

$$\frac{3}{8} + \frac{6}{4}$$

$$1 + 1 = 2$$

$$\sigma = \sqrt{\frac{1}{N} \sum_{i=1}^N (x_i - \bar{x})^2}$$

# Impairment Rating Calculations

$$ax^2 + bx + c = 0$$

$$x - x_0 = v_0 t$$

Speaker  
Jeremy Lord

$$x = \frac{-b \pm \sqrt{b^2 - 4ac}}{2a}$$

# Lumbermen's Mutual Casualty Co. v. Portillo

A certifying doctor must provide an analysis in compliance with Rule 130.1 linking the finding of impairment to the impairment rating. If no basis for the opinion is offered, or the basis lacks support, the opinion cannot be considered probative evidence.

- This case involves Advisory 2003-10

# AP No. 132388

- To assess impairment for thumb adduction, the certifying doctor should refer to Figure 14 when measuring adduction, but use Table 5 to assess the impairment rating.
- The incorrect use of Figure 14 (instead of Table 5) is a mathematical error that can be corrected by the Hearing Officer.

# AP No. 132413

There is no provision in the AMA Guides that either requires or prohibits a certifying doctor from comparing the range of motion of the involved to the uninvolved extremity; doing so does not invalidate the impairment rating.

# AP No. 132541

- The placement of the claimant in DRE Category II (instead of III) in the presence of diminished reflexes is a matter of medical judgment and within the discretion of the certifying doctor.
- The placement in DRE Category II does not constitute compelling medical evidence of a significant error in applying the Guides or calculating the IR.

# AP No. 132734

- There is no specific provision in the AMA Guides in the Lower Extremity section that requires range of motion deficits in multiple directions be combined to increase the IR for a single joint.
- It is within the certifying discretion as a matter of medical judgment to *not* combine the different angles of range of motion loss in the knee. See the “opposite” scenario in AP No. 110741.

# AP No. 132783

Rounding the measurement of extension to the nearest 10° to derive the correct upper extremity impairment requires medical judgment or discretion. As a result, the Hearing Officer is not permitted to recalculate the IR using the figures noted in the certifying doctor's report.

# AP No. 132794

The directions on page 3/37 of the Guides provide that radial and ulnar deviation measurements must be rounded to the nearest 10°. Figure 29 on page 3/38 is used to rate the impairment rating based upon these measurements, and uses increments of 5°. The directions on page 3/37 control over Figure 29 based upon the general directions on page 2/9 of the Guides.

# Impairment Rating-Finality



# AP No. 132383

- A narrative report need not be attached to the DWC-69 as a prerequisite for the certification becoming final under the 90-day rule.
- As long as the DWC-69 meets the criteria of Rule 130.12(c), the certification is subject to becoming final regardless of whether or not there is an attached narrative report.
- Distinguishes 050747-S, which dealt with the existence of a narrative report without a DWC-69.

# AP No. 132594-S

- The exclusion of a condition subsequently determined to be compensable does not constitute an exception to the 90-day rule.
- Discusses AP No 132117, which held the inclusion of a non-compensable condition does not constitute an exception to the 90-day rule.
- Preamble to Rule 130.12 notes that a party should not wait to resolve an extent of injury dispute.

# AP No. 132865

The PLN-3 from the carrier stating it had received a report certifying MMI/IR constitutes an acknowledged receipt by the carrier of the certification.

# AP No. 140340

To find an exception to finality based upon compelling medical evidence of a significant error by the certifying doctor in applying the Guides or calculating the IR, the Hearing Officer must identify how the Guides have been misapplied or how the IR was miscalculated. This is based upon the totality of the evidence and not based solely upon what the Hearing Officer believes is absent from the narrative report.

# AP No. 140574

- The failure to include ROM measurements alone does not constitute compelling medical evidence of a significant error in applying the AMA Guides or calculating the IR.
- Notes that Rule 130.12(c) does not require a narrative report in order for the certification to be valid.