AMA Guides® Editorial Panel Actions
October 2022

AMA Guides® Editorial Summary of Panel Actions and Public Comment Period Update

The following actions reflect the decisions reached by the AMA Guides® Editorial Panel at its October 2022 meeting. Disclosure of Panel action and deliberation is limited to the information contained in this Summary of Actions. Premature release of information other than that contained in this document is prohibited under the AMA Guides Confidentiality Agreement.

ID	Affiliated Organization(s)	Applicant Name(s)	Action Requested	Editorial Panel Action	Effective Date
100140	American Psychological Association American College of Occupational and Environmental Medicine	Kathryn Mueller, MD Dan Bruns, PsyD Stephen Gillaspy, PhD Robert Glueckauf, PhD	Adoption of the PROMIS-29 measure in the AMA Guides.	• Motion to incorporate PROMIS PF and SF scales in Ch 1 and 2 and all chapters, as applicable, as the preferred patient reported outcome measure, but to acknowledge the relevancy of alternatives as needed (eg, alternative PROMs) • Support the development of an Appendix that is non-specific to a chapter. Permissive of other PROMs, but require use of an outcome measure.	Under Review
100040	International Academy of Independent Medical Evaluators	James Underhill, PsyD Diana Kraemer, MD	Adopt the Nervous System Manuscript (Chapter 13), pending resolution of	• Approve (with editorial clarifications to epilepsy statistics).	January 2023

			public comment.		
NA	N/A	N/A	Approve Errata and corrections to the 6th edition	• Approved; see next page for full summary.	January 2023

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Sixth Edition Errata – October 2022

Table 6-2: *Desirable Weights for Women ~~Men~~ by Height and Body Build*

Section 15.2d Elbow

The elbow region is defined as the region midforearm to midhumerus, including all the bone, joint, ligamentous, and soft-tissue structures encompassing the ~~wrist~~ elbow joint. Instructions are provided in Sections 15.1 and 15.3 and involve the use of Tables ~~15-3, Wrist~~ 15-4, Elbow Regional Grid, and the Table 15-6 adjustment grid (and associated Tables 15-7 to 15-9).

Examples 15-2, 15-3, 15-4, 15-9, 15-11

- 15-2: Impairment Rating: Regional Impairments: Diagnosis "fractures—proximal phalanx, middle phalanx, metacarpal" and per criteria of "Residual symptoms, consistent objective findings and/or functional loss~~,~~; uncomplicated or stable ~~with normal motion~~" assigned to class 1 with midrange default value of 6% digit. Adjustment Grids: Functional History: Grade modifier 1, Physical Examination: Grade modifier 1, based on "minimal palpatory findings, consistently documented, without observed abnormalities", Clinical Tests: Grade Modifier 1 based on "clinical studies confirm diagnosis, mild pathology". Net adjustment compared with diagnostic class is 0 and remains at default. Therefore, 6% impairment of the digit. Converts by Table 15-12, Impairment Values Calculated From Digit Impairment, to 2% hand impairment (HI), 1% UEI and 1% WPI.
- 15-3: Impairment Rating: Regional Impairments: Diagnosis "digital stenosing tenosynovitis (trigger digit)" and per criteria of "Symptomatic trigger finger +/− surgery. "Persistent triggering; uncomplicated or stable ~~with normal motion~~" assigned to class 1 with midrange default value of 6% digit. Adjustment Grids: Functional History: Grade modifier 2; Physical examination: Grade modifier 2; Clinical tests: Grade modifier not applicable (n/a). Net adjustment compared with diagnostic class is +2, assigned to grade E (highest assignment). Therefore, 8% digit impairment. Converts by Table 15-12 to 2% HI, 1% UEI, and 1% WPI.
- 15-4: Comment: Instability is part of the class determination in this case, and therefore is not used as a physical examination adjustment. Per Table 15-31, Finger Range of Motion, her range of motion findings of DIP flexion 50° result in a 10% digit impairment (grade modifier 1) and her −20° extension lag results in 2% digit impairment (also grade modifier 1); this totals 12% digit impairment. Per Table 15-8, Physical Examination Adjustment, a 12% digit impairment is consistent with grade modifier 1. If rated by range of motion, the impairment would have been 12% digit with no adjustments for functional history since it was the same as the impairment class for range of motion
- 15-9: Impairment Rating: Regional Impairment: Diagnosis of distal biceps tendon rupture and per criteria of residual loss of strength and uncomplicated or stable ~~with normal motion~~,

assigned to class 1 UEI with midrange default value of 5% UEI. Adjustment Grids: Functional History: Grade modifier 2 (pain with normal activity); Physical Examination: Grade modifier 1 due to muscle atrophy of 1 cm. Clinical Studies: n/a since defines the diagnosis criteria (biceps tendon rupture) Numerical adjustment is +1. Moved 1 position to the right of default value C to grade D. 6% UEI. Converts to 4% WPI

- 15-11: Impairment Rating: Regional impairment: Diagnosis of "Rotator cuff injury, full-thickness tear," and per criteria of "Residual loss, functional or uncomplicated or stable ~~with normal motion~~" assigned to class 1 with midrange default of 5% UEI. Adjustment Grids: Functional History: Grade modifier 2 for pain with normal activity. Physical Examination: Grade modifier 1 due to muscle atrophy of 1 cm. Clinical Studies: n/a (tear used as basis for diagnostic criteria and imaging studies pre-operative) Numerical adjustment is 11. Moved 1 position to the right of default value C to grade D. 6% UEI. Converts to 4% WPI.

Example 17-9:Vertebral Fractures at Multiple Levels

Subject: 35-year-old man.

History: A window washer fell from the second floor of a building on which he was working and sustained compression fractures of T7 and T8. The patient was treated with vertebroplasty and did well. After a short course of physical therapy, he was able to perform ADLs and resume most activities.

Current Symptoms: Moderate back pain with heavy physical activity. Left chest wall numbness over the seventh and eighth ribs.

Physical Exam: Mild hypesthesia, left posterior chest following left eight rib; mild motion deficits with more limitation on right rotation than left.

Clinical Tests: Compression fractures of T7 (about 40%) and T8 (about 60%), treated with vertebroplasty.

Diagnosis: Compression fractures, T7 and T8, treated with vertebroplasty.

Impairment Rating: Regional impairment: Diagnosis consistent with "single or multiple level fractures with >50% compression of one vertebral body; with or without retropulsion; with or without pedicle and/or posterior element fracture; Healed; with or without surgical intervention; with or without residual deformity and may have ~~with or without~~ documented radiculopathy at a single clinically appropriate level present at the time of examination," and therefore is assigned to Class 3 with default impairment of 14% WPI. Adjustment Grids: Functional History: Grade modifier 1 based on pain with strenuous activity; Physical Examination: Grade modifier 2, for sensory abnormalities. Clinical Studies: Clinical tests are not included because they are part of the class determination. Net adjustment compared with diagnostic class is −3, resulting in class 3, grade A. Impairment is 12% WPI.

Table 15-30 Thumb Range of Motion

Grade Modifier		**0**	**1**	**2**	**3**	**4**
Severity		**None (Normal)**	**Mild**	**Moderate**	**Severe**	**Ankylosis**
Motion (percentage compared to normal)		**≥90%**	**61% to 90%**	**31% to 60%**	**≥30%**	
Joint						
IP	15% Thumb					
Flexion	Motion° % Thumb Impairment (% DI) (compared to normal)	≥80° 0%	60° to 70° = 1% DI	50° to 30° = 3% DI	≤20° = 6% DI	~~20° = 7% DI~~ ~~+ 10° to −10° or −30° to −40° = 9% DI~~ ~~≥ + 10° or ≥ −50° = 13% DI~~
Extension		≥+10° = 0%	0° = 1% DI	−10° to −30° lag = 3% DI	~~>~~< −30° lag 6% DI	
Ankylosis						20° = 7% DI + 10° to ~~−10°~~ <20° or ~~−30°~~ >20°to −40° = 9% DI ~~≥ >~~ + 10° or ~~≥ −50°~~ >−40° = 13% DI
MCP	10% Thumb					
Flexion	Motion° = % Thumb Impairment (% DI)	≥60° = 0%	40° to 50° = 2% DI	30° to 20° = 4% DI	≤10° = 5% DI	~~20° = 5% DI~~ ~~+ 10° to 10 or 30° to 40° = 7% DI~~ ~~≥ +10° or ≤50° = 9% DI~~
Extension		≥0° 0%	−10° to −20° lag = 1% DI	−30° to −40° lag = 4% DI	~~≥ ≤~~−50° lag = 5% D	
Ankylosis						20° = 5% DI + 10° to 10 or 30° to 40° = 7% DI ≥ +10° or ≤50° = 9% DI

Table 15-31 Finger Range of Motion

Grade Modifier		**0**	**1**	**2**	**3**	**4**
Severity		**None (Normal)**	**Mild**	**Moderate**	**Severe**	**Ankylosis**
Motion (percentage compared to normal)		**≥90%**	**61% to 90%**	**31% to 60%**	**≤30%**	
Joint						
DIP	45% Finger					
Flexion	Motion° = % Digit Impairment (% DI)	≥70° = 0%	40° to 60° = 10% DI	10° to 30° = 25% DI	<10° = 40% DI	~~−20° = 30% DI~~

Grade Modifier		0	1	2	3	4
						~~+10° to −10° or −30° to −50° = 35% DI~~ ~~≥+20° or ≤−60° = 45% DI~~
Extension		≥0° = 0%	−10° to −20° lag = 2% DI	−30° to 40° lag = 12% DI	~~≥~~ ≤−50 ° lag = 32% DI	
Ankylosis						−20° = 30% DI +10° to −10° or −30° to −50° = 35% DI ≥+20° or ≤−60° = 45% DI
PIP	80% Finger					
Flexion	Motion° = % Digit Impairment (% DI)	≥100° = 0%	90° = 6% DI 50° to 80° = 21% DI	20° to 40° = 42% DI	≤10° = 54% DI	~~−40° = 50% DI~~ ~~+10° to −10 or −50° to −70° = 60% DBI~~ ~~≥+20° or ≤−80° = 80% DI~~
Extension		≥0° = 0%	−10° lag = 3% DI	−20° to −50° lag = 14% DI	~~≥~~ ≤−60° lag = 58% DI	
Ankylosis						−40° = 50% DI +10° to −10 or −50° to −70° = 60% DBI ≥+20° or ≤−80° = 80% DI
MCP	100% Finger					
Flexion	Motion° = % Digit Impairment (% DI)	≥90° = 0%	80° = 6% DI 40° to 70° = 19% DI	20° = to 30° = 35% DI	≤10° 48% DI	~~−30° = 45% DI~~ ~~≥−30° or −40° to −60° = 60% DI~~ ~~≤−70° = 90% DI~~
Extension		≥+20° = 0%	+10° to −20° lag = 7% DI	−30° to −60° lag = 34% DI	~~≥ ≤~~−70° lag = 91% DI	
Ankylosis						−30° = 45% DI ≥−30° or −40° to −60° = 60% DI ≤−70° = 90% DI

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