

IMPAIRMENT RATINGS FOR COMMON MUSCULOSKELETAL INJURIES UNDER THE GUIDES, 5TH EDITION

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OBJECTIVES

- To provide an understanding of musculoskeletal impairment ratings for common injuries seen in the work environment relative to the following:
 - Anatomy
 - Mechanism of injury
 - Impairment rating overview using The Guides, 5th Ed.
- To provide an understanding of a quality IME report
 - IME/impairment rating physician qualifications
 - Components of a quality IME report

I. AMA Guides, 5th Edition

a. Overview

II. TBI/Head injuries

a. Components to the impairment rating

III. Spine

a. Cervical, thoracic, lumbar

b. Two Methods

i. DRE

ii. ROM

IV. Shoulder

a. Anatomy

b. Common Injuries

i. Rotator cuff tear

ii. Impingement Syndrome

iii. Adhesive Capsulitis

iv. Brachial Plexus

v. Bursitis

c. Common mechanism of injury

d. Impairment Rating

i. Range of motion

ii. Distal clavicle excision (often missed or done incorrectly).

V. Elbow and Forearm

a. Nerve trauma (ulnar, radial, median)

b. Epicondylitis (medial and lateral)

c. Fractures

d. Mechanism of injury

- e. Impairment Rating
- VI. Wrist and hands
 - a. Fracture
 - b. Ligament injury (TFCC, SL)
 - c. Impairment Rating
- VII. Lower extremities (hip, knee, ankle)
 - a. Methods of assessment (ROM, DBE, gait, etc.)
 - b. Hip
 - i. Fractures
 - ii. Trochanteric bursitis
 - iii. Labrum tear
 - iv. FAI
 - c. Knee
 - i. Meniscus tear (medial and lateral)
 - ii. ACL
 - iii. MCL
 - iv. Tibial plateau fracture
 - d. Ankle/Foot
 - i. Fractures
 - ii. Tendon and ligament injuries
- VIII. Physician qualifications (not required but highly recommended)
 - a. CIME certification
 - i. Training and certification overview
 - b. MCIME certification
- IX. Physician expectations
 - a. Records
 - b. Radiology
- X. Components (expectations) of a quality IME report
 - a. Thorough chronology of care documented
 - b. List of documents reviewed (with date range)
 - c. Activities of Daily Living (ADLs) discussed as well as other activities (work, hobbies, etc.)
 - d. Accurate impairment ratings
 - i. Reader should be able to “retrace the steps” of the rating
 - ii. Physical examination findings/documentation should support the rating
 - iii. If rating is based on range of motion, there should be actual measurements (not visual estimates or use of PT notes!)
- XI. Other helpful practices
 - a. Injury mapping (example)
 - b. Life Care Plans/Medical Cost projections