

**American Board of Independent Medical Examiners
And
American College of Independent Medical Examiners
presents**

**Introduction to AMA Guides to the
Evaluation of Permanent Impairment 6th ed**

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Evaluation of Permanent Impairment 6th ed**

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Objectives Welcome!

- ✓ **New Concepts of the AMA Guides 6th ed.**
- ✓ **Impairment Vs. Disability**
- ✓ **Methodology of the Guides**



AMA6- Fundamental Purpose

The Fundamental purpose of the **Guides** is to provide concepts, definitions, and rules to evaluate patients with injuries or illnesses and to translate this evaluation into an impairment number to assist legal and other compensation systems to calculate monetary award .

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AMA Guides HISTORY



Guides history spans over 5 decades.

- ✓ **1956** - AMA board of trustees created ad hoc committee on medical rating of physical impairment.
- ✓ **Objective:**
Establish a series of practical guides for rating of physical impairment of the various body systems.

AMA Guides HISTORY



1958-1970

A series of 13 "guides to the evaluation of permanent impairment' were Published in the JAMA

History of the *Guides*

- ✓ 1956 - ad hoc committee
- ✓ 1958-1970 - 13 publications in JAMA
- ✓ 1971 - First Edition
- ✓ 1981 - established 12 expert panels
- ✓ 1984 - Second Edition
- ✓ 1988 - Third Edition
- ✓ 1990 - Third Edition-Revised
- ✓ 1993 - Fourth Edition (4 printings)
- ✓ 2000 – Fifth Edition (November 2000)
- ✓ 2008– Sixth Edition

JAMA Feb 15, 1958
The Musculoskeletal System

12 other “Guides” published over the next 12 years in Issues of JAMA.

A GUIDE
TO THE EVALUATION
OF PERMANENT IMPAIRMENT
OF THE EXTREMITIES
AND BACK
—
BY
THE COMMITTEE ON MEDICAL RATING
OF PHYSICAL IMPAIRMENT

SPECIAL EDITION
THE JOURNAL
OF THE
AMERICAN MEDICAL ASSOCIATION
FEBRUARY 15, 1958

5th Edition - 2000

“It is strongly recommended that physicians use this latest edition, the fifth edition, when rating impairment.”

Chapter 1, Page 2
Continued spinal range of motion & chapters with disparate methods for each body part





AMA Guides to the Evaluation of Permanent Impairment --Purpose

From its inception, the goal of the *Guides* has been to provide a **standardized, objective** approach to evaluating medical impairment. AMA6 is a continuation of that trend

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AMA Guides to the Evaluation of Permanent Impairment --Purpose

- ✓ The *Guides* is written by medical doctors for other medical doctors as a tool to translate human pathology resulting from a trauma or disease process into percent of the whole person impairment.
- ✓ This is achieved using criteria that are consistent with the pathology.

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AMA Guides to the Evaluation of Permanent Impairment --Purpose

- ✓ Goal is to achieve *objective* and *reproducible* data
- ✓ Minimize adversarial situations



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A Medically Oriented System

- ✓ Decrease the amount of disagreement for the same condition – therefore the number of choices for a specific condition are limited
- ✓ Assure the impairments across chapters are uniform
- ✓ Decrease training time for raters



IMPAIRMENT RATING GUIDES

Universally 3 Basic approaches to Rating impairment:

- *Anatomic*
- *Functional*
- *Pathology*

 **AMA Guides to the Evaluation of Permanent Impairment**

How Widely Accepted are Guides?

- ✓ In USA, 90% of states and territories, *Guides* are either recommended or mandated for use by Workers' Comp law.
- ✓ Referring sources may request the use of guides in other than Workers' Comp Cases.

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 **Use of the Guides**
International Use of the *Guides*

- ✓ The past 2 decades have also seen the increased use of the *Guides* in jurisdictions outside the United States.
- ✓ Use of the *Guides* in personal injury claims, MVA in Australia, New Zealand, Canada, South Africa etc.

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 **AMA Guides to the Evaluation of Permanent Impairment**
International Use

- ✓ North America
- ✓ European countries
- ✓ Australia
- ✓ New Zealand
- ✓ South Africa



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AMA GUIDES 6th ed.
FRAMEWORK
17 Chapters and 634 pages

The Must reading of the *Guides*:
Chapter 1 – Conceptual Foundation
and Philosophy
Chapter 2 - Practical Application of
the *Guides*

*These chapters outline the Key principles
and concepts applied in impairment ratings
of all human systems using the **Guides**.*



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FRAMEWORK
17 Chapters and 634 pages

The most used Chapters
Chapter 15- The Upper Extremities
Chapter 16- The Lower Extremities
Chapter 17- The Spine



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Beyond Musculoskeletal Systems:
Chapter 3 – Pain Impairment
Chapter 4 - Cardiovascular System
Chapter 5 - The Respiratory System
Chapter 6- The Digestive System
Chapter 7- The Urinary & Reproductive



AMA GUIDES 6th ed.
FRAMEWORK
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Beyond Musculoskeletal Systems:

- Chapter 8- The Skin
- Chapter 9- The Hematopoietic System
- Chapter 10- The Endocrine System
- Chapter 11- Ear, Nose, Throat



AMA GUIDES 6th ed.
FRAMEWORK
17 Chapters and 634 pages

Beyond Musculoskeletal Systems:

- Chapter 12- The Visual System
- Chapter 13- The Central and Peripheral Nervous System
- Chapter 14- Mental and Behavioral Disorders



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FRAMEWORK
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The other essential areas of the Guides

- ▼ Appendices:
 - Combined Values Chart pages 604-606
 - Burden of treatment Scoring Page 607
- ▼ Glossary, pages, 609-615

AMA6 Definitions:

✔ Impairment – a significant deviation, loss, or loss of use, of any body structure or body function in an individual with a health condition, disorder or disease

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AMA6 Definitions:

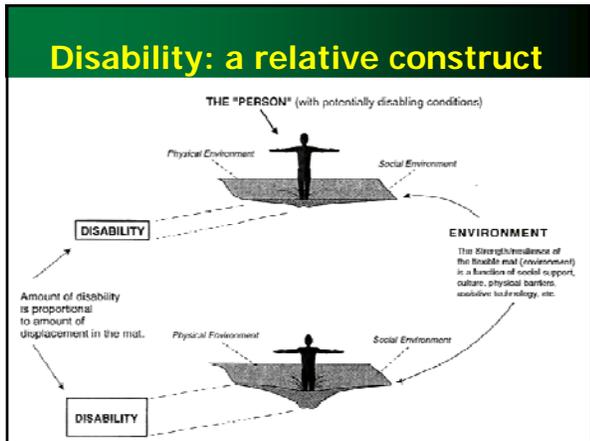
✔ Disability – activity limitation and/or participation restriction in an individual with a health condition, disorder or disease

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Impairment
≠
Disability





What is the relevance of an Impairment Rating?

- ✓ “Fix” the Maximum degree of Medical improvement status-- **MMI**
- ✓ Enable case closure when exiting the stage of “temporary disablement”
- ✓ Diagnostic and taxonomic classification as segue to recognition of long-term disablement
 - compensation & accommodation
 - apportionment

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What is the Maximum degree of Medical Improvement?

- ✔ *Maximum Medical Improvement (MMI)* refers to a status where patient is as good as he/she is going to be from the medical and surgical treatment available to them.
- ✔ MMI - a point in time in the recovery process after an injury when further formal medical or surgical intervention cannot be expected to improve the underlying impairment.

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Use of the *Guides* When are Impairment Ratings Performed?

Only permanent impairment may be rated according to the *Guides*, and only after the status of (MMI) "Maximum Medical Improvement" is determined,

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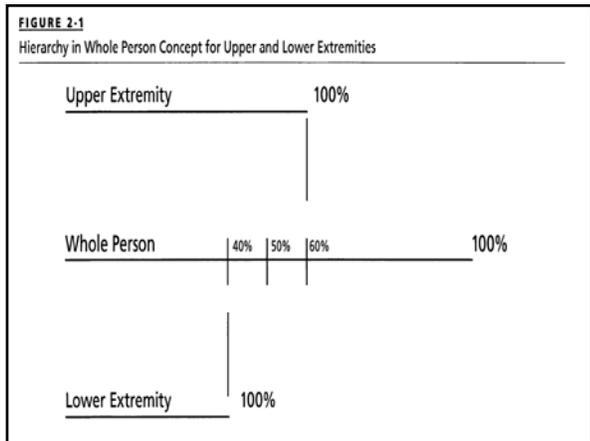
The Organ System and Whole Body Approach to Impairment (Sec. 2.2, pg. 21, AMA Guides, 6th Edition)

AMA GUIDES 6th ed- Key Principles
Whole Person Concept

The *Guides'* impairment ratings reflects the severity of the organ or body system impairment and the resulting *functional limitations of the whole person.*



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Organ System and Whole Body Approach to Impairment Ratings

Various organ system impairments in the same individual can be accounted for with one numerical value by using the **Combined Values Chart** (Pg.604), which enables the physician to account for the effects of multiple impairments with a summary value.

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Organ System and Whole Body Approach to Impairment Ratings The Combined Values Concept

The method of combining impairments is based on the idea that a second or a succeeding impairment should apply not to the whole but only to the part that remains after the first and other impairments have been applied.

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Appendix A. Combined Values Chart

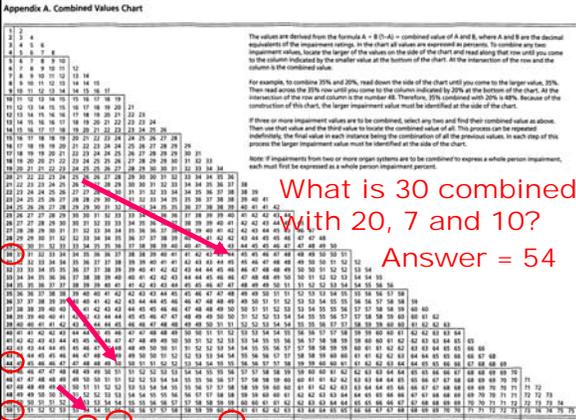
The values are derived from the formula $A + B(1-A)$ = combined value of A and B, where A and B are the decimal equivalents of the impairment ratings. In the chart all values are expressed as percents. To combine two impairment ratings, locate the larger of the values on the side of the chart and read along that row until you come to the column indicated by the smaller value at the bottom of the chart. At the intersection of the row and the column is the combined value.

For example, to combine 30% and 20%, read down the side of the chart until you come to the larger value, 30%. Then read across the 30% row until you come to the column indicated by 20% at the bottom of the chart. At the intersection of the row and column is the number 42. Therefore, 30% combined with 20% is 42%. Because of the construction of this chart, the larger impairment value must be identified at the side of the chart.

If three or more impairment values are to be combined, select any two and find their combined value as above. Then use that value and the third value to locate the combined value of all. This process can be repeated indefinitely, the final value in each instance being the combination of all the previous values. In each step of this process the larger impairment value must be identified at the side of the chart.

Note: If impairments from two or more organ systems are to be combined to express a whole person impairment, each must first be expressed as a whole person impairment percent.

What is 30 combined with 20, 7 and 10?
Answer = 54





AMA6 Underlying Methodology

Typically four considerations:

- (1) What is the problem (Diagnosis)?
- (2) What difficulties the patient report?
- (3) What are the examination findings?
- (4) What are the clinical studies results?

The above inquiry essentially sums up the AMA6 impairment Methodology

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ADJUSTMENT FACTORS WITHIN GRID

- Functional Status
- Physical Exam
- Clinic Studies – imaging, EMG, etc.
- **Only** allow change within that class

A B **C** D E



Lumbar Strain



- ✓ A = 0
- ✓ B = 1
- ✓ C = 2
- ✓ D = 3
- ✓ E = 3

✓ If the patient had returned to normal, % decrease from 2 to 0 based on good physical exam, no study findings and good function

AMA6 SUMMARY

- ✓ Diagnosis Based Impairment rating
- ✓ Allows ADL's (activities of daily living) and IADL's (instrumental ADLs)
- ✓ Applies Internal Grading
- ✓ Allows Net Adjustment
- ✓ Permits More Use of Special Tests
- ✓ Greater Rater Reliability
- ✓ Requires Applied Medical Knowledge



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Thank You

Questions?
