

IAIABC 2003
Lower Extremity Impairment Guides®
Part 4 of the Supplemental Impairment Rating Guides

Draft 11-03

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Introduction to Lower Extremity: AMA 5th Edition Chapter 17

Overview

The 5th edition of the *American Medical Association Guides to the Evaluation of Permanent Impairment (AMA Guides)* provides a number of methods that can be utilized in the calculation of the impairment rating in the lower extremity. To provide a rating methodology that facilitates consistency, the impairment committee has reviewed and simplified the lower extremity rating methodology as listed below. As with other sections of the *IAIABC Supplemental Guides for Rating Permanent Impairment (IAIABC Guides)*, the rater is reminded that the total rating of a part of an extremity should never be greater than that which is allowed for the whole extremity. This would mean that the maximum rating that a physician can award would be equal to 100% amputation of the lower extremity (hip disarticulation), which is awarded 40% whole person.

In that there are a number of different ways an extremity can be rated, the IAIABC has adopted the following worksheet. This worksheet not only facilitates the process for those doing complicated impairment ratings, but greatly helps those reading the rating to better understand the derivation of the final number.

Only the following methods from the 5th edition of the *AMA Guides* that are listed in this worksheet have been approved for rating impairments of the lower extremity. Physicians are reminded that these individual sections are to be combined:

2003 IAIABC LOWER EXTREMITY RATING GUIDELINES WORKSHEET

Section/Page numbers correspond to 5th Edition of the AMA Guides unless stated to correspond to IAIABC Guides

Name: _____ Age _____ Sex _____ Date _____

Side R L

Diagnosis: _____

| Schedules to use for a rating of the Lower Extremity per IAIABC Guides | | Section # (Page) | % Lower Ext |
|---|---|--|---|
| | | | Current ⁱ |
| Anatomic | Limb Length Discrepancy | 17.2b (528) | |
| | Amputation | 17-2i (545) | |
| | Skin Loss | 17-2k (550) | |
| | Peripheral Nerve Injury | 17.2l (550) 16-5 (480-495) | |
| | CRPS type 1 or 2 | 16-5e (495) | |
| | Vascular | 17-38 (553) | |
| | These are Mutually Exclusive: Arthroscopic findings take Precedence | Arthritis of Joints (544) **Acute Arthroscopic Osteochondral Lesions: Schedule IX | 17-2.h (544) Page * IAIABC's 2003 Guides |
| Functional | Range of Motion including Ankylosis | 17.2f (533) | |
| Diagnosis Based (545) | Fractures | 17.2j (546) | |
| | Ligament Injuries | 17.2j (546) | |
| | Partial Meniscectomies (2% L.E. Per Partial Meniscectomy, up to a max of 7% L.E. For each meniscus) | 17.2j (546) | |
| | Foot Deformities | 17.2j (546) | |
| | Hip and Bursitis | 17.2j (546) | |
| | Lower Extremity Joint Replacements | 17.2j (546) | |
| Stand Alone: Lower Extremity Painful Organic Syndromes That Are Not Otherwise Accounted for Within These Guides or the AMA Guides - 5th Edition (Page #, IAIABC's 2003 Impairment Guides) Not to be Combined with Other Ratings | | IAIABC's 2003 Guides | |
| Stand Alone: Patellofemoral pain and crepitation with a history of direct trauma | | 17-31 (544) | |
| Total Lower Extremity Impairment Value Without Apportionment: | | | |
| Final Impairment Related to the Last Event: | | | |
| Signature and Professional Title of Physician doing Rating: | | | |

ⁱThat which precipitated the need for care as compared to those findings that are present, absent the new findings from the current event

If more than one method can be used to calculate a rating, the physician should calculate the impairment rating using different alternatives and choose the method or combination of methods that gives the most clinically accurate and highest impairment rating.¹

Schedules in AMA 5th not to be used for rating impairments in the Lower Extremity

| |
|---|
| Atrophy 17.2d (530) |
| Causalgia/Reflex Sympathetic Dystrophy 17.2m (553) <i>Use methodology as found in the upper extremity section describing CRPS type 1 or 2, 16-5e (495)</i> |
| Gait Derangement 17.2c |
| Gait derangement (336, 529) |
| Manual Muscle Testing 17-2e 2 <i>Must have true neurological weakness and use 16-10, 16-11</i> |
| Chart 13-15 Gait in neurological section (336) |

1 The Guides to the Evaluation of Permanent Impairment, 5th Edition, Chicago, IL, American Medical Association; 2001. p. 526-27.

2 Strength evaluation: voluntary muscles strength testing remains somewhat subjective until a precise way of measuring muscle contraction is generally debatable. It should also be noted that the correlation of strength with performance of activities of daily living is poor and that increased strength does not necessarily equate with increased function. Page 507

Lower Extremity Arthroscopic Cartilaginous Impairments

It is readily recognized that arthroscopic findings are the most accurate in identifying a joint's current condition and prognosis, including findings expected from recent events compared to longstanding or degenerative conditions. Schedule X allows the impairment rater to outline what findings are present, the severity of the findings and why they are there, based on the arthroscopic findings.

| SCHEDULE X. ACUTE ARTHROSCOPIC OSTEOCHONDRAL LESIONS Impairments Lower Extremity | | | |
|--|---|---|-----------------------------------|
| Recommend Pictures Be Taken, Confirming Findings Calculate the lower extremity impairment by adding Size% + Stage %+ Location = Total %LE | | | |
| Total Area of lesions (Greatest Diameter of Lesion) | Stages of Acute Articular Cartilage Separation (No Award for Successful Re-implantation or Transplantation) | Location Weight Bearing Surface = 2% Non-weight bearing Surface = 0% (Patella femoral Joint is Considered a Weight Bearing Joint) | Current Event ⁱ |
| < 1 cm = 2% | Partial Thickness Cartilage Loss 3% Full Thickness Cartilage loss, Bone Exposed 6% | Knee | |
| 1-1.5 cm = 4% | | Medial | |
| >1.5 cm = 6% | | Lateral | |
| | | Patella femoral | |
| | | Subtalar | |
| Lower Extremity Cartilage Impairment: | | | |

ⁱThat which precipitated the need for care as compared to those findings that are present, absent the new findings from the current event. Xxx rating from new injury

Lower Extremity Painful Organic Syndromes

That Are Not Otherwise Accounted for Within These Guides or the 5th Edition of the AMA Guides

A musculoskeletal condition characterized by pain (and weakness) with use of the affected member, attributed to a lesion in the soft tissue (capsule, ligament, tendon, fascia, muscle) and documented by clinical findings that have been present for longer than six months. Medical stability, (MMI) and the date someone qualifies for an impairment rating can be two separate dates.

| SCHEDULE XI. LOWER EXTREMITY PAINFUL ORGANIC SYNDROMES (Lower Extremity% is 40% whole person) | | | | |
|---|----------------|-------------|-----------------|---------------|
| Residual Symptoms | Minimum | Mild | Moderate | Severe |
| Hip, Knee, Ankle, Foot | 0% | 1% | 3% | 5% |

Example of Lower Extremity Impairment Rating

A 33 year-old male is seen for an impairment rating for the residual loss that he has of his left knee. He states that he was in his usual state of health until February 5, 1999. At that time he was driving freight and in the process of doing his job, he slipped off the freight truck trailer approximately four feet straight down, putting full weight on the left knee and as a result it buckled underneath him. He eventually saw Dr. Scott, who recommended an MRI. The MRI showed that he had an ACL tear and a partial lateral meniscus tear. He was taken into surgery, where he was found to have a complete tear of the anterior cruciate ligament of the left knee and a longitudinal tear of the posterior horn of the lateral meniscus of his left knee. He was also found to have an acute osteochondral defect, with its greatest diameter of 1.6mm, full thickness to bone on the weight bearing surface of the lateral femoral condyle left knee.

Schedule X and the Lower Extremity Worksheet are used below in rating the impairment:

| SCHEDULE X. ACUTE ARTHROSCOPIC OSTEOCHONDRAL LESIONS Impairments Lower Extremity | | | |
|--|--|--|----------------------------|
| Recommend Pictures Be Taken, Confirming Findings Calculate the lower extremity impairment by adding Size% + Stage %+ Location = Total %LE | | | |
| Total Area of lesions (Greatest Diameter of Lesion) | Stages of Acute Articular Cartilage Separation (No Award for Successful Re-implantation or Transplantation) | Location Weight Bearing Surface = 2% Non-weight bearing Surface = 0% (Patella femoral Joint is Considered a Weight Bearing Joint) | Current Event ⁱ |
| < 1 cm = 2% | Partial Thickness Cartilage Loss 3% Full Thickness Cartilage loss, Bone Exposed 6% | Knee | |
| | | Medial | |
| 1-1.5 cm = 4% | | Lateral | 14 |
| | | Patella femoral | |
| >1.5 cm = 6% | | Subtalar | |
| Lower Extremity Cartilage Impairment: | | | 14% |

ⁱ That which precipitated the need for care as compared to those findings that are present, absent the new findings from the current event.

2003 IAIABC LOWER EXTREMITTY RATING GUIDELINES WORKSHEET

Section/Page numbers correspond to 5th Edition of the AMA Guides unless stated to correspond to IAIABC Guides

| Schedules to use for a rating of the Lower Extremity in IAIABC | | Section No# (Page) | % Lower Ext |
|---|---|--|---|
| | | | Current ⁱ |
| Anatomic | Limb Length Discrepancy | 17.2b (528) | |
| | Amputation | 17-2i (545) | |
| | Skin Loss | 17-2k (550) | |
| | Peripheral Nerve Injury | 17.2l (550) 16-5 (480-495) | |
| | CRPS type 1 or 2 | 16-5e (495) | |
| | Vascular | 17-38 (553) | |
| | These are Mutually Exclusive: Arthroscopic findings take Precedence | Arthritis of Joints (544) **Acute Arthroscopic Osteochondral Lesions: Schedule IX | 17-2.h (544) Page * IAIABC's 2003 Guides |
| Functional | Range of Motion including Ankylosis | 17.2f (533) | 20 |
| Diagnosis Based (545) | Fractures | 17.2j (546) | |
| | Ligament Injuries | 17.2j (546) | 17 |
| | Partial Meniscectomies (2% L.E. Per Partial Meniscectomy, up to a max of 7% L.E. For each meniscus) | 17.2j (546) | 2 |
| | Foot Deformities | 17.2j (546) | |
| | Hip and Bursitis | 17.2j (546) | |
| | Lower Extremity Joint Replacements | 17.2j (546) | |
| Stand Alone: Lower Extremity Painful Organic Syndromes That Are Not Otherwise Accounted for Within These Guides or the AMA Guides - 5th Edition (Page #, IAIABC's 2003 Impairment Guides) Not to be Combined with Other Ratings | | IAIABC's 2003 Guides | |
| Stand Alone: Patellofemoral pain and crepitation with a history of direct trauma | | 17-31 (544) | |
| Final Impairment Related to the Last Event: | | | 18% WP 44% LE |

ⁱThat which precipitated the need for care as compared to those findings that are present, absent the new findings from the current event