Areas of Function

1. Activities of Daily Living

Sexual Function: Scoring categories 5 and 6 are not available because the maximum impairment allowed per the AMA Guides for total loss of sexual function is 30% for a male less than 40 years of age; 20% for a male 40 or older.

Sleep: Scoring categories 5 and 6 are not available because the AMA Guides allow a maximum of 50% impairment for sleep or arousal disorders. To reach a 20% rating the activities of daily living must be affected to the extent that supervision is required in some areas. To reach a 50% rating, supervision by caretakers is required.

2. Social Functioning

Social functioning refers to an individual's capacity to interact appropriately and communicate effectively with other individuals. Social functioning includes the ability to get along with others, such as with family members, friends, neighbors, grocery clerks, landlords or bus drivers. Impaired social functioning may be demonstrated by a history of altercations, evictions, firings, fear of strangers, avoidance of interpersonal relationships, social isolation, etc. Strength in social functioning may be documented by an individual's ability to initiate social contacts with others, communicate clearly with others, interact and participate in group activities, etc. Cooperative behaviors, consideration for others, awareness of others' feelings, and social maturity also need to be considered. Social functioning in work situations may involve interactions with the public, responding appropriately to persons in authority, such as supervisors, or cooperative behaviors involving co-workers.

Again, it is not the number of areas in which social functioning is impaired, but the overall degree of interference with a particular functional area or combination of such areas of functioning. For example, a person who is highly antagonistic, uncooperative, or hostile, but is tolerated by local storekeepers may nevertheless have marked restrictions in social functioning because that behavior is not acceptable in other social contexts, such as work. (AMA Guides, 3rd Edition (revised), p. 237)

3. Thinking, Concentration and Judgment

Thinking, concentration, and judgment refer to the ability to sustain focused attention sufficiently long to permit the timely completion of tasks and to make reasoned or logical decisions as to alternative courses of action. Deficiencies in concentration and judgment are best observed in work and work-like settings. Major impairment in this area can often be assessed through direct psychiatric examination and/or psychological testing, although mental status examination or psychological test data alone should not be used to accurately describe concentration and sustained ability to perform work-like tasks. On mental status examinations, concentration is assessed by tasks requiring shortterm memory or through tasks such as having the individual subtract serial sevens from 100. In psychological tests of intelligence or memory, concentration can be assessed through tasks requiring short-term memory or through tasks that must be completed within established time limits. Strengths and weaknesses in areas of concentration can be discussed in terms of frequency of errors, time it takes to complete the task, and extent to which assistance is required to complete the task. (Disability Evaluation Under Social Security, p.88, Social Security Administration Pub. No. 64-039)

4. Adaptation to Stress

The individual should be able to set realistic and appropriate goals. Given that the work-related injury may have induced various limitations, the individual should demonstrate realistic adaptations to the medical/physical situation. He/she should be able to accommodate changes from pre-injury status to the current status. Adapting to performance standards requires that the individual can adequately cope with job performance and time expectations. Further, the individual should demonstrate the capacity to follow rules and policies, respond appropriately to changes in the work setting, and utilize resources available within the community, medical and family areas.

Permanent Work-Related Mental Impairment Rating Report Worksheet Category Definition Guidelines

Category 0: **No Permanent Impairment.**

Mental symptoms arising from the work-related psychiatric diagnosis have been absent for the past month. ADLs are not affected. Functioning is at pre-injury baseline in social and work activities in all areas; no more than everyday problems.

Category 1: Minimal Category of Permanent Impairment.

Mental symptoms, arising from the work-related psychiatric diagnosis and not likely to remit despite medical treatment, minimally impair functioning.

Category 2: Mild Category of Permanent Impairment.

Mental symptoms, arising from the work-related psychiatric diagnosis are not likely to remit despite medical treatment, and are mildly impairing. ADLs are mildly disrupted. Functioning shows mild permanent impairment in social or work activities.

Category 3: Moderate Category of Permanent Impairment.

Mental symptoms, arising from the work-related psychiatric diagnosis and not likely to remit despite medical treatment, are moderately impairing. ADLs are moderately disrupted. Functioning shows moderate permanent impairment. Activities sometimes need direction or supervision.

Category 4: Marked Category of Permanent Impairment.

Mental symptoms, arising from the work-related psychiatric diagnosis and not likely to remit despite medical treatment, are seriously impairing. ADLs are seriously disrupted. Functioning shows serious difficulties in social or work activities.

Category 5: Extreme Category of Permanent Impairment.

Mental symptoms, arising from the work-related psychiatric diagnosis and not likely to remit despite medical treatment, are incapacitating. At times, ADLs require structuring. Functioning is quite poor, unsafe in work settings, at times requires hospitalization or full-time supervision. Most activities require directed care.

Category 6: Maximum Category of Permanent Impairment.

This impairment level precludes useful functioning in all areas. These individuals are generally appropriate for institutionalized settings, if available. All activities require directed care.

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Colorado Department of Labor and Employment: Division of Workers' Compensation

Permanent Work-Related Mental Impairment Rating Report Worksheet

Since the AMA Guides to the Evaluation of Permanent Impairment, 3rd Edition (Revised) does not provide a quantified method for assigning permanent impairment percentages under Chapter 14, "Mental and Behavioral Disorders," the provider shall utilize this form.

Patient Name	 Date of Service	
WC#	 Carrier #	

Scoring Instructions:

- 1. This form should only be used to determine an impairment after the case has been found to meet all of the specific criteria for a Diagnostic and Statistical Manual (DSM) diagnosis.
- 2. The AMA Guides to Permanent Impairment, 3rd Edition (Revised), page 235, should be consulted for guidance in determining these ratings.
- 3. Determination of a rating of permanent mental or behavioral impairment shall be limited to mental or behavioral disorder impairments not likely to remit with further mental health treatment.
- 4. Impairment ratings based on chronic pain are not applicable within the mental/behavioral domain, but are restricted to physical examination with evidence of anatomic or physiologic correlation and included within a physical impairment rating.
- 5. To obtain the final overall impairment rating:
 - a. The elements to be rated are divided into four Areas of Function: Activities of Daily Living; Social Functioning; Thinking, Concentration and Judgment; and Adaptation to Stress.
 - b. Assign a rating (0-6) to each subcategory of the areas of function based on patient self-report, other sources of information, and the physician's clinical assessment. (See Category Definitions on Page 2 of this form.) Given the heavy reliance on the patient's subjective report for information in some of the ratings, the physician should give careful consideration to any corroborating evidence that might be available.
 - c. Average the two highest subcategory ratings within each Areas of Function to obtain the overall category rating. For example, if the two highest scores are 2 and 5, the category score is 3.5.
 - d. To calculate the overall impairment rating, average the two highest category ratings and then, if appropriate in the case, use clinical judgment to add or subtract up to 0.5 point from the result. If the score is modified in this fashion due to clinical judgment, justification for doing so must be documented. Factors influencing the physician's discretion may include the following:
 - i. Factors influencing the patient's believability, such as the presence of symptom magnification, or the presence or absence of corroborating information from psychological or neuropsychological testing;
 - ii. The extent to which medication ameliorates the effects of the condition;
 - e. Use the Category Conversion Table on page 6 to convert the final number to a percentage.
- 6. Include the DSM diagnosis at the top of the worksheet.
- 7. If apportionment is applicable, complete the Apportionment Calculation Worksheet (Desk Aid #14), calculating the pre-injury rating to be subtracted from the total current rating.
- 8. If there is a finding of no impairment, refer to Part V on the worksheet, if appropriate. WC-M3-Psych Rev 12/17

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Pa	tient Name	Date of Service	
W	C#	Carrier #	
	or behavioral di Further, impairm domain, but are	tion of a rating of permanent mental or behavioral impairment isorder impairments not likely to remit with further ent ratings based on chronic pain are not applicable with restricted to physical examination with evidence of included within a physical impairment rating.	mental health treatment. hin the mental/behavioral
I.	DSM Diagnosi	is:	
Ш	l. Levels of Pern	nanent Mental Impairment	
m	 Minimal Mild Ca Moderat Marked Extreme Maximu 	nanent impairment I Category of Permanent Impairment tegory of Permanent Impairment te Category of Permanent Impairment Category of Permanent Impairment c Category of Permanent Impairment m Category of Permanent Impairment tim Category of Permanent Impairment	
Ш	. Areas of Func		
	a. Activities of	f Daily Living. <i>Rate only impairments due strictly to the psych</i>	iatric condition.
	(Rate 0-6)	Self care and hygiene (dressing, bathing, eating, cooking)	
	(Rate 0-6)	Travel (driving, riding, flying) i.e. impairments in driving, riding, flying which are generally a result of symptoms of affective or anxiety disorders	Overall Category Rating:
	(Rate 0-4)	Sexual function (participating in usual sexual activities)	(average of 2 highest)
	(Rate 0-4)	Sleep (restful sleep pattern)	
b.	Social Func	tioning	
	(Rate 0-6)	Interpersonal relationships	
	(Rate 0-6)	Communicates effectively with others	
	(Rate 0-6)	Participation in recreational activities (consider pre-injury activities of the patient)	Overall Category Rating: (average of 2 highest)
	(Rate 0-6)	Manage conflicts with othersnegotiate, compromise	

¹ See attached Appendix for further description of all or part of the listed areas of function.

c.	Thinking, Co	oncentration & Judgment	
	(Rate 0-6)	Ability to perform complex or varied tasks	
	(Rate 0-6)	Judgment	
	(Rate 0-6)	Problem solving	
	(Rate 0-6)	Ability to abstract or understand concepts	
	(Rate 0-6)	Memory, immediate and remote	
	(Rate 0-6)	Maintain attention, concentration on a specific task	Overall Category Rating: (average of 2 highest)
	(Rate 0-6)	Perform simple, routine, repetitive tasks	(average of 2 highest)
	(Rate 0-6)	Comprehend/follow simple instructions	
d.	Adaptation t	o Stress	
	(Rate 0-6)	Set realistic short & long term goals	Overall Category Rating:
	(Rate 0-6)	Perform activities (including work) on schedule	(average of 2 highest)
	(Rate 0-6)	Adapt to job performance requirements	
IV.	Final Calculati	ions:	
Av	erage the two hig	ghest Areas of Function ratings:+ div	vided by 2 =
Add or subtract up to 0.5 from the completed calculation above, if appropriate, based on clinical judgment. Justify this deviation below or attach a separate sheet:			
Us	ing the Category	Conversion Table on page 6 of this	Overall Category Rating:
	form, convert the final number to a percentage for the overall permanent impairment rating: Permanent Impairment		Permanent Impairment
011	eran permanent	impan mene racing.	
			Rating%
			Rating% OR
V.	and requires	nas ZERO impairment according to the above criteria continuing medication for their DSM diagnosis, an	
V.	and requires	<u>.</u>	OR If Zero %
V. VI.	and requires of impairment of	continuing medication for their DSM diagnosis, an	OR If Zero % Psychiatric Rating Rating%
	and requires of impairment of Total Impairm	continuing medication for their DSM diagnosis, an 1-3% may be assigned%	OR If Zero % Psychiatric Rating Rating% Total Whole Person Impairment (including
	and requires of impairment of Total Impairm	continuing medication for their DSM diagnosis, an 1-3% may be assigned% nent Rating (if applicable)	OR If Zero % Psychiatric Rating Rating% Total Whole Person
VI.	and requires of impairment of Total Impairm	continuing medication for their DSM diagnosis, an 1-3% may be assigned% nent Rating (if applicable) ole Person Physical Impairment =%	OR If Zero % Psychiatric Rating Rating% Total Whole Person Impairment (including

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Category Conversion Table

Category Conversion		
	Table	
Final Score	Percentage	
0	0	
0.25	0	
0.5	1	
0.75	1	
1	1	
1.25	2	
1.5	3 to 4	
1.75	5	
2	6 to 7	
2.25	8 to 9	
2.5	10 to 12	
2.75	13 to 15	
3	16 to 18	
2.25 2.5 2.75 3 3.25 3.5	19 to 21	
3.5	22 to 23	
3.75	24 to 25	
4	26 to 32	
4.25	33 to 38	
4.5	39 to 44	
4.75	45 to 50	
5	51 to 56	
5.25	57 to 62	
5.5	63 to 68	
5 5.25 5.5 5.75 6	69 to 75	
6	76 to 83	
6.25	84 to 91	
6.5	92 to 100	

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