

# AMA Guides to the Evaluation of Permanent Impairment, 6<sup>th</sup> Ed.

Joint MAC MLAC Meeting  
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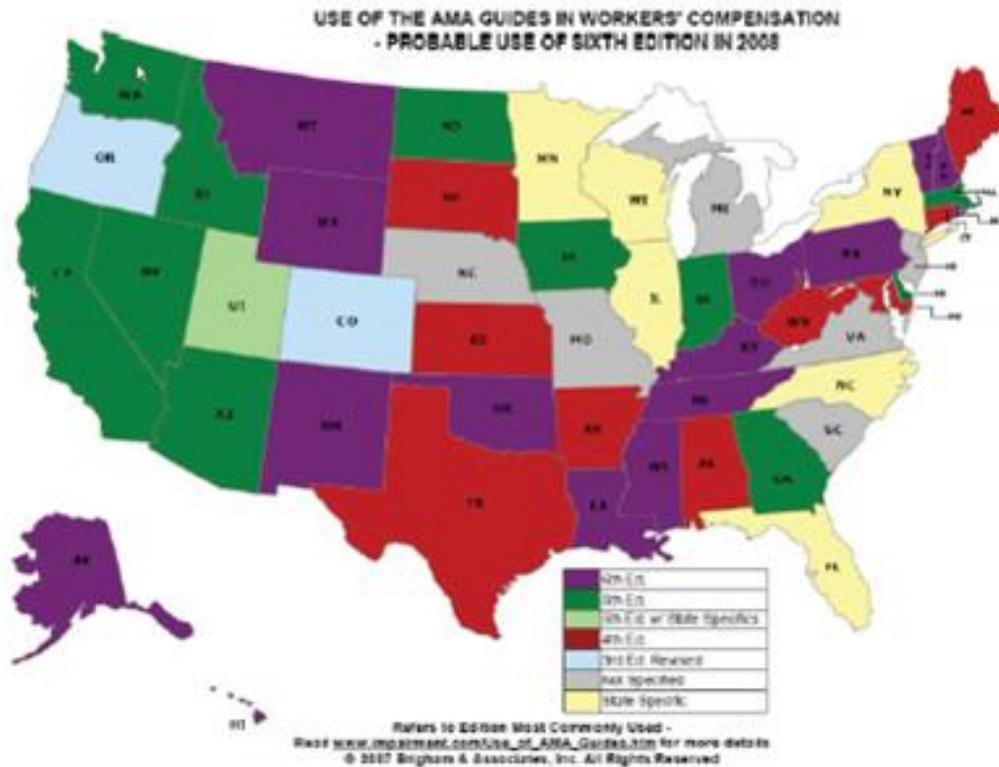
# AMA Guides, Sixth ed.

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- Based on 2001 WHO ICF
- Already required by US DOL for FECA, Energy Employees, and Longshore claims and many other state jurisdictions

# Adoption of Sixth Edition

**FIGURE 1**  
Projected Use of the AMA Guides in State Workers' Compensation Cases



# Current System

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- ◉ AMA Guides 3<sup>rd</sup> Ed (Rev) provides the methods for measuring ROM and performing other physical assessments
- ◉ Results of assessment (closing exam) are applied to Oregon “schedule” to arrive at permanent impairment award

# Reason for Change

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- ◉ ROM and function not well-correlated. ROM is not a good indicator of specific pathology, disease burden, function or wage loss.
- ◉ Measurement of ROM problematic - lack of accuracy and reproducibility. It is voluntary and can be manipulated by the claimant and the examiner.
- ◉ The OR system is heavily dependent on ROM.

# Sixth Edition

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- ◉ Abandons reliance on ROM and embraces “new” approach
- ◉ Impairment range based on diagnosis
- ◉ Modifiers for physical exam, clinical studies, and functional status
- ◉ Not really new since 4<sup>th</sup> and 5<sup>th</sup> editions introduced diagnosis based estimates for some conditions and body parts

# Sixth Edition Model

FIGURE 4  
Diagnosis-Based Grid Template

Diagnostic Criteria	Class 0	Class 1	Class 2	Class 3	Class 4
RANGES	0%	Minimal%	Moderate%	Severe%	Very Severe%
GRADE		A B C D E	A B C D E	A B C D E	A B C D E
History	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Physical Findings	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Test Results	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem

# Upper Extremity Diagnosis- Based Impairment Example

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- A patient sustains a wrist injury resulting in a triangular fibrocartilage tear, which is surgically treated. The patient reports improvement, however, continues to complain of localized tenderness. At maximum medical improvement the patient reports symptoms with strenuous activity and the ability to perform self-care activities independently. Specific physical testing is consistent. Physical examination is unremarkable except for reported localized tenderness. An MRI confirmed the diagnosis and reflected mild pathology.

# Initial Diagnosis Based Rating

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- The diagnosis of “triangular fibrocartilage complex (TFCC) tear” is found in Table 15-3 Wrist Regional Grid: Upper Extremity Impairments (6th ed., p. 396) and the specific criteria of “documented TFCC residual findings” results in assignment to Class 1 with associated impairment values of 6%, 7%, 8%, 9% and 10% upper extremity impairment. Grade C, the default mid-range impairment value, is 8% upper extremity impairment.

# Use of modifiers

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- Functional history and the physical testing are consistent with a Grade Modifier 1
- Physical examination is consistent with Grade Modifier 1 on the basis of “minimal palpatory findings, consistently documented, without observed abnormalities”
- Clinical studies are also consistent with Grade Modifier 1 on the basis of “clinical studies confirm diagnosis, mild pathology”
- All the non-key factor adjustment factors are Grade Modifier 1, which is consistent with the Class 1 designation for the diagnosis; therefore the impairment value remains at the default of Grade C with an associated 8% whole person permanent impairment.

# Use of modifiers

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- If hypothetically the patient had reported functional difficulties consistent with Grade Modifier 2 (i.e. “pain/symptoms with normal activity” and “able to perform self-care activities with modification but unassisted”) and the other adjustment modifiers remained as Grade Modifier 1, then the net adjustment would be one grade higher with the assignment of grade D and 9% upper extremity impairment.

# Positive attributes of Sixth Edition

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- ◉ Adopts functional approach
- Focus is the impact of the condition and the effects on the patient rather than the types of treatment or surgeries performed.
- ◉ Uses broader evidence
- ◉ Reflects advances in treatment

# Oregon Options

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- ◉ Adopt Guides
- ◉ Adopt Guides methods and update Oregon specific “schedules”
- ◉ Create Oregon specific modification of Guides
- ◉ Maintain status quo

# Adopt Guides

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- ◉ Full implementation of Guides
- ◉ Physicians would rate impairment
- ◉ State would translate impairment rating to monetary award
- Emphasis will shift from generic findings on exam (ROM) to diagnoses. System will need to emphasize objective findings to assign class.

# Adopt Guides methods and update Oregon “schedules”

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- ⦿ Maintain current system
- ⦿ Rewrite current “schedules” to adopt diagnostic and functional approach to calculating impairment
- ⦿ Remove reliance on ROM
- ⦿ Physicians provide data, payors rate impairment with WCD oversight

# Create Oregon specific modification of Guides

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- Adopt “concept” of Sixth edition but develop an Oregon-specific partial or whole modification of the Guides
- For example, Utah developed state system for rating spinal impairment and the associated impairment percentages

# Maintain status quo

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- ① Maintain current system
- ① Await further editions of the Guides

# Specific Findings

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- <http://wcdmac.pbworks.com/>
- Request access
- Review resources
- Add modifications and comments