



Permanent Disability Rating

By using this online calculator, you are agreeing to the specific terms and limitations listed [here](#)

Rating ID 281482

Applicant Name Gender

Case Number

Group Number Occupation Evaluator Name

Type to Find Occupation

Date of Birth (mm/dd/yyyy)

Date of Injury (mm/dd/yyyy)

Age at DOI

Weekly Earnings Max Earnings

Apportionment: Non-Industrial Industrial Impairment

AG WPI Left/Right Pain/Medication

Leave blank or 100% if no apportionment or enter percentage industrial After entering the WPI click on the Add button to have rating entered into the table

		Appt	Table	Impairment		AG	WPI	Pain	FinalWPI	Rank	FEC	WPI Adj	Group	Letter	OccupAdj	AgeAdj	R/L	Final PD
Remove	Update		13-6	13.04.00.00	Cognitive Impairment			12W	12W	-	1.4	17	340	D	14	16		16
Remove	Update	50	13-11	13.07.04.00	Cranial Nerve V - Trigeminal Nerve			5W	5W	-	1.4	7	340	F	7	8		4
Remove	Update		5-10	05.01.00.00	Asthma			14W	14W	-	1.4	20	340	G	22	25		25
Remove	Update		6-3	06.01.00.00	Upper Digestive Tract			30W	30W	-	1.4	42	340	F	42	46		46
Remove	Update		11-6	11.03.01.00	Nose/Air Passage/Dyspnea			3W	3W	-	1.4	4	340	F	4	5		5
Remove	Update		15-5	15.01.01.00	Cervical DRE			5W	5W	-	1.4	7	340	G	8	9		9
Remove	Update	40	15-3	15.03.01.00	Lumbar DRE			18W	18W	-	1.4	25	340	G	28	31		12
Remove	Update	50	17-99	17.05.06.00	Knee - Other		25LE	10W	10W	-	1.4	14	340	G	16	18	Right	9

Add PD (Not using CVC)

Comments

PD of same extremity regions combined:

Final Combined PD:

Weekly Payment and Total Amount

Weekly Rate	FirstDay	LastDay	Days	Daily Rate	Amount
<input type="text" value="\$290.00"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="3816.75"/>	<input type="text" value="\$41.43"/>	<input type="text" value="\$158,122.50"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Company Employees Greater than 50		P & S Date	<input type="text"/>	Weeks	<input type="text" value="545.25"/>
		Job Offer Date	<input type="text"/>	Total	<input type="text" value="\$158,122.50"/>
				Life Pension	<input type="text" value="\$131.42"/>

No Job offer.



Permanent Disability Rating

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Search Applicant Name/Case Example A Example E Example C Clear All Save Delete Rating ID 281483

Applicant Name Gender Case Number

Group Number Occupation Evaluator Name

[Type to Find Occupation](#)

Date of Birth (mm/dd/yyyy) Date of Injury (mm/dd/yyyy) Age at DOI Weekly Earnings Max Earnings

Apportionment: Non-Industrial Industrial Impairment AG WPI Left/Right Pain/Medication [Add to Table](#)

Leave blank or 100% if no apportionment or enter percentage industrial After entering the WPI click on the Add button to have rating entered into the table

	Appt	Table	Impairment		AG	WPI	Pain	FinalWPI	Rank	FEC	WPI Adj	Group	Letter	OccupAdj	AgeAdj	R/L	Final PD
Remove Update		13-6	13.04.00.00	Cognitive Impairment			18W	18W	-	1.4	25	340	D	21	24		24
Remove Update	50	13-11	13.07.04.00	Cranial Nerve V - Trigeminal Nerve			5W	5W	-	1.4	7	340	F	7	8		4
Remove Update		15-4	15.02.01.00	Thoracic DRE			5W	5W	-	1.4	7	340	G	8	9		9
Remove Update	60	15-3	15.03.01.00	Lumbar DRE			18W	18W	-	1.4	25	340	G	28	31		19
Remove Update		16-27	16.04.02.00	Wrist - Other	30UE		18W	18W	-	1.4	25	340	F	25	28	Right	28
Remove Update		16-34*	16.03.01.00	Elbow ROM Flexion Extension UEI	2UE		1W	1W	-	1.4	1	340	G	2	2	Right	2
Remove Update		16-27	16.04.02.00	Wrist - Other	30UE		18W	18W	-	1.4	25	340	F	25	28	Left	28
Remove Update	50	17-99	17.05.06.00	Knee - Other	25LE		10W	10W	-	1.4	14	340	G	16	18	Right	9

[Present Value](#) [View Report](#) Add PD (Not using CVC)

Comments

PD of same extremity regions combined:

Final Combined PD:

[Email Link](#)

Weekly Payment and Total Amount

Weekly Rate	FirstDay	LastDay	Days	Daily Rate	Amount
<input type="text" value="\$290.00"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="3592.75"/>	<input type="text" value="\$41.43"/>	<input type="text" value="\$148,842.50"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Company Employees Greater than 50	P & S Date	<input type="text"/>	<input type="text"/>	Weeks	<input type="text" value="513.25"/>
	Job Offer Date	<input type="text"/>	<input type="text"/>	Total	<input type="text" value="\$148,842.50"/>
				Life Pension	<input type="text" value="\$115.96"/>

No Job offer.



Permanent Disability Rating

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Search Applicant Name/Case Example A Example E Example C Clear All Save Delete Rating ID 281484

Applicant Name VICTORIA SARVER Gender Male

Case Number SIF11096006

Group Number 340 Occupation JANITOR any industry
[Type to Find Occupation](#)

Evaluator Name all

Date of Birth (mm/dd/yyyy) 11/01/1966

Date of Injury (mm/dd/yyyy) 09/01/2017

Age at DOI 50

Weekly Earnings Max Earnings



Apportion

Non-Industrial Industrial Impairment AG WPI Left/Right Pain/Medication
 ----- || Select Impairment ----- None **Add to Table**

Leave blank or 100% if no apportionment or enter percentage industrial

After entering the WPI click on the Add button to have rating entered into the table

		Appt	Table	Impairment		AG		WPI	Pain	FinalWPI	Rank	FEC	WPI Adj	Group	Letter	OccupAdj	AgeAdj	R/L	Final PD
Remove	Update		13-6	13.04.00.00	Cognitive Impairment			30W		30W	-	1.4	42	340	D	36	40		
Remove	Update		13-11	13.07.04.00	Cranial Nerve V - Trigeminal Nerve			5W		5W	-	1.4	7	340	F	7	8		
Remove	Update		5-10	05.01.00.00	Asthma			14W		14W	-	1.4	20	340	G	22	25		
Remove	Update		6-3	06.01.00.00	Upper Digestive Tract			30W		30W	-	1.4	42	340	F	42	46		
Remove	Update		11-6	11.03.01.00	Nose/Air Passage/Dyspnea			3W		3W	-	1.4	4	340	F	4	5		
Remove	Update		15-4	15.02.01.00	Thoracic DRE			5W		5W	-	1.4	7	340	G	8	9		
Remove	Update		15-5	15.01.01.00	Cervical DRE			5W		5W	-	1.4	7	340	G	8	9		
Remove	Update		15-3	15.03.01.00	Lumbar DRE			18W		18W	-	1.4	25	340	G	28	31		
Remove	Update		16-19	16.04.02.00	Wrist Swelling Synovial Hypertrophy		30UE	18W		18W	-	1.4	25	340	F	25	28	Right	
Remove	Update		16-34*	16.03.01.00	Elbow ROM Flexion Extension UEI		2UE	1W		1W	-	1.4	1	340	G	2	2	Right	
Remove	Update		16-27	16.04.02.00	Wrist - Other		30UE	18W		18W	-	1.4	25	340	F	25	28	Left	
Remove	Update		17-99	17.05.06.00	Knee - Other		25LE	10W		10W	-	1.4	14	340	G	16	18	Right	

Present Value

View Report

Add PD (Not using CVC)

Comments

PD of same extremity regions combined:

16 Combined PD Right - 29

Final Combined PD: 95

Email Link

Weekly Payment and Total Amount

Weekly Rate	FirstDay	LastDay	Days	Daily Rate	Amount
\$290.00	<input type="text"/>	<input type="text"/>	5832.75	\$41.43	\$241,642.50
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Company Employees Greater than 50	P & S Date	<input type="text"/>	<input type="text"/>	Weeks	833.25
	Job Offer Date	<input type="text"/>	<input type="text"/>	Total	\$241,642.50
				Life Pension	\$270.57

No Job offer.