



Philosophy, purpose and appropriate use of the guides

Summary of chapter 1 and Chapter 2 of the AMA guide, 5th edition.

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History

- The guides of the AMA was 1st published in 1971 in response to the public need for standardized objective approach to evaluating medical impairment.
- This has undergone many changes since then and the latest edition was the AMA guide 6th edition, not yet approved by the legislature for use in the state of California for work comp purposes.




Impairment and disability and handicap

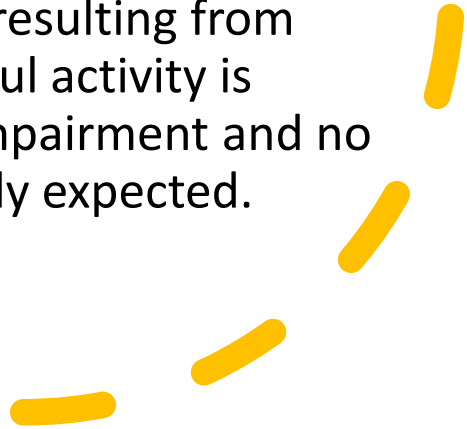
- Impairment is a loss, loss of use, or derangement of any body part organ system, or organ function. This can develop from an illness or an injury.
- An impairment is considered permanent when it has reached maximum medical improvement MMI, meaning it is well stabilized and unlikely to change substantially in the next year, with or without medical treatment.
- The term impairment in the guides referred to permanent impairment which is the focus of the guide.

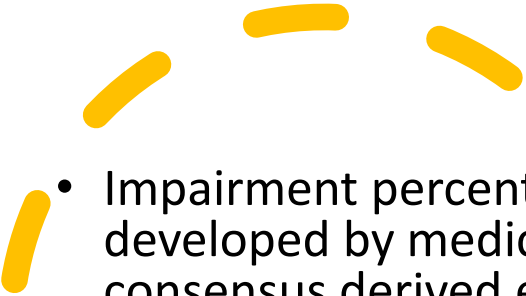


Normal

- Normal is the range or zone representing healthy functioning that varies with age, gender, and other factors, and environmental conditions.
 - Physician has 2 options to consider the individuals healthy pre-injury status as normal or normal as the population averages of healthy people.
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Disability

- The AMA guides defines Disability as an alteration of an individual's capacity to meet personal, social, or occupational demands because of an impairment.
 - Social Security administration defines disability as inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can last for a continuous period of 12 month.
 - Typical State comp laws define temporary disability as decrease in wage earning capacity due to injury or occupational disease.
 - Work comp law defines permanent disability resulting from the actual presumed ability to engage in gainful activity is reduced or absent because of a permanent impairment and no marked change in the future can be reasonably expected.
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- Impairment percentages or ratings was developed by medical specialists and are consensus derived estimates that reflect the severity of the medical condition and the degree to which the impairment decreases an individual's ability to perform common activities of daily living, excluding work.
 - Impairment ratings were designed to reflect functional limitations and not disability.
 - The whole person impairment percentages listed in the guides estimate the impact of the impairment on the individual's overall activities to perform activities of daily living, excluding work.



ADL
and impairment



ADL - activities of daily living

- Self care, personal hygiene example urinating defecating brushing teeth, eating, bathing, dressing oneself.
- Communications as in writing, typing, seeing, hearing, speaking.
- Physical activity as in sitting and standing reclining walking or climbing stairs.
- Sensory function as in hearing, seeing, tactile feeling tasting and smelling.
- Hand activities, as in, grasping, lifting, tactile discrimination.
- Travel as in writing driving flying
- Sexual function as in orgasms, ejaculation, lubrication, erection.
- Sleep as in restful sleep. Nocturnal sleep pattern.

Combined values chart

- The combined values chart was designed to enable the physician to account for the effects of multiple impairments with the summary value that would not exceed 100% of the whole person.
- Multiple impairments are combined so that the whole person impairment is equal to or less than the sum of all the individual impairment values.
- Combination of some impairments could decrease overall functioning more than Suggested by just adding the impairments as in blindness and inability to use both hands.
- Impairments from one region pertaining to abnormal motion, neurologic loss or amputation is combined with another region's impairment. As well as respiratory system And spinal impairment or others.
- Exceptions to combination include impairments of the joint of the thumb, which are added as all the ankle and subtalar joints in the lower extremities.

Causation



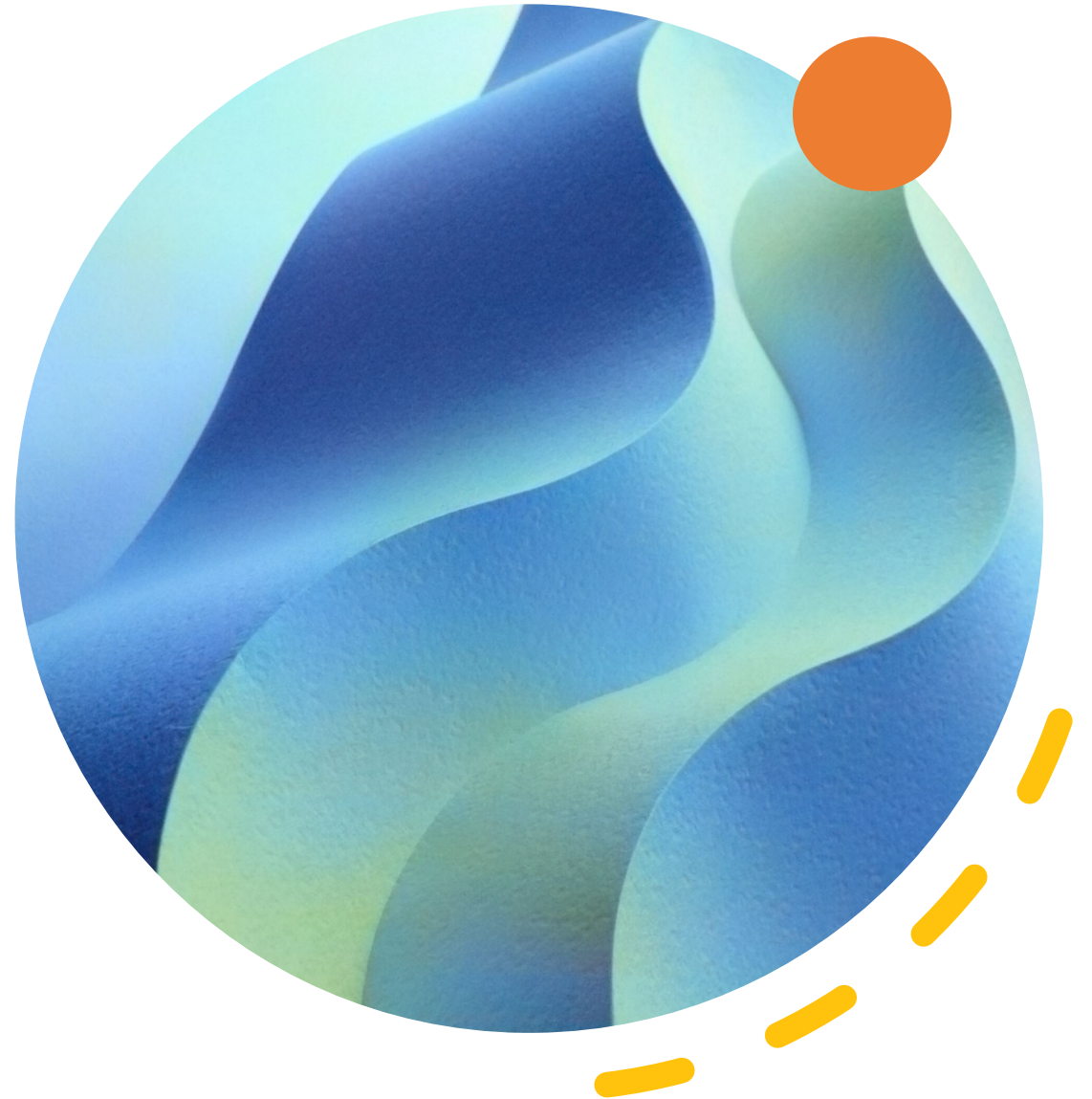
For the purposes of the guides, causation means an identifiable factor example an accident or exposure to hazards of a disease that results in a medical identifiable condition.



This opinion is based on scientific evidence and experience judgment as to whether the alleged factor caused an impairment.



Determining medical causation requires synthesis of medical judgment and scientific analysis



Apportionment

- Analysis of apportionment and Worker's Comp. represents a distribution or allocation of causation among multiple factors in percentages that caused or significantly contributed to the injury or disease and resulting impairment
- The factor could be a pre-existing injury, illness, or impairment.
- Must document a prior factor.
- The current impairment is greater as a result of the prior factor as in prior impairment prior injury or illness.
- There is evidence indicating the prior factor caused and/or contributed to the impairment based on reasonable medical probability, i.e. over 50% likelihood.

Aggravation

- For purposes of the guides aggravation refers to a factor physical, chemical, or biological or medical that alters the course or progression of the medical impairment.
- Exacerbation is a reoccurrence of symptoms due to an incident or a flareup without increase in the impairments from previous.

Railroad and maritime workers

- In 1908, Congress passed the Federal employers liability act, FELA, this provided a modified tort system for injured railroad workers and supersedes state workers compensation laws.
- The Jones act passed in 1920 covers compensation for maritime workers injured due to a ship owner's negligence. The law provides for the same rights and remedies that were extended through FELA.
- Under FELA, all cases must go before a jury or judge and there are no limits to the amounts award.
- In contrast, the state workers compensation systems, Awards are fixed and limited.



Physician's role

- The physician needs to comply with the prescribed local, state and federal practices for impairment evaluation.
- Provides a comprehensive medical picture of the patient, addressing components listed in the report medical evaluation forms.
- This should include a discussion that goes beyond impairment percentage that includes the patient's ability and or limitations from performing common activities of daily living.
- Physician must combine the medical and not medical information, including a detailed information up about essential work activities, if requested.
- Must provide a basis for the degree of impairment that may affect the individual's workability.

Definitions

- An impairment evaluation is a medical evaluation performed by physician using a standard method as outlined in the guides to determine permanent impairment associated with the medical condition.
- Impairment evaluations are performed by a licensed physician. The physician may use information from other sources as in hearing results or diagnostics. However, the physician is responsible for performing a medical evaluation that addresses medical impairment in the body or organ system and related systems.
- States may restrict the type of practitioner allowed to perform an impairment evaluation and some require additional state certification and other criteria.

Examiners role and responsibilities

- The physician's role in performing an impairment evaluation is to provide an independent, unbiased assessment of the individual's medical condition, including its effect on function and identify abilities and limitations to performing activities of daily living.
- In some cases the physician may be asked to assess the medical impairments impact on individuals' ability to work. This mandates that the physician need to understand the essential functions of the occupation and specific job and how his medical condition interacts with the occupational demands.
- The physician needs to ensure that the examinee understands the evaluation purpose is medical assessment not medical treatment. However, if a new diagnosis was discovered. The physician has a medical obligation to inform the requesting party and individual about the condition and recommend further assessment.

When are impairment ratings performed

- And impairment rating is performed when the medical condition is static and well stabilized, often termed the date of maximal medical improvement.
- Maximal medical improvement refers to a date from which further recovery or deterioration is not anticipated.
- Once the impairment has reached MMI, a permanent impairment rating may be performed.

Rules for the evaluation

- Confidentiality. Prior to performing an impairment evaluation. The physician obtains individuals consent to share the medical information with other parties that will be reviewing the evaluation.
- In the case of 2 or more significant yet unrelated conditions or impairments of the same or different organs, each impairment rating is calculated separately for each organ converted or expressed as a whole person impairment then combined using the combined value charts page 604.
- Consistency tests designed to ensure Reproducibility and greater accuracy are deemed necessary.

Measurements

- The physician needs to consider activities of daily living and estimate the degree to which the medical impairment interferes with these activities.
- Measurements are considered consistent if they fall within 10% of each other.
- If possible, the evaluation of the organ should be performed without the aid of assistive device as in auditory testing, etc. the physician then may choose to report alterations in the organ function with or without the device.

Effect of treatment

- A physician may choose to increase the impairment estimate by small percentage 1% or up to 3% if an individual's condition is in remission due to treatment as in diabetes or hypothyroidism.
- If a patient declines therapy for permanent impairment. That decision neither decreases nor increases the estimate percentage of the individuals' impairment. Physician then needs to address whether the impairment is at MMI without treatment and the degree of anticipated improvement that could be expected with treatment.

Preparing reports

- A clear, accurate and complete report is essential to support a rating of permanent impairment.
- Narrative history of the medical condition as well as additional historical information relevant to the condition is necessary.
- Work history in chronological order with associated medical conditions or injuries.
- Assess current clinical status.
- Summary of diagnostic studies.
- Discuss medical bases for determining MMI date.
- Discuss diagnosis and impairment.
- Calculate the impairment rating and how it was calculated.
- Discuss causation and apportionment.
- Include your rationale as to how/why you arrived at your conclusions.