Favorite Quotes from the AMA Guides

Page 4: “Evaluating physicians may use their clinical judgment, however, and comment on any significant age or gender effect for a particular individual. For instance, the “normal” preinjury range of motion for a gymnast with hypermobility may exceed the listed normal values.”

(This relates to brain injured individuals in that persons with high levels of pre-injury intelligence and training may test out as “normal” yet have personally experienced significant deterioration in personal ability. A nuclear physicist may have lost only a portion of her abilities to multitask and remember, but enough to make it impossible for her to continue as a nuclear physicist.)

Thus at page 4 it states, “If an individual had previous measurements of function that were below or above average population values, the physician may discuss that prior value and any subsequent loss for the individual, as well as compare it to the population normal. … However, it would be more appropriate in this instance for the physician to assign an impairment rating based on the degree of change from the athlete’s preinjury to post injury state.”

Page 4: “Functional considerations receive greater emphasis in the mental and behavioral section”.

Page 4: “**Impairment percentages** or **ratings** developed by medical specials are consensus-derived estimates that reflect the severity of the medical condition and the degree to which the impairment decreases an individual’s ability to perform common **activities of daily living (ADL)**, *excluding* work. Impairment ratings were designed to reflect functional limitations and not disability. The **whole person impairment** percentages listed in the *Guides* estimate the impact of the impairment on the individual’s overall ability to perform activities of daily living *excluding work*, as listed in Table 1-2.” (Bold and italics always in the original unless otherwise stated.)

Page 5: “Thus, a 30% impairment rating does not correspond to a 30% reduction in work capability. Similarly, a manual laborer with this 30% impairment rating due to pericardial disease may be completely unable to do his or her regular job and, thus, may have a 100% work disability.” (This is especially important to remember in brain injured cases where a person’s total GAF may not rate to more

than 30% WPI but may result in the individual's total inability to be a reliable worker.)

Page 5: "As a result, impairment ratings are not intended for use as direct determinants of work disability. When a physician is asked to evaluate work-related disability, it is appropriate for a physician knowledgeable about the work activities of the patient to discuss the specific activities the worker can and cannot do, given the permanent impairment."

(This is why in any letter to a PQME or AME an applicant's attorney should ALWAYS ask the doctor for a detailed description of what the individual can and cannot do in terms of work. For example: Will the injured worker be able to reliably get to work or get to work on time? Will the injured worker be able to understand complex instructions? Will the injured worker be able to reliably remember complex instructions? Will the injured worker be able to react rationally to criticism?)

Page 5: "A 90% to 100% WP impairment indicates a very severe organ or body system impairment requiring the individual to be fully dependent on others for self-care, approaching death."

Page 9: "As discussed in this chapter and illustrated in Figure 1-1, medical impairments are not related to disability in a linear fashion."

Page 9: "The *Guides* is not intended to be used for direct estimates of work disability. Impairment percentages derived according to the *Guides* criteria do not measure work disability. Therefore, it is inappropriate to use the *Guides*' criteria or ratings to make direct estimates of work disability."

Page 9: "The **Combined Values Chart** (p 604) was designed to enable the physician to account for the effects of multiple impairments with a summary value. A standard formula was used to ensure that regardless of the number of impairments, the summary value would not exceed 100% of the whole person. According to the formula listed in the combined values chart, multiple impairments are combined so that the whole person impairment value is equal to or less than the sum of all the individual impairment values."

Page 10 "A scientific formula has not been established to indicate the best way to combine multiple impairments. Given the diversity of impairments and great variability inherent in combining multiple impairments, it is difficult to establish a formula that accounts for all situations. A combination of some impairments could

decrease overall functioning more than suggested by just adding the impairment ratings for separate impairments…."

Page 10: "The *Guides* uses objective and scientifically based data when available and references these sources. When objective data have not been identified, estimates of the degree of impairment are used, based on clinical experience and consensus. Subjective concerns, including fatigue, difficulty in concentrating and pain, when not accompanied by demonstrable clinical signs or other independent, measurable abnormalities, are generally not given separate impairment ratings."

(Basically most mild traumatic brain injuries will have some effect on the individual's ability to sleep, concentrate, or filter out extraneous noise or other irrelevant or unimportant stimuli. Some of the most debilitating effects of a brain injury are not given separate ratings in the *Guides*. The need for "measurable abnormalities" provides a good argument for obtaining a neuropsychological evaluation.)

Page 10: "The *Guides* does not deny the existence or importance of these subjective complaints to the individual or their functional impact. The *Guides* recommends that the physician ascertain and document subjective concerns."

Page 10: (Winner of the irony award.) "Research is limited on the **reproducibility** and **validity** of the *Guides*."

Page 11: "Also, since some medical syndromes are poorly understood and are manifested only by subjective symptoms, impairment ratings are not provided for those conditions." (Because brain injury is one of these "medical syndromes" that are "poorly understood", this becomes a good argument for use of vocational evaluation and neuropsychological evaluation.)

Page 11: "In situations where impairment ratings are not provided, the Guides suggests that physicians use clinical judgment, comparing measurable impairment resulting from the unlisted condition to measurable impairment resulting from similar conditions with similar impairment of function in performing activities of daily living."

Page 11: "Clinical judgment, combining both the "art" and "science" of medicine, constitutes the essence of medical practice."

Page 12: "As previously stated, the *Guides* is not to be used for direct financial awards nor as the sole measure of disability. The *Guides* provides a standard

medical assessment for impairment determination and may be used as a component in disability assessment."

Page 13: "**Impairment percentages derived from the *Guides* criteria should not be used as direct estimates of disability. Impairment percentages estimate the extent of the impairment on whole person functioning and account for basic activities of daily living, not including work. The complexity of work activities requires individual analyses. Impairment assessment is a necessary *first step* for determining disability**."

Page 14: "More complicated are the cases in which the physician is requested to make a broad judgment regarding an individual's ability to return to any job in his or her field. A decision of this scope usually requires input from medical and nonmedical experts, such as vocational specialists, and the evaluation of both stable and changing factors, such as the person's education skills, and motivation, the state of the job market, and local economic considerations."