

## WORKERS' COMPENPENSATION (C) TASK FORCE

Workers' Compensation (C) Task Force Nov. 17, 2024, Minutes

Workers' Compensation (C) Task Force Oct. 23, 2024, Minutes (Attachment

# Draft Pending Adoption

Draft: 11/25/24

Workers' Compensation (C) Task Force  
Denver, Colorado  
November 17, 2024

The Workers' Compensation (C) Task Force met in Denver, CO, Nov. 17, 2024. The following Task Force members participated: Alan McClain, Chair (AR); John F. King, Vice Chair, represented by Steve Manders (GA); Lori K. Wing-Heier represented by Sian Ng-Ashcraft (AK); Mark Fowler represented by Jimmy Gunn (AL); Barbara D. Richardson (AZ); Ricardo Lara represented by Mitra Sanandajifar (CA); Gordon I. Ito represented by Jerry Bump (HI); Doug Ommen represented by Mathew Cunningham (IA); Dean L. Cameron represented by Randy Pipal (ID); Vicki Schmidt represented by Craig VanAalst (KS); Sharon P. Clark represented by Shawn Boggs (KY); James J. Donelon represented by Chuck Myers (LA); Michael T. Calijouw represented by Jackie Horigan (MA); Timothy N. Schott represented by Sandra Darby (ME); Grace Arnold represented by Phil Vigliaturo (MN); Chlora Lindley-Myers represented by Jo LeDuc (MO); Glen Mulready represented by Kim Hunter (OK); Andrew R. Stolfi represented by Brian Fjeldheim (OR); Michael Humphreys represented by Michael McKenney (PA); Elizabeth Kelleher Dwyer represented by Beth Vollucci (RI); Michael Wise represented by Karl Bitzky (SC); Larry D. Dieter represented by Tony Dorschner (SD); Kevin Gaffney represented by Rosemary Raszka (VT).

## 1. Adopted its Oct. 23 and Summer National Meeting Minutes

Commissioner McClain said the Task Force conducted an e-vote that concluded Oct. 23 to adopt its 2025 proposed charges. The motion passed.

Darby on 11/25/24 at 10:00 AM (06/14/2025) by (g) 234-c5d-0.63-b0 Tc3w 5 859w 869(R)JF(0119 C14 (g)2(4n6.09.4cT09.66)4)1.0799

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interfere with patient care while leading the charge to confront public health crises, hoping to drive the future of medicine.

Eichler said the AMA Guides are used in almost every jurisdiction in the U.S. Some states use multiple versions of the guidelines, while others use the most current version. The most current version of the AMA Guides is the sixth edition, and it is used in states either by regulation or legislation. The sixth edition of the AMA Guides is used in Alaska, Arizona, the District of Columbia, Illinois, Indiana, Louisiana, Massachusetts, New Mexico, Oklahoma, Pennsylvania, Tennessee, and Wyoming. It is important to note that Tennessee uses the guides based on the date of injury.

Eichler said there was a case in Pennsylvania in 2017, *Protz v. Workers Compensation Appeals Board*, in which the Supreme Court of Pennsylvania found that the General Assembly's delegation of authority to the AMA to establish criteria for evaluating permanent impairment was unconstitutional. The outcome of the case made states sensitive to the fact that new AMA Guides must be properly adopted and promulgated.

Eichler said that by engaging with the community of practice, the AMA Guides Editorial Panel process now incorporates: 1) the best available science and evidence-based medicine; 2) the reflection of medical advances and new insights related to impairment; 3) assessment tools to provide a rigorous methodology; and 4) fair, consistent, and reproducible evaluation processes. He said it is important to note that in many jurisdictions, physicians have and still use methodologies to do impairment ratings that they would not use in evaluating or treating their own patients. Physicians use some of the older methodologies to do ratings because the state uses older versions of the AMA Guides.

Eichler said the AMA Guides are an assessment tool that provides evaluation processes. He said the impairment rating is one component of determining compensation, whether the claim is due to an auto accident or a workers' compensation claim. Eichler said the use and application of the guides is a jurisdictional matter.

Dr. Martin said it is important to understand what the AMA did by assembling the guide's editorial panel. He said that he and his co-chair wanted a transparent process. Dr. Martin said all the stakeholders were involved in the revision process. He said the panel is responsible for creating, revising, and updating the impairment ratings and applicable guidelines for fair and equitable permanent impairment ratings. Dr. Martin said the rapid change in medicine and medical science necessitates rapidly updating processes.

Dr. Martin said the editorial panel accepted a proposal to update the mental and behavioral health chapter. This was necessitated by the fact that the American Psychological Association (APA) and the Psychiatric Association (PA) removed the "global assessment of functioning" (GAF) scale from their nomenclature, which was used in the sixth edition's behavioral health chapter.

Dr. Martin said that in 2022, some foundational and principal items needed A(n)-0.8 (e)4.9 h0ehg

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skeletal system chapters was that they needed to be updated in tandem. The foundational principles, background information, and major rules followed needed to be consistent across those three chapters. The focus of the changes is to look at the objective measures of functional loss, as the foundational concepts have not changed.

Dr. Martin said the editorial team opened the musculoskeletal development process and began accepting applications in the summer of 2023. This section was opened for public comment and review. He said the guide's editorial panel meets monthly or sometimes bi-monthly. The stakeholders are invited to the t-3.6 (f)2.6 ( s)1.7 (ta)5 1k.7 (ta

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comprehensive evaluation of the images and the reports from a variety of diagnostic tools, which may include laboratory tests or electrodiagnostic studies, and the evaluator needs to analyze these results again, obtaining the objective information from those tests that aid in supporting or refining the patient's diagnosis, ensuring a robust assessment of the clinical presentation.

Dr. Martin said the new 2024 version of the guidelines is web-based. Web-based processes have advantages, including portability, the frequency of updates, and ease of use. Additionally, he said there was no difference between the prior guides concerning the numerical values of impairment ratings between the two versions of the AMA Guides.

Dr. Martin said all system stakeholders, including injured parties, employers, medical professionals, legal representatives, insurers, state insurance regulators, legislators, and policymakers, benefit from(c)-1.9 (eo)-6.6 (212 (esM-1 (

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Commissioner McClain said he remembered pain and range of motion being an issue at one time, as range of motion might change daily. Dr. Martin said the updates to the 2024 guides do not focus on range of motion as much. He said it is still a considered value but not a significant situation that drives the impairment rating number as it did in previous editions. Dr. Martin said there is a science that validates how the individual range of motion can vary from one day to another.

