

Notice of Closure Worksheet

(Dates of injury prior to Jan. 1, 2005)

1	Worker's legal name (first, m.i., last): _____	WCD file no.:
	Date of birth: _____ Denial date(s): _____	Date of injury:
	Type of notice: _____ <input type="checkbox"/> No additional PPD First closure date: _____ <input type="checkbox"/> Prior PPD award considered	Insurer's claim no.:
	Prior awards of PPD: Date: _____ Value: _____ Date: _____ Value: _____	
	Other claims? Insurer: _____ No.: _____ Open? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2	Time loss	Authorized from	Authorized through	Time loss	Authorized from	Authorized through	Time loss	Authorized from	Authorized through
	<input type="checkbox"/> TTD <input type="checkbox"/> TPD			<input type="checkbox"/> TTD <input type="checkbox"/> TPD			<input type="checkbox"/> TTD <input type="checkbox"/> TPD		
	<input type="checkbox"/> TTD <input type="checkbox"/> TPD			<input type="checkbox"/> TTD <input type="checkbox"/> TPD			<input type="checkbox"/> TTD <input type="checkbox"/> TPD		
	<input type="checkbox"/> TTD <input type="checkbox"/> TPD			<input type="checkbox"/> TTD <input type="checkbox"/> TPD			<input type="checkbox"/> TTD <input type="checkbox"/> TPD		

Three-day waiting period: Yes No Dates: _____

Med-stat date: _____ **OR** **Date claim qualified for closure:** _____ Per OAR 436-030-
 Per A.P. report Per IME Report dated: _____ A.P. concurrence? Yes No Dated: _____
 Last exam/treatment date: _____ Failed exam date: _____ Released to regular work date: _____
 Treatment letter sent date: _____ Worker response received date: _____ Date extent of PPD established: _____

3 ATP begin date: _____ ATP end date: _____ Exam/report date: _____

4 **Impairment**
(Show applicable body part code/rules/conversions/computations below)

Closing exam: Date: _____ By: _____

Amputation
 Opposition
 Range of motion
 Instability
 Hearing loss (S-5/S-6)
 Prosthetic implant
 Sensory change
 Surgery
 Change of length
 Strength loss
 Visual loss (S-3/S-4)
 Chronic condition
 Other

5 **Social/vocational factors**

Age and education

Age: _____	Range (0-1):	
Formal education: _____	Range (0-1):	
Job-at-injury DOT(s): _____		
5-year high SVP DOT(s): _____		
SVP..... (1-4):		
Total age/ed value.....		

Adaptability

5-year high strength DOT(s): _____

Strength code: _____

BFC: _____ to RFC: _____ (1-7):

Adaptability scale: unscheduled (%) _____ (1-7):

Higher adaptability value:

Total social-vocational value

Age/ed _____ X Adapt _____ = Value

Unscheduled impairment (Section 4): %

Total percent unscheduled disability: %

6	Primary part (code)	Secondary part (code)	Scheduled/unscheduled	Total percent	Total degrees	Total dollars	Net change		
							Percent	Degrees	Dollars

Prepared by: _____ Print name/title: _____ D/E operator: _____

NOTE TO WORKER: The insurer used this worksheet to calculate benefits shown on the attached Notice of Closure (NOC). This worksheet is not a legal order and is not subject to appeal. If you have questions, contact the insurer at the address or phone number on the front of the NOC. You can get more help by calling the phone numbers listed on the back of the NOC.

Completion Instructions

(Not all data fields are described.)

Section 1

Type of notice:

- 1100 Fatal without time loss
- 1101 Fatal with time loss
- 1120 Unrelated death, time loss, no permanent partial disability
- 1121 Unrelated death with time loss/permanent partial disability
- 1200 Grant of permanent total disability
- 1222 Closure of an open or reopened claim, TD only
- 1223 No TD or PPD
- 1224 Closure following DCBS suspension order, TD only
- 1315 Rescind prior Notice of Closure (Form 1644r)
- 1320 Rescind prior Notice of Closure; reissue with TD and PPD (Form 1644)
- 1321 Rescind prior Notice of Closure; reissue with TD only (Form 1644)
- 1388 Correcting previous Notice of Closure (Form 1644c)
- 1701 PTD redetermination; PTD reduced or ended (Form 1644p)
- 1800 Redetermination after end of authorized training program, PPD unchanged
- 1801 Redetermination after end of authorized training program, PPD reduction
- 1802 Redetermination after end of authorized training program, PPD increase
- 1832 Closure of an open or reopened claim with PPD and with or without TD
- 1834 Closure following DCBS suspension order, with PPD and with or without TD

Section 4

Check the boxes that apply to impairment factors included in computation of disability under OAR 436-035. Enter the body parts involved, including references to right (R) or left (L) or both (B), if appropriate, beside the factors indicated. Note the applicable rules and computations that result in final impairment(s).

If more than one body part has rateable permanent disability, show computations for each and identify by body-part code.

Section 5

Do not complete Section 5 if the worker:

- Has no impairment, or
- Has impairment and
 - Returned to regular work,
 - Was released to regular work, but failed to return for reasons within their control, or
 - Was released to regular work, but was terminated for reasons not related to the injury.

Age and education:

Age: See OAR 436-035-0012 to determine value.

Formal education: See OAR 436-035-0012 to determine value.

DOT: The *Dictionary of Occupational Titles*, a publication of the U.S. Department of Labor, Fourth Edition, Revised 1991.

SVP: "Specific vocational preparation." Enter impact value from OAR 436-035-0012.

Adaptability:

Five-year high strength DOT(s): Enter DOT codes for the job with the highest strength demand.

Strength code: Enter strength code assigned by DOT to that job.

BFC (Base functional capacity) to RFC (Residual

functional capacity): See OAR 436-035-0012 for values.

Enter strength capacity codes; compare and enter resulting value.

Adaptability: Enter the percent of unscheduled impairment and select the matching value from the scale in OAR 436-035-0012(15).

Higher adaptability value: Compare the "BFC-to-RFC" value with the "Adaptability" value and enter the higher value.

Total social-vocational value:

Multiply the result of the "Age/ed" factor values by the "Adaptability" value to get the total social-vocational value.

Section 6

Primary part (code): Enter the name and code of each body part. (See the Body Part Coding Chart on the division's Web site: www.wcd.oregon.gov/policy/bulletins/ab_index.html.) Note "right" (R) or "left" (L) or "both" (B) if applicable.

Secondary part (code): In cases that involve more than one **unscheduled** body part, note the body part/area code that receives the majority of the award in "Primary part" and the other **unscheduled** body part codes in a like manner in "Secondary part."

Scheduled/unscheduled: Show whether the disability being awarded is for a scheduled or unscheduled body part as follows:

- U-1 All unscheduled cases
- S-1 All scheduled cases not described below
- S-2 Loss of opposition
- S-3 Loss of vision, right or left eye
- S-4 Binocular vision loss
- S-5 Loss of hearing, right or left ear
- S-6 Binaural hearing loss

Total percent: If impairment is in an unscheduled body part/area, add percentage of impairment (Section 4) to value resulting from social-vocational factoring (Section 5) and insert total. If impairment is to scheduled body part/area, insert percentage of impairment only.

Total degrees: Enter matching degree values for each body part using the "Conversion from percentage to degrees of disability" chart on the division's Web site: www.wcd.oregon.gov/policy/bulletins/ab_index.html.

Total dollars: Multiply number of degrees by dollars per degree from rate schedule issued with Bulletin 111 based on date of injury and type of disability (scheduled or unscheduled) and enter.

Net change: If the disability computed under this claim closure is greater than or less than the most recent total award(s) **in this claim**, show percent, degrees, and dollar amount of increase or decrease using "+" or "-" (*example:* +22.40 degrees is an increase of 22.40 degrees, while -22.40 degrees is a decrease of 22.40 degrees).