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AMA GUIDES IMPAIRMENT RATING

The American Medical Association (AMA) *Guides to the Evaluation of Permanent Impairment, 6th edition (2009)* defines impairment as “**a significant deviation, loss, or loss of use of any body structure or function in an individual with a health condition, disorder, or disease.**”

In the United States, 44 states, 2 commonwealths, and federal employee compensation systems either mandate or recommend using the *AMA Guides* to measure **anatomic and/or physiologic impairment** in workers’ compensation claims. Some states have their own unique set of guidelines for rating permanent impairment. Louisiana statutes require the use of the most current version of the *AMA Guides* which is currently the 6th edition. Federal statutes for federal workers covered under FECA also require the use of the 6th edition.

An impairment rating provides a **quantitative estimate** of an individual’s anatomic and/or physiologic impairment expressed as a percentage of the whole person and/or affected extremities (arms and legs). The **% impairment** is converted by insurance claims adjusters to determine **a monetary award**. In Louisiana, the award schedule is covered under **LA R.S. 23:1221**:

<http://legis.la.gov/Legis/Law.aspx?d=83447>

Specific requirements for Federal employees covered under the **FECA program**:

<http://www.dol.gov/owcp/dfec/regs/compliance/DFECfolio/FECA-PT2/group2.htm#20808>

Impairment resulting from an **injury to the spine** is allowed **ONLY** under two circumstances:

1. If a spinal injury results in **impairment to the arms or legs**.
2. If spinal injury results in **chronic back or neck pain** but **NO** impairment to the arms or legs.

(1) Impairment resulting from an injury to the spine. While the FECA does not allow payment for impairment to the spine, a schedule award can be paid for the extremities if a spinal injury leads to impairment of the arms or legs. Impairment to the upper or lower extremities that is caused by a spinal injury should be rated consistent with the article "Rating Spinal Nerve Extremity Impairment Using the Sixth Edition" in the July/August 2009 edition of the The Guides Newsletter published by the AMA.

(2) Impairment due to pain. Impairment applicable to pain is inclusive as a component of the medical condition (diagnosis) and not measured separately unless the pain does not correlate with objective findings or body part dysfunction. Chapter 3 of the Guides discusses evaluation of pain if it is not classifiable in the diagnosis based impairment. An example would be fibromyalgia, or pain due to a sprain where no objective findings or identifiable abnormalities are noted. In no circumstances, though, should the pain-related impairment developed under Chapter 3 be considered as an add-on to impairment determinations based on the criteria listed in Chapters 4 – 17. When pain is the sole impairment, the physician should have the claimant complete Appendix 3-1 of the AMA Guidelines, Sixth Edition - Pain Disability Questionnaire (PDQ), or obtain the necessary information in some other format.

A critical concept here to understand is that **anatomic and/or physiologic impairment is not the same and it does not correlate well with functional impairment.**

Functional impairment refers to the **loss of tolerance and/or capability to safely perform work activities or to participate in other major life activities.** Qualified healthcare providers commonly perform a **Functional Capacity Evaluation (FCE)** to assess the severity of an individual's functional impairment in terms of a percentage of functional match to a specific job or a broader range of a specific occupation.

For example, Joe worked as a carpenter (remodeling and new construction). Joe suffered a rotator cuff injury to his right shoulder at work requiring surgery and physical therapy. Once Joe reached **maximum medical improvement (MMI)**, the treating physician ordered a FCE and an Impairment Rating.

The **job analysis** for Joe's full-duty job noted that reaching overhead was required frequently, and the physical demands of the job was classified as Heavy work. Joe was found on the FCE to be limited to a restricted range of Light to Medium work and only occasional overhead reaching. Based on comparing his residual functional capacity to the job demands, Joe was found to have a **75% functional impairment** related to his job as a carpenter. However, using the *AMA Guides*, Joe was found to have only a **15% anatomic impairment** to the right upper extremity as a result of the rotator cuff injury.

In the above scenario, Joe had a **mild anatomic impairment** but a **severe functional impairment**. In some cases the opposite may be true, an individual may be found to have a severe anatomic/physiologic impairment but only a mild functional impairment. In other cases, an individual may be found to have a severe anatomic/physiologic impairment and a severe functional impairment. On occasion, we find individuals with no objective evidence of anatomic/physiologic impairment or functional impairment. **Each case is different, and it all depends on the unique circumstances of the individual.**