

*Daniel D. Zimmerman, M.D., P.A.*

*Internal Medicine • 4761 Rainbow • Westwood, Kansas 66205 • Phone: (913) 831-0910*

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To Whom It May Concern:

I have had experience in using the AMA Guides to the Evaluation of Permanent Impairment since 1985. I have used the 6th edition (Second or later printing) of the AMA Guides to the Evaluation of Permanent Impairment to process Kansas impairment ratings for Worker's Compensation rating purposes for date of injury events that have occurred since January 1, 2015 and I had responsibility as the District Medical Advisor for the Office of Worker's Compensation Program for the United States Labor Department from 2010 through October of 2015, thus, I have had extensive experience in using the 6th edition (Second or later printing) of the AMA Guides to the Evaluation of Permanent Impairment.

There are several issues regarding this most recent edition of the Guides that I would bring to your attention.

1. The 6th edition (Second or later printing) of the AMA Guides to the Evaluation of Permanent Impairment is a very difficult book to utilize and understand. I personally attended two training sessions offered by the American Board of Independent Medical Examiners before I understood the use of the Grid Diagnosis in conjunction with the Grade Modifier Tables and the Net Adjustment Formula. This rating approach is completely at odds with any rating process that had been used in earlier editions of the AMA Guides to the Evaluation of Permanent Impairment.
2. There are numerous examples that show an inherent unfairness in the Rating Process, an example of which I will point out. Using Table 16 on page 3/57 of the 4th edition AMA Guides to the Evaluation of Permanent Impairment, an entrapment neuropathy affecting the median nerve at the wrist level with a "severe" residual is rated at 40% of the upper extremity.

Using the 6th edition (Second or later printing) of the AMA Guides to the Evaluation of Permanent Impairment, from Table 15-23 on page 449 and the "Rating Process" from page 448, the maximum percentage of impairment due to severe residuals of a carpal tunnel syndrome can be no more than 9% of the upper extremity.

Severe limitations in the functional use of an upper extremity due to median nerve entrapment syndrome cause much more impairment than 9% of the upper extremity in my opinion based on assessments that I have performed in my office for greater than thirty years.

A person who has severe residuals of a carpal tunnel syndrome is barely able to handle their own activities of daily living and, due to digital pain and discomfort, sensory changes and grip strength weakness (required to consider an impairment rating that could be construed to be severe) is incapable of using the hand(s) and digit(s) even for sedentary work due to the repetitive use of the upper extremities and the requirement for fine dexterous digit function in the performance of sedentary job descriptions.

3. The processing of a rating using a Grid diagnosis in conjunction with the Grade Modifier Tables and the Net Adjustment Formula is tedious and very time consuming.
4. The requirements regarding the use of only one Grid diagnosis in a joint make it difficult in many cases to offer an equitable rating.

It is my opinion that the 6th edition (Second or later printing) of the AMA Guides to the Evaluation of Permanent Impairment, particularly with reference to Chapters 15, 16, and 17, is generally unfair to an injured worker.

I hope these comments are of use.

Sincerely,

A handwritten signature in cursive script that reads "Daniel D. Zimmerman M.D." with a stylized "MD" at the end.

Daniel D. Zimmerman, M.D.

DDZ/dc