



MONASH UNIVERSITY  
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MELBOURNE

# NEWSLETTER

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

This Newsletter forms part of the material in the application of those Guides or methods as part of the Ministerially approved course for the Victorian WorkCover Authority (VWA) and Transport Accident Commission (TAC) under Section 91(1)(b) of the Accident Compensation Act 1985 and Section 46A(2)(b) of the Transport Accident Act 1986.

Edition No 4

November 2000

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Dear Colleague

In this newsletter you will notice a change in format. In part A are the responses of the Reference Groups to questions raised regarding the elective modules. Part B are answers supplied by the Transport Accident Commission (TAC) and the Victorian WorkCover Authority to questions and issues raised during the core module presentations.

A number of assessors have queried the need for the Newsletter to provide separate answers for TAC and WorkCover to the questions raised through the core modules.

As each scheme has been established under a separate Act of Parliament (to serve different groups within the community), different responses are often unavoidable. Where possible the Newsletter will supply a single answer but where there are differences between the schemes, it is essential that examiners are provided with separate responses to ensure that they are able to provide assessments in accordance with the requirements of both the TAC and WorkCover.

The Editorial Group recognises that the provision of multiple answers adds to the complexity of impairment assessment and aims to provide simple answers which clearly differentiate the differences between the schemes.

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

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Responses of the Reference Groups to questions raised regarding the elective modules.

## LOWER EXTREMITY MODULE

Answer supplied by Lower Extremity Reference Group

**Q1) In relationship to weight bearing x-rays for estimating arthritis in the knee, recent papers have shown that the most sensitive way of detecting loss of articular cartilage is taking a 30 degree weight bearing AP view.**

**A standard AP view in full extension will miss significant cartilage loss in the area where it is most likely to be deficient, that is in 30 degrees of flexion. Given this situation, should an x-ray be organised in 30 degrees of flexion where this is not made available for the purpose of assessing the extent of arthritis in the knee?**

### Answer

The AMA Fourth Edition gives you the option of various methodologies of assessing lower extremity impairment. One is to use X-ray determined cartilage intervals. On Page 82 of the Guides, it states quite clearly (The impairments related to arthritis (Table 62, p.83) are based on standard roentgenograms taken with the patient standing, if possible, and 36 inches from the machine, with the beam at the level of and parallel to the joint surface).

Though it is well recognised that arthritis of the medial compartment more commonly occurs postero-medially and this is more sensitively detected with weight bearing films taken at 30 degrees of flexion, this methodology should not be used in assessing impairments for the following reasons:

1. The AMA Guides 4th Edition are specific in their instructions.
2. Most patients do not present with weight bearing X-rays at 30 degrees of flexion. This would involve taking further x-rays.

## SPINE & NERVOUS SYSTEM MODULES

This answer is an extract from the course notes developed by the Spine and Nervous System Reference Groups and presented in the training sessions.

**Q1) How is impotence assessed when secondary to back pain or spinal injury?**

### Answer

Impotence related to spinal injuries must be assessed by the Musculoskeletal System Chapter or the

Nervous System Chapter. Impotence is part of the clinical syndrome and therefore part of the impairment DRE for cauda equina and paraplegia.

Impotence should only be assessed as an impairment related to spinal injury where there is other objective evidence of spinal cord, cauda equina or bilateral nerve root damage.

Impotence related to pain or psychological reaction or in absence of neural injury is part of the back Injury, and should be assessed by the Musculoskeletal System chapter. There is no additional impairment for impotence in the absence of neural injury.

Chapter 11 (Urinary and Reproductive System) should only be used to assess impairment for impotence where there has been a urinary tract injury. If this occurs, the impairment for impotence could be combined with a spine related impairment. An example would be that quoted on page 257 - where there is a fracture and dissociation of the symphysis pubis and a traumatic disruption of the urethra.

## URINARY & REPRODUCTIVE MODULE

Answers supplied by Urology Reference Group

**Q1) Where loss of sexual function initially responds to treatment, such as Viagra, but later ceases to work, how should impairment be assessed?**

### Answer

This would require a further impairment assessment and a probable increase in the percentage impairment.

**Q2) How is impotence related to back pain or psychological reaction rated.**

### Answer

In the Guides Urinary chapter, a subjective complaint of impotence following back injury without physical or neurological signs does not rate under chapter 11.

Answers supplied by the Transport Accident Commission and Victorian WorkCover Authority to questions and issues raised during the core module presentations.

## CORE MODULE

**Q1) What should a medical examiner do if he/she does not have sufficient historical information (including diagnostic test results) to complete an impairment assessment?**

### TAC

*If sufficient information required to complete the assessment is not at hand, then a qualified impairment assessment, clearly indicating the probable variance in outcomes pending provision of the required material, can be submitted.*

*In some instances where no impairment rating could be reasonably expected the medical examiner should not delay the report awaiting test results that have been requested from other parties. The TAC impairment officer handling the case will then pursue the necessary information.*

### WORKCOVER

*As the examiner's assessment determines the worker's entitlement, it is critical that it is accurate and done in accordance with the Guides.*

*Agents are expected to provide examiners with comprehensive background medical material before the impairment examination takes place.*

*Where the examiner requires more information to complete the assessment, he/she should request the Agent to obtain and provide this information as a matter of priority.*

*As consideration of relevant background material is essential for proper and valid assessments, examiners are encouraged to review the information provided by the Agent with its confirming letter and request any further information which should have been supplied.*

*Where this further information is required before a proper examination can be completed, the examiner should postpone the examination until it is provided.*

**Q2) What if the treating practitioner won't cooperate in providing background medical material?**

### TAC

*If background material is not forthcoming, then the provision of a qualified impairment assessment clearly indicating the probable variance in outcomes pending provision of the required material can be submitted. In some instances where no impairment rating could reasonably be provided the medical examiner should immediately provide a report to this effect. The TAC impairment officer handling the case will then pursue the necessary information.*

### WORKCOVER

*The collection of background material for impairment assessments is the Agent's responsibility.*

*If the Agent has not provided the appropriate material, the examiner should request the Agent do so as a matter of priority.*

*If the treating practitioner won't release the required information to the Agent, the examiner should not finalise the assessment (unless the examiner is confident that an accurate assessment can be made without it). In such circumstances the medical examiner should provide a report to that effect.*

**Q3) Surveillance material:**

1. **Should this material be viewed before or after an examination?**
2. **If the examiner views this material before the examination, should the patient be allowed the opportunity to respond to it?**

### TAC

1. *TAC will only provide surveillance material to the medical examiner after the examination.*
2. *Not applicable in view of response 1.*

### WORKCOVER

1. *As the Agent is required to notify the worker of his/her entitlement within 14 days of receiving the medical examiner's assessment, all background material, including surveillance material, should be provided to the examiner before the examination takes place.*

*It is up to the examiner whether this material is viewed before or after the examination of the worker. However, the examiner should always consider it before providing the final report.*

2. *Where appropriate, the examiner should be prepared to inform the worker of all the material provided by the Agent, including surveillance material, and detail this material in the final report.*

**Q4) What should a medical practitioner do if the claimant turns up late for the appointment?**

### TAC AND WORKCOVER

*Medical examiners should allow sufficient time for the examination to ensure a comprehensive and proper assessment can be made. The medical examiner is expected to treat this situation the same as she/he would for a private patient.*

*If a further appointment date is arranged directly with the claimant, then TAC or the Agent should be notified accordingly.*

Answers supplied by the Transport Accident Commission and Victorian WorkCover Authority to questions and issues raised during the core module presentations.

**Q5) Involvement of third person in examination process:**

1. What should a medical examiner do when a relative / friend wants to sit in on an examination?
2. Should information provided by relatives in an examination be included in the medical report?

**TAC AND WORKCOVER**

1. If a claimant insists on the presence of a friend or relative that person should be able to remain as long as he or she does not disrupt the examination. The medical examiner must decide in each case whether the person's presence is appropriate.

*Such a person may assist in clarifying aspects of the history, but should not be permitted to interfere with the normal interchange between the medical examiner and claimant.*

2. If the claimant cannot provide a proper history, it may be appropriate for a third person to assist with this.

*In the report the medical examiner should state who was present at the examination and the medical or other information provided by that person.*

**Q6) What bearing does the American Medical Association's Newsletter have on how impairment assessments should be performed?**

**TAC AND WORKCOVER**

*Newsletters and practice notes issued by the American Medical Association or any other organisation are not part of the Guides. Unless you receive details of any regulations or operational guidelines issued by the responsible Minister which direct you to interpret the Guides in a certain way, you must interpret the Guides in accordance with directions in the Guides themselves, the training provided by the Universities, (including the contents of their newsletter) your experience and best medical practice.*

*The course materials that you have received through the Universities have been prepared to represent a best practice approach.*

**Q7) Is there a role for General Practitioners in impairment assessment?**

**TAC**

*Accredited General Practitioners can perform impairment assessments. The treating General Practitioner's role in the impairment process is vital to build the foundation of the assessment by assisting the injured person and TAC with thorough and complete historical information on the injury or medical condition. This includes the results of all appropriate tests and diagnostic procedures and the treaters' opinion on whether the condition has stabilised.*

**WORKCOVER**

*As per TAC. For WorkCover claims, the impairment examiner is selected by the Agent in consultation with the worker or the worker's representative. As these examiners must be independent, medical practitioners who have treated the worker will not be selected.*

*Treating medical practitioners play a critical role in the assessment process by providing relevant background material required by the impairment examiner to conduct a proper assessment in accordance with the Guides.*

**Q8) How many impairment examinations are required to determine the level of Impairment? Does only one specialist assess the same body system?**

**TAC**

*Only one medical examiner is usually required to assess injuries within a particular body system.*

**WORKCOVER**

*As per TAC. Where a claim involves multiple parts of the body, assessors drawn from more than one specialty may need to assess the worker. Where this occurs, the Agents have been encouraged to identify suitably qualified medical practitioners who have completed all the appropriate training modules.*

Answers supplied by the Transport Accident Commission and Victorian WorkCover Authority to questions and issues raised during the core module presentations.

**Q9) If a claimant is referred for an assessment of an injured hand is it necessary for the medical examiner to assess the other limbs /joints as well?**

#### **TAC**

1. *The clinical examination must also cover additional body parts which may be affected by the injury, ie. wrist joint, neurological sequale, etc. to provide a comprehensive assessment of the anatomical area injured.*

2. *The medical examiner should accurately establish with the claimant those injuries which may fall under his/her specialty and examine them for the purposes of impairment, as the information TAC has provided may not necessarily record all injuries.*

*The medical examiner should restrict assessments to those body systems for which they are accredited to perform an assessment.*

*If other body system assessments are required outside the medical examiner's specialty, or outside the electives completed in the training course, then this should be noted in the report. In the letter confirming appointment, TAC will include details of other impairment assessments arranged for a claimant.*

#### **WORKCOVER**

*Agents will identify in their confirming letters to examiners the accepted injuries which are to be assessed and the appropriate method of assessment for each injury (eg. AMA 2 v 4, NAL etc).*

*In all cases the examiner is required to assess all impairments arising from the accepted injury or condition. Where other body parts are affected by the injury or condition, the examiner should incorporate the impairment of these body parts in the overall assessment.*

**Q10) If a claimant /worker refuses to have surgery for a condition how should this be assessed?**

#### **TAC AND WORKCOVER**

*The AMA Guides 4th Edition address this issue on page 9*

*[The view of the 'Guides' contributors is that if a patient declines therapy for a permanent impairment, that decision should neither decrease nor increase the estimated percentage of the patient's impairment. However, the physician may wish to make a written comment in the medical evaluation report about suitability of the therapeutic approach and describe the basis of the patient's refusal.]*

**Q11) What is WorkCover's process for selecting the impairment examiner?**

*Although Agents determine which medical practitioner will conduct an assessment, they are required to consult with the worker or worker's representative regarding this selection.*

*The usual practice is for the Agent to provide the worker with a list of 5 or 6 examiners within each relevant specialty to choose from. Some Agents compile this list manually whereas others use a rotation system.*

### *Letters to the Editor*

Please address all correspondence to:  
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### **Impairment Assessment Training 2001**

An Impairment Assessment Training Course, using the AMA Guides, 4th Edition and Prescribed Methods will be held in Melbourne on late 2001.

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