

QA Impairment Rating Review Process

Patient's Name:	Claim no:	Date of Injury:
Primary Physician:	Requested by:	Date of MMI:
IR Evaluator: AMA Guides edition 4 5 6 other state _____	Compensable injuries/diagnosis	Date IR Requested

Issues		IR Review Criteria	Yes	No	N/A
Patient Information	1	Secure objective testing MRI, CAT Scan, x-ray			
	2	Identify the compensable injuries			
	3	Review medical reports provided to ensure proper documentation to correlate findings			
Demographic Information	4	Correct the Claimant's name			
	5	Correct Claim number			
	6	The correct date of injury			
	7	Job description listed			
	8	Average weekly salary listed when appropriate			
	9	All ratable diagnoses listed on the summary page			
IR Review Summary	10	Rating physician's impairment ratings listed and checked for accurate total combined value			
	11	Apportionment verified and listed when appropriate			
	12	Reviewing physician's "Recommended IR" listed and combined correctly			
	13	Reviewing physician appropriately reviewed and correlated clinical findings			
	14	The reviewing physician has correctly summarized each impairment rating deficit			
IR Review Process	15	Rating physician's clinical rationale for impairment rating is documented			
	16	Appropriate criteria quoted by the Reviewer			
	17	Rating physician's current objective clinical findings listed appropriately			
	18	Rating physician's clinical findings compared to appropriate criteria listed in the Guides			
	19	Each "Issue" of noncompliance and/or validity is listed and explained			
	20	Reviewing physician provides a clear and concise explanation for invalid impairment ratings			
	21	Reviewer appropriately identifies invalid spinal impairment rating method			
	22	Reviewer clearly explains the rating criteria outlined in the Guides			
	23	Reviewer utilized appropriate quotes, tables, and figures in the Guides			
	25	The reviewer clearly explains the difference between DRE and ROM spinal rating methods			
	26	Reviewer clearly explains the validity tests required for spinal, upper, and lower extremity ROM rating			
	27	The reviewer clearly explains the criteria for rating chronic pain			
	28	Reviewer clearly explains the criteria for rating sensory/motor deficits			
	29	The reviewer clearly explains the criteria for rating verifiable and nonverifiable spinal and peripheral radiculopathy			

Quality of Impairment Rating Review: **Excellent** **Good** **Fair** **Poor** **Unacceptable** **Needs Additional Training**