

RECIPES FOR RATINGS

1. THE "0% WPI" RATINGS

A.	FIBROMYALGIA:	0% WPI	P. 569
B.	THORACIC OUTLET SYNDROME	0% WPI	P. 569
C.	MYOFASCIAL PAIN SYNDROME	0% WPI	P. 569
D.	TENDINITIS OF UPPER EXTREMITY	0% WPI	P. 507
E.	EPICONDYLITIS (MEDIAL OR LATERAL WITHOUT SURGERY)	0% WPI	P. 507

2. ADD-ON FOR PAIN:

A.	UP TO 3% WPI	0 - 3% WPI	P. 584, 5b
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3. READ IT OFF A CHART

A.	HEARING LOSS	P. 250
B.	LOWER EXTREMITY (DIAGNOSIS BASED ESTIMATES)	P. 546-7
1.	Meniscectomy	P. 546

- | | | |
|----|------------------|--------|
| 2. | Ligaments | P. 546 |
| 3. | Hip replacement | P. 546 |
| 4. | Knee replacement | P. 546 |
| 5. | Pelvic Fracture | P. 546 |

4. RANGE OF MOTION (ARM/LEG)

A. SHOULDER

- | | | |
|----|--|--------------------|
| 1. | Use a goniometer | P. 475,476,
478 |
| 2. | Measure the patient's following 6 motions in both right and left shoulders. Take at least 2 measurements. Write all measurements down. | |
| a. | Flexion | P. 475 |
| b. | Extension | P. 475 |
| c. | Abduction | P. 476 |
| d. | Adduction | P. 476 |
| e. | Internal Rot | P. 478 |
| f. | External Rot | P. 478 |
| g. | 2 measurements at a | |

- minimum P. 20
- h. Ensure the 2 measurements fall within 10% of each other P. 20
- i. Use the highest ("maximum") of the measurements P. 475, 476, 478
- j. Write all measurements down p. 474
3. Take the maximum measurement in each of the 6 motions above and calculate the UE impairment % per the charts at pp. 476, 477, 479. P. 476, 477, 479
4. Add up the UE% impairment values for the 6 measurements. P. 479, 2
5. Convert the total UE to WPI by using conversion chart at p. 439 P. 439
6. Calculate the impairment, if any, in the uninjured shoulder, using the same method shown above. P. 453
- a. Subtract impairment found in uninjured shoulder from impairment found in injured shoulder P. 453

P. 453: *"If a contralateral 'normal' joint has a less than average mobility, the impairment value(s) corresponding to the uninvolved joint can serve as a baseline and are subtracted from the*

calculated impairment for the involved joint." P. 453

B. ELBOW (SAME PROCEDURE AS ABOVE) P. 470 - 474

C. WRIST (SAME PROCEDURE AS ABOVE) P. 466 - 470

D. KNEE

1. Turn to p. 537 of *AMA Guides*, Table 17-10 "Knee Impairment"

2. Measure:

Flexion P. 537

Flexion Contracture P. 537

Varus P. 537

Valgus P. 537

3. Take 3 measurements at a minimum. Use the maximum. P. 533

4. Apply the measurements to p. 537, Table 17-10 to get WPI% or (LE%).

a. If you get LE%, go to page 527, Table 17-3, to convert to WPI. P. 527

5. The Lower Extremity chapter does not have a provision indicating that the uninjured knee should be measured as well as the injured

and that any impairment in the uninjured knee should be subtracted out (like the Upper Extremity chapter has at p. 453). However, you could argue, by analogy, that the same should apply to the lower extremity. You would argue application of p. 453 "by analogy."

P. 453

E. ANKLE (FOLLOW SAME PROCEDURE NOTED FOR ABOVE)

P. 537

F. HIP (FOLLOW SAME PROCEDURE NOTED FOR ABOVE)

P. 537

5. DRE (DIAGNOSTIC RELATED ESTIMATES) RATINGS (70% OF *AMA GUIDES*)

A. LUMBAR SPINE

1. Turn to p. 384, Table 15-3.

P. 384

2. Check to see which of the following you have (you will find this info in the Physical Exam section of the medical report)

a. Muscle Spasm

b. Muscle Guarding

c. Asymmetric Loss of Motion

d. Non-verifiable radicular root pain

- e. Radiculopathy (this means pain, numbness, or tingling in one of the nerve pathways shown on p. 377)
 - 1) Sensory loss
 - 2) Loss of reflexes
 - 3) Loss of strength
 - 4) Atrophy in one leg
 - f. Loss of motion segment integrity
 - g. Imaging study showing herniated disc (any torn or ruptured disc; any bulging disc 4 mm or greater)
 - h. Electrodiagnostic study
 - i. X-ray showing loss of motion segment integrity
 - j. Compression fracture
3. Then, turn to p. 384, Table 15-3, and place Applicant in one of the 5 DRE classes based on the findings:
- a. **Class I: 0% WPI** P. 384
None of the findings under paragraph 2 above P. 384
 - b. **Class II: 5 - 8% WPI** P. 384
ANY OR ALL OF THE

FOLLOWING:

- 1) Muscle spasm
- 2) Muscle Guarding
- 3) Asymmetric loss of motion
- 4) Nonverifiable radicular root pain

OR

- 5) Imaging study showing herniated disc with complaints of radiculopathy at side and level that would be expected; radiculopathy has now gone away

OR

- 6) 1 - 24% Compression Fracture

c. **Class III: 10 - 13% WPI** P. 384

- 1) Radiculopathy verified by any of the following:
 - a) Electrodiagnostic testing
 - b) Sensory loss
 - c) Loss of reflexes
 - d) Loss of strength
 - e) Atrophy in one leg

OR

- 2) Herniated disc (i.e. disc which is torn, ruptured, or bulging 4 mm or greater) with radiculopathy (i.e. pain, numbness, or tingling in a known nerve pathway per p. 377)

OR

- 3) Patient had surgery for radiculopathy and now has no symptoms of radiculopathy

OR

- 4) 25 - 50% compression fracture

d. **CLASS IV: 20 - 23% WPI P. 384**

- 1) One-level fusion
- 2) Loss of motion segment integrity by x-ray as defined on p. 384, Table 15-3

OR

- 3) 51 - 100% Compression Fracture with no neurological compromise

e. **CLASS V: 25 - 28% WPI P. 384**

- 1) One-level fusion + radiculopathy
- 2) Loss of motion segment integrity by x-ray as defined on p. 384, Table 15-3 + radiculopathy

OR

- 2) 51 - 100% Compression Fracture **with** one-sided neurological compromise

4. Then, turn to p. 4, Table 1-2, List of ADL's.

a. Identify which, if any, of the 8 ADL's are impacted by the lumbar spine problems.

b. Each DRE Class has a range, for example, DRE II is 5 - 8% WPI.

1) If Lumbar spine problems cause minimal or no impact on ADL's, give Applicant lowest number in the range, per p. 5 of *AMA Guides* P. 4, 5

2) If Lumbar spine problems cause moderate impact on ADL's, give Applicant medium number in the range, per p. 5 of *AMA Guides* P. 4, 5

3) If Lumbar spine problems cause maximum or high impact on ADL's, give Applicant highest number in the range, per p. 5 of *AMA Guides* P. 4, 5

B. CERVICAL SPINE

1. Turn to p. 392. P. 392

2. Read the Classes for DRE rating. [Note: Classes are different for cervical versus lumbar spine)

3. Place Applicant in a class using same procedure as outlined above.

4. Use ADL's to determine where to

place patient in the range. P. 4,5

C. THORACIC SPINE

1. Use same procedure as Cervical Spine. P. 386
P. 4,5

D. HIGH BLOOD PRESSURE/HYPERTENSION P. 66

E. CORONARY HEART DISEASE P. 36

F. CARDIOMYOPATHY P. 47

G. ARRHYTHMIAS P. 56

H. GASTROESOPHAGEAL REFLUX DISEASE (GERD) P. 121

I. CONSTIPATION, IRRITABLE BOWEL SYNDROME P. 128

6. NERVE RATINGS

1. Find the nerve you are dealing with for upper extremity (p. 486-490) or lower extremity (p. 551)
2. Upper extremity, turn to p. 492. Lower extremity, turn to p. 552, Table 17-37
3. On the chart at p. 492 (upper extremity) or p. 552 (lower extremity), find column for:
 - a. Sensory Deficit or pain

b. Motor Deficit

4. Find the nerve you are dealing with [for example: in carpal tunnel, we deal with median nerve below mid-forearm], find the UE% for sensory deficit and the UE% for motor deficit.

[Example: Median nerve below mid-forearm:

Sensory deficit: 39% UE

Motor deficit: 10% UE.

5. Turn to p. 482. Perform the following tests: (you can find this in Physical Exam section of medical report)

- a. Monofilament testing or light touch testing

AND

- b. Two-point discrimination.

6. Then, place in one of the following grades based on results of testing in paragraph 5:

Grade 5: 0% sensory deficit

Normal monofil/light touch
Normal two-point discrim

Grade 4: 1 - 25% Sens deficit

Abnormal monofil/light touch
Normal two-point discrimination

Grade 3: 26 - 60% sens deficit

Abnormal monofil/light touch
Abnormal two-point discrimination

7. Once you have the grade, select a % of sensory deficit within the range (NOTE: Doctor can select any percentage he wants within the range.)
 - a. That will be your % of sens. deficit.
8. Multiply the % of sens deficit x the value you got for sensory deficit for the nerve per p. 492. [Example: median nerve below mid-forearm per p. 492 = 39% UE for sensory deficit.]

[Example: If doctor finds 25% sens deficit for median nerve below mid-forearm, formula becomes:

$$25\% \text{ sens deficit} \times 39\% \text{ UE (per p. 492)} = 9.75\% \text{ UE rounds up to } 10.0\% \text{ UE}$$

9. Then, turn to p. 484, to grade motor deficit [Note: "motor deficit" means "loss of strength."
 - a. Doctor grades strength in fingers which have the median nerve below mid-forearm going into them."
 - b. Per p. 484, Grades are:

Grade 5: 0% motor deficit

Full strength

Grade 4: 1 - 25% motor deficit

Some strength

Grade 3: 26 - 50% motor deficit

No strength

- c. Place the patient in a grade based on the strength.
- d. Then, once placed in grade, select a motor deficit % within the range.
- e. Multiply the motor deficit % x the value for motor deficit for the nerve per p. 492.

[Example: If doctor found "some strength" in muscles innervated by median nerve, he would place in Grade 4, 1 - 25% motor deficit. Doctor then selects a percentage in this range. If Dr. selected 25%, the equation becomes:

$$25\% \text{ motor def} \times 10\% \text{ UE (per p. 492 for motor deficit)} = 2.5\% \text{ UE rounds up to } 3.0\% \text{ UE}$$

10. Then, combine the UE% for sensory and motor:

$$\text{Sensory: } 25\% \text{ sens def} \times 39\% \text{ UE} = 10\% \text{ UE}$$

$$\text{Motor: } 25\% \text{ mot def} \times 10\% \text{ UE} = 3\% \text{ UE}$$

$$\text{COMBINE: } 10 + 3 = 13\% \text{ UE.}$$

14. Convert UE% to WPI per p. 439 for upper extremity and per p. 527 for Lower Extremity.

$$[\text{Example: } 13\% \text{ UE} = 8\% \text{ WPI per p. 439}]$$

15. CARPAL TUNNEL SPECIAL NOTE:

- A. YOU MUST HAVE A POSITIVE ELECTRO-DIAGNOSTIC TEST (EMG AND/OR NERVE CONDUCTION STUDY) TO**

**DIAGNOSE AND RATE
CARPAL TUNNEL SYNDROME
(P. 492 AND 493)**

P. 492, 493

**7. CRPS (Complex Regional Pain
Syndrome)**

P. 496

A. UPPER EXTREMITY

1. Turn to p. 496, Table 16-16.
2. Patient must have at least **8 of the findings observed by the physician at the same time** to get the diagnosis of CRPS.

P. 496

3. Then, rate in one of 2 ways:

a. Upper Extremity Chapter

- 1) Rate range of motion

COMBINE WITH

- 2) Rate sensory and motor deficits under nerve rating
- 3) Convert result to WPI per p. 439

- b. Neurology chapter, p. 343, Table 13-22

P. 343

B. LOWER EXTREMITY

1. Turn to p. 553. P. 553
2. NOTE: Lower extremity does not require the patient to have the 8 findings present at the same time as the upper extremity chapter does at p. 496. You can argue this by analogy:

ANALOGY: Patient must have at least **8 of the findings observed by the physician at the same time** to get the diagnosis of CRPS, by analogy to Upper Extremity Chapter. P. 496
3. Then, rate in one way:
 - a. Neurology chapter, p. 336, Station and Gait Disorders P. 336

8. SLEEP DISORDER

1. Turn to p. 317, Table 13-4.
2. To be rated using this chart, the patient **MUST** have the following:
 - a. A formal sleep study which diagnoses excessive daytime sleepiness P. 317

AND

 - b. One of the neurological conditions listed on p. 317 P. 317

AND

 - c. The Neurological Disorder must be proven by tests. P. 305

9. SEXUAL DYSFUNCTION

A. MALE

1. TURN TO P. 156, TABLE 7-5 P. 156
2. Determine which of these the patient has:
 - a. Erection
 - b. Ejaculation
 - c. Sensation
 - d. No sexual function possible
3. Turn to Table 7-5: Place in a class like any DRE Rating.
 - a. Use ADL's to determine where in the range the patient falls. P. 4,5
4. **SPECIAL NOTE 1: ADJUST FOR AGE** P. 157
 - A. **ONCE YOU HAVE THE WPI%, INCREASE BY 50% FOR MEN UNDER 40**
 - B. **ONCE YOU HAVE THE WPI%, DECREASE BY 50% FOR MEN OVER 65.**
5. **SPECIAL NOTE 2: MAKE SURE TESTS DONE** P. 157

- A. Penile Tumescence study
- B. Doppler ultrasound penile blood flow eval
- C. Dynamic Cavernosometry and cavernosography
- D. Angiography

10. SPINE RANGE OF MOTION

1. Use this method when you have any of the following (p. 380, lower right paragraph 4):

P. 380

- A. Fusion at 2 or more levels in the same spinal region
- B. Fractures at 2 or more levels in the same spinal region
- C. Radiculopathy in the same spinal region which is:
 1. Bilateral (i.e., on both sides)OR
 2. At 2 or more levels on the same side
- D. Radiculopathy which is caused by:
 1. StenosisOR

2. Recurrent disc herniation.
2. Then, a Spinal ROM rating has 3 parts: Disorder, Motions, and Nerve
 - a. Disorder: Turn to p. 404
 - 1) Find the disorder you have
 - b. Motion: Turn to pp. 405-417, find the Motion charts for Lumbar, Thoracic, or Cervical
 - 1) Use an inclinometer
 - 2) Measure the following motions

[EXAMPLE: LUMBAR SPINE:

Sacral Flexion

True Lumbar Flexion

True Lumbar Extension

Right lateral bending

Left Lateral Bending.
 - 3) Turn to the charts at p. 407 and 409. Calculate the impairment using the motions you have.
 - a) Add these impairments together to get a total WPI for "Motion."
 - c. Nerve: Turn to p. 424, find the nerve you are dealing with

- 1) Grade the sensory deficit per p. 482
 - 2) Grade the motor deficit per p. 484
 - 3) COMBINE those impairment numbers.
**[NOTE: THE IMPAIRMENT %
ON P. 424 ARE LE% AND UE%.
CONVERT TO WPI PER P. 439 FOR
UE OR P. 527 FOR LE.**
- d. Then, COMBINE TO GET TOTAL:
- 1) DISORDER WPI%
 - 2) MOTION WPI%
 - 3) NERVE WPI%
- COMBINE FOR TOTAL: _____ WPI%

11. GRIP STRENGTH

Grip strength is only used to rate 2 conditions under the *AMA Guides*.

- | | | |
|-----------|---|--------|
| A. | MUSCLE RUPTURE IN ARM LEAVING
PALPABLE DEFECT (EXAMPLE: BICEPS
TENDON RUPTURE) | P. 508 |
| B. | EPICONDYLITIS WITH SURGERY
(MEDIAL OR LATERAL) | P. 507 |
| C. | <u>NOTE: GRIP STRENGTH IS NEVER USED
WITH CARPAL TUNNEL</u> | P. 494 |

P. 494: "In compression neuropathies, additional impairment values are not given for decreased grip strength."

Carpal tunnel syndrome is a "compression

Neuropathy."

12. PSYCH

- A. *AMA GUIDES* not used to rate Psych
- B. Use the "GAF Score."
 - 1. Find GAF Score.
 - 2. Go to workcompcentral.com.
 - a. Select Rating Calculator
 - b. Select Psych injury.
 - 1) Input GAF score
 - 2) Calculator will convert to WPI.