

Example of Information and Documentation to be Included in PPD reports:

Demographics:

Name of Injured Employee:

Rater:

Date of PPD:

Date of Injury:

Date of Birth:

Maximum Medical Improvement/Stable and Ratable Date:

Claim Number:

TPA:

Employer:

Requesting Party:

Body Part(s) to be Rated:

Previously seen by Rater Y/N: (If yes, please explain: Diagnosis, body part seen and records reviewed)

Historical Data:

Description of How the Injury/Condition occurred: Including position held on DOI:

Records Review: List in chronological order. Include provider, clinical findings, objective and subjective documentation, diagnostics, ROM, and clinical findings which may pertain to the rating or possibly effect the rating or any apportionment taken. When in doubt, include *all* information. If documentation not received, was appointment rescheduled, how was examination completed without this information?

Medical History/Current Medications:

Current Work Status, Current restrictions:

Examination/Observations:

Chief Complaints:

The IE's subjective complaints should be correlated to the objective information gathered. If the medical reporting shows no history of the current complaint(s), they should be further clarified with the IE.

Observations: Gait, movement, assistive devices, other observations, does the objective medical reporting support observations of IE on date of examination?

Examination:

The body part to be rated should be examined as per the Guides and if the forms provided in the Guides are not used, the documentation in the report should include the information required on the forms at a minimum. It is not acceptable to simply indicate that the IE was tested as per the Guides and not have documentation of the measurements taken during the examination. The documentation of the examination should be complete. Documentation of objective clinical findings that are not consistent with the records

makes the findings difficult to support. The reason for an inability to complete any part of the examination should be documented.

Diagnosis(es):

The diagnosis should be consistent with the diagnosis or diagnoses found in the medical records and consistent with the clinical findings of the PPD examination. (If a new diagnosis is discovered, refer to page 18 , Section 3.2 of the AMA Guides)

Activities of Daily Living: The claimant completes this form and it is subjective (AMA Guides p. 4, Table 1-2.) The deficits identified should be correlated with objective information from the medical reporting and the Rater’s own testing and observations.

Stability of Medical Condition:

The report should indicate if the Rater agrees that the condition being rated is stable and ratable. If the IE disagrees or has concerns about conditions not accepted on the claim, the IE should be instructed to contact the claims examiner and be notified that the IE will have the right to appeal the award of the impairment. If the rater needs further testing or information to complete the rating, that information should be included in the report.

Rating:

PPD Summary :

This section requires the rater physician or chiropractor to describe the rating in detail. How is the body part rated and why? What lead the rater to this conclusion? This section should include all supporting documentation about the rating, in detail. This section must be understandable, clear and concise. If there is more than one option which may be used to rate this impairment, the rater should explain his decision. The rater must make the argument and rationalize the rating in this section. It is helpful to quote from the medical records, the examination and/or the *AMA Guides*. If additional percentages of impairment are given for Activities of Daily Living, then specific objective data should be included in this section. In areas where there is a percentage range, explain why the higher or lower end was used.

Apportionment: The *AMA Guides* has a definition of apportionment on pages 11 and 12 and the State of Nevada has a definition in NAC 616C.490. The latter definition is far more complex and, seemingly, more controversial. NAC 616C.490 gives more leeway to the rater within the 9 subsections of this regulation. The *AMA Guides* definition is less broad. In the *AMA Guides* if a prior disease, condition or injury is ratable, then it is apportioned. In NAC 616C.490 preexisting injuries, conditions or diseases that are not necessarily ratable in the *AMA Guides* are sometimes apportioned by raters.

Apportionment should be justified by the medical reporting and prior documented functional status.

Miscellaneous:

In General: Remember that your report may be read by someone who does not have a medical background and was not present for the examination. Please review your report for readability, typos and other things which may make it difficult for the reader to put together and may require an addendum. Recommendations regarding any industrial or non-industrial condition and/or treatment thereof should be referred to the treating provider. NAC 616C.103 Indicates, in part "...Rating evaluation of injured employee: Requirements; award of payment; appeal. 1. For purposes of determining whether an injured employee is stable and ratable and entitled to an evaluation to determine the extent of any permanent impairment pursuant to this section and [NRS 616C.490](#), the Division interprets the term: (a) "Stable" to include, without limitation, a written indication from a physician or chiropractor that the industrial injury or occupational disease of the injured employee: (1) Is stationary, permanent or static; or (2) Has reached maximum medical improvement. (b) "Ratable" to include, without limitation, a written indication from a physician or chiropractor that the medical condition of the injured employee may have: (1) Resulted in a loss of motion, sensation or strength in a body part of the injured employee; or (2) Resulted in a loss of or abnormality to a physiological or anatomical structure or bodily function of the injured employee..."

Attachments: D35, ROM, Measurements, ADL questionnaire, Worksheets