

AMA Guides to Evaluation of Permanent Impairment – Sixth Edition

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History of the *Guides*

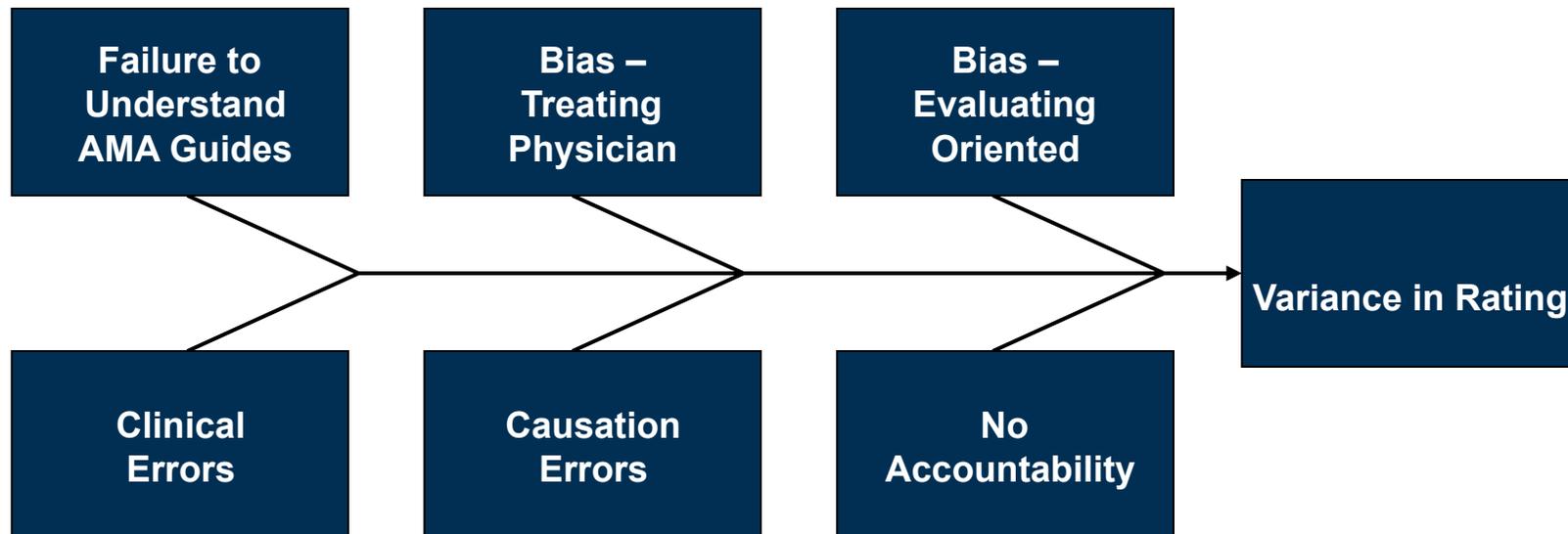
1958-1971-1984-1988-1990-1993-2000-2007



Impairment – In Perspective

- Impairment is a problem in body function or structure such as a significant deviation or loss-*Guides Sixth*
- Goal of *Guides* is to provide a standardized, objective approach to evaluating medical impairment via a more valid and reproducible framework thereby increasing inter-rater reliability
- The World Health Association (WHO) developed a comprehensive model of disablement, the International Classification of Functioning, Disability and Health (ICF). The Sixth Edition is modeled after ICF and reflects the current standard; responding to opportunities for improvement from prior Editions.
- Relevance of the impairment rating is to fix the diagnosis at the point of MMI and enable the patient to exit the system and return to work
- Impairment is only one aspect of the disability model

Cause of Variance in Impairment Ratings

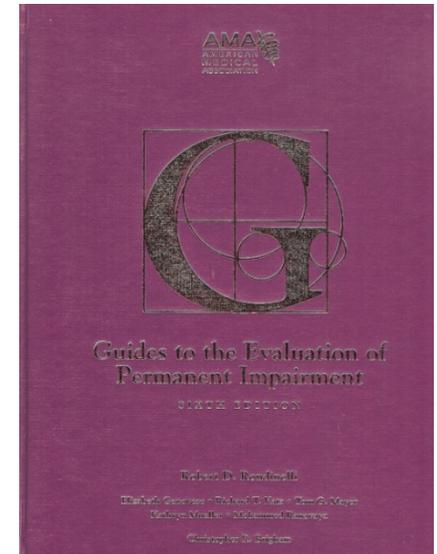


Sixth Edition Features

- A standardized approach across organ systems and chapters
- Conceptual framework of the International Classification of Functioning, Disability and Health
- Focus on Diagnosis-based Impairments (DBI)
- Precise documentation of functional outcomes, physical findings, and clinical test results, as modifiers of impairment severity
- Improved overall internal consistency
- Increased transparency and precision of the impairment ratings
- Improved physician inter-rater reliability

Sixth Edition's purpose

- Provide a comprehensive, valid, reproducible, unbiased, and evidence-based rating system
- Incorporate principles consistent with clinical care
 - (eg treatment, including surgery, should improve function)
- Demonstrate improved inter-rater reliability
- Recognize and incorporate advances in medical care
 - which impact impairment ratings
- Decrease the degree of errors in impairment ratings



Impact on Ratings

- Changes in rating values:
 - Provides impairment ratings for conditions not previously ratable, yet resulting in loss
 - Does not provide additional impairment for surgery (and other therapies intended to improve function) and thus decrease impairment
 - Adjusts for improved functional results (i.e. joint replacements)
 - Soft tissue injuries without ratable criteria (in certain situations may result in mild rating)

Five Axioms of the Sixth Edition

1. Adopt the terminology, definitions and conceptual framework of disablement as put forward by the International Classification of Functioning, Disability and Health (ICF) (WHO, 2001) in place of the outdated ICIDH terminology (WHO, 1980)
2. Become more evidence-based
3. Wherever/whenever evidence-based criteria are lacking, give higher priority to simplicity and ease of application
4. Stress conceptual and methodological congruity within and between organ system ratings
5. Provide rating percentages that are functionally-based whenever possible

Impairment Rating Considerations

1. What is the problem?
2. What difficulties are reported?
3. What are the exam findings?
4. What are the results of the clinical studies?



Diagnosis-Based Impairment Classes

- Class 0: No objective problem
- Class 1: Mild problem
- Class 2: Moderate problem
- Class 3: Severe problem
- Class 4: Very severe problem

Vast majority of impairment ratings are based on diagnosis-based impairments, with adjustments (as applicable) for function, physical examination and clinical studies

Sixth Edition: Summary

Diagnosis-Based Impairment

	Grid	Class 0	Class 1	Class 2	Class 3	Class 4
Diagnosis / Criteria	Table 17-6	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem

Adjustment Factors – Grade Modifiers

Non-Key Factor	Grid	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
Functional History	Table 17-6	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Physical Exam	Table 17-7	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Clinical Studies	Table 17-8	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem

Comparison of *Guides Fourth, Fifth and Sixth Editions* by Brigham et al¹ and Bonner²

- 200 cases were assessed
- 279 diagnoses were associated with these cases
- Average whole person impairment (WPI) per case was
 - 5.5% WPI in Fourth Edition
 - 6.3% WPI in Fifth Edition
 - 4.82% WPI in Sixth Edition
- The analysis revealed a statistically significant difference between average whole person impairment ratings when comparing the Sixth Edition with the Fifth Edition, but not when comparing the Sixth Edition results with those of the Fourth Edition

1 Brigham CR, Uejo C, Dilbeck L, Uehlein WF. Impairment Ratings: Observations Based on Review of More Than 6,000 Cases. *Guides Newsletter*. March / April 2010, 1.

2 Bonner RE. Presentation on Key Trends in National Medical Programs at Workers' Compensation Institute, Orlando, Florida, August 20, 2012.

Comparison of *Guides Fourth, Fifth and Sixth Editions* by Brigham et al¹ and Bonner² (cont)

- Significant incidence of inconsistent ratings with use of *Fifth Edition* methodology
 - Lumbar strain or sprain was inconsistently rated with *Guides Fifth* methodology using DRE Lumbar Category II with a 5-8% rating
 - Comparing falsely elevated impairment ratings from the *Fifth Edition* with an accurate rating in the *Sixth Edition* will incorrectly result in findings of a decrease in ratings
- High error rate seen among *Fifth Edition* ratings and these errors most often result in a higher than appropriate rating
- The observed error rate in the *Sixth Edition* is lower and the magnitude of the differences is smaller

Comparison of *Guides Fourth, Fifth and Sixth Editions* by Brigham et al¹ and Bonner² (cont.)

- The most meaningful changes in impairment values of the *Sixth Edition* are for spine-related diagnoses, particularly for fusions in the cervical and lumbar spine and the deletion of ROM and surface inclinometry
 - Surgical intervention intended to improve condition
 - ROM and surface inclinometry lack validity, reliability, reproducibility and ease of application

Physician Feedback to Sixth Edition

- More reasonable impairment values
- Clearer process
- Internally consistent
- More reliable
- Ease of application
- Less likelihood of errors
- Less likelihood of litigation

Future

- Refinement of approaches piloted in the *Sixth Edition*
- Use of best practice approaches and guidelines which are evidence-based
- Recognition and management of root causes for variable ratings – and ultimately needless impairment and disability (with associated human and financial costs)
- Further refinement of DBI methodology with improved focus on functionality will enable improved validity of ratings, and will serve to promote enablement of patients as well as fair and proper recognition of their disablement

Who is Currently Using the AMA Guides Sixth?

- Alaska
- Arizona
- Connecticut*
- District of Columbia
- Indiana**
- Illinois
- Louisiana
- Mississippi
- Montana
- New Mexico
- South Dakota
- North Dakota
- Pennsylvania
- Puerto Rico
- Rhode Island
- Tennessee
- Wyoming
- The Department of Labor's Division of Federal Employees' Compensation Act
- Longshore and Harbor Workers' Compensation Act
- **9 Canadian provinces**
- **3 Canadian territories**
- **International**
- Australia
- Hong Kong
- Korea
- New Zealand
- South Africa
- The Netherlands

*The State of Connecticut allows the use of the Fourth, Fifth, or Sixth editions. However the Connecticut Medical Society recommends the use of the current edition.

** The use of AMA Guides in Indiana is not required, but using the most current edition is recommended by the state.

