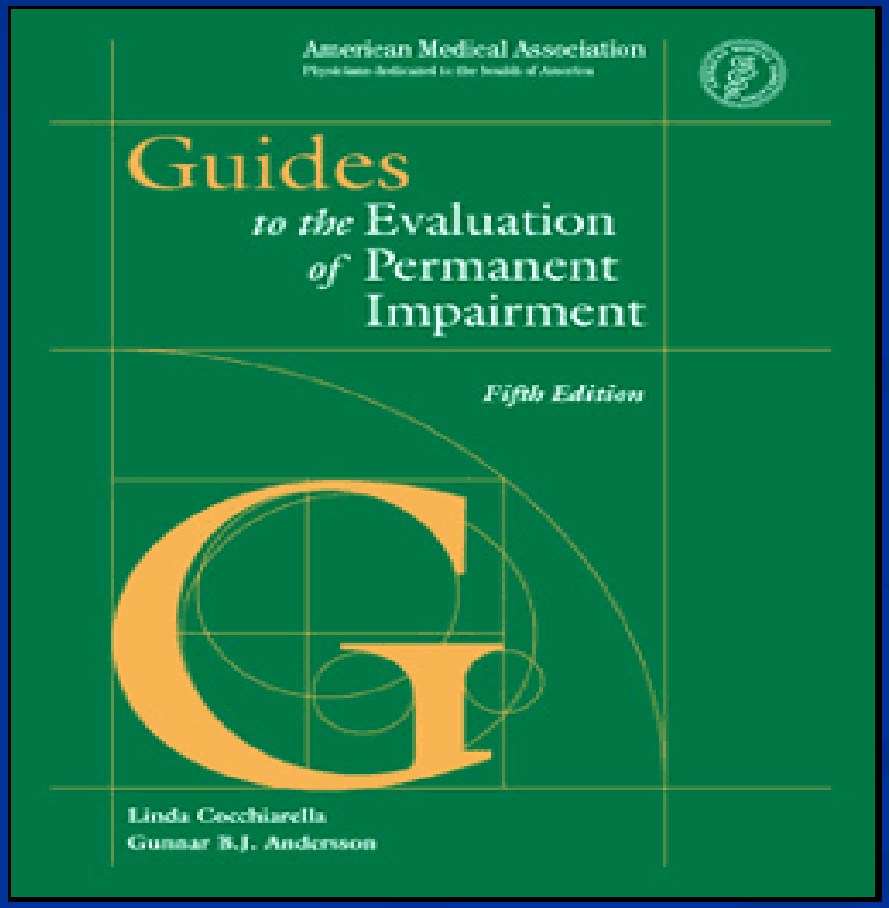
Impairment


American Medical Association
Guides
to the Evaluation
of Permanent
Impairment
Fifth Edition
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Impairment

"A loss, or loss of use, or derangement of any body part, organ system or organ function." (pg. 2)

Distinct from Disability

"Alteration of an individual's capacity to meet personal, social, or occupational demands or statutory or regulatory requirements because of an impairment."

5th Ed of "Guides"

- "Objective and reproducible methodology"
  - If the clinical findings are fully described, any knowledgeable observer may check the findings with the Guides criteria
- Provides a framework for assessing impairment
- Known inconsistencies between Chapters of 5th Edition
- See Circular 09-01; PM E-900

Subjective Concerns

Subjective concerns (e.g. fatigue, difficulty concentrating, pain) if not accompanied by clinical signs are generally not given separate impairment rating (IR).

“Empowerment Clause”

“The physician must use the entire range of clinical skill and judgment when assessing whether or not the measurement or test results are plausible and consistent with the impairment being evaluated.” “..the physician may modify the impairment accordingly and then describe and explain the reasons for the modification in writing.” (pg. 19)

No Apportionment

- Apportionment means allocating causation to multiple factors (e.g. pre-existing conditions, non-work related conditions).
- Example – COPD and Asbestosis
- E-900, Bulletin & PM pre-empts the 5th Edition.

Whole Body Impairment (WBI)

- All physical and mental impairments affect the whole person
- Regional, organ impairment is converted to WBI based on a weighting procedure (proportion of the relative importance to overall functioning, ADLs)
- Rated as a percentage

Example

- Thumb 40% of Hand
- Hand 90% of Upper Extremity
- Upper Extremity is 60% of Whole Person

MMI = Maximal Medical Improvement

- Permanent impairment
- Refers to a date from which further recovery or deterioration is not anticipated.
- “well stabilized” unlikely to substantially change in the next year.
- “Good as it’s going to get”

Combine – Don’t Add

If multiple conditions in multiple organ systems, “combine” - don’t add (pg. 604)

Activities of Daily Living (excluding work)

Table 1-2	
Activities of Daily Living Commonly Measured in Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) Scales	
Activity	**Example**
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**

Specific tables

- Specific tables – provide broad ranges of impairment with a “class”
- Use “Interpolation”
- Use ADLs and clinical judgment

Table 5-12 Impairment Classification for Respiratory Disorders, Using Pulmonary Function and Exercise Test Results*

Pulmonary Function Test	Class 1 0% Impairment of the Whole Person	Class 2 10%-25% Impairment of the Whole Person	Class 3 26%-50% Impairment of the Whole Person	Class 4 51%-100% Impairment of the Whole Person
FVC	Measured FVC ≥ lower limit of normal (see Tables 5-2b and 5-3b) ***and***	≥ 60% of predicted and < lower limit of normal ***or***	≥ 51% and ≤ 59% of predicted ***or***	≤ 50% of predicted ***or***
FEV_1	Measured FEV_1 ≥ lower limit of normal (see Tables 5-4b and 5-5b) ***and***	≥ 60% of predicted and < lower limit of normal ***or***	≥ 41% and ≤ 59% of predicted ***or***	≤ 40% of predicted ***or***
FEV_1/FVC	FEV_1/FVC ≥ lower limit of normal† ***and***			
Dco	Dco ≥ lower limit of normal (see Tables 5-6b and 5-7b) ***or***	≥ 60% of predicted and < lower limit of normal ***or***	≥ 41% and ≤ 59% of predicted ***or***	≤ 40% of predicted ***or***
$\dot{V}o_2max$	$\dot{V}o_2max$ ≥ 25 mL/(kg•min) ***or*** > 7.1 METS	≥ 20 and < 25 mL/(kg•min) ***or*** 5.7-7.1 METS	≥ 15 and < 20 mL/(kg•min) ***or*** 4.3 to < 5.7 METS	< 15 mL/(kg•min) ***or*** < 1.05 L/min ***or*** < 4.3 METS

*FVC indicates forced vital capacity; FEV_1, forced expiratory volume in the first second; Dco, diffusing capacity for carbon monoxide; $\dot{V}o_2max$, maximum oxygen consumption; and METS, metabolic equivalents (multiples of resting oxygen uptake). Dco is primarily of value for persons with restrictive lung disease. In classes 2 and 3, if FVC, FEV_1, and FEV_1/FVC are normal and Dco is between 41% and 79%, then an exercise test is required to determine level of impairment.

†Refer to Crapo RO, Morris AH, Gardner RM for the lower limit of normal for FEV_1/FVC.[2]

Crapo et al. for PFTs

- Various sets of “Predicted” or “Expected”
  - FVC, FEV and DLCO values
  - AMA relies of data from Crapo et al.
  - Some centers use other standards

High Ratings

- Cancers – Lung Ca Section 5.9 (table 5-11)
  - If >1 yr post dx, then 50-100%
- “Terminal” p 5 (not defined)
- Extreme limitations ADLs
  - “..very severe organ or body impairment requiring the individual to be fully dependent on others for self-care, approaching death.”
  - p 5, Guides

Mental Impairment

- Must be related to a neurological condition
- Usually related to heavy metals or solvents
- E-900

Musculoskeletal Impairment

Detailed guidance for musculoskeletal disorders (upper, lower extremities and spine), however guidance is generally limited detailed for IR of chronic disease or metastatic cancer.

Breast Cancer

- mastectomy – DMC Handbook (max of 5%)
- pain (up to 3%) (Ch 18)
- “burden of treatment” (1-3%) (p 20)
- skin disfigurement (table 8-2)
- loss of function of upper extremity (Ch 16)
- neurological complications (Ch 13)
- Lymphedema – blood vessels

When Claimant Denies Treatment

If a claimant declines treatment, rate them as they are.

DMC's & Impairment

- Not all DMCs can perform IR – must be "qualified"
- Specify organ system (e.g. pulmonary, heme, neurologic)
- If multiple organ systems or cancer specify "whole body"
- DMC referral form – only check one option

What we have learned

- Definition of impairment and how if differs from disability.
- Definitions of apportionment, whole body impairment and MMI.
- Importance of ADLs in impairment assessment.
- Importance of table 5-12 and how “interpolation” works.
- Concept of “Crapo units” in pulmonary impairment assessments.

What we have learned

- Which conditions receive very high ratings.
- Limitations of the 5th edition of the AMA guides in assessing cancer and chronic diseases.
- How impairments are combined and not added.
- How to request an impairment assessment from a DMC.

Questions