



Keeping You Up-to-Date with the Industrial Commission's Medical Services • Summer 2018

FORMULATING FINAL OPINIONS

Helpful Hints for Completing Your Report

The referral letter questions are very important to the legal community here at the Ohio Industrial Commission. Hearing officers utilize these answers as an integral part of their final decision making in regards to Permanent and Total Disability. The specialist must consider whether the Injured Worker is at maximal medical improvement, determine the combined whole person impairment percentage for the allowed condition(s) within their specialty, and discuss the Injured Worker's work capabilities/limitations stemming from the allowed conditions only. Below are helpful hints when formulating your opinions.

MUSCULOSKELETAL

- Expand the activities of daily living section in your report to obtain an idea of what the Injured Worker does day-to-day including self-care and hygiene, communication, physical activity, general hand function, travel, sexual function and sleep to develop your opinion on an impairment.
- Maintain consistency throughout the exam report with the ADLs section, physical examination, WPI calculations, and final opinion on the Injured Worker's ability to perform any type of remunerative work. See page 2 for common weight equivalents.
- Clearly separate the allowed conditions and their effect on the Injured Worker from the Injured Worker's non-allowed health conditions or allowed conditions assigned to other specialties.
- Remember that the work categories state a minimum and maximum lifting limit (up to). An Injured Worker could qualify for sedentary work with a further modification of lifting a negligible amount of force frequently but not a full 10 pounds occasionally due to the "and/or" aspect of the definition.
- Upgrade an Injured Worker's work category to the next level only if all of the criteria of the lower category on the assessment form have been met.
- Focus on mobility (pace and frequency), as well as weight limits when addressing an Injured Worker's work capabilities/limitations.
- Define limitations within a category to address specific body part issues such as "cannot lift overhead or use left arm" for shoulder ROM limitations. Part-time work is permitted and must be defined by hours per day and days per week.

MENTAL BEHAVIORAL

- Create an image of the Injured Worker's ability to function from hour to hour and day to day.
- Create a story that flows to a reasonable opinion and rationale consistent with the evaluation.
- Compose the report based on valued professional experience keeping impartiality as the guide rather than pre-conceived expectation of an Injured Worker's capacity to function and work. Ask yourself if you are being impartial.
- Summarize reports with the four functional areas of Activities of Daily Living, Social Functioning, Concentration and Adaptation.
- Avoid vague, ambiguous descriptions and focus on specific objective data and historical evidence that provide insight for the OAA. Examples of poor opinions are as follows:
 - "does not get along in public" (how, why, where?)
 - "cannot make complex decisions" (provide examples or refer to a page in the report)
- Provide greater specificity and examples for distractibility and motivation when referenced as part of the rationale for the final opinion. The court considers them ambiguous on their own.
- Avoid using pre-existing mental conditions or educational background as part of the final opinion. Also, avoid formulating a final opinion on pain complaints unless it is an allowed psychological condition. Instead, provide an appropriate rationale that focuses on the allowed mental health condition.

Did You Know?

According to the *AMA Guides, 5th Edition*, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way (pg. 400)" for the spinal regions. Spinal motion is compound; therefore, it is important to use the dual-inclinometer technique when measuring spinal ROM during your OIC examinations. Established specific spinal region landmarks for this technique are referenced on pages 405 to 421 of the *AMA Guides, 5th Edition*. Please document this method when performed in the examination section of your report.

COMMON WEIGHT EQUIVALENTS

How much do household items weigh?

SEDENTARY/LIGHT



Step Ladder, 5-10lbs



Gallon of milk, 8lbs



Canned Goods, 1-4lbs

Light Items between 1-15lbs

ITEM	POUNDS
Box of salt	1.2
Liter of soda	2.2
Weed Trimmer	2.5
Large can of Crisco	3
Small tool box	3
Gallon of Ice Cream	4.4
Dry cleaning on hangers	2-5
6-pack of soda	4-6
Gallon of oil	7-9
Bag of groceries	5-10
Flour/Sugar	5-10
Bag of fruit	5-10
Bag of mulch/dirt	5-10
2x4 wood boards	8-10
Gallon of detergent	8-11

MEDIUM



Watermelon, 20-25lbs

Full Laundry Basket,
10-20lbs



Push Lawn Mower,
30lbs

Medium Items between 15-40lbs

ITEM	POUNDS
Empty propane tank	17
Frozen Turkey	10-20
Duffel bag with clothes	10-20
Play pen	10-20
Snow Blower	28
Push lawn mower	30
Full trash bag	35
Child car seat	20-35
Young Child	14-40
Bag of Kitty litter/food	20-40

HEAVY

Full Luggage, 40-50lbs



Heavy Items between 40-75lbs

ITEM	POUNDS
Large bag of dog food	40-50
Bag of softener salt	40-50
Metal dolly	65

CONTINUING EDUCATION QUESTIONS

1. Specialists must avoid considering non-allowed conditions in their final opinions.
 - a. True
 - b. False
2. When measuring spinal motion, the most accurate measurement tool is:
 - a. Goniometer
 - b. One Inclinometer
 - c. Two Inclinometers
 - d. Dynamometer
3. When addressing ADLs and work capabilities, one could link an Injured Worker's ability to lift a gallon of milk to:
 - a. Sedentary work category
 - b. Light work category
 - c. Medium work category
 - d. A and B
4. When an Injured Worker carries a full laundry basket, they are carrying approximately:
 - a. 5-10 pounds
 - b. 10-20 pounds
 - c. 20-30 pounds
 - d. 30-40 pounds

1. A 2. C 3. D 4. B

Answers:

UNDERSTANDING PAIN RELATED IMPAIRMENT

Chapter 18 of the *Fifth Edition AMA Guides* to the Evaluation of Permanent Impairment

A Whole Person Impairment allowance for pain is already included in all of the anatomic chapters of the *AMA Fifth Edition Guides* in Chapters 3 through 17.

Examiners may encounter injured workers with a history of pain in excess of the Whole Person Impairment [WPI] values for the allowed conditions.

According to Chapter 18 of the Guides, a SLIGHT increase in pain for an injured worker may be granted an added 1 to 3 percent WPI. For instance, a DRE Lumbar Category II is rated at five percent to eight percent. Five percent represents typical pain and 8 percent adds 3 percent for excessive pain. No added WPI is permitted above the 8 percent in this example. Chapter 18 allows for a quality description of the pain if needed.

A ROM shoulder rotator cuff injury WPI could be assigned an additional 1 to 3 percent for SLIGHT excessive pain if warranted. Worse pain needs Chapter 18 for a quality description.

Ohio Industrial Commission examiners may grant an accumulated total of 1 percent to 3 percent WPI for all or part of the allowed conditions for a SLIGHT increase of excessive pain if greater than expected [see ch.18, pg. 573, 18.3d. C]. Any further consideration for pain above SLIGHT would require using Chapter 18 to add a QUALITY of Mild, Moderate, Moderately Severe

or Severe pain [table 18-4] based on a careful assessment of ADL, pain behavior, medication usage, credibility, and other observed and historical data. Pages 576-577 provide a questionnaire to score pain complaints. By following the guidance in Chapter 18 instructions a QUALITY score is obtained and converted to the ratings noted above. There is NO increase in WPI [ch.18 pg. 573].

For example, a DRE lumbar II WPI of 8 percent includes 1 percent to 3 percent WPI increase for SLIGHT excess pain and a pain qualifier could be added with the appropriate rationale outlined in Chapter 18.

Similarly, the rotator cuff ROM WPI could have 1 to 3 percent added WPI for SLIGHT excess pain and a pain qualifier if worse than that from Chapter 18.

All QUALITY pain descriptors require a rationale as outlined in Chapter 18 of the *Fifth Edition AMA Guides*.

FYI: Only one percent of exams nationwide use Chapter 18 in this fashion.



SPECIAL CIRCUMSTANCES

- Reflex Sympathetic Dystrophy and causalgia (complex regional pain syndrome I, II) require the presence of objective related physical findings to grant a WPI [table 16-16 page 496].
- For the upper extremity CRPS WPI, use page 343, Table 13-22.
- For the lower extremity CRPS WPI, use page 336 Table 13-15.
- 70 percent to 80 percent of RSD returns to baseline with a zero percent WPI.
- No findings = zero percent WPI.
- A credible pain assessment is needed to add a pain qualifier [Ch.18 pg.571] and a malingering assessment may be needed [Ch.18 pg.573].
- A pain qualifier needs to be ratable or non-ratable.
- Ratable pain refers to the anatomic areas incorporated in the *Fifth Edition AMA Guides* Chapters 3 through 17 or may be associated with medically accepted syndromes such as CRPS I&II, neuropathic pain, anatomic headaches. See full lists [Ch.18 pg. 571, tables 18-1&2]
- Non-ratable pain relates to conditions like fibromyalgia, some headaches, thoracic outlet syndrome, psychogenic pain and "ambiguous or controversial pain syndromes" [pg. 571].
- Pain qualifiers require a full rationale and appropriate scoring [Ch.18, pgs. 574-577] as well as declaring the pain ratable or non-ratable.

SUMMARY

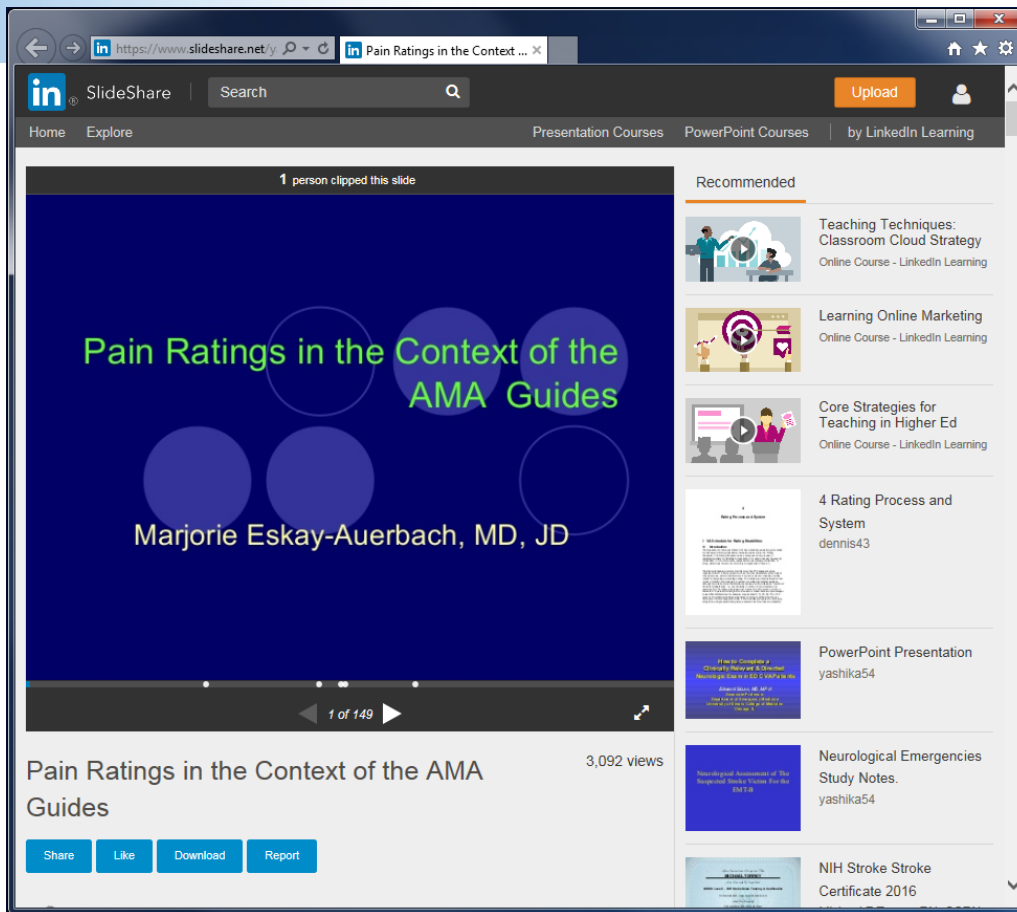
- Nationwide, only one percent of exams cite Chapter 18.
- Pain is considered and included in all impairment ratings in the *Fifth Edition AMA Guides* Chapters 3-17.
- SLIGHT excess pain can justify a one percent to three percent WPI addition with a brief rationale.
- Three percent is the maximum for all the allowed conditions in a permanent total disability exam for the Ohio Industrial Commission. For instance, three separate allowed conditions could be given one percent each but the total cannot exceed three percent added to the WPI for the entire Permanent Total Exam.
- A quality modifier MILD, MODERATE, MODERATELY SEVERE and SEVERE can be added as a description after completing the requirements of Chapter 18 for ratable or non-ratable pain plus a rationale based on Chapter 18 instructions.
- There is no added WPI for pain over and above 3 percent but a QUALITY description of MILD, MODERATE, MODERATELY SEVERE, and SEVERE can be added based on the principles in Chapter 18 of the *Fifth Edition AMA Guides* to the Evaluation of Permanent Impairment.

Did You Know?

A website tutorial, *Pain Ratings in the Context of the AMA Guides* by Marjorie Eskay-Auerbach, MD, JD is available through LinkedIn Learning. The tutorial covers definitions, modifications of ratings, CIR, PRI, Impairment and much more.

The tutorial is best used in conjunction with general experience and American Academy of Disability Evaluation Physicians or American Board (AADEP) or Independent Medical Examiners (ABIME) *AMA Guides Fifth Edition* training which is required every five years.

To view the tutorial, [click here](#).



CONTINUING EDUCATION QUESTIONS

1. A pain factor is included in all of the WPI estimates for chapters 3-17 AMA guides 5th edition. True or false?
2. An allowed condition of RSD always merits a higher WPI over and above a ROM calculation for an upper and lower extremity calculation. True or false?
3. A calculation for SEVERE pain in chapter 18 has an unlimited increase in WPI. True or false?
4. What is the maximum WPI that can be added for excess pain for all of the allowed conditions in an IC IME in Ohio? 10%, 3%, 1%?
5. Chapter 18 calculations ignore credibility and malingering in pain level calculations. True or false?

1. True, 2. True, 3. False, 4. 3%, 5. False