

Adjudicative Advice

Permanent Impairment (NEL)

Rating guideline for Acromioplasty

Background:

The American Medical Association Guides to the Evaluation of Permanent Impairment (third edition revised) Guides (AMA guides) is the prescribed rating schedule for rating permanent impairment as a result of work related injuries (O. Reg. 175/98 s.18 (1)). Where the prescribed rating schedule does not provide for an impairment in the rating schedule, the regulation directs the use of criteria in the rating schedule for those body parts, systems or functions which are most analogous to the condition of the worker (O. Reg. 175/98 s. 18(2)).

The AMA guides do not provide a percentage value for the rating of surgeries to the acromio-clavicular (AC) joint. While the gleno-humeral (GH) joint is in close proximity anatomically to the AC joint, it is a much larger joint and surgery to that joint is much more invasive than the surgeries to the AC joint. For this reason, using the GH joint as an analogy to the AC joint would not be appropriate, as the percentage rating does not reflect the extent of the surgery. A review of Tables 17 and 19, (pp. 48 & 50) from the AMA guides show that there is really no close analogy to other upper extremity surgeries.

Dr. B. Heckadon, Associate Medical Director reviewed the relevant authorities and determined in light of the

challenge of appropriately rating these cases that a guideline was required. The Claims Quality Loop has endorsed this guideline and directs it be used by all decision-makers.

Practice guideline

The AMA guides do allow for a discretionary rating where the severity of the clinical findings does not correspond to the true extent of the musculoskeletal defect (pg. 52). In absence of a closer analogy for rating AC joint surgeries, the following practice is directed:

Acromioplasty

Using a discretionary rating, an acromioplasty, including distal clavicle resection, will be rated at 10% upper extremity. This would be combined with other impairment values, such as range of motion loss and would then be reduced to whole person as per AMA guide calculation.

Other shoulder surgeries

Any shoulder surgery that is more invasive than an acromioplasty but does not involve major alteration of the GH joint will be rated at 12% upper extremity. This would be combined with other impairment values as above.

Examples of these types of surgery would be those surgeries required for joint instability, such as Putti Platt or Bankhart repairs.

Notice: This document is intended to assist WSIB decision-makers in reaching consistent decisions in similar fact situations and to supplement applicable WSIB policies and guidelines as set out in the Operational Policy Manual (OPM). This document is **not a policy** and in the event of a conflict between this document and an OPM policy or guideline, the decision-maker will rely on the latter.

Glenohumeral Surgeries

This rating would be reserved for a surgery in which the GH joint undergoes major alteration. As per AMA guide directive, 24% upper extremity impairment is given for resection arthroplasty of the GH joint and 30% is given for an implant arthroplasty. Again, these surgeries would be combined with other impairment values and reduced to whole person.

The 24% upper extremity impairment would exclude less invasive surgeries such as debridement of the GH joint.

Claims Quality Loop

March 2005