AMA Guides 5th Edition

Almaraz-Guzman II: The Most Accurate Impairment

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WCAB Conclusions

- A permanent disability rating established by the Schedule is rebuttable
- Burden of rebutting a scheduled PD rating rests with the party disputing it
  - Rebutting WPI under the AMA Guides

WCAB Conclusions

- When determining an injured employee's WPI, it is not permissible to go outside the four corners of the AMA Guides
- However, a physician may utilize any chapter, table, or method in the AMA Guides that most accurately reflects the injured employee's impairment

WCAB Caveats

- The WCAB emphasizes that their "decision does not permit a physician to utilize any chapter, table, or method in the AMA Guides **simply to achieve a desired result**, e.g., a WPI that would result in a permanent disability rating based directly or indirectly on any Schedule in effect prior to 2005"

WCAB Caveats

- The WCAB emphasizes that “A physician’s opinion regarding an injured employee’s WPI under the Guides must constitute **substantial evidence**; therefore, the opinion must set forth the facts and reasoning which justify it
  - Moreover, a physician’s WPI opinion that is not based on the AMA Guides does not constitute substantial evidence

First Step

- The evaluating physician needs to first provide a WPI using the AMA Guides in a standard, literal, strict or **traditional** approach and keeping within the chapter for the relevant body part

When Almaraz-Guzman II?

- Almaraz-Guzman II states that “Once a treating physician, AME, or QME has offered an opinion regarding the injured employee’s WPI under the AMA Guides, then the injured employee or the defendant may seek to challenge that opinion through rebuttal evidence”
- Confusion over this issue

Activities of Daily Living

- The AMA Guides states that “Impairment percentages or ratings developed by medical specialists 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 (ADL), *excluding* work”

Questions Concerning Activities of Daily Living (ADL)

1. How well can you perform personal self care activities including washing, dressing, using the bathroom, etc?

- ❑ I can look after myself normally without extra discomfort
- ❑ I can look after myself normally but have extra discomfort
- ❑ Self care activities are uncomfortable and are done slowly
- ❑ I manage most of my personal self care with some help
- ❑ I need a lot of help daily in most aspects of my self care
- ❑ I cannot perform self care activities

2. How well can you lift and carry?

- ❑ I can lift and carry heavy objects without extra discomfort
- ❑ I can lift and carry heavy objects but I get extra discomfort
- ❑ I can lift and carry heavy objects
- ❑ I can only lift and carry light to medium objects
- ❑ I can only lift very light objects
- ❑ I cannot lift or carry anything at all

3. How well can you walk (you may check more than one box)?

- ❑ There is no change from before my injury
- ❑ Symptoms prevent me from walking more than 1 mile
- ❑ Symptoms prevent me from walking more than 1/2 mile
- ❑ Symptoms prevent me from walking more than 1/4 mile
- ❑ I walk only short distances
- ❑ I use a cane, crutches or walker
- ❑ I am limited to use of a wheelchair

4. What is the most strenuous level of activity that you can do for at least 2 minutes?

- ❑ Very heavy activity
- ❑ Heavy activity
- ❑ Moderate activity
- ❑ Light activity
- ❑ Very light activity
- ❑ Extremely light to no activity

5. How well can you climb one flight of stairs?

- ❑ No difficulty (and you can easily perform the activity)
- ❑ Some difficulty (but you can still perform the activity)
- ❑ A lot of difficulty (but you can still perform the activity)
- ❑ Cannot climb one flight of stairs

6. How well can you sit for a period of time (even with some pain or discomfort) before you absolutely have to stand, walk or lay down?

- ❑ I can sit without any time limitations
- ❑ I can only sit between 1 hour to 2 hours at a time
- ❑ I can only sit between 30 and 60 minutes at a time
- ❑ I can only sit between 15 and 30 minutes at a time
- ❑ I can only sit for less than 15 minutes at a time
- ❑ I can not sit at all

7. How well can you stand or walk for a period of time (even with some pain or discomfort) before you absolutely have to sit or lay down?

- ❑ I can stand/walk without any time limitations
- ❑ I can only stand/walk between 1 hour to 2 hours at a time
- ❑ I can only stand/walk between 30 and 60 minutes at a time
- ❑ I can only stand/walk between 15 and 30 minutes at a time
- ❑ I can only stand/walk for less than 15 minutes at a time
- ❑ I cannot stand or walk at all

8. How well can you reach and grasp something off a shelf at chest level?

- ❑ No difficulty (and you can easily perform the activity)
- ❑ Some difficulty (but you can still perform the activity)
- ❑ A lot of difficulty (but you can still do the activity)
- ❑ Unable (you cannot do this activity)

9. How well can you reach and grasp something off a shelf overhead?

- ❑ No difficulty (and you can easily perform the activity)
- ❑ Some difficulty (but you can still perform the activity)
- ❑ A lot of difficulty (but you can still do the activity)
- ❑ Unable (you cannot do this activity)

10. How well can you push or pull (even with some pain or discomfort)?

- ❑ I can push or pull very heavy objects
- ❑ I can push or pull heavy objects
- ❑ I can push or pull light objects
- ❑ I can push or pull very light objects
- ❑ I can not push or pull anything

11. Do you have any difficulty with gripping, grasping, holding and manipulating objects with your hands?

- ❑ No difficulty (and you can easily perform the activity)
- ❑ Some difficulty (but you can still perform the activity)
- ❑ A lot of difficulty (but you can still do the activity)
- ❑ Unable (you cannot do this activity)

12. Do you have any difficulty with repetitive motions such as typing on a computer?

- ❑ No difficulty (and you can easily perform the activity)
- ❑ Some difficulty (but you can still perform the activity)
- ❑ A lot of difficulty (but you can still do the activity)
- ❑ Unable (you cannot do this activity)

13. Do you have any difficulty with forceful activities with your arms and hands?

- ❑ No difficulty (and you can easily perform the activity)
- ❑ Some difficulty (but you can still perform the activity)
- ❑ A lot of difficulty (but you can still do the activity)
- ❑ Unable (you cannot do this activity)

14. Do you have any difficulty with kneeling, bending or squatting?

- ❑ No difficulty (and you can easily perform the activity)
- ❑ Some difficulty (but you can still perform the activity)
- ❑ A lot of difficulty (but you can still do the activity)
- ❑ Unable (you cannot do this activity)

15. Do you have any difficulty with sleeping?

- ❑ I have no trouble sleeping because of my injury
- ❑ My sleep is slightly disturbed (less than 1 hour sleepless)
- ❑ My sleep is mildly disturbed (1-2 hours sleepless)
- ❑ My sleep is moderately disturbed (2-3 hours sleepless)
- ❑ My sleep is greatly disturbed (3-5 hours sleepless)
- ❑ My sleep is completely disturbed (5-7 hours sleepless)

16. In regards to sexual function (orgasm, ejaculation, lubrication, erection) changes since and because of your injury:

- ❑ There has not been a change because of my injury
- ❑ There has been a slight change because of my injury
- ❑ There has been a moderate change because of my injury
- ❑ There has been a major change because of my injury
- ❑ No sexual functioning because of my injury

17. In regards to your pain <u>at the moment</u>:

- ❑ I have no pain at the moment
- ❑ My pain is mild at the moment
- ❑ My pain is moderate at the moment
- ❑ My pain is severe at the moment
- ❑ My pain is the worst imaginable at the moment

18. In regards to your pain <u>most of the time</u>:

- ❑ I have no pain most of the time
- ❑ My pain is very mild most of the time
- ❑ My pain is moderate most of the time
- ❑ My pain is fairly severe most of the time
- ❑ My pain is the worst imaginable most of the time

19. How much do your injury and/or pain interfere with your ability to travel?

- ❑ None
- ❑ Some or a little of the time
- ❑ A lot or most of the time
- ❑ All of the time – I can't travel

20. How much difficulty do you have with cooking, laundry, housekeeping or shopping?

- ❑ None
- ❑ Some or a little of the time
- ❑ A lot or most of the time
- ❑ All of the time – I can't do these things

21. How much do your injury and/or pain interfere with your ability to engage in social activities?

- ❑ None
- ❑ Some or a little of the time
- ❑ Most of the time
- ❑ All of the time – I can't engage in social activities

22. How much do your injury and/or pain interfere with your ability to engage in recreational activities?

- ❑ None
- ❑ Some or a little of the time
- ❑ A lot or most of the time
- ❑ All of the time – I can't engage in recreational activities

23. How much do your injury and/or pain interfere with concentrating and thinking?

- ❑ None
- ❑ Some or a little of the time
- ❑ A lot or most of the time
- ❑ All of the time – I can't concentrate or think very clearly

24. How much has your injury and/or pain caused emotional distress with depression or anxiety?

- ❑ None
- ❑ Some or a little of the time (mild depression or anxiety)
- ❑ A lot or most of the time (moderate depression or anxiety)
- ❑ All of the time (severe depression or anxiety)

25. Has there been any change in your ability to communicate (writing, typing, seeing, hearing, speaking) since and because of you injury?

	No Change	Mild Change	Moderate Change	Severe Change
Writing				
Typing				
Seeing				
Hearing				
speaking				

26. If 0 indicates "no pain" and 10 indicates "pain as bad as it can be," on a scale of 0 to 10, what is your level of pain for the following questions?

What was your pain level on average during the past week (circle the appropriate number)?

No Pain 0 1 2 3 4 5 6 7 8 9 10 **Pain as bad as it can be**

What was your pain level at its worst during the past week (circle the appropriate number)?

No Pain 0 1 2 3 4 5 6 7 8 9 10 **Pain as bad as it can be**

27. Regarding your ability to work:

- ❑ I can do as much work as I want
- ❑ I can only do my usual work, but no more
- ❑ I can do most of my usual work, but no more
- ❑ I cannot do my usual work
- ❑ I can hardly do any work at all
- ❑ I cannot do any work at all

28. Please check or circle the areas of your body that hurt.

	Right	Left
Head		
Neck		
Chest		
Shoulder		
Elbow		
Wrist		
Hand/fingers		
Upper back		
Middle back		
Lower back		
Abdomen		
Pelvis		
Thigh		
Knee		
Calf		
Ankle		
Foot		

29. Check all the following statements that are true.

- ❑ I am afraid that if I exercise, I will injure myself
- ❑ My body is telling me I have something dangerously wrong
- ❑ My injury has put my body at risk for the rest of my life
- ❑ Pain always means I have injured my body
- ❑ Resting is the best thing I can do to prevent more pain and injury
- ❑ Something is dangerously wrong in my body to explain my pain
- ❑ It's really not safe for me to be physically active
- ❑ I can't do much because it's too easy for me to get injured
- ❑ No one should have to exercise when he/she is in pain

30. Which of the following statements are true for you?

- ❑ There is probably some surgery that could make me better
- ❑ I believe that there is little hope for me at this point and I would rather be left alone
- ❑ I believe it is possible to take less medicine, be more active and better manage my pain

Addressing Almaraz-Guzman II

- In regards to actually addressing Almaraz-Guzman II, it seems very clear that it is critical to analyze the injured workers activities of daily living (ADLs)
- If a “standard” WPI does not take into account significant ADL deficits, then this would be a justification for applying Almaraz-Guzman II

ADLs & Credibility Issues

- Activities of daily living are subjective
  - Something that the injured worker describes to the evaluating physician
- While respectful of the patient's report regarding functional limitations in ADLs, the physician must determine if this report is consistent with the objective medical findings

Objective Findings

- Apply A-G II if the strict WPI does not adequately address legitimate objective medical factors/pathology

What Does Most Accurate Impairment Rating Mean?

- The term “accurate” is not given in any context by the WCAB
- We can assume that the term “accurate impairment rating” refers to a relationship between the industrial injury and the permanent effects an objective medical condition has on the injured employee’s ability to perform ADLs

Controversial Issues

- The question becomes which ADLs we are talking about?
- Rebuttal is to a scheduled permanent disability rating
- Activities of Daily Living (ADL)
  - Home
  - Work

Defense will Argue AMA Guides ADLs

- Self-care & personal hygiene: Urinating, defecating, brushing teeth, combing hair, bathing, dressing oneself, eating
- Communication: Writing, typing, seeing, hearing, speaking
- Physical activity: Standing, sitting, reclining, walking, climbing stairs
- Sensory function: Hearing, seeing, tactile feeling, tasting, smelling
- Non-specialized hand activities: Grasping, lifting, tactile discrimination
- Travel: Riding, driving, flying
- Sexual function: Orgasm, ejaculation, lubrication, erection
- Sleep: Restful, nocturnal sleep pattern

Applicant will argue for Work ADLs

(since the goal is to provide an accurate permanent disability award)

Functional Activities (Hours per Day)	0 hours	< 1 hour	1-2 hours	2-4 hours	4-6 hours	6-8 hours
Repetitive neck motions						
Static neck posturing						
Bending / Twisting (waist)						
Squatting						
Kneeling						
Sitting						
Standing						
Walking						
Climbing stairs						
Climbing ladders						
Walking over uneven ground						
Repetitive use of upper extremity (right)						
Repetitive use of upper extremity (left)						
Grasping/Gripping (right hand)						
Grasping/Gripping (left hand)						
Forceful use of upper extremity (right)						
Forceful use of upper extremity (left)						
Fine Manipulation (right hand)						
Fine Manipulation (left hand)						
Pushing & Pulling (right)						
Pushing & Pulling (left)						
Reaching (at shoulder level - right)						
Reaching (at shoulder level - left)						
Reaching (above shoulder level - right)						
Reaching (above shoulder level - left)						
Lifting/ Carrying (in pounds)						

Also consider pacing (speed of activity), repetition (repetitive activities), time (prolonged activity), and positioning (static or awkward posturing) factors

Bottom Line

- It is critical that the physician's report provide a WPI that is the most accurate reflection of the impairment that meets the criteria of being substantial medical evidence
- Provide different "scenarios" that address the concerns of both the applicant and the defendant - leave the final decision about what is substantial evidence to the WCAB

Functional Capacity Evaluation

- Functional Capacity Evaluations (FCEs)
- Functional Capacity Assessments (FCAs)
- Work Capacity Assessments (WCAs)
- Valuable in determining an individual's loss of work and self care (ADLs) capacity and retained abilities
- Useful in assessing work ability while defining areas of inability that can be treated
-

Most Accurate Reflection of the Impairment

Rating by Analogy

&

Other Approaches

The AMA *Guides* State:

- "After all potentially impairing conditions have been identified and the correct ratings recorded, the evaluator should select the clinically most appropriate (i.e., most specific) method(s) and record the estimated impairment for each (5th ed, 526)"
- "Typically, one method will adequately characterize the impairment and its impact on the ability to perform ADL
- In some cases, however, more than one method needs to be used to accurately assess all features of the impairment (5th ed, 527)"

Rating by Analogy

- A similarity between two things
- When the WPI is not the most accurate, consider other impairments that create a similar effect on ADLs

Support for Rating by Analogy

- On page 11, the AMA *Guides* states: Given the range, evolution, and discovery of new medical conditions, the *Guides* cannot provide an impairment rating for all impairments
- Also, since some medical syndromes are poorly understood and are manifested only by subjective symptoms, impairment ratings are not provided for those conditions

Support for Rating by Analogy

- The *Guides* nonetheless provides a framework for evaluating new or complex conditions
- Most adult conditions with measurable impairments can be evaluated under the *Guides*

Support for Rating by Analogy

- In situations where impairment ratings are not provided, the *Guides* suggests that physicians use clinical judgment, comparing measurable impairment resulting from the unlisted condition to measurable impairment resulting from similar conditions with similar impairment of function in performing activities of daily living. *AMA Guides, Chapter 1, page 11*

Support for Rating by Analogy

- The physician's judgment, based upon experience, training, skill, thoroughness in clinical evaluation, and ability to apply the *Guides* criteria as intended, will enable an appropriate and reproducible assessment to be made of clinical impairment.
- Clinical judgment, combining both the "art" and "science" of medicine, constitutes the essence of medical practice.

AMA Guides, Chapter 1, page 11

Nerve Entrapment Syndrome

- For carpal tunnel syndrome, the DEU is allowing a 5% upper extremity Impairment rating (3% WPI) for someone with normal physical findings but abnormal electrodiagnostic testing (EMG/NCV) even without surgery (if you went by the book, there would be no impairment rating in this situation absent surgery)
- How about Ulnar nerve compromise at the elbow?

Epicondylitis & Grip Loss

- The *Guides* allows you to use grip strength if there is a tendon rupture (an MRI may be needed to determine this) or surgery (16.8 Strength Evaluation, page 507)
- By analogy it makes clinical sense to be able to do an Impairment Rating using grip loss even without surgery if the clinical picture is credible and the objective findings are reliable
- It is critical that the physician clearly and unequivocally state that the injured worker is credible and the testing results are reliable

Alternate Approaches

- Another approach is for the evaluating physician to consider alternate ways to use the AMA *Guides* such as recognizing that the injured worker has a "neuralgia" or neuropathic chronic pain condition

Neuropathic Pain

- In the *Guides*, page 343, The Central and Peripheral Nervous System, 13.8 Criteria for Rating Impairments Related to Chronic Pain it states: “Impairment due primarily to intractable pain may greatly influence an individual’s ability to function.

Neuropathic Pain

- Chronic pain in this section covers the diagnoses of causalgia, posttraumatic neuralgia, and reflex sympathetic dystrophy (my underline).”
- **Neuralgia** or neuropathic pain may be seen in many conditions, particularly with entrapment neuropathies such as carpal tunnel syndrome and in various other chronic pain states including with failed spine surgery

Neuropathic Pain

- Pain caused by abnormal function of the nervous system due to injury or disease
- Neuropathic pain is characterized by lancinating, paroxysmal, tingling, and burning sensations
- These conditions are notoriously difficult to treat and can often be associated with depression, anxiety, decreased libido, altered appetite, and sleep disturbances

Rating by Analogy

- The following Tables are functionally based
  - Table 13-22, Criteria for Rating Impairment Related to Chronic Pain in One Upper Extremity
  - Table 13-17, Criteria for Rating Impairment in Two Upper Extremities
  - Table 13-15 Criteria for Rating Impairments Due to Station and Gait Disorders

Upper Extremity Chronic Pain

Table 13-22 Criteria for Rating Impairment Related to Chronic Pain in One Upper Extremity

Class 1		Class 2		Class 3		Class 4	
Dominant Extremity 1%-9% Impairment of the Whole Person	Nondominant Extremity 1%-4% Impairment of the Whole Person	Dominant Extremity 10%-24% Impairment of the Whole Person	Nondominant Extremity 5%-14% Impairment of the Whole Person	Dominant Extremity 25%-39% Impairment of the Whole Person	Nondominant Extremity 15%-29% Impairment of the Whole Person	Dominant Extremity 40%-60% Impairment of the Whole Person	Nondominant Extremity 30%-45% Impairment of the Whole Person
Individual can use the involved extremity for self-care, daily activities, and holding, but is limited in digital dexterity		Individual can use the involved extremity for self-care and can grasp and hold objects with difficulty, but has no digital dexterity		Individual can use the involved extremity but has difficulty with self-care activities		Individual cannot use the involved extremity for self-care or daily activities	

Table 13-17 Criteria for Rating Impairments of Two Upper Extremities

Class 1 1%-19% Impairment of the Whole Person	Class 2 20%-39% Impairment of the Whole Person	Class 3 40%-79% Impairment of the Whole Person	Class 4 80%+ Impairment of the Whole Person
Individual can use both upper extremities for self-care, grasping, and holding, but has difficulty with digital dexterity	Individual can use both upper extremities for self-care, can grasp and hold objects with difficulty, but has no digital dexterity	Individual can use both upper extremities but has difficulty with self-care activities	Individual cannot use upper extremities

Station & Gait Disorders

Table 13-15 Criteria for Rating Impairments Due to Station and Gait Disorders

Class 1 1%-9% Impairment of the Whole Person	Class 2 10%-19% Impairment of the Whole Person	Class 3 20%-39% Impairment of the Whole Person	Class 4 40%-60% Impairment of the Whole Person
Rises to standing position; walks, but has difficulty with elevations, grades, stairs, deep chairs, and long distances	Rises to standing position; walks some distance with difficulty and without assistance, but is limited to level surfaces	Rises and maintains standing position with difficulty; cannot walk without assistance	Cannot stand without help, mechanical support, and/or an assistive device

Direct ADL Method

- Upper Extremity (Table 16-3)
  - UE impairment up to 60% WPI per limb
  - 25% loss of preinjury capacity = 15% WPI
- Lower Extremity (Table 17-3)
  - LE impairment – 40%
  - 25% loss of preinjury capacity – 10% WPI

The ADL Method

Table 16-3 Conversion of Impairment of the Upper Extremity to Impairment of the Whole Person

% Impairment of Upper Extremity	Whole Person	% Impairment of Upper Extremity	Whole Person	% Impairment of Upper Extremity	Whole Person	% Impairment of Upper Extremity	Whole Person	% Impairment of Upper Extremity	Whole Person
0	0	20	12	40	24	60	36	80	48
1	1	21	13	41	25	61	37	81	49
2	1	22	13	42	25	62	37	82	49
3	2	23	14	43	26	63	38	83	50
4	2	24	14	44	26	64	38	84	50
5	3	25	15	45	27	65	39	85	51
6	4	26	16	46	28	66	40	86	52
7	4	27	16	47	28	67	40	87	52
8	5	28	17	48	29	68	41	88	53
9	5	29	17	49	29	69	41	89	53
10	6	30	18	50	30	70	42	90	54
11	7	31	19	51	31	71	43	91	55
12	7	32	19	52	31	72	43	92	55
13	8	33	20	53	32	73	44	93	56
14	8	34	20	54	32	74	44	94	56
15	9	35	21	55	33	75	45	95	57
16	10	36	22	56	34	76	46	96	58
17	10	37	22	57	34	77	46	97	58
18	11	38	23	58	35	78	47	98	59
19	11	39	23	59	35	79	47	99	59
								100	60

Table 17-3 Whole Person Impairment Values Calculated From Lower Extremity Impairment

% Impairment of Lower Extremity	Whole Person	% Impairment of Lower Extremity	Whole Person	% Impairment of Lower Extremity	Whole Person
0	0	34	14	68	27
1	0	35	14	69	28
2	1	36	14	70	28
3	1	37	15	71	28
4	2	38	15	72	29
5	2	39	16	73	29
6	2	40	16	74	30
7	3	41	16	75	30
8	3	42	17	76	30
9	4	43	17	77	31
10	4	44	18	78	31
11	4	45	18	79	32
12	5	46	18	80	32
13	5	47	19	81	32
14	6	48	19	82	33
15	6	49	20	83	33
16	6	50	20	84	34
17	7	51	20	85	34
18	7	52	21	86	34
19	8	53	21	87	35
20	8	54	22	88	35
21	8	55	22	89	36
22	9	56	22	90	36
23	9	57	23	91	36
24	10	58	23	92	37
25	10	59	24	93	37
26	10	60	24	94	38
27	11	61	24	95	38
28	11	62	25	96	38
29	12	63	25	97	39
30	12	64	26	98	39
31	12	65	26	99	40
32	13	66	26	100	40
33	13	67	27		

Alternative Tables

- There may be another Table in a different Chapter that provides a reasonable and supportable impairment by analogy

Chapter 6 The Digestive System

- Table 6-9 Criteria for Rating Permanent Impairment Due to Herniation

Class 2 **10%-19% Impairment of the Whole Person**
Palpable defect in supporting structures of abdominal wall ***and*** frequent or persistent protrusion at site of defect with increased abdominal pressure; manually reducible ***or*** frequent discomfort, precluding heavy lifting but not hampering some activities of daily living

(Anthony Ferras v. United Airlines)

Spine (Chapter 15)

- Diagnosis-Related Estimates – DRE
- Range of Motion Method – ROM
- There is enough ambiguity between DRE and ROM to **do it both ways** and take the higher impairment rating (assuming the physician believes it to be the most accurate)

DRE Method Problems

- Can’t get past a DRE III without loss of motion segment integrity
- Consider DRE IV or V if
  - there is radiculopathy even without alteration of motion segment integrity when there is significant lower extremity impairment is present as indicated by atrophy or loss of reflex(es), pain, and/or sensory changes within an anatomic distribution (dermatomal), or electromyographic findings

Spine

- Consider combining using Table 15-6 Rating Corticospinal Tract Impairment
- DRE III is a generic rating, but specific cases of radiculopathy vary, some have a normal gait, others (as with a total foot drop) have a very impaired gait, and some are in between

Table 15-6 Rating Corticospinal Tract Impairment

a. Impairment of One Upper Extremity Due to Corticospinal Tract Impairment

Class 1		Class 2		Class 3		Class 4	
Dominant Extremity 1%-9% Impairment of the Whole Person	Nondominant Extremity 1%-4% Impairment of the Whole Person	Dominant Extremity 10%-24% Impairment of the Whole Person	Nondominant Extremity 5%-14% Impairment of the Whole Person	Dominant Extremity 25%-39% Impairment of the Whole Person	Nondominant Extremity 15%-29% Impairment of the Whole Person	Dominant Extremity 40%-60% Impairment of the Whole Person	Nondominant Extremity 30%-45% Impairment of the Whole Person
Individual can use the involved extremity for self-care, daily activities, and holding, but has difficulty with digital dexterity		Individual can use the involved extremity for self-care, can grasp and hold objects with difficulty, but has no digital dexterity		Individual can use the involved extremity but has difficulty with self-care activities		Individual cannot use the involved extremity for self-care or daily activities	

b. Criteria for Rating Impairments of Two Upper Extremities

Class 1 1%-19% Impairment of the Whole Person	Class 2 20%-39% Impairment of the Whole Person	Class 3 40%-79% Impairment of the Whole Person	Class 4 80%+ Impairment of the Whole Person
Individual can use both upper extremities for self-care, grasping, and holding, but has difficulty with digital dexterity	Individual can use both upper extremities for self-care, can grasp and hold objects with difficulty, but has no digital dexterity	Individual can use both upper extremities but has difficulty with self-care activities	Individual cannot use upper extremities

c. Criteria for Rating Impairments Due to Station and Gait Disorders

Class 1 1%-9% Impairment of the Whole Person	Class 2 10%-19% Impairment of the Whole Person	Class 3 20%-39% Impairment of the Whole Person	Class 4 40%-60% Impairment of the Whole Person
Rises to standing position; walks, but has difficulty with elevations, grades, stairs, deep chairs, and long distances	Rises to standing position; walks some distance with difficulty and without assistance, but is limited to level surfaces	Rises and maintains standing position with difficulty; cannot walk without assistance	Cannot stand without help, mechanical support, and/or an assistive device

d. Criteria for Rating Neurologic Impairment of the Bladder

Class 1 1%-9% Impairment of the Whole Person	Class 2 10%-24% Impairment of the Whole Person	Class 3 25%-39% Impairment of the Whole Person	Class 4 40%-60% Impairment of the Whole Person
Individual has some degree of voluntary control but is impaired by urgency or intermittent incontinence	Individual has good bladder reflex activity, limited capacity, and intermittent emptying without voluntary control	Individual has poor bladder reflex activity, intermittent dribbling, and no voluntary control	Individual has no reflex or voluntary control of bladder

e. Criteria for Rating Neurologic Anorectal Impairment

Class 1 1%-19% Impairment of the Whole Person	Class 2 20%-39% Impairment of the Whole Person	Class 3 40%-50% Impairment of the Whole Person
Individual has reflex regulation but only limited voluntary control	Individual has reflex regulation but no voluntary control	Individual has no reflex regulation or voluntary control

f. Criteria for Rating Neurologic Sexual Impairment

Class 1 1%-9% Impairment of the Whole Person	Class 2 10%-19% Impairment of the Whole Person	Class 3 20% Impairment of the Whole Person
Sexual functioning is possible, but with difficulty of erection or ejaculation in men or lack of awareness, excitement, or lubrication in either sex	Reflex sexual functioning is possible, but there is no awareness	No sexual functioning

g. Criteria for Rating Neurologic Impairment of Respiration

Class 1 5%-19% Impairment of the Whole Person	Class 2 20%-49% Impairment of the Whole Person	Class 3 50%-89% Impairment of the Whole Person	Class 4 90%+ Impairment of the Whole Person
Individual can breathe spontaneously but has difficulty performing activities of daily living that require exertion	Individual is capable of spontaneous respiration but is restricted to sitting, standing, or limited ambulation	Individual is capable of spontaneous respiration but to such a limited degree that he or she is confined to bed	Individual has no capacity for spontaneous respiration

Spine Percentages

- The AMA *Guides*, Chapter 15, The Spine, page 427, 15.13 Criteria for Converting Whole Person Impairment to Regional Spine Impairment
- Lumbar 90%, Thoracic 40%, and Cervical 80%.
- 50% loss of lumbar spine function for ADLs would provide a 45% WPI (50% X 90% = 45%)

Spine & Lower Extremity Disability

"…for full-time gait derangements of persons who are dependent on **assistive devices."** AMA Guides page 529

Table 17-5 Lower Limb Impairment Due to Gait Derangement

Severity	Individual's Signs	Whole Person Impairment
Mild	a. Antalgic limp with shortened stance phase and documented moderate to advanced arthritic changes of hip, knee, or ankle	7%
	b. Positive Trendelenburg sign and moderate to advanced osteoarthritis of hip	10%
	c. Same as category a or b above, but individual requires part-time use of cane or crutch for distance walking but not usually at home or in the workplace	15%
	d. Requires routine use of short leg brace (ankle-foot orthosis [AFO])	15%
Moderate	e. Requires routine use of cane, crutch, or long leg brace (knee-ankle-foot orthosis [KAFO])	20%
	f. Requires routine use of cane or crutch and a short leg brace (AFO)	30%
	g. Requires routine use of two canes or two crutches	40%
Severe	h. Requires routine use of two canes or two crutches and a short leg brace (AFO)	50%
	i. Requires routine use of two canes or two crutches and a long leg brace (KAFO)	60%
	j. Requires routine use of two canes or two crutches and two lower-extremity braces (either AFOs or KAFOs)	70%
	k. Wheelchair dependent	80%

Hip & Knee Disability

- Tables 17-33, 17-34, & 17-35 are functional and could be considered even when there has not been a joint replacement

Region and Condition	Whole Person (Lower Extremity) [Foot] Impairment (%)
Hip	
Total hip replacement; includes endoprosthesis, unipolar or bipolar	
Good results, 85-100 points†	15 (37)
Fair results, 50-84 points†	20 (50)
Poor results, less than 50 points†	30 (75)

Region and Condition	Whole Person (Lower Extremity) [Foot] Impairment (%)
Total knee replacement including unicondylar replacement	
Good result, 85-100 points†	15 (37)
Fair results, 50-84 points†	20 (50)
Poor results, less than 50 points†	30 (75)
Proximal tibial osteotomy	
Good result	10 (25)
Poor result	Estimate impairment according to examination and arthritic degeneration

Headache

- Typically only 3% allowed using CP Chapter 18
- Consider using CNS Chapter 13 as a chronic and intractable headache can affect alertness, cognition and ability to perform ADLs

Table 13-2 Criteria for Rating Impairment of Consciousness and Awareness

Class 1 0%-14% Impairment of the Whole Person	Class 2 15%-39% Impairment of the Whole Person	Class 3 40%-69% Impairment of the Whole Person	Class 4 70%-90% Impairment of the Whole Person
Brief repetitive or persistent alteration of state of consciousness ***and*** minimal limitation in performance of ADL	Brief repetitive or persistent alteration of state of consciousness ***and*** moderate limitation in performance of ADL	Prolonged alteration of state of consciousness, which diminishes capabilities in personal care and ADL	State of semicoma with complete dependency and subsistence on nursing care and artificial medical means of support ***or*** irreversible coma requiring total medical support

Table 13-4 Criteria for Rating Impairment Due to Sleep and Arousal Disorders

Class 1 1%-9% Impairment of the Whole Person	Class 2 10%-29% Impairment of the Whole Person	Class 3 30%-69% Impairment of the Whole Person	Class 4 70%-90% Impairment of the Whole Person
Reduced daytime alertness; sleep pattern such that individual can perform most activities of daily living	Reduced daytime alertness; interferes with ability to perform some activities of daily living	Reduced daytime alertness; ability to perform activities of daily living significantly limited	Severe reduction of daytime alertness; individual unable to care for self in any situation or manner

Combining for the Lower Extremities

Table 17-2 Guide to the Appropriate Combination of Evaluation Methods

Open boxes indicate impairment ratings derived from these methods can be combined.

	Limb Length Discrepancy	Gait Derangement	Muscle Atrophy	Muscle Strength	ROM Ankylosis	Arthritis (DJD)	Amputation	Diagnosis-Based Estimates (DBE)	Skin Loss	Peripheral Nerve Injury	Complex Regional Pain Syndrome (CRPS)	Vascular
Limb Length Discrepancy		X					X					
Gait Derangement	X		X	X	X	X	X	X	X	X	X	X
Muscle Atrophy		X		X	X	X	X	X		X	X	
Muscle Strength		X	X		X	X		X		X	0	
ROM Ankylosis		X	X	X		X		X			0	
Arthritis (DJD)		X	X	X	X							
Amputation	X	X	X	X								
Diagnosis-Based Estimates (DBE)		X	X	X	X							
Skin Loss		X										
Peripheral Nerve Injury		X	X	X							X	
Complex Regional Pain Syndrome (CRPS)		X	X	0	0					X		X
Vascular		X									X	

X = Do not use these methods together for evaluating a single impairment.

0 = See specific instructions for CRPS of the lower extremity.

Combining for the LEs

- If using Table 17-2 *Guide to the Appropriate Combination of Evaluation Methods* results in a WPI that is not the most accurate reflection of the impairment, consider using (combining) all Methods that are appropriate

Combining

- The AMA Guides does not allow combining certain impairments
  - i.e., you cannot use strength when there is a range of motion (ROM) loss or a compression neuropathy
- If this results in a WPI that is not the most accurate reflection of the impairment, consider combining

Combining versus Adding

- Combining decreases the resultant impairment: 30% + 30% = 51%
- Consider adding (30% + 30% = 60%) rather than combining if this provides the most accurate reflection of the impairment

Combining versus Adding

- The AMA Guides itself on page 10, makes a case against combining "Other options are to combine (add, subtract, or multiply) multiple impairments based upon the extent to which they affect an individual's ability to perform activities of daily living (my underline)."

Strength

- Because strength measurements are functional tests influenced by subjective factors that are difficult to control and the *Guides* for the most part is based on anatomic impairment (my underline), the *Guides* does not assign a large role to such measurements (16.8 Strength Evaluation, page 507)
- **It does not say no role!**

Rating Strength

- In a rare case, if the examiner believes the individual's loss of strength represents an impairing factor that has not been considered adequately by other methods in the *Guides*, the loss of strength may be rated separately (16.8a Principles, page 508)
- The physician determines what constitutes a "rare" case and when strength should be used!

Loss of Strength

- Decreased strength *cannot* be rated in the presence of decreased motion, painful conditions, deformities, or absence of parts (eg, thumb amputation) that prevent effective application of maximal force in the region being evaluated (16.8a Principles, page 508)
- The physician could choose to alternatively rate by loss of strength if clinically there is application of maximal force

Grip Strength

- Grip strength can be used when there is a “loss of strength due to a severe muscle tear that healed leaving a palpable muscle defect (16.8a Principles, page 508)
- By analogy, the MD could rate based on consistent weakness due to an injury
- It is critical that the physician clearly and unequivocally state that the injured worker is credible and the testing results are reliable

Grip Strength

- If the following is true:
  - If there is evidence that the individual is exerting less than maximal effort, the grip strength measurements are invalid for estimating impairment (16.8b Grip and Pinch Strength, page 509)
- Then shouldn't this be true?
  - If there is evidence that the individual is exerting maximal effort, the grip strength measurements are valid for estimating impairment
  - Doesn't the physician determine validity?