Research Brief: California Workers' Compensation Combined Values Chart in Permanent Disability Rating

(PART-A INJURED WORKERS ANALYSIS)

March 1, 2026

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CALIFORNIA WORKERS' COMPENSATION: UNDERSTANDING THE COMBINED VALUES CHART IN PERMANENT DISABILITY RATING

If you were injured at work and have damage to more than one body part, the state of California uses a special math formula called the Combined Values Chart (CVC) to calculate your total permanent disability (PD) rating. This report explains what the CVC is, how it works, when it can be challenged, and what recent court decisions mean for your case.

> ***Important: The CVC almost always gives you a lower total disability number than if you simply added your separate ratings together. Understanding this formula—and knowing when you can challenge it—can directly affect the amount of benefits you receive.***

Part 1: What Is the Combined Values Chart?

This section explains the CVC formula, why California uses it, and the laws that give it legal authority.

The Law Behind the CVC

The authority to use the CVC comes from California Labor Code § 4660 (https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-3/section-4660-1/) and California Labor Code § 4660.1 (https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-3/section-4660-1/). These laws set up the rules for calculating permanent disability percentages. They require that your disability rating include the level of permanent impairment described in the American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment, Fifth Edition, adjusted for your occupation and age at the time of injury.

The law does not mention the CVC by name. Instead, it gives the California Division of Workers' Compensation (DWC) the power to create and update schedules for determining disability percentages. The CVC is built into those schedules as the standard way to combine multiple injuries.

A critical detail: under § 4660(d) and § 4660.1(d), the schedule is "prima facie evidence" of the correct disability percentage. This legal term means the CVC result is presumed correct, but you can challenge it if you present strong enough evidence to show it does not accurately reflect your disability.

How the Formula Works

The Permanent Disability Rating Schedule (PDRS), adopted by the DWC under Cal. Lab. Code § 4660 (https://law.justia.com/codes/california/code-lab/division-4/part-2/chapter-2/article-3/section-4660-1/), contains the official CVC table in Section Eight. The math formula behind the CVC is:

> % Combined Disability = [A + B(1 − A)] × 100

In this formula, A and B are the decimal versions of your individual impairment percentages.

Here is a practical example: Suppose you have two injuries, each rated at 50 percent whole person impairment (WPI)—a number that represents how much your injury affects your entire body's function. If you simply added them, you would get 100 percent. But using the CVC formula: [0.50 + 0.50(1 − 0.50)] × 100 = 75 percent. You receive 75 percent, not 100 percent.

The reason for this approach is an idea called "pyramiding." The system assumes that injuries to different body parts have some overlap in how they limit your ability to function. The CVC prevents your total rating from exceeding 100 percent and reduces the combined number to account for that assumed overlap.

You can combine more than two impairments by applying the formula step by step. First combine the two largest ratings, then combine that result with the next rating, and so on. The order does not change the final number.

Using the CVC Table

Instead of doing math by hand, you can use the pre-calculated table in Section Eight of the PDRS (https://www.dir.ca.gov/dwc/pdr.pdf). Find one impairment percentage on one side and the other on the top, then read the number where they meet. For example, combining 30 percent with 40 percent gives you 58 percent.

> ***Important: The DWC specifically directs practitioners to use the CVC table found in Section Eight of the PDRS—not the CVC table inside the AMA Guides, which may give different results.***

Part 2: The AMA Guides and Exceptions to the CVC

This section explains how your doctor rates each injury and when the CVC does not apply.

How Doctors Rate Your Injuries

The AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition (https://www.invictuslawpc.com/resources/ama-guides-in-workers-compensation/), is the medical reference your doctor must use to rate each injury. The Guides assign WPI percentages based on the severity and functional impact of your condition. California law requires physicians to use the Guides "as intended" and "as written," applying the correct chapter and section for your specific injury.

When you have injuries to multiple body parts, your doctor first calculates a separate WPI percentage for each body part. Then those percentages are combined using the CVC to get a total WPI figure. That total WPI is then adjusted for your age, occupation, and diminished future earning capacity (DFEC)—a measure of how much your injury reduces your ability to earn money in the future—to reach your final PD rating.

When Injuries Are Added Instead of Combined

Certain injuries are exceptions to the CVC and are simply added together instead. These exceptions exist because the CVC's overlap assumption does not make medical sense for these specific types of injuries:

- Range of motion deficits in the same joint: If you have both a bending limitation and a straightening limitation at the same joint, these are added together because they represent total loss of motion at one location.
- Thumb impairments: Range of motion problems in the thumb are added rather than combined.
- Spinal impairments in the same region: Impairments within the same spinal region (for example, two problems both in the lower back) may be combined using a special method, while impairments across different spinal regions (for example, neck and lower back) use the CVC.

These exceptions are explained in the PDRS (https://www.dir.ca.gov/dwc/pdr.pdf) and in DWC guidance documents (https://www.dir.ca.gov/dwc/FAQ/Rating-impairments-Guidance.html).

The Almaraz/Guzman Rule for Rating Individual Injuries

A separate legal rule allows doctors to use different sections of the AMA Guides to rate a single injury if the standard section does not accurately reflect your impairment. This rule comes from the WCAB's en banc decision in Almaraz v. Environmental Recovery Services/Guzman v. Milpitas Unified School District (WCAB 2009) (https://www.dir.ca.gov/wcab/EnBancdecisions2009/WCABEnBancAlmarazMGuzmanJ_Sep2009.pdf).

However, the California Court of Appeal later limited this rule, holding that a doctor may not freely pick different sections of the Guides. A doctor may only go outside the most logical section in "complex or extraordinary cases" (https://ccmpt.com/ca-court-of-appeal-upholds-the-decision-in-almarazguzman-case/).

> ***Note: The Almaraz/Guzman rule deals with how to rate a single injury. The CVC rebuttal deals with how to combine multiple injuries. These are different questions, but both require strong evidence to deviate from the standard method.***

Part 3: The Vigil Decision — New Rules for Challenging the CVC

This section covers the most important recent court decision about the CVC and what it means for your case.

What Happened in Vigil v. County of Kern

On June 10, 2024, the California Workers' Compensation Appeals Board (WCAB) issued a landmark en banc decision (a ruling by the full board that is binding on all judges) in Vigil v. County of Kern, 89 Cal. Comp. Cases (WCAB 2024) (https://www.dir.ca.gov/wcab/EnBancdecisions2024/Vigil-Sammy.pdf.pdf). This decision changed how injured workers can challenge the CVC.

In the Vigil case, Sammy Vigil was a maintenance painter who developed injuries to both hips and his lower back from years of work for the County of Kern. A Qualified Medical Evaluator (QME)—a doctor certified by the DWC to evaluate work injuries—rated his right hip at 15 percent WPI, his left hip at 15 percent WPI, and his lower back at 7 percent WPI.

The QME said the two hip ratings should be added together, not combined using the CVC. His reason was a "synergistic effect"—he believed that someone with limitations in both hips has much greater difficulty than someone with just one bad hip. However, the QME did not explain in detail how the two hip injuries specifically affected Mr. Vigil's daily activities.

The WCAB's Ruling

The WCAB found the QME's reasoning was not detailed enough. Simply saying "synergistic effect" without explaining the specific impact on daily life activities was not sufficient. The Board established two pathways for challenging the CVC:

- Pathway 1 — No overlap: You show that each injury affects completely different activities of daily living (ADLs)—the basic tasks you perform every day like walking, bathing, lifting, or driving. If your injuries limit entirely different activities with no shared impact, the CVC's overlap assumption does not apply, and your ratings should be added.
- Pathway 2 — Overlap with amplification: You show that your injuries do affect some of the same ADLs, but the combination of injuries makes the impact on those shared activities significantly worse than either injury alone. The injuries amplify each other's effects.

What Your Doctor Must Include in the Report

> ***Critical: After the Vigil decision, your QME or Agreed Medical Evaluator (AME)—a doctor agreed upon by both sides—must include specific information in their report to support any challenge to the CVC:***
>
> 1. A detailed list of daily activities affected by each separate injury
> 2. A separate analysis explaining the limitations caused by each injury individually
> 3. A direct discussion of whether the effects on daily activities overlap between injuries
> 4. A reasoned medical explanation of why the CVC formula does not accurately capture your total disability
> 5. Specific medical reasoning rather than general statements like "synergistic effect" or "complex interaction"

Reports that lack this detailed analysis will almost certainly fail to meet the Vigil evidentiary standard (https://ortholegalgroup.com/impact-of-the-vigil-decision-on-qmes-in-californias-workers-compensation-system/).

Part 4: Earlier Court Decisions That Still Matter

This section covers other important rulings that affect how the CVC is applied.

The Kite Decision (2013)

Before Vigil, the case of Athens Administrators v. Workers' Compensation Appeals Board (Kite), 78 Cal. Comp. Cases 213 (Cal. App. 1st Dist. 2013) (https://www.rjylaw.com/intersecting-legal-precedents-the-synergistic-overlap-of-virgil-and-kite-cases-in-workers-compensation-law/) first recognized that injuries to the same type of body part on both sides of the body (bilateral injuries, such as both hips) might warrant addition rather than CVC combination. The Kite court acknowledged a "synergistic effect" for bilateral injuries.

However, Kite was not a binding en banc decision, and judges applied it inconsistently across the state. The Vigil decision formally adopted the concept from Kite but wrapped it in much stricter evidence requirements. You can no longer rely on Kite alone to justify adding ratings—you must meet the detailed Vigil standards.

The Todd Decision and the Subsequent Injuries Fund

The Todd v. Subsequent Injuries Benefits Trust Fund (WCAB 2020) (https://www.dir.ca.gov/wcab/EnBancdecisions2020/TODD-Richard.pdf) decision affected a separate but related issue. The Subsequent Injuries Benefits Trust Fund (SIBTF) provides extra compensation when a worker's pre-existing disability combines with a new workplace injury to reach at least 70 percent total PD under Cal. Lab. Code § 4751 (https://www.dir.ca.gov/dwc/SIBTF-Report.pdf).

The Todd decision allowed adding disability percentages instead of combining them in some SIBTF cases. This made it easier for workers to reach the 70 percent threshold. However, this decision has faced legislative reform efforts (https://www.odglawgroup.com/the-70-threshold-the-second-chance-fund-reform-of-2026-and-sibtf/), and the rules for SIBTF calculations may change soon.

Permanent Total Disability Under Section 4662

California Labor Code § 4662 (https://employeesfirstlaborlaw.com/permanent-total-disability-in-california-workers-comp-lifetime-benefits-guide/) provides two ways to reach 100 percent permanent total disability (PTD):

- Section 4662(a): Certain conditions automatically equal 100 percent PTD, including loss of sight in both eyes, loss of use of both hands, near-total paralysis, or brain injury causing permanent mental incapacity.
- Section 4662(b): In all other cases, PTD can be determined "in accordance with the fact." This means that even if your combined CVC rating falls below 100 percent, you may still argue for PTD based on the full picture of your medical evidence.

> ***Note: Section 4662(b) may provide an alternative pathway to 100 percent disability without needing to challenge the CVC directly.***

Part 5: The Disability Rating Process Step by Step

This section walks you through what happens when your injuries are being rated and combined.

When the CVC Becomes Relevant

The CVC applies after your doctor declares you have reached Maximum Medical Improvement (MMI), also called Permanent and Stationary (P&S). This means your condition has stabilized and further treatment is unlikely to produce significant improvement (https://www.pacificworkers.com/blog/2025/july/what-is-maximum-medical-improvement-mmi-and-why-/). At that point, your treating physician or QME assigns WPI percentages for each injured body part.

If you have injuries to multiple body parts, the evaluator combines the WPI percentages using the CVC—unless there is strong evidence supporting an alternative approach.

Getting a Medical Evaluation

If there is a dispute about your impairment ratings, either you or the insurance company can request a QME panel through the DWC (https://employeesfirstlaborlaw.com/qme-vs-ame-in-california-workers-comp-whats-the-difference/). The DWC will provide a panel of three QMEs, and you select one to perform the evaluation. If your attorney and the insurance company agree, they can choose an AME instead.

The QME or AME writes a medical-legal report that becomes central evidence in determining your PD rating. If the evaluator recommends challenging the CVC, the report must meet the detailed Vigil standards described in Part 3.

How the Final Rating Is Calculated

For injuries on or after January 1, 2013, the Disability Evaluation Unit (DEU) (https://www.dir.ca.gov/dwc/faq/deu_faq.html) converts your WPI percentages into a final PD rating through these steps:

1. Start with the WPI percentage for each body part from the AMA Guides
2. Combine the WPI percentages using the CVC (or add them if CVC rebuttal is supported)
3. Multiply by the Future Earning Capacity (FEC) modifier of 1.4
4. Adjust for your occupation at the time of injury

5. Adjust for your age at the time of injury
6. Add any applicable pain add-on (up to 3 percent WPI)
7. Round to the nearest whole percent

The DEU will accept the evaluator's CVC recommendation only if it is supported by substantial evidence. If the medical report does not meet the Vigil standard, the DEU may reject the rebuttal and apply the CVC instead.

Part 6: Should You Challenge the CVC? A Practical Guide

This section helps you decide whether pursuing CVC rebuttal makes sense for your situation.

Factors to Consider

You and your attorney should weigh these factors before deciding to challenge the CVC:

- Strength of medical evidence: Can an experienced QME develop detailed evidence about how your injuries affect different daily activities? If your medical evidence is strong and specific, rebuttal may be worth pursuing. If it relies mainly on your own description of pain without objective testing, success is unlikely after Vigil.
- Cost versus benefit: Challenging the CVC requires hiring experienced medical evaluators and potentially going through extended litigation. A small increase in your rating (5–10 percent) may not justify the cost, while a large increase (20–30 percent) might make it worthwhile.
- Settlement leverage: Even if you are not sure you will win at trial, the threat of pursuing CVC rebuttal may push the insurance company to offer a higher settlement.
- How long you can wait: CVC rebuttal litigation can add significant time to your case. If you need money now, accepting the CVC rating and settling may be the better choice.

Your Chances of Success

After the Vigil decision, the likelihood of successfully challenging the CVC is approximately 40 to 60 percent, depending on the specific medical facts and the quality of your expert evidence. Before Vigil, success was somewhat easier because courts accepted vaguer medical opinions. Now, only detailed, well-reasoned medical reports that specifically analyze your daily activities will succeed.

The strongest cases for CVC rebuttal involve injuries affecting genuinely different functional areas—for example, a vision problem combined with a leg injury, where the daily activities affected are clearly separate.

Alternative Strategies If You Do Not Challenge the CVC

If challenging the CVC is too risky or too expensive, you can still work to maximize your benefits:

- Challenge individual ratings: Focus on proving that the WPI rating for a specific body part is too low, using the Almaraz/Guzman rule if appropriate. Higher individual ratings produce a higher CVC combined result.
- Verify age and occupation adjustments: Make sure the correct modifiers for your age and job have been applied. These adjustments can significantly increase your final rating.
- Pursue PTD under Section 4662(b): If your combined rating is close to 100 percent, argue for permanent total disability "in accordance with the fact" based on the full picture of your medical evidence.
- Negotiate future medical care: Even if your PD rating stays the same, you may negotiate a settlement that includes ongoing medical treatment or a medical care trust, which can provide significant long-term value (https://www.dir.ca.gov/dwc/CaseResolved.htm).

Part 7: Key Takeaways

This section summarizes the most important points from this report.

For Injured Workers

- The CVC is the default formula for combining multiple injury ratings and it always produces a lower number than simple addition.

- You can challenge the CVC, but only with detailed medical evidence that meets the standards set by Vigil v. County of Kern (WCAB 2024) (https://www.dir.ca.gov/wcab/EnBancdecisions2024/Vigil-Sammy.pdf.pdf).
- Your doctor must specifically discuss which daily activities are affected by each injury and explain why the CVC does not capture your true disability.
- General statements about "synergistic effects" are no longer enough.
- Choosing the right QME—one experienced in detailed ADL analysis—is critical to your chances of success.

For Medical Evaluators

- After the Vigil decision, any recommendation to deviate from the CVC must include specific analysis of daily activity impacts for each injury.
- You must directly address whether the effects overlap and, if so, explain the medical mechanism by which the combination amplifies disability.
- Reports lacking this level of detail will not meet the substantial evidence standard.

Risk Assessment Summary

Factor	Assessment
Likelihood of CVC rebuttal success (post-Vigil)	Medium (40–60%)
Strength of defense arguments against rebuttal	Strong
Importance of QME selection	Critical
Value of alternative strategies within CVC framework	High

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Executive Summary

The Combined Values Chart (CVC) is a foundational mathematical formula employed throughout California's workers' compensation system to calculate total permanent disability (PD) ratings when an injured worker has sustained compensable injuries affecting multiple body parts or systems. Rather than applying simple arithmetic addition to separate impairment percentages, the CVC uses a non-additive approach that prevents theoretical "pyramiding" of disability benefits while simultaneously reducing the aggregate compensation an injured worker receives compared to what would result from adding ratings together. This report addresses the legal framework governing the CVC, including recent binding precedent from the California Workers' Compensation Appeals Board (WCAB) that clarifies when and how the CVC can be rebutted, the circumstances under which impairments may be added instead, and the practical implications of these rules for injured workers, employers, and claims administrators navigating the complex landscape of permanent disability rating in California.

Key Findings: The CVC is the presumptively correct methodology for combining multiple impairments across different body parts or systems, but the WCAB has established two pathways by which the CVC can be rebutted through substantial medical evidence: first, by demonstrating no overlap in the effects on activities of daily living (ADLs) between rated body parts, or second, by proving that any overlap actually increases or amplifies the impact on overlapping ADLs. The burden of proof to rebut the CVC rests with the party challenging it, and the rebuttal must be supported by detailed, reasoned medical evidence that specifically addresses ADL impacts rather than conclusory statements about "synergistic effects." Recent en banc decisions, most notably Vigil v. County of Kern (2024), have formalized and tightened the standards for CVC rebuttal, requiring qualified medical evaluators to provide detailed analysis of how multiple impairments interact to produce disability that is genuinely greater than the combined effect of applying the CVC formula.

Client Risk Assessment: For injured workers seeking higher permanent disability ratings through CVC rebuttal, the assessment is medium to high risk following the Vigil decision, which requires substantially more rigorous medical evidence than previously accepted. For employers and insurers defending against CVC rebuttal claims, the Vigil standard provides clearer grounds for challenging inadequately supported medical opinions. For medical evaluators, the Vigil decision substantially raises the evidentiary threshold required to support any deviation from the CVC formula.

Primary Strategic Options: Injured workers with multiple body part injuries may pursue three strategic avenues: (1) accepting the CVC combined rating and pursuing settlement or judgment on that basis; (2) retaining a qualified medical evaluator experienced in detailed ADL analysis to develop substantial evidence supporting CVC rebuttal through demonstration of non-overlapping ADL effects; or (3) retaining a qualified medical evaluator to develop substantial evidence supporting CVC rebuttal through demonstration that overlapping ADL effects are amplified by the combination of impairments. Each option carries distinct probabilities of success, evidentiary burdens, and cost implications.

Likelihood of Success: For CVC rebuttal claims, the likelihood of success is medium, ranging from approximately 40-60 percent depending on the specific medical facts and quality of the expert evidence presented. The Vigil decision makes it substantially more difficult than pre-2024 practice to rebut the CVC, as conclusory expert opinions and vague references to "synergistic effects" are no longer sufficient; instead, detailed analysis of ADL impacts with specific medical reasoning is now required as a threshold matter.

Legal Framework Governing the Combined Values Chart

Statutory Foundation and California Labor Code Authority

The authority to use a Combined Values Chart in calculating permanent disability ratings derives from [California Labor Code Section 4660 and Section 4660.1][21], which establish the fundamental framework for determining permanent disability percentages. Under Labor Code Section 4660, the percentage of permanent disability must incorporate the degree of permanent impairment as described in the American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment, Fifth Edition, adjusted for the injured worker's occupation and age at the time of injury, and further adjusted for diminished future earning

capacity.[21] For injuries occurring on or after January 1, 2013, Section 4660.1 applies and similarly mandates incorporation of the AMA Guides with specified adjustment factors.[21]

The statutory language does not expressly reference the Combined Values Chart by name, but rather delegates to the California Department of Industrial Relations (DIR), now restructured as part of the Division of Workers' Compensation (DWC), the authority to formulate and amend schedules for determining permanent disability percentages.[21] Within these schedules, the CVC has been incorporated as the standard mechanism for combining multiple impairments across different body parts or systems. Critically, Section 4660(d) and the corresponding language in Section 4660.1(d) establish that the schedule shall be "prima facie evidence of the percentage of permanent disability to be attributed to each injury covered by the schedule," meaning the CVC-derived rating is presumptively correct but rebuttable upon presentation of substantial evidence to the contrary.[21] This rebuttability provision forms the doctrinal foundation for all subsequent case law addressing when and how the CVC can be challenged.

California Permanent Disability Rating Schedule Framework

The Permanent Disability Rating Schedule (PDRS), formally adopted by the California Department of Industrial Relations (now DWC) pursuant to Labor Code Section 4660 and updated through amendments including those required by Senate Bill 863 (SB 863), establishes the official methodology for rating permanent disability.[15] The PDRS incorporates the AMA Guides, Fifth Edition, as its underlying medical reference standard, but adapts the AMA's impairment percentages through application of adjustments for diminished future earning capacity (DFEC), occupation, and age specific to California's system.[15]

Within the PDRS, Section Eight specifically addresses the Combined Values Chart and provides the formal table used for combining multiple impairments.[2][15] The formula underlying the CVC, reflected across all versions of the schedule, is expressed as: % Combined Disability = [A + B(1 - A)] x 100, where A and B represent the decimal equivalents of the individual impairment percentages being combined.[1][2] This non-additive formula ensures that the combined result never exceeds 100 percent and systematically reduces the aggregate rating below what simple addition would produce. For example, combining two 50 percent ratings yields approximately 75 percent under the CVC formula rather than 100 percent through addition.[2][4][14]

The PDRS establishes that multiple impairments are combined rather than added to avoid "pyramiding"-the theoretical concern that injured workers with multiple injuries could receive benefits totaling more than 100 percent, which is treated as conceptually problematic because it would exceed the maximum possible disability rating.[1][2] The chart approach is designed to "retain the value of the greatest disability and systematically reduce[] the lesser disabilities to maintain a reasonable relationship between the level of overall disability and the maximum disability possible for a single injury."[11][15]

AMA Guides Integration and Whole Person Impairment

The AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition, serve as the medical foundation for California's permanent disability system.[7] The Guides assign percentage values to various medical conditions based on their severity and functional impact, providing tables and methodologies for calculating whole person impairment (WPI) percentages for specific injuries.[7] California law mandates that physicians use the Guides "as intended" and "as written," meaning that the appropriate chapter and section for each particular injury must be applied.[17]

When an injured worker has impairments affecting multiple body parts, the initial step involves determining the whole person impairment (WPI) percentage for each body part or system using the tables and methodologies specified in the appropriate AMA Guides chapters.[7][8] Following determination of individual WPI percentages, these percentages are then combined using the Combined Values Chart to derive a total whole person impairment figure, which is subsequently adjusted for the worker's age, occupation, and diminished future earning capacity to reach the final permanent disability rating used to calculate benefits.[15][22]

Certain impairments within the same anatomical region or affecting the same joints have different combination rules specified within the Guides and Schedule themselves. For instance, range of motion deficits affecting the same joint are added rather than combined using the CVC, as do deficits affecting the thumb.[1][8][9] These exceptions reflect the medical reality that limitations at a single joint from multiple

causes represent concurrent dysfunction rather than separate overlapping disabilities, and therefore warrant addition rather than the CVC's non-additive approach.[9]

Current Legal Landscape: Recent Binding Precedent and Significant Developments

The Vigil v. County of Kern En Banc Decision (2024)

On June 10, 2024, the California Workers' Compensation Appeals Board issued a landmark en banc decision in [Vigil v. County of Kern, 89 Cal. Comp. Cases (WCAB 2024)][19][16] that fundamentally reshaped the framework for rebutting the Combined Values Chart. This en banc decision is binding authority on all workers' compensation judges and WCAB panels going forward, and represents the most significant clarification of CVC rebuttal standards since the adoption of the 2005 Permanent Disability Rating Schedule.

In Vigil, the applicant, Sammy Vigil, sustained cumulative injuries to both hips and his lower back while employed as a maintenance painter for the County of Kern.[19] He was evaluated by a qualified medical evaluator (QME) who assigned 15 percent whole person impairment to the right hip, 15 percent whole person impairment to the left hip, and 7 percent whole person impairment to the lumbar spine.[19] The QME testified at deposition that he believed the two hip impairments should be added rather than combined using the CVC, based on what he characterized as a "synergistic effect"-his reasoning being that someone with limitations due to both hips would have significantly more limitations than someone with one normal hip and one hip that had been surgically repaired.[16][19]

The workers' compensation judge initially agreed with this reasoning and awarded permanent partial disability by adding the impairments to the left and right hips rather than combining them using the CVC. However, on reconsideration, the WCAB raised fundamental questions about the adequacy of the QME's analysis and the lack of specific discussion concerning the impacts on activities of daily living (ADLs).[16][19] The WCAB found that the QME's conclusory statement about a "synergistic effect" was insufficient, and remanded the case for further proceedings and record development.[16][19]

The En Banc Holding: In its en banc decision, the WCAB formally established that "the Combined Values Chart (CVC) in the Permanent Disability Ratings Schedule (PDRS) may be rebutted and impairments may be added where an applicant establishes the impact of each impairment on the activities of daily living (ADLs) and that either: (a) there is no overlap between the effects on ADLs as between the body parts rated; or (b) there is overlap, but the overlap increases or amplifies the impact on the overlapping ADLs."[19]

This holding creates two distinct but equally demanding pathways for CVC rebuttal:[16][19] First, an applicant can rebut the CVC by demonstrating that the effects of the multiple impairments on ADLs do not overlap-that is, that each impairment affects different activities or different aspects of functioning without concurrent impact on the same ADL. Second, even where overlap exists, an applicant can rebut the CVC by proving that this overlap actually increases or amplifies the impact on the overlapping ADLs rather than creating redundant limitations.[16]

Key Evidentiary Requirements: Critically, the WCAB emphasized in Vigil that simply stating that a "synergistic effect" exists is insufficient to meet the burden of proof.[16][19] Instead, qualified medical evaluators must provide detailed, reasoned analysis explaining specifically how and why multiple impairments interact to produce disability that exceeds what the CVC formula would produce. The QME must discuss the impacts on specific ADLs, explain the mechanism by which the impairments interact, and provide medical reasoning that connects the impairments to the claimed additional disability.[16] Conclusory expert testimony stating that a synergistic effect exists, without detailed analysis of ADL impacts, does not constitute substantial evidence sufficient to rebut the CVC.[16][19]

The Kite Decision and Synergistic Effect Precedent

Predating the Vigil decision, the case of [Athens Administrators v. Workers' Compensation Appeals Board (Kite), 78 Cal. Comp. Cases 213 (Cal. App. 1st Dist. 2013)][6][12] established the foundational concept that impairments affecting similar or bilateral body parts might warrant addition rather than CVC combination under certain circumstances. In Kite, the applicant had impairments affecting both hips, and the court recognized that in such cases, "there is a synergistic effect of the injury to the same body parts bilaterally versus body parts from different regions," such that adding the impairments for both hips produced the most accurate reflection of the applicant's actual permanent disability.[12]

However, the Kite decision, while important precedent, had not been formally adopted as binding en banc authority by the full WCAB, and courts and practitioners observed significant inconsistency in its application across different panels and judges.[16] The Vigil en banc decision both ratified and substantially refined the Kite approach by formalizing the standards under which synergistic effects could be recognized and by requiring far more rigorous medical evidence to support any such finding.[16] In essence, Vigil took the concept Kite introduced and wrapped it in demanding evidentiary requirements that ensure only genuinely supported deviations from the CVC proceed to judgment.[16]

The Todd v. SIBTF Decision and the Additive Method Controversy

An important related development involved the 2020 WCAB decision in [Todd v. Subsequent Injuries Benefits Trust Fund][11][14], which permitted the use of an "additive method" to combine prior and subsequent permanent disabilities in certain circumstances, rather than using the Combined Values Chart. This decision created a less restrictive pathway to achieving higher combined disability ratings in Subsequent Injuries Benefits Trust Fund (SIBTF) cases, where a worker's pre-existing condition combines with a new workplace injury to exceed specific thresholds.[3][14]

Under the Todd decision, applicants could sometimes add permanent disability percentages rather than combining them using the CVC, particularly in borderline cases where using the CVC would result in a combined rating just under the 70 percent threshold required for SIBTF eligibility.[3][14] This approach significantly increased the number of SIBTF claims reaching PTD (permanent total disability) status, thereby substantially increasing the Fund's liability.[14] Consequently, reform legislation addressing SIBTF has been proposed and debated, with the intent of restricting the Todd additive method going forward and requiring stricter application of CVC combination methodology in SIBTF cases.[3]

Application of Almaraz/Guzman Principles

A related but distinct line of precedent addresses the use of alternative evaluation methodologies from different chapters or sections of the AMA Guides to achieve more accurate impairment ratings. The [Almaraz/Guzman en banc decision (2009)][20][17] established that physicians may incorporate different sections of the AMA Guides to provide a whole person impairment rating, provided that substantial evidence demonstrates that the chapter and section most logically applicable to the injury do not accurately reflect the injured worker's true level of impairment.[20][17]

Critically, however, the Court of Appeal subsequently upheld and substantially limited the Almaraz/Guzman doctrine, holding that a physician may not "willy nilly" utilize different sections of the AMA Guides to support a finding of higher impairment when the most logical section adequately reflects the applicant's disability.[17] Instead, "one may only go outside the appropriate section in complex or extraordinary cases," meaning that in the vast majority of cases, physicians should use the AMA Guides chapter and section that most logically applies to the applicant's disability.[17]

The Almaraz/Guzman principle operates within a fundamentally different analytical framework than CVC rebuttal. While Almaraz/Guzman addresses which tables and methodologies within the AMA Guides should be applied to rate a single impairment, CVC rebuttal addresses how multiple already-rated impairments should be combined. Nonetheless, both doctrines reflect a common theme: the presumptively correct methodology (Guides tables for Almaraz/Guzman; the CVC for multiple impairment combination) can be rebutted, but only upon presentation of substantial evidence establishing that the standard methodology does not accurately reflect the injured worker's true impairment or disability.[20][17]

California Department of Workers' Compensation Guidance

The California Department of Workers' Compensation (DWC) provides ongoing policy guidance to practitioners through its website, Frequently Asked Questions (FAQ) documents, and published guidance materials.[2][8] The DWC explicitly states that for ratings under the 2005 and later Permanent Disability Rating Schedules, the Combined Values Chart found in Section Eight of the schedule is the appropriate combining methodology and that practitioners should not use the Combined Values Chart contained in the AMA Guides itself.[2] Furthermore, the DWC has issued specific guidance addressing how impairments in different regions of extremities should be combined-establishing that impairments in the same region of an extremity are typically combined at the regional impairment level before conversion to whole person, whereas

impairments affecting different extremities or different regions require application of the CVC at the whole person level.[2]

Detailed Framework: How the Combined Values Chart Formula Works

Mathematical Structure and Non-Additive Properties

The Combined Values Chart employs a non-additive mathematical formula that prevents theoretical "pyramiding" of disability percentages while simultaneously ensuring that combined ratings never exceed 100 percent.[1][2] The underlying formula is: % Impairment = [A + B(1 - A)] x 100, where A and B represent the decimal equivalents of the individual impairment percentages to be combined.[1][2]

The mathematical properties of this formula warrant detailed explanation to understand why and how it produces non-additive results. Consider the example provided in multiple sources: if an injured worker has two impairments each rated at 50 percent whole person impairment, simple addition would yield 100 percent.[2][14] However, using the CVC formula with A = 0.50 and B = 0.50, the calculation proceeds as follows: [0.50 + 0.50(1 - 0.50)] x 100 = [0.50 + 0.50(0.50)] x 100 = [0.50 + 0.25] x 100 = 0.75 x 100 = 75 percent.[2] Thus, two injuries each representing 50 percent disability combine to produce 75 percent disability rather than 100 percent.

This formula reflects an underlying conceptual assumption that impairments affecting different body parts or systems have an inherent "overlap" in their effects on overall functioning and earning capacity.[1][4][11] The logic is that while a person might lose full earning capacity if they were totally disabled in two different ways, the actual functional loss from having two different impairments is somewhat less than the sum of the two impairments because the same underlying functional limitations affect both measurements.[11] For example, a person with both a back impairment and a knee impairment would have limited mobility and ability to perform physical activities, but the measurement of this overall limitation through two separate impairments somewhat double-counts the effect.[11]

The formula can be applied iteratively to combine more than two impairments without exceeding 100 percent.[1][2] If an injured worker has three separate impairments at 50 percent, 25 percent, and 15 percent, the practitioner first combines the two highest using the CVC (50% + 25% = 75% using the formula), then combines that result with the third impairment (75% + 15% applied through the same formula yields approximately 84%).[1][2] The order in which impairments are combined does not affect the final result due to the mathematical properties of the formula, though the Combined Values Chart itself provides a table format that simplifies the calculation without requiring manual mathematical computation.[1][2]

Physical Layout and Use of the Combined Values Chart Table

Rather than requiring practitioners and medical evaluators to perform mathematical calculations using the formula, the PDRS and the DWC provide a pre-calculated Combined Values Chart table that allows practitioners to identify the combined percentage directly by locating the intersection of the first impairment percentage (typically the larger) on one axis and the second impairment percentage on the other axis.[2][15] The table format greatly simplifies practical application, particularly for non-specialists unfamiliar with the underlying mathematics.[2]

For instance, to combine a 30 percent impairment with a 40 percent impairment, one would locate 40 percent on one axis of the chart and 30 percent on the other, then read the intersection to find that the combined rating is 58 percent.[2] This table approach has been used since the 1997 Permanent Disability Rating Schedule and continues in the 2005 Schedule and subsequent updates.[2][15] The DWC explicitly directs practitioners to use the Combined Values Chart found in Section Eight of the schedule and specifically warns against using the Combined Values Chart contained in the AMA Guides themselves, which may have different parameters.[2]

Regional and Anatomical Exceptions

The PDRS and the AMA Guides specify certain impairments that are not combined using the CVC but rather are added together due to their anatomical or functional characteristics.[1][8][9] These exceptions reflect medical and anatomical realities that make the CVC's non-additive approach inappropriate for certain injury categories.

Range of motion deficits within the same joint, for example, are added rather than combined using the CVC.[1][8][9] If an injured worker has both a flexion limitation and an extension limitation at the same joint caused by different pathologies, these are added to reflect the joint's total loss of motion.[8][9] Similarly, for the thumb, range of motion impairments are added rather than combined.[1][8] The rationale is that impairments affecting the same anatomical structure (a single joint or the thumb itself) represent concurrent dysfunction at that location rather than separate but overlapping disabilities affecting different systems.[8]

Additionally, the PDRS addresses combination rules for spinal impairments specifically, recognizing that the spine has multiple regions (cervical, thoracic, lumbar, and sacral) and that impairments within different spinal regions are combined differently than impairments within the same region.[1][9][15] Impairments in the same spinal region may be combined using either the Disability Rating Evaluation (DRE) method or Range of Motion (ROM) method depending on the clinical presentation, while impairments across different spinal regions are combined using the CVC approach applied to the regional impairment percentages.[1][9]

Strategic Analysis: Arguments for and Against CVC Rebuttal

Arguments Favoring CVC Rebuttal Through Substantial Medical Evidence

An injured worker seeking to rebut the CVC and achieve a higher combined disability rating through addition rather than CVC combination must establish one of two factual scenarios through substantial medical evidence: either that the effects of multiple impairments on activities of daily living do not overlap, or that any overlapping effects are amplified by the combination of impairments.[16][19]

First Pathway-Non-Overlapping ADL Effects: The argument supporting non-overlapping ADL effects proceeds as follows: Different body part impairments may affect entirely different functional domains or activities of daily living. For example, a visual impairment might specifically affect visual acuity and tasks requiring detailed vision work, while a lower extremity impairment might affect mobility, standing, and walking. If the two impairments produce functional limitations in completely separate domains without concurrent effects on any shared activities, then the theoretical "overlap" assumption underlying the CVC does not apply, and simple addition produces a more accurate reflection of total disability.[16][19]

To succeed with this argument, the qualified medical evaluator must specifically identify and describe the particular activities of daily living affected by each impairment, demonstrate through reasoned medical analysis that the limitations are genuinely non-overlapping, and explain why the CVC formula's assumption of overlap is inappropriate in that particular case.[16][19] A conclusory statement that "there is no overlap" is insufficient; instead, the evaluator must provide detailed discussion of ADL impacts with specific medical reasoning.[16][19]

Second Pathway-Amplification of Overlapping Effects: The argument supporting amplification of overlapping effects acknowledges that multiple impairments do affect some common ADLs, but contends that the combination of impairments actually increases or amplifies the impact on those overlapping ADLs beyond what the CVC formula assumes.[16][19] For example, if a worker has both a back impairment limiting lifting capacity and a knee impairment limiting standing duration, these impairments might both affect the worker's ability to perform physical labor. The argument would be that the combination of reduced lifting capacity and reduced standing duration creates a synergistic effect on the worker's overall physical work capacity that exceeds what the CVC formula captures-because the worker can neither lift much nor stand long, the combination is worse than either alone would suggest.[16][19]

To succeed with this argument, the qualified medical evaluator must specifically identify the overlapping ADL(s), provide detailed medical reasoning explaining why the combination of impairments produces an amplified impact on that/those ADL(s), and distinguish the amplified effect from mere overlap.[16][19] The evaluator might, for example, provide testimony explaining that when a patient has both reduced lifting capacity and reduced standing duration, the combination produces functional limitations in work that cannot be adequately captured by the CVC approach because the two impairments interact to produce a much more significant employment limitation than either alone.[16][19]

Strength Assessment of CVC Rebuttal Arguments: Following the Vigil decision, CVC rebuttal arguments are assessed as moderate strength at best, depending entirely on the quality and specificity of the medical evidence presented. The Vigil decision substantially raised the evidentiary bar by requiring detailed analysis of ADL impacts and rejecting conclusory expert opinions. An applicant presenting vague or unsupported

expert testimony claiming "synergistic effects" without detailed ADL analysis faces a high probability of losing on CVC rebuttal at the trial level and on appeal.

Government and Defense Arguments Against CVC Rebuttal

Employers, insurers, and defense counsel opposing CVC rebuttal typically advance the following arguments:

The CVC Formula Is Statutorily Mandated: First, defense counsel argue that the CVC is not merely a suggested methodology but rather is built into the statutory framework and official PDRS, meaning it carries the weight of legislative intent and regulatory authority.[21] While Section 4660 and 4660.1 make the schedule "prima facie evidence" of the correct disability rating, the term "prima facie" contemplates that the schedule can be rebutted; however, defense counsel argue that rebuttal should be rare and require extraordinarily compelling evidence, not merely alternative expert opinions.[21]

Fundamental Overlap Assumption Is Sound: Second, defense counsel argue that the CVC's underlying assumption-that multiple impairments affecting different body parts have inherent overlap in their effects on overall functioning-is medically and economically sound and applies in the vast majority of cases.[1][11] Any injury that limits a worker's overall functioning will tend to reduce their overall earning capacity, and multiple injuries affecting different body parts both reduce that same overall capacity, creating the overlapping effect the CVC addresses.[1][11]

Vague References to "Synergistic Effect" Are Insufficient: Third, and critically post-Vigil, defense counsel argue that expert testimony claiming a "synergistic effect" without detailed analysis of how the impairments interact to amplify ADL impacts does not constitute substantial evidence sufficient to rebut the CVC.[16][19] The Vigil decision provides defense counsel with strong authority for this position, as the WCAB explicitly rejected the QME's conclusory synergistic effect claim in that case as lacking substantial evidentiary support.[16][19]

Medical Evaluator Bias and Self-Interest: Defense counsel often argue that applicant-retained medical evaluators have an incentive to rate disabilities as high as possible, and therefore their opinions seeking to rebut the CVC should be viewed skeptically unless corroborated by objective testing or multiple independent evaluators.[16] This argument is particularly strong where the evaluator has not conducted detailed ADL testing or where they rely primarily on the applicant's subjective complaints rather than objective functional assessment.[16]

Consistency and Predictability Concerns: Defense counsel argue that permitting frequent CVC rebuttal would undermine the goal of the 2005 Schedule and later amendments, which emphasized consistency, uniformity, and objectivity in disability ratings to reduce litigation and make outcomes more predictable.[21] If the CVC can be rebutted in a significant percentage of cases, the reasoning goes, then the stated goal of predictability and uniformity is compromised.[21]

Strength Assessment of Defense Arguments: Defense arguments against CVC rebuttal are assessed as strong, particularly post-Vigil. The Vigil decision's requirement for detailed, reasoned ADL analysis provides substantial support for defense positions, and the broad overlap assumption underlying the CVC is medically and economically rational in most cases. Absent compelling, specific medical evidence of non-overlapping or genuinely amplified ADL effects, defense counsel can successfully argue for application of the CVC.

Comparative Risk Analysis

The risk landscape for CVC rebuttal has shifted substantially since the Vigil en banc decision. Pre-Vigil, applicant attorneys pursuing CVC rebuttal had a somewhat higher probability of success, particularly where the expert could reference the Kite decision and claim synergistic effects without meeting stringent evidentiary requirements. Post-Vigil, the probability of success has declined to medium or medium-to-low, with success now requiring substantially more rigorous and detailed medical evidence.

The most favorable factual scenario for CVC rebuttal post-Vigil involves multiple impairments affecting genuinely different functional domains (e.g., visual impairment and lower extremity impairment) where the ADL impacts can be clearly demonstrated to be non-overlapping. Less favorable-and substantially more difficult to prove post-Vigil-is the amplification pathway, which requires showing that overlapping effects are actually amplified rather than merely presenting concurrent limitations.

Practical Implementation: Application in Disability Rating Proceedings

Procedural Context: When CVC Issues Arise

The CVC application typically becomes relevant once an injured worker has been declared at Maximum Medical Improvement (MMI) or Permanent and Stationary (P&S), meaning their condition has stabilized and further medical treatment is unlikely to produce significant improvement.[27] At that point, treating physicians or qualified medical evaluators begin assigning whole person impairment (WPI) percentages for each injury using the appropriate AMA Guides tables and methodologies.[27]

When an injured worker has multiple compensable injuries affecting different body parts or systems, the medical evaluator must then combine these WPI percentages to reach a total whole person impairment figure. For most such cases, the evaluator applies the Combined Values Chart at this combining stage. However, if the medical evaluator believes substantial evidence supports CVC rebuttal, they may recommend instead that the impairments be added or combined using alternative methodology.[16][19]

Role of Qualified Medical Evaluators and the QME Process

In cases where there is a dispute regarding impairment ratings, either the injured worker or the claims administrator may request a Qualified Medical Evaluator (QME) panel through the California Division of Workers' Compensation.[18] A QME is a physician certified by the DWC to evaluate work injuries and provide medical-legal opinions on issues including the extent of permanent disability, work restrictions, and apportionment.[18] If there is agreement between the applicant's attorney and the insurance company, an Agreed Medical Evaluator (AME) may be used instead of going through the QME panel process.[18]

The QME or AME evaluator's report, once submitted, becomes central evidence in the permanent disability rating determination.[18] If the QME recommends rebutting the CVC through addition or alternative combination methodology, they must-post-Vigil-provide detailed analysis of ADL impacts and specific medical reasoning supporting the rebuttal.[16][19] Simply stating that a "synergistic effect" exists is insufficient.[16][19] The evaluator must identify the specific ADLs affected by each impairment, explain whether effects overlap, and if overlap exists, explain how the overlap amplifies disability beyond the CVC formula's assumptions.[16][19]

Medical Report Requirements Post-Vigil

Following the Vigil en banc decision, qualified medical evaluators seeking to rebut the CVC must structure their reports and testimony to address the specific evidentiary requirements the WCAB has established. At minimum, the QME or AME should:

Provide Detailed ADL Analysis: Rather than making conclusory statements about disability, the evaluator should specifically identify and describe the functional limitations the injured worker experiences in performing activities of daily living. Categories of ADLs typically addressed include personal care, communication, physical activity, sensory function, non-specialized mental tasks, and specialized mental tasks.[16][19]

Separately Analyze Each Impairment: For each compensable injury, the evaluator should describe which ADLs are affected and the nature and degree of the limitation in each ADL.[16][19] This creates a foundation for subsequent analysis of whether ADL effects overlap.

Address Overlap Explicitly: The evaluator should directly address whether the ADL effects of different impairments overlap-that is, whether each impairment affects common ADLs. If overlap exists, the evaluator should explain the specific manner in which it occurs rather than assuming overlap or treating it as obvious.[16][19]

Provide Reasoned Medical Analysis: If the evaluator concludes that ADL effects do not overlap or that overlapping effects are amplified, they should provide detailed medical reasoning explaining why. This reasoning should connect anatomical and functional characteristics of the specific impairments to the ADL analysis and explain why the CVC formula's assumptions do not apply in that case.[16][19]

Avoid Conclusory Language: The evaluator should avoid relying on conclusory statements such as "synergistic effect," "complex interaction," or "overall impact greater than CVC suggests" without detailed

support. Each conclusion should be grounded in specific analysis of ADL impacts and medical reasoning.[16][19]

Disability Evaluation Unit Role and Rating Formula Application

For workers with injuries on or after January 1, 2013, the California DWC's Disability Evaluation Unit (DEU) or retained rating specialists review medical evaluator reports and apply the PDRS to convert WPI percentages into final permanent disability (PD) ratings.[8][15][22] This conversion process involves multiple steps: the WPI percentage is first adjusted by a Future Earning Capacity (FEC) modifier of 1.4 for injuries post-January 1, 2013, then adjusted for the worker's occupation and age at the time of injury, then adjusted for pain add-ons if applicable (up to 3% WPI), and finally rounded to the nearest whole percent.[15][22]

The DEU will accept the medical evaluator's recommended CVC application or rebuttal, provided the recommendation is supported by substantial evidence. If the DEU believes a QME's recommendation to rebut the CVC is unsupported, they may refer the case for further proceedings or recommend a supplemental medical evaluation.[8] Similarly, if the medical evaluator provides inadequate ADL analysis post-Vigil, the DEU may decline to accept the rebuttal recommendation and instead apply the CVC.[8]

Interplay Between CVC Rebuttal and Other Rating Methodologies

Relationship to Almaraz/Guzman Alternative Methodology

The Almaraz/Guzman doctrine, which permits physicians to incorporate different sections of the AMA Guides to achieve more accurate impairment ratings, operates on a different analytical level than CVC rebuttal.[17][20] While CVC rebuttal addresses how to combine multiple already-rated impairments, Almaraz/Guzman addresses which rating methodologies within the AMA Guides should be applied to rate a single impairment.[17][20]

In some cases, an injured worker might argue both that the single-impairment rating should use alternative AMA Guides tables (Almaraz/Guzman) and that the combined rating should rebut the CVC (Vigil rebuttal).[17][20] However, the Court of Appeal has substantially limited Almaraz/Guzman, holding that physicians should ordinarily use the most logically appropriate AMA Guides chapter and section for the injury, and may deviate only in "complex or extraordinary cases."[17] This limitation mirrors and complements the post-Vigil tightening of CVC rebuttal standards-both doctrines now require substantial evidence and careful analytical reasoning rather than permitting flexible or discretionary methodology selection.[17][20]

Relationship to Section 4662 Conclusive Presumptions

Labor Code Section 4662 establishes certain conditions that are "conclusively presumed to be total disabilities," including "the loss of both eyes or sight thereof, loss of both hands or use thereof, an injury resulting in a practically total paralysis, and an injury to the brain resulting in permanent mental incapacity."[13][21] These conclusive presumptions automatically result in a 100 percent permanent total disability finding regardless of other ratings or combination methodologies.[13][21]

For injuries not falling within Section 4662(a)'s conclusive presumptions, the statute provides in Section 4662(b) that "in all other cases, permanent total disability shall be determined in accordance with the fact."[10][13] This language has been interpreted to create a separate pathway to 100 percent disability based on totality of the medical evidence, even where scheduled ratings fall short of 100 percent.[10][13] Some courts have held that Section 4662(b) findings of PTD do not require strict compliance with the CVC or the 2005 Schedule, though this interpretation has been subject to limitation and debate.[10][13]

The relationship between Section 4662(b) and CVC rebuttal remains somewhat uncertain, particularly for injuries on or after January 1, 2013 (governed by Section 4660.1).[10] However, practitioners pursuing 100 percent total disability findings based on combined multiple impairments should consider whether a Section 4662(b) "in accordance with the fact" argument might provide an alternative or supplementary pathway to challenging CVC-based ratings that fall short of 100 percent.[10]

Relationship to SIBTF Subsequent Injury Analysis

For injured workers with pre-existing disabilities who suffer new workplace injuries, the Subsequent Injuries Benefits Trust Fund (SIBTF) potentially provides enhanced compensation under Labor Code Section 4751 if the combined permanent disability reaches at least 70 percent.[3][11][14] The SIBTF calculation involves combining the permanent disability from the new injury with the permanent disability from pre-existing condition(s) to determine if the 70 percent threshold is met.[3][14]

The Todd decision initially permitted addition of these separate disability percentages rather than CVC combination in some circumstances, substantially increasing SIBTF eligibility.[14] However, the Todd decision has been subject to legislative scrutiny and reform efforts, and there is uncertainty regarding its future application post-Vigil.[3] Practitioners should be aware that SIBTF calculations may evolve substantially as reform legislation is enacted, and the relationship between CVC combination methodologies and SIBTF combined disability calculations may shift.[3][14]

Recent Evidentiary Standards and Substantial Evidence Requirements

The Vigil Framework for Substantial Evidence

The Vigil en banc decision establishes demanding standards for what constitutes "substantial evidence" sufficient to rebut the CVC.[16][19] Substantial evidence is defined as evidence that is "of ponderable legal significance" and would convince a reasonable person that the matter is more probable than not.[16][19] For purposes of CVC rebuttal, the evidence presented must be sufficient to persuade a reasonable fact-finder that either (a) the effects on ADLs do not overlap, or (b) overlapping effects are genuinely amplified.[16][19]

The Vigil decision emphasizes that conclusory expert opinions stating that a "synergistic effect" exists, without detailed analysis of ADL impacts and medical reasoning, do not constitute substantial evidence.[16][19] Furthermore, even where medical testimony regarding ADL effects is offered, the testimony must be sufficiently specific and detailed to allow fact-finders to evaluate the claimed lack of overlap or amplification.[16][19]

In Vigil itself, the QME's statement that "there is a synergistic effect of the injury to the same body parts bilaterally versus body parts from different regions" and that "somebody with limitations due to both hips is going to have significantly more limitations than if somebody had one normal hip and one hip that they had surgery on" was found to be insufficient because it did not address specific ADL impacts.[16][19] The WCAB noted that the QME "should have reviewed the impacts upon the ADLs in each individual hip, and then explained why the disability in the two hips combined in a way to increase the impact on overall ADLs," but did not do so.[16][19] Instead, the QME's report and testimony "contained no discussion of ADLs," which was fatal to the CVC rebuttal claim.[16][19]

Application of Substantial Evidence Standard to Medical Reports

Medical evaluators and practitioners must recognize that post-Vigil, a report or testimony addressing ADL impacts will be scrutinized carefully to assess whether it is sufficiently detailed and specific. Statements such as "the applicant has difficulty with bending and lifting due to the back injury and difficulty with walking due to the knee injury" may suggest non-overlapping or distinct ADL effects, but do not necessarily constitute substantial evidence of non-overlap if the evaluator does not explain why these constitute genuinely separate rather than concurrent impacts on the applicant's overall work capacity.[16][19]

Instead, substantial evidence would require discussion such as: "The applicant's back impairment specifically limits bending and lifting activities and is assessed through testing of range of motion and functional lifting capacity. The applicant's knee impairment specifically limits weight-bearing during standing and walking, assessed through range of motion testing at the knee joint. These impairments affect distinct anatomical structures producing distinct functional limitations. While both limit overall work capacity, the back impairment's effect on bending and lifting is medically and functionally independent of the knee impairment's effect on standing and walking. An applicant with controlled back motion can still stand long periods despite knee limitations, and an applicant with controlled knee motion can still bend and lift despite back limitations. Therefore, the effects on activities of daily living do not overlap; adding the impairments rather than using the Combined Values Chart produces a more accurate reflection of the applicant's total disability."[16][19]

This more detailed analysis, connected to specific ADLs and anatomically grounded, would better satisfy the substantial evidence standard established in Vigil.[16][19]

California-Specific Considerations and Regional Implementation

San Francisco Workers' Compensation Appeals Board Panel Practices

The San Francisco location of the WCAB serves the Northern California region and has developed certain procedural practices and judge preferences regarding disability rating issues and CVC application.[26] While the WCAB is unified statewide and all en banc decisions (including Vigil) are binding on all panels, individual judges may have varying receptiveness to certain types of CVC rebuttal arguments and varying standards for what they consider sufficient ADL analysis in medical reports.

Practitioners familiar with particular judges' decisions report that some judges are quite receptive to well-developed ADL analysis and will consider CVC rebuttal where substantial evidence is presented, while others apply a stricter interpretation of Vigil and rarely permit deviation from CVC methodology. The Vigil decision has standardized the legal standard applied, but discretion remains in applying that standard to particular facts, and practitioners should research specific judges' recent decisions addressing CVC issues to assess receptiveness to particular arguments.[26]

Qualified Medical Evaluator Selection in Northern California

For injured workers and their counsel in Northern California evaluating whether to pursue CVC rebuttal, the selection of a qualified medical evaluator with experience in detailed ADL analysis is critical. Post-Vigil, retaining a QME who understands the demanding evidentiary requirements and has expertise in structuring medical evaluations to address ADL impacts specifically-rather than making conclusory claims about synergistic effects-substantially increases the probability that the QME's report will survive scrutiny and potentially support CVC rebuttal.[16][18][19]

Conversely, retaining a QME without experience in detailed ADL analysis or who relies on conclusory testimony is likely to produce a report that fails to meet the Vigil standard, regardless of the underlying medical merits of the case.[16]

California State Law Interplay

California state law affecting workers' compensation includes statutes addressing post-conviction relief for criminal convictions with immigration consequences (discussed in the immigration law context but not directly relevant to CVC issues), occupational safety regulations, and other workers' compensation-related provisions. The primary state law framework for CVC application remains Labor Code Sections 4660 and 4660.1 and the regulatory framework of the PDRS.[21]

Additionally, practitioners should be aware that California's ADA compliance obligations and other state disability law provisions do not directly override workers' compensation disability rating methodologies, but may provide supplementary protections or alternative remedies for injured workers in limited circumstances.[21]

Alternative Strategies and Contingency Approaches

Strategic Decision Framework: CVC Acceptance vs. Rebuttal Pursuit

Injured workers and their counsel must weigh several factors in deciding whether to pursue CVC rebuttal or accept the CVC-derived combined rating:

Strength of Medical Evidence: The first and most critical factor is the objective strength of available medical evidence supporting CVC rebuttal. If qualified medical evaluators experienced in ADL analysis believe they can develop substantial evidence of non-overlapping or amplified ADL effects, the rebuttal pathway may be viable. If available medical evidence is weak or largely based on subjective complaints without objective functional testing, rebuttal is unlikely to succeed post-Vigil.[16][19]

Cost-Benefit Analysis: CVC rebuttal requires retaining experienced medical evaluators, potentially multiple experts, and extended litigation. These costs must be weighed against the expected increase in permanent disability rating if rebuttal succeeds. A modest increase in rating (5-10 percent) may not justify substantial litigation costs, while a substantial increase (20-30 percent) may well warrant pursuing rebuttal despite costs and risks.[16]

Settlement Leverage: In some cases, the threat of pursuing CVC rebuttal through trial and appeal can provide settlement leverage, permitting the injured worker to negotiate a higher settlement than the CVC-derived rating would suggest. This may be particularly true where the insurance company views litigation risk as substantial.[16]

Timeline Considerations: CVC rebuttal litigation can extend case resolution substantially, particularly if the matter proceeds through initial trial, WCAB reconsideration, and potentially appellate proceedings. For injured workers with urgent financial needs, accepting the CVC rating and pursuing settlement on that basis may be preferable to prolonged litigation, even if the ultimate outcome of rebuttal might be more favorable.[16][19]

Plan B: Pursuing Maximum Benefits Within CVC Framework

If CVC rebuttal is deemed unlikely to succeed or too costly to pursue, injured workers should focus on maximizing benefits within the CVC framework through alternative strategies. These include:

Challenging Individual WPI Ratings: Rather than challenging the CVC combination methodology, injured workers can focus on challenging individual whole person impairment ratings assigned to each body part or system. If medical evaluators can develop evidence that a particular WPI rating is too low (using Almaraz/Guzman or other methodologies), the higher individual ratings will produce a higher CVC combination.[17][20][22]

Pursuing Age and Occupation Adjustments: Permanent disability ratings are adjusted upward or downward based on the injured worker's age and occupation. Practitioners should verify that appropriate age and occupation modifiers have been applied. For older workers or those in occupations with higher earning capacity impacts, these adjustments can substantially increase final disability ratings even without challenging the CVC itself.[15][22]

Asserting Permanent Total Disability Under Section 4662(b): For injured workers with combined disability ratings approaching 100 percent or with multiple severe impairments, counsel might pursue alternative pathways to 100 percent (permanent total disability) status through Section 4662(b) "in accordance with the fact" arguments, rather than pursuing CVC rebuttal.[10][13] This alternative may be more likely to succeed in some circumstances.

Negotiating Future Medical Awards: Even if the permanent disability rating remains contested, injured workers can often negotiate substantial settlements that include open medical care awards or future medical care trusts, which can provide long-term value exceeding what the base disability rating suggests.[32]

Conclusion: Synthesis and Practical Guidance

The Combined Values Chart remains the presumptively correct methodology for combining multiple impairments in California workers' compensation cases, but the legal landscape has evolved substantially, particularly following the Vigil en banc decision in 2024. Prior to Vigil, CVC rebuttal was somewhat more readily available through vague references to "synergistic effects" and less rigorous medical evidence. Post-Vigil, CVC rebuttal requires substantial evidence in the form of detailed medical analysis of activities of daily living impacts, with clear explanation of either non-overlapping or amplified overlapping effects.

For injured workers with multiple compensable injuries, the strategic decision regarding whether to pursue CVC rebuttal should be grounded in: (1) realistic assessment of available medical evidence and whether it meets post-Vigil substantial evidence standards; (2) cost-benefit analysis of litigation costs relative to expected increases in disability rating; (3) settlement leverage considerations; and (4) timeline preferences. Not all injured workers with multiple injuries should pursue CVC rebuttal; in many cases, maximizing benefits within the CVC framework through challenging individual ratings or pursuing other statutory remedies may be more efficient and likely to succeed.

For medical evaluators, the Vigil decision establishes clear expectations: if recommending CVC rebuttal, the evaluator must provide detailed analysis of activities of daily living impacts, explain specifically whether effects overlap, and if they do overlap, explain the mechanism by which overlap amplifies disability. Conclusory expert opinions are no longer sufficient; reasoned, specific, medically-grounded analysis is required.

For employers and insurers, the Vigil decision provides substantial support for defending against CVC rebuttal claims, particularly where applicant experts rely on vague synergistic effect language without detailed ADL analysis. The decision formally establishes that such testimony does not constitute substantial evidence, providing a clear basis for motions to strike or arguments against rebuttal even where some medical testimony exists.

The practical effect is that California's workers' compensation system has achieved greater uniformity and predictability in applying the Combined Values Chart, while simultaneously maintaining flexibility for exceptional cases where rigorous medical evidence genuinely supports deviation from the standard formula. This represents a measured balance between protecting the integrity of the disability rating system and ensuring that injured workers with genuinely non-overlapping or synergistic impairments can achieve ratings that accurately reflect their actual disability.

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