AMA Guides® Editorial Panel

Virtual Panel Meeting
February 20, 2020

Topics

- Welcome
- Meeting Mechanics
- Confidentiality/COI Reminders
- Subcommittee Update
- Comparative Review of Impairment Rating Systems
- Website Update
- Product Update

Welcome, Victoria!

Victoria Riordan joins the AMA as the Program Manager for the AMA Guides® initiative. She will be working closely with editorial panel members and the broader Guides stakeholder community to oversee the development and delivery of AMA Guides content.

Victoria's comes to us from the American Association of Nurse Anesthetists where she facilitated collaboration amongst committee members and subject matter experts to deliver various projects on time and within scope, including e-learning products and various publications.

Establishment of Quorum

- Attendance will be taken to establish Panel quorum.

Panel Members

Marie Acierno, MD
Helene Fearon, PT
Steven Feinberg, MD
David Gloss, MD
Robert Goldberg, DO
Rita Livingston, MD, MPH
Doug Martin, MD
Kano Mayer, MD
Mark Melhorn, MD
Marilyn Price, MD
Noah Raizman, MD
Michael Saffir, MD
Jan Towers, PhD

Panel Advisors

Chris Brigham, MD
Barry Gelinas, MD, DC
Abbie Hudgens, MPA

Meeting Mechanics

- Panel members and advisors may speak at any time throughout the duration of the event.
- All other attendees are on **listen-only** mode. Attendees on listen-only mode may press *1 to indicate to an operator that they would like to speak.
  - We will periodically pause for comments/questions from the community.
  - The operator will temporarily unmute your line to allow you to speak.
- **NOTE:** The AMA is moving away from the ReadyTalk platform. We will soon be testing new platforms and appreciate your patience through this process.

Confidentiality/COI Reminders

- Confidentiality
  - It is at the discretion of the AMA, the publisher and convener, which topics, news items, or policy decisions resulting from this or any Editorial Panel meeting will be announced publicly at the appropriate time. Until and unless the AMA makes such a public announcement, all discussion and decisions made during AMA Guides® Editorial Panel Meetings are confidential.
  - Please refrain from tweeting or participating in podcasts, interviews, or news articles about Panel meetings, discussions, or deliberations. Recording devices by Panel members and co-chairs is strictly prohibited. The AMA will record all Panel meetings for reference materials and will be the only recording of Panel meetings allowed.
- Conflict of Interest (COI)
  - You are here because of your interest and/or experience with the AMA Guides®, but your affiliations could pose a potential conflict of interest. Please mention all of your disclosures if they are relevant to the topic being discussed or the opinions you hold and express.
  - While you were nominated by a society, remember that your Editorial Panel duty is to the AMA Guides®. You are not here to represent the interests of any society, profession, or employer.

Professional.
Ethical.
Welcoming.
Safe.

- Updated policy in early 2019.
- This is what we expect of our members and guests at AMA-sponsored events.
- We take harassment and conflicts of interest seriously. Read our policy or file a claim at **ama-assn.org/codeofconduct** or call **(800) 398-1496**.

Subcommittee Update

- AMA Guides Newsletters and Digital Guides subcommittee membership has been confirmed.
- Over the next week, members will receive emails reiterating the subcommittee's goals and establishing a convenient time for a first meeting.
- Immediate actions:
  - Establish a meeting cadence
  - Select leadership and define roles
  - Define group priorities

Reminder of Subcommittee Assignments

AMA Guides Newsletters

- Helene Fearon
- Chris Brigham
- Mark Melhorn
- Barry Gelinas
- Steve Feinberg

Digital Guides

- Noah Raizman
- Rita Livingston
- Robert Goldberg
- Doug Martin

Overview: Impairment Rating Systems

- While the AMA Guides are widely used throughout the United States and even abroad, every state has a different system for conducting impairment ratings and resolving workers' compensation claims:
  - Varying editions of the AMA Guides from 3rd (published in 1993) to 6th (published in 2007).
  - AMA Guides, but no edition specified
  - State-specific guidelines
  - No guidelines at all
- We have requested four physicians familiar with their state's impairment rating systems to give us an overview.

Michael Saffir, MD

Physical Medicine & Rehabilitation

Connecticut

WC History

- Germany 1884, England 1897
- US Federal 1908, Wisconsin 1911
- CT 1913
- Code Hammurabi, Greeks and Romans
- The Grand Bargain Protects Compensation and Tx vs Legal Suits
- Comprehensive System with Disability (ADA, FMLA), Managed Care (ACA), Liability (FAA). Greater Common Good

CT WC System revisions

- 1993 Managed Care Plans
- State Certification-Approval
  - PPO Networks, Negotiated Fees
- Official State Fee schedule – RVU base and differential multipliers.
- Official Guidelines: 2008 MD-ESQ, 2010 Payor-Provider, 2013 Med.Tx

WC Claim

- Injury Reported
- Indemnity Administration - costs
- Medical Evaluation
- Medical Treatment – costs
- Indemnity Wage Loss - TTD – TPD
  - 75% Weekly Wage CT-TPD=TTD
- Max.Med.Improve- Perm.Stationary
- Relapse-Recurrence
  - Curative-Palliative Tx
- PPD and Wage Loss, CT= 308a

Initial Actions

Employee	Employer/Insurer	Attending Physician
Immediately reports injury/illness to employer	Provides employee with initial medical treatment	Renders initial medical treatment
Accepts initial medical treatment from employer-designated physician	Files "First Report of Injury" Form (Accident Report)	Submits initial medical report to employer/insurer and to injured/ill employee at same time
Files 30C Claim Form (Notice of Claim for Compensation)		

Initial Follow-Up

Employee

Chooses attending physician, after initial medical treatment

Accepts appropriate medical treatment from attending physician

Furnishes employer/insurer with record of physician/treatment visits for mileage reimbursement

Employer/Insurer

Provides wage statement to insurer, who initiates payment of Temporary Total Disability (TT) benefits upon confirmation of total incapacity.

Insurer provides Cost-of-Living Adjustment(s) and/or Dependency Allowance.

Pays medical bills

Attending Physician

Renders appropriate medical treatment

Confirm Temporary Disability

Provides medical reports as needed to employer/insurer and to injured/ill employee at same time

Sends medical bills to employer/insurer

Recovery Follow-up

Employee

Requests light duty from employer.
If unavailable from employer, performs job search, requests Temporary Partial Disability (TP) benefits.

If physician states restrictions permanent, may apply to WCC's Rehabilitation Services for help with job retraining and/or placement

Employer/Insurer

Sends a Form 36 (Discontinuation Notice) to Workers' Compensation Commission and to injured/ill employee for discontinuation of TT benefits

Begins payment of TP benefits

Continues paying medical bills

Attending Physician

Reports injured/ill employee's medical status and work restrictions to employer/insurer and to employee at same time

Render appropriate medical treatment with periodic medical reports.

Sends medical bills to employer/insurer

P&S/MMI

Employee

Contacts insurer to reach agreement on Permanent Partial Disability (PPD) benefits for any permanent physical impairment

Signs Voluntary Agreement for PPD benefits

Employer/Insurer

Begins payment of PPD benefits
May request IME

Issues Voluntary Agreement for PPD benefits for any permanent physical impairment

Attending Physician

Issues disability evaluation for any permanent physical impairment on Form 42 or in the form of a medical report to the Workers' Compensation Commission, the injured/ill employee, and the employer/insurer, at the same time

Extended Benefits

Employee

May request an Informal Hearing with a Workers' Compensation Commissioner to apply for additional discretionary wage differential "308a" benefits prior to the end of the period for which PPD benefits are paid

Employer/Insurer

Pays additional wage differential "308a" benefits, as directed by Worker Compensation Commissioner at an Informal Hearing

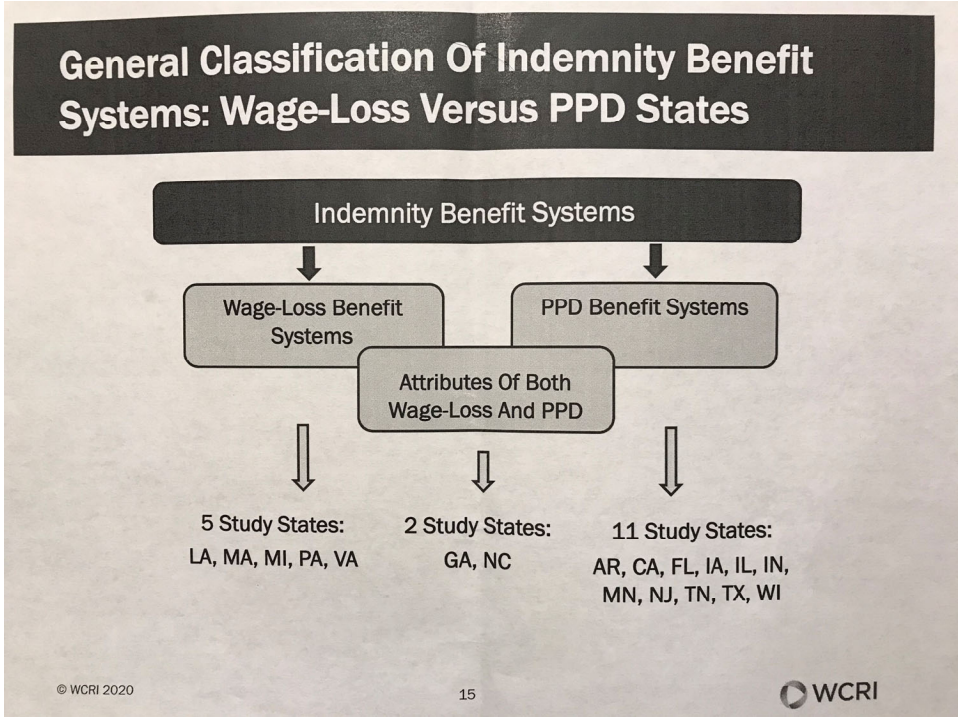
Continues paying medical bills

Attending Physician

Renders further medical treatment, if necessary

Sends medical bills to employer/insurer

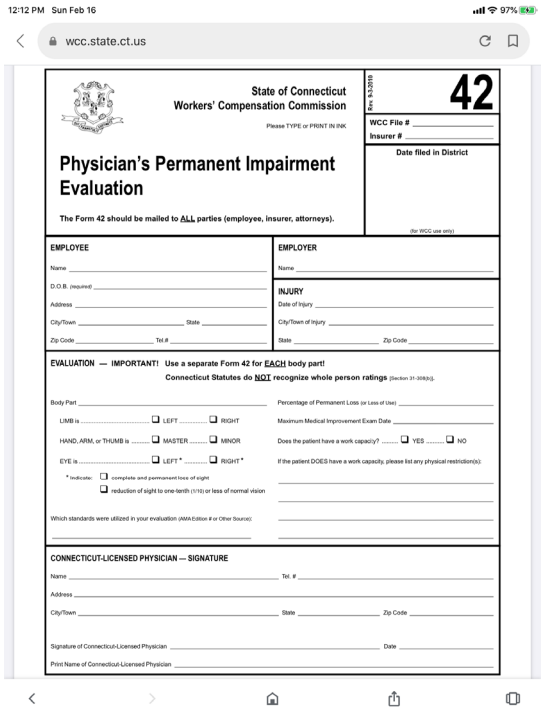
Wage Loss and PPD



PPD Permancy

- Standards
- Identified

- Residual
- Capacity



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wcc.state.ct.us

State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 9.3.2015

42

WCC File #

Insurer #

Date filed in District

(for WCC use only)

Physician's Permanent Impairment Evaluation

The Form 42 should be mailed to ALL parties (employee, insurer, attorneys).

EMPLOYEE

Name

D.O.B. (required)

Address

City/Town State

Zip Code Tel.#

EMPLOYER

Name

INJURY

Date of Injury

City/Town of Injury

State Zip Code

EVALUATION — IMPORTANT! Use a separate Form 42 for EACH body part!

Connecticut Statutes do NOT recognize whole person ratings (Section 31-308(b)).

Body Part

LIMB is ..... ❑ LEFT ..... ❑ RIGHT

HAND, ARM, or THUMB is ..... ❑ MASTER ..... ❑ MINOR

EYE is ..... ❑ LEFT * ..... ❑ RIGHT *

* indicate: ❑ complete and permanent loss of sight

❑ reduction of sight to one-tenth (1/10) or less of normal vision

Which standards were utilized in your evaluation (AMA Edition # or Other Source):

Percentage of Permanent Loss (or Less of Use)

Maximum Medical Improvement Exam Date

Does the patient have a work capacity? ..... ❑ YES ..... ❑ NO

If the patient DOES have a work capacity, please list any physical restriction(s):

CONNECTICUT-LICENSED PHYSICIAN — SIGNATURE

Name Tel. #

Address

City/Town State Zip Code

Signature of Connecticut-Licensed Physician Date

Print Name of Connecticut-Licensed Physician

AMA Guides Editions Adopted

CT WC Guidelines

- MD-ESQ and Payor-Provider guides updates by WCC. Specify AMA guides, 5th-6th, by MD choice.
- Require Regional Impairment, AMA Guides Conversion Algorithm
- Scheduled injuries = # Weeks Pay.
- Treatment Guidelines vs ODG, Reed, ACOEM, Milliman

Issues

- Regional Impairment – Conversion factors.
- Differences between 5th & 6th editions ratings and Esq requests.
- Primary means of Compensation for patients.
- Effort required for updates and advocacy.

Robert B. Goldberg, DO

Physical Medicine & Rehabilitation

New York

History

- 1996 Board issued Medical Guidelines - effective
  - Through 2011: Concept of Schedule/Non-Schedule

- 2012 “Medical Impairment and Loss of Wage Earning Capacity Guidelines were published. Schedule Loss of Use carried over.

- 2018 Newly revised SLU

Types of Awards

- Schedule Loss of Use
  - A cash benefit for the loss of earning power from permanent impairment for a body part resulting from an on-the-job injury.

- Non-Schedule Loss of Use

Schedule Loss of Use Awards

- Must be a permanent impairment
- Must involve anatomical or functional loss
- Must have reached maximum medical improvement

- No residual impairments remain in head, back or neck as example
- Cannot be a body part that is progressive or with severe pain of major joint

Concepts of Wage Earning Capacity

- In 2007, workers' compensation reform legislation established duration limitations on non-schedule permanent partial disability awards based on an injured worker's loss of wage-earning capacity.

Following discussion and compromise, Legislation was drafted to address the determination for Loss of Use of a body part. *This predates AMA Guides*

‘07 WC Compensation Reform and Workers Compensation Reform Task Force

In 2010, the Task Force issued recommended guidelines for the evaluation of medical impairment for non-schedule permanent partial disabilities, including the spine, pelvis, respiratory, cardiovascular, skin, brain, and pain.

Mandate for SLU Revision 2018 Revision

- Incorporate medical advances
  - Surgery
  - Physical Medicine & Rehabilitation
  - Imaging

NYS Orthopedic Society Proposal

- NY State Society of Orthopedic Surgeons crafted an SLU proposal.
- A cornerstone was the introduction of ***PAIN*** as a component.
- Weight of award for pain by itself was 10%.
- Who doesn't complain of pain? Introduce me!

Public Comment Period

- MSSNY Submission was 11 pages single spaced.
- Huge number of comments were received throughout the state.
- NYS Orthopedic society SLU Guideline - withdrawn.
- New SLU Guideline drafted.

2018 Revision Distributed for Comment

- Four comments were received- all addressed legal issues
- The current SLU was Adopted.

NY is Special and …

- California experience with AMA Guides, the numbers came out too low, labor objected
- Regulatory v Statute
- Flexibility
- Cost
- Demands the best from all sources

Methods for Determination-SLU

- Range of motion-goniometer readings x 3
- Table of expected values exceeds AMA Guides
- Comparison to opposite side prevails!
- Strictly objective criteria may be used
- Only an MD/DO may perform

Special Considerations-SLU

- Each joint is given a narrative for consideration
- Allows for insight for measurement
- Awards values for special circumstances

Special Considerations

- Body habitus - role of contralateral side
  - Shoulder
  - Hip
  - Knee

Maximum range of motion loss= ankylosis

When there is a loss of 2 motions of a given joint is found- the greater value is used for shoulder- Up to 10% but NOT BOTH

Do not add minor loss to a major value

Special Considerations

- Body part losses are not added except for “Loading”- fingers as they contribute to hand

- Eliminated “Special Bonus”
  - For knee arthroscopic knee surgery
  - Rotator cuff tear as found on MRI

Total Joint Arthroplasty

- Standardized and better outcomes established
- Weight of award adjusted
- MMI defined with new and adjusted values
- An overall 35% SLU is awarded to a good outcome

Non-Schedule Loss of Use: Radiculopathy

Table S11.4: Radiculopathy Criteria

Residual radicular pain >6 months after surgery is usually investigated with post-operative imaging.

Table S11.4: Radiculopathy Criteria

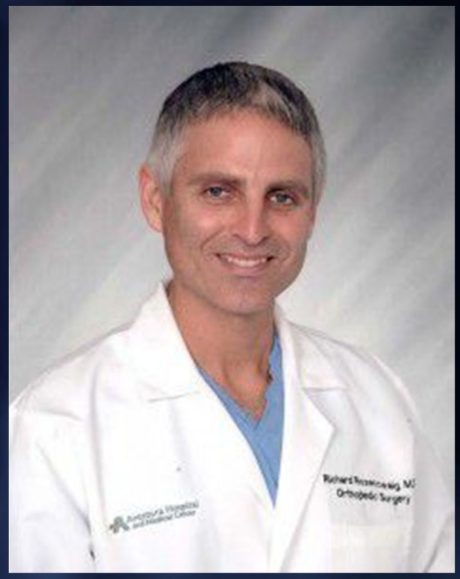
Objective Testing	Documented Objective Findings at the Time of Rating	Score
Imaging	Findings of: • significant disc abnormalities that displace nervetissue **and/or** • bony/mechanical nerve root encroachment evident on imaging. These imaging findings must correlate with the clinical picture.	Yes/No Yes = 16 No=0
EMG Abnormalities	Findings of: • fibrillation potentials **and/or** • positive sharp waves • seen in at least 2 muscles in the distribution of the involved nerve root(s).*	Yes/No Yes = 6 No=0

What Does This Actually Mean?

"A Disc herniation is seen that encroaches the thecal sac?"

Richard Rozencwaig, MD

Orthopaedic Surgery
Florida



Overview

- In Florida, the AMA Guides are utilized to determine impairment ratings for automobile accidents, personal injury, maritime accidents and federal workers compensation cases.

- Otherwise, for non-federal workers compensation cases, impairment ratings are determined by the 1996 Florida Uniform Permanent Impairment Rating Schedule (FUPIRS)

- The last update to this system was in 1996

Basis for the 1996 FUPIRS

Section 440.15(3)(a)2, Florida Statutes, as amended, requires that the State of Florida establish a guide for use in the evaluation of permanent impairments for the calculation of impairment benefits payable and to establish the permanent impairment necessary for wage-loss benefits payable under Section 440.15(3)(a)3, Florida Statutes, as amended. Moreover, "This schedule must be based on medically or scientifically demonstrable findings as well as the systems and criteria set forth in the AMA Guides; the Snellen Charts, published by the AMA Committee for Eye Injuries; and the Minnesota Department of Labor and Industry Disability Schedules. This schedule should be based upon objective findings. The schedule shall be more comprehensive than the AMA Guides and shall expand the areas already addressed and address additional areas not currently contained in the Guides."

This Guide, known also as the schedule, is established by the three-member panel, set forth in Section 440.13(12)(a), working in cooperation with the Division of Workers' Compensation. In establishing this Guide, the three-member panel and the Division were assisted by an advisory panel of representative health care specialties and by a member of the Florida Bar.

FUPIRS and AMA Guides

- The FUPIRS is comprised of components of the 2nd, 3rd, and 4th Editions of the AMA Guides. The 5th and 6th Editions of the AMA Guides were published subsequent to Florida's adoption of its current uniform permanent impairment rating schedule.

Strengths & Weaknesses

- The strength of the FUPIRS is the simplicity, as the FUPIRS is 118 small pages. Since it has been in use since 1996, all participants in the system (i.e., Nurse Case Managers, Adjusters and Attorneys) are beyond familiar with the system.

- In the meantime, the fact that the guide is 24 years old is its weakness.

Challenges, Including Personal & Legal

- The greatest challenge that the FUPIRS poses is the overwhelming importance given to ROM measurements. Given that a claimant may subjectively limit his/her ROM, the FUPIRS may assign an inappropriately high PIR.

- Meanwhile, a claimant with well-maintained ROM may receive an inappropriately low PIR despite a symptomatic diagnosis that should result in a reasonable impairment.

Patient Impact

- While health care has evolved since 1996, the system developed 24 years ago to determine permanent impairments is not providing claimants with the state-of-the-art method to address their injuries.

2011 Three-Member Panel Biennial Report of the State of Florida

- The Florida Legislature was concerned as to whether a workers' compensation injury that occurs in 2011 and beyond be evaluated under an impairment rating system which is based on medical science and concepts that have been in place for as long as twenty years?
- To provide a proper comparison of the more recently developed AMA Guides to Florida's current impairment rating guide, the Division of Workers' Compensation commissioned Impairment Resources, LLC to conduct a comparative analysis of 75 randomly selected cases from a group of 200 cases previously rated with the 4th, 5th and 6th editions of the AMA Guides.

Findings

- The study observed a modest difference between the average whole person permanent impairment values obtained with the FUPIRS compared to the 6th Edition of the AMA Guides, and concluded that the change is not statistically significant.
- However, the authors did acknowledge that the limited range of impairment values in the study might have contributed to the lack of statistical significance when comparing group means.
- The authors further disclosed that the insignificant changes in whole person impairment values with the Sixth Edition were anticipated and principally due to the recognition that:
    - FUPIRS employed methodologies present in earlier Editions of the AMA Guides that are no longer considered appropriate;
    - Surgery and all therapeutic endeavors should improve function and therefore should not routinely increase impairment, and;
    - Certain common conditions that resulted in functional deficits and no ratable impairment in the FUPIRS and prior Editions of the AMA Guides should be ratable.

Conclusions and Recommendations

- The authors further conclude that in the event that Florida adopts the AMA *Guides to the Evaluation of Permanent Impairment,* Sixth Edition, its workers' compensation program would be using the most medically current impairment rating system available and would be able to depart from the old methodologies used within FUPIRS.
- It is the Panel's recommendation that the Legislature consider authorizing an interim study to determine whether to retain, update, amend, or replace the Florida Uniform Impairment Rating Schedule.

Barry Gelinas, MD, DC

INTERNATIONAL PANEL ADVISOR,
AMA GUIDES EDITORIAL PANEL

Impairment Rating Systems

Evaluating personal injuries from automobile accidents
A Canadian Perspective

Compare Impairment Rating Systems in the Provinces of Alberta and Ontario

- The province of Alberta is in Western Canada- bordered to the south by the state of Montana. Population 4.5 million. Largest city: Calgary

- The province of Ontario is in Eastern Canada- bordered to the south by the states of (from west to east) Minnesota, Michigan, Ohio, Pennsylvania and New York. Population 14.7 million. Largest city: Toronto

Alberta
Impairment Rating System

- In the province of Alberta there is no current government legislation mandating the use of any edition of the American Medical Association Guides to the Evaluation of Permanent Impairment (“AMA Guides”) in evaluating permanent impairment from automobile accidents.

- There appears to be a preference in judicial commentary for the most recent edition of the AMA Guides. On the assumption that it is favoured by the majority of physicians.

Ontario
Impairment Rating System

- On September 1, 2010, the province of Ontario implemented Regulation 34/10: Statutory Accident Benefits Schedule (“SABS”).

- Since June 1, 2016, a catastrophic impairment has been defined to include 8 categories of impairment. These are defined and listed in PART 1, GENERAL, Section 3.1 Catastrophic impairment of the SABS.

8 Categories of impairment

1. Paraplegia or tetraplegia that meet criteria listed in the SABS.

2. Severe impairment of ambulatory mobility or use of an arm, or amputation that meets one of the criteria listed in the SABS.

3. Loss of vision of both eyes that meets the criteria listed in the SABS

8 Categories of impairment

- **4.** If the insured person was 18 years of age or older at the time of the accident, a traumatic brain injury that meets the criteria listed in paragraph 4.

- **5.** If the injured person was under 18 years of age at the time of the accident, a traumatic brain injury that meets one of the criteria listed in the SABS.

8 Categories of impairment

- **6.** Subject to subsections (2) and (5), a physical impairment or combination of physical impairments that, in accordance with the AMA Guides, 4th edition, 1993, results in 55 percent or more physical impairment of the whole person.

8 Categories of impairment

- **7.** Subject to subsections (2) and (5), a mental or behavioural impairment, excluding traumatic brain injury, determined in accordance with the rating methodology in Chapter 14, Section 14.6 of the AMA Guides, 6th edition, 2008, that when the impairment score is combined with the physical impairment described in paragraph 6 in accordance with the Combined Values Table of the AMA Guides, 4th edition, 1993, results in 55 percent or more impairment of the whole person.

8 Categories of impairment

- **8.** Subject to subsections (3) and (5), an impairment that, in accordance with the AMA Guides, 4th edition, 1993 results in a class 4 impairment (marked impairment) in three or more areas of function that precludes useful functioning or a class 5 impairment (extreme impairment) in one or more areas of function that precludes useful functioning, due to mental or behavioural disorder.

Ontario
Impairment Rating System Summary

- As of June 1, 2016, the Insurance Act Ontario Regulation 34/10 mandates:

  1. The use of the AMA Guides 4th edition, 1993 to assess permanent physical impairment.

  2. The use of the AMA Guides 6th edition, 2008, to assess permanent mental or behavioral impairment.

Ontario
Impairment Rating System Summary

3. The use of the AMA Guides, 4th edition, 1993, to combine impairment score for mental or behavioral impairment (determined using the AMA Guides, 6th edition, 2008) with a physical impairment (determined using the AMA Guides, 4th edition, 1993).

4. Catastrophic impairment is defined as 55 percent or more impairment of the whole person.

Ontario
Impairment Rating System Summary

5. Using the AMA Guides 4th edition, 1993, subject to subsections (3) and (5), an impairment due to mental or behavioral disorder that results in a class 4 impairment (marked impairment) in three or more areas of function that precludes useful functioning, or a class 5 impairment (extreme impairment) in one or more areas of function that precludes useful functioning are also considered catastrophic impairments.

Demo: AMA Guides Site

- We'd like to thank Brande Martin, Director of Digital Publishing, and her team for their work in setting up our Guides online presence.
- The Guides section of the site will include:
  - An overview of the AMA Guides initiative
  - Editorial Panel selection process
  - Headshots and bios of Editorial Panel members and advisors
  - Panel meetings and ability to register online
  - Proposal submission ability
  - Guides FAQs

Digital Guides Update

- The AMA is working towards a digital Guides solution that houses Guides content and calculators that reduce the manual effort required in issuing impairment ratings.
- Right now, we are focused on the content, specifically determining how users can access and interact with content from within a calculator environment.
- Next steps:
  - Preparation of Guides 6th Edition and Newsletters content for digital rendering
  - Build and test user-facing digital platform for content
  - Software and content integration

Closing

- **Next Meeting**: March 19, 2020 (Virtual)
  - Brief subcommittee update will be provided

- Spring **LIVE Meeting** will take place on **April 23, 2020** from 8:30am-4pm CT.
  - Panel members and advisors book their own travel and accommodations using the AMA Travel Policy.
  - Optional hosted dinner the evening of April 22, 2020 at 5:30pm CT for those who can make it.