

The new *Guides to the Evaluation of Permanent Impairment*, Sixth Edition, from the American Medical Association, will be published December 2007. Many workers' compensation jurisdictions will immediately adopt this Edition, and it will immediately become the new standard for Federal, Longshore and Harbor Workers Act, automobile casualty and personal liability cases. Christopher R. Brigham, MD, the Senior Contributing Editor for the Sixth Edition, and President of Brigham and Associates, Inc. (www.impairment.com) would be pleased to assist your organization as a professional speaker at your meeting or in providing training, either web-based or live. The following are descriptions of example presentations that can be designed specifically for your audience and needs.

Sixth Edition of the AMA Guides: Learning the New Standard

By Christopher R. Brigham, MD

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Senior Contributing Editor, *AMA Guides to the Evaluation of Permanent Impairment*, Sixth Edition

The newly revised *Guides to the Evaluation of Permanent Impairment*, Sixth Edition, from the American Medical Association, defines a new standard – the most current guidelines for correct impairment evaluation. Christopher R. Brigham, MD, the Senior Contributing Editor for the Sixth Edition, will explain how the International Classification of Functioning, Disability and Health (ICF) is used as a framework to generate five impairment classes, and diagnosis-based grids and adjustment grids are used to define a specific impairment. Standardized methodology is applied to each chapter to enhance the relevancy of impairment ratings, improve internal consistency and promote ease of application to the rating process. Functionally based histories, physical findings and broadly accepted objective clinical test results are integrated where applicable to help physicians determine the grade within the impairment class. The approaches are exemplified by case exercises, contrasting ratings from the Sixth Edition with those from earlier editions. This presentation focuses on musculoskeletal impairment assessment, chapters which Dr. Brigham authored. The presentation incorporates visual graphics that illustrate the step-by-step process. Impairment assessment has evolved with the *AMA Guides to the Evaluation of Permanent Impairment* and this has resulted in both challenges and opportunities for the evaluator and those relying on impairment ratings. If you are involved in performing, reviewing or managing impairment ratings you need to attend this session.

Biographical Sketch

Christopher R. Brigham, MD is the Founder and President of Brigham and Associates, Inc. (www.impairment.com). He is the Senior Contributing Editor for the AMA *Guides to the Evaluation of Permanent Impairment*, Sixth Edition, serves on the Advisory Committee, and was a contributor / author for several chapters, including Upper Extremities, Lower Extremities and Spine. With the Fifth Edition he served on the Advisory Committee and as a contributor. Dr. Brigham is Board-Certified in Occupational Medicine (ABPM), Founding Director of the American Board of Independent Medical Examiners (ABIME), a Certified Independent Medical Examiner (CIME), a Certified Impairment Rater (CIR), a Fellow of the American Academy of Disability Evaluating Physicians (FAADEP) with Certification in Evaluation of Disability and Impairment Rating (CEDIR), and a Fellow of the American College of Occupational Environmental Medicine (FACOEM), and a graduate of the Washington University School of Medicine – St. Louis. He is the Editor of the AMA publications *Guides Newsletter* and the *Guides Casebook*. He is co-author of the text *Understanding the AMA Guides in Workers Compensation*, has written over one hundred published articles on impairment and disability evaluation and other texts, chaired the Medical Advisory Board for the *Medical Disability Advisor*, Fourth Edition, is featured in several video, audio and web-based productions in the medicolegal field, and has trained thousands of physicians, attorneys, claims professionals and fact-finders, throughout the US, Canada and internationally. He is an experienced professional speaker. As a clinician with over twenty five years experience, he has performed several thousand independent medical and impairment evaluations, providing him with excellent insight to the complexities of human potential, impairment and disability. As a result of this experience he has consulted for numerous organizations (including governmental jurisdictions). His curriculum vitae is available at http://www.impairment.com/PDFFiles/BrighamC_CV.pdf

Impairment Assessment of the Spine: Evolving Concepts, Challenges and Opportunities

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Spinal impairment assessment has evolved with the *AMA Guides to the Evaluation of Permanent Impairment* and this has resulted in both challenges and opportunities for the evaluator and those relying on impairment ratings.

Prior to the Fourth Edition, range of motion assessment served as the foundation for defining impairment. With the Fourth, published in 1993, the Injury (Diagnosis-Related Estimates - DRE) Method was introduced and served as the primary rating method. Most impairments were categorized on the basis of clinical findings resulting in a fixed impairment number for each category; surgery did not modify the original impairment. The Fifth Edition, published in 2000, uses both the Diagnosis-Related Estimates (DRE) method and the Range of Motion method dependent on the condition. Categorization was based typically on findings at maximal medical improvement, definitions for the categories were revised, and four whole person permanent impairment values were provided for each category. The Sixth Edition, to be published in December 2007, uses a methodology based on the International Classification of Functioning, Disability and Health (ICF) and ratings are based primarily on a specific diagnosis, which results in assignment to an impairment class (IC), using grids designed for this purpose. The impairment value within a class is further refined by considering information related to functional status, physical examination findings, and the results of clinical testing. Range of motion is no longer used as a basis for defining impairment since current evidence does not support this as a reliable indicator of specific pathology or permanent functional status. Surgery may alter the functional status of the condition evaluated at MMI and the individual is rated based on the functional outcome, not the surgery itself. The Sixth Edition recognizes a category of patients who present with persistent pain and "nonverifiable" radicular complaints that are documented repeatedly after an identifiable injury. These patients have no objective findings and, therefore, are often given a diagnosis of "chronic sprain/strain" or "nonspecific" back or neck pain. The Sixth Edition allows these patients to be rated in impairment class 1, with a range of impairment ratings from 0 to 3% whole person permanent impairment (WPI).

There are significant problems with erroneous impairment ratings. In a study of 512 Fifth Edition cases which were reviewed with the diagnosis equivalent to "non-specific low back pain" the original rating averaged 9.85% WPI, however when re-rated by *AMA Guides* experts using the data provided, the ratings average 1.3% WPI. The differences were less marked for ratings of post-laminectomy cases with the original rating averaging 17.5% WPI and re-rated 11.3% WPI. Common problems include: incorrect diagnosis (such as the diagnosis of radiculopathy on the basis of subjective complaints without objective findings), use of the wrong rating method, rating for findings that are not injury related (such as degenerative disc abnormalities), incorrect criteria application, and unreliable Inclinator measurements.

The skilled evaluator must thoroughly understand the approaches used in a specific Edition, perform a thorough clinical evaluation, apply criteria thoughtfully and without bias, and provide a clear, detailed and supportable report.

Impairment Assessment of the Upper Limb: Evolving Concepts, Challenges and Opportunities

By Christopher R. Brigham, MD

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Upper limb assessment has evolved with the *AMA Guides to the Evaluation of Permanent Impairment* and this has resulted in both challenges and opportunities for the evaluator and those relying on impairment ratings.

The primary approach to assessing upper limb impairment is anatomical, with increasing sophistication and complexity with the Fourth Edition published in 1993 and the Fifth Edition published in 2000. Range of motion and neurological deficits serve as the basis for most impairment evaluations. The Sixth Edition, to be published in December 2007, presents several changes, including: (1) International Classification of Functioning, Disability, and Health (ICF) Model of Functioning and Disability is used to provide a common basis for the description of human functioning and impairments, (2) principles of assessment have been simplified and clarified, (3) specific diagnosis-based rating tables for the most common injuries and diagnoses have been added, (4) physical examination has been simplified, (5) functional assessment is provided through focused history-taking including information about activities of daily living (ADLs) and a functional assessment tool, (6) criteria for diagnosis of complex regional pain syndrome (CRPS) have been updated for consistency with current standards and other chapters, and (7) an Upper Extremity Impairment Evaluation Record is provided as a template to simplify recording of the evaluation. The approaches used in all three musculoskeletal chapters (Chapter 15 The Upper Extremities, Chapter 16 The Lower Extremities, and Chapter 17 Spine) are consistent.

Upper limb impairment evaluation errors result from both lack of knowledge and bias. For example, a study of 187 carpal tunnel cases rated by the Fifth Edition revealed that the original rating averaged 10.5% WPI, however when re-rated by *AMA Guides* experts using the data provided, the ratings average 3.4% WPI; the most common errors were incorrect sensory / motor grading and inclusion of grip strength in the rating. Common problems also include failure to use the opposite uninjured extremity as normal for the individual, misapplication of criteria, and ratings findings at the examination that are inconsistent with other observations.

The skilled evaluator must thoroughly understand the approaches used in a specific Edition, perform a thorough clinical evaluation, apply criteria thoughtfully and without bias, and provide a clear, detailed and supportable report.

Impairment Assessment of the Lower Limb: Evolving Concepts, Challenges and Opportunities

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Lower limb assessment has evolved with the *AMA Guides to the Evaluation of Permanent Impairment* and this has resulted in both challenges and opportunities for the evaluator and those relying on impairment ratings.

Prior to the Fourth Edition published in 1993, the primary approach to assessing lower limb impairment was anatomic. The Fourth Edition presented thirteen anatomic, diagnostic and functional methods; the evaluator typically rating on the basis of a single method. This approach persisted in the Fifth Edition, however clarity was provided to the methods and guidance was offered concerning which methods could be combined. The Sixth Edition, to be published in December 2007, presents several changes, including: (1) International Classification of Functioning, Disability, and Health (ICF) Model of Functioning and Disability is used to provide a common basis for the description of human functioning and impairments, (2) principles of assessment have been simplified and clarified, (3) specific diagnosis-based rating tables for the most common injuries and diagnoses have been added, (4) physical examination has been simplified, (5) functional assessment is provided through focused history-taking including information about activities of daily living (ADLs) and a functional assessment tool, (6) criteria for diagnosis of complex regional pain syndrome (CRPS) have been updated for consistency with current standards and other chapters, and (7) an Upper Extremity Impairment Evaluation Record is provided as a template to simplify recording of the evaluation. The approaches used in all three musculoskeletal chapters (Chapter 15 The Upper Extremities, Chapter 16 The Lower Extremities, and Chapter 17 Spine) are consistent.

There are significant problems with erroneous impairment ratings. For example a study of 61 cases of "derangement meniscus" (ICD-9 717.5) revealed that the original rating averaged 4.9% WPI, however when re-rated by *AMA Guides* experts using the data provided, the ratings average 1.6% WPI. The most frequent problems were rating for multiple methodologies that cannot be combined and rating for gait disturbance. The differences among several ratings of total knee replacement were less with the original rating averaging 29.3% WPI and the corrected ratings averaging 24.4% WPI; the rating of total knee replacements follows a more structured approach.

The skilled evaluator must thoroughly understand the approaches used in a specific Edition, perform a thorough clinical evaluation, apply criteria thoughtfully and without bias, and provide a clear, detailed and supportable report.