**Impairment Rating For Distal Clavicle Resection**
**In A Texas Workers' Compensation Claim**

The Impairment Rating Series will address specific impairment rating methods that are often applied incorrectly, subjective enough to allow the provider to advocate for the claimant, commonly overlooked, or pose an alternative to normal practices. In every instance, the discussion will be based on the 4th Edition of the *AMA Guides To The Evaluation of Permanent Impairment*, or the currently prescribed edition.

In this edition, we will address the distal clavicle resection, an often overlooked impairment rating value. Distal clavicle resection is a procedure where a portion of the clavicle near the acromioclavicular joint is removed to relieve the effects of impingement. In the workers' compensation world, this is often seen in conjunction with rotator cuff injuries. The fact that a claimant has surgery to repair a rotator cuff injury should be enough to prompt both the certifying doctor and legal counsel to determine whether or not a distal clavicle resection was performed in the surgical procedure.

Most shoulder injuries are rated by determining the lost range of motion, combining the values to find the upper extremity impairment and converting that to a whole person impairment under Table 3. When a distal clavicle resection is performed, the impairment rating must also include a specific rating for that procedure under Table 27. That table provides for a 10% upper extremity impairment for a distal clavicle resection. Pursuant to Table 3, a 10% upper extremity impairment converts to a 6% whole person impairment. On page 62 of the *AMA Guides* the certifying doctor is instructed to combine the Table 27 rating with the range of motion impairment. This will usually result in an impairment rating at or over 10% whole person for the shoulder injury alone.

The addition of the distal clavicle resection impairment value is significant. It allows the claimant to receive additional impairment income benefits. Beyond that, it may contribute to an impairment rating that meets the supplemental income benefits threshold of 15%. If the shoulder alone gets a claimant to 10%, it only takes a low back or neck injury with lingering effects to support an additional 5% whole person impairment.

Surprisingly, many certifying doctors fail to recognize that a distal clavicle resection was performed and omit the Table 27 impairment value from the claimant's impairment rating. In every case involving a rotator cuff repair, the certifying doctor and claimant's counsel should ask the surgeon whether the procedure included a distal clavicle resection because it is not always clearly apparent.

Surgeons should specify that the procedure was performed when dictating the surgical report. It should be spelled out, listed individually, and described as "distal clavicle resection" and not another name by which it may be known, such as the Mumford Procedure. The clarity is important because the *AMA Guides* address it as a distal clavicle resection and not by any other name. Litigating this issue when another name is used will require additional expert medical

evidence to show that the procedure was in fact the distal clavicle resection listed in the *AMA Guides*, which will increase the claimant's costs and waste the surgeon's time.

Many designated doctors are missing or omitting this impairment. The value of an extra 6% impairment to a claimant is worth litigating every time. By paying attention to the details, these mistakes can be eliminated and corrected.

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Mr. Lewis writes the Texas Workers' Comp Blog for www.dallasworkcomp.com, and speaks around the state on workers' compensation issues. For more information, you may visit his firm site at www.rogersbookerlewis.com. You can follow Matt on Twitter, Facebook or LinkedIn.