

Adjudicative Advice

Permanent Impairment (NEL) Rating Guideline for Splenectomy

Background

A splenectomy is the term given for the surgical removal of the spleen, an organ that is part of the lymphatic system.

For WSIB purposes, the most common cause of an injury causing a spleen to be removed is a blunt force trauma or a penetrating wound to the abdomen or chest.

Operational Policy 18-05-03 states the prescribed rating schedule for assessing permanent impairment and determining the Non-Economic Loss (NEL) rating is the American Medical Association's Guides to the Evaluation of Permanent Impairment, 3rd edition Revised (AMA Guides.) The AMA Guides states the impairment following surgery to remove the spleen is rated at 0%

There are potential complications following spleen removal that include a long-term risk of serious infection. The medical community recommends clients without functioning spleens receive immunization against potential diseases and antibiotic prophylaxis (a measure taken for the prevention of disease or condition.) The potential for future problems can be significant for individuals without functioning spleens.

This document provides rationale decision-makers can use to increase the

NEL award for a splenectomy noting the need for monitoring and treatment due to the damage to the immune system, caused by the spleen removal.

Zero NEL - Implications

Operational Policy 18-05-09 does not allow for a Redetermination of a NEL award if the award was previously determined to be 0%. Operational Policy 18-03-03 does not allow for a review of Loss of Earnings after 72 months unless there has been a Redetermination of the NEL that increased the award.

If an individual with a claim that involved a splenectomy were to have complications that led to significant deterioration of their impairment, the worker could not be re-assessed for that permanent impairment. Additionally, if the complications occurred more than 72 months after the accident, the payment of Loss of Earnings benefits (LOE) would be impacted.

Research

In October of 2000 the Communicable Disease Departments of South and North Essex Health Authorities (UK) conducted a survey of family doctors to assess the extent of provision of immunization and antibiotic prophylaxis to patients without functioning spleens.

Notice: This document is intended to assist WSIB decision-makers in reaching consistent decisions in similar fact situations and to supplement applicable WSIB policies and guidelines as set out in the Operational Policy Manual (OPM). This document is **not a policy** and in the event of a conflict between this document and an OPM policy or guideline, the decision-maker will rely on the latter.

The following summarizes some of their recommendations:

1. Medication use post-splenectomy

Clients without a functioning spleen have a long-term risk of serious infection and are recommended to receive the following IMMUNIZATION;

- ✓ PNEUMOCOCCAL vaccine with a booster at 5 year intervals
- ✓ HAEMOPHILIUS INFLUENZAE TYPE B vaccine
- ✓ INFLUENZA vaccine yearly
- ✓ CONJUGATED MENINGOCOCCAL C vaccine

In addition the client is recommended to receive the following ANTIBIOTIC PROPHYLAXIS

- ✓ PENICILLIN V 500mg BID or in the case of allergy ERYTHROMYCIN 500 mg BID. This should be administered for a period of not less than two years post splenectomy but is strongly recommended for life.

2. Travel recommendations for asplenic clients

Clients who are not taking antibiotics prophylactically should be encouraged to take them during travel and should keep a therapeutic course of antibiotics with them for the duration of their travel/trip.

3. Other recommendations/observations

- a. Animal bites – asplenic clients are especially vulnerable to invasive infection, following dog and other animal bites from the organism capnocytophoga canimorsus.
- b. Clients should be encouraged to wear a MEDICAL ALERT bracelet to notify treating medical staff of their lack of a spleen.

Direction on Splenectomy Rating

The AMA Guides allow for a NEL rating for ongoing monitoring and/or prophylactic treatment which is recognized as essential post-operative care for monitoring a condition.

The nearest and most accurate analogy with which to rate this impairment is found in Chapter 7: The haematopoietic system section 7.4.

Although the AMA guides specifically states that the actual surgical procedure is given a 0%, the class 1 (0-10%) has the following criteria:

- a. there are symptoms of leukocyte abnormality;
- b. no or infrequent treatment is needed;
- c. all or most of the activities of daily living can be performed.

In this situation it is reasonable to use these criteria as it is the nearest analogy. There is significant support to recognize the recommended monitoring and prophylactic treatment for this condition exists in the medical community.

On this basis, a value of five (5%) percent to all asymptomatic asplenic workers will both recognize the impairment and ensure that should deterioration occur, the opportunity exists to arrange a Redetermination.

Conclusion

Although the actual surgical procedure is not rated, a 5% NEL should be awarded if the individual is asymptomatic at the time of the rating. This recognizes that a permanent impairment is evident when a spleen has been removed because of the need for monitoring and treatment due to the damage to the immune system.

NEL Department

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Claims Quality Loop

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