

**Our Document #
0100 Example (PTP)**

Craig Andrew Lange
craigalange@pacbell.net

Impairment & Disability Rating Specialists
<http://www.pdratings.com/>

Luis Pérez-Cordero
pdrating@pacbell.net

Voice: (415) 861-4040 / Fax: (415) 276-3741

Employee: Jane Example	Claim #: ABC1234	
Occupation: Candy Cane Corp / Carpenter	Group #: 380	SS #: NP
Injury Date: 01-01-2009	Birthdate: 01-01-70	Age: 37-41
Injury to: Bilateral Upper Extremity – Wrists / Hands		
Med Rpt: (PTP Rating) John H. Rocky, MD / 01-02-2010		

Impairment Summary and Review		
Impairment Based on Exam Findings & Medical History	LC § 4663 Apportionment	Impairment As Reported
(R) CTS – 00 UEI = 00 WPI (L) CTS – 03 UEI = 02 WPI	No Apportionment to avocational factors / pre-existing condition.	(R) CTS – 04 UEI = 02 WPI (L) CTS – 03 UEI = 02 WPI

Recommended Rating supported by correct application of the AMA Guides, 5th Edition:

16.01.02.02 - 0 - [4] 0 - 380J - 0 = 00 (R) CTS
16.01.02.02 - 2 - [4] 2 - 380J - 4 = 04 (L) CTS
04 C 00 = 04%

I. Evaluator provides an impairment rating for the (R) upper extremity for residuals of carpal tunnel syndrome without objective findings.

(R) Post Carpal Tunnel Syndrome Release - Section 16.5d:			
AMA Guides, pages 493-495 - ©LPC/CAL – January 11,2005			
Carpal Tunnel / AMA 5th Ed., pg. 495	Post CTS Release UEI = 04 00% (Corrected)	UE To WPI (T) 16-3, p. 439	WPI For PDRS Adjustments
Negative Tinel's sign Negative Phalen's test		00	00
AMA Guides, page 495: "...following surgical decompression 3 following scenarios can be present:			
1. <u>Positive clinical findings of median nerve dysfunction, is rated according to sensory/motor deficits.</u> AMA Guides, page 480 – Peripheral Disorders Impairment.			
2. <u>Residual Carpal tunnel syndrome is still present</u> – impairment of up to 05% UEI may be justified.			
Normal clinical findings, including 2-point discrimination – no objective basis for an impairment rating.			

(L) Wrist Entrapment/Compression Neuropathy *			
AMA Guides Section 16.5d, pages 493-495 & AMA Guides pg. 570 - ©LPC/CAL – January 11,2005			
Carpal Tunnel / Guides, pg. 495	UEI = 03% *	UE To WPI (T) 16-3, p. 439	WPI For PDRS Adjustments
Weakly Positive Phalen's test		03 = 02	02 WPI
* AMA Guides, page 11: Based on both clinical judgment and findings, when impairment is not addressed by the guidelines, physicians should compare the unlisted condition to measurable impairment from a listed condition with similar impairment of function in performing activities of daily living. AMA Guides, pg. 20: Section 2.5g, Adjustments for Effects of Treatment or Lack of Treatment: Declining surgery neither decreases nor increases the estimated percentage of the individual's impairment.			

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Misapplications to the AMA Guides, 5th Edition in Medical Report dated 01-02-10:

- AMA 5th Edition, Section 16.5d-Entrapment /Compression Neuropathy, pgs. 492 & 493
*“The diagnosis of entrapment/compression neuropathy is based on (1) the history and symptoms; (2) objective clinical tests signs and findings on detailed examination; and (3) documentation by electroneuromyographic studies. ... **Only individuals with an objectively verifiable diagnosis should qualify for a permanent impairment rating. The diagnosis is made not only of believable symptoms but, more important, on the presence of positive clinical findings and loss of function.**”*

Issue: There are no objective clinical signs and findings in support of (R) median entrapment.

II. Evaluator provides the following clinical findings in the evaluation (MR, pgs. 1-2):

- *Sensation is intact to light touch through both hands.*
- *Negative Tinel & Phalen test in the (R) wrist.*
- *Full ROM of the wrist and all digits of the hand.*
- *Post-(R) Carpal Tunnel Release*

○ **Carpal Tunnel Syndrome Impairment Rating Principles, AMA Guides pg. 495**

“...following surgical decompression 3 following scenarios can be present:

- Positive clinical findings of median nerve dysfunction, is rated according to sensory/motor deficits. AMA Guides, page 480 – Peripheral Disorders Impairment.
- Residual Carpal tunnel syndrome is still present – impairment of 05% UEI may be justified.
- Normal clinical findings, including 2-point discrimination – no objective basis for an impairment rating.
- If the medical evaluator provides a miscalculation of impairment and the body of the medical report supports and includes objective clinical criteria that would support a higher or lower impairment, the AMA Guides allows any knowledgeable observer to adjust the reported impairment accordingly. -- AMA Guides 5th Edition, Chapters 2, page 17
- A doctor's opinion which does not base the WPI percentage on the AMA Guides is not substantial medical evidence under either the WCAB's Escobedo Decision or the Almaraz-Guzman-II decision. – Almaraz-Guzman-II, pg. 26 If the rating doesn't start with the correct AMA Guides impairment rating, then a physician's WPI does not constitute substantial evidence because it is inconsistent with the mandate of LC § section 4660(b)(1).
- Returning the determination of impairment to the 4 corners of the AMA Guides requires that the physician's judgment, based upon experience, training skill, thoroughness in clinical evaluation is also manifested in the physician's ability to apply the AMA 5th Edition rating criteria as intended. – AMA 5th Edition, Chapter 2 & Almaraz-Guzman-2, LC § 4660(b)(1) LC § 139.2 (C)(2)

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Permanent Disability Determination Based On The Following Factors

AMA Analysis: MR pg. 2	<p><i>The text on page 495 according to the AMA Guides to the Evaluation of Permanent Impairment 5th Edition indicates that up to 5% impairment is allowed for residuals of carpal tunnel syndrome. Based upon these criteria, Dr. Power, in his report of 8/12/09 felt that Ms. Taylor had 4% impairment of the right upper extremity and 3% impairment of the left upper extremity.</i></p> <p><i>I would concur with these estimates. This translates to 2% impairment of the whole person for the right upper extremity, and 2% whole person impairment for the left upper extremity. These impairments are then combined to arrive at a total of 4% whole person impairment for both upper extremity injuries.</i></p> <p>Corrected: Before combining with other regional impairments in the same/opposite extremity and/or other body systems, regional impairments are converted to a whole person impairment and adjusted by the 05PDRS modifiers: Then they are combined using Tables on Section 8 of the 05PDRS on pages 8-2 & 8-3. - AMA Guides, pg. 10 & 2005 PDRS, page 1-11</p>
ADL MR pg. 1	<p><i>Bilateral hand complaints. Right greater than left, episodes of numbness affecting the radial three digits of the right hand along with pain that radiates up the right arm.</i></p>
Exam Findings MR pg. 1-2	<p>Bilateral wrists, fingers: within normal limits. Sensation is intact to light touch through both hands.</p>
Diagnostic /Clinical Tests	<p>(L) Wrist - Negative Tinel's sign; weakly Positive Phalen's test. (R) Wrist – Negative Phalen's test & Negative Tinel's sign.</p>
Diagnosis: MR pg. 2	<p><i>Right carpal tunnel release and right tennis elbow release; Left carpal tunnel syndrome</i></p>
Apportionment MR pg. 2	<p>No Apportionment to avocational factors / pre-existing condition.</p>

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Appendix: For Comparison Purposes Only!

Disability Rating Formulas Based on Impairment as Reported –

Impairment Rating Is Inconsistent with AMA Guides Evaluation Guidelines & Rating Criteria

1. AMA Guides Rating Principles, Chapters 1 & 2: The medical report must clinically correlate the calculated impairment to complete and correct AMA assessment criteria. A P&S medical imposition of any impairment loss must be supported by the proper measurable findings and explained by a well-reasoned/rational medical opinion that follows the proper AMA Guides assessment criteria. (8 CCR WCAB Section § 10606 – Physician’s Report as Evidence) The P&S report must clearly outline physician’s evaluating criteria and its support for any levels of impairment.
2. AMA Guides, pg. 22, Section 2.6b: Requires that evaluating physician discuss how specific findings relate to and compare with applicable objective rating criteria. WCAB en-banc decisions require that for an opinion to be considered ‘substantial medical evidence’ the physician must set forth the reasoning behind his/her opinions, not merely a conclusion, belief or ‘non-sequitur comparison.’ Making sure the correct citation of chapters, tables, & figures used in the calculation of a regional or whole person impairment is now a cornerstone of the ‘substantial medical evidence’ standards established by the courts.

Incorrect Rating based on Evaluator’s Misapplications of the AMA Guides, 5th Edition:

This rating is not recommended. There are no exam findings at MMI to support Impairment for carpal tunnel residuals status post (R) Post Carpal Tunnel Syndrome Release per page 495 of AMA Guides, 5th Edition.

$$16.01.02.02 - 2 - [4]2 - 380J - 4 = 04 \quad (R) \text{ CTS}$$

$$16.01.02.02 - 2 - [4]2 - 380J - 4 = 04 \quad (L) \text{ CTS}$$

$$04 \text{ C } 04 = 08\%$$

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