



Click below to link
to our offices in:

Chattanooga

Nashville

Knoxville

Memphis

Dalton

LWDN Quick Flash

Workers' Compensation

April 2008

A PUBLICATION OF LEITNER, WILLIAMS, DOOLEY & NAPOLITAN, PLLC

American Medical Association's

Guides to the Evaluation of Permanent Impairment, Sixth Edition

Governs Tennessee Workers' Compensation Claims on or after January 1, 2008

Introduction: Recently, the American Medical Association published a new edition of its *Guides to the Evaluation of Permanent Impairment*. The new edition, dubbed the Sixth Edition, is a significant change from the past. Rather than following the model of previous editions, which had been refined over the past fifty years, the Sixth Edition introduces a new paradigm for assessing permanent impairment. The new paradigm, as set forth in the Sixth Edition, governs Tennessee workers' compensation claims on or after January 1, 2008.

New Paradigm: In the past, the *Guides* emphasized functional assessment. Thus, in the past, impairment ratings could be based on loss of strength, loss of range-of-motion, or loss of sensation. Now, the *Guides* emphasize diagnosis. Thus, now, impairment ratings can be based on whether the injury is to soft tissue, muscle or tendon, or ligament, bone, or joint. The diagnosis based impairment is then adjusted up or down according to other non-key factors such as functional history, physical examination, and clinical studies. According to the Sixth Edition, "Diagnosis-based grids were developed for each organ system. These grids arrange diagnoses into five classes of impairment severity, according to the consensus-based dominant criterion. The functionally based history, physical findings, and broadly accepted clinical test results, where applicable, are then integrated to determine severity grade and provide a corresponding impairment value."

Example #1: Two-Level Cervical Fusion: Assume an employee undergoes a two-level cervical fusion which resolves his radiculopathy. In the past, under the Fifth Edition, the impairment rating would be based on a functional assessment of range-of-motion. In other words, in the past, the impairment rating would be determined by measuring flexion and extension, lateral bending, and rotation. In the past, under the Fifth Edition's range-of-motion method, the impairment rating would probably be at least 25% to 28% of the whole person. Now, under the Sixth Edition, the impairment rating would be based on diagnosis. In other words, now, the impairment rating would be determined by reviewing the diagnoses in the Sixth Edition and noting that the employee falls into the category of "intervertebral disk herniation or documented AOMSI at a single level or multiple levels with medically documented findings; with or without surgery and with documented resolved radiculopathy or non-verifiable radicular

If your server does not
support graphics,
[click here](#)

**Leitner,
Williams, Dooley
and Napolitan,
PLLC will be
hosting many
upcoming
events!
[Click here](#)
to see
LWDN events**

complaints at the clinically appropriate levels present at the time of examination.” Now, under the Sixth Edition’s diagnosis method, the impairment rating would probably be 4% to 8% of the whole person.

Example #2: Carpal Tunnel Syndrome: Assume an employee is diagnosed with right carpal tunnel syndrome after a nerve conduction study shows conduction delay. The employee undergoes carpal tunnel release surgery; however, she still has some decreased sensation after the surgery. In the past, under the Fifth Edition, the impairment rating would be based on a functional assessment of the loss of sensation. In other words, in the past, the impairment rating would be determined by looking at tactile sensibility. In the past, under the Fifth Edition, the impairment rating could be anywhere from 1% to 20% of the upper extremity. Now, under the Sixth Edition, the impairment rating would be based on diagnosis. In other words, now, the impairment rating would be determined by reviewing the diagnoses in the Sixth Edition and noting that the employee falls into the category of “entrapment/compression neuropathy impairment.” Depending on the history, physical findings, test findings, and functional scale, under the Sixth Edition, the impairment rating would probably be 4% to 6% of the upper extremity.

Conclusion: In conclusion, the American Medical Association’s *Guides to the Evaluation of Permanent Impairment, Sixth Edition* governs Tennessee workers’ compensation claims on or after January 1, 2008. The Sixth Edition introduces a totally new paradigm for assessing impairment, which emphasizes diagnosis over functional assessment. This new paradigm may result in lower impairment ratings for conditions such as a two-level cervical fusion and carpal tunnel syndrome.

Submitted by:

Ron L. Harper, Esq.

Asa W. Baker, Esq.

254 Court Avenue, 2nd Floor

Data Company Building

Memphis, Tennessee 38103

ron.harper@leitnerfirm.com

asa.baker@leitnerfirm.com

www.leitnerfirm.com

If you would like to unsubscribe to this newsletter, please reply to this email with "Unsubscribe" in the subject box. Thank you.

The LWDN Client Update Quick Flash is published for the benefit of our clients. While each article is written to be informative and helpful, we recognize that every situation is unique in its legal considerations. The firm encourages readers to consult an attorney regarding particular application and interpretation of the law. Permission is granted to make and distribute, without charge, copies of this entire document provided that such copies are complete and identify Leitner, Williams, Dooley & Napolitan, PLLC as the author. All other rights are reserved.