Washington Claims School

Presented by Reinisch Wilson Weier PC
June 14, 2017 Lake Oswego, Oregon

Reinisch Wilson Weier PC
LAW OFFICES

Impairment Rating - How to begin to know, what you don't know, about the AMA Guides, 5th Edition

Irene Suver
President,
Panel of Consultants

Washington Claims School
Presented by Reinisch Wilson Weier PC
June 14, 2017 · Lake Oswego, Oregon

MORE TRAINING

➢ (The Best) Phil Walker
http://philwalker.do/training/

➢ Take our advanced course, AMA *Guides 5th Edition Practicum*

➢ IAIME (formerly AADEP) and SEAK (L&I sponsors courses in Washington they teach)

➢ Online training is available at Impairment.com http://www.impairment.com/online-training.html they also have a resource called "impairment check" (this is cost-based service)

➢ Brigham & Associates https://www.cbrigham.com/ (also a cost-based service)

Figure 16-1b Upper Extremity Impairment Evaluation Record–**Part 2 (Wrist, elbow, and shoulder)**   Side ☐R ☐L

Name_____   Age_____   Sex ☐M ☐F   Dominant hand ☐R ☐L   Date_____

Occupation_____   Diagnosis_____

		Abnormal Motion				**Other Disorders**	**Regional Impairment %**	**Amputation**
		Record motion or ankylosis angles and impairment %				List type & impairment %	•Combine [1] + [2]	Mark level & impairment %
Wrist		Flexion	Extension	Ankylosis	Imp %			
	Angle°							
	Imp %							
		RD	UD	Ankylosis	Imp %			
	Angle°							
	Imp %							
	Add Imp % Flex/Ext + RD/UD =				[1]	Imp % =	[2]	
Elbow		Flexion	Extension	Ankylosis	Imp %			
	Angle°							
	Imp %							
		Pronation	Supination	Ankylosis	Imp %			
	Angle°							
	Imp %							
	Add Imp % Flex/Ext + Pro/Sup =				[1]	Imp % =	[2]	
Shoulder		Flexion	Extension	Ankylosis	Imp %			
	Angle°							
	Imp %							
		Adduction	Abduction	Ankylosis	Imp %			
	Angle°							
	Imp %							
		Int Rot	Ext Rot	Ankylosis	Imp %			
	Angle°							
	Imp %							
	Add Imp % Flex/Ext + Add/Abd + Int Rot/Ext Rot =				[1]	Imp % =	[2]	Imp % =

I. Amputation impairment (other than digits)		=	%
II. Regional impairment of upper extremity •(Combine hand_____% + wrist_____% + elbow_____% + shoulder_____%)		=	%
III. Peripheral nerve system impairment		=	%
IV. Peripheral vascular system impairment		=	%
V. Other disorders (not included in regional impairment)		=	%

Total upper extremity impairment (•Combine I, II, III, IV, and V)	=	%
Impairment of the whole person (Use Table 16-3)	=	%

• Combined Values Chart (p. 604).

If both limbs are involved, calculate the whole person impairment for each on a separate chart and *combine* the percents (Combined Values Chart).

SHOULDER

SIDE	Best Measurement	Impairment Rating	Figure & Page Reference
Flexion	_____ °	_____ %	Figure 16-40 Page 476
Extension	_____ °	_____ %	Figure 16-40 Page 476
Adduction	_____ °	_____ %	Figure 16-43 Page 477
Abduction	_____ °	_____ %	Figure 16-43 Page 477
Internal Rotation	_____ °	_____ %	Figure 16-46 Page 479
External Rotation	_____ °	_____ %	Figure 16-46 Page 479

These impairments are added as follows:

- Flexion and Extension: _____ % + _____ % = _____ %

- Abduction and Adduction: _____ % + _____ % = _____ %

- Internal Rotation and External Rotation _____ % + _____ % = _____ %

Add the unit impairments as follows:

- ◼ _____ % + _____ % + _____ % = _____ % Final Rating

ELBOW

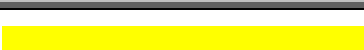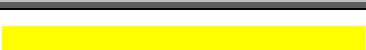| SIDE	Best Measurement	Impairment Rating	Figure & Page Reference
Flexion	° _____	% _____	Figure 16-34 Page 472
Extension	° _____	% _____	Figure 16-34 Page 472
Pronation	° _____	% _____	Figure 16-37 Page 474
Supination	° _____	% _____	Figure 16-37 Page 474

These impairments are added as follows:

- Flexion & Extension: _____%+_____% = _____%

- Pronation & Supination _____%+_____% = _____%

Add the unit impairments as follows:

- _____ % + _____ % = _____ %

WRIST

SIDE	Best Measurement	Impairment Rating	Figure & Page Reference
Flexion	_____ °	_____ %	Figure 16-28 Page 467
Extension	_____ °	_____ %	Figure 16-28 Page 467
Radial Deviation	_____ °	_____ %	Figure 16-31 Page 469
Ulnar Deviation	_____ °	_____ %	Figure 16-31 Page 469

Per the instructions in Chapter 16.4g, Wrist Motion Impairment: Flexion and Extension, page 467, these impairments are added, as follows:

- (☐ %+ ☐ %) = ☐ %

Per the instructions in Chapter 16.4g, Wrist Motion Impairment: Radial and Ulnar Deviation, page 468, these impairments are added, as follows:

- (☐ %+ ☐ %) = ☐ %

Per the instructions in Chapter 16.4g Wrist Motion Impairment, page 470, Determining Impairment Due to Abnormal Wrist Motion, page 470, the regional impairment of the upper extremity due to loss of wrist motion is obtained by adding the unit impairments as follows:

- ☐ % + ☐ % = ☐ %,

There is, therefore, a total of ☐ percent (☐ %) permanent impairment of the ☐ upper extremity, per the AMA *Guides to the Evaluation of Permanent Impairment,* fifth edition, for loss of ☐ wrist range of motion.

Figure 16-1a Upper Extremity Impairment Evaluation Record–**Part 1 (Hand)**   Side ☐R ☐L

Name _____   Age _____ Sex ☐M ☐F   Dominant hand ☐R ☐L   Date _____

Occupation _____   Diagnosis _____

			Abnormal Motion				**Amputation**	**Sensory Loss**	**Other Disorders**	**Hand Impairment%**
			Record motion or ankylosis angles and digit impairment %				Mark level & impairment %	Mark type, level, & impairment %	List type & impairment %	• Combine digit imp % ★Convert to hand imp %
			Flexion	Extension	Ankylosis	Imp %				
Thumb	IP	Angle°								
		Imp %								
	MP	Angle°								
		Imp %								
			Motion	Ankylosis		Imp %	[2]			
	CMC	Radial abduction	Angle°							Abnormal motion [1]
			Imp %							Amputation [2]
		Adduction	Cm							Sensory loss [3]
			Imp %							Other disorders [4]
		Opposition	Cm				‡UE			Total digit imp % • Combine 1, 2, 3, 4
			Imp %				IMP % = [5]			
		Add digit impairment % CMC + MP + IP =				[1]	**Digit** [2] **IMP % =**	**Digit** [3] **IMP % =**	**Digit** [4] **IMP % =**	**Hand impairment %** ★Convert above
			Flexion	Extension	Ankylosis	Imp %				
Index	DIP	Angle°								Abnormal motion [1]
		Imp %								Amputation [2]
	PIP	Angle°								Sensory loss [3]
		Imp %								Other disorders [4]
	MP	Angle°								Total digit imp % • Combine 1, 2, 3, 4
		Imp %								
		• Combine digit impairment % MP, PIP, DIP =				[1]	**Digit** [2] **IMP % =**	**Digit** [3] **IMP % =**	**Digit** [4] **IMP % =**	**Hand impairment %** ★Convert above
Middle	DIP	Angle°								Abnormal motion [1]
		Imp %								Amputation [2]
	PIP	Angle°								Sensory loss [3]
		Imp %								Other disorders [4]
	MP	Angle°								Total digit imp % • Combine 1, 2, 3, 4
		Imp %								
		• Combine digit impairment % MP, PIP, DIP =				[1]	**Digit** [2] **IMP % =**	**Digit** [3] **IMP % =**	**Digit** [4] **IMP % =**	**Hand impairment %** ★Convert above
Ring	DIP	Angle°								Abnormal motion [1]
		Imp %								Amputation [2]
	PIP	Angle°								Sensory loss [3]
		Imp %								Other disorders [4]
	MP	Angle°								Total digit imp % • Combine 1, 2, 3, 4
		Imp %								
		• Combine digit impairment % MP, PIP, DIP =				[1]	**Digit** [2] **IMP % =**	**Digit** [3] **IMP % =**	**Digit** [4] **IMP % =**	**Hand impairment %** ★Convert above
Little	DIP	Angle°								Abnormal motion [1]
		Imp %								Amputation [2]
	PIP	Angle°								Sensory loss [3]
		Imp %								Other disorders [4]
	MP	Angle°								Total digit imp % • Combine 1, 2, 3, 4
		Imp %								
		• Combine digit impairment % MP, PIP, DIP =				[1]	**Digit** [2] **IMP % =**	**Digit** [3] **IMP % =**	**Digit** [4] **IMP % =**	**Hand impairment %** ★Convert above

Total hand impairment: Add hand impairment % for thumb + index + middle + ring + little finger =	%
Convert total hand impairment to upper extremity impairment† (if thumb metacarpal intact, enter on Part 2, line II) =	%
‡**Add thumb ray upper extremity amputation imp [5] ____% + hand upper extremity imp ____% =**	%
If hand region impairment is only impairment, convert upper extremity impairment to whole person impairment§ =	%

• Combined Values Chart (p. 604).   *Use Table 16-1 (digits to hand).   †Use Table 16-2 (hand to upper extremity).   §Use Table 16-3.
Courtesy of G. de Groot Swanson, MD, Grand Rapids, Michigan.

L&I AMPUTATIONS OF THE FINGERS, WRIST, HAND, ARMS AND SHOULDERS
REQUIRED WORKSHEET

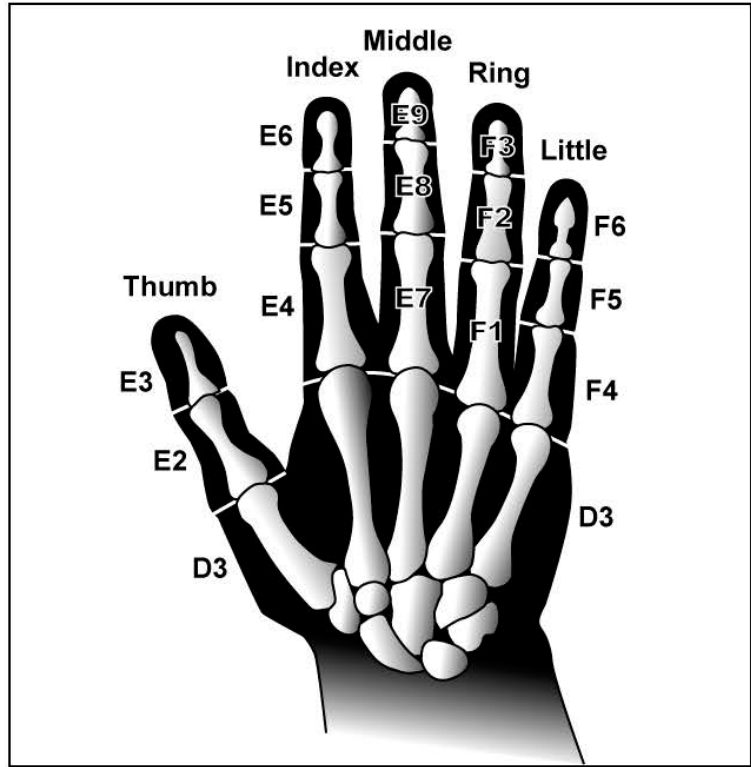| Use this page for finger amputations only Use the next page for amputations of the wrist, arms, and shoulders	Injured Worker's Name	
	Claim Number	Date

Step 1: Your findings:

INSTRUCTIONS: Use if there has been complete amputation of part or all of the hand. If there are <u>no</u> amputations, <u>do not</u> use this form. For rating actual amputations, the law RCW 51.32.080 directs the doctor to indicate the level which best describes the worker's amputation.

If a worker has BOTH amputation AND additional loss of function to an extremity, two determinations need to be made: (1) Report the actual amputation, and (2) Rate additional impairments, such as loss of sensation or range of motion, using the Fifth Edition of the AMA *Guides to the Evaluation of Permanent Impairment*. Claim managers make administrative calculations, remaining amputation value, so impairments are not counted twice.

☐ Right ☐ Left

Use a pen to mark with a line precisely where the amputation(s) is/are located.....

If both extremities are affected, you must use a separate worksheet for each extremity. Comments on graphic only:

Step 2: Additional impairment due to loss of range of motion and/or sensation (you must use the AMA Guides, Fifth Edition for this portion of the worksheet):

	Per AMA Guides, the percent impairment due to loss of:	range of motion	sensation	Combined *	*For Office Use Only*
You must attach Figure 16-1a on pages 436-437 of the AMA Guides, Fifth Edition to present your measurements and calculations.	Thumb	%	%	%	*E2*
	Index	%	%	%	*E4*
	Middle	%	%	%	*E7*
	Ring	%	%	%	*F1*
	Little	%	%	%	*F4*

* **Combined:** In this column enter total impairment due to loss of range of motion and sensation, calculated for each digit by using the Combined Values Chart on pages 604-606 of the AMA Guides Fifth Edition.

Step 3: Other impairment: ☐ There is additional impairment not reflected on this worksheet. I am attaching an additional report with my findings and rationale for my impairment rating.

Step 4: Signature: I certify that I have examined the patient, and that the above report truly and correctly sets forth my findings and opinion.

Doctor's address		ZIP+4	Provider Number
Print Drs Name	Today's date	Doctor's signature	

L&I AMPUTATIONS OF THE FINGERS, WRIST, HAND, ARMS AND SHOULDERS REQUIRED WORKSHEET

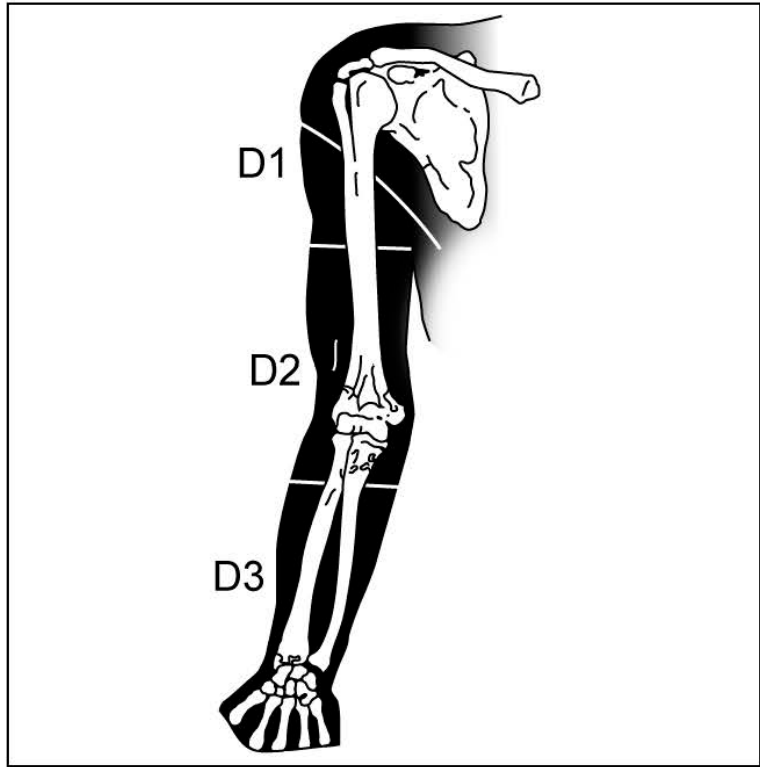| Use this page for amputations of the wrist, arms, and shoulders	Injured Worker's Name	
Use the previous page for finger amputations only	Claim Number	Date

Step 1: Your findings:

INSTRUCTIONS: Use if there has been a complete amputation of part or all of the wrist, arm, or shoulders. If there are <u>no</u> amputations, <u>do not</u> use this form. For rating actual amputations, the law RCW 51.32.080 directs the doctor to indicate the level which best describes the worker's amputation.

If a worker has BOTH amputation AND additional loss of function to an extremity, two determinations need to be made: (1) Report the actual amputation, and (2) Rate additional impairments, such as loss of sensation or range of motion, using the Fifth Edition of the AMA *Guides to the Evaluation of Permanent Impairment.* Claim managers make administrative calculations, remaining amputation value, so impairments are not counted twice.

☐ Right ☐ Left

Use a pen to mark with a line precisely where the amputation(s) is/are located.....

If both extremities are affected, you must use a separate worksheet for each extremity. Comments on graphic only:

Step 2: Additional impairment due to loss of range of motion and/or sensation (you must use the AMA Guides, Fifth Edition for this portion of the worksheet):

	Per AMA Guides, the percent impairment due to loss of:	range of motion	sensation	Combined *	*For Office Use Only*
You must attach Figure 16-1b on pages 436-437 of the AMA Guides, Fifth Edition to present your measurements and calculations.	Wrist	%	%	%	*D1*
	Elbow	%	%	%	*D1*
	Shoulder	%	%	%	*D1*
	All impairments in this section (step 2) must be expressed as a percent of the entire extremity (D1)				

* Combined: In this column enter total impairment due to loss of range of motion and sensation, calculated for each digit by using the Combined Values Chart on pages 604-606 of the AMA Guides Fifth Edition.

Step 3: Other impairment: ☐ There is additional impairment not reflected on this worksheet. I am attaching an additional report with my findings and rationale for my impairment rating.

Step 4: Signature: I certify that I have examined the patient, and that the above report truly and correctly sets forth my findings and opinion.

Doctor's address		ZIP+4	Provider Number
Print Drs Name	Today's date	Doctor's signature	

Guide to the Combination of Upper Extremity Impairments - (From Mastering the AMA Guides Fifth)

	Synovial Hypertrophy	Digital Lateral Deviation	Rotational Deformity	Subluxation Or Dislocation	Mediolateral Instability	Mediolateral Deviation	Carpal Instability	Decreased Joint Motion (ROM)	Arthroplasty	Musculo-Tendinous	Strength Evaluation	Shoulder Instability
Synovial Hypertrophy		NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
Digital Lateral Deviation	NO		NO	NO					NO		NO	
Rotational Deformity	NO	NO		NO								
Subluxation or Dislocation	NO	NO	NO					NO	NO		NO	
Mediolateral Instability	NO						NO		NO		NO	
Mediolateral Deviation	NO						NO		NO		NO	
Carpal Instability	NO				NO	NO			NO	NO	NO	
Decreased Joint Motion (ROM)	NO			NO								
Arthroplasty	NO	NO		NO	NO	NO	NO					NO
Musculo-Tendinous	NO						NO					NO
Strength Evaluation	NO	NO		NO	NO	NO	NO					NO
Shoulder Instability	NO								NO	NO	NO	

Table 17-2 Guide to the Appropriate Combination of Evaluation Methods (Lower Extremity) *Guides* page 526

	Limb Length Discrepancy	Gait Derangement	Muscle Atrophy	Muscle Strength	ROM Ankylosis	Arthritis (DJD)	Amputation	Diagnosis Based Estimates	Skin Loss	Peripheral Nerve Injury	CRPS	Vascular
Limb Length Discrepancy		NO					NO					
Gait Derangement	NO		NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
Muscle Atrophy		NO		NO		NO	NO	NO	NO	NO	See CRPS instructions	
Muscle Strength		NO	NO			NO	NO	NO		NO	See CRPS instructions	
ROM Ankylosis		NO				NO		NO			See CRPS instructions	
Arthritis (DJD)		NO	NO	NO	NO							
Amputation	NO	NO	NO	NO								
Diagnosis Based Estimates		NO	NO	NO	NO							
Skin Loss		NO	NO									
Peripheral Nerve Injury		NO	NO	NO							NO	
CRPS		NO	See CRPS instructions	See CRPS instructions	See CRPS instructions					NO		NO
Vascular		NO									NO	

NO – Do not use these methods together for evaluation a single impairment
SEE CRPS INSTRUCTIONS – See Specific Instructions for CRPS of the lower extremity

Reinisch Wilson Weier PC
LAW OFFICES