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Voice #: (415) 861-4040 / Fax #: (415) 276-3741 <u>The Nuts And Bolts Of The Einstein-Horner Calculation</u> What To Do When Rating Overlapping Subjective Factors Of Disability

what to be when Rating Overlapping Subjective Factors of Disability

I. The Terminology of Subjective Disability: DWC-California Rating Schedule - Pages 1-3, 1-7 & 1-8

Pain is not always disabling. <u>It becomes disabling when its degree affects function</u>. Regulations define four degrees of subjective pain - minimal, slight, moderate and severe. By definition <u>minimal</u> (mild) pain is not disabling because it causes no handicap in the activity precipitating the pain. <u>However, slight, moderate and severe pain reflects</u> increasingly greater degrees of handicap on work activity, and is ratable factors of disability.

Pain (Subjective Disability) is characterized in terms of body part affected, intensity, frequency, and activity giving rise to the pain. <u>Subjective Disability must always be described by the frequency, severity and activities that produce the pain.</u>

A Severity Levels & Scheduled Values: Spine & Torso Guidelines - Schedule, pgs. 2-14 & 2-15.

Turn to "Subjective Factors As Index of Disability " Under this column the terms listed are defined as <u>having the</u> following values:

- 1. <u>Constant Slight</u>: (10% Rating Standard of Permanent Disability)
- 2. <u>Constant Slight To Moderate</u>: (30% Rating Standard of Permanent Disability)
- 3. <u>Constant Moderate</u>: (50% Rating Standard of Permanent Disability)
- 4. Constant Severe: (100% Rating Standard of Permanent Disability) *

*Disabilities 12.16, 12.32,14.113,14.133.14.871 and 7.143 (Loss of Both hands at Wrist Joints.)

- B <u>Severity Level Pain Scale</u>: The above definitions establish the groundwork for the following values:
- <u>SEVERE</u>: Pain that Precludes Activity causing the pain. (Loss of Work Capacity≈ Analogous to the rating standards of immobility or the Work Restrictions.
 ≈ 100% functional loss.
- MODERATE-TO-SEVERE: Pain that causes substantial handicap but allows occasional performance of the activities precipitating the pain.
 ≈ 75% functional loss.
- MODERATE: Pain that can be tolerated and causes would <u>cause a marked handicap</u> in the performance of the activity precipitating the pain.
 ≈ 50% functional loss.
- SLIGHT-TO-MODERATE: Pain initiating at a level of <u>hardly any handicap exacerbated to cause an increased level of handicap</u> in the performance of the activity precipitating the pain.
 ≈ 30% functional loss.
- <u>SLIGHT</u>: Pain that could be tolerated but would <u>cause some handicap</u> in the performance of the activity precipitating the pain.
 ≈ 10% functional loss.
- MINIMAL-TO SLIGHT: Annoying pain that exacerbates to cause some handicap in the performance of the activity precipitating the pain.
 ≈ 05% functional loss.
- MINIMAL/MILD: Pain that constitutes an annoyance but <u>causes no handicap</u> in the performance of the particular activity precipitating the pain.
 ≈ 00% functional loss.

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C Frequency Levels:

When the frequency of pain is less than constant, the assigned value decreases proportionately. <u>Rating Schedule</u> – Page 1-7

To describe the frequency with which symptoms occur; the following words are defined as having specific meanings and can be combined to describe an employee's level of subjective factors:

- **<u>Rare/Infrequent:</u>** Anything Less Than Occasional **1/5** of the time or less.
- Occasional: Approximately 25% or 1/4 of the time.
- Intermittent: Approximately 50% or 1/2 of the time.
- Frequent: Approximately 75% or 3/4 of the time.
- Constant: Approximately 90% to 100% of the time.
- For Example: When the frequency of pain is less than constant, the assigned value decreases proportionately. Thus, an intermittent slight pain of the minor wrist would be 50% of the value of slight pain in the wrist, or one-half of 05%. Since all ratings are rounded to the nearest whole number the final value would be 03%." *

* When mathematically calculating a rating standard, it should be expressed as one of the following values: 1,2,3,5,8,10,13,15 & multiples of 5% thereafter, before modification for age and occupation. [See Page 1-13 of The Schedule.]

D Basic Level Of Pain: Frequency & Severity Level Chart

To facilitate the values' calculation for the basic level of pain in the <u>Einstein-Horner Formula</u>, the following chart combines the first two components of <u>Subjective Disability</u>, the frequency and severity levels, <u>before</u> <u>modification for the activities precipitating the pain</u>.

Basic Level Of Pain: Frequency & Severity Level Chart This chart can be used to determine rating standards for subjective factors for: (1) The Spine / (2) The Bilateral Upper Extremities / (3) The Bilateral Lower Extremities B When Addressing Disability To An Entire Upper Or Lower Extremity, <u>Divide</u> All Values by 50% (1/2). When addressing functional loss for one or more joints of an injured extremity, we must not forget how the loss affects specific abilities or overall function.									
Rating Schedule -Pages 1-8 to 1-13									
		↓	Frequency Key ↓						
↓ Severity Key ↓	Rare/Infrequen	Occasional	Intermittent	Frequent	Constant				
	t 1/5 – 20%	1⁄4 - 25%	1⁄2 - 50%	³ ⁄4 - 75%	90-100%				
Minimal To Slight	01%	02%	03%	05%	05%				
Slight	02%	03%	05%	08%	10%				
Slight To Moderate	05%	08%	15%	20%	30%				
Moderate	10%	13%	25%	40%	50%				
Moderate To Severe	15%	20%	40%	55%	75%				
Severe	20%	25%	50%	75%	100%				
The Rating Standard calculations in this table mathematically abide to the rating principles of The									
Schedule. Standards should be expressed as one of the following values: 1,2,3,5,8,10,13,15 & multiples									
of 5% thereafter, before modification for age and occupation. Rating Schedule-Page 1-13									
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Voice #: (415) 861-4040 / Fax #: (415) 276-3741 <u>The Nuts And Bolts Of The Einstein-Horner Calculation</u> What To Do When Rating Overlapping Subjective Factors Of Disability Determining Equivalent Values for Activities: By 'Analogy' or Use of Scheduled Guidelines. <u>Spine & Torso Guidelines - Schedule, pages 2-14 & 2-15</u> or Lower Extremity Guidelines - Schedule, page 2-19 or Lower Extremity Chart on This Web Site

Since work restrictions establish limits of specific activities or tasks due to a disability that impedes an activity, body position & motion the rating standards assigned to the Scheduled Spine & Torso Guidelines or the Lower Extremity Guidelines, when used to describe subjective factors of disability, their scheduled rating standards of permanent disability are equivalent to the severe level of pain.

- 1. For Example: <u>Einstein-Horner Calculation for Basic Pain</u> (Spine)
 - a. Constant slight-to-moderate pain with <u>Heavy Lifting:</u>
 E.H. Calculation: Basic Pain: 30%(constant slight-to-moderate) x 20 = 06 ≈ 05 *
 - b. Occasional slight pain with activities requiring minimal effort (Limitation to Light Work).
 E.H. Calculation: Basic Pain: 10% (slight pain) x 50 = 05 x ¼ (occasional) = 1.25 ≈ 01*
 - c. Constant moderate pain with <u>Heavy Work</u> (Use the Table!)
 E.H. Calculation: Basic Pain: 50% x 30 = 15% *
 - d. Frequent moderate Pain With <u>Repetitive Motions of the neck and spine</u>.
 E.H. Calculation: Basic Pain: 40% (Use the Table!) x 15% =06 ≈ 05 % *

* <u>At the end of the calculation the Rating Standard</u> is expressed as one of the following values: 1,2,3,5,8,10,13,15 & multiples of 5% thereafter, before modification for age and occupation. <u>Rating Schedule-Page 1-13</u>

										idelines(• •			
Multip	Multiple disability factors will have some redundancy in how they affect specific abilities or overall function, and an													
unrea	unrealistic result will be achieved by simply adding factors together. Multiple factors are compacted (scaled down) to													
avoid	avoid duplication and pyramiding. Rating Schedule-Pages 2-12 to 2-15													
Evalu	Evaluation Guidelines 46, 9725 & 9727.													
00 03 05 08		10	13	15	20	25	30	35	40	45	50			
Pre-	Injury	10%	15%	20%	25%	30%	40%	50%	55/60	65-70%	75-80% 85-90%		95-100	
Lo	oss:													
Spine/Torso Motion:			1 20-2	.5%	1	1	↑	50%		↑	80%+			
No Fixed				*		1 No	Repetit	ive Motio	ons of th	e Neck	*			
Neck/Head				I		or Spi					↑			
Residual Lifting Capacity					20				0-10					
	fc	or		1 51-7	'5	↑	26- ↑		11-25		(Minimal Demands for			
<u>76-100^{lbs.}:</u>							50				Lifting)			
Posi	dual Lift	ing Ca	nacity	1 26-5	30	11	0-10	^	↑		↑			
I <u>lesi</u>			pacity	L 20-J		25	0-10	I	1		I			
51-75 ^{lbs.} : 1. No Very Heav							^{ry} LNo Heavy Lifting ↑							
	<u><u><u></u></u></u>	<u> </u>		Lifting					ung		I			
			١	lo Very	Heavy V	Vork ♪			t No He	eavy Worl	(
No Heavy Lifting Repeated Bending & Stooping J L No Substantial Work									Nork					
Limitation to Light Work 1														
Protr	Protracted/Stationary Positioning of the Spine/Extremities: (05%)													
Frequ	Frequency Key: Prolonged (25%) Repetitive (50%) Substantial (75%) Sustain (100%)													
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2. For Example: Einstein-Horner Calculation for Basic Pain (Lower Extremities)

- a. Constant slight-to-moderate pain with Sustained Weight bearing
 E.H. Calculation: Basic Pain: 30%(constant slight-to-moderate) x 20 = 06 ≈ 05 *
- b. Occasional slight pain with activities requiring minimal effort (Limitation to Light Work).
 E.H. Calculation: Basic Pain: 10%(slight pain) x 50 = 05 x ¼ (occasional) = 1.25 ≈ 01 *
- Constant moderate pain with Heavy Work would modify the 20% rating standard to a 10% standard.
 E.H. Calculation: Basic Pain: 50% x 30 = 15% *
- d. Frequent moderate Pain With Repetitive Motions of the neck and spine.
 E.H. Calculation: Basic Pain: 40% (Use the Table!) x 15% =06 ≈ 05 % *
- At the end of the calculation the Rating Standard is expressed as one of the following values: 1,2,3,5,8,10,13,15 & multiples of 5% thereafter, before modification for age and occupation. <u>Rating Schedule-Page 1-13</u>

Work Capacity Functional Loss: One Or Both Lower Extremities Multiple disability factors will have some redundancy in how they affect specific abilities or overall function, and an unrealistic result will be achieved by simply adding factors together. Multiple factors are compacted (scaled down) to avoid duplication and pyramiding. Schedule: Refer to Pages 2-16 to 217, notes 35 to 50 and Page 2-19, notes 1 and 2. On Page 2-16, refer also to Disability # 14 .461 - 80%: Immobility of One Hip Joint requiring the use of Crutch/Crutches.

0	03	05	08	10	13	15	20	20 25 30 35 40 45 50 55 60 65 70 75 8						80							
L No Kneeling or Squatting						1 (A)	L (A):Climbing, Uneven Ground, Squatting, Kneeling, Crouching, Crawling,														
or Crouching						Pivot	Pivoting, Other Similar Activities.														
	\uparrow			\uparrow			\uparrow	1 L No Heavy Work Limited to Sedentary													
Prolo	nged	Sitting	Ĵ	\uparrow		\uparrow			1 Repetitive Activities 1 Minimal Physical Demands (Light W						Work)						
			No Ve	ery He	avy W	ork Ĵ	\uparrow		LNo Heavy Lifting and all of (A)												
↑ L No Climbing or					Walkir	ng Ov	/er L	Jn-eve	en		Semi-	Sede	entary	Wor	'kĴ						
Ground					-																
	1 No	o Runr	ning			1 No	Prolor	nged	Star	nding		ĹΝ	o Hea	ivy L	ifting/l	Prolo	onged	Weigł	t bear	ing+(/	4)
	L No Prolonged weight bearing (75% Standing – 25% Sitting Approximately 25%)																				
				1 No	Work	At Un	protect	ted H	eigh	ts		t Li	mitati	on to	Weig	ht be	earing	½ tim	e (50%	6)	
	L No Sustained Activities of The lower Extremities								es												
							s - Fun														
							disabi														
							its deg								not dis	sablii	ng. H	oweve	r, sligh	nt,	
			vere re cols:				reater	degre	ees o	of disa	bility c	on wo	rk act	vity.							
00				05	08	123 &		15	20	25	30	35	4	4	50	55	60	75	80	90	100
00	0		03	05	00	10	15	15	20	25	30	30	4 0	4 5	50	55	00	75	00	90	100
C	nsta	nt L ev	el of F	Pain [.] A	ls	Cor	nstant Slight-to-moderate ⊥						↑	L Moderate			Severe 1		• ↑		
			ex of D			L Sli		Jingin		nouon			↑	M	lodera			oro 1			
	nimal/		_	1		1	gin	<u>↑</u>	↑	Γ	11		t S						Work		
<u> </u>	in nai/	VIIIG					vere Pa		-			woro							WORK		
	↑																				
Sev	Severe Pain: Running L Severe Pain with L Severe Pain with Prolonged Weight bearing																				
	」 Kneeling Severe Pain with Prolonged Standing J た Severe Pain with All Ankle Motion																				
								_													
Sever (100%		y: Min	imal (C	0%) \$	Slight	(10%)	slight-t	o-mo	dera	ate (30)%) mo	odera	te (50	%) n	nodera	ate-to	o-seve	ere (75	%) Se	vere	
	/	Key: Ir	nfreque	ent (1/	5) Occ	asiona	al (1/4)	Inter	mitte	ent (1/	2) Fre	quent	(3/4)	(4/4) Con	stant	t				

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Einstein-Horner	Formulation

(1) Basic Level of Pain	Constant Slight Pain		10			
(2) Next Level of Pain	Moderate		50			
(3) Subtract #1 from # 2:	Minus (-)		10			
(4) Modify Result by Value Of Activities Precipitating # 2	Heavy Lifting 20%	= 1/5 x	40 = 08			
(5) Add Result of # 4 to # 1	Level of Pain)) 18				
(6) Next Level: Moderate-to-severe Pain	Moderate-To-Severe (75%)		75			
(7) Subtract The Result of # 5: (New Ba	sic Level of Pain)	Minus -	-18			
(8) Modify Result by Frequency in which 50%	1/2	(57)	28.5			
(9) Modify Result by % value for activitie Work 30%	s precipitating the pain – Heavy	30% (28.5) =	8.55	·		
(10) Add result of #9 to #5 After rounding becomes the subjective disability rating		5.55 = 25%*	Standa	ard After Rounding: 25%		

By Severity/Frequency/Activities Precipitating the Pain Example # 2: Constant slight-to-moderate back pain increasing intermittently to moderate with Very Heavy Lifting 1. Basic Level of Pain Constant Slight-To-Moderate Back Pain (30%) 30 2. "High pat" level of Pain Mederate To Severe (75%) 75

2.	"Highest" level of Pain: Moderate-To-Severe (75%)	75	
3.	Subtract #1 from # 2:	Minus - 30	
4.	Modify # 3 by Frequency in which # 2 occurs: (Intermittently) = 50	% ½ X 45 2	22.5
5.	Modify # 4 by % value for activities precipitating the pain – Very H 10% X	eavy Work 22.5 = 2.2	25
6.	Add result of #4 (or #5) to # 1, the value for the basic level 30 + of pain. The sum of # 1 and # 4 (or #5), after rounding, becomes the subjective factors rating standard before modification for age and occupation	2.25 = 32.25 * Standar	d After Rounding: 30%
E.v.	By Activity That Precipitates		
}	ample # 3: Intermittent slight-to-moderate pain with sedentary		
1.	Level of Pain Intermittent Slight-to-Moderate	15	
2.	Activities Values: Sedentary Type Activities	70%	
3.	Multiply # 1 by X 2 15 X 70 =	11	
4.	Round result of # 3. After rounding, the rating standard 11 = becomes the subjective factors rating standard before modification for age and occupation	10% * Standar	d After Rounding: 10%
1	The Resulting standard should be expressed as one of the following		

* The Resulting standard should be expressed as one of the following values: 1,2,3,5,8,10,13,15 & multiples of 5% thereafter, before modification for age and occupation. (See Page 1-13 of The Schedule.)

Avoid Compounding Of Disability - Incomplete Descriptions

Incomplete When The Description Is Only By Severity And Frequency

- 1. The "Einstein-Horner Formula" is a valid mathematical process, but must only be used when subjective disability has been properly described by the qualifying factors of 8 CCR 9727.
- 2. Great caution should be exerted in the use of this formulation when calculating a rating standard for an incomplete description of subjective factors of disability since this is contrary to procedures established by the California Code of Regulations and the result is a compounding of disability.
- 3. Without the proper description of the activities that produces an increased level of pain, it must be assumed that pain increases with all activities.

Luis Pérez-Cordero, MA, AAPMR

Permanent Disability Rating Specialist Tuesday, November 18, 2003