

**PROPOSED REGULATION OF THE DIVISION OF INDUSTRIAL
RELATIONS OF THE DEPARTMENT OF BUSINESS AND
INDUSTRY**

LCB File No. R009-97

August 8, 1997

EXPLANATION – Matter in *italics* is new; matter in brackets [] is material to be omitted.

AUTHORITY: NRS 616A.400, 616C.110, 616C.485, 616C.490 and 616C.495.

Section 1. Chapter 616C of NAC is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this regulation.

Sec. 2. *1. For the purposes of NRS 616B.540, 616B.557, 616B.578, 616B.587, 616C.105, 616C.490 and 617.459, the division hereby adopts by reference the “Guides to the Evaluation of Permanent Impairment,” 4th Edition, 3rd Printing, published by the American Medical Association.*

2. A copy of the publication may be obtained from the American Medical Association, Post Office Box 7046, Dover, Delaware 19903-7046, for the price of \$49.95 for persons who are members of the association, or \$75.95 for persons who are not members of the association.

Sec. 3. *1. The administrator will establish a panel to review ratings evaluations conducted by physicians and chiropractors pursuant to NRS 616C.490. The administrator or his designated agent will select physicians and chiropractors who perform such ratings evaluations to serve as members of the panel.*

2. *The members of the panel shall assist the administrator or his designated agent in reviewing ratings evaluations of permanent partial disabilities to ensure that the evaluations comply with the standards set forth in the guide and the regulations of the division.*

Sec. 4. 1. *A rating physician or chiropractor performing an evaluation of a permanent partial disability that is related to the spine of an injured employee shall use the “Injury Model,” as described on page 3/94 of the guide, to rate the disability if the condition of the injured employee is listed in Table 70, Spine Impairment Categories for Cervicothoracic, Thoracolumbar, and Lumbosacral Regions, on page 3/108 of the guide. If none of the categories set forth in the table are applicable to the condition of the injured employee, the rating physician or chiropractor may use the “Range of Motion Model,” as described on page 3/94 of the guide, to assist in categorizing the disability.*

2. *A rating physician or chiropractor who determines that the injury of an employee with chronic spinal pain is in Spine Impairment Category I of Table 70 shall delineate the impairment rating of the whole person as follows:*

(a) *If there are complaints of subjective pain without objective findings and multiple observations by providers of health care noted inconsistencies with respect to the presentation of pain, 0 percent impairment of the whole person.*

(b) *If there are complaints of subjective pain without objective findings, multiple observations by providers of health care revealed consistencies with respect to the presentation of pain and the pain interferes with the injured employee’s activities of daily living or his vocational efficiency, or both, but does not preclude the injured employee from returning to his employment at the time of his injury, 1 to 2 percent impairment of the whole person.*

(c) If there are complaints of subjective pain without objective findings, multiple observations by providers of health care revealed consistencies with respect to the presentation of pain, the pain, within a degree of medical probability, results in a gradual decrease in functional work categorization, and the ability of the injured employee to carry out activities of daily living is significantly decreased or he is precluded from returning to his employment at the time of his injury, or both, 3 to 4 percent impairment of the whole person.

3. A rating physician or chiropractor shall document all ratings of impairments listed in Spine Impairment Category I of Table 70.

4. A rating physician or chiropractor evaluating an upper extremity neurological impairment shall use Table 15, Maximum Upper Extremity Impairments Due to Unilateral Sensory or Motor Deficits or Combined Deficits of the Major Peripheral Nerves, on page 3/54 of the guide, rather than Table 16, Upper Extremity Impairment Due to Entrapment Neuropathy, on page 3/57 of the guide.

Sec. 5. NAC 616C.001 is hereby amended to read as follows:

616C.001 As used in this chapter, unless the context otherwise requires [, the] :

1. The words and terms defined in:

[1.] (a) NRS 616A.030 to 616A.360, inclusive; and

[2.] (b) NAC 616A.020 to 616A.280, inclusive,

have the meanings ascribed to them in those sections.

2. “Guide” means the American Medical Association’s “Guides to the Evaluation of Permanent Impairment,” as adopted pursuant to section 2 of this regulation.

Sec. 6. NAC 616C.021 is hereby amended to read as follows:

616C.021 1. The designation of a rating physician or chiropractor pursuant to NRS 616C.490 must be in writing. To qualify for designation, a physician or chiropractor must:

- (a) **[Be the holder of a license to practice in this state issued by the board of medical examiners or the Nevada state board of chiropractic examiners;**
- (b) **Have a demonstrated interest in the field of industrial health;**
- (c) **Successfully] Possess the qualifications required of a physician or chiropractor who is appointed to the panel of physicians and chiropractors established pursuant to NRS 616C.090;**
 - (b) *Demonstrate a special competence and interest in industrial health by:*
 - (1) *Performing ratings evaluations of permanent partial disabilities when selected pursuant to NRS 616C.490, except disabilities related to an injured employee's vision or functional limitations, including deficiencies in brain function, resulting from an industrial accident or occupational disease;*
 - (2) *Scheduling and performing a rating evaluation within 30 days after receipt of a request from an insurer, a third-party administrator or an injured employee or his representative; and*
 - (3) *Serving without compensation for a period not to exceed 1 year on the panel established pursuant to section 3 of this regulation;*
 - (c) *Except as otherwise provided in subsection 2, successfully complete a course on [the evaluation of permanent impairments sponsored by the Nevada State Medical Association or an equivalent course approved by the industrial insurance regulation section;] rating disabilities using the guide that is approved by the administrator or his designated agent and pass an examination that is administered by the American Board of Independent Medical Examiners, or its successor organization; and*

(d) Demonstrate an understanding of [:

(1) The regulations of the division as they pertain to the evaluation of permanent partial disability; and

(2) The evaluation of permanent partial disability in accordance with the American Medical Association's Guides to the Evaluation of Permanent Impairment.

2. The ratings performed by a rating physician or chiropractor are subject to review by the industrial insurance regulation section to ensure that the ratings conform to the regulations of the division and the American Medical Association's Guides to the Evaluation of Permanent Impairment.] *the regulations of the division related to the evaluation of permanent partial disabilities.*

2. *The administrator or his designated agent may authorize ophthalmologists and psychiatrists who are authorized to practice in this state to attend the relevant portions of the course required by paragraph (c) of subsection 1 and, upon the recommendation of the instructor of the course, may approve an ophthalmologist or psychiatrist to evaluate injured employees with impaired vision or brain damage according to his area of specialization.*

3. *A rating evaluation of a permanent partial disability may be performed by a chiropractor only if the injured employee's injury and treatment is related to his musculoskeletal system and such treatment is within the chiropractor's authorized scope of practice.*

4. *A rating physician or chiropractor may not rate the disability of an injured employee if the physician or chiropractor has:*

(a) *Previously examined or treated the injured employee for the injury related to his claim for workers' compensation; or*

(b) Reviewed the health care records of the injured employee and has made recommendations regarding the likelihood of the injured employee's ratable impairment.

5. A rating evaluation of a permanent partial disability performed by a rating physician or chiropractor is subject to review by the administrator or his designated agent pursuant to the provisions of section 3 of this regulation.

Sec. 7. NAC 616C.024 is hereby amended to read as follows:

616C.024 1. The [**chief may remove**] *administrator or his designated agent may issue a warning to any physician or chiropractor [from] on the list of rating physicians and chiropractors designated pursuant to NRS 616C.490 , suspend any physician or chiropractor from the list pending his appeal of the action taken by the administrator or his designated agent, or remove any physician or chiropractor from the list* if the physician or chiropractor:

(a) Commits an excessive number of errors in the performance of ratings [**, as determined by comparing the total number of ratings performed to:**

(1) The number of ratings reversed on appeal; and

(2) The number of ratings found by the industrial insurance regulation section to be erroneous;] *evaluations, as determined by comparing the number of ratings found by the administrator or his designated agent to be erroneous to the total number of ratings performed by the physician or chiropractor;*

(b) *Violates any provision of NAC 616C.006 [;] or commits two or more violations of any of the provisions of chapters 616A to 617, inclusive, of NRS or any other regulations adopted pursuant thereto;*

(c) Is the subject of any disciplinary action *which resulted in the suspension or revocation of his license or the limitation of his practice* by the [board of medical examiners or the Nevada state board of chiropractic examiners; or] *applicable licensing authority*;

(d) Is determined by the [chief] *administrator or his designated agent* to have engaged in any action [harmful to a claimant,] *detrimental to an injured employee*, an employer, an insurer [,] or the program of industrial insurance [.] ;

(e) *Refuses to serve as a member of the panel established pursuant to section 3 of this regulation or serves as a member of the panel but does not attend the meetings of the panel; or*

(f) *Refuses to perform ratings evaluations when selected pursuant to NRS 616C.490 or schedules and fails to perform such evaluations in accordance with that section.*

2. *For the purposes of paragraph (a) of subsection 1, the administrator or his designated agent, after receiving the advice of the panel established pursuant to section 3 of this regulation, will determine what is an excessive number of errors in the performance of ratings evaluations.*

3. If the [chief] *administrator or his designated agent* intends to remove a physician or chiropractor from the list of rating physicians and chiropractors, he will cause written notice of the removal to be [mailed or] delivered *by certified mail* to the physician or chiropractor affected. The physician or chiropractor may appeal the [decision] *determination* of the [chief] *administrator or his designated agent* by filing a written notice of appeal with the administrator within 30 days after the notice of removal is received. If a notice of appeal is filed in the manner provided by this subsection, the administrator or [a person designated by him] *his designated agent* will conduct a hearing on the matter and issue a decision in writing affirming or reversing the [decision of the chief.

3.] *determination.*

4. Except as otherwise provided in this subsection, the removal of a physician or chiropractor from the list of rating physicians and chiropractors becomes final and effective upon the expiration of the time permitted by subsection [2] 3 for the filing of a notice of appeal. If a notice of appeal is filed in the manner provided by subsection [2,] 3, the removal is final and effective upon the issuance of a decision affirming the [decision] *determination* of the [chief.] *administrator or his designated agent*. The issuance of such a decision is a final decision for the purposes of judicial review.

Sec. 8. NAC 616C.103 is hereby amended to read as follows:

616C.103 1. When a physician or chiropractor appointed to the panel of physicians and chiropractors has determined that an injured employee is stable [, stationary, or] *and* ratable and information in the insurer's file on the injured employee indicates the [probability] *likelihood* that he has a ratable impairment, according to the [American Medical Association's "Guides to the Evaluation of Permanent Impairment,"] *guide*, the insurer shall comply with subsection 2 of NRS 616C.490 by [selecting] :

(a) *Requesting* a physician or chiropractor from the panel designated by the [chief,] *administrator* to evaluate the injured employee and determine the extent of any permanent impairment [.] ; *and*

(b) *Providing written notice to the injured employee of the dates, times and places of the appointments for the rating evaluation.*

2. Except as otherwise provided in subsection 4, if the [evaluating] *rating* physician or chiropractor finds that the injured employee has a ratable impairment, the insurer shall, within [30 days after receipt of the physician's or chiropractor's evaluation,] *the time prescribed by*

NRS 616C.490, offer the injured employee the award to which he is entitled. The insurer shall make payment to the injured employee:

(a) Within 20 days; or

(b) If there is any child support obligation affecting the injured employee, within 35 days, after it receives the properly executed award papers [.] *from the injured employee or his representative.*

3. If the [evaluating] *rating* physician or chiropractor determines that the permanent impairment may be apportioned pursuant to NAC 616C.490, the insurer shall advise the injured employee of the amount by which the rating was reduced and the reasons for the reduction.

4. If the insurer disagrees in good faith with the result of the *rating* evaluation, the insurer shall, within [30 days after it receives the evaluation:] *the time prescribed in NRS 616C.490:*

(a) Offer the injured employee the *portion of the* award [, if any.] , *in installments*, which it does not dispute; [and]

(b) *Provide the injured employee with a copy of each rating evaluation performed of him;*
and

(c) Notify the injured employee of the [nature of] *specific reasons for* the disagreement and his right to appeal. The notice must also set forth a proposal for [compromising] *resolving* the dispute.

5. The injured employee must receive a copy of the results of each *rating* evaluation performed of him before accepting an award for a permanent partial disability.

6. *As used in this section, "award papers" means the following forms, as appropriate:*

(a) *D-10(a), Election of Method of Payment of Compensation.*

(b) D-10(b), Election of Method of Payment of Compensation for Disability Greater than 25 Percent.

(c) D-11, Reaffirmation of Lump Sum Request.

Sec. 9. NAC 616C.109 is hereby amended to read as follows:

616C.109 1. If [a claimant] *an injured employee* is permitted by the rating physician or chiropractor to have his attorney or other representative present during [an] *a rating* evaluation for *a* permanent partial disability, the [claimant's employer is also entitled to have a representative present during the evaluation.] *rating physician or chiropractor may request the attorney or representative to leave the examination room or may terminate the examination:*

(a) If the attorney or representative disrupts the examination; or

(b) To protect the privacy of the injured employee.

2. Nothing in this section shall be deemed to limit the right conferred by subsection 4 of NRS 616C.140.

Sec. 10. NAC 616C.212 is hereby amended to read as follows:

616C.212 1. The following [are] *is* the maximum allowable [charges] *reimbursement* for each rating of a permanent partial disability for each claim for workers' compensation:

Code	Procedure	[Charge]
		<i>Reimbursement</i>
NV01000	Review of records, testing, evaluation, and report	\$450
NV01001	Failure of an injured employee to appear for appointment.....	150
NV01002	Addendum necessary to clarify original report.....	No charge

NV01003 Addendum after review of additional medical records.....	150
NV01004 Review of medical records and evaluation of more than 2 body parts.....	150 for each body part in excess of 2
<i>NV01005 Organization of medical records in chronological order.....</i>	<i>25</i>

2. Code NV01001 may not be billed unless the injured employee fails to:
 - (a) Appear for the evaluation within 15 minutes after the scheduled appointment; or
 - (b) Cancel the appointment within 24 hours before the scheduled appointment,

if the injured employee is not seen on that day and all records and diagnostic images have been reviewed by the rating physician or chiropractor.

3. *For the purpose of establishing the maximum allowable reimbursement for the review of medical records and the evaluation of musculoskeletal body parts, the following constitute one body part:*

- (a) *The cervicothoracic spine.*
- (b) *The thoracolumbar spine.*
- (c) *The lumbosacral spine.*
- (d) *The left upper extremity, excluding the left hand.*
- (e) *The right upper extremity, excluding the right hand.*
- (f) *The left hand, including that portion below the junction of the middle and lower thirds of the left forearm.*

(g) The right hand, including that portion below the junction of the middle and lower thirds of the right forearm.

(h) The left lower extremity.

(i) The right lower extremity.

(j) The head.

(k) The trunk.

4. A rating physician or chiropractor shall mail a report of an evaluation to the insurer within 15 working days after the evaluation is completed. If an addendum is requested by the insurer, the rating physician or chiropractor shall mail the addendum to the insurer within 10 working days after receiving the request.

5. If an evaluation is requested by an injured employee or his representative, the rating physician or chiropractor shall mail a report of the evaluation to the injured employee or his representative within 15 working days after the evaluation is completed. If an addendum is requested by the injured employee or his representative, the rating physician or chiropractor shall mail the addendum to the injured employee or his representative within 10 working days after receiving the request.

Sec. 11. NAC 616C.460 is hereby amended to read as follows:

616C.460 In determining the percentage of permanent partial disability of [a claimant] *an injured employee* whose accident occurred before July 1, 1973, and whose disability has not been shown on any applicable statutory schedule, the insurer shall consider:

1. The following factors:

(a) The extent of the [claimant's] *injured employee's* physical impairment.

(b) The [claimant's] *injured employee's* age at the time of injury.

(c) The [claimant's] *injured employee's* occupation and his number of years in the occupation.

(d) The loss of earning power caused by the injury.

(e) The incapacity for work as a result of the injury.

(f) The inability to find work as a result of the injury.

(g) Any previous disability.

2. The American Medical Association's "Guides to the Evaluation of Permanent Impairment."

3. The "Nevada Schedule for Rating Permanent Disabilities," issued by the former Nevada industrial commission on July 1, 1971. That schedule is incorporated by reference into this section. A copy of that schedule may be obtained from the [State Industrial Insurance System, 515 East Musser] *Division of Industrial Relations, 400 West King* Street, Carson City, Nevada [89714,] 89710, for the cost of the reproduction.

Sec. 12. NAC 616C.463 is hereby amended to read as follows:

616C.463 [1.] The provisions of NAC 616C.463 to 616C.490, inclusive, *and section 4 of this regulation*, apply to ratings of permanent partial [disability] *disabilities* which are determined on or after [May 13, 1982.

2. The provisions of NAC 616C.463 to 616C.490, inclusive, may not be used as the only basis for a change of circumstances pursuant to NRS 616C.390 to require an increase of compensation for any ratings of permanent partial disability for injuries which occurred before May 13, 1982.] *May 1, 1997.*

Sec. 13. NAC 616C.487 is hereby amended to read as follows:

616C.487 The percentage of impairment in any specific rating or combination of ratings [which is based upon both the guide and NAC 616C.463 to 616C.490, inclusive,] may not exceed 100 percent of the applicable extremity or of the whole man.

Sec. 14. NAC 616C.490 is hereby amended to read as follows:

616C.490 1. If any permanent impairment from which an employee is suffering following an accidental injury or the onset of an occupational disease is due in part to the injury or disease, and in part to a preexisting or intervening injury, disease [,] or condition, the [evaluating physician,] *rating physician or chiropractor*, except as otherwise provided in subsection 8, shall determine the portion of the impairment which is reasonably attributable to the injury or occupational disease and the portion which is reasonably attributable to the preexisting or intervening injury, disease [,] or condition. The *injured* employee may receive compensation for that portion of his impairment which is reasonably attributable to the [subsequent] *present industrial* injury or occupational disease and may not receive compensation for that portion which is reasonably attributable to the preexisting or intervening injury, disease [,] or condition.

2. Except as otherwise provided in subsection 8, the rating of a permanent partial disability must be apportioned if there is a preexisting permanent impairment or intervening injury, disease [,] or condition, whether it resulted from an industrial or nonindustrial injury, disease [,] or condition.

3. The apportionment must be determined by computing the percentage of the entire impairment and deducting from that percentage the percentage of the impairment caused by the previous injury, disease [,] or condition as it existed at the time of the industrial injury or the onset of the intervening injury, disease [,] or condition.

4. A precise apportionment must be completed if a prior evaluation of the percentage of impairment is available and recorded for the preexisting impairment. The organs or anatomical structure of the preexisting impairment must be identical with that subject to current evaluation. The prior percentages which were used must have been derived from the guide . [or be interpretable into those percentages.] Sources of information upon which an apportionment may be based include, but are not limited to:

- (a) Prior ratings of the insurer;
- (b) Other ratings;
- (c) Findings of the loss of range of motion; or
- (d) Information concerning previous surgeries.

5. If precise information is not available, apportionment may be allowed if at least 50 percent of the total present impairment is due to a preexisting or intervening injury, disease [,] or condition as determined by subsection 3. The [evaluating] rating physician or chiropractor may base the apportionment upon X-rays, historical records [,] and diagnoses made by physicians or chiropractors or records of treatment which confirm the prior impairment.

6. If there are preexisting conditions, such as degenerative arthritis, rheumatoid variants, obesity [,] or congenital malformations, the apportionment must be supported by documentation concerning the scope and the nature of the impairment which existed before the industrial injury or the onset of disease.

7. A rating physician or chiropractor shall always explain the underlying basis of the apportionment as specifically as possible by citing pertinent data in the [medical] health care records or other records.

8. If no documentation exists pursuant to subsection 6 or 7, the impairment may not be apportioned.

[9. Awards for second extremities may not be apportioned.

10. The impairment of an upper extremity must be apportioned in accordance with the American Medical Association's Guides to the Evaluation of Permanent Impairment.]

Sec. 15. NAC 616C.499 is hereby amended to read as follows:

616C.499 1. If [a claimant] *an injured employee* elects to receive his award for a permanent partial disability in a lump sum, he must reaffirm his election within 20 days after receiving notification from the [claims agent] *insurer* pursuant to subsection 2 of NRS 616C.495 before the lump sum will be paid.

2. If [a claimant] *an injured employee* reaffirms his election within 20 days, the [award must be paid promptly after] *insurer shall make payment to the injured employee:*

(a) *Within 20 days; or*

(b) *If there is any child support obligation affecting the injured employee, within 35 days, after the insurer receives the reaffirmation.*

3. In offering an award *for a permanent partial disability* in a lump sum, the [claims agent] *insurer* shall notify the [claimant] *injured employee* that acceptance of the award waives all of his rights regarding the claim, including his right to appeal, except his right to reopen his claim and to vocational rehabilitation services.

Sec. 16. NAC 616C.502 is hereby amended to read as follows:

616C.502 The factors in the following table must be applied whenever present value is computed to make [lump-sum payments of awards] *a lump-sum payment for an award for a permanent partial disability. The determination of [a claimant's] the age of an injured employee*

must be made by subtracting the birthdate of the [claimant] *injured employee* from the date of the request by the [claimant] *injured employee* for a lump-sum payment. Only the month and year may be used in the determination.

DIVISION OF INDUSTRIAL RELATIONS

Factors to be Applied to Awards for Monthly

Permanent Partial Disability to Calculate Lump-Sum Settlements

MALES/FEMALES - BENEFITS TO AGE 70						1987 UNDIFFERENTIATED PENSION MORTALITY - 6% INTEREST						
Age												
Years	Months											
	0	1	2	3	4	5	6	7	8	9	10	11
15	192.72	192.68	192.63	192.59	192.54	192.50	192.45	192.41	192.36	192.32	192.27	192.23
16	192.18	192.13	192.09	192.04	191.99	191.94	191.89	191.85	191.80	191.75	191.70	191.65
17	191.61	191.56	191.50	191.45	191.40	191.35	191.30	191.25	191.20	191.14	191.09	191.04
18	190.99	190.94	190.88	190.83	190.77	190.72	190.66	190.61	190.55	190.50	190.44	190.39
19	190.33	190.27	190.21	190.16	190.10	190.04	189.98	189.92	189.86	189.80	189.74	189.68
20	189.63	189.56	189.50	189.44	189.37	189.31	189.25	189.18	189.12	189.06	188.99	188.93
21	188.87	188.80	188.73	188.66	188.60	188.53	188.46	188.39	188.33	188.26	188.19	188.12
22	188.05	187.98	187.91	187.84	187.76	187.69	187.62	187.55	187.47	187.40	187.33	187.26
23	187.18	187.11	187.03	186.95	186.87	186.79	186.72	186.64	186.56	186.48	186.40	186.33
24	186.25	186.16	186.08	186.00	185.92	185.83	185.75	185.67	185.58	185.50	185.42	185.33
25	185.25	185.16	185.07	184.99	184.90	184.81	184.72	184.63	184.54	184.46	184.37	184.28
26	184.19	184.10	184.00	183.91	183.81	183.72	183.63	183.53	183.44	183.34	183.25	183.16
27	183.06	182.96	182.86	182.76	182.66	182.56	182.46	182.36	182.26	182.16	182.06	181.96

28	181.86	181.75	181.64	181.54	181.43	181.32	181.22	181.11	181.00	180.90	180.79	180.68
29	180.58	180.46	180.35	180.24	180.12	180.01	179.90	179.79	179.67	179.56	179.45	179.33
30	179.22	179.10	178.98	178.86	178.74	178.62	178.50	178.38	178.27	178.15	178.03	177.91
31	177.79	177.66	177.54	177.41	177.28	177.16	177.03	176.90	176.78	176.65	176.52	176.40
32	176.27	176.14	176.01	175.87	175.74	175.60	175.47	175.34	175.20	175.07	174.94	174.90
33	174.67	174.53	174.39	174.25	174.11	173.96	173.82	173.68	173.54	173.40	173.26	173.12
34	172.98	172.83	172.68	172.53	172.38	172.23	172.08	171.94	171.79	171.64	171.49	171.34
35	171.19	171.04	170.88	170.72	170.57	170.41	170.26	170.10	169.94	169.79	169.63	169.48
36	169.32	169.16	168.99	168.83	168.66	168.50	168.33	168.17	168.01	167.84	167.68	167.51
37	167.35	167.18	167.01	166.83	166.66	166.49	166.32	166.14	165.97	165.80	165.63	165.45
38	165.28	165.10	164.92	164.74	164.56	164.38	164.20	164.02	163.83	163.65	163.47	163.29
39	163.11	162.92	162.73	162.54	162.35	162.16	161.97	161.78	161.59	161.40	161.21	161.02
40	160.83	160.63	160.43	160.23	160.03	159.83	159.64	159.44	159.24	159.04	158.84	158.64
41	158.44	158.23	158.02	157.81	157.60	157.39	157.19	156.98	156.77	156.56	156.35	156.14
42	155.93	155.71	155.49	155.27	155.06	154.84	154.62	154.40	154.18	153.96	153.74	153.52
43	153.30	153.07	152.84	152.62	152.39	152.16	151.93	151.70	151.47	151.24	151.01	150.78
44	150.55	150.31	150.07	149.83	149.59	149.35	149.11	148.87	148.63	148.39	148.15	147.91
45	147.67	147.42	147.17	146.91	146.66	146.41	146.16	145.91	145.66	145.41	145.15	144.90
46	144.65	144.39	144.12	143.86	143.60	143.34	143.07	142.81	142.55	142.28	142.02	141.76
47	141.49	141.22	140.94	140.67	140.39	140.12	139.84	139.57	139.29	139.02	138.74	138.47
48	138.19	137.91	137.62	137.33	137.04	136.76	136.47	136.18	135.90	135.61	135.32	135.03
49	134.75	134.45	134.14	133.84	133.54	133.24	132.94	132.64	132.34	132.04	131.74	131.44
50	131.14	130.82	130.51	130.19	129.88	129.56	129.25	128.94	128.62	128.31	127.99	127.68
51	127.36	127.03	126.70	126.38	126.05	125.72	125.39	125.06	124.73	124.40	124.07	123.74
52	123.41	123.07	122.72	122.38	122.04	121.69	121.35	121.00	120.66	120.32	119.97	119.63
53	119.28	118.92	118.56	118.20	117.84	117.48	117.12	116.76	116.40	116.04	115.68	115.32

54	114.96	114.58	114.20	113.83	113.45	113.07	112.69	112.31	111.94	111.56	111.18	110.80
55	110.43	110.03	109.63	109.24	108.84	108.44	108.05	107.65	107.25	106.86	106.46	106.06
56	105.67	105.25	104.83	104.41	104.00	103.58	103.16	102.75	102.33	101.91	101.50	101.08
57	100.66	100.23	99.79	99.35	98.91	98.47	98.03	97.60	97.16	96.72	96.28	95.84
58	95.40	94.94	94.48	94.02	93.56	93.10	92.64	92.18	91.71	91.25	90.79	90.33
59	89.87	89.38	88.90	88.41	87.92	87.44	86.95	86.46	85.98	85.49	85.00	84.52
60	84.03	83.52	83.00	82.49	81.98	81.46	80.95	80.43	79.92	79.41	78.89	78.38
61	77.86	77.32	76.78	76.23	75.69	75.15	74.60	74.06	73.51	72.97	72.43	71.88
62	71.34	70.76	70.18	69.61	69.03	68.45	67.88	67.30	66.72	66.15	65.57	64.99
63	64.42	63.80	63.19	62.58	61.97	61.35	60.74	60.13	59.51	58.90	58.29	57.67
64	57.06	56.41	55.75	55.10	54.45	53.79	53.14	52.49	51.83	51.18	50.53	49.87
65	49.22	48.52	47.82	47.12	46.42	45.72	45.02	44.32	43.62	42.92	42.22	41.53
66	40.83	40.08	39.32	38.57	37.82	37.07	36.32	35.57	34.82	34.07	33.32	32.56
67	31.81	31.00	30.19	29.38	28.57	27.76	26.95	26.14	25.33	24.52	23.70	22.89
68	22.08	21.20	20.32	19.44	18.56	17.68	16.80	15.92	15.04	14.16	13.28	12.40
69	11.52	10.56	9.60	8.64	7.72	6.76	5.80	4.84	3.88	2.92	1.96	1.00

Sec. 17. NAC 616C.505 is hereby amended to read as follows:

616C.505 [A claimant] *An injured employee* may accept an award for a permanent partial disability in installment payments without prejudice to any right which he may have to an administrative or judicial review.

Sec. 18. NAC 616C.508 is hereby amended to read as follows:

616C.508 [A claimant] *An injured employee* is entitled to receive the following compensation for the loss of or permanent damage to a tooth:

Incisor.....\$200

Bicuspid.....300

Molar400

Sec. 19. NAC 616C.466, 616C.469, 616C.472, 616C.475, 616C.478, 616C.481, 616C.484 and 616C.493 are hereby repealed.

Sec. 20. The provisions of section 2 of this regulation do not:

1. Constitute a change of circumstances for the purposes of NRS 616C.390.
2. Entitle an injured employee whose permanent partial disability was rated pursuant to NRS 616C.490 before May 1, 1997, to an increase in the compensation he receives for that disability.

TEXT OF REPEALED SECTIONS

616C.466 “Guide” defined. As used in NAC 616C.469 to 616C.490, inclusive, “guide” means “Guides to the Evaluation of Permanent Impairment,” published by the American Medical Association.

616C.469 Braces.

1. The percentage of impairment awarded for the use of certain braces is reflective of an underlying pathological condition. The physician must describe the condition and its severity to justify an award under this section.

2. The need for the continual use, except in bed, of a rigid brace for the back extending from the pelvis to the thorax, or from the thorax to the base of the skull, to support instability such as an untreatable collapsed vertebra or an untreatable symptomatic subluxation constitutes a

25-percent impairment of the whole body and must be combined, using the combined value chart of the guide, with other impairments to determine the total percentage of impairment.

3. The need for a derotational brace, such as the Lennox-Hill brace, to correct pathological instability, which is worn for all ambulatory activities which are weight bearing activities constitutes a 50-percent impairment of the lower extremity.

4. The need for and use of other braces for the knee, if prescribed by a physician to be worn for all weight bearing activities, must be evaluated by using the criteria in subsection 4 of NAC 616C.475.

5. Any loss of motion at the knee must be combined with the percentage of impairment for the use of such a brace to determine the total percentage of impairment.

6. A pronounced instability of the lateral or medial part of an ankle, or both, when supported by a double upright post brace which is worn at all times while the employee is ambulatory, constitutes a 30-percent impairment of the lower extremity and must be combined with loss of dorsi-flexion and plantar-flexion range of motion of the ankle to determine the total percentage of impairment.

616C.472 Total replacement of joints.

1. The percentage of impairment awarded for the replacement of certain major joints with internal prosthesis is reflective of the inherent deficiency of the prosthesis compared to the natural structure which is replaced.

2. The replacement of:

(a) A shoulder constitutes a 20-percent impairment of the upper extremity.

(b) A complete elbow constitutes a 20-percent impairment of the upper extremity.

(c) An individual joint of a finger, including metacarpophalangeal, or the joint of a great toe, including metatarsophalangeal, constitutes a 1-percent impairment of the involved extremity.

3. The replacement of a major joint with an internal prosthesis must be combined with other impairments such as the loss of motion or atrophy as established in the guide.

616C.475 Knee surgery.

1. This section applies to an impairment due to knee surgery or pathological conditions present following knee surgery.

2. Any surgery on or injury to the knee joint which results in an anatomical alteration of the joint, changes in weight bearing dynamics, or results in other chronic problems constitutes an impairment of the lower extremity of 5 percent.

3. The evaluating physician may award a percentage of impairment of more than 5 percent, but not more than 30 percent of the lower extremity. His selection of a percentage figure of 6 to 30 percent must be documented using the criteria set out in subsection 4.

4. Factors to be considered in the final evaluation of an impairment of the knee include, but are not limited to:

- (a) The anatomical alteration of weight bearing structures;
- (b) Ligamentous instability;
- (c) Posttraumatic arthritis;
- (d) Chronic synovitis; and
- (e) Chondromalacia.

5. Any loss of motion at the knee must be combined with any other impairment of the lower extremity described in this section, to determine the total percentage of impairment.

616C.478 Chronic posttraumatic arthritis.

1. A history of fractures into a hip or ankle or a major alteration of weight bearing surface or ligamentous investment constitutes a 5-percent impairment.
2. The evaluating physician may award a percentage of impairment of more than 5 percent, but not more than 30 percent of the lower extremity. His selection of percentage figures of 6 to 30 percent must be documented using the criteria set out in subsection 3.
3. Additional factors to be considered in evaluating the impairment are:
 - (a) The presence of posttraumatic osteoarthritis or a similar disease which has been demonstrated by opening and inspecting the joint, arthroscopy, or an X-ray of the joint; or
 - (b) Pain, swelling, or recurrent effusion of the joint which is transient or permanent, initiated by weight bearing activities and relieved by rest, if such conditions are inadequately relieved by anti-inflammatory medication.
4. The loss of motion must be combined with the impairments described in this section to determine the total percentage of impairment.

616C.481 Injury of second extremity.

1. If the second of paired extremities is physically injured and the percentage of impairment is 10 percent of the extremity or greater, the percentage of impairment for the second extremity, or the least impaired extremity with simultaneous injuries, must be increased by the sum resulting from multiplying the percentage of impairment awarded for the first extremity times the percentage of impairment awarded for the second extremity. For example, the first extremity, the left arm, has an impairment which constitutes a 50-percent impairment. The second extremity, the right arm, because of an industrial injury, is given a 10-percent impairment rating. The final percentage of impairment for the right arm is arrived at by adding together 10 percent for the

right arm and 50 percent of 10 percent for the left arm which equals a 15-percent impairment of the upper extremity.

2. An award for the second extremity is allowed even if the impairment of the first extremity is due to a nonindustrial condition.

3. For the purposes of this section, “paired extremities” means the upper and lower extremities as defined on page 1 of the guide.

616C.484 Duplication of benefits.

1. If an employee is qualified to receive permanent partial disability compensation for a percentage of impairment due to the use of a knee or ankle brace, he will not receive permanent partial disability compensation for knee or ankle impairments described in NAC 616C.475 or 616C.478.

2. If, after the initial permanent partial disability award is made pursuant to NAC 616C.469 to 616C.478, inclusive, subsequent treatment or surgery produces a change in the percentage of impairment to the same body part, an additional percentage of impairment will only be granted if the second percentage of impairment is larger than the first, and then only for the difference between the first and second percentages of impairment.

616C.493 Continuing review of award for disability.

1. A claim which has been accepted and approved remains active and subject to continuing review as long as the disability exists.

2. A person who has received an award of benefits and compensation for a permanent total disability remains eligible for that award only so long as he continues to have that total disability.