



MONASH UNIVERSITY
and
UNIVERSITY OF MELBOURNE

NEWSLETTER



THE UNIVERSITY OF
MELBOURNE

for Impairment Assessment using the AMA Guides 4th Edition
and prescribed methods

Edition No 2

March 2000

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**This Newsletter and future
editions can be viewed at
the website address below.**

Dear Doctor

Welcome to the new look Newsletter. In this edition is a further follow up of queries and contentious issues from the Impairment Assessment Training course using AMA Guides, 4th Edition and prescribed methods.

We introduce a 'Letters to the Editor' section on the back page and look forward to your contributions. Questions will be referred to the appropriate reference groups for a response. We hope to publish all such responses.

It is planned to publish this newsletter on a regular basis every March, June, September and December. While all correspondence should be addressed to David Fish, the Newsletter Co-ordinator, the Editorial Group retains ultimate responsibility for content.

The Editorial Group consists of:

Ross Cairns	TAC
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David Fish	Newsletter Co-ordinator
Mark Keating	VWA
Peter Lowthian	Member of Spine Reference Group
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CORE MODULE AND ADMINISTRATION ISSUES

Q1) What approach should medical examiners take to resolve an overlap in impairments assigned from different areas of the Guides – eg overlap between psychiatric and neurological impairment arising from a head injury?

TAC

Medical examiners should communicate with each other to discuss the overlap and agree on which method adheres most closely to the anatomic cause.

Any discussions of this nature should be documented in the medical examiners' reports.

The TAC will forward reports with potential overlaps to medical examiners.

WORKCOVER

As per TAC. As medical examiners, rather than Agents, are required to determine a worker's final whole person impairment, effective communication between examiners will be essential for WorkCover assessments. The VWA is currently defining a process for determining the final physical and psychiatric impairments where multiple examiners are involved.

If an examiner is requested to assess a worker's impairment and finds that all or part of that assessment falls outside his/her specialty, the examiner should identify the additional specialist opinions required in the report.

Q2) What is the definition of permanent impairment?

TAC & WORKCOVER

The 4th edition Guides define permanent impairment as:

"Adverse conditions that are stable and are unlikely to change"

"One that has become static or stabilised during a period of time sufficient to allow optimal tissue repair and one that is unlikely to change in spite of further medical or surgical therapy"

"Permanent impairment is impairment that has become static or well stabilised with or without medical treatment and is not likely to remit despite medical treatment"

"... (an impairment) considered unlikely to change substantially and by more than 3% in the next year with or without medical treatment."

Medical examiners need to use their clinical judgement in deciding if the impairment is stable or not.

Q3) Medical examiners are expected to be independent. How does this work in rural cases?

TAC

The assessment must be independent, unbiased and comprehensive. The medical examiner must not offer to treat or recommend treatment to the claimant being examined and must not have treated the claimant. However TAC will generally refer any treatment recommendations to the treating practitioner.

In some rural cases this may not be possible in which case the claimant would be requested to attend an examination in Melbourne or another location.

WORKCOVER

Any examiner engaged by the Agent to assess the worker's impairment should be totally independent, having had no prior involvement in the worker's treatment or current or prior compensation claims. As per TAC, examiners should not get directly involved in the worker's ongoing medical management.

Q4) Will there be any quality control measures in place to monitor the standard of reports?

TAC

TAC employs impairment officers who have a good working knowledge of the impairment Guides and it is their role to ensure that the findings of the medical assessment have been correctly applied per the tables and descriptors within the Guides.

Where unsupported or inconsistent statements are made in a report or where a medical issue requires further explanation medical examiners can expect to be contacted for clarification.

The TAC has issued to all medical examiners a manual titled Tables and Formats for 4th Edition Impairment which contains the correct report format to follow and sets out what information is expected to be included in reports.

WORKCOVER

WorkCover Agents and Self-Insurers review impairment assessments to ensure that they are done in accordance with the Guides and relevant legislation and provide adequate information to process the worker's claim. Where the report provides insufficient information or the information provided requires clarification, the Agent will seek this supplementary information from the examiner.

The VWA is currently developing processes for reviewing the quality of impairment assessments and providing feedback to examiners.

Q5) Will the TAC and VMA provide accredited medical examiners with data to assist them in determining percentage levels common to certain injury groups?

TAC AND WORKCOVER

As the Guides require an individual assessment of each claimant/worker examined, such information, although interesting, is irrelevant in relation to a particular claimant's/worker's assessment.

However data relating to the overall performance of the schemes' impairment assessment processes will be developed over time and distributed to medical examiners where appropriate.

Q6) Will a medical examiner have his/her AMA 4 accreditation removed if too many of his/her assessments are disputed?

TAC AND WORKCOVER

No. Medical practitioners are currently accredited to conduct AMA4 and other prescribed assessments by Monash and Melbourne Universities (not TAC and VMA) as a result of their completion of their Impairment Assessment Training Course.

Q7) What process should be followed if additional diagnostic testing is required?

TAC AND WORKCOVER

As the examinations are independent, no invasive procedures may be carried out.

If a medical examiner cannot assess an impairment without the results of an invasive procedure, the examiner should inform the TAC/Agent which will refer the recommendation to the claimant's/worker's treating practitioner. The medical examiner should be specific in what is required.

Plain X-rays with the claimant's/worker's permission may be arranged by the examiner.

Q8) Can a medical examiner seek information directly from the claimant's or worker's treating doctor?

TAC AND WORKCOVER

Yes, however only with the claimant's written permission.

TAC and WorkCover Agents will aim to provide all relevant background material to the medical examiner prior to any examination taking place. Examiners should feel free to request TAC or the Agent to obtain any necessary information which is not provided.

Q9) Is there a definition of "Injury"?

TAC

Injury means physical or mental injury and includes nervous shock.

(This is the definition as defined in the Transport Accident Act.)

WORKCOVER

"Injury" means

Any physical or mental injury and without limiting the generality of the foregoing includes industrial deafness;

A disease contracted by a worker in the course of the worker's employment whether at or away from the place of employment and to which the employment was significant contributing factor;

The recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing injury or disease where the worker's employment was a significant contributing factor to that recurrence, aggravation, acceleration, exacerbation or deterioration.

Agents will identify in their confirming letter to the medical examiner the accepted injuries/conditions/body parts which should be assessed for the Impairment Benefits claim.

Q10) What information is a claimant provided with when requested to attend an impairment examination?

TAC

Letter from the TAC notifies claimants that they are required to attend a medical examination. They are given the name and address and speciality of the medical examiner they are to attend, the date and time of the consultation, and advised that relevant x-rays, diagnostic reports etc. should be brought to the examination. They are also requested to advise whether an interpreter is required.

Following a series of focus groups held with claimants, TAC has identified the need to improve the information made available to better explain the need for impairment examinations. Consequently, brochures have been developed for claimant to assist in understanding this examination process.

WORKCOVER

Workers will be informed of full details of the medical examinations (examiner's name, address, speciality, time, date etc) and why it is required. Workers will be encouraged to bring relevant x-rays and other test results to the examination and to advise the Agent if an interpreter is required.

Q11) What is being done to improve the quality of TAC's and WorkCover Agents' correspondence to the claimant/worker?

TAC

TAC has undertaken extensive market research of customer service groups and as a result of the feedback is reviewing all claimant information needs.

WORKCOVER

The YWA is in the process of developing standard letters tailored for the impairment assessment examinations.

In the meantime, Agents are expected to send correspondence to the claimant and medical examiners which clearly explains what is required and why.

Q12) What is the role of VCAT in assessments?

TAC

If a claimant is dissatisfied with TAC's decision, an application for review can be lodged at VCAT within 12 months of the decision. VCAT's role is to consider all relevant evidence and then affirm, vary or set aside TAC's decision. Efforts are made by TAC to resolve impairment disputes by negotiation.

WORKCOVER

VCAT has no jurisdiction in WorkCover disputes.

Disputes on liability (for an injury) may be referred to the WorkCover Conciliation Service for conciliation. If unresolved following conciliation, the worker may bring proceedings in the Magistrates' or County Court.

Where a worker rejects an AMA 4 impairment assessment, the matter is referred to the WorkCover Medical Panels to be determined. The Panel's opinion is final and binding.

Q13) Why was the Chapter on Pain removed?

TAC & WORKCOVER

The Guides give no quantification of impairment for pain. The Guides indicate that "the impairment percents shown in the chapters that consider the various organ systems make allowance for the pain that may accompany the impairing condition". (p.2/9)

Q14) Is there a need for the medical examiner to include a view on claimant's disability in reports?

TAC

An impairment assessment according to the Guides will not provide any indication of the injured person's disability in terms of their vocational, leisure and major life activities. TAC may, however, request an opinion on aspects other than impairment, such as impact of injury on lifestyle. This is to satisfy other benefits provided under the Transport Accident Act, which are not solely based on impairment.

WORKCOVER

AMA 4 and other Section 98C impairment assessments need to provide sufficient information to enable the worker's Impairment Benefit claim to be processed in accordance with the Act. This will include:

1. A whole person impairment for each accepted injury;
2. The whole person physical impairment and whole person psychiatric impairment for injuries sustained on a single occasion, and
3. Identification of any total loss injuries detailed in section 98E of the Act (see Appendix A).

As the level of impairment has no impact on weekly compensation for injuries sustained on or after 12 November 1997, there is no need to include a comment on disability or work capacity, except where it is relevant to the impairment assessment.

Q15) Are ongoing loss of earnings or medical and like services entitlements effected when the impairment is below the compensable threshold of 10%?

TAC

Loss of earning and treatment requirements are totally unaffected by the impairment percentage. However loss of earning capacity benefits beyond 3 years are only payable where the impairment is greater than 50%.

WORKCOVER

For post 12 November 1997 injuries impairment assessments are used only to determine compensation for non economic loss (i.e. Section 98C Impairment Benefits).

For pre 12 November 1997 injuries, AMA 2 impairment assessments are used to determine the rate and duration of weekly compensation, (Section 98) Maims compensation for neck, back and pelvis injuries and access to Common Law.

Impairment assessments under either edition of the Guides have no bearing on a worker's entitlement to medical and like services.

Q16) What are the scheduled rates payable for impairment examinations and reports?

TAC

Bonus Rates

Psychiatric	\$330	\$545
Musculoskeletal System (chapter 3)	\$479	\$512
Other Specialists	\$479	\$493

For complete details refer to TAC's 4th Edition Impairment Examination Information Manual.

WORKCOVER

Examination, Impairment Assessment and Report (AMA4 and other S98C methods only):

General Practitioner	- \$309
Specialist	- \$412
Psychiatrist	- \$515

Prepayment or payment above the scheduled rates is not endorsed by the YWA.

THE NERVOUS SYSTEM MODULE

Answers provided by Nervous System Reference Group:
Dr R Stark, Prof S Davis & Mr D Brownbill

Q1) Reference has been made to use Table 11 Cranial nerve (Auditory Nerve) when there is a neurological organic basis for the problem of vertigo. The question raised was whether the assessment should be based on symptoms rather than tests in view of fluctuation of the problem?

Answer

Table 11 of Chapter 4 implies that objective documentation is not required whereas the classes of vestibular impairment on page 229 in Chapter 9 indicate clearly that objective findings are required. There are also differences in the description of impairment classes in Chapter 9 as compared with Chapter 4.

However the Guides do provide some direction as to how to address the problem of which Chapter to use.

The Guides state, "Vertigo as a single entity is evaluated in the Guides chapter on Ear, Nose, Throat and Related Structures". As vertigo is a symptom this explains the insistence in the ENT Chapter that there be associated objective abnormalities.

The Guides however indicate that, "Impairment of equilibrium and balance (Table 11 Chapter 4) assumes significance if the patient undertakes daily activities...". This implies that Table 11 of Chapter 4 should be used for disorders of equilibrium and balance which do not consist of vertigo as the sole basis for disequilibrium. This might occur for example through damage to the pathways connecting the vestibular system to the cerebellum and to other brain structures.

Therefore pure vertigo (which is likely to be of vestibular origin) should be assessed from the ENT Chapter while other forms of disordered equilibrium and balance involving primarily other structures within the nervous system should be allocated an impairment from Chapter 4.

(Medical examiners must be accredited to rate the impairment from the relevant body system).

Q2) If there are no motor/sensory signs how would you assess carpal tunnel syndrome? (This is where the patient claims real impairments in their ability to do daily activities)

Answer

There must be some objective evidence of motor or sensory dysfunction before an impairment in relation to carpal tunnel syndrome can be assessed.

If the patient claims real impairments which do make sense in terms of the known physiology of the nerve and these are supported by positive nerve conduction studies even though the findings on physical examination may be equivocal or negative then an impairment would be reasonable. However if there is absolutely no objective abnormality (normal examination and normal nerve conduction studies) then there is no measurable impairment.

Q3)

Should the examiner verify an assessment from Table 16 (Impairment due to Entrapment Neuropathy) by referring and grading neurological loss from Table 15? (Unilateral Sensory or Motor Deficits or Combined Deficits of the Major Peripheral Nerves.)

Answer

It is recommended that all entrapment neuropathies be assessed by Table 15, Chapter 3 (subject to grading from Tables 11 & 12) rather than Table 16 in Chapter 3.

However if Table 16 is chosen to make the assessment, the medical examiner should consider verifying that assessment by referring to gradings of neurological loss from Table 15.

If there is a major discrepancy between the calculated impairment from Table 15 and that allocated from Table 16 it would imply that there has been some error or imprecision in the use of Table 16.

HAEMATOLOGY MODULE

Answer provided by Haematology Reference Group:
Dr Max Whiteside

Q1) How is impairment following splenectomy assessed?

After splenectomy following trauma, the lifetime risk of overwhelming bacterial infection is about 1.5%. The risk following other causes of asplenia is 4 - 12%. "Frequent infections requiring the use of antibiotics" is not a problem after splenectomy.

No impairment is assigned for splenectomy under the AMA Guides (page 205, Paragraph 7.4) as "splenectomised patients do not have ordinary infections more frequently than normal subjects do".

Letters to the Editor

Please address all correspondence to:

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Impairment Assessment Course 2000 ADVANCE NOTICE

A further Impairment Assessment Course, using the AMA Guides, 4th Edition and Prescribed Methods is planned for 20 - 23rd October 2000.

All Core and Elective Modules shall be covered. Registration for either the entire course or selected modules shall be available.

Those wishing to be placed on the mailing list for registration details please contact:

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