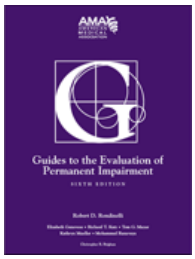
Shaw Chiropractic Group

A MEDICAL-LEGAL NEWSLETTER FOR PERSONAL INJURY ATTORNEYS BY DR. STEVEN W.SHAW

Preliminary Thoughts on the AMA Guides, 6th Edition

The AMA has released the 6th edition of the **Guides to the Evaluation of Permanent Impairment,** commonly referred to as "**The Guides**". I have had an opportunity to read through the musculoskeletal chapters. I am also half way through a 6 week/6 session webinar instructed by Dr. Christopher Bingham, the author of the musculoskeletal chapters. There are some substantial changes that will affect everyone who deals with the most common injuries encountered in musculoskeletal trauma cases.



This edition represents the most dramatic changes that I have seen in my 24 years in practice. The methodology used for impairment has been completely modified to be consistent with the International Classification of Functioning, Disability and Health (ICF). There are some good points and bad points that go along with the changes and I will highlight some of them below.

Standardization: The methodology is consistent and diagnosis based throughout the chapters. This means that key factors are used to arrive at a diagnosis. The specific diagnosis results in the patient being put into a class. Once in the class, the patient starts in the middle of a range of impairments for that diagnosis class. The impairments are increased or decreased by what are termed non-key factors. Non-key factors include functional history, physical exam, and clinical studies. Each non-key factor is graded 0-4 (no problem, mild, moderate, severe, very severe). The criteria for grading non-key factors are relatively strict and not based on subjective complaints. The end result is greater inter-examiner consistency (in theory).

Ranges of Motion: Ranges of motion are no longer directly related to impairments (except in rare situations). Ranges of motion are considered part of the clinical examination as a non-key factor. They will have only minor impact on the final rating. Therefore, doctors who relied on ROM method impairments will find very significant differences in their determinations.

The Constitution of the Guides: Dr. Bingham refers to Chapter 2 of the Guides as the "Constitution" and that anything that conflicts with Chapter 2 should not be considered valid. In the "constitution" it states that *"The Physicians Role is to provide an unbiased assessment…" "Therefore, assessments by treating physicians may be subject to greater scrutiny than those provided by independent physicians…"*. The suggestion is that if the treating doctor is also the doctor doing the impairment, it may be invalid. I find it interesting that Dr. Bingham makes a living by offering a review service and performing impairment ratings of other doctors patients. Makes you think. . Chapter 2 also states that *"A licensed physician must perform impairment evaluations and chiropractic doctors should restrict ratings to the spine*". During the webinar, Dr. Bingham acknowledged that many chiropractors have the ability to perform impairment evaluations to all musculskeletal systems at acceptable levels. He also said that the special training of chiropractic orthopedists would need to be looked at and perhaps

addressed in an erratum. Fortunately, the AMA Guides have no authority over the chiropractic profession. They are just another set of guides to use as a reference.

Impairment Ranges: The ratings for injuries are much smaller than in previous editions. The authors explain this by stating that they really are not smaller. Rather, doctors would usually rate too high. He said that cases reviewed by his office demonstrated corrected impairments similar to the new Guides. I find this hard to reconcile. As an example, a patient with a chronic strain/sprain in the cervical spine with ROM asymmetry and consistent exam findings would have had between 5% and 8% whole person impairment in the 4th and 5th editions (probably more in the 3rd edition). In the 6th edition, the maximum impairment in this injury class would be 3% with a more likely impairment of 1%-2% after consideration of non-key factors.

No Regional Conversion Method for Spine: In prior editions of the Guides, a doctor could take a whole person spine impairment and convert it to its regional impairment (as recommended by CT Workers Compensation). In other words, a 5%WP DRE impairment of the cervical spine would regionalize to a 14% of the cervical spine. No consideration for this is addressed in the spine chapter.

These are just a few of the many changes I have observed in the guides. Future newsletters will address more of the changes. Keep alert for the announcement of our seminar on the topic, probably to take place in April. Seating will be limited to the first 100 registrants. Also, we have purchased 100 copies of the guides for those of you interested in attending the seminar. The cost of the seminar, including the Guides, will be less than the retail cost of the Guides ($189). There will be a limit of 1 Guide per office. To be added to our list of those interested in attending the program please call 860-826-4763.