified work: Lifting with knees (with a straight back, no stooping) not more than 5 lbs up to 3 times/hr; squatting up to 4 times/hr; standing or walking with a 5-minute break at least every 20 minutes; sitting with a 5-minute break every 30 minutes; no extremes of extension or flexion; no extremes of twisting; no climbing ladders; driving car only up to 2 hrs/day. Manual work: Lifting with knees (with a straight back) not more than 25 lbs up to 15 times/hr; squatting up to 16 times/hr; standing or walking with a 10-minute break at least every 1-2 hours; sitting with a 10-minute break every 1-2 hours; extremes of flexion or extension allowed up to 12 times/hr; extremes of twisting allowed up to 16 times/hr; climbing ladders allowed up to 25 rungs 6 times/hr; driving car or light truck up to a full work day; driving heavy truck up to 4 hrs/day.

## **MDGuidelines as 724.2, 724.4, 724.5 low back pain**

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#### Notes:



ODG as 722.1, 722.2, 722.32, 722.52, 722.73, 722.83, 722.93, 724.0, 724.3, 724.4 as With Radiculopathy (722.x intervertebral disc disorders)

## **ODG Return-To-Work Pathways**

Discectomy

clerical/modified work: 28 days

manual work: 56 days

heavy manual work: 126 days to indefinite

Laminectomy

clerical/modified work: 28 days

manual work: 70 days

heavy manual work: 105 days to indefinite

## **MDGuidelines as 724.2, 724.4, 724.5 discectomy**

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#### Notes:

Medical treatment,	lumbar dis	c displace	ment.	Surg	Surgical treatment, lumbar discectomy.						
DU	RATION IN	DAYS			DURATION IN DAYS						
Job Classification	Minimum	Optimum	Maximum	Job	Job Classification		Optimum	Maximum			
Sedentary	1	1 7 1		Sec	lentary	3	14	35			
Light	1	14	21	Lig	ht	7	21	42			
Medium	1	21	42	Me	dium	14	42	84			
Heavy	1	56	91	Hea	*	35	49	112			
Very Heavy	1	91	156	Ver	y Heavy	42	56	140			
Cases Mean 9466 74	Min Max 0 316	No Lost Time 0.2%	Month: 8.9%	Days	100 75 50 25 0 30		Median 60 90 120 of Disability	98	95 <sup>th</sup> 189		

## 

## 3. Lumbar fusion

## ODG as 22558 Lumbar fusion, anterior approach

Return-To-Work "Best Practice" Guidelines Lumbar fusion

clerical/modified work: 56 days

manual work: 140 days

heavy manual work: 140 days to indefinite

MDGuidelines as ICD-9-CM: as 81.0, 81.00, 81.01, 81.02, 81.03, 81.04, 81.05, 81.06, 81.07, 81.08 or CPT: as22532, 22533, 22534, 22548, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22830

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#### Notes:

	Surgical treatment	Surgical treatment, lumbar spinal fusion.					
	DURATION IN DAYS						
	Job Classification	Minimum	Optimum	Maximum			
	Sedentary	42	49	84			
	Light	56	63	84			
	Medium	70	77	112			
	Heavy	84	168	Indefinite			
	Very Heavy	84	168	Indefinite			

#### 

## 4. Neck pain

## ODG as 847.0 Neck Whiplash

Return-To-Work "Best Practice" Guidelines

Whiplash grade 0 (Quebec Task Force grades): 0 days

Whiplash grade I-III

clerical/modified work: 5 days

manual work: 21 days

heavy manual work: 28 days Whiplash grade IV: see 805 (fracture)

Capabilities & Activity Modifications for Restricted Work:

Clerical/modified work: No lifting over shoulder; lifting to level of shoulder not more than 5 lbs up to 2 times/hr; standing or walking with a 5-minute break at least every 20 minutes; sitting with a 5-minute break every 30 minutes (using an operator head set if extended phone operations); no extremes of motion including extension or flexion; no extremes of twisting or lateral rotation; no climbing ladders; driving car only up to 2 hrs/day; possible use of cervical collar with change of position and stretching every 30 min; modify workstation or position to eliminate lifting away from body or using twisting motion.

Manual work: Lifting over shoulder not more than 25 lbs up to 15 times/hr; lifting to level of shoulder up to 30 lbs of weight not more than 15 times/hr; standing or walking with a 10-minute break at least every 1-2 hours; sitting with a 10-minute break every 1-2 hours; extremes of flexion or extension allowed up to 20 times/hr; extremes of twisting allowed up to 16 times/hr; climbing ladders allowed up to 40 rungs 8 times/hr; driving car or light truck up to a full work day; driving heavy truck up to 4 hrs/day.

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#### Notes:

upportive treatm	ent, cervic	obrachial s	yndrome.	Supp	portive treatme	ent, cervica	l spine spr	ain or
DU	JRATION IN	DAYS			DU	RATION IN	DAYS	
Job Classification	Minimum	Optimum	Maximum	Job	Classification	Minimum	Optimum	Maxim
Sedentary	0	3	7	Sed	dentary	1	1	7
Light	0	7	14	Ligi	ht	1	7	14
Medium	0	7	21	Med	dium	3	21	42
Heavy	0	14	28	Hea	avy	3	35	56
Very Heavy	0	28	56	2/	ry Heavy	3	42	70
•		pinal fusior	n (one level)		ical treatm			70
urgical treatment, ith or without disc		'	n (one level)					70
ith or without dis	cectomy.	DAYS	n (one level)  Maximum					70
ith or without disc	cectomy.	DAYS						70
ith or without disc DUI Job Classification	cectomy.  RATION IN  Minimum	DAYS Optimum	Maximum					70
ith or without disc DUI Job Classification Sedentary	cectomy.  RATION IN  Minimum  7	DAYS Optimum 21	Maximum 42					70
ith or without disc DUI Job Classification Sedentary Light	RATION IN Minimum 7 21	DAYS Optimum 21 42	Maximum 42 56					70

### 

## 1. Knee Meniscectomy

## ODG as 836.0 as medial meniscus

ODG Return-To-Work Pathways

Without surgery

clerical/modified work: 0-2 days manual/standing work: 21 days

With arthroscopy

clerical/modified work: 14 days manual/standing work: 42 days

With arthrotomy

clerical/modified work: 28 days manual/standing work: 56 days heavy manual/standing work: 84 days

Capabilities & Activity Modifications for Restricted Work:

Sedentary/modified work: Standing limited to 5-10 min/hr; walking only on a smooth surface using crutches with limited pressure on the foot; no walking on an irregular surface; no climbing stairs; no climbing ladders or hill climbing requiring frequent knee flexion; no activities

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#### Notes:

requiring balance; no applying strength against bent knee (squatting, kneeling, crouching, stooping, pedaling, etc.); elevate leg half of time; may need immobilization; limited weight bearing.

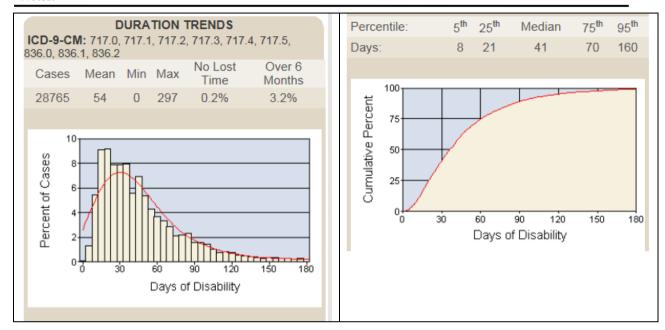
Manual/standing work: Standing not more than 50 min/hr; walking on a smooth surface up to 1,200 ft/hr carrying up to 25 lbs; walking on an irregular surface up to 900 ft/hr carrying up to 25 lbs; climbing stairs up to 8 flights/hr carrying up to 40 lbs; climbing ladders up to 50 rungs/hr carrying up to 25 lbs; activities requiring balance up to 45 min/hr (if able to work with two hands without assistance for balance); applying strength against bent knee (pedaling, squatting, kneeling, etc.) up to 60 times/hr; may need brace for uneven ground or ladders.

MDGuidelines as ICD-9-CM: as 717.0, 717.1, 717.2, 717.3, 717.4, 717.40, 717.41, 717.42, 717.43, 717.49, 717.5, 836.0, 836.1, 836.2 and ICD-10: asM23.0, M23.1, M23.2, M23.3, S83.2, S83.3

Medical treatment	, meniscus	disorder.		Surgical treatment	, arthrosco	pic menisc	ectom
DU	JRATION IN	DAYS		DU	RATION IN	DAYS	
Job Classification	Minimum	Optimum	Maximum	Job Classification	Minimum	Optimum	Maximu
Sedentary	7	7	14	Sedentary	7	14	28
Light	7	14	21	Light	7	14	35
Medium	14	28	42	Medium	14	21	56
Heavy	28	35	91	Heavy	21	42	84
Very Heavy	28	42	91	Very Heavy	28	42	126
urgical treatment	, open men	iscectomy					
	, open men						
	RATION IN	DAYS	Maximum				
DU	RATION IN	DAYS					
DU Job Classification	RATION IN Minimum	DAYS Optimum	Maximum				
DU Job Classification Sedentary	Minimum	DAYS Optimum 14	Maximum 42				
DU Job Classification Sedentary Light	Minimum 7 7	DAYS Optimum 14 14	Maximum 42 49				

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#### Notes:



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## 2. Ankle strain or sprain

## ODG as 854.0 ankle

Return-To-Work "Best Practice" Guidelines

Ankle strapping/soft cast

mild sprain: 1 day

severe sprain, sedentary/modified work (10 days crutches): 4-5 days

severe sprain, manual/standing work: 21 days

With surgery

sedentary/modified work: 10 days

manual/standing work, w/o cast: 49-63 days

## Capabilities & Activity Modifications for Restricted Work:

Sedentary/modified work: Standing limited to 5-10 min/hr; walking only on a smooth surface using crutches with limited pressure on the foot; no walking on an irregular surface; no climbing stairs; no climbing ladders or hill climbing requiring frequent knee flexion; no activities requiring balance; no applying strength against bent knee (squatting, kneeling, crouching, stooping, pedaling, etc.); elevate leg half of time; may need immobilization; limited weight bearing.

Manual/standing work: Standing not more than 50 min/hr; walking on a smooth surface up to 1,200 ft/hr carrying up to 25 lbs; walking on an irregular surface up to 900 ft/hr carrying up to 25 lbs; climbing stairs up to 8 flights/hr carrying up to 40 lbs; climbing ladders up to 50 rungs/hr

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#### Notes:

carrying up to 25 lbs; activities requiring balance up to 45 min/hr (if able to work with two hands without assistance for balance); applying strength against bent knee (pedaling, squatting, kneeling, etc.) up to 60 times/hr; may need brace for uneven ground or ladders.

## MDGuidelines as ICD-9-CM: as 845, 845.0, 845.00, 845.01, 845.02, 845.03, 845.09 and ICD-10: as S86.0, S93, S93.2, S93.4

Supportive treatment, second-degree).		Supportive treatment, ankle sprain or strain (third-degree).								
DURAT	TION IN DAYS				DU	IRAT	ION IN	DAYS		
Job Classification Min	nimum Optimum	Maximum		Job	Classification	Min	imum	Optimum	Maximum	1
Sedentary	0 3	7		Sed	entary		1	3	7	
Light	1 3	7		Ligh	nt		1	7	28	
Medium	3 7	14		Med	lium		7	14	42	
Heavy	7 14	28		Hea	vy		14	21	70	
Very Heavy	7 14	28		Very	/ Heavy		14	21	84	
DURA	ATION TRENDS			Perce	entile:	5 <sup>th</sup>	25 <sup>th</sup>	Median	75 <sup>th</sup>	95 <sup>th</sup>
ICD-9-CM: 845.01, 845	5.02			Days		6	16	31		131
Cases Mean Min	n Max No Los Time	t Over Month								
700 45 1	227 < 0.1%  227 < 0.1%  60 90 12  Days of Disabilit	0 150	180	Cumulative Percent	75 50 25 0 3		60 Days	90 of Disability	120	150