

## <Client Letterhead>

<Date>

<Name of Physician>  
<Address>  
<City, State Zip Code>

ImpairmentLetter  
Letter of Clarification

RE: Impairment Evaluation Review  
RE: Individual: \_\_\_\_\_  
File Number: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_  
Date of Impairment Evaluation: \_\_\_\_\_

Dear Dr. \_\_\_\_\_:

Thank you for your report dated \_\_\_\_\_. You performed an impairment evaluation in regards to the above referenced individual. We want to ensure that ratings are consistent with the standards and procedures defined in the *AMA Guides to the Evaluation of Permanent Impairment*, Fifth Edition and provide an accurate impairment rating.

As part of our focus on quality assurance, we routinely review impairment rating reports. Having reconciled the objective findings recorded in your report dated \_\_\_\_\_ we would like to clarify some points of the impairment rating.

- 1 The *Guides* state on page 531 “Individuals whose performance is inhibited by pain or fear of pain are not good candidates for manual muscle testing and other evaluation methods should be considered.” The examinee’s current complaints included pain in the injured knee. Do you agree with the *Guides* recommendation that impairment for muscle strength is not the most objective basis for impairment? If you disagree, please provide a written rationale as to why your opinions are contrary to the *Guides*.
- 2 Based on the findings presented in your report we agree with the rating of 8% lower extremity impairment for calf atrophy and 10% lower extremity impairment for motion loss of the knee. Would it be correct to state that pursuant to Table 17-2 Guide to the Appropriate Combination of Evaluation Methods on page 526 any impairment for muscle strength, Range of Motion deficits, and/or atrophy cannot be combined with each other. If so, would it be reasonable to conclude that the method which yields the greatest impairment rating should be used, in this case, range of motion at 10% lower extremity impairment or 4% whole person impairment. If you do not agree, please provide a written rationale, explaining why the rating is contradictory to the standards and methodologies of the *AMA Guides*, Fifth Edition.

Thank you for your assistance.

Sincerely,

\_\_\_\_\_

© 2009 Impairment Resources, LLC. All rights reserved.

No part of this letter may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior written permission of Impairment Resources, LLC.

