

WORK SAFE. FOR LIFE.
WORKERS' COMPENSATION BOARD OF NOVA SCOTIA

Updates to Permanent Medical Impairment Policies:
Final Policy Decision and Supporting Rationale

November 2023

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1. Introduction

The WCB Board of Directors (the “Board”) identified updating of the Permanent Medical Impairment (“PMI”) processes in the WCB Policy Manual as a priority policy topic in 2023. In March 2023, the WCB initiated consultation on the PMI processes by bringing together small groups of workers, employers, and members of the medical community to obtain their feedback on the issues and questions we should consider as we reviewed the PMI policies.

Following stage 1 consultation, on June 21st, 2023, we invited participants to comment on the draft revisions to the PMI policies. The document “*Policy Background Paper – Updates to Permanent Medical Impairment Policies*” was e-mailed to participants on the WCB’s key participant list and posted to the WCB website. The consultation period ended October 31, 2023. The proposed policy changes outlined in the *Policy Background Paper* and incorporated here for final approval include:

- Updating subsection 3.3 of the Policy Manual to reflect the change to the most current edition or version of the American Medical Association Guidelines to the Evaluation of Permanent Impairment (“AMA Guides”);
- Condensing and simplifying four policies in subsection 3.3 into one new policy to add greater clarity and ease of use;
- Rescinding Policy 3.3.1R2, 3.3.2R4, 3.3.3R2 and 3.3.4R2; and
- Updating several other policies to ensure standardized language across the Policy Manual.

The remainder of this report provides:

- key issues raised by participants during the second stage consultation;
- the rationale for why the WCB did or did not revise the draft policy in response to participant submissions; and
- the WCB’s final policy in Appendix B.

2. Issues Raised During Stage 2 Consultation

The WCB received four participant submissions in response to the second stage consultation. Injured worker and labour representatives made three submissions and an employer made one submission. The feedback related to the following topics or issues:

- Updating to the 6th Edition of the AMA Guides
- Using the most current edition or version of the AMA Guides
- Using the most current edition or version of the AMA Guides to reassess existing PMI ratings
- Concerns about the calculation of PMI ratings for behavioural/psychiatric disorders
- Definition of permanent medical impairment
- Effective date of PMI adjustments/reassessments
- Combining existing PMI ratings with new PMI ratings

Feedback on the issue of combining PMI ratings and the effective date of PMI reassessments will not be analyzed in detail as part of this document, as it did not form part of the proposed

draft policy changes. This feedback was also discussed in the June 2023 *Policy Background Paper – Updates to Permanent Medical Impairment Policies*, and the feedback received is outlined in this document. Feedback on the combining of PMI ratings has been communicated to WCB’s internal client service teams for consistent application on a go-forward basis. Effective date of PMI reassessments will be considered for future policy development, within the broader context of setting effective dates.

Please see Appendix A for a full summary of feedback in response to Stage 2 consultation on the proposed PMI policies. 3

3. Participant Feedback, Analysis, and Response

After considering all feedback received, we have determined that no changes are required to the draft PMI policy that was included with the *Policy Background Paper – Updates to Permanent Medical Impairment Policies* that was approved by the Board of Directors in June 2023.

The following is a detailed discussion of feedback and the WCB’s analysis and response.

➤ **Updating to the 6th Edition of the AMA Guides**

Feedback:

Some worker representatives reiterated that they believe there has not been adequate evidence presented in the 16 years since the AMA Guides 6th Edition were released to demonstrate that the 6th Edition will not negatively impact workers, and that the 6th Edition may be too complex or provide inconsistent ratings.

Analysis:

There has been limited public academic research conducted that compares permanent impairment ratings across the 4th, 5th, and 6th Editions of the AMA Guides. Newer editions of the AMA Guides are updated based on current medical evidence and practice, which may account for some of the variability of ratings in the limited academic research that has been conducted. The variability in the available research does not conclusively show a bias toward higher or lower ratings in more recent editions of the AMA Guides. The 6th Edition of the AMA Guides was launched in 2008 and is successfully used by multiple jurisdictions in Canada and the United States. There has been sufficient consideration by the WCB, internally and externally, to the use of the most current edition or version of the AMA Guides for us to be comfortable moving forward with this proposed change.

➤ **Using the most current edition or version of the AMA Guides**

Feedback:

Worker representatives believe the WCB should conduct further consultation about using the most current edition or version of the AMA Guides on a go-forward basis. Concerns were expressed about participants not having input on future changes to the WCB’s usage of new editions or versions of the AMA Guides, and that implementing unproven updates or changes to the AMA Guides could subject workers to erroneous impairment ratings.

Analysis:

Since 2021, the American Medical Association has adopted a system whereby new iterations of the AMA Guides 6th Edition are released annually, in January. New iterations of the 6th Edition were released in January 2021, January 2022, and January 2023, and another small update is planned for January 2024. Larger updates to the AMA Guides may happen in the future and be referred to as a new edition (i.e. 7th Edition), but the American Medical Association has said that for the foreseeable future, updates will be through yearly version changes and not through entirely new editions.

Limiting the WCB to a specific version or edition of the AMA Guides would mean we would not stay up to date with the most recent medical evidence and research and would likely lead to a similar situation to the present, where the WCB is using an outdated version of the AMA Guides (4th Edition) that was released in 1993.

➤ **Using the most current edition or version of the AMA Guides to reassess existing PMI ratings**

Feedback:

Worker representatives expressed concerns about using the most recent edition or version of the AMA Guides to reassess existing PMI ratings that may have been rated using a previous version of the AMA Guides or the pre-2000 *WCB Guidelines for Assessment of Permanent Medical Impairment*. Worker representatives believe it was unfair for workers to be reassessed under updated AMA Guides, in particular if the worker had initially been assessed using the pre-2000 WCB Guidelines.

Analysis:

In the initial policy proposal, the WCB noted that workers with a PMI rating initially evaluated using the pre-January 1, 2000, Guidelines, would only have their PMI rating adjusted if, using the most current edition or version of the AMA Guides, a worker's reassessment resulted in a higher PMI rating. This means that if, using the most recent edition or version of the AMA Guides, a worker's rating that was initially done using the pre-January 1, 2000, WCB Guidelines was now lower, there would be no reduction in the worker's existing PMI rating. The WCB does not believe that this will be an issue for many workers, but if it does become an issue, this will prevent any unfairness for injured workers.

➤ **Concerns about the calculation of PMI ratings for behavioural/psychiatric disorders**

Feedback:

One employer expressed concerns about the use of percentages to calculate a PMI rating for behavioural/psychiatric disorders. This issue was also raised during the Stage 1 consultation. The AMA Guides 4th Edition, currently in use by the WCB, notes that users of the Guide should avoid applying percentages to permanent impairment ratings for this type of injury.

Additionally, one worker representative noted that PMI ratings should be determined by a qualified psychologist or psychiatrist, and the WCB should avoid doing assessments twice, as it may cause unnecessary trauma for a worker.

Analysis:

While the AMA Guides may recommend users avoid applying percentages to these types of disorders, the use of percentages is necessary to allow the WCB to calculate a permanent impairment benefit, and the WCB has been using percentage calculations for psychological injuries for many years. The AMA Guides 6th Edition includes commentary noting that this may be necessary and includes examples of possible methods for calculating percentages.

➤ ***Definition of permanent medical impairment***

Feedback:

Worker representatives highlighted that there are situations where some workers are receiving temporary benefits for three or more years. The temporary nature of the benefits causes uncertainty and anxiety for workers. Updating the definition of permanent medical impairment to include a timeframe for when an injury is considered permanent would benefit workers and there are already existing mechanisms for reviewing or reassessing permanent benefits once they are in place.

Analysis:

We agree that claims should not remain on temporary earnings replacement benefits for extended periods. Claim decisions need to be resolved in a timely manner with well-reasoned decision about safe and timely return-to-work, or when appropriate, correctly resolved to a permanent benefit. The definition of PMI is not the reason for the delay. Timely resolution of claims, (i.e., return-to-work or moved to an extended earnings replacement benefit), will allow for the permanent impairment benefit to be paid, providing workers with greater financial certainty.

➤ ***Effective date of PMI adjustments/reassessments***

Feedback:

Currently, the effective date for a worker's updated PMI rating for an adjusted or reassessed PMI rating is the date the reassessment is completed. Worker representatives expressed that the effective date for a reassessed or adjusted PMI rating should be the date the evidence demonstrates that a worker's condition has changed, and not the date that a PMI assessment takes place to confirm the change. The WCB has proposed including this proposed change as part of a future comprehensive policy update and consultation on effective dates. Worker representatives believe that waiting for a comprehensive policy change is unnecessary or unwarranted, and the change should be implemented more quickly.

Analysis:

This issue did not form part of this policy consultation although it may be considered as part of future policy development.

➤ ***Combining existing PMI ratings with new PMI ratings***

Feedback:

Feedback was received during both the first and second stage of consultations about issues with how the WCB has combined previous PMI ratings for some injured workers. It appears

some workers who have had multiple injuries in the past did not have their multiple PMI ratings correctly calculated into a combined PMI rating at the time of their previous injury or injuries. Now, a worker has had another injury and the WCB is re-calculating the previous PMI ratings to get a new combined PMI rating, based on the worker's existing injuries. The WCB is then using this newly calculated PMI rating and combining this new combined rating with the PMI rating for the new injury, to get a final PMI rating. In some cases, this re-calculation of the worker's existing PMI ratings, when combined with the PMI rating for a worker's new injury, has resulted in the worker receiving no change in their PMI rating or benefits for the new injury. Re-opening a previously decided combined PMI rating to correct a historical error is contrary to WCB policy and legislation.

Worker representatives feel WCB policy should be updated to ensure previously calculated combined PMI ratings, where the calculations for the combined PMI were incorrectly completed in the past, will not be re-opened or re-calculated when that rating is being combined with a PMI rating for a new injury.

Analysis:

This issue did not form part of this policy consultation. The issue has been highlighted to WCB operational teams to ensure there is clarity about how to properly do these calculations going forward.

4. Final Policy Proposal

The WCB Policy Manual will be updated to standardize the term used to describe the American Medical Association Guidelines to the Evaluation of Permanent Impairment. In addition to updating to the most current edition or version of the AMA Guides, *Subsection 3.3 Permanent Impairment Benefit* of the WCB Policy Manual will be condensed and simplified to improve ease-of-use and clarity. In doing so, the following policies will be rescinded, Policy 3.3.1R2, 3.3.2R4, 3.3.3R2 and 3.3.4R2.

From the effective date of these policy changes, all injuries (except for the assessment of chronic pain for the purposes of pain related impairment) will be assessed under the most current version or edition of the Association American Medical Guidelines to the Evaluation of Permanent Impairment. Pain-related impairment will continue to be assessed using the AMA Guides 5th Edition, as explicitly required in the *Chronic Pain Regulations*. The effective date of a new edition or version of the American Medical Association Guidelines to the Evaluation of Permanent Impairment will be the effective date of the new version or edition as determined by the American Medical Association.

All reviews of previous Permanent Impairment ratings will be determined using the most current version or edition of the American Medical Association Guidelines to the Evaluation of Permanent Impairment. Where a worker's permanent impairment was evaluated under the pre-January 1, 2000, *WCB Guidelines for Assessment of Permanent Medical Impairment*, the Permanent Impairment rating will only change if the review results in a higher rating.

Additional consequential amendments to four policies are outlined in Appendix C. These changes are required to standardize references to the most current edition or version of the American Medical Association Guidelines to the Evaluation of Permanent Impairment.

Appendix A

Overview of Participant Feedback

Below is a summary of the feedback submitted by an injured workers' association (1), workers' support organizations (2), and an employer (1).

Injured workers' association, worker organization, and labour organizations

- Use of the AMA Guides 6th Edition
 - Significant concerns about the adoption of the AMA Guides 6th Edition.
 - The 6th Edition continues to be the subject of controversy. The changes to the 6th Edition were far greater than previous editions. There are serious criticisms of the 6th Edition in literature, including that it is too complex, its methods are not evidence-based, and it rarely yields consistent ratings.
 - The WCB did not show evidence of the problems of the 6th Edition being solved, other than the assumption that after 16 years the issues have been resolved. Board should continue using the 4th Edition of the AMA Guides until there is meaningful research into the 6th Edition.
- Using the most current edition or version of the AMA Guidelines to calculate permanent impairment ratings:
 - WCB should conduct further consultation with participants prior to making this change.
 - WCB should provide more research to support using the most current edition or version of the AMA Guidelines, as the 6th Edition results in lower permanent impairment ratings compared to previous editions.
 - Concerns that the WCB or its participants will not have input into the development of future AMA Guides, and therefore there will be no consideration of the quality or potential issues with a new edition or version.
 - When 6th Edition of the AMA Guidelines was introduced, there were issues and concerns, and jurisdictions with requirements to use the most recent edition or version had their physicians and injured workers relegated to test subjects for an unproven impairment rating methodology.
 - Do not believe there is any reason to use the most current edition or version of the AMA Guides, as the policy can be reviewed again when a 7th Edition is introduced.
- Using the AMA Guides 6th Edition to review workers injured after January 1, 2000:
 - No objection to applying any new impairment rating schedule to workers injured after January 1, 2000.
- Use of the most current edition or version of the AMA Guidelines to review permanent impairments rated under the pre-January 1, 2000 PMI Guidelines:
 - Any rating calculated using the previous WCB in-house PMI Guidelines should be calculated using the same criteria as the initial evaluation, as the AMA Guidelines and PMI Guidelines are not comparable. Re-evaluating existing PIs initially calculated under the in-house PMI Guidelines, using the AMA Guidelines, would be inappropriate.

- It is unfair to workers to have their reassessments done using different Guidelines than those in place when they were injured, and many of these workers receive benefits under former legislation, which is different from the current legislation.
- Concerns about the calculation of PMI ratings for behavioural/psychiatric disorders:
 - Psychological PMI assessments and ratings should be determined by a qualified psychologist or psychiatrist. The WCB should also avoid doing the assessment twice – once with a psychologist or psychiatrist and then by a WCB Medical Advisor – which may cause unnecessary trauma for a worker.
- Allowing other health care providers to participate in PMI assessments:
 - Agreement with the WCB decision to not make any changes to the current practice of PMI assessments only being completed by Medical Advisors (physicians)
 - AMA Guidelines (4th) require a physician conduct a physical examination when using AMA Guidelines to evaluate a permanent impairment rating, and using other health care providers would violate s. 186 of the *Act*, as the AMA Guidelines are a policy requirement.
 - Questions about the pilot project that was undertaken and the conclusions and data that were received.
 - Agreement that PMI assessment process needs to be streamlined and improved.
- Definition of permanent medical impairment:
 - Frequently see workers who have received temporary benefits for three years or more, and there are few occasions where an injury can be considered temporary for years.
 - Long periods on temporary benefits are challenging and create uncertainty for workers, and results in permanent accommodation in the workplace and/or vocational rehabilitation being deferred until permanence is established.
 - Issues of long periods of temporary benefits can be resolved by incorporating some time frame of permanency into the definition.
 - The definition of permanent medical impairment should state the condition is, “unlikely to improve despite further medical treatment in the next eighteen months”.
 - Current law allows for some reassessment of EERBs and a reassessment of impairment ratings every sixteen months. Adding a time frame to estimates of maximum medical recovery will not have negative consequences for workers.
- Steps required when combining multiple permanent impairment ratings:
 - In several cases, the WCB has incorrectly combined a new and existing PMI rating.
 - When combining existing ratings with a new rating, the WCB has revisited multiple previous PI ratings, combined those previous ratings together, and then used that new combined rating to recalculate a new rating percentage with the newly assessed injury. This unfairly penalizes workers.
 - The WCB has recognized this as an issue, but that it is infrequent and does not require policy revision.
 - Since the June 2023 Policy Background Paper, we have identified 2 additional situations where this happens, meaning it is not infrequent.

- WCB should state: “the Combined Value Chart can be applied only to permanent impairment ratings that have not been subject to a final decision of the Board. If errors were made in prior combined value calculations, any future combined values must be based on percentages that were previously awarded, not based on a recalculation of their combined values”.
- A modified approach should be used when combining a rating for a new injury with existing permanent impairment ratings, to stop situations where an overall PMI rating is lowered, when it is combined with a new injury.
- Suggested language: “an increase in a PMI rating resulting from a new injury will be added to a previous PMI rating rather than being combined, pursuant to the AMA Guides, with the previous rating”.
- Effective date of PMI adjustments/reassessments
 - An overarching policy that directs the determination of effective dates is unwarranted.
 - Current Policy 3.3.3R2 states effective date of an adjusted PMI rating is the date of most recent determination, the date of the decision that identifies the increase.
 - Intent of s. 71 (1), which allows for PIBs to be reviewed and adjusted, is for the effective date of the review to be the date the condition changed, not the date the decision is confirmed by PMI.
 - Policy requirement is therefore not consistent with legislation, and consideration and consultation should be given to this issue separate from any intent by the WCB to consider an overarching policy on effective dates.
 - The issue of effective dates and the WCB’s inconsistent practices and decisions mean that the issue should be addressed now, and not as suggested in a future policy review.
 - The relationship between PMI reassessment effective dates and general injury effective dates is unclear, and do not appreciate why this is a reason to defer this issue until a discussion of effective dates is undertaken.
 - The effective date of a reassessed PMI must be the date the evidence shows the worker’s condition has significantly changed.

Employer

- Use of the most current edition or version of the AMA Guidelines:
 - Agree that the most current edition of the AMA Guidelines should be used.
- Use of other health care professionals in PMI assessments:
 - Understand the need for further evaluation of the appropriateness of expanding the types of health care professionals who can be trained to conduct assessments for physical injuries/impairments.
- Concerns about the calculation of PMI ratings for behavioural/psychiatric disorders:
 - Concerned with the use of percentages for PMI ratings for these permanent impairments.
 - Encourage WCB to find an alternate method as recommended by the AMA Guidelines
- Upward trend in percentages of PMI ratings assessed over the last couple of years:
 - Wonder what the cause in this increase in PMI ratings may be.

Appendix B

Final Permanent Medical Impairment Process Policy

Policy Number: 3.3.6

Topic: Permanent Medical Impairment Process

Section: Short-Term and Long-Term Benefits

Subsection: Permanent Impairment Benefit (PIB)

Effective: April 1, 2024

Issued: March 26, 2024

Approved by Board of Directors: December 14, 2023

Preamble

Under the Workers' Compensation Act (the "Act") a worker who has a permanent impairment as the result of a compensable injury is entitled to the payment of a permanent-impairment benefit based on the degree of that permanent impairment. In order to calculate the amount of the permanent impairment benefit the worker is entitled to receive, the Board is required by the Act to establish a permanent impairment rating schedule and to use that schedule to determine the existence and degree of the worker's permanent impairment.

Definitions

For the purposes of this Policy, the following definitions shall apply:

"American Medical Association Guidelines to the Evaluation of Permanent Impairment" means the most current edition or version of the American Medical Association Guidelines to the Evaluation of Permanent Impairment released by the American Medical Association.

"compensable injury" means a personal injury by accident arising out of and in the course of employment;

"disability" means the decreased capacity or loss of ability of an individual to meet personal, social or occupational demands;

"impairment" means the loss of, loss of use of, or derangement of any body part, system or function;

"pain-related impairment" means impairment associated with chronic pain.

"permanent impairment" means impairment associated with a permanent medical impairment and/or a pain-related impairment.

"permanent medical impairment" means any impairment that has become static or stabilized and that is unlikely to improve despite further medical treatment. A permanent medical impairment also accounts for the usual pain that accompanies the type of injury and resulting impairment.

"PIB" means a Permanent Impairment Benefit

"Usual pain" means all pain except for chronic pain as defined by the *Act*, *Chronic Pain Regulations* and Policy 3.3.5R1.

Policy Statement

1. When it has been determined by the Board that a worker has a permanent impairment as the result of a work related injury, the worker will be entitled to a PIB.
2. The existence and degree of a permanent impairment will be assessed by the Board. In general, the assessment will not be performed until the worker's condition has stabilized and no further major medical interventions are planned (i.e., the worker has reached maximum medical recovery). The appropriate time for the permanent impairment assessment will be determined by the Case Manager in consultation with a Board Medical Advisor.
3. A worker's permanent medical impairment rating will be determined by a Board Medical Advisor, taking into consideration the following factors:
 - (a) a review of all pertinent information contained in the worker's WCB claim file(s);
 - (b) the results of a physical examination of the worker conducted by a Board Medical Advisor or, where the Board considers it appropriate, by an external medical specialist appropriate to the type of impairment; and
 - (c) the criteria set out in the American Medical Association Guidelines to the Evaluation of Permanent Impairment, and other board policies, as applicable.

If an impairment description does not match the American Medical Association Guidelines to the Evaluation of Permanent Impairment, the Board Medical Advisor will make a judgement rating following discussion with other Board Medical Advisors if necessary. A judgement rating may be determined by the Medical Advisor at any time if the scheduled rating is inappropriate to the worker's condition.

4. A worker's entitlement to be assessed with respect to any permanent medical impairment as the result of a compensable injury will be determined by the Board in accordance with the provisions of the *Act*, the Regulations made pursuant to the *Act* and other Board policies. The American Medical Association Guidelines to the Evaluation of Permanent Impairment will be used to determine the *degree* of the worker's permanent medical impairment once *entitlement* to the assessment has been established.
5. Subject to the limitations set out in this Policy and in other Board policies, the Board shall use the American Medical Association Guidelines to the Evaluation of Permanent Impairment to determine the existence and degree of a worker's permanent medical impairment. The permanent medical impairment rating determined in accordance with the American Medical Association Guidelines to the Evaluation of Permanent Impairment will be used to calculate the amount of the permanent-impairment benefit payable to the worker as a result of a compensable injury.
6. The effective date of a new or updated edition or version of the American Medical Association Guidelines to the Evaluation of Permanent Impairment shall be the effective date deemed by the American Medical Association.
7. Permanent impairment ratings are expressed as a percentage of total body impairment with one hundred percent (100%) being the maximum possible rating.
8. Where multiple injuries result in more than one impairment, the impairments are evaluated on the basis of the whole person, rather than by adding the individual values. This is done

with the use of the Combined Values Chart contained in the American Medical Association Guidelines to the Evaluation of Permanent Impairment.

9. When there is a permanent medical impairment of a dominant upper limb or hand, up to twenty percent (20%) of the assessed rating may be added, as it is recognized that a greater impairment exists in such cases.
10. The American Medical Association Guidelines to the Evaluation of Permanent Impairment are used to assess impairment, not disability. The existence and degree of permanent medical impairment are determined by medical means and are based solely on a demonstrable loss of bodily function.
11. Notwithstanding paragraph 3, in cases of chronic pain, the Board shall determine the existence and degree of a worker's pain-related impairment as outlined in *Policy 3.3.5R1 – Eligibility Criteria and Compensation related to Chronic Pain*.
12. The Board will use the method outlined in the American Medical Association Guidelines to the Evaluation of Permanent Impairment, in conjunction with the following rating scale to assess the existence and level of a worker's permanent medical impairment due to a compensable mental or behavioural (psychiatric) disorder.

	Classification	Impairment Rating
Class 1	No Impairment	None
Class 2	Mild Impairment; impairment levels compatible with most useful functioning	10-20%
Class 3	Moderate Impairment; impairment levels compatible with some, but not all. useful functioning	25-50%
Class 4	Marked Impairment; impairment levels significantly impede useful functioning	55-75%
Class 5	Extreme Impairment; impairment levels preclude useful functioning	>75%

13. Permanent impairment ratings established under section 35 of the *Act* (automatic assumption) are to be determined in accordance with the criteria and ratings specified under policies 1.2.1AR1 and 1.2.1R1.
14. A PIB will be calculated by taking the percentage of the permanent impairment as determined by the Board multiplied by 30% of 85% of the worker's net average earnings before the injury occurred.
15. A PIB is payable for the life of the worker.
16. The permanent-impairment benefit calculated based on the permanent impairment rating is not intended to compensate the worker for any loss of earnings as the result of a

compensable injury. Therefore, the ability or inability of the worker to engage in gainful employment, the loss of employment or the loss of earnings as a result of a compensable injury are not considerations in the determination of the level of permanent impairment.

17. A PIB may be reviewed and adjusted only after 16 months have passed since the last determination of the worker's permanent impairment rating.
18. A review of the PIB will only be undertaken if there was a change in the worker's compensable condition that was not taken into account during the last assessment of the worker's permanent medical impairment rating by the Board.
19. If an adjustment is warranted, the effective date of the adjustment will be the date of the most recent determination of the worker's permanent medical impairment rating.
20. The Board shall use the American Medical Association Guidelines to the Evaluation of Permanent Impairment for reviews of all permanent impairments, except for pain related impairments assessed under *Policy 3.3.5R1 – Eligibility Criteria and Compensation related to Chronic Pain*.

If a worker's permanent impairment was previously evaluated under the pre-Jan 1, 2000 *WCB Guidelines for Assessment of Permanent Medical Impairment*, the Board shall only adjust the permanent impairment rating, after a review, if the review results in a higher permanent impairment rating.

Application

This Policy is effective April 1, 2024. This Policy replaces 3.3.1R2, 3.3.2R4, 3.3.3R2, and 3.3.4R2 that were effective December 6, 2021.

References

Workers' Compensation Act (Chapter 10, Acts of 1994-95), Sections 34, 35, 37(2), 37(3), 71, 228.

Appendix C

Consequential Amendments

	Policy	Proposed Policy Change (strikethroughs are deletions and additions are <u>bold and underlined</u>)	Comment
1.	Guidelines for Automatic Assumption – Injuries on or after January 1, 2000 – 1.2.1AR1	5.2. Pulmonary Function Testing will be used to determine the existence and degree of a worker’s permanent impairment rating, <u>using the current edition or version of the American Medical Association Guidelines to the Evaluation of Permanent Impairment</u> American Medical Association’s “Guidelines to the Evaluation of Permanent Impairment – Fourth Edition” (the “AMA Guidelines”).	Change language to remove reference to 4 th Edition.
2.	Occupational Hearing Loss – Injuries on or after January 1, 2000– 1.2.5AR2	4. The existence and degree of a worker’s permanent medical impairment rating for NIHL will be determined <u>using the current edition or version of the American Medical Association Guidelines to the Evaluation of Permanent Impairment</u> American Medical Association’s “Guides to the Evaluation of Permanent Impairment – Fourth Edition” (the “AMA Guides”). 7. To determine an impairment rating for tinnitus, the WCB shall use <u>the current edition or version of the American Medical Association Guidelines to the Evaluation of Permanent Impairment</u> AMA Guides	Change language to remove reference to 4 th Edition.
3.	Criteria for psychiatric conditions: occupational stress – Policy 1.3.5R1	1. To determine the existence and degree of a worker’s permanent impairment due to compensable mental or behavioral (psychiatric) disorders, the Board relies on <u>the current edition or version of the American Medical Association Guidelines to the Evaluation of Permanent Impairment</u> – Fourth Edition” (the “AMA Guidelines”).	Change language to remove reference to 4 th Edition.
4.	Eligibility Criteria and Compensation related to chronic pain – Policy 3.3.5R1	Appendix A – PRI Assessment Tool Step #6 (2) If PMI assigned under the <u>American Medical Association Guidelines to the Evaluation of Permanent Impairment</u> AMA 4th Guides...	Change language to remove reference to 4 th Edition.