



AMA Guides® Editorial Panel

Public Meeting

Thursday, December 15th, 2022

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Participants will be placed in the waiting room until the meeting begins at 6:00pm CT

Agenda

- AMA Guides Sixth 2023 ‘Townhall’
- Tinnitus Proposal
- Executive Session



Attendance

Panel Members

Steven Feinberg, MD

David Gloss, MD

Jeff Keller, MD

Rita Livingston, MD, MPH

Doug Martin, MD

Idalia Massa-Carroll, PhD

Kano Mayer, MD

Mark Melhorn, MD

Gayla Poling, PhD

Marilyn Price, MD

Noah Raizman, MD

Michael Saffir, MD

Robert Sataloff, MD

Panel Advisors

Chris Brigham, MD

Hon. Shannon Bruno Bishop, JD

Barry Gelinias, MD, DC

Abbie Hudgens, MPA

Hon. David Langham, JD

Les Kertay, PhD

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**.

Meeting Mechanics

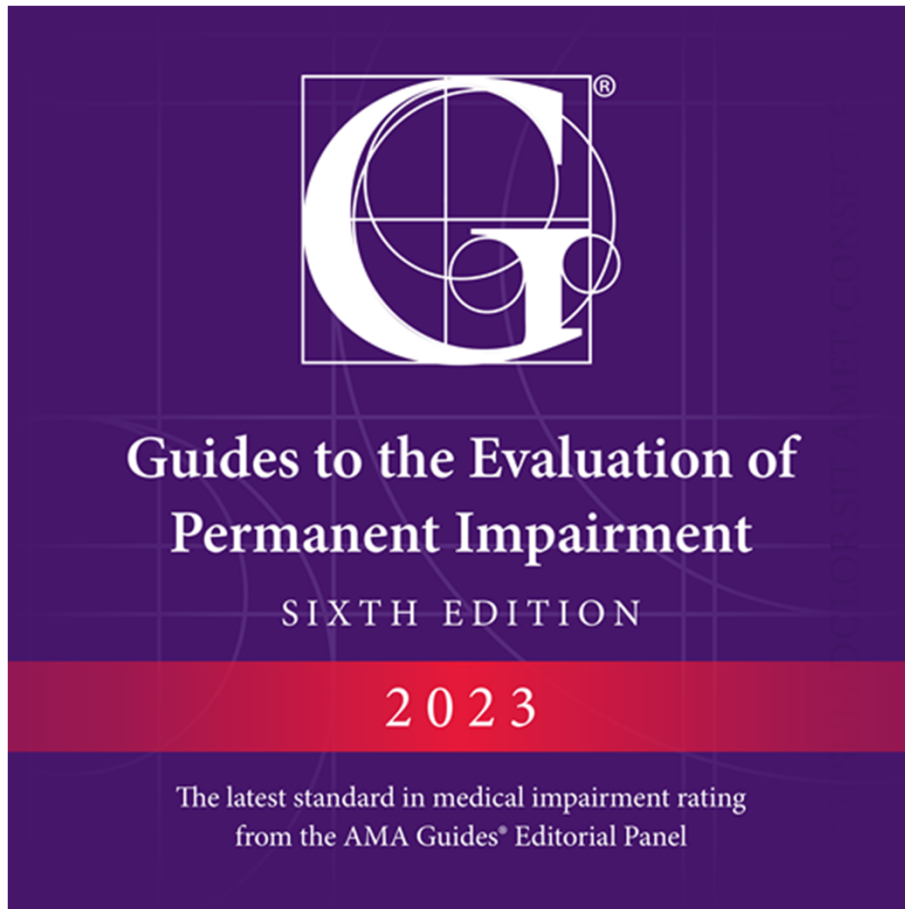
- This meeting is being recorded.
- Webcams are optional but may be used if Panel Members and Advisors wish to do so
- Panel members and advisors are open-line participants and may speak at any time throughout the duration of the event.
- Please consider muting your phone to prevent background noise and raising your hand to pose a question or comment. Staff may mute you if there is too much background noise.
- Hand raise or chat feature encouraged to indicate desire to speak.
Please unmute yourself prior to speaking.



AMA Guides Sixth 2023

*AMA Guides Editorial Panel
December 15th, 2022*

*Douglas W. Martin, MD Panel Co-Chair
J. Mark Melhorn, MD Panel Co-Chair*



AMA Guides Sixth 2023

- On January 1, 2023, the American Medical Association will consider Guides 6th 2023 to be the most recent edition of the AMA Guides and the most current edition of Guides 6th.
- Available on www.amaguidesdigital.com

Summary of Impairment Rating Changes

- **Chapter 11 (ENT):** No Changes to Impairment Ratings
 - Robert Sataloff, MD on behalf of *the American Academy of Otolaryngology–Head and Neck Surgery*
- **Chapter 13 (Nervous System):** Changes to Impairment Ratings
 - Diana Kraemer, MD and James Underhill, PsyD, MP on behalf of the *International Academy of Independent Medical Evaluators*
- **Chapter 15 (Upper Extremity):** Minimal impact to Impairment Ratings; encourages use of the DBI method over ROM
 - Gary Pushkin, MD and Barry Gelinas, MD, DC on behalf of the *International Academy of Independent Medical Evaluators*

Chapter 11: Ear, Nose, Throat, and Related Structures

- **11.2g Equilibrium**

- Inclusion of videonystagmography
- Addition of Rotary Chair Testing

- **11.4b Mastication and Deglutition**

- Text added: Dysphagia may be caused by structural, neuromuscular, neoplastic and other maladies. Oropharyngeal tumors must be ruled out and may occur even in young people, especially in association with human papilloma virus (HPV) infection
- New dysphagia example

Chapter 15: The Upper Extremities

- **Tables 15-2, 15-3, 15-4 and 15-5**

- The words “with normal motion” be removed from all sections in which it appears; elimination of the footnote from the DBI tables that says: “*If motion loss is 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.”

- **Section 15-7 (and 15-3b)**

- Edited to reinforce DBI as preferred method, but, when presented with decreased ROM, a rater can consider that as an alternative method when the impairment isn't able to be rated with the DBI paradigm.

Nervous System (Ch 13) - Highlights

- Improved adherence to the principles of the Sixth Edition by promoting the concept of Diagnosis Based Impairment.
- Simplification and conformity of tables with all other Guides chapters. Highlights include:
 - GAF has been incorporated into the MSCHIF as the MSCHIF-E to maintain consistency w/ Chapter 14
 - Aphasia has been incorporated into the Mental Status Examination within the MSCHIF-E
 - Episodic Disorders of Consciousness modified as Episodic Disorders
 - Three tables on pain consolidated into one (Neuropathic Pain)
 - Central Sleep Disorders deferred to Chapter 14, consistent with the DSM-5
- QuickView Worksheet created to improve Inter-Rater Reliability and allows examiner to rate multiple impairments

QuickView Worksheet

Impairment Table	CLASS 1	CLASS 2	CLASS 3	CLASS 4	Comments
Key Factor: ADLs	Some difficulty with ADLs and IADLs	The condition limits IADLs but not basic ADLs	The condition limits IADLs and some basic ADLs	The condition limits both IADLs and ADLs	
GRADE MODIFIERS:					
BOTC	A B C	A B C	A B C	A B C	
Adaptive Measures	A B C	A B C	A B C	A B C	
GRADE MODIFIER INSTRUCTIONS: EITHER ADAPTIVE MEASURES OR BOTC MAY BE APPLIED; IF BOTH ARE APPLICABLE, THE RATER SHOULD CHOOSE THE HIGHER RATING. BOTC AS DEFINED IN TABLE 13-1D. ADAPTIVE MEASURES AS DEFINED IN SECTION 13.1d. A = MILD: PERFORMS ACTIVITIES WITHIN CLASS WITH SYMPTOMS WITHOUT ADAPTATION B = MODERATE: PERFORMS ACTIVITIES WITHIN CLASS WITH ADAPTATION C = SEVERE: PERFORMS MOST, BUT NOT ALL, ACTIVITIES WITHIN CLASS WITH ADAPTATION					
<u>COMMENTS:</u>					
Table 13-5B, Episodic Disorders ^b	A B C	A B C	A B C	A B C	
Table 13-5C, MSCHIF-E ^b	A B C	A B C	A B C	A B C	
Table 13-5D, Upper Extremity CNS Dysfunction	A B C dom A B C nondom	A B C dom A B C nondom	A B C dom A B C nondom	A B C dom A B C nondom	
Table 13-5E, Station and Gait Disorders	A B C	A B C	A B C	A B C	
Table 13-5F, Neurogenic Respiratory Dysfunction	A B C	A B C	A B C	A B C	
Table 13-5G, Neurogenic Bowel	A B C	A B C	A B C	A B C	
Table 13-5H, Neurogenic Bladder	A B C	A B C	A B C	A B C	
Table 13-5I, Neurogenic Sexual Dysfunction	A B C	A B C	A B C	A B C	
Table 13-5J, Neuropathic Pain	A B C	A B C	A B C	A B C	
Table 13-5K, Migraine	A B C	A B C	A B C	A B C	
Ratings From Other Chapters					
Combined Values Table					

Rating Neurologic Impairment

- Identification of a Key Factor to identify Class: *Effect on ADLs consistent with known natural history of the diagnosis*
- Introduction of Grades within Classes along with Grade Modifiers
 - 3-Grade system with Grade A as the foundation
 - Burden of Treatment Compliance (BOTC) and Adaptive Measures can be used to Adjust Grade within Class
- Creation of a BOTC that is not burdensome on the evaluator
 - Treatments/interventions that are considered typical for the treatment of a neurologic disease are not factored into the BOTC and do not affect the impairment rating
 - Treatments/interventions that exceed those typical of a neurologic disease may be included in BOTC

JANUARY 26-29, 2023

IAIME 36TH ANNUAL MEETING IN LAS VEGAS

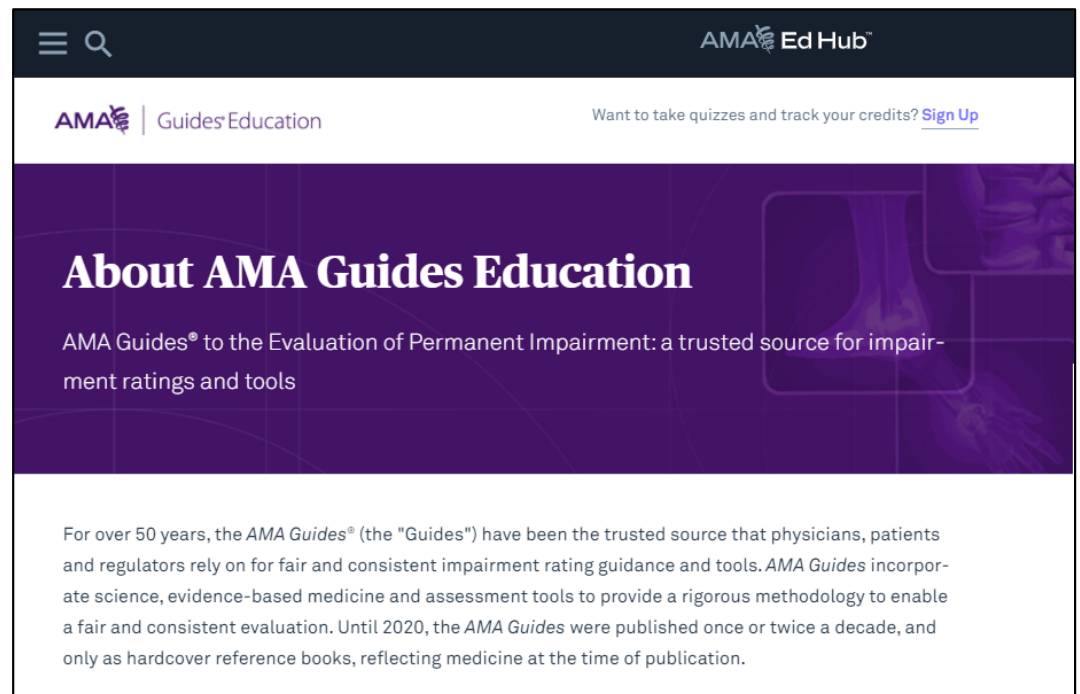
Registration is now open!

THURSDAY, JANUARY 26
CAUSATION SCIENCE


8:00 - 9:00 AM

Introducing *The Nervous System: AMA Guides 6th Edition Digital 2023*

Fabrice Czarnecki MD, Diana Kraemer MD,
James Underhill PsyD



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About AMA Guides Education

AMA Guides® to the Evaluation of Permanent Impairment: a trusted source for impairment ratings and tools

For over 50 years, the *AMA Guides*® (the "Guides") have been the trusted source that physicians, patients and regulators rely on for fair and consistent impairment rating guidance and tools. *AMA Guides* incorporate science, evidence-based medicine and assessment tools to provide a rigorous methodology to enable a fair and consistent evaluation. Until 2020, the *AMA Guides* were published once or twice a decade, and only as hardcover reference books, reflecting medicine at the time of publication.

Questions and Discussion





Physicians' powerful ally in patient care

Tinnitus Proposal



Background & Summary

- Concept first introduced to the Panel in February 2022
- Proposed use of Tinnitus Handicap Inventory to assign ratings (1-5%) for tinnitus impairments (with or without hearing loss)
- Discussions during the previous meetings resulted in revisions to the proposal to determine how the THI could be used for ratings and parameters around testing

Discussion

1. Primary Reviewer (Sataloff)
2. Secondary Reviewer (Poling)
3. Panel comments
4. Public comments

2023 Guides Panel Meeting Dates

January 19	Public Meeting 6 PM Central (Virtual)
February 23	Exec Session/Subcommittee/Workgroup meeting
March 30	<i>In Person, All Day (Chicago, IL) w/ Virtual Option</i>
April 27	Exec Session/Subcommittee/Workgroup meeting
May 11	Public Meeting 6 PM Central (Virtual)
June 15	Public Meeting 6 PM Central (Virtual)
July 13	Exec Session/Subcommittee/Workgroup meeting
August 10	<i>In Person, All Day (Chicago, IL) w/ Virtual Option</i>
Sept. 28	Exec Session/Subcommittee/Workgroup meeting
October 19	Public Meeting 6 PM Central (Virtual)
Nov 9	Exec Session/Subcommittee/Workgroup meeting
Dec 14	Public meeting 6 PM Central (Virtual)