IMPAIUREMENT RATING

5TH EDITION

MODULE I

PHILOSOPHY, PURPOSE, AND APPROPRIATE USE OF THE “GUIDES”

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In conjunction with:
HISTORY:

“The “Guides” was first published in book form in 1971” to help standardize and provide an objective approach to evaluate medical impairments.

Over the years, the “Guides” has undergone a number of revisions in order to update the “diagnostic criteria and evaluation process used in impairment assessment.”

Since the 5th edition contains the “most current criteria and procedures for impairment assessment, it is strongly recommended that physicians use this latest edition, the 5th edition, when rating impairment.”

As in previous editions of the “Guides”, the definition of impairment is “a loss, loss of use, or derangement of any body part, organ system, or organ function.”

NOTE: There is no mention of work status.
As we will mention a **number of times**, maximum medical improvement is the baseline for determining PERMANENT IMPAIRMENT.

Maximum Medical Improvement (MMI) means a condition that is well stabilized and is unlikely to change substantially during the next year with or without medical treatment.

Basically the “Guides” looks for objective findings to base an impairment, however, subjective symptoms are included in the diagnostic criteria.

Remember, when considering an impairment one MUST consider how the injury has impacted on activities of daily living (We will discuss this a bit later).

When evaluating a patient or examinee, the examiner must consider two things:

1. What was the individuals pre-injury status?
2. How does the affected side compare to the unaffected side.
In this edition of the “Guides”, the figures used in the charts, diagrams and table (in the musculoskeletal system) reflect an average range of motion from healthy individuals regardless of age or gender.

The history becomes most important when determining where a person falls in the general determination of a person's impairment. Remember, an impairment is a deviation from the norm.

If that is the case, then a gymnast who is extremely flexible may, before an injury, have increased range of motion, and after an injury has the range of motion of an average person. If that is the case, then although they may not specifically meet the requirements of an impairment, may have an impairment based on their pre-injury status.

There is some room for interpretation. Documentation, Documentation, Documentation!
Basically, there are two types of losses:

1. Anatomic: Damage to an organ or body structure
2. Functional: A change in function for the organ or body system

**NOTE:** WE WILL MENTION, REPEATEDLY, THAT IMPAIRMENT HAS NOTHING TO DO WITH WORK, IT ONLY REFLECTS HOW AN INJURY IMPACTS ON ACTIVITIES OF DAILY LIVING (ADL’S)

As an overview, most of the chapters of the 5th edition, report findings as they impact on the whole person.

In the musculoskeletal chapters, some of the findings are reported as local findings which must them be converted to whole person (we will discuss this in another session).
With all of these thoughts and concepts in mind, let’s get down to understanding the AMA Guides to the Evaluation of Permanent Impairment 6th Edition.

It’s to your best interest to have either the AMA Guides, or, Dr. Kaplan’s Workbook.

This work CANNOT be done without one or the other, or both!
Who Uses the AMA Guides?

- The A.M.A. “Guides to the Evaluation of Permanent Impairment” is used by:
  - Attorneys
  - Judges
  - Vocational Rehabilitation Specialists
  - Physicians, including:
    - Chiropractors
    - Osteopaths
    - Podiatrists
    - Allopathic

“…An estimate of impairment is a medical opinion formulated by a **licensed** physician.” (pg. 18)
When should you do an impairment rating?

- When you are asked to do one by an appropriate source.

- What is an appropriate source?
  - Attorney
  - Insurance company
  - Court
  - Patient

REMEMBER, “every Worker’s Compensation or Personal Injury patient that walks into a physician’s office for treatment is not a candidate for an impairment rating.” (Kaplan, pg IV)
The following conditions must be present for a Permanent Partial Impairment to apply:

• Patient must be at maximum medical improvement (MMI).

• MMI is a point from which no change in the patient’s condition is anticipated.

• A date from which further recovery or deterioration is not anticipated although over time (beyond 12 months) there may be some expected change.

• Note: This does not mean that the patient has to be treated for a year.
NOTE:

The lasting effect of a permanent impairment should be discussed with the patient.

Remember, an impairment may have future implications for the patient.

The two things that are absolutely necessary for a patient to be rated for permanency:

1. The physician must be asked for an impairment rating.
2. The patient must be at Maximum Medical Improvement (MMI)
Helpful Hints for the 5th edition of the AMA “Guides”

1. Don’t look for large numbers!
   - Bigger does not necessarily mean better.
   - A patient who is 100% impaired is DEAD, no bodily functions!
   - Patients with large impairments, over 50%, are candidates for wheelchairs, canes, braces, etc.
   - 100% disability indicates that the patient cannot work.
   - Give the patient the rating that their health condition warrants.
   - Make sure that any rating is based on scientific, reproducible findings, and back up those findings with as much objective testing as medical necessity dictates.

2. Look for the obvious!
   - Don’t cloud the rating with insignificant findings.
   - If the rating involves the low back, do not included unrelated, pre-existing conditions.
   - Include pre-existing problems if in the same area and then apportion them out.
3. The patient must be at MMI for a rating to be considered permanent!
   • Although a rating may be assigned at any time, it may only be considered permanent if it is at a static state.
   • It is not a recommended procedure to do impairment ratings during the course of active treatment.

4. Use common sense!
   • Don’t put yourself in a position that cannot be defended.

5. When submitting an impairment narrative report, remember to include all of your mathematical work!
   • When you show your work, it may help bring the case to a successful conclusion/settlement as avoid depositions and courtroom testimony.

6. After you have rated the patient, step back and see if the rating and the patient are compatible.
   • Even an accurate and honestly performed rating may not be accepted by a judge or jury if does not seem to logically correlate with the patient’s outward appearance and symptoms.
Kaplan’s Big Three Rules:

1. The final calculated whole person impairment percent, whether it is based on the evaluation of one organ system or several organ systems, should be rounded off to the nearest whole number (pg. 20)

2. Adding vs. Combining
   • Whenever you are dealing with range of motion problems in the same joint, the figures are added. (U.E. pg. 452, 16.4) (Does not apply to L.E.)
   • When dealing with range of motion in specific regions of the spine, the figures are added. (pg. 408-Lumbar, etc.)
   • When dealing with multiple hand values, and/or multiple joints of the thumb, the values are added. (pg. 440)
3. Always combine all of the figures of one extremity before conversion to whole person. (pg. 512) (Usually applies to upper extremities)
Terminology in the Guides

- **Aggravation vs. Exacerbation**
  - **Aggravation**
  - The *permanent* worsening of a pre-existing condition.
  - Aggravation is not the same as exacerbation.
  - **Exacerbation**
  - Recurrence, or flare-up imply *temporary* worsening of a condition.

- **Apportionment**
  - The removal of impairment value that is not related to the condition being rated.

- **Atrophy**
  - The difference in circumference when comparing the left and right extremity at a specific anatomic point.

- **Radiculopathy**
  - A significant alteration in the function of a single or multiple nerve roots and is usually caused by mechanical or chemical irritation of one or several nerves.

- **Maximum Medical Improvement (MMI)**
  - Refers to the status of a patient where further recovery or deterioration is not anticipated.
Only a licensed physician may perform and assign an impairment.

Each state is different and, therefore, each physician must check with their state board to determine if they are permitted to assign an impairment, and which version of the AMA “Guides” should be utilized.

What is the role of the physician in an impairment evaluation?

Very simply stated, it is to perform an appropriate physical examination and provide an unbiased assessment of the patient’s condition and its impact on function and activities of daily living.

The physician should not be an advocate!

Once again, an impairment rating should not be assigned until the patient has reached a point of maximum medical improvement.

SPECIAL NOTE: If the physician determines that an observation or test result appears insufficient to verify an impairment, the physician may “modify the impairment rating accordingly and then describe and explain the reason for the modification in writing”.

In some instances the “physician may choose to increase the impairment estimate by a small percentage (eg. 1% to 3%).”

If a patient declines therapy for a permanent impairment, that decision neither decreases nor increases the estimated percentage of the individual’s estimated percentage of the individual’s impairment.

“If an individual received an impairment rating form an earlier edition and needs to be reevaluated because of a change in the medical condition, the individual is evaluated according to the latest information pertaining to the condition in the current edition of the “Guides”.

There are times when it is necessary to apportion an impairment rating. That is, to say that part of this rating is related to a prior injury. Remember, causation is the guiding rule. Which injury was caused by which accident.

OK, lets talk about IMPAIRMENT vs. DISABILITY
Impairment vs. Disability

• Impairment
  – Refers to Activities of Daily Living (ADL)

• Disability
  – Refers to employability
•As with other versions of the Guides, it is necessary for each evaluator to understand the basic concepts of **impairment** vs. **disability** vs. handicap.
Impairment, Disability, and Handicap

**Impairment:** “a loss, loss of use, or derangement of any body part, organ system, or organ function.”

•“According to the “Guides”, determining whether an injury or illness results in a permanent impairment requires a medical assessment performed by a physician.”
•“An impairment may lead to functional limitations or the inability to perform [activities of daily living].”
•“The “Guides” considers both anatomic and functional loss” in determining an impairment.
  •“Anatomic loss refers to damage to the organ system or body structure.”
  •“Functional loss refers to a change in function for the organ or body function.”

**NOTE:** In the musculoskeletal system, the anatomic loss is given greater emphasis.
What does the AMA say about impairment vs. disability?

• “Impairment decreases an individual’s ability to perform common activities of daily living (ADL’s, excluding work).”

• “Impairment ratings were designed to reflect functional limitations and not disability.”

• “Impairment ratings are not intended for use as direct determinations of work disability.”

• “The “Guides” is not intended to be used for direct estimates of work disability.”

• Impairment percentages derived according to the “Guides” criteria do not measure work disability.”

• “It is inappropriate to use the “Guides” criteria or ratings to make direct estimates of work disability.”
Disability (Activity Limitations):

The “Guides” defines “disability” as an alteration of an individual’s capacity to meet personal, social, or occupational demands or statutory or regulatory requirements because on an impairment.”

• “A disability determination also includes information about the individual’s skills, education, job history, adaptability, age, and environment requirements and modifications.”

• “An individual with a medical impairment can have no disability for some occupations, yet be very disabled for others.”

Handicap:

“Used in both legal and a policy context to describe disability or people living with disabilities…”
IMPAIRMENT RATING

This is defined as “a consensus-derived percentage estimate of loss of activity, which reflects severity of impairment for a given health condition, and the degree of associated limitations in terms of activities of daily living (ADL’s)”.

The following is a list of categories for ADL’s and examples of each:
# ACTIVITIES OF DAILY LIVING

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>EXAMPLE</th>
</tr>
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<tbody>
<tr>
<td>Self-care, Personal Hygiene</td>
<td>Urinating, defecating, brushing teeth, combing hair, bathing, dressing oneself, eating</td>
</tr>
<tr>
<td>Communication</td>
<td>Writing, typing, seeing, hearing, speaking</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>Standing, sitting, reclining, walking, climbing stairs</td>
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<tr>
<td>Sensory Function</td>
<td>Hearing, seeing, tactile feeling, tasting, smelling</td>
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<tr>
<td>Non-specialized Hand Activities</td>
<td>Grasping, lifting, tactile discrimination</td>
</tr>
<tr>
<td>Travel</td>
<td>Riding, driving, flying</td>
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<tr>
<td>Sexual Function</td>
<td>Orgasm, ejaculation, lubrication, erection</td>
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<tr>
<td>Sleep</td>
<td>Restful, nocturnal sleep pattern</td>
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</tbody>
</table>
Example of Impairment vs. Disability

• History
  – Two individuals were involved in an accident in which they sustained identical right ankle injuries. As a result of the injury, the ankle had to be fused. Ankle range of motion is almost completely absent in flexion and extension. The patient has reached a point of maximum medical improvement and no change in their condition is expected.
  
• Patient 1 - Tax Accountant (walking, sitting while at his desk, working on computer, etc.)
• Patient 2 - Dancer (daily dance performances)

NOTE: Each person has the same change in function. They both are affected the same, as it relates to the “Activities of Daily Living”, but, how is each person’s level of employability affected?

NOTE: For the sake of discussion, each person was assigned a 5% permanent partial impairment to the body as a whole.
The tax attorney’s injuries has impaired him 5%. He continues to be able to drive to work, walk to his office, sit at his desk and participate in the activities of job requirements.

Therefore, his “disability” may be 0%.

The dancer’s injury also impaired him 5%. He is completely unable to perform the duties of his job requirements.

Therefore, his “disability” may be 100%, as a dancer.

He would be able to do other jobs, but for this job, he is totally unable to participate at any level.
Impairment vs. Disability

Accountant | Dancer
---|---
Function | ADL’S | Impairment | Disability
Impairment, Disability, and Insurance

- When encountering questions about disability on an insurance form, remember:
- Impairment is not the same as disability and are not interchangeable.
  - Impairment is the province of the physician.
- Disability is an administrative function.
  - If trained, the physician may comment on disability.
  - Physician must be able to defend their opinion.
Does the rating fit the patient?

• A rating should only be assigned when an obvious impairment exists and they are represented by legal counsel, or when the patient has to appear at a hearing to determine disability.

• In any event, the lasting effects of a permanent impairment or disability should be discussed with the patient.

• An accurate impairment rating can only be achieved when the examination, by the physician, produces accurate results and are specifically documented into the medical records.

• Once an impairment rating is assigned, the physician should step back and determine if the rating suits the patient.

• Even an accurate and honestly performed rating may not be accepted by a judge or jury if it does not seem to logically correlate with the patient’s outward appearance and symptoms.

• The Guides state that you only rate what you determine is a direct result of the accident.
COMBINING:

There will be times when you must evaluate a patient and assign an impairment rating. What do you do when you are left with multiple ratings?

COMBINE THE RATINGS

An example of this would be a patient who has the following ratings:

- Cervical Spine: 5% whole person
- Thoracic Spine: 6% whole person
- Lumbar Spine: 4% whole person
- Pelvis: 10% whole person

The question that comes to mind is, how do you come up with one rating when four exist?

That is where the Combined Values Chart comes in!
• When combining, use the Combined Value Table in the back of the AMA Guides, or the section in Dr. Kaplan’s workbook labeled Conversion Tables and Combination Tables.
• Combine the largest figure with the next largest and so on.
• Combining is NOT the same as adding:
  – \( 10 \text{ C } 6 \text{ C } 5 \text{ C } 4 = 22 \)
  – \( 10 + 6 + 5 + 4 = 25 \)

  **NOTE:** *Although these numbers may not look that different, the difference may be significant in benefits for the patient.*

• Combining assures that you can never exceed 100%.
• The method of combining impairments is based on the idea that a second or a succeeding impairment should apply, not to the whole person, but only to the part that remains after the first and other impairments have been applied.
Example: Combining Values

Combine 5%, 6%, 4%, and 10%

Order the values from largest to smallest:
10%, 6%, 5%, and 4%

10 Combined with 6 = 15.
15 Combined 5 = 19.
19 Combined with 4 = 22.

Thus, 10 C 6 C 5 C 4 = 22%
A patient has reached a point of MMI. As a result of their injuries, the following numerical ratings have been assigned.

- Cervical Spine: 10% WP
- Lumbar Spine: 4% WP
- Upper Extremity: 2% WP
- Lower Extremity: 8%

What is the final impairment rating?
Problem Solution

Appendix A. Combined Values Chart

<table>
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Order the values from largest to smallest:
10%, 8%, 4%, and 2%

10 Combined with 8 = 17.
17 Combined 4 = 20.
20 Combined with 2 = 22.
Thus, 10 C 8 C 4 C 2 = 22%
Dominant vs. Non-Dominant

• Subtraction for the non-dominant side is no longer mandatory when evaluating the upper extremities...

• “Impairment ratings in this chapter (16) have not been adjusted for hand dominance, as done in Chapter 13, the Central and Peripheral Nervous System.

• Hand dominance is difficult to objectively measure and is not accounted for in the impairment ratings...

• Hand dominance should be considered in the determination of disability.” (pg. 435)

• It should be noted that no specific values are listed for the doctor to subtract so for all intentional purposes, the dominant and non-dominant sides are equal.
“The AMA strongly discourages the use of any but the most current edition of the Guides, because the information in it would not be based on the most recent and up-to-date material.” (Kaplan, pg. 5)
The Narrative Report

After completing the evaluation and assigning a rating, a narrative report should be prepared.

The report should be clear, accurate, and supported by the literature. It should include the following (at a minimum).

1. Narrative History
2. Work History
3. Current Clinical Status
4. Diagnostic Study Results
5. Basis for determining MMI
6. Diagnosis
7. Impairment (causal effect between impairment and cause of injury)
8. Prognosis
9. Impact on ADL’s and Limitations
10. How was Impairment was Determined
Questions

1. When a individual is injured while at work what type of rating should the physician assign?
   A. Handicap
   B. Impairment
   C. Disability
   D. Crippled

2. Identify two Activities of Daily Living.
   A. Cooking and Selling
   B. Drinking and Boating
   C. Talking and Hearing
   D. Playing and Working

3. When two people are injured what stays the same no matter what they do for a living?
   A. Impairment
   B. Disability
   C. Handicap
   D. Impediment
4. When combining you should what?
   A. Start across the bottom of the chart and work up.
   B. Start with the smallest number and move toward the largest.
   C. It doesn’t matter what order you combine the numbers.
   D. Start with the largest number and move toward the smallest.

5. In order to assign an impairment rating, an injury must be what?
   A. Significant
   B. Permanent
   C. Work Related
   D. Bilateral