

<Client Letterhead>

<Date>

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

ImpairmentLetter
Letter of Guidance

RE: Impairment Evaluation Review
RE: Individual: _____
File Number: _____
Date of Incident: _____
Date of MMI Evaluation: _____

You are scheduled to examine the above referenced patient on <Date of Appt>. It is anticipated that this will be the final evaluation as the examinee is approaching maximum medical improvement (MMI). 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 you are aware, this examinee has a history of injury to the left shoulder. Surgery was performed which included a distal clavicle resection. The medical records indicate the examinee continues to have residual mild motion loss.

In anticipation of your upcoming appointment we would like to direct your attention to the *AMA Guides to the Evaluation of Permanent Impairment*, Fifth Edition. This case will need to be evaluated under Chapter 16 The Upper Extremities. The process of assessing shoulder impairment is defined in Section 16.4i Shoulder (5th ed., 474-479). We respectfully call your attention to the following issues:

1. Shoulder range of motion impairment is determined using Figures 16-40. Upper Extremity Impairments Due to Lack of Flexion and Extension of Shoulder (5th ed., 476), Figure 16-43. Upper Extremity Impairments Due to Lack of Abduction and Adduction of Shoulder (5th ed., 477), and Figure 16-46. Upper Extremity Impairments Due to Lack of Internal and External Rotation of Shoulder (5th ed., 479).
2. The Fifth Edition discusses in Section 1.2a Impairment the determination of normal. The *Guides* state “when evaluating an individual, a physician has two options: consider the individual’s health preinjury or preillness state or the condition of the unaffected side as “normal” for the individual if this is known, or compare that individual to a normal value defined by population averages of healthy people.” In this case the opposite shoulder should serve as a basis for normal for this examinee. Therefore, please be sure to obtain and provide motion measurements in accordance with the *Guides*, for each shoulder. Any ratable impairment for the uninjured shoulder should be subtracted from the injured shoulder to determine the overall impairment related to this injury.



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3. Distal clavicle arthroplasty is rated via Table 16-27. Impairment of the Upper Extremity After Arthroplasty of Specific Bones or Joints (5th ed., 506) resulting in a 10% upper extremity impairment which is then combined with shoulder motion impairment from above.

Thank you for your assistance.

Sincerely,

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