### AMA Guides Proposal 100340:

# Clarification in the Upper Extremity DBI Grids

**Public Comments** 

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## Comments Submitted by Interested Parties on a Pending AMA Guides® Editorial Change Proposal

**Instructions:** By submitting comments on this form regarding an Editorial Change Proposal, I attest that I have read AMA Guides® Editorial Change Proposal and Submission Requirements and will use them as the primary points of consideration when submitting the Comment Form. As an interested party, I understand that my comments are limited to the original editorial change proposal.

Name or Topic of Proposal: Upper Extremity Range of Motion Chapter

Individual or Organization Submitting Comments: American Academy of Physical

Medicine and Rehabilitation (AAPM&R)

Date: July 15, 2022

- The proposed change is carefully drafted and conforms to the prevailing style of the AMA Guides 6<sup>th</sup> Edition;
- The terminology and the analytical frameworks used in the proposal are consistent with the World Health Organization's International Classification of Functioning, Disability, and Health (ICF);
- The structure and content of the proposed editorial change ensures that impairment ratings are transparent, clearly stated, and reproducible, to insure physician interrater reliability;
- The clinical soundness of the proposed editorial change is demonstrated with the best available evidence except in the case of minor editorial changes.



1.	Does the requested procedure meet the AMA Guides® Editorial Change Proposal and Submission Requirements?
	⊠Yes
	□No
	If No, please explain. (1500 character limit)
2.	Does the submitted literature adequately support the Editorial Change Proposal?  ⊠Yes
	□No
	□N/A
	If No, please explain. (1500 character limit)
3.	Are you aware of contradictory literature related to the Editorial Change Proposal?
	□Yes
	⊠No
	□N/A
	If Yes, please include a maximum of five (5) articles when submitting this form.  Articles in full text or PDF formats are required. Citations only will not be considered.
4.	Do you support this Editorial Change Proposal?
	⊠Yes
	□No
	If No, please provide the rationale for lack of support, citing the specific criteria not met shown at the top of this form. (1500 character limit)
5.	Does the Editorial Change Proposal have any impact on other <i>AMA Guides</i> content that may not have been recognized or considered, or conflict with other precedents in the AMA Guides that might affect usage?
	□Yes
	⊠No
	If Yes, please explain. (1500 character limit)





AAPM&R appreciates the changes to the range of motion chapter.



Date:

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Name or Topic of Proposal: Clarification in the Upper Extremity DBI grids (and text) Individual or Organization Submitting Comments: James B Talmage MD for the Tennessee Bureau of Worker' Compensation

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1.	Does the requested procedure meet the AMA Guides® Editorial Change Proposal and Submission Requirements?
	⊠Yes
	□No
	If No, please explain. (1500 character limit)
2.	Does the submitted literature adequately support the Editorial Change Proposal?
	□Yes
	□No
	⊠N/A
	If No, please explain. (1500 character limit)
3.	Are you aware of contradictory literature related to the Editorial Change Proposal?
	□Yes
	⊠No
	□N/A
	If Yes, please include a maximum of five (5) articles when submitting this form.  Articles in full text or PDF formats are required. Citations only will not be considered.
4.	Do you support this Editorial Change Proposal?
	⊠Yes
	□No
	If No, please provide the rationale for lack of support, citing the specific criteria not met shown at the top of this form. (1500 character limit)
5.	Does the Editorial Change Proposal have any impact on other <i>AMA Guides</i> content that may not have been recognized or considered, or conflict with other precedents in the AMA Guides that might affect usage?
	□Yes
	⊠No
	If Yes, please explain. (1500 character limit)



Please provide additional commentary related to the editorial change proposal.

The requested change in this proposal is rationale, and if adopted would improve the use of the Diagnosis Related Impairment Grids in the Upper Extremity chapter.



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Name or Topic of Proposal: range of motion upper extremity

Individual or Organization Submitting Comments: Kathryn L Mueller

Date: 6/6/2022

- The proposed change is carefully drafted and conforms to the prevailing style of the AMA Guides 6<sup>th</sup> Edition;
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- The structure and content of the proposed editorial change ensures that impairment ratings are transparent, clearly stated, and reproducible, to insure physician interrater reliability;
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	he requested procedure meet the AMA Guides® Editorial Change Proposal and ssion Requirements?
	⊠Yes
	□No
	If No, please explain. (1500 character limit)
2. Does t	he submitted literature adequately support the Editorial Change Proposal?
	□Yes
	⊠No
	□N/A
	If No, please explain. (1500 character limit)
	I believe the literature supports the changes to the shoulder portion of the Guides however no literature is provided regardgin the other areas covered by this submission such as wrist and digit injuries.
3. Are yo	u aware of contradictory literature related to the Editorial Change Proposal?
•	□Yes
	⊠No
	□N/A
	If Yes, please include a maximum of five (5) articles when submitting this form. Articles in full text or PDF formats are required. Citations only will not be considered.
4. Do you	ı support this Editorial Change Proposal?
	⊠Yes
	□No
	If No, please provide the rationale for lack of support, citing the specific criteria not met shown at the top of this form. (1500 character limit)
	with caveats. I compared some of the digit diagnoses with the range of motion
	ere was a severe ROM deficit due to complications or poor healing, and they
	n the comparable range. However. I believe further comparisons should be done
	to make sure this is not decreasing ratings for injuries with very poor range of mes. It is possible that the recommendations should not apply to all of the
	s now applied to.



5. Does the Editorial Change Proposal have any impact on other AMA Guides content that may not have been recognized or considered, or conflict with other precedents in the AMA Guides that might affect usage?
⊠Yes
□No
If Yes, please explain. (1500 character limit)See above discription
lease provide additional commentary related to the editorial change proposal.



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Name or Topic of Proposal: ROM proposal from IAIME

Individual or Organization Submitting Comments: Eric Vanderhooft M.D.

Date: July 7, 2022

- The proposed change is carefully drafted and conforms to the prevailing style of the AMA Guides 6<sup>th</sup> Edition;
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- The clinical soundness of the proposed editorial change is demonstrated with the best available evidence except in the case of minor editorial changes.



1.	Submission Requirements?
	⊠Yes
	□No
	If No, please explain. (1500 character limit)
2.	Does the submitted literature adequately support the Editorial Change Proposal?
	□Yes
	□No
	⊠N/A
	If No, please explain. (1500 character limit)
3.	Are you aware of contradictory literature related to the Editorial Change Proposal?
	□Yes
	⊠No
	□N/A
	If Yes, please include a maximum of five (5) articles when submitting this form.  Articles in full text or PDF formats are required. Citations only will not be considered.
4.	Do you support this Editorial Change Proposal?
	□Yes
	⊠No
	If No, please provide the rationale for lack of support, citing the specific criteria not met shown at the top of this form. (1500 character limit)
	My disagreement is old school. In Utah for Workers' Compensation the 6 <sup>th</sup> edition has not been adopted; the 5 <sup>th</sup> edition is still used. The DBI format used in the 6 <sup>th</sup> edition always seemed to bring more disability into the impairment rating process
	The proposed changes of eliminating "with normal motion" and elimination of the DBI footnote removes purity of objective measures (with the understanding the ROM is not necessarily objective as noted by Dr. Pushkin). Suggested by the revisions is that the rater can consider using decreased motion as an alternative



□No

method when the impairment isn't able to be rated with the DBI paradigm, but by diminishing reference to this option, raters will likely lose track of this option.

My difficulty is when arguing in court, I am often confronted with disagreements among raters as they disagree on how to categorize the findings. The nice thing with being allowed to used ROM is if there is a disagreement, then we can all sit down and do the measurements together. This eliminates disagreement. To relegate this to a secondary status eliminates the one tool the impairments guides have done best in my opinion- obtain objective measurements when calculating impairment.

I am sure the IAIME has good reason to make the recommendation, which unfortunately I am not privy to. The recommendation is obviously geared to make DBI the preeminent methodology- but potentially a the loss of this other tool in calculating impairment.

5.	Does the Editorial Change Proposal have any impact on other AMA Guides content that
	may not have been recognized or considered, or conflict with other precedents in the
	AMA Guides that might affect usage?
	⊠Yes

If Yes, please explain. (1500 character limit)
Only as listed under question 4- the loss or diminution of range of motion as a determinant of impairment.

Please provide additional commentary related to the editorial change proposal.

Initially, I had not received Dr. Pushkin's commentary. I still believe there is a role for the use of ROM in the determination of impairment. Dr. Pushkin argues that ROM is subjective, but many of the DBI categories are also subjective- categorization of mild vs severe can vary by a patient's or rater's perspective. The recommendation regarding ROM seems a stepped to really eliminate this from the rater's armamentarium. I appreciate his concern that term "with normal ROM" (as written currently in the Guides) may exclude the possibility to use the DBI methodology. I just want to ensure the ROM methodology remains.