

Impairment Rating Fact Sheet

The Office of Workers' Compensation Programs (OWCP) released new guidelines for using AMA Guides to the Evaluation of Permanent Impairment 6th Edition.

The first printing of the 2009 AMA Guides to the Evaluation of Permanent Impairment was amended. Impairment ratings should be based upon the most recent version of the Sixth Edition Guides. Currently, the reprinted 2009 AMA, Sixth Edition is the most recent version.

OWCP's instructions for rating multiple impairments in a scheduled member (arm, leg, hand etc.) has been updated with additional clarity, emphasizing that schedule awards include permanent impairment resulting from conditions accepted by the OWCP as job-related as well as any non-industrial permanent impairment present in the same scheduled member as a work-related condition at the time of the rating examination.

For example, where a work-related impairment exists in a knee region, any additional impairments in the leg, including the foot, ankle and hip regions should also be rated. The additional impairments should be calculated using the appropriate chapter of the Guides, and if necessary be combined using the combined values chart found on pages 604-606 of the Guides.

OWCP has clarified the procedures for rating upper extremity impairments using either Diagnosis Based Impairment (DBI) or Range of Motion (ROM). Under Chapter 15, diagnosis-based impairment (DBI) is noted as the primary method of evaluation of the upper limb and the Guides instruct that most impairment values for the upper extremity are calculated using the DBI method. Initially in Chapter 15, when defining DBI, range of motion (ROM) is noted to be used primarily as a physical examination adjustment factor and only to determine actual impairment values when a grid permits its use as an option. Diagnoses in the particular regional grids that may alternatively be rated using ROM are followed by an asterisk (*).

Table 15-5, Shoulder Regional Grid, pages 401 – 405, provides 20 specific diagnoses. Of those 20 diagnoses, 17 of them include an asterisk (*). At the bottom present, this impairment may alternatively be assessed using section 15.7, Range of Motion Impairment. A range of motion impairment stands alone and is not combined with diagnosis impairment."

The rating physician should identify the methodology used (i.e. DBI or ROM) and whether the applicable tables in Chapter 15 of the Guides identify a diagnosis that can alternatively be rated by ROM. If the Guides allow for the use of both the DBI and ROM methods to calculate an impairment rating for the diagnosis in question, the method producing the higher rating should be used.

The Guides caution that if it is clear to the evaluator evaluating loss of ROM that a restricted ROM has an organic basis, three independent measurements should be obtained and the greatest ROM should be used for the determination of impairment. Range of motion should be measured after a "warm up", in which the individual moves the joint through its maximum range of motion at least three times.

The Guides requires that when relevant chapters include a data collection form or summary form that identifies the specific features to consider for each category of organ system impairment, it must be used to document the data and be attached with the final report. The data collection forms for common musculoskeletal injuries to the upper and lower extremities are found in those chapters of the Guides.