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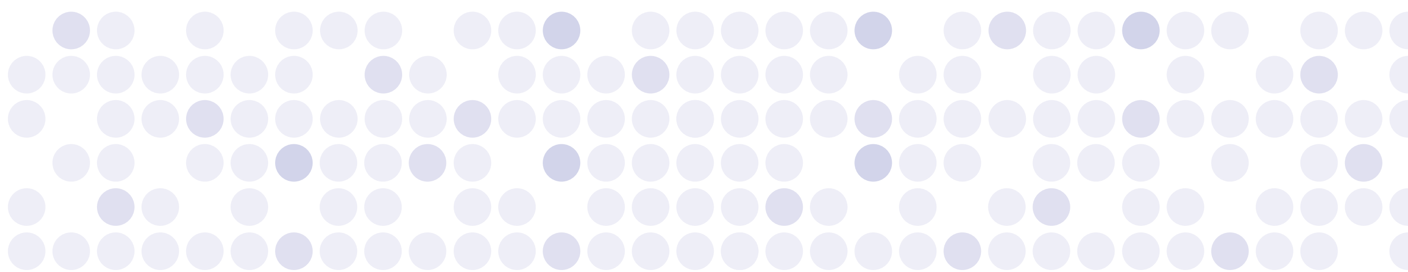
The Workers' Compensation Regulatory Authority

Guidelines for the table of injuries

For injuries on or after 2 November 2005



Guidelines for the table of injuries

Background

Changes to the *Table of injuries* (TOI) were made in 2005 and are now adopted by the Medical Assessment Tribunal at Q-COMP.

The major differences between the old TOI and the new TOI are that the descriptor numbers are gone and there is a reduction in the list of injuries. It is noted that the injuries that were removed were the same as those described in the American Medical Association's *Guides to the Evaluation of Permanent Impairment 4th Edition* (AMA Guides).

These changes will result in changes to the resultant permanent impairment (PI) assessment in some cases.

These guidelines aim to assist medical practitioners and insurers to use the current TOI.

Descriptor numbers have been retained in this document and medical practitioners are asked to keep using these as indicated to assist insurers process their calculations of lump sum entitlements.

Contact the Q-COMP Medical Advisor on 3238 3044 with any questions about these guidelines.

Documents Q-COMP recommends

Guidelines for the table of injuries

And

One of the following documents:

- For visual injuries, use the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) Eye Guide together with the TOI part three (page 11).
- For hearing loss, use National Acoustic Laboratories (NAL) *NAL Report No. 118* together with the TOI part three (page 11).
- For all other physical injuries and psychiatric/psychological injuries, use the appropriate methodology from the AMA Guides, then determine the interaction between the TOI and the applicable eye or ear guide to decide the final PI percent and PI code.

Priority rules reminder

The TOI prevails over any inconsistency between the documents.

When determining a degree of PI, the assessing medical practitioner should determine if the injury is specifically mentioned in the TOI (especially in parts one, two and four). If it is, the degree of PI calculated from the AMA Guides must be compared to the degree of PI in the TOI.

When the calculated degree of PI from the AMA Guides is within the range of or mirrors the degree of PI for structural loss in the TOI, no inconsistency exists and the calculated degree of PI stands as the PI assessment.

An inconsistency exists when the calculated degree of PI from the AMA Guides is greater than the maximum degree of PI allowed under the TOI (refer to column two). In these situations, the degree of PI assessment is the maximum degree outlined in the TOI.

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In column one, ‘structural loss’ refers to an anatomical loss or amputation. If the anatomy is not missing then the loss is functional and best assessed according to the AMA Guides (chapter three).

The degrees of PI in the TOI (column two) are reference ranges alone and all PI assessments should be determined using the appropriate PI methodology.

PI Codes and the use of x999 and x998

Most injuries assessed under parts one to five of the TOI are allocated the PI code x999 (x equals the particular part of the TOI under which the specific injury is assessed).

For any diagnosis not covered in the current TOI (this will include most diagnoses especially the musculoskeletal ones), default to the AMA Guides.

You should also default to the AMA Guides for multiple injuries (more than one medical injury/condition affecting a certain particular region/organ system such as the wrist or shoulder). Multiple injuries assessed under parts one to five of the TOI are allocated the PI code x998.

Remember the methodology will determine the PI percentage for that particular injury/illness assessed. The use of the TOI alone will not determine the PI percentage, only whether that particular injury/illness is flagged in the TOI and what is the upper limit of PI permissible under that particular PI code.

Do not use an amputation PI code from the TOI if there is functional loss involving a limb or joint. Instead, use the PI code x999.

Thirty-seven PI codes in the TOI are marked with an asterisk. These are deemed injuries under the current legislation and relate to past workers’ compensation legislation. They all refer to structural anatomical loss and are assessed using the appropriate PI reference (column three). Do not combine these deemed injuries with any other injuries, deemed or not.

What to include in the PI assessment report

PI assessment reports that comply with the requirements are paid at a higher level than other medical reports. If the PI assessment report does not comply, the insurer may request further details before payment is processed.

For those medical practitioners unfamiliar with the PI assessment structure according to the AMA Guides and/or the Queensland workers’ compensation reporting format, refer to the sample report format on the Q-COMP website at www.qcomp.com.au.

It is recommended that the final PI assessment report contains:

- a medical history
- clinical evaluation details such as the range of movement, neurological findings and any relevant investigations
- whether the injury is stable and stationary (it is unlikely to change substantially or by more than three per cent in the next year with or without medical therapy)
- methodology used (with reference to AMA Guides chapter, section and table)
- conclusions with reasons

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- the nature of the PI (description of work related medical injury/illness) and calculated applicable degree of PI
- include any other issues which are relevant to the PI assessment. For example, this may include whether the clinical findings and/or degree of PI is medically consistent with the injury's stated mechanism. Do not comment on whether the claim should have been accepted or not. This is not in the PI assessment scope. Once the insurer has accepted the claim, the decision cannot be reversed even with medical evidence to the contrary
- any pre-existing PI considerations (apportionment for prior injuries/illness).

It is noted that PI differs from disability.

Deemed injuries

List any deemed injuries which are marked with an asterisk in the TOI. Where appropriate, list the PI assessment for a deemed injury separately from all other PI assessments. Do not add or combine the PI assessments for any deemed injury with any other PI assessments.

PI assessment reports must also include justification set out in the following table.

Body part or system	Chapter number	Table/figure number	Page number	% PI

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Part one	**Upper extremity injuries**	**6**
	Fingers and hand Wrist Elbow Shoulder and arm	
Part two	**Lower extremity injuries**	**8**
	Toes and foot Ankle Knee Hip joint and leg	
Part three	**Special provision injuries**	**11**
	Vision Hearing Injury to breast	
Part four	**Other injuries**	**13**
	Musculo-skeletal system Cervicothoracic spine Thoracolumbar spine Lumbosacral spine Pelvis	
	Nervous system Brain and cranial nerves Spinal cord injuries	
	Cardiovascular system Coronary artery disease Alimentary system Urinary and reproductive systems Skin	
Part five	**Prescribed disfigurement**	**18**
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Guidelines for the table of injuries

Part one

Upper extremity injuries

1. Part one deals with only upper extremity (UE) injuries. To determine an injured worker's PI from their injury, the assessing medical practitioner must consider the:

    a. nature of the injury (essentially a medically valid diagnosis) and
    b. degree of PI that results from the injury once stable and stationary.

2. Any degree of PI resulting from an accepted UE injury is stated as a degree of PI of the upper extremity alone and not whole-person impairment percentage.

3. Some injuries are marked with an asterisk (*). These injuries may result in the same degree of PI as other UE injuries, but must be listed separately and not combined with any other injuries, when assessing the PI percentage.

4. For any UE injury that results in PI assessment, the degree of PI must be assessed under the AMA Guides. The relevant section is chapter three (pp 13-74).

5. The resulting PI must not be greater than that specified in the TOI. To obtain the resultant PI, the AMA Guides methodology must be applied and support the resultant PI.

6. As part one only covers 22 specific UE injuries, it is likely the nature of the injury, the resultant degree of PI and the PI code will not be specifically mentioned here. Use of PI code 1999 (other UE injuries not specifically mentioned in part one) or PI code 1998 (multiple UE injuries in the same area) is then appropriate.

PI code	*Column one* Injury	*Column two* Maximum degree of PI	*Column three* AMA Guides reference pages
Fingers and hand			
1104	Sensory on either side of thumb	0-8	24-25
1105	Structural loss of index finger *	18	30
1106	Structural loss of two joints of index finger *	13	30
1107	Structural loss of distal joint of index finger *	8	30
1108	Sensory loss to palmar surface of index finger	0-8	30-31
1111	Structural loss of two joints of middle finger	13	30
1113	Sensory loss to palmar surface of middle finger	0-8	30-31
1115	Structural loss of ring finger *	8	30
1116	Structural loss of two joints of ring finger *	6	30
1117	Structural loss of distal joint of ring finger *	5	30
1121	Structural loss of little finger *	8	30
1122	Structural loss of two joints of little finger *	6	30
1123	Structural loss of distal joint of little finger *	5	30
1126	Structural loss of hand or arm below the elbow	90	18

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PI code	*Column one* Injury	*Column two* Maximum degree of PI	*Column three* AMA Guides reference pages
1128	Crush injury to hand with multiple fractures (healed with no deformities) but resulting in mild loss of motion of all fingers with extensive scarring and soft tissue damage	0-40	24-38
Wrist			
1204	Carpal tunnel syndrome, whether operated or non-operated with residual subjective symptoms or signs such as dysaesthesia or muscle wasting	0-2	48-54
1206	Fractured scaphoid, operated	0-5	35-38
1208	Fracture of radius or ulna or carpus bones with moderate limitation of wrist movements and mild limitation of elbow movements	0-16	35-41
Elbow			
1302	Medial or lateral epicondylitis of elbow, whether operated or non-operated with residual subjective symptoms or signs e.g. pain and tenderness	0-2	9 (rate by analogy)
1303	Injury to elbow region resulting in moderate loss of all movements	0-31	38-41
Shoulder and arm			
1401	Injury to shoulder region resulting in mild loss of all movements	0-6	41-45
1402	Injury to shoulder region resulting in moderate loss of all movements	0-16	41-45

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Guidelines for the table of injuries

Part two

Lower extremity injuries

1. Part two deals with only lower extremity (LE) injuries. To determine an injured worker's PI from their injury, the assessing medical practitioner must consider the:

    a. nature of the injury (essentially a medically valid diagnosis) and
    b. degree of PI that results from the injury once stable and stationary.

2. Any degree of PI resulting from an accepted LE injury is stated as a degree of PI of the lower extremity alone and not whole-person impairment percentage.

3. Some injuries are marked with an asterisk (*). These injuries may result in the same degree of PI as other LE injuries, but must be listed separately and not combined with any other injuries, when assessing the PI percentage.

4. For any LE injury that results in PI assessment, the degree of PI must be assessed under the AMA Guides. The relevant section is chapter four (pp 75-93).

5. The resulting PI must not be greater than that specified in the TOI. To obtain the resultant PI, the AMA Guides methodology must be applied and support the resultant PI.

6. As part two only covers 29 specific LE injuries, it is likely the nature of the injury, the resultant degree of PI and the PI code will not be specifically mentioned here. Use of PI code 2999 (other LE injuries not specifically mentioned in part two) or PI code 2998 (multiple LE injuries in the same area) is then appropriate.

PI code	*Column one* Injury	*Column two* Maximum degree of PI	*Column three* AMA Guides reference pages
Toes and foot			
2101	Structural loss of any toe (other than great toe) *	2	83
2102	Structural loss of great toe *	12	83
2103	Structural loss of joint of great toe *	5	83
2104	Fracture of any metatarsal, worst possible outcome e.g. pain or loss of weight transfer	0-10	83
2106	Structural loss of a foot	63	83
2107	Structural loss of two toes (other than great toe) of a foot *	4	83
2108	Structural loss of three toes (other than great toe) of a foot *	6	83
2109	Structural loss of four toes (other than great toe) of a foot *	8	83
2110	Structural loss of great toe and one other toe of a foot *	14	83
2111	Structural loss of great toe and two other toes of a foot *	16	83

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PI code	*Column one* Injury	*Column two* Maximum degree of PI	*Column three* AMA Guides reference pages
2112	Structural loss of great toe and three other toes of a foot *	18	83
2113	Structural loss of joint of great toe and one other toe of a foot *	7	83
2114	Structural loss of joint of great toe and two other toes of a foot *	9	83
2115	Structural loss of joint of great toe and three other toes of a foot *	11	83
2116	Structural loss of joint of great toe and four other toes of a foot *	13	83
2117	Structural loss of all toes of a foot *	20	83
Ankle			
2204	Fracture to os calcis, worst possible outcome	0-25	78 or 86
Knee			
2301	Chondromalacia patellae, non-operated	0	78
2302	Chondromalacia patellae, operated	0-2	78 or 83
2304	Patellar fracture, whether operated or non-operated	0-12	78 or 85
2307	Mild aggravation of pre-existing degenerative disease in knee with subjective symptoms, but no significant clinical findings other than degenerative changes on X-ray	0	78
2308	Moderate to severe aggravation or acceleration of pre-existing disease in knee with subjective symptoms, but no significant clinical findings other than degenerative changes on X-ray	0-7	78 or 85
2312	Total knee replacement	37-50	85
Hip joint and leg			
2401	Mild aggravation of pre-existing degenerative disease in hip joint with subjective symptoms, but no significant clinical findings other than degenerative changes on X-ray	0	78 or 83
2402	Moderate to severe aggravation or acceleration of pre-existing disease in hip joint with subjective symptoms, but no significant clinical findings other than degenerative changes on X-ray	0-7	78 or 83
2403	Injury to hip region resulting in mild loss of all movements	0-12	78
2404	Injury to hip region resulting in moderate loss of	0-25	78

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PI code	*Column one* **Injury**	*Column two* **Maximum degree of PI**	*Column three* **AMA Guides reference pages**
	all movements		
2406	Fracture to femoral neck	0-50	78 or 85
2407	Total hip replacement	37-45	85 and 87

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Part three

Special provision injuries

1. Part three deals with special provision injuries including vision and hearing loss and loss of breast. To determine an injured worker's PI from their injury, the assessing doctor must consider the:

   a. nature of the injury (essentially a medically valid diagnosis) and
   b. degree of PI that results from the injury, once stable and stationary.

2. Any degree of PI resulting from a special provision injury is not stated as a whole person impairment percentage. Any degree of PI must be expressed as a degree total vision or hearing loss for each eye or ear or both eyes and both ears.

3. Some injuries are marked with an asterisk (*). These injuries may result in the same degree of PI as other special provision injuries, but must be listed separately and not combined with any other injuries, when assessing the PI percentage.

4. For any special provision injury that results in PI assessment, the degree of PI must be assessed as follows:

   i. Royal Australian and New Zealand College of Ophthalmologists (RANZCO) Eye Guide for a visual injury or
   ii. Hearing Loss Tables (*NAL Report No. 118*) for a hearing injury or
   iii. The AMA Guides chapter 12 for loss of a breast.

   a. If a vision or hearing injury results in PI of vision or hearing and this injury is not specifically mentioned in part three below, the degree of PI resulting from the injury must be assessed under the relevant assessment guide outlined above. Refer to the AMA Guides for other visual injuries (chapter eight) or for other ear, nose and throat injuries (chapter nine).

2. As part three only covers six injuries (including most eye/hearing injuries), it is likely the nature of the injury, the resultant degree of PI and the PI code will be specifically mentioned here. If not, using the PI code 3999 (other special provision injuries not specifically mentioned in part three) or PI code 3998 (multiple special provision injuries in the same area) is appropriate.

PI code	*Column one* **Injury**	*Column two* **Relevant reference material**
Vision		
3101	Loss of vision in one eye (corrected vision) *	Eye Guide
3102	Total loss of vision in one eye resulting from loss of an eyeball *	Eye Guide
3104	Total loss of vision of one eye with serious diminution of vision in the other eye (less than 10% vision remaining)	Eye Guide

Guidelines for the table of injuries

PI code	*Column one* Injury	*Column two* Relevant reference material
Hearing		
3201	Loss of hearing in one ear	*NAL Report No. 118*
3202	Binaural hearing loss *	*NAL Report No. 118*
Injury to breast		
3301	Structural loss of breast *	AMA Guides 275

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Part four

Other injuries

1. Part four deals with injuries to the:

    a. musculo-skeletal system
    b. nervous system
    c. respiratory system
    d. cardiovascular system
    e. alimentary system
    f. urinary or reproductive system
    g. skin.

2. To determine an injured worker's PI entitlement from their injury, the assessing doctor must consider the:

    a. nature of the injury (essentially a medically valid diagnosis) and
    b. degree of PI that results from the injury, once stable and stationary.

3. Any degree of PI resulting from an accepted part four injury is stated as a percentage of whole person impairment.

4. Some injuries are marked with an asterisk (*). These injuries may result in the same degree of PI as other part four injuries but must be listed separately and not combined with any other injuries, when assessing the PI percentage.

5. For any injury in part four that results in PI assessment, the degree of PI must be assessed under the relevant chapter of the AMA Guides.

6. The relevant AMA Guides chapter is:

    a. chapter three for injuries to the cervicothoracic, thoracolumbar or lumbosacral spine
    b. chapter three for injuries to the pelvis
    c. chapters four and nine for injuries to the brain and cranial nerves
    d. chapters three and four for spinal cord injuries
    e. chapter five for respiratory system injuries
    f. chapter six for cardiovascular system injuries
    g. chapter eleven for urinary or reproductive system injuries
    h. chapter thirteen for skin injuries (excluding disfigurement).

7. The resultant PI must not give rise to a greater degree of PI than that specified in the TOI.

8. To obtain the resultant PI, the AMA Guides' methodology must be applied and support the resultant PI.

9. As part four only covers 42 specific injuries, it is likely the nature of the injury, the resultant degree of PI and PI code will not be specifically mentioned here. Using the PI

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code 4999 (other injuries not specifically mentioned in part four) or PI code 4998 (multiple injuries in the same area) is appropriate.

PI code	*Column one* Injury	*Column two* Maximum degree of PI	*Column three* AMA Guides reference pages and Diagnostic Related Estimate (DRE)
Musculo-skeletal system			
Cervicothoracic spine			
4105	Prolapsed intervertebral disc in cervical spine with referred pain, non-operated with resolution of subjective symptoms, and no loss of range of movements	10	104 DRE III
4106	Prolapsed intervertebral disc in cervical spine with referred pain, treated surgically by discectomy and fusion with resolution of referred pain. Persisting neck pain with moderate loss of range of movements	15	104 DRE IV
Thoracolumbar spine			
4111	Major compression fracture of vertebral body(s) in thoracic spine, healed with subjective symptoms, but no physical signs	10	106 DRE III or IV
Lumbosacral spine			
4113	Mild aggravation of pre-existing degenerative disease in lumbosacral spine with subjective symptoms, but no significant clinical findings other than degenerative changes on X-ray	0	102 DRE I
4115	Moderate to severe aggravation of pre-existing spondylolisthesis, treated surgically by discectomy or fusion with resolution of symptoms	10	102 DRE III or IV
4117	Major compression fracture of vertebral body(s) in lumbar region, healed with subjective symptoms, but no physical signs	10	102 DRE III or IV
4119	Prolapsed intervertebral disc in lumbosacral spine with referred pain, treated surgically by discectomy or fusion with resolution of referred pain, but persisting low back pain. Mild loss of range of movements	15	102 DRE III -V
4120	Prolapsed intervertebral disc in lumbosacral spine with referred pain, treated surgically by discectomy or fusion, but with persisting referred pain and low back pain. Moderate loss of range of movements	25	102 DRE III -V

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PI code	*Column one* Injury	*Column two* Maximum degree of PI	*Column three* AMA Guides reference pages and Diagnostic Related Estimate (DRE)
Pelvis			
4122	Healed fracture to pelvis with displacement in any region (other than acetabulum, coccyx and sacrum) with subjective symptoms, but no significant signs	0-5	85 or 131
4126	Fracture or dislocation of symphysis or sacroiliac joint	0-10	85 or 131
Coronary artery disease			
4402	A history of myocardial infarction, with no post infarction angina, on optimal medical treatment	0-15	177-178
Nervous system			
Brain and cranial nerves			
4202	Severe vertigo with subjective symptoms and signs and totally dependent	0-70	146 or 228
4203	Loss of smell*	0-3	144
4204	Loss of smell and taste*	0-6	144-146
4205	Loss of speech*	0-35	232-234
4206	Fracture to the mid third of the face with permanent nerve involvement	0-24	151-152
Spinal cord injuries			
4208	Cervical cord injury with or without fracture*	75	105 DRE VIII
4209	Thoracic cord injury with or without fracture	60	107 DRE VIII
4211	Complete paraplegia*	75	103-107 DRE VIII
Cardiovascular system			
Coronary artery disease			
4402	A history of myocardial infarction, with no post infarction angina, on optimal medical treatment	0-15	177-178
Alimentary system			
4502	Splenectomy	5	205 & 64
4503	Subjective symptoms (e.g. local pain or dysaesthesia) following hernia repair(s), but no significant signs	0	247

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PI code	*Column one* Injury	*Column two* Maximum degree of PI	*Column three* AMA Guides reference pages and Diagnostic Related Estimate (DRE)
4504	Subjective symptoms and signs (e.g. pain or dysaesthesia, tenderness) following hernia repair(s)	0-2	247
4505	Primary or recurrent hernia when surgery is an absolute contraindication	0-10	247-248
4506	Viral hepatitis:		
	• mild	25	243-245
	• moderate	50	243-245
	• severe	100	243-245
Urinary and reproductive systems			
4603	Loss of both kidneys or only functioning kidney	100	250-253
4604	Loss of fertility	15	256-262
4605	Impotence	15	256-260
4606	Loss of sexual function (both impotence and infertility)	30	256-262
4607	Loss of genital organs	50	256-262
Skin			
4704	Chronic contact dermatitis. Signs and subjective symptoms persist intermittently on removal from exposure to the primary irritant. Intermittent treatment required	0-10	280-284
4705	Chronic contact dermatitis. Signs and subjective symptoms persist almost continuously on removal from exposure to the primary irritant. Intermittent to constant treatment required	0-20	280-284
4706	Solar induced skin disease that is malignant	0-25	280-286
4707	Persistent neurodermatitis secondary to occupational contact irritant dermatitis. Signs and subjective symptoms persist continuously on removal from exposure to the primary irritant and are exacerbated by exposure to secondary irritants. Constant treatment required	0-30	280-286

Part five

Prescribed disfigurement

1. Part five deals with prescribed disfigurement secondary to physical injuries that cause scarring and/or contour deformity alone. It does not assess any function of the involved anatomy. To determine an injured worker's PI from their injury, the assessing doctor must consider the:

   a. nature of the injury (essentially a medically valid diagnosis) and
   b. degree of PI that results from the injury, once stable and stationary.

2. The lists below are the nine prescribed disfigurements. No reference to the AMA Guides is acceptable here.

3. PI codes for any prescribed disfigurements resulting from an injury are stated in column one, the maximum PI resulting from the disfigurement is stated in column two and the appropriate PI reference in column three.

4. It is likely that the nature of the injury, the resultant degree of PI and the PI code are specifically mentioned in part five (5101-5109). However, PI code 5999 can be used for 'other injuries not specifically mentioned in part five' or PI code 5998 for 'multiple injuries in the same area'.

PI code	*Column one* **Injury**	*Column two* **Maximum degree of PI**	*Column three* **AMA Guides reference pages**
Prescribed disfigurement			
5101	Mild almost invisible linear scarring following surgery or trauma in lines of election to any part(s) of the body with minimal discoloration, normal texture and elevation	0	nil
5102	Moderate linear scarring following surgery or trauma crossing lines of election to any part(s) of the body with minimal discoloration, normal texture and elevation	0-2	nil
5103	Moderate to severe linear scarring following surgery or trauma in or crossing lines of election to any part(s) of the body. Discoloured, indurated, atrophic or hypertrophic	0-10	nil
5104	Area scarring to any part(s) of the body following surgery or trauma. Atrophic or hypertrophic, markedly discoloured	0-20	nil
5105	Depressed cheek, nasal or frontal bones following trauma	0-35	nil
5106	Loss of or severe deformity of outer ear	0-40	nil
5107	Severe, bilateral gross facial deformity following burns or other trauma	0-50	nil
5108	Loss of entire nose	50	nil

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PI code	*Column one* Injury	*Column two* Maximum degree of PI	*Column three* AMA Guides reference pages
5109	Gross scarring following burns to multiple body areas. Some areas healing spontaneously and some requiring grafting. Gross scarring at the burn and donor sites. Outcome resulting in fragile, dry, cracking skin at graft sites necessitating the need for wearing of special garments. Severe cases resulting in loss of sweat glands and lack of sweating leading to the necessity to be in a continuous air conditioned environment	0-100	nil

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Part six

Psychiatric or psychological injuries

1. Part six deals with psychiatric or psychological injuries. Any PI resulting from a psychiatric or psychological injury as defined in the *Diagnostic & Statistical Manual of Mental Disorders* (DSM) must be assessed using the AMA Guides.

2. As legislated, the relevant area of the AMA Guides is chapter 14. Any PI resulting from an injury must be expressed as a degree of whole-person impairment.

PI code	***Column one*** **Injury**	***Column two*** **Maximum degree of PI**	***Column three*** **AMA Guides reference pages**
Psychiatric or psychological injuries			
6000	Psychiatric impairment from trauma (major depression or psychosis)	0-100	301
6001	Adjustment disorder with anxiety/depression	0-100	301
6002	PTSD	0-100	301
6003	Other psychiatric disorders	0-100	301

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