

Reviewing Medical Reports for Accuracy of Impairment Ratings

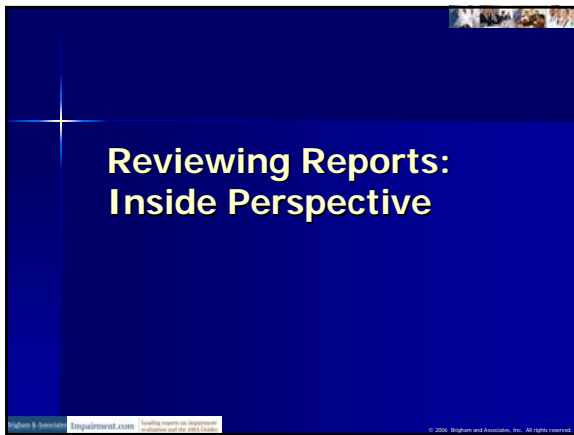


Reviewing Medical Reports for Accuracy of Impairment Ratings

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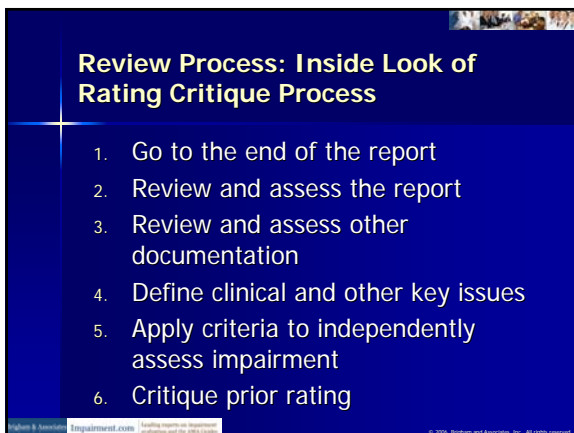


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**Reviewing Reports:
Inside Perspective**

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Review Process: Inside Look of Rating Critique Process

1. Go to the end of the report
2. Review and assess the report
3. Review and assess other documentation
4. Define clinical and other key issues
5. Apply criteria to independently assess impairment
6. Critique prior rating

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1. Go to the end of the report

- Who did the rating?
 - Treating vs. unbiased
- What was the rating?
 - Consistent with anticipated rating?
- What was the rating procedure?
 - Was the title "AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition" referenced correctly?
 - Were specific Tables, Figures and page numbers referenced?

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2. Review the report and assess

- Quality
- Clinical information: history, subjective and objective
- Clinical analysis
- Criteria application

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Report Review: Clinical information

- Date of evaluation versus date of injury should be greater than 6 months (need to be at maximum medical improvement – MMI)
- Clinical history adequately documented
- Current symptoms and activities of daily living adequately documented

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Report Review: Clinical Information

- Physical examination appropriate
 - Negative, positive, and non-physiological problems appropriately documented?
 - Findings specific, objective, consistent, and (where applicable) quantitative? Versus non-specific (“cervical spasm”), not objective (“tenderness” – a report), inconsistent (compared to other documentation), and vague (“some atrophy”)
 - Caution with multiple positive “named” tests, e.g. chiropractic jargon

Report Review: Clinical Analysis

- Diagnoses specific, supportable and causally related to event? Versus non-specific diagnoses “Strain, sprain, subluxations”
- Subjective complaints supported by objective findings?
- Other explanation for complaints? (including behavioral and litigation related)

Report Review: Criteria application

- Are specific Tables, Figures and page numbers referenced?
- Is the rating process appropriate based on the clinical information presented?
- Is apportionment applicable?
- If rating process inappropriate, what is the probable impairment?

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3. Review and assess other documentation

- Injury (mechanism of injury and documented problems, e.g. review accident reports, initial records)
- Pre-existing status (identify prior injuries, treatment, difficulties, litigation)
- Assess causation and determine if apportionment is applicable (for causation to exist must have a cause, an effect, and relationship between cause and effect)

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Review and assess other documentation

- Clinical course (determine if appropriate for condition)
- Diagnostic studies (significance of findings, vs. unrelated findings)
- Treatment (appropriate vs. unneeded passive modalities, manipulations, medications and surgeries)

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4. Define clinical and other key issues

- Reassess diagnoses and relationship, if any, to injury
- Determine if apportionment appropriate or problems due to unrelated conditions
- Assess appropriateness of care
- Assess consistency of findings

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5. Apply criteria to independently assess impairment

- Based on clinical information provided, determine ratable impairment, referencing Tables, Figures and page numbers in the *Guides*

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6. Critique prior rating

- Critique prior rating
- Compare rating based on review with that of prior evaluator
- Assess quality of prior report (history, physical examination, clinical analysis, criteria application, and report quality)

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Strategies to assure accurate ratings

- Understand the challenges and opportunities for improvement – with excellent return on investment
- Obtain accurate, unbiased ratings
- Expert evaluation of all impairment ratings
- Manage erroneous ratings
- Discredit erroneous ratings

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Selection of Impairment Review Services: Recommended Criteria

1. Has the reviewer performed or reviewed over at least a thousand AMA Guides Fifth Edition ratings?
2. Does the review involve an experienced physician who is ABMS board certified, Certified Independent Medical Examiner and a Certified Impairment Rater?
3. Is the leadership someone who is a nationally recognized expert on the *Guides* and involved in the development of the Fifth Edition?
4. Can referrals and records be provided via the Internet?

Selection of Impairment Review Services: Recommended Criteria

5. Are reviews performed in a timely manner, typically within 5 days, with a low-cost screening review option?
6. Are detailed narrative critique reports available that will clearly explain any errors and the rationale for the correct ratings?
7. Does the organization collect and analyze data on every review and also provide you that data electronically?
8. Can the organization provide you with both case specific summary and narrative reports, and group data?
9. Does the organization have an effective quality assurance process?

Specific Recommendations

1. Send all impairment ratings to an expert for evaluation of accuracy.
 - Encourage all physicians to perform a self-assessment of their knowledge of the AMA *Guides* and to obtain needed training (www.guidesiq.com)
 - Assure claims and legal staff have needed understanding of the AMA *Guides*. (www.guidesiq.com)

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Resources www.impairment.com

- eZine
- GuidesIQ™
- Webinars – web-based seminars on the *Guides*
- DVDs – Guides seminars on DVD
- AMA *Guides* training CD
- ePublications

To listen to today's session go to www.impairment.com/webinars

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