2.5h Changes in Impairment from Prior Ratings

Although a previous evaluator may have considered a medical impairment to be permanent, unanticipated changes may occur: the condition may have become worse as a result of aggravation or clinical progression, or it may have improved. The physician should assess the current state of the impairment according to the criteria in the *Guides*. If an individual received an impairment rating from an earlier edition and needs to be reevaluated because of a change in the medical condition, the individual is evaluated according to the latest information pertaining to the condition in the current edition of the *Guides*.

Valid assessment of a change in the impairment estimate would depend on the reliability of the previous estimate and the evidence upon which it was based. If a prior impairment evaluation was not performed, but sufficient historical information is available to currently estimate the prior impairment, the assessment would be performed based on the most recent *Guides* criteria. However, if the information is insufficient to accurately document the change, then the physician needs to explain that decision and should not estimate a change.

If apportionment is needed, the analysis must consider the nature of the impairment and its relationship to each alleged causative factor, providing an explanation of the medical basis for all conclusions and opinions. (Apportionment and causation are considered more fully in Chapter 1 and are briefly defined in the Glossary.) For example, in apportioning a spine impairment, first the current spine impairment rating is calculated, and then an impairment rating from any preexisting spine problem is calculated. The value for the preexisting impairment rating can be subtracted from the present impairment rating to account for the effects of the intervening injury or disease. Using this approach to apportionment requires accurate information and data to determine both impairment ratings. If different editions of the *Guides* are used, the physician needs to assess their similarity. If the basis of the ratings is similar, a subtraction is appropriate. If they differ markedly, the physician needs to evaluate the circumstances and determine if conversion to the earlier or latest edition of the *Guides* for both ratings is possible. The determination should follow any state guidelines and should consider whichever edition best describes the individual's impairment.

2.6 Preparing Reports

A clear, accurate, and complete report is essential to support a rating of permanent impairment. The following elements in **bold type** should be included in **all** impairment evaluation reports. Other elements listed in *italics* are commonly found within an IME or may be requested for inclusion in an impairment evaluation.

2.6a Clinical Evaluation

2.6a.1 Include a **narrative history** of the medical condition(s) with the onset and course of the condition, symptoms, findings on previous examination(s), treatments, and responses to treatment, including adverse effects. Include information that may be relevant to onset, such as an occupational exposure or injury. Historical information should refer to any relevant investigations. Include a detailed list of prior evaluations in the clinical data section.

2.6a.2 *Include a work history with a detailed, chronological description of work activities, specific type and duration of work performed, materials used in the workplace, any temporal associations with the medical condition and work, frequency, intensity, and duration of exposure and activity, and any protective measures.*

2.6a.3 Assess **current clinical status**, including current symptoms, review of symptoms, physical examination, and a list of contemplated treatment, rehabilitation, and any anticipated reevaluation.

2.6a.4 List **diagnostic study results** and outstanding pertinent **diagnostic studies**. These may include laboratory tests, electrocardiograms, exercise stress studies, radiographic and other imaging studies, rehabilitation evaluations, mental status examinations, and other tests or diagnostic procedures.

2.6a.5 Discuss the medical basis for determining whether the person is at **MMI.** If not, estimate and discuss the expected date of full or partial recovery.

2.6a.6 Discuss **diagnoses, impairments.**

2.6a.7 *Discuss causation and apportionment, if requested, according to recommendations outlined in Chapters 1 and 2.*

2.6a.8 **Discuss impairment rating criteria, prognosis, residual function, and limitations.** Include a discussion of the anticipated clinical course and whether further medical treatment is anticipated. Describe the residual function and the impact of the medical impairment(s) on the ability to perform activities of daily living *and, if requested, complex activities such as work.* List the types of affected activities (see Table 1-2). Identify any medical consequences for performing activities of daily living.

If requested, the physician may need to analyze different job tasks to determine if an individual has the residual function to perform that complex activity. The physician should also identify any medical consequence of performing a complex activity such as work.

2.6a.9 *Explain* any conclusion about the need for restrictions or accommodations for standard activities of daily living or *complex activities such as work.*

2.6b Calculate the Impairment Rating

Compare the medical findings with the impairment criteria listed within the *Guides* and calculate the appropriate impairment rating. Discuss how specific findings relate to and compare with the criteria described in the applicable *Guides* chapter. Refer to and explain the absence of any pertinent data and how the physician determined the impairment rating with limited data.

2.6c. Discuss How the Impairment Rating Was Calculated

2.6c.1 Include an explanation of each impairment value with reference to the applicable criteria of the *Guides*. Combine multiple impairments for a whole person impairment.

2.6c.2 Include a summary list of impairments and impairment ratings by percentage, including calculation of the whole person impairment.

On the following two pages is a standard form that the evaluator may use to ensure that all essential elements are included in the impairment evaluation report. The form may be reproduced without permission from the American Medical Association. Most chapters include a summary form that identifies the salient, specific features to consider for each category of organ system impairment.

Sample Report for Permanent Medical Impairment

Identifiers:

Patient name: _____

Address: _____

Claim #: _____

Date of birth: _____

Date of injury or illness: _____

Examination date: _____

Dates of care by examining physician: _____

Examination location: _____

Examining physician: _____

Introduction: Purpose (impairment or IME evaluation, personal injury, workers' compensation) and procedures (who performed the exam, patient consent, location of examination)

Narrative history: Chief complaints, history of injury or illness, occupational history, past medical history, family history, social history, review of systems

Medical record review: Chronology of medical evaluation, diagnostic studies, and treatment for the injury or illness

Physical examination:

Diagnostic studies:

Diagnoses and Impairments: *(If requested, discuss work relatedness, causation, apportionment, restrictions , accommodations, assistive devices)*

Impairment Rating Criteria: MMI residual function, limitations of activities of daily living, prognosis

Impairment Rating and Rationale Organ system and whole person impairment

Body part or system	Chapter No.	Table No.	% Impairment of the Whole Person
a.			
b.			
c.			
d.			

Calculated total whole person impairment:_____%. Discussion of rationale of impairment rating and any possible inconsistencies in the examination:

Recommendations: Further diagnostic or therapeutic follow-up care

Work ability, work restrictions (If requested, review abilities and limitations in reference to essential job activities):