COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
Division of Workers' Compensation

# PERMANENT WORK-RELATED MENTAL IMPAIRMENT RATING REPORT WORK SHEET

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 thespecific criteria for a Diagnostic and Statistical Manual (DSM ) diagnosis.
2. The AMA Guides to Permanent Impairment, 3rd Edition (Revised) 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 6 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 Area 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 in these instructions to convert the final number to a percentage.
6. Include the DSM diagnosis at the top of the worksheet.

The final determination must include ratings for all of the elements in each area of function, the category averages reached in each area of function, the overall average, the final assigned overall permanent impairment rating, and documentation for any divergence (±0.5) from the calculated score.

| 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 |
| 3.25 | 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 |
| 5.75 | 69 to 75 |
| 6 | 76 to 83 |
| 6.25 | 84 to 91 |
| 6.5 | 92 to 100 |

7. If apportionment is applicable, complete a separate form 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.

# WORKSHEET

Patient Name _____ Date of Service _____

WC # _____ Carrier # _____

**NOTE:** 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. Further, 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.

**I. DSM Diagnosis:** _____

**III. LEVELS OF PERMANENT MENTAL IMPAIRMENT**

Category

0. No permanent impairment
1. Minimal Category of Permanent Impairment
2. Mild Category of Permanent Impairment
3. Moderate Category of Permanent Impairment
4. Marked Category of Permanent Impairment
5. Extreme Category of Permanent Impairment
6. Maximum Category of Permanent Impairment

**III. AREAS OF FUNCTION**

a. Activities of Daily Living. ***Rate only impairments due strictly to the psychiatric 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

(Rate 0-4) ___ Sexual function (participating in usual sexual activities)

(Rate 0-4) ___ Sleep (restful sleep pattern)

Overall Category Rating:
(average of 2 highest)

_____

b. Social Functioning

(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)

(Rate 0-6) ___ Manage conflicts with others--negotiate, compromise

Overall Category Rating:
(average of 2 highest)

_____

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

c. Thinking, Concentration & 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

(Rate 0-6) ___ Perform simple, routine, repetitive tasks

(Rate 0-6) ___ Comprehend/follow simple instructions

Overall Category Rating:
(average of 2 highest)

_____

d. Adaptation to Stress

(Rate 0-6) ___ Set realistic short & long term goals

(Rate 0-6) ___ Perform activities (including work) on schedule

(Rate 0-6) ___ Adapt to job performance requirements

Overall Category Rating:
(average of 2 highest)

_____

**IV. FINAL CALCULATIONS:**

**Average the two highest Area of Function ratings: _____ + _____ divided 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:**

**Using the Category Conversion Table on page 2 of this form, convert the final number to a percentage for the overall permanent impairment rating:**

**Overall Category Rating: Permanent Impairment**

**Rating _____%**

**OR**

**V. If this patient has ZERO impairment according to the above criteria and requires continuing medication for their DSM diagnosis, an impairment of 1-3% may be assigned _____%**

***If Zero % Psychiatric Rating***

***Rating _____%***

**VI. TOTAL IMPAIRMENT RATING (if applicable)**

**Total Whole Person Physical Impairment = _____%**

**Combined with psychiatric permanent impairment equals:**

**Total Whole Person Impairment (including psychiatric impairment)**

**Rating _____%**

Physician: _____ Date: _____
Signature

# APPENDIX

## 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.

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## 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.