WPI – The weird ones

Dr Paul Pers

AMA5 - what is it all about?

- Based on ADLs page 4

Table 1-2 Activities of Daily Living Commonly Measured in Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) Scales [6,7]

Activity	Example
Self-care, personal hygiene	Urinating, defecating, brushing teeth, combing hair, bathing, dressing oneself, eating
Communication	Writing, typing, seeing, hearing, speaking
Physical activity	Standing, sitting, reclining, walking, climbing stairs
Sensory function	Hearing, seeing, tactile feeling, tasting, smelling
Nonspecialized hand activities	Grasping, lifting, tactile discrimination
Travel	Riding, driving, flying
Sexual function	Orgasm, ejaculation, lubrication, erection
Sleep	Restful, nocturnal sleep pattern

Principles of AMA 5 cont'd

- *Without* a diagnosis you cannot assesses WPI
- Objective Data
- Relevant Imaging
- Relevant Reports

- Dental injuries
- Constipation
- Knee arthritis
- Radiculopathy
- Shoulder range of motion
- Sleep disorders

PAIN IN THE DIAGNOSIS

- Pain is not a specific diagnosis
- Paragraph 1.11 page 4 of the IAG. The only assessable pain condition is Complex Regional Pain Syndrome and some peripheral nerve conditions
- “neck pain, lumbar pain etc ” are not acceptable diagnoses. Page 115 IAG.

Dental Damage

Table 11-7 Relationship of Dietary Restrictions to Permanent Impairment

Type of Restriction	% Impairment of the Whole Person
Diet is limited to semisolid or soft foods	5%-19%
Diet is limited to liquid foods	20%-39%
Ingestion of food requires tube feeding or gastrostomy	40%-60%

RTW SA - IAG

6.10 When using Table 11-7, AMA5 (p262) on the relationship of dietary restrictions to permanent impairment, consider percentage impairment of the whole person – first category to be 0–19%, not 5–19%.

- No section for dental injuries
- Assessed under ENT Chapter 11
- Largely subjective ability to eat solid foods

- Smoking contributes to periodontal disease
- Medications causing dry mouth
  - Tramadol
  - Antidepressants
  - Opioids, Endone etc
  - Panadeine Forte

Case study – dental decay due prolonged opioids

- 46 year old said “I only drink protein drinks, nothing else”
- Multiple opioids now ceased
- Had lost some weight
- Looked well nourished
- Had been to dentist – no report
- Assessed as not MMI

DENTAL

IF AVAILABLE

- Obtain dental records
- Accept liability for dental assessment if possible
- Weight records
- Refer dietitian in extreme cases

Constipation

AMA – 5: Table 6-4 Criteria for Rating Permanent Impairment Due to Colonic and Rectal Disorders

Class 1 0%-9% Impairment of the Whole Person	Class 2 10%-24% Impairment of the Whole Person
Signs and symptoms of colonic or rectal disease infrequent and of brief duration and limitation of activities, special diet, or medication not required and no systemic manifestations present, and weight and nutritional state can be maintained at desirable level or no sequelae after surgical procedures	Objective evidence of colonic or rectal disease or anatomic loss or alteration and mild gastrointestinal symptoms with occasional disturbances of bowel function, accompanied by moderate pain and minimal restriction of diet or mild symptomatic therapy may be necessary and no impairment of nutrition results

CONSTIPATION

TABLE INDICATES ‘COLONIC OR RECTAL DISEASE’

KEY QUESTIONS

- What is the diagnosis?
- Investigation results - colonoscopy, sigmoidoscopy?
- Referred to gastroenterologist or colorectal surgeon for investigation?

RADICULOPATHY

Para 4.19 page 42 IAG

- Loss asymmetry of reflexes anatomically related to the injury
- Muscle weakness
- Reproducible impairment of sensation appropriate spinal nerve root
- 3 minor criteria

- Para 4.20 – somatic pain and non verifiable radicular pain do not alone constitute radiculopathy

REFLEXES

AMA 5 – Box 15-1 Definitions of Clinical Findings Used to Place an Individual in a DRE Category

'Reflexes may be normal, increased, reduced, or absent. For reflex abnormalities to be considered valid, the involved and normal limb(s) should show marked asymmetry between arms or legs on repeated testing'

A REFLEX CANNOT BE A **"*A LITTLE BIT DIFFERENT*"** FROM THE OTHER SIDE!

KNEE OSTEOARTHRITIS

- Objective Data required to determine pre-existing knee degeneration
- Obtain past plain erect x-rays of the knees (page 29 IAG)

- Case study: Total knee replacement 31% WPI. Plain erect x-rays 4 years prior showed 1mm cartilage interval which is 10% WPI which is pre-existing (WR or non WR cause)
- Final WPI = 21%

SHOULDER RANGE OF MOTION

- Surgeon reports full ROM after surgery
- Not uncommon at PIA - ROM has decreased significantly
- Reason unknown – no further injury

- IMPORTANT
- Request ROM from surgeon post op usually about 12 -16 weeks

SECTION 2.5d

Page 20 AMA5 “ Measurements should be consistent between 2 trained observers assuming the condition is stable. Must be within 10% of each other.”

Examiner A - November 2016 140 degrees abduction

Examiner B - February 2016 110 degrees abduction

This is INCONSISTENT, therefore not MMI

SLEEP DISORDERS

Para 8.11 page 64 IAG

“ Before permanent impairment can be assessed, the person must have appropriate assessment AND treatment by an ENT surgeon AND a respiratory physician who specialises in sleep disorders”

Assessors accredited in respiratory system

Skin / Dermatitis

RTW SA – IAG

Table 13.1 For the Evaluation of Minor Skin Impairment (TEMSKI)

3 - 4% WPI	5 - 9% WPI
Worker is conscious of the scar(s) or skin condition Easily identifiable colour contrast of scar(s) or skin condition with surrounding skin as a result of pigmentary or other changes Worker is able to easily locate the scar(s) or skin condition. Trophic changes evident to touch Any staple or suture marks are clearly visible	Worker is conscious of the scar(s) or skin condition Distinct colour contrast of scar(s) or skin condition with surrounding skin as a result of pigmentary or other changes Worker is able to easily locate the scar(s) or skin condition Trophic changes are visible Any staple or suture marks are clearly visible
Anatomic location of the scar(s) or skin condition is visible with usual clothing/hairstyle	Anatomic location of the scar(s) or skin condition is usually and clearly visible with usual clothing/hairstyle
Contour defect easily visible	Contour defect easily visible
Minor limitation in the performance of few ADL **AND** exposure to chemical or physical agents (e.g. sunlight, heat, cold etc.) may temporarily increase limitation No treatment, or intermittent treatment only, required	Limitation in the performance of few ADL (INCLUDING restriction in grooming or dressing) **AND** exposure to chemical or physical agents (e.g. sunlight, heat, cold etc.) may temporarily increase limitation or restriction No treatment, or intermittent treatment only, required
Some adherence	Some adherence

THANK YOU

Questions?