

Sixth Edition of the AMA Guides: New Standard for Longshore and Harbor Worker Act Cases

Sixth Edition of the AMA Guides:
The New Standard for Longshore and Harbor Workers Act Cases

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AMA
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Guides to the Evaluation of Permanent Impairment
 SIXTH EDITION

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Six Editions

1970	1980	1990	2000	2010		
1 st 1971	2 nd 1984	3 rd 1988	3 rd R 1990	4 th 1993	5 th 2000	6 th 2007

Criticisms of Prior Editions

- Failure to provide a comprehensive, valid, reliable, unbiased, and evidence-based rating system.
- Impairment ratings did not adequately or accurately reflect loss of function.
- Numerical ratings were more the representation of “legal fiction than medical reality.”

Recommended changes

- Standardize assessment of Activities of Daily Living (ADL) limitations associated with physical impairments.
- Apply functional assessment tools to validate impairment rating scales.
- Include measures of functional loss in the impairment rating.
- Improve overall intrarater and interrater reliability and internal consistency.

What are the findings based on expert review?

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Extensive data collected

The screenshot displays a sample case report from the 6th Edition of the AMA Guides. It includes fields for Case No., Date of Injury, Age, Sex, and Date of Report. Below the case information, there is a 'Contents of Report' section with a table of 'Impairment Components by Diagnosis'. The table lists various diagnoses such as 'L5/S1 DISC HERNIATION', 'C6/7 DISC HERNIATION', and 'C5/6 DISC HERNIATION', along with their respective ICD-9 codes, original ratings, corrected ratings, and final ratings.

Most Ratings Are Incorrect and Inflated

- Result of Reviews
 - Report: Feedback, Negotiation, Evidence
 - Data Analysis: Profiling Diagnoses and Physicians
- Conclusions
 - Most impairment ratings erroneous (undeniable errors, yet errors typically not identifiable by physicians, claims professionals or attorneys)
 - Vast majority of ratings too high
- Impairment Rating Integrated Solutions
 - Many clients provide all ratings for review with the result of a several fold return on investment

Comparison of original vs. corrected ratings

The scatter plot shows the relationship between 'Original Rating WPI %' on the x-axis and 'Expert Rating WPI %' on the y-axis. Both axes range from 0 to 100. The data points are densely clustered along the diagonal line (y=x), indicating that the expert ratings are highly consistent with the original ratings. There is a clear upward trend, suggesting that as the original rating increases, the expert rating also increases, often reaching 100%.

Five New Axioms with Sixth Edition

1. Adopt methodology of International Classification of Functioning, Disability and Health (ICF)
2. Become more diagnosis-based, with diagnoses being evidence based
3. Give priority to simplicity and ease
4. Ratings functionally based, to the fullest practical extent possible
5. Stress conceptual and methodological congruity

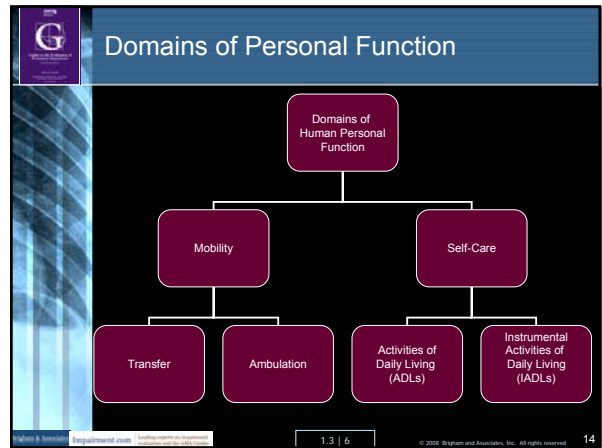
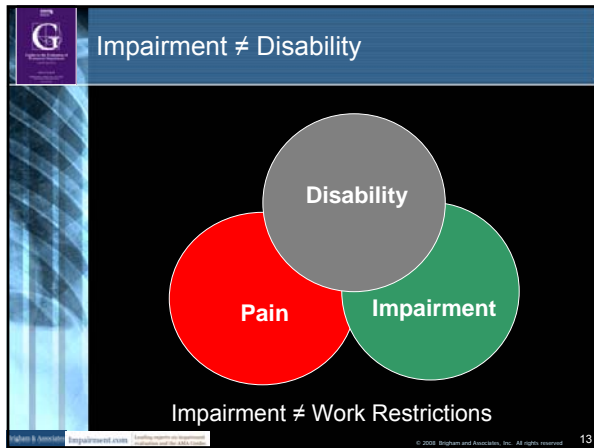
International Classification of Functioning, Disability and Health - ICF

The diagram illustrates the ICF model. At the top is 'Health Condition (disorder/disease)'. Below it are three interconnected components: 'Body function & structure (Impairment)', 'Activities (Limitation)', and 'Participation (Restriction)'. These three components are linked by double-headed arrows. Below these components are 'Environmental Factors' and 'Personal Factors', which are also linked by a double-headed arrow. Arrows point from the Environmental and Personal Factors up to the Body function, Activities, and Participation components.

Application / Advantages

- Acknowledges complex and dynamic interactions
- Designed to enabling in its approach
- Inclusive in dealing with personal and environmental determinants
- International appeal

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- ### 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
- 1.8 | 11 - 16
- 15

Sample Impairment Functional Classification (Table 1-4, 6th ed., 11)

Functional Class	Impairment
0	No symptoms with strenuous activity (independent)
1	Symptoms with strenuous activity; no symptoms with normal activity (independent)
2	Symptoms with normal activity (independent)
3	Symptoms with minimal activity (partially dependent)
4	Symptoms at rest (totally dependent)

1.8 | 11 - 16

16

Generic Template for Impairment Classification Grids (6th ed, 13)

Class	Class 0	Class 1	Class 2	Class 3	Class 4
RANGES	0%	Minimal %	Moderate %	Severe %	Very Severe %
GRADE		A B C D E	A B C D E	A B C D E	A B C D E
History of Clinical Presentation	Normal	Mild	Moderate	Severe	Very Severe
Physical Examination	Normal	Mild	Moderate	Severe	Very Severe
Clinical Studies or Objective Test Results	Normal	Mild	Moderate	Severe	Very Severe
Functional History	Normal	Mild	Moderate	Severe	Very Severe
Burden of Treatment Compliance					

1.8 | 11 - 16

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- ### Musculoskeletal Approach
- Diagnosis-Based Impairment Regional Grid
 - Key Factor
 - Defines Class and Impairments
 - Adjustment Grids – Grade Modifiers
 - Functional History
 - Physical Examination
 - Clinical Studies
- 1.8 | 11 - 16
- 18

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Extremity Grids

Diagnostic Criteria	Class 0	Class 1	Class 2	Class 3	Class 4
RANGES	0%	1% - 13%	14% - 25%	26% - 49%	50% - 100%
GRADE		A B C D E	A B C D E	A B C D E	A B C D E
Soft Tissue					
Dx xxxxxx	No significant objective findings	##### xxxxxxxxx xxxxxxxxx	##### xxxxxxxxx xxxxxxxxx	##### xxxxxxxxx xxxxxxxxx	##### xxxxxxxxx xxxxxxxxx
Muscle / Tendon					
Dx xxxxxx	No significant objective findings	##### xxxxxxxxx xxxxxxxxx	##### xxxxxxxxx xxxxxxxxx	##### xxxxxxxxx xxxxxxxxx	##### xxxxxxxxx xxxxxxxxx
Ligament / Bone / Joint					
Dx xxxxxx	No significant objective findings	##### xxxxxxxxx xxxxxxxxx	##### xxxxxxxxx xxxxxxxxx	##### xxxxxxxxx xxxxxxxxx	##### xxxxxxxxx xxxxxxxxx

Diagnosis-Based Impairment Regional Grid

Diagnostic Criteria	Class 0	Class 1	Class 2	Class 3	Class 4
RANGES	0%	1% - 13%	14% - 25%	26% - 49%	50% - 100%
GRADE		A B C D E	A B C D E	B C D E	A B C D E
		##### ↑ Default	##### ↑ Default	##### ↑ Default	##### ↑ Default

Diagnosis-Based Impairment Adjustment Grid: Summary

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

Example: Triangular Fibrocartilage Tear

Diagnosis-Based Impairment

Grid	Class 0	Class 1	Class 2	Class 3	Class 4
Diagnosis	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 15-3	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Physical Exam	Table 15-8	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Clinical Studies	Table 15-9	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem

Net Adjustment Formula

- CDX = Class of Diagnosis (Regional Grid)
- GMFH = Grade Modifier for Functional History
- GMPE = Grade Modifier for Physical Exam
- GMCS = Grade Modifier for Clinical Studies

$$\text{Net Adjustment} = (\text{GMFH} - \text{CDX}) + (\text{GMPE} - \text{CDX}) + (\text{GMCS} - \text{CDX})$$

Net Adjustment Formula

Adjustment	-2	-1	0	1	2
Grade	A	B	C	D	E

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Example: Triangular Fibrocartilage Tear

Diagnosis-Based Impairment

Grid	Class 0	Class 1	Class 2	Class 3	Class 4
Diagnosis Table 15-3	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 15-7	No problem	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Physical Exam Table 15-8	No problem	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Clinical Studies Table 15-9	No problem	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem

Table 15-3 Wrist Regional Grid (6th ed, 396)

Diagnostic Criteria	Class 0	Class 1	Class 2	Class 3	Class 4
RANGES	0%	1% - 13%	14% - 25%	26% - 49%	50% - 100%
GRADE		A B C D E	A B C D E	A B C D E	A B C D E
Ligament / Bone / Joint					
Triangular fibrocartilage complex (TFCC) Tear	No residual findings: +/- surgical treatment	6 7 8 9 10 Documented TFCC injury +/- surgery with residual findings			

Example 2: Triangular Fibrocartilage Tear

Diagnosis-Based Impairment

Grid	Class 0	Class 1	Class 2	Class 3	Class 4
Diagnosis Table 15-3	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 15-7	No problem	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Physical Exam Table 15-8	No problem	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Clinical Studies Table 15-9	No problem	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem

Table 15-3 Wrist Regional Grid (6th ed, 396)

Diagnostic Criteria	Class 0	Class 1	Class 2	Class 3	Class 4
RANGES	0%	1% - 13%	14% - 25%	26% - 49%	50% - 100%
GRADE		A B C D E	A B C D E	A B C D E	A B C D E
Ligament / Bone / Joint					
Triangular fibrocartilage complex (TFCC) Tear	No residual findings: +/- surgical treatment	6 7 8 9 10 Documented TFCC injury +/- surgery with residual findings			

Example 3: Triangular Fibrocartilage Tear

Diagnosis-Based Impairment

Grid	Class 0	Class 1	Class 2	Class 3	Class 4
Diagnosis Table 15-3	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem

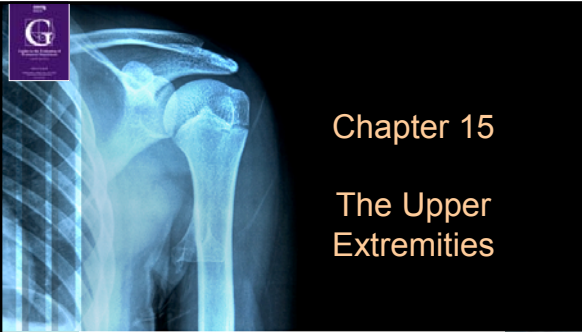
Adjustment Factors – Grade Modifiers

Non-Key Factor	Grid	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
Functional History Table 15-7	No problem	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Physical Exam Table 15-8	No problem	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Clinical Studies Table 15-9	No problem	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem

Table 15-3 Wrist Regional Grid (6th ed, 396)


Diagnostic Criteria	Class 0	Class 1	Class 2	Class 3	Class 4
RANGES	0%	1% - 13%	14% - 25%	26% - 49%	50% - 100%
GRADE		A B C D E	A B C D E	A B C D E	A B C D E
Ligament / Bone / Joint					
Triangular fibrocartilage complex (TFCC) Tear	No residual findings: +/- surgical treatment	6 7 8 9 10 Documented TFCC injury +/- surgery with residual findings			

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Chapter 15 The Upper Extremities

AMA Guides
to the Evaluation of Permanent Impairment
Sixth Edition



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Fifth Edition Rating Errors

- Inadequate examination - not comparing to opposite extremity
- Unreliable findings (especially motion, strength and sensory)
- Misapplication of criteria
- Rating for non-verifiable CRPS
- Rating strength loss
 - “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.” (5th ed., 508)

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Fifth Edition Ratings - Examples

ICD-9	Diagnosis	Original	Corrected	Cases
726.32	Lateral Epicondylitis	12% UEI	1% UEI	41
354.0	Carpal Tunnel Syndrome	17% Hand	5% Hand	187

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Sixth Edition – Chapter 15

- 15.1 Principles of Assessment
- 15.2 Diagnosis-Based Impairment
- 15.3 Adjustment Grid and Grade Modifiers: Non Key Factors
- 15.4 Peripheral Nerve Impairment
- 15.5 Complex Regional Pain Syndrome Impairment
- 15.6 Amputation Impairment
- 15.7 Range of Motion Impairment
- 15.8 Summary

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Introduction

- Regions
 - Digit / Hand
 - Wrist
 - Elbow
 - Shoulder
- Upper Extremity = Upper Limb
- Assessment
 - Soft tissue
 - Skeletal structures
 - Joints
 - Peripheral nervous system

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Changes

1. International Classification of Functioning, Disability and Health (ICF) Method used as common basis for description of human function and impairments.
2. Principles of assessment simplified and clarified.
3. Specific diagnosis-based rating tables (grids) for most common injuries and diagnoses added.
4. Physical examination simplified.

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Changes

- 5. Functional assessment is provided through focused history-taking, including information about Activities of Daily Living (ADLs) and a functional assessment too (*QuickDASH*).
- 6. Criteria for complex regional pain syndrome (CRPS) updated
- 7. Upper Extremity Impairment Evaluation Record provided

15.1 Principles of Assessment


- Defines standards
- Anatomic, diagnostic and functional bases for determining impairment
- Four regional grids with 5 classes, and 3 major categories:
 - Soft Tissue
 - Muscle / tendon
 - Ligament / bone / joint
- Impairment class defined by key factor and grade modified by non-key factors (functional history, physical examination, clinical studies)

Table 15-1 Definition of Impairment Classes and Impairment Ranges (6th ed, 385)

Class	Problem	Upper Extremity (UEI)	Whole Person (WPI)
0	No objective findings	0% UEI	0%
1	Mild	1% - 13% UEI	1% - 8% WPI
2	Moderate	14% - 25% UEI	8% - 15% WPI
3	Severe	26% - 49% UEI	16% - 29% WPI
4	Very Severe	50% - 100% UEI	30% - 60% WPI

15.2 Diagnosis-Based Impairment

15.3 Adjustment Grid and Grade Modifiers: Non Key Factors



15.2 Diagnosis-Based Impairment

- 15.2a Diagnosis-Based Impairment Class Assignment: Regional Grids
- 15.2b Thumb / Finger / Hand
- 15.2c Wrist
- 15.2d Elbow
- 15.2e Shoulder

Diagnosis-Based Impairment Regional Grids

- Table 15-2 Digit
- Table 15-3 Wrist
- Table 15-4 Elbow
- Table 15-5 Shoulder

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Extremity Grids

Diagnostic Criteria	Class 0	Class 1	Class 2	Class 3	Class 4
RANGES	0%	1% - 13%	14% - 25%	26% - 49%	50% - 100%
GRADE	A B C D E	A B C D E	A B C D E	A B C D E	A B C D E
Soft Tissue					
Dx xxxxxxx	No significant objective findings	##### xxxxxxxxx xxxxxxxxx	##### xxxxxxxxx xxxxxxxxx	##### xxxxxxxxx xxxxxxxxx	##### xxxxxxxxx xxxxxxxxx
Muscle / Tendon					
Dx xxxxxxx	No significant objective findings	##### xxxxxxxxx xxxxxxxxx	##### xxxxxxxxx xxxxxxxxx	##### xxxxxxxxx xxxxxxxxx	##### xxxxxxxxx xxxxxxxxx
Ligament / Bone / Joint					
Dx xxxxxxx	No significant objective findings	##### xxxxxxxxx xxxxxxxxx	##### xxxxxxxxx xxxxxxxxx	##### xxxxxxxxx xxxxxxxxx	##### xxxxxxxxx xxxxxxxxx

Table 15-6 Adjustment Grid: Summary (6th ed, 406)

Non-Key Factor	Grid	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
Functional History	Table 15-7	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Physical Exam	Table 15-8	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Clinical Studies	Table 15-9	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem

Table 15-7 Functional History Adjustment: Upper Extremities (6th ed, 406)

Functional History Factor	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
	Asymptomatic	Pain / symptoms with strenuous / vigorous activity	Pain / symptoms with normal activity	Pain / symptoms with less than normal activity	Pain / symptoms at rest
	Able to perform self-care activities independently	Able to perform self-care activities with modification but unassisted	Requires assistance to perform self-care activities	Unable to perform self-care activities	
QuickDASH Score	0-20	21-40	41-60	61-80	81-100

Table 15-8 Physical Examination Adjustment: Upper Extremities (6th ed, 408)

Physical Examination Factor	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
Class Definitions	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Observed and palpatory findings (tenderness, swelling, mass or crepitation)	No consistent findings	Minimal palpatory findings, consistently documented, without observed abnormalities	Moderate palpatory findings, consistently documented, and supported by observed abnormalities	Severe palpatory findings, consistently documented, and supported by observed moderate or greater abnormalities	Very severe palpatory findings, consistently documented, and supported by observed severe abnormalities

Table 15-8 Physical Examination Adjustment: Upper Extremities (6th ed, 408)

Physical Exam Factor	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
Class Definitions	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Stability	Stable	Grade 1 (slight) instability	Grade 2 (moderate) instability	Grade 3 (serious) instability	Gross instability
Hand / finger / thumb		Pain with stressing of ligament, but no opening of joint with stress	Pain and slight opening	Pain and >5 mm of joint opening with stress	Severe instability
Wrist excessive passive active mediolateral joint deviation degrees compared to normal		<10° passive <20° active	10-20° passive 20-30° active	>20° passive >30° active	

Table 15-9 Clinical Studies Adjustment: Upper Extremities (6th ed, 410)

Clinical Studies	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
Imaging Studies	No available clinical studies or relevant findings	Clinical studies confirm diagnosis, mild pathology	Clinical studies confirm diagnosis, moderate pathology	Clinical studies confirm diagnosis, severe pathology	Clinical studies confirm diagnosis, very severe pathology
Shoulder			Clinical studies confirm one of the following symptomatic diagnoses: rotator cuff tear, SLAP or other labral lesion, biceps tendon pathology		Clinical studies confirm more than one of the following symptomatic diagnoses: rotator cuff tear, SLAP or other labral lesion, biceps tendon pathology. The most significant diagnosis is the only one rated.

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Table 15-9 Clinical Studies Adjustment: Upper Extremities (6th ed, 410)

Clinical Studies	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
Nerve Conduction Testing	Normal	Conduction delay (sensory and/or motor)	Motor Conduction Block	Partial axonal loss	Total Axonal Loss/Denervation
Electrodiagnostic Testing	Normal	Needs EMG done at least 3 weeks but less than 9 months after injury shows at least 1+ fibrillation potentials and positive waves in at least 2 muscles	Needs EMG done at least 3 weeks but less than 9 months after injury shows at least 2+ fibrillation potentials and positive waves in at least 2 muscles innervated by the injured nerve. If the EMG study is first done more than 9 months post-injury, the exam shows high amplitude polyphasic muscle potentials in at least 1 muscle and recruitment in that muscle is at least mildly reduced.	Needs EMG done at least 3 weeks but less than 9 months after injury shows at least 3+ fibrillation potentials and positive waves in at least 3 muscles innervated by the injured nerve. If the EMG study is first done more than 9 months post-injury, the exam shows high amplitude polyphasic muscle potentials in at least 3 muscles and recruitment in at least 3 muscles is severely decreased.	Needs EMG done at least 3 weeks but less than 9 months after injury shows at least 4+ fibrillation potentials and positive waves in at least 3 muscles innervated by the injured nerve. If the EMG study is first done more than 9 months post-injury, the exam shows no motor units (fibrolytic replacement of muscle) in at least 2 muscles.

Note: If the EMG test results meets some of, but not all of, the criteria for a specific Class, the next lower Class is the Class to be used in rating the impairment.

Diagnosis-Based Impairment Regional Grid

Diagnostic Criteria	Class 0	Class 1	Class 2	Class 3	Class 4
RANGES	0%	1% - 13%	14% - 25%	26% - 49%	50% - 100%
GRADE		A B C D E	A B C D E	B C D E	A B C D E
		### ↑ Default	### ↑ Default	### ↑ Default	### ↑ Default

Example: Triangular Fibrocartilage Tear

Diagnosis-Based Impairment

Grid	Class 0	Class 1	Class 2	Class 3	Class 4
Diagnosis	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 15-7	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Physical Exam	Table 15-8	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Clinical Studies	Table 15-9	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem

Net Adjustment Formula

- CDX = Class of Diagnosis (Regional Grid)
- GMFH = Grade Modifier for Functional History
- CMPE = Grade Modifier for Physical Exam
- GMCS = Grade Modifier for Clinical Studies

$$\text{Net Adjustment} = (\text{GMFH} - \text{CDX}) + (\text{CMPE} - \text{CDX}) + (\text{GMCS} - \text{CDX})$$

Net Adjustment Formula

Adjustment	-2	-1	0	1	2
Grade	A	B	C	D	E

Example: Triangular Fibrocartilage Tear

Diagnosis-Based Impairment

Grid	Class 0	Class 1	Class 2	Class 3	Class 4
Diagnosis	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
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Clinical Studies	Table 15-9	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem

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Table 15-3 Wrist Regional Grid (6th ed, 396)

Diagnostic Criteria	Class 0	Class 1	Class 2	Class 3	Class 4
RANGES	0%	1% - 13%	14% - 25%	26% - 49%	50% - 100%
GRADE		A B C D E	A B C D E	A B C D E	A B C D E
Ligament / Bone / Joint					
Triangular fibrocartilage complex (TFCC) Tear	No residual findings; +/- surgical treatment	Documented TFCC injury +/- surgery with residual findings			

Example: s/p Wrist Fusion

- History:** s/p wrist fusion for osteoarthritis
- Current Symptoms:** difficulties with many ADLS, however self-care unassisted
- Functional Assessment:** QuickDASH 45
- Physical Exam:** Fused in neutral position, mild tenderness
- Clinical Studies:** X-rays reveal solid fusion, prior X-rays revealed severe post-traumatic osteoarthritis

Fourth and Fifth Edition: Rating based on motion deficits

Fourth Edition
 3.1h Wrist
 Figure 26 = 21% UEI
 Figure 29 = 9% UEI
 Total = 30% UEI

Fifth Edition
 16.4g Wrist Motion Impairment
 Figure 16-26 = 21% UEI
 Figure 16-31 = 9% UEI
 Total = 30% UEI

Table 15-3 Wrist Regional Grid (6th ed, 396)

Diagnostic Criteria	Class 0	Class 1	Class 2	Class 3	Class 4
RANGES	0%	1% - 13%	14% - 25%	26% - 49%	50% - 100%
GRADE		A B C D E	A B C D E	A B C D E	A B C D E
Bone / Joint / Ligament				26 28 30 32 34	
				Wrist arthrodesis in functional position (10° extension to 10° flexion, radial 5° to ulnar 10°)	

Sixth Edition: Adjustment Grids – Grade Modifiers

- Functional Assessment**
 - Symptoms with normal activity and QuickDASH 45
 - Grade Modifier 2
- Physical Exam**
 - n/a – Used in placement process
- Clinical Studies**
 - Confirms diagnosis, prior findings of “severe post traumatic arthritis” (consistent with diagnosis)
 - However, would consider n/a since fused

s/p Wrist Fusion

Diagnosis-Based Impairment

Grid	Class 0	Class 1	Class 2	Class 3	Class 4
Diagnosis	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 15-7	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Physical Exam	Table 15-8	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem
Clinical Studies	Table 15-9	No problem	Mild problem	Moderate problem	Severe problem	Very severe problem

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Sixth Edition: Calculation

CDX	GMFH	GMPE	CMCS
3	2	n/a	n/a

Net Adjustment Calculations

(GMFH-CDX) 2 - 3 = -1
 (GMPE-CDX) n/a - 3 = n/a
 (CMCS-CDX) n/a - 3 = n/a
 Net Adjustment = -1

Result is class 3 with adjustment of -1 from the default value C which equals grade B.

Table 15-3 Wrist Regional Grid (6th ed, 396)

Diagnostic Criteria	Class 0	Class 1	Class 2	Class 3	Class 4
RANGES	0%	1% - 13%	14% - 25%	26% - 49%	50% - 100%
GRADE		A B C D E	A B C D E	A B C D E	A B C D E
Bone / Joint / Ligament				21 22 30 32 34 Wrist arthrodesis in functional position (10° extension to 10° flexion, radial 5° to ulnar 10°)	If nonoptimal positioning assess per Section 15.7, Range of Motion Impairment.

28% UEI = 17% WPI

Table 15-20 Entrapment / Compression Neuropathy Impairment (6th ed, 449)

Clinical	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
Test Findings	Normal	Conduction Delay (sensory and/or motor)	Motor conduction block	Axon Loss	Almost Dead Nerve
History	Mild intermittent symptoms	Mild intermittent symptoms	Significant intermittent symptoms	Constant symptoms	N/A
Physical Findings	Normal	Normal	Decreased sensation	Atrophy or weakness	N/A
Functional Scale	Normal (0-20) 0 Mild (21-40) 1 Moderate (41-60) 2	Normal (0-20) 0 Mild (21-40) 1 Moderate (41-60) 2	Normal (21-40) 0 Mild (41-60) 1 Moderate (61-80) 2	Normal (21-40) 0 Mild (41-60) 1 Moderate (61-80) 2	N/A
UE Impairment	0	1 2 3	4 5 6	7 8 9	N/A

Table 15-20 Entrapment / Compression Neuropathy Impairment (6th ed, 449)

Clinical	Grade Modifier 0	Grade Modifier 1	Grade Modifier 2	Grade Modifier 3	Grade Modifier 4
Test Findings	Normal	Conduction Delay (sensory and/or motor)	Motor conduction block	Axon Loss	Almost Dead Nerve
History	Mild intermittent symptoms	Mild intermittent symptoms	Significant intermittent symptoms	Constant symptoms	N/A
Physical Findings	Normal	Normal	Decreased sensation	Atrophy or weakness	N/A
Functional Scale	Normal (0-20) 0 Mild (21-40) 1 Moderate (41-60) 2	Normal (0-20) 0 Mild (21-40) 1 Moderate (41-60) 2	Normal (21-40) 0 Mild (41-60) 1 Moderate (61-80) 2	Normal (21-40) 0 Mild (41-60) 1 Moderate (61-80) 2	N/A
UE Impairment	0	1 2 3	4 5 6	7 8 9	N/A

Chapter 16

The Lower Extremities

AMA Guides to the Evaluation of Permanent Impairment
Sixth Edition

Fifth Edition Rating Errors

- Unreliable examination findings (especially motion and strength)
- Combining duplicative impairments inappropriately
- Rating for gait derangement or muscle strength
- Rating for arthritis without adequate assessment of causation and apportionment

Sixth Edition of the AMA Guides: New Standard for Longshore and Harbor Worker Act Cases

Sixth Edition – Chapter 16

- 16.1 Principles of Assessment
- 16.2 Diagnosis-Based Impairment
- 16.3 Adjustment Grid and Grade Modifiers: Non Key Factors
- 16.4 Peripheral Nerve Impairment
- 16.5 Complex Regional Pain Syndrome Impairment
- 16.6 Amputation Impairment
- 16.7 Range of Motion Impairment
- 16.8 Summary

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Sixth Edition – Chapter 15

Regions	DBI Categories
<ul style="list-style-type: none"> • Foot / Ankle • Knee • Hip 	<ul style="list-style-type: none"> • Soft Tissue • Muscle / Tendon • Ligament / Bone / Joint

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Guidance

- Determine, in advance, if the physician has been trained in the use of the Sixth Edition
- Specify the rating is to be performed in accordance with the Sixth Edition and all required forms completed
- Obtain expert review of all ratings to assure accuracy
- Make sure that all of your staff and your legal counsel are also trained in the use of the Sixth Edition

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Questions and Answers

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