

Skin Impairment Rating: Chapter 8 AMA Guides 5th Edition
A Systematic and Objective Approach

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Disclaimer

This is an educational discussion to clarify Skin Chapter 8 Permanent Impairment Ratings using the AMA Guides 5th Edition (The Guides) based on internal consistency of the AMA Guides across multiple chapters. Where possible, definitions contained within the AMA Guides 5th Edition are referenced. For additional citations not contained within the Guides, resource references are provided for the reader. Clinical examples of weighted rating methods may contain elements of proprietary methods and therefore may not be fully disclosed to the reader as required by Trade Secret and Patent Pending filings.

Abstract

The Skin, Chapter 8, is largely misunderstood by the workers' compensation community, including physicians, insurance adjusters, retrospective review services, and lawyers with regards to properly identifying ratable skin condition elements and properly weighting the contextual values described on Table 8-2 page 178. This article educates the evaluator and provides a better understanding of a methodical approach to skin condition ratings. As with other body systems in The Guides, correct identification of key ratable elements and proper interpretation of those element are critical to accurate and consistent Whole Person Impairment (WPI) outcomes. Correct and accurate skin impairment ratings ensures timely settlements and reduces unnecessary second opinions and use of other resources.

Introduction

The skin organ provides critical functions to the body. The introduction of Chapter 8 on page 173 identifies the primary skin functions as "(1) providing a protective covering; (2) participating in sensory perception, temperature regulation, fluid regulation, electrolyte balance,

immunobiologic defenses, and trauma resistance; and (3) regenerating the epidermis and its appendages.”

Table 8-2 Criteria for Rating Permanent Impairment Due to Skin Disorders is the primary rating table for Skin Chapter. There are five class ratings contained in this table. A WPI rating range is provided for each class. Each class contains similar ratable elements which are consistently described across all five categories.

The Activities of Daily Living (ADL) are used to assist in the selection of the actual rating within the range.^{1,4}

Skin ratings (including scars) are rated separately and combined with other body system ratings using the Combined Values Chart, page 604.^{2,3,}

Understanding the Skin Ratable Elements

Table 8-2 Criteria for Rating Permanent Impairment Due to Skin Disorders page 178 identifies five (5) independent rating elements. The elements are as follows: 1) Signs 2) Symptoms 3) ADL impact 4) Treatment burdens 5) Social embarrassment.

Of these five elements, a common and recurrent source of confusion is the consideration of ADL function, as it contributes to a rating. Many individuals incorrectly believe that for a skin condition to be ratable (eg. an impairment value assigned other than 0%WPI), it must have an impact on ADL function.

Nowhere in The Guides is it stated an ADL must be impacted for a rating other than 0%WPI.

The Guides do state in Chapter 8, page 173 “This chapter provides criteria for evaluating permanent impairment of the skin and its appendages and estimating the extent to which skin impairments affect the ability to perform activities of daily living (see Table 1-2).” However, placing an individual in Table 8-2, Class 1 clearly allows inclusion of dermatologic conditions with “no or few limitations in performance of activities of daily living.” Therefore the absence of the skin condition to impact ADL function is not an absolute exclusion for assigning permanent impairment value other than 0% WPI.

The following sentence on page 174 that causes confusion about the ADL issue: "To determine the appropriate impairment class (Table 8-2) for an affected individual, evaluate the severity of the skin condition and the impact of the skin condition on the ability to perform activities of daily living (see Table 1-2)." The reader will notice here it does not state an ADL must be impacted to have a rating other than 0%WPI; rather, this guides the evaluator to use the ADL to provide the correct impairment rating from a range within a class selection. This is the standard methodology used for any class rating in any chapter in The Guides.

Defining the Five Ratable Skin Elements

1. Signs. The AMA Guides 5th Edition does not define the medical terms “signs” and therefore they are defined for the discussion here using the definition from Dorland’s Illustrated Medical Dictionary Edition 28: “an indication of the existence of something.”
2. Symptoms. The AMA Guides 5th Edition does not define the medical terms “symptoms” and therefore they are defined for the discussion here using the definition from Dorland’s Illustrated Medical Dictionary Edition 28: “any subjective evidence of disease or of a patient’s condition.”
3. ADLs. The table of the Activities of Daily Living is found on Table 1-2 “Activities of Daily Living Commonly Measured in Activities of Daily Living (ADL) and Instrumental Activities of Daily Living, page 4. (IADL) Scales”. There are nine “Activity” categories, with 34 activity sub-elements. Table 8-2 clearly describes the assignment of ADL impact within the class descriptions.

Class 1 (0%-9%WPI): “no or few limitations in performance of activities of daily living”.

Class 2 (10-24%WPI): “limited performance of some activities of daily living”.

Class 3 (25-54%WPI): “many activities of daily living”.

Class 4 (55-84%WPI): “limited performance of many activities of daily living, including intermittent confinement at home or other domicile”.

Class 5 (85-95%WPI): “limited performance of most activities of daily living, including occasional to constant confinement at home or other domicile”. A discussion of “confinement,” which is not an ADL, is discussed in item 5 below.

It is critical to understand three key concepts when considering ADL impact in skin ratings.

First, Class 1 allows a rating between 0 and 9%WPI with ADL ranging from “No or few” ADL performance limitations. Therefore, Class 1 rating assignment need not have a primary underlying ADL impact for a rating other than 0%WPI (although 0%WPI is included in the Class 1 rating range). Otherwise stated, ADL impact is not required for the assignment of a rating other than 0%WPI according to the class instructions.

Second, ADL impact have four groupings for rating: a) “No” (none), b) “few,” c) “many,” and d) “most.”

Third, confinement at home or other domicile. The concept of “confinement” is further sub-divided into three frequency elements which include a) “intermittent,” b) “occasional,” and c) “constant”.

4. Treatment. Treatment may be thought of in terms of “burden” or “burden of treatment”. Table 8-2 describes the burden in terms of three possible considerations: a) No (treatment), b) Intermittent (treatment), and c) Constant treatment.
5. Confinement. Confinement “at home or other domicile”. Section 8.2 page 175 states “Disfigurement usually has no effect on body function and may have little or no effect on the ability to perform activities of daily living, except if the disfigurement causes social rejection or an unfavorable self-image with self-imposed isolation, lifestyle alteration, or other behavioral changes. If impairment in the ability to perform activities of daily living due to disfigurement does exist, it is usually manifested by a behavior change, such as withdrawal from social contacts.” Table 8-2 further clarifies the concept of “confinement” and sub-divides element into three frequencies which include a) “intermittent,” b) “occasional,” and c) “constant”. This means the individual is limited in the ability to leave the home or dwelling for some or all of the time.

Understanding the Basic Concepts of Weight Averaged Impairment Rating

The reader will recall that interpolation and impairment average weighting are well standardized and referenced as endorsed methods throughout the AMA Guides 5th Edition (References: Interpolation: Pages 20, 453, 455, 456, 457, 459, 460, 461, 462, 463, 464, 466, 467, 468, 470, 471, 472, 474, 475, 476, 478, 538, and 549; Impairment average weighting: Pages 284, 289, 296 and 328).

Perhaps the best demonstration of weight averaged impairment rating is found in Chapter 12 The Visual System. In this chapter the key weighted element for impairment rating is the visual acuity score (VAS) based on the traditional 20 foot Snellen Chart. Table 12-3 Calculation of the Acuity-Related Impairment Rating, page 284 provides the instructions for calculating the visual acuity impairment rating.

The weight averaged impairment rating is based on underlying measurable determination, or sub-components which contribute to the whole or final impairment result. The measurements are assigned a relative value in reference to the whole, which may undergo operations of addition, multiplication and/or division. Furthermore, these operation may be affected by the words “and” or “or”. If a sub-component term is not known or available, it may substituted with an adjacent piece of data.

For example, in the visual system, page 278, it states “To better account for the functional significance of losses in the two lower quadrants, the lower visual field carries 50% more weight than the upper field. Hemianopia is also scored more appropriately.”

Averaging is also employed to derive impairment ratings. Again, in The Visual System, the evaluator is instructed on Table 12-3 page 294 “Optionally, calculate a Visual Acuity Score for reading (near) acuity. If the outcome is significantly different from the letter chart acuity score, document the differences and calculate the average:”

Assigning Weighted Averages to Table 8-2 Criteria for Rating Permanent Impairment Due to Skin Disorders

The weighted impairment rating approach is a simple systematic approach for rating skin conditions. Note, since the table does not otherwise specify, each ratable component is given equal value. Class 1 (0-9%WPI) contains three ratable weighted components where:

a = signs and symptoms component further sub defined as signs = a' and symptoms = a'' where a' + a'' are of equal weight and equal a. ($a' + a'' = a$).

b = ADL impact component

c = Treatment load demand component

Now each component is set equal in weight as defined by the term “and” and additive to comprise the full Class definition. Therefore: $a + b + c = 9\%$ WPI maximum value. The sub-set value of each component is then expressed as $a = 3\%$ WPI, $b = 3\%$ WPI, and $c = 3\%$ WPI. It now follows: $a' + a'' = a = 3\%$ WPI, and therefore $a' = 1.5\%$ WPI and $a'' = 1.5\%$ WPI.

Example for Clinical Scar Impairment Ratings

Case Study Example 1: 3%WPI assigned for a painful surgical scar. No ADL impact. No need for intermittent treatment.

Class 1 Range: 0-9%WPI.

Class 1 Element Description: “Skin disorder signs and symptoms present or intermittently present and no or few limitations in performance of activities of daily living, exposure to certain chemicals or physical agents may temporarily increase limitation and requires no or intermittent treatment”

Case Calculations: The above mentioned case data set in point (scar sign; scar symptom; no ADL impact; no treatment indicated) is now mathematically represented as:

Sign (scar) and symptoms (scar tenderness) without ADL impact and no treatment indicated: $[a' (1.5\%WPI) + a'' (1.5\%WPI)] + b (0\%WPI) + c (0\%WPI) = 3\% WPI$; Where $a' = \text{sign}$, $a'' = \text{symptoms}$, $b = \text{ADL impact}$, and $c = \text{no treatment}$.

Final Skin Impairment: 3%WPI

Case Study Example 2: 6%WPI assigned for post herpetic neuralgia of the face. ADL impacted in two dimensions of sleep (restful and nocturnal sleep patterns). Intermittent use of antiviral medication acyclovir.

Sign (none) and symptoms (burning) with ADL impact (sleep; 2/34) and intermittent treatment indicated: $[a' (0\%WPI) + a'' (1.5\%WPI); \text{rounds to } 2\%WPI] + b (1\%WPI) \text{ weight averaged} + c (3\%WPI) \text{ intermittent treatment} = 6\% WPI$; Where $a' = \text{sign}$, $a'' = \text{symptoms}$, $b = \text{ADL impact}$, and $c = \text{no treatment}$.

Comment: Note that because only 2/34 ADLs are impacted (sleep), the 3%WPI full weighted value is adjusted to 1%WPI using methods of interpolation for a full range of 0-34 across 0-3%WPI for its stand-alone elemental contribution.

Summary

Skin Chapter 8 is a class driven impairment rating system comprised of key sub-component elements as directed in Table 8-2, page 178. Identifying the five critical rating elements (signs, symptoms, ADL impact, treatment burden and confinement) and the proper application of the weighted values is necessary for determining accurate and consistent impairment outcomes. A skin condition without ADL impact may be assigned a rating other than 0%WPI in any of the classes, provided the correct weighting method is considered. Accurately determined skin impairment ratings benefit all stakeholders and reduce time and unnecessary waste of resources.

AMA Guides 5th Edition References

1. Chapter 2, Philosophy, Purpose, and Appropriate Use of the Guides; Section 1.2a, Page 5
“When the physician is estimating a permanent impairment rating, Table 1-2 can help to determine how significantly the impairment impacts these activities. Using the impairment criteria within a class and knowing the activities the individual can perform, the physician can estimate where the individual stands within that class.”
2. Chapter 2 Practical Application of the Guides states on page 19 **“Any skin impairment due to significant scarring would be rated separately in the skin chapter and combined with the impairment from the upper extremity chapter.”**

3. Chapter 8 Skin, page 175 **“When there is a permanent impairment of more than one body system, evaluate the extent of the whole person impairment related to each system and combine the estimated impairment percentages (see the Combined Values Chart, p. 604) to determine total impairment.”**

4. Chapter 8 Skin, Table 8-1, page 178 Criteria for Rating Permanent Impairment Due to Skin Disorders. Subtext to table: **“The signs and symptoms of disorders in classes 1, 2 and 3 may be intermittent and not present at the time of examination. Consider the impact of the skin disorder on the ability to perform activities of daily living (See Table 1-2) in determining the class of impairment. Consider the frequency and intensity of signs and symptoms (ie, severity) and the frequency and complexity of medical treatment when selecting an appropriate impairment percentage and estimate within any of the classes (see Introduction).”**