EVALUATING AMA IMPAIRMENT IN CALIFORNIA

Report Writing

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What Makes a Good Report?

- Identifiers
  - Patient name
  - Claim number
  - Date of injury
  - Date of birth
  - Occupation/duties
- Introduction/purpose
- Narrative history
- Medical record review
- Physical examination

What Makes a Good Report?

- Current clinical status
- Diagnostic studies
- MMI
- Diagnoses and impairments
- Impairment rating criteria
- Impairment rating and rationale
  - Pages
  - Tables
  - Whole person values

What Makes a Good Report?

- Work restrictions/preclusions
- Recommendations
- Future medical treatment
- Causation
- Apportionment

Pitfalls

- Being unfamiliar with the AMA Guides, 5th edition
- Not writing a comprehensive medical report
- Inconsistency within medical report
- Using the Tables or Charts incorrectly
- Not providing written rationale for findings

Spine

DRE (Diagnosis Related Estimate)

- Injury
- Single level involvement
- Alteration of motion segment integrity at a single level
- Multi-level DDD without radiculopathy at more than one level
- Corticospinal involvement

The DRE method is the principle methodology used to evaluate an individual who has had a distinct injury.

Spine

DRE

- Discuss symptoms, signs and appropriate diagnostic test results
- Provide DRE Category
- Discuss ADLs
- Provide rationale for findings

Spine

ROM (Range of Motion)

- Illness
- Single level involvement with bilateral radiculopathy
- Multi-level involvement in same spinal region
- Alteration of motion segment integrity at multiple levels within same spinal region
- Recurrent radiculopathy caused by a new (recurrent) disc herniation or recurrent disk injury in same spinal region
- Multiple episodes of other pathology producing alteration of motion segment integrity and/or radiculopathy

Spine

ROM

- Diagnosis
- Range of motion measurements
- Sensory deficit
- Motor deficit

Spine

In the small number of instances in which the ROM and DRE methods can both be used, evaluate the individual with both methods and award the higher rating.

- Cervical or thoracic DRE Category IV vs. ROM method

Spine

Corticospinal Tract Involvement

- One Upper extremity
- Two Upper extremities
- Station and Gait Disorders
- Bladder Impairment
- Anorectal Impairment
- Sexual Impairment
- Impairment of Respiration

Spine

Corticospinal Tract Involvement

- Identify level of cord involvement
- Identify the lowest normally functioning nerve root
- Determine the degree of residual function
- Use appropriate DRE category
- Value based on degree of impairment of ADLs

Spine

Cervical spine

- C 5-6 herniation with radiculopathy resolved
- C 6-7 protrusion
- No difficulties with ADLs
- Cervical spine, DRE II = 5-8 WP

Spine

Thoracic spine

- Laminectomy T12
- Difficulty with some ADLs
- Thoracic DRE III, 15-18 WP

Spine

Lumbar Spine

- L2-3 fusion
- L3-4 fusion with L3 nerve root
- Diagnosis IV.E = 12 + 1 = 13 WP
- ROM: S: 15-0-30 3 + 4
  F: 10-0-10 3 + 3
- L3 Sensory, Grade 4, 25%
  - 5 LE x 25% = 1 x .4 = 0 WP
- L3 Motor, Grade 4, 25%
  - 20 LE x 25% = 5 x .4 = 2 WP

Pitfalls - Spine

- Using DRE or ROM in wrong circumstance
- Not providing WP value
- Not providing Sacral (hip) flexion angle
- Not addressing motor/sensory deficit for ROM method
- Rating sleep impairment or sexual dysfunction without supporting documentation

Upper Extremities

- Amputation
- Sensory impairment
- Range of motion
- Peripheral nerve disorders
  - Carpal tunnel syndrome
- Vascular disorders
- Other disorders
- Strength evaluation
  - Grip loss
  - Manual muscle testing

Upper Extremities

Carpal Tunnel Syndrome

3 potential outcomes after optimal recovery time:

1. Median nerve
2. Abnormal EMG
3. No impairment per AMA

Upper Extremities

Carpal Tunnel Syndrome, Medial Nerve

- Sensory, Grade 4 – 25%

  39 UE x 25% = 10 UE

- Motor, Grade 4 – 20%

  10 UE x 20% = 2 UE

  10 C 2 = 12 UE x .6 = 7 WP

Pitfalls – Upper Extremities

- Not using Figure 16-1a and 16-1b
- Not using Tables and Figures properly
- Subacromial decompression vs. distal clavicle resection
- Improperly applying grip strength or manual muscle testing

Lower Extremities

13 Methods of Rating Lower Extremities:

- Limb length discrepancy
- Muscle atrophy
- Ankylosis
- Amputation
- Arthritis (DJD)
- Skin loss
- Peripheral nerve injury
- Vascular
- CRPS

Lower Extremities

13 Methods of Rating Lower Extremities: (cont'd)

- Range of motion
- Gait derangement
- Muscle strength (manual muscle testing)
- Diagnosis based
  - Fractures
  - Ligament injuries
  - Meniscectomies
  - Foot deformities
  - Hip and pelvic bursitis
  - Joint replacements

Lower Extremities

Identify and describe:

Diagnosis

- Tests
- Surgeries/procedures
- Measurements
- Nerve deficit
- Combining methods

Ankle Fracture

Right ankle fracture

- 2 cm. calf atrophy from disuse
  - Atrophy 2 cm. = 8 LE = 3 WP (not used)

- 2 mm. cartilage interval in ankle joint
  - DJD 2 mm. = 15 LE = 6 WP
  - Verified by x-rays

Pitfalls – Lower Extremities

- Not applying Table 17-2 for combining lower extremities
- Not applying Tables and Figures correctly
- Not describing appropriate tests to support objective findings

Pain

Pain is defined in the AMA Guides by the International Association for the Study of Pain as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.”

Pain

Impairment ratings in the Guides already have accounted for commonly associated pain, including that which may be experienced in areas distant to the specific site of pathology.

i.e. cervical spine with radiating pain down arm, the arm pain has been accounted for in the cervical spine impairment.

Pain

- Chapter 18, AMA Guides, 5th edition
- 2005 PDRS, page 1-12
- Maximum allowance for pain resulting from a single injury is 3 WP regardless of number of impairments resulting from injury.
- Physician needs to use their clinical judgment as to what constitutes normal or expected pain.
- Physician must provide rationale for pain.
- Physician must assign 1, 2 or 3 WP for pain if applicable.

Psychiatric

Mental and Behavioral Disorders

- ADLs
- Social functioning
- Concentration
- Adaptation
- Class 1 through 5 – no impairment to extreme impairment
- Format for impairment report – pages 370 & 371
- 2005 PDRS pages 1-12 through 1-16
- GAF Scores

Psychiatric

Psychiatric

- Mild anxiety in social situations
- Difficulty concentrating
- Panic attacks when dealing with coworkers
- GAF Score 56 = 21 WP
- 2005 PDRS pages 1-12 through 1-16

Review

- Be familiar with the AMA Guides, 5th edition
- Write a comprehensive medical report
- Be consistent within your report
- Use the Tables and Charts correctly
- Provide written rationale for your findings

Unratable Reports

- What happens with reports that are unratable?
  - Request clarification from physician
  - Delays rating process
  - Delays settlement process
  - May require supplemental report
  - Report may not be considered substantial evidence