

Red Flags in Impairment Evaluation Reports

(For Use by Claims Professionals, Attorneys, and Independent Reviewers)

1. Rating by Treating Physician or Known Biased Evaluator

- **Red Flag:** Report authored by treating physician or evaluator with known litigation bias (plaintiff or defense-oriented).
- **Why It Matters:** Objectivity is foundational. Treating providers inherently possess therapeutic allegiance, compromising impartiality.
- **Action:** Flag these reports for secondary review. Track evaluator patterns for systemic bias.

2. Evaluation Performed Outside Specialty Scope

- **Red Flag:** Evaluator lacks clinical training in the condition assessed (e.g., chiropractor rating internal organ damage).
- **Why It Matters:** Ratings demand specialized knowledge in the pathology and functional consequences.
- **Action:** Verify clinical appropriateness of specialty. Reject reports outside the evaluator's domain of competence.

3. Non-Credentialed or Inadequately Trained Evaluator

- **Red Flag:** No formal training or certification in *AMA Guides*, medicolegal evaluation, or impairment rating.
- **Why It Matters:** Rating accuracy depends on technical understanding of *Guides* methodology.
- **Action:** Prioritize reports from certified professionals (e.g., CIME, CMLE, CIR). Scrutinize ratings from uncertified sources.

4. Poorly Constructed or Unprofessional Report

- **Red Flag:** Disorganized, unformatted report lacking essential elements (history, exam, rationale).
 - **Why It Matters:** Sloppy presentation correlates with low evaluative quality.
 - **Action:** Apply high scrutiny or request re-evaluation. Use formatting as a surrogate marker for analytic rigor.
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● 5. Incomplete Clinical and Rating Documentation

- **Red Flag:** Missing history, examination findings, diagnostic correlation, or causation analysis.
 - **Why It Matters:** Incomplete documentation undermines validity and reproducibility.
 - **Action:** Reject or request supplemental detail before accepting impairment conclusion.
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● 6. No MMI Statement or Premature Rating (<6 months)

- **Red Flag:** Report omits MMI status or assigns rating prematurely (e.g., <6 months for musculoskeletal injury).
 - **Why It Matters:** Ratings prior to MMI are invalid due to potential for clinical change.
 - **Action:** Confirm date and clinical basis of MMI. Delay rating if premature.
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● 7. Incorrect AMA Guides Citation

- **Red Flag:** Reference to incorrect edition (or vague terms like “AMA Guidelines”).
 - **Why It Matters:** Jurisdictions mandate edition-specific use. Mislabeling may reflect inexperience.
 - **Action:** Verify edition matches jurisdictional requirement and is properly cited (e.g., “*AMA Guides the Evaluation of Permanent Impairment*, Sixth Edition, 2008”).
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● 8. Unusually High or Low Impairment Values

- **Red Flag:** Whole Person Impairment (WPI) >10% without strong objective basis or <10% in cases of significant trauma.
 - **Why It Matters:** Outlier ratings should be proportionate to clinical severity.
 - **Action:** Assess consistency with objective findings and injury complexity.
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● 9. Diagnosis-Related Rating Problems

- **Red Flag:** Ratings based on conditions with high variability or diagnostic controversy (e.g., CRPS, disc herniation without radiculopathy).
 - **Why It Matters:** These conditions are prone to over-rating and subjectivity.
 - **Action:** Demand high-level documentation and clear diagnostic substantiation.
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● 10. Multiple Diagnoses Rated

- **Red Flag:** Rating multiple diagnoses, especially if acute injury with documentation that this involved a single region or reported as a cumulative trauma disorder.
 - **Why It Matters:** Injuries may result in multiple problems associated with permanent impairment; however, more commonly there is a single ratable diagnosis. If multiple problems are alleged to cumulative trauma, careful causation analysis is required.
 - **Action:** Scrutinize multiple diagnosis cases, especially regarding accuracy of the diagnoses and causation.
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● 11. Missing Tables, Figures, or Method References

- **Red Flag:** No citation of *Guides* Table, Figure, or section used to derive impairment.
 - **Why It Matters:** Citations ensure transparency and reproducibility.
 - **Action:** Require full citation trail for all numerical impairment findings.
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● 12. Use of Disallowed or Subjective Rating Methods

- **Red Flag:** Strength loss ratings (without clear neurologic deficit), unvalidated hand/nerve rating methods.
 - **Why It Matters:** *AMA Guides* restrict certain methods to minimize subjective inflation.
 - **Action:** Reject or challenge methods not explicitly allowed in the Edition used.
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● 13. Software-Based Ratings Lacking Clinical Insight

- **Red Flag:** Rating based solely on software outputs, with no clinical reasoning.
 - **Why It Matters:** “Garbage in, garbage out” applies—input errors or software misuse lead to flawed outputs. Physicians may be overly reliant on software and lack knowledge on the use of the *Guides*. Software (e.g., ImpairMaster, Cedaron, etc.) is a powerful tool; however, it is essential the user understands the *AMA Guides*.
 - **Action:** Require narrative rationale and clinician interpretation beyond software.
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● 14. Invalid or Inconsistent Clinical Findings

- **Red Flag:** Findings not aligned with anatomy, physiology, or clinical exam principles (e.g., sensory loss in non-dermatomal patterns).
 - **Why It Matters:** *Guides* require valid and reliable objective findings.
 - **Action:** Challenge inconsistencies; request clarification or second opinion.
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● 15. Internal Report Inconsistencies

- **Red Flag:** Contradictions between history, records, examination, imaging, and impairment conclusions.
 - **Why It Matters:** Internal coherence is essential for credibility.
 - **Action:** Flag for peer review. Reject reports with unresolved contradictions.
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● 16. Use of Non-Standard or Jurisdictionally Prohibited Methods

- **Red Flag:** Pain ratings not permitted by *AMA Guides* or jurisdiction (e.g., Chapter 18 inappropriately applied; Almaraz-Guzman misuse in CA).
 - **Why It Matters:** Ratings must be based on standardized, accepted methods.
 - **Action:** Ensure compliance with both *AMA Guides* and local legal standards.
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● 17. Diagnosis-Inconsistent Impairment Ratings

- **Red Flag:** Rating derived from a diagnosis that does not match the causally related injury.
 - **Why It Matters:** Impairment is often diagnosis-drive, especially with the Sixth Edition; misclassification yields invalid ratings.
 - **Action:** Match injury diagnosis with rating process.
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● 18. Improper Use of Range of Motion (ROM)

- **Red Flag:** ROM used where not permitted (e.g., spine under Sixth Edition).
 - **Why It Matters:** ROM is highly variable and limited in use.
 - **Action:** Confirm edition-specific ROM applicability and documentation rigor.
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● 19. Mathematical Errors

- **Red Flag:** Incorrect use of Combined Values Chart, averaging methods, or formula application.
 - **Why It Matters:** Calculation errors can materially alter ratings.
 - **Action:** Independently verify all calculations.
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● 20. Pain Used as Standalone Impairment

- **Red Flag:** Pain rated independently of functional or structural impairment.
 - **Why It Matters:** AMA *Guides* discourage pain-only ratings.
 - **Action:** Disallow standalone pain ratings unless jurisdictionally permitted *and* clearly justified.
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● 21. Sixth Edition: Missing or Incorrect Grade Modifiers

- **Red Flag:** Omitted or misapplied Grade Modifiers (Functional History, Physical Exam, Clinical Studies).
 - **Why It Matters:** Modifiers refine the impairment within a class.
 - **Action:** Check documentation and scoring logic for all modifiers.
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✓ Recommendations for Claims Reviewers & Legal Counsel

- **Implement a structured quality checklist** using the above red flags.
 - **Consider use of AI / human enhanced systems** (cbrigham.com/report-screening) as part of report critique process.
 - **Track evaluator accuracy, bias, and legal defensibility** longitudinally.
 - **Engage certified medical reviewers** to audit questionable impairment ratings.
 - **Refer to Brigham and Associates, Inc. (cbrigham.com) for expert review** if concerns. If questions, contact support@cbrigham.com
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