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# AMA Guides® Editorial Panel

Public Meeting  
Thursday, October 14<sup>th</sup>, 2021

*Please Mute Your Computer to Prevent Background Noise*

*Participants will be placed in the waiting room until the meeting begins at 10:00 AM CT*

# Topics

- AMA Guides Sixth 2022 - Update
- Newsletter – Authoritative Article Recommendations
- Grade Modifiers
- Editorial Priorities
- 2022 Meeting Calendar
- Upcoming Proposals (November)
  - ENT proposal + fPROMs

# Attendance

- Attendance will be taken to establish a quorum.

## Panel Members

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  
Lylas Mogk, MD  
Marilyn Price, MD

Noah Raizman, MD  
Michael Saffir, MD  
Jan Towers, PhD

## Panel Advisors

Chris Brigham, MD  
Hon. Shannon Bruno Bishop, JD  
Barry Gelinas, MD, DC

Abbie Hudgens, MPA  
Hon. David Langham, JD

# 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](https://ama-assn.org/codeofconduct) or call **(800) 398-1496**.

# Meeting Mechanics

- 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.
- All other attendees are open line participants but have been auto-muted to prevent background noise.
- Hand raise or chat feature encouraged to indicate desire to speak. **Please unmute yourself prior to speaking.**

# AMA Guides Sixth 2022

Luis Seija, MD & Emily Dewar, MD  
Members since 2015

## Public Comment Summary

1. (Gelinas): The AMA Guides Sixth 2022 should be consistent with the errata issued August of 2008; table 2-1 should also be edited to reflect ‘chiropractors and others permitted to do impairment ratings’ in order to reconcile language in 2.3a. **Accepted**
  
2. (Mueller and Gillaspay): ACOEM and APA supports and appreciates the addition in section 1.3b that now officially incorporates the biopsychosocial model as a core concept in impairment rating and the ICF mode. We recommend a change to language in 1.3d which in this version is suggested to read “impairment rating: consensus derived percentage estimate of loss of activity reflecting ADLs.” The following section 1.3e Domains of Personal Function includes a discussion of ADLs and IADLs. We suggest the term ADLs in the revised version be replaced with **“domains of personal function.”** If the editors would prefer other wording then **“ADLs” could be replaced with “ADLs and IADLS”**. The majority of recognized patient report outcome tools include questions on IADLs. The PROMs we plan on recommending for musculoskeletal chapters all contain IADLs assessments.  
**Resolution on Next Slide**
  
3. (Gillaspay- APA): In section 1.3 E domains of personal function, we would suggest changing the subtitle “Self-care” to “Self-care and productive activity.” Related to this, Table 1- 1 lists the levels of “activities of daily living”, and “instrumental activities of daily living” (IADLs). To be consistent with the literature<sup>1-3</sup>, we would recommend calling the first level “basic activities of daily living” or BADLs, and adding a third level, “advanced activities of daily living” or AADLs. AADLs would include being able to work, learn new information, engage in community service, and participate in recreational activities. **Resolution on Next Slide**



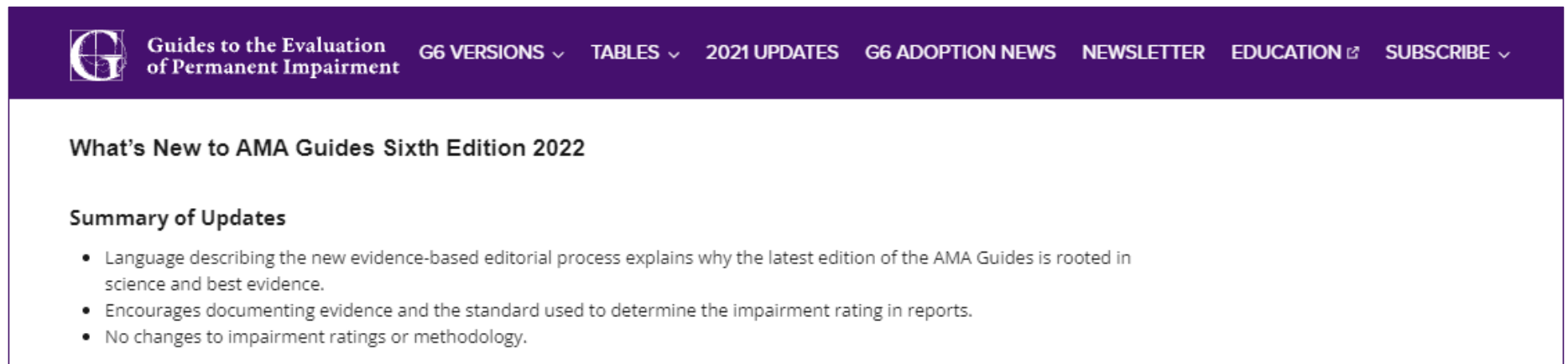
## (#2 and #3) Comment Resolution

- **Panel Feedback:** Upon further examination, the panel has concerns that simply accepting the recommendations from ACOEM and APA without scrutinizing and understanding their implications in the entirety of the AMA Guides would present the opportunity for unintentional consequences in the impairment rating process. There is a recognition that this issue should be evaluated in the AMA Guides changes moving forward and the Panel would look forward to continued dialogue on this topic at future meetings.
- **Plans to Revisit this Topic:** This concept will be front and center for the functional patient reported tools in the fPROMs proposal. More guidance in the Guides is needed on how to use IADLs/Social Participation

## AMA Guides Sixth 2022

- AMA Guides Sixth 2022 was approved by the Editorial Panel on September 15<sup>th</sup>, 2021.
- 2022 update is undergoing quality assurance before being posted to AMA Guides Digital. The publication should be available next week, and an announcement will be made.
- Effective January 1, 2022 the AMA will consider the updated AMA Guides Sixth 2022 the most recent edition of the AMA Guides and the most current version of AMA Guides Sixth.

# Update Summary Available on AMA Guides Digital



The screenshot shows the top navigation bar of the AMA Guides website. The navigation bar is dark blue with white text. On the left is the logo for 'Guides to the Evaluation of Permanent Impairment'. To the right of the logo are several menu items: 'G6 VERSIONS', 'TABLES', '2021 UPDATES', 'G6 ADOPTION NEWS', 'NEWSLETTER', 'EDUCATION', and 'SUBSCRIBE'. Below the navigation bar is a white content area with a dark blue header that reads 'What's New to AMA Guides Sixth Edition 2022'. Underneath this header is a section titled 'Summary of Updates' which contains a bulleted list of three items.

**Guides to the Evaluation of Permanent Impairment** G6 VERSIONS ▾ TABLES ▾ 2021 UPDATES G6 ADOPTION NEWS NEWSLETTER EDUCATION ↗ SUBSCRIBE ▾

## What's New to AMA Guides Sixth Edition 2022

### Summary of Updates

- Language describing the new evidence-based editorial process explains why the latest edition of the AMA Guides is rooted in science and best evidence.
- Encourages documenting evidence and the standard used to determine the impairment rating in reports.
- No changes to impairment ratings or methodology.

[https://ama-guides.ama-assn.org/books/pages/2022\\_summary\\_of\\_updates](https://ama-guides.ama-assn.org/books/pages/2022_summary_of_updates)

# Newsletter Subcommittee

## Authoritative Article Recommendations



**Betty Chu, MD**  
Member since 1997

# SOP for Authoritative Articles

- If article content meets the definition of ‘authoritative’, --two levels of review would occur to ensure it reflects an official position of the AMA Guides.
  1. Initial level of review: Newsletter Subcommittee will evaluate whether the proposed article should be classified as authoritative. May also determine if the article should form a proposal to update the Guides and/or if errata is needed.
  2. Newsletter Subcommittee presents its recommendation on selected articles to the AMA Guides Editorial Panel for final decision via consent agenda.
- Individual articles may be extracted from the consent agenda for further discussion if requested by Panel member

# Definitions and Clarifications

- **Authoritative Newsletter Content** reflects an official AMA interpretation, application or clarification.
- **Revisions to the Guides are not made through the Newsletter.** Protocol enforces that if an article proposes revisions to the Guides, that those go through the Guides editorial submission and review process.
  - Newsletter may bring clarifications not revisions to Guides.
  - Newsletter will constantly evaluate changes in the IME/Impairment Rating community. **Consider using articles to leverage revisions to the Guides themselves (Via the formal panel process/submission portal)**

# Articles

- 129 articles (out of 313) are recommended and meet the criteria for authoritative; 30 of these are Q & A
- 3 articles identified as priority that were reviewed by the subcommittee. Those recommendations are available on the consent agenda.

# Consent Agenda


Article Citation	Recommendation
<p>Christopher R. Brigham; Rating Spinal Nerve Extremity Impairment Using the Sixth Edition. <i>Guides Newsletter</i> 1 July 2009; 14 (4): 1–6.  <a href="https://ama-guides.ama-assn.org/newsletter/article/14/4/1/287/Rating-Spinal-Nerve-Extremity-Impairment-Using-the">https://ama-guides.ama-assn.org/newsletter/article/14/4/1/287/Rating-Spinal-Nerve-Extremity-Impairment-Using-the</a></p>	<p>Proceed w/ Authoritative Branding</p> <p>Evaluate feasibility for change to the Guides w/ the Panel</p>
<p>J. Mark Melhorn; Shoulder Impairment Rating: Sixth Edition Clarifications. <i>Guides Newsletter</i> 1 September 2018; 23 (5): 11–15.  <a href="https://ama-guides.ama-assn.org/newsletter/article/23/5/11/78/Shoulder-Impairment-Rating-Sixth-Edition">https://ama-guides.ama-assn.org/newsletter/article/23/5/11/78/Shoulder-Impairment-Rating-Sixth-Edition</a></p>	<p>Proceed w/ Authoritative Branding</p> <p>Should be considered Errata. Change already adopted on AMA Guides Digital to the sixth editions.</p>
<p>Douglas W. Martin, J. Mark Melhorn, James B. Talmage; Q&amp;A: The Role of the <i>QuickDASH</i> in Carpal Tunnel Syndrome. <i>Guides Newsletter</i> 1 July 2020; 25 (4): 14–15.  <a href="https://ama-guides.ama-assn.org/newsletter/article/25/4/14/699/Q-amp-A-The-Role-of-the-QuickDASH-in-Carpal-Tunnel">https://ama-guides.ama-assn.org/newsletter/article/25/4/14/699/Q-amp-A-The-Role-of-the-QuickDASH-in-Carpal-Tunnel</a></p>	<p>Proceed w/ Authoritative Branding</p> <p>Evaluate feasibility for change to the Guides w/ the Panel</p>



## Notes (As Needed)

- *Staff to scribe notes here regarding potential panel discussions if items extracted*

# Future of the Grade Modifiers



**Lase Ajayi, MD**  
Member since 2013

# Current vs. Proposed State

## Current State

- Most body systems utilize a 5-grade scheme, beginning at the mid-class (C ) grade and adjusting up/down based on modifiers.
- More options, decreases interrater reliability.

## Proposed State

- Spine proposal addresses transition to a 3 grade scheme, beginning at the bottom GRADE and adjusting up. Default is the lowest rating in the class.
- Cannot “jump” to the next higher class simply because there are more net-adjustment points.
- Improved accuracy / reliability.

# Questions / Discussion / Next Steps

- Should this proposed scheme should be advanced or utilized in other areas of the Guides and/or become a requirement for all proposals moving forward.
- What evidence is there to support this change?
- What are the implications / unintended consequences?
- How should we proceed? Can anything be done in the short term, especially for areas such as upper/lower to match the spine methodology?







# Editorial Priorities

**Kevin McKinney, MD**  
Member since 1989

# Background

- The Panel periodically publishes a set of editorial priorities to inform the broader stakeholder community of the Panel's primary focus.
- The priorities identify areas where additional guidance is most needed. Relevant stakeholders are encouraged to collaborate to develop proposals for enhancements to the AMA Guides based on advances in medical science in their particular areas of focus.
- Proposals always accepted on any topic.
- Original Priorities established in December 2019

## Editorial Priorities: Work to Date

Priority	Progress	Status
DSM IV to DSM-5		Completed!
Chapter 13: Central & Peripheral Nervous System (includes TBI)		In Progress
Chapter 17: The Spine		In Progress
Rating Terminology		Not Started

# Previous Candidates for Editorial Priorities (2019)

Item	Description
Pain/Chronic Pain (plantar fasciitis, fibromyalgia, hip labral tear, etc.)	Pain is not adequately addressed in the AMA Guides®.
Chronic Dry Eye, postherpetic neuralgia, sternal, rib cage injury, or chronic costochondritis	Not addressed in Chapters 4-17 of the Guides; may be addressed in Chapter 3 (Pain)
Chapter 3 (Pain) is controversial	Pain has been a controversial chapter that the Panel may consider keeping, revising, or removing.
Tinnitus, Digits, Wrist, ROM deficiencies	Ratings are unavailable or the grid does not include various diagnoses within
Updating Chapter 11: ENT	In 2018, the AAOMS published a clinical paper, “Guidelines to the Evaluation of Impairment of the Oral and Maxillofacial Region”, including adding ROM. <b>Proposal for Nov 21 submitted by American Academy of Otolaryngology - Head and Neck Surgery</b>
Updated Definitions: disc bulge, protrusion, herniation	Definitions for the aforementioned have been updated by neuroradiology/surgery associations.
Regional body systems	There are concerns with the rating of regional body systems and WP conversion factors
Industrial Cancers	There is currently no impairment rating procedure for the rating of cancers that occur as a result of a worker’s profession (ex. coal mining and lung cancer, etc.)
Impairment Ratings via Telemedicine	The popularity of telemedicine is taking off across the industry, requiring the AMA Guides® to consider impairment rating guidelines for ratings done using this new technology. 24



# New Issues to Consider

Item	Description
Rib fractures	Craft language to refer to Chapter 3 or Chapter 13. Chapter 5 may be referred to if there is clear evidence of pulmonary dysfunction. In particular, expand working to include costochondritis specify the parameters where the miscellaneous nerve rating and the pulmonary rating may come into play.
Carpal Tunnel	<i>See Newsletter Recommendation</i>
Reflex sympathetic dystrophy / CRPS	If reflex sympathetic dystrophy/complex regional pain syndrome is determined to be unratable, no other DBI from chapter 15 can be used.
Dermatology	Recommend requesting American Academy of Dermatology to review and provide input.
ADLs/ IADLs/AADLs	Updating these definitions and their application in the AMA Guides (per comment from American Psychological Association)

## Discussion / Working Session

- What needs to be done to complete the existing priorities?
  - Do we need to reassess Rating Terminology?
- Which new priorities should be selected?
- Can we add better examples? Or illustrations/other figures?
- How should we prioritize? Important to consider bandwidth. Consider balancing small and larger changes to the Guides.
- AMA will communicate to Federation and other relevant organizations to provide information on opportunities to submit a proposal to update the Guides.

# 2022 Calendar Scheduled Meetings

## Virtual\* Meetings – Confirmed

January 27	Exec Session/Subcommittee/Workgroup meeting
February 17	Public Meeting
March 17	Exec Session/Subcommittee/Workgroup meeting
May 19	Exec Session/Subcommittee/Workgroup meeting
June 23	Public Meeting
July 21	Exec Session/Subcommittee/Workgroup meeting
August 18	Public Meeting
Nov 17	Exec Session/Subcommittee/Workgroup meeting
Dec 15	Public meeting

## Live Meetings – Pending

April – TBD	Live Meeting
September OR October	Live Meeting

\* 6pm Central Time

# Next Meeting: November 18 (6pm Virtual)



**fPROMs:** Recommendations for functional tools and strategy  
(complex vs. simple measures)



**ENT:** New Proposal that introduces new dysphagia example,  
Rotary Chair Testing, Videonystagmography