

AMA Guides: 4th, 5th or 6th edition?

Many attorneys have been reporting that they are getting pushback from claims adjusters regarding impairment rating assignments that are not performed using the 6th edition of the AMA Guide to the Evaluation of Permanent Impairment (the “Guides”). The reason for the pushback from the defense is obvious. For all practical purposes, the 6th edition of the Guides lowers most all prior impairments from earlier editions, and works in their favor when negotiating claims settlements. In this newsletter I will identify some points that should be presented when an adjuster makes the claim that the doctor must use the 6th edition.

First let’s get to the bottom line. There is no case law nor general statute that requires any physician to use any particular edition of the AMA Guides. In fact, the Connecticut Workers Compensation Statutes state the following within §31-308(b): “***...In Connecticut, doctors are NOT required to follow the AMA Guidelines. The doctor’s opinion can be based on their own training and experience or customary practices within the locale...***”. The absence of case law on the subject and the Workers Compensation Commission’s position should be sufficient enough to quell the pushback. But let’s look into this further.

Having practiced over 3 decades, I have become friendly with some of the Workers Compensation Commissioners. They have confirmed CGS §31-308(b) and elaborated further. I have repeatedly been told; for purposes of Workers Compensation related impairments, they will accept ratings from the 4th, 5th or 6th edition but prefer the 5th and 6th. They fully understand that the 6th edition often times, presents with insurmountable challenges, particularly when the maximum impairment for a spine related connective tissue injury (excluding disc injuries) is 3% in the 6th edition and the range of impairments for the same injury in the 5th edition ranges from 5%-8% using the DRE model. If a doctor chooses to use the ROM model the ratings can be much higher. These variances are insurmountable for adjudication purposes particularly when prior impairments exist. The methodology suggested in the 6th edition, to aggress this is not practical and doesn’t really address the problem.

Since its release, the 6th edition has been controversial and highly contested in jurisdictions throughout the country. It remains highly questionable by many experts within the medical and chiropractic communities. “The Guides” 6th edition was so flawed upon publication that there was a 52 page errata published by the AMA to address those errors found at that time. The voluminous changes in the errata resulted in the AMA sending a free “corrected” copy to all

physicians that purchased the original release. To this date, many challenge the controversial approaches and general content of the 6th edition. The most significantly contested area is related to spine impairments, which in the 6th edition, assigns impairment values extraordinarily inconsistent with prior editions, resulting in impairments that are considered erroneous by many experts. See my newsletters from several years ago for examples of the inconsistent impairments between the different editions [\(Click here to see the newsletter\)](#)

A terrific review of the challenges faced with use of the AMA Guides, 6th edition was done by Dr. John Kuhnlein for the Iowa Task Force for their Workers Compensation Commission. The report was titled [**Member Report for the Iowa Task Force Regarding the AMA Guides to the Evaluation of Permanent Impairment, Sixth Edition**](#) [\(Click this link to read the report\)](#). It is a reasonable, unbiased and objective assessment of the 6th edition and a worthwhile read if you can find the time. While the report was done over ten years ago, nothing has changed within the guides and therefore the positions he takes are relevant even today.

If the claims adjuster insists on a 6th edition impairment and it's a spine related impairment, I would suggest asking your doctor to convert the impairment from the 6th edition (always in Whole Person values) to regional values related to the specific area of the spine (Cervical, Thoracic or Lumbar). The verbiage for this is below and can be referenced in the 6th edition on page 583 under Section 17.3f. More or less, Cervical spine impairments will triple, Thoracic spine impairments will quintuple, and lumbar spine impairments will be increased by 1/3rd.

Regional Impairment: In some instances, the evaluator may be asked to express an impairment rating in terms of the involve spine region, rather than the whole person. This is done by dividing the WPI estimate by the % of spine function that has been assigned to that region. The conversion factors used in the DBI method are the same as those used for the DRE method in the Fifth Edition. For the purposes of the DBI method, the conversion factors are: 0.35 for the cervical spine, 0.20 for the thoracic spine, and 0.75 for the lumbar spine.

It should be noted that according to the 6th edition ***“The most important element of the Guides remains the physician's accurate diagnosis. The increasing complexity of the Guides does not replace the synthesis of clinical judgment with medical knowledge. In fact, the converse is true”***. That statement, along with prior Guides editions that indicate that the physician should rely on their clinical experience, training and judgment in using the



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guides, suggests that the guides are nothing more than a tool to be used to assist in the assessment of impairment.

For further reading about the AMA Guides I suggest reading the prior newsletters that I have authored on the topic which are available on my web site. They explain many of the controversies, misapplication and inconsistencies within the guide. I also discuss the bias of the authors whose financial interests can be inferred to have a defense mindedness. Make no mistake, the guides were written for the sole purpose of adjudicating claims are not clinical guides and serve no clinical purpose. Rather, they serve the sole purpose of helping establish financial awards, as they admit in the 1st chapter.