MONASH UNIVERSITY
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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.

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EDITORIAL

Many of you will be aware that the American Medical Association has now published the fifth edition of the Guides to the Evaluation of Permanent Impairment. A number of enquiries have been received from Australia and New Zealand asking whether this new edition can be used instead. In Victoria the fourth edition remains the legislated edition for impairment assessments under the Transport Accident Act, for accidents on or after 19 May 1998 and WorkCover legislation for injuries after 12 November 1997. Therefore the 5th edition should not be used for determining impairments under these two schemes. A number of other states, including Tasmania, New South Wales, South Australia and Western Australia have now either introduced the 4th edition into their legislation or indicated an intention to do so. The only jurisdiction to make reference to the 5th edition in Australia is the NSW Workers Compensation scheme, which uses sections of the Guides as part of its assessing system.

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Newsletter Coordinator
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The next Impairment Assessment Training Course Using the AMA Guides 4th Edition will be held from Sat 19th to Wed 23rd October, and one session on 9th November, at Eden on the Park Hotel

A program is available at www.med.monash.edu.au/epidemiology/teaching/short_courses/impairment.html For bookings, contact shortcrs@med.monash.edu.au, or phone 03 9903 0588

PART A
Responses from the Reference Groups to questions raised regarding the elective models

Question 1: What is the appropriate method under the Guides to assess epicondylitis?

Answer

In the majority of cases epicondylitis is not associated with any impairment as this is defined in the Guides. In most instances epicondylitis is symptomatic not structural and therefore is classified as a disability and described, but cannot be included in an impairment assessment.

In the Guides, impairment of the elbow relating to anatomic and physiological factors is principally defined in terms of loss of range of motion. Where a measurable loss of range of motion is present impairment under figures 32 and 35 can be assigned.

Where the range of motion is not reduced, alternative methods can be used where appropriate. This includes: *"In a rare case, if the examiner believes the patient's loss of strength represents an impairing factor that has not been considered adequately, the loss of strength may be rated separately."* (Page 64-65, Tables 3, 4)

In each case care should be taken to convert joint or upper extremity impairment to whole person impairment by use of Tables 3 or 18 where appropriate.

Question 2: What is the appropriate method under the Guides to assess entrapment neuropathies?

Answer

It is recommended that all entrapment neuropathies be assessed by Table 15, Chapter 3 (subject to grading from Tables 11 and 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.

Care should be taken to *combine* the motor and sensory deficits of a nerve, before *combining* with other nerve or upper extremity impairments.

Question 3: What is the appropriate method under the Guides to assess pelvic fractures?

Answer

Pelvic fractures are assessed under **either** the Lower Extremity Diagnosis Related Estimate table 64, page 85 or the Pelvis section 3.4, page 131.

Question 4: What is the appropriate impairment under the Guides for pelvic fractures involving the sacroiliac joint?

Answer

In section 3.4, page 131 "Healed facture(s) with displacement, deformity and residuals sign(s) involving: [the] Sacrum, into sacroiliac joint" *is assigned 10% whole person impairment. Where the conditions specified in section 3.4 are not met then the maximum assignable impairment is either 1-3% whole person impairment or 2-7% lower extremity impairment under table 64, page 85 for a sacroiliac joint fracture.*

Question 5: Do the AMA Guides treat ankle and hindfoot separately for impairment assessment? For example the ankle joint is ankylosed in neutral position with no plantar flexion or extension. And there is reduced range of motion in the subtalar joint for inversion and eversion.

Answer

The ankle and subtalar joints are two different regions under the Guides. An ankylosed ankle, in the neutral position, is assigned 4% whole person impairment (Page 80). To this are added values from Tables 55 to 59 if the ankle is <u>not</u> in the neutral position. This is then combined with any hindfoot loss of motion in inversion or eversion (Table 43, page 78). In the example given 1 or 2%, depending on the inversion and eversion range of motion would be combined with 4%. Resulting in a 5 or 6% whole person impairment.

Question 6: Is it acceptable to combine impairment from loss of range of motion *of the knee* with impairment from varus or valgus deformity? Are these considered separate impairments?

Answer

No. When using the range of motion tables in the lower extremity section the most severely affected motion is used to place the impairment into the mild moderate or severe category. In Table 41, page 3/78 only one of flexion, flexion contracture, varus or valgus is to be used. The impairment assessor should select the one leading to the highest impairment rating.

Question 7: Is an impairment assessed for partial amputation of toes that do not include the metatarsophalangeal joint?

Answer

In Table 63, page 85, amputation of the great toe at the interphalangeal joint is assigned 2% WPI. Lesser toes are assigned no impairment unless the amputation is at (or above) the MTP joint.

Question 8: How is impotence assessed when secondary to back pain or spinal injury?

Answer

This answer is reprinted from the November 2000 newsletter, due to constant questions raised on this matter.

Impotence related to spinal injuries must be assessed by the Musculoskeletal 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 <u>other</u> objective evidence of spinal cord, cauda equina or <u>bilateral</u> nerve root damage.

Impotence related to pain or psychological reaction or in the absence of neural injury is part of the back injury, and should be assessed by the Musculoskeletal System chapter. There is <u>no</u> 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 dislocation of the symphysis pubis and a traumatic disruption of the urethra.

PART B
Legal and process questions / answers supplied by the Transport Accident Commission and Victorian WorkCover Authority

Question 1: What approach is taken 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 identify in their reports any areas of potential overlap. TAC facilitates the exchange of medical reports and communication between specialists where there is potential overlap of assessments. In some instances a further examination may be arranged, such as neuropsychological assessment to assist the assessors with this process.

WORKCOVER
As per TAC. A referral for impairment assessment will clearly identify the accepted injuries to be assessed. Overlaps within this injury range should be identified.

Question 2: Are examinations generally arranged within close proximity to claimant/worker's residence, particularly in rural areas?

TAC AND WORKCOVER
Yes, where practical and the independence of the assessor is not compromised.

Question 3: When does the 2nd edition AMA Guides cease to be used?

TAC
AMA 2 assessments continue to apply for accidents prior to 19 May 1998. Although the need for such assessments will diminish over time.

WORKCOVER
AMA 2 assessments continue to apply to weekly compensation, Maims and Common Law access for injuries sustained prior to 12 November 1997, although the need for such assessments will diminish over time

Question 4: Does WorkCover allow those who provide an opinion on a Medical Panel to be independent assessors as well?

WORKCOVER
Yes, but not on the same claim, or for a worker for whom that examiner has already provided a Medical Panel opinion.

Question 5: What should a medical examiner do when a claimant requests that a relative or friend sit in on an examination?

TAC AND WORKCOVER
The medical examiner should decide in each case whether this 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.

Question 6: Should information provided by a relative or friend during an examination be included in the medical report?

TAC AND WORKCOVER
If the injured person cannot provide an adequate history, it may be appropriate for a third person to assist with this. A professional interpreter will usually be arranged to assist in the examination if it is known that one is required. In all cases the report should identify the sources of information relied on in making an assessment.

Question 7: Where an examiner has insufficient evidence at the time of assessment, should they provide an impairment assessment?

TAC/WORKCOVER
Never. If there is insufficient medical evidence either by report, history, examination or investigations, on which to form a medical opinion, none should be offered. Doctors must never be forced to give opinions if there are inadequate medical grounds to support an opinion. Under these circumstances the doctor should identify in a report to the referring body the information required to complete the assessment.

Question 8: Under what circumstances should an examiner modify an assessment? (See section 2.2 in the Guides)

On page 8 the Guides state that "*The physician must utilize the entire gamut of clinical skill and judgement in assessing whether or not the results of measurements or tests are plausible and relate to the impairment being evaluated. If in spite of an observation or test result the medical evidence appears not to be of sufficient weight to verify that an impairment of a certain magnitude exists, the physician should modify the impairment estimate accordingly, describing the modification and explaining the reason for it in writing.*"

Question 9: If an Authorised Agent is unhappy with an assessed level of impairment is there any avenue for appeal?

WORKCOVER
The only avenue for an Agent to challenge an AMA4 impairment assessment is under Administrative Law. Agents however are able to query assessments and seek clarification of how the Guides assessment criteria have been applied.

Question 10: Is there a particular order for combining individual impairment percentages?

TAC
Combining should be done from the highest percentage to the lowest as required by the Guides.

WORKCOVER
As above. Only impairments from injuries arising from the same accident or incident need to be combined. (Gradual onset injuries will generally be treated as having occurred on the date the claim is made or the worker ceases work, whichever is the latter). Physical and psychiatric impairments must not be combined under any circumstances.

PART B continued

Question 11: Does WorkCover have a standard format for impairment assessments?

WORKCOVER

No, but the report should contain all appropriate information required to support an impairment rating (AMA4, Chapter 2.4 Preparing Reports, p2/10). This information includes:

- the medical evaluation;
- an analysis of the findings; and
- an impairment statement that provides a comparison of the results of analysis with the impairment criteria.

This information is required to enable any knowledgable observer to check the findings with the Guides criteria (Page 1/7).

As an additional requirement of the *Accident Compensation Act 1985*, reports should also specifically address the following ...ies:

- stability of injury/s assessed. If not stable, the timeframe within which a review examination should occur;
- an assessment of the workers whole person impairment, for the accepted injuries assessed, which arose from the same incident, including and excluding any impairment ratings given for total loss determinations made under section 98E;
- any accepted injury which results in total loss as defined in section 98E; and
- any further specialist opinions which may be required.

Question 12: Does WorkCover require an additional assessment regarding an amputation injury involving the lesser toes?

WORKCOVER

In addition to an impairment assessment under the Guides, an examiner will be asked to determine whether the injury should be considered a total loss under the No Disadvantage Compensation table (s98E, *Accident Compensation Act 1985*).

For an injury involving the loss of one or more joints of a lesser toe the following options may be applicable;

- Total loss of any other toe
- Total loss of a joint of any other toe

In this context "any other toe" refers to a toe other than the great toe. For the purposes of an examiner's consideration of this table, it is noted that *the total loss of a ...toe or joint or any part thereof shall be deemed to include the permanent total loss of the use of such ... toe, joint or part* (s98E(2a)).

LETTERS TO THE EDITOR

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IMPAIRMENT ASSESSMENT TRAINING 2002

An Impairment Assessment Training course using the AMA Guides 4th Edition and Prescribed Methods will be held in Melbourne from 19th to 23rd October, and 9th November at Eden on the Park Hotel, Queens Rd, Melbourne.

For further details go to
www.med.monash.edu.au/epidemiology/teaching/short_courses/impairment.html
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