

Back to School with Thomson, Rogers and the Toronto ABI Network
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**Helping to Determine if Your Client is
Catastrophically Impaired**
The Role of the Health Care Professional

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Barristers and Solicitors

Key Cases

AMA Guides: Whole person impairment to include Percentage Assessment of Psychological Impairment

- *Desbiens*
- *Arts*
- *McMichael*
- *Augello*
- *H. and Lombard* (David Payne)
- *Pastore*

Key Cases

“Analogous impairment”
• *G. and Pilot, 2007.*

Key Cases

1 GCS of 9 or less is sufficient, no matter when

- *Holland*
- *Young*
- *Tournay*
- *Liu*

Key Cases

Mental or Behavioural Disorders

- One “Marked Impairment” is enough for CAT
 - *Pastore*

AMA Guides, Chapter 3 – Musculoskeletal System

Clinical Considerations for Assessment

- ROM
- Joint Disorders
- Amputation
 - “Whole person”
 - *B.P. and Primum*
- The unique expanding definition of “ADLs”

AMA Guides, Chapter 13 - The Skin

Clinical Considerations for Assessment

- Scarring
- Disfigurement
- Temperature Regulation
- Sensory Impairment
- Limitation in performance of ADLs

AMA Guides, Chapter 4 - The Nervous System

Table 1 – Impairments Related to Aphasia or Dysphasia

- Communication Disorders
- Sensory Disturbances

Description	% Impairment of the whole person
Minimal disturbance of comprehension and production of language symbols of daily living	0 – 9
Moderate impairment in comprehension and production of language symbols of daily living	10 – 24
Inability to comprehend language symbols; production of unintelligible or inappropriate language for daily activities	25 – 39
Complete inability to communicate or comprehend language symbols	40 – 60

AMA Guides, Chapter 4 - The Nervous System

- List of Neuro or Mental disturbances to evaluate as a percentage using tables
- p. 142 from Chapter 4

THREE KEY TABLES WITH PERCENT IMPAIRMENT RATINGS:

Table 3 – Emotional or Behavioural Impairments, p. 12 of paper

Impairment Description	% Impairment of the whole person
Mild limitation of daily social and interpersonal functioning	0 – 14
Moderate limitation of some but not all social and interpersonal daily living functions	15 - 29
Severe limitation impeding useful action in almost all social and interpersonal daily functions	30 - 49
Severe limitation of all daily functions requiring total dependence on another person	50 – 70

AMA Guides, Chapter 4 - The Nervous System

Table 2 – Mental Status Impairments, p. 13 of paper

Impairment Description	% Impairment of the whole person
Impairment exists, but ability remains to perform satisfactorily most activities of daily living	1 – 14
Impairment requires direction and supervision of daily living activities	15 – 29
Impairment requires directed care under continued supervision and confinement in home or other facility	30 – 49
Individual is unable without supervision to care for self and be safe in any situation	50 – 70

AMA Guides, Chapter 4 - The Nervous System

Table 6 – Impairment Criteria for Sleep and Arousal Disorders, p. 13 of paper

Impairment Description	% Impairment of the whole person
Reduced daytime alertness with sleep pattern such that patient can carry out most daily activities	1 – 9
Reduced daytime alertness requiring some supervision in carrying out daytime activities	10 – 19
Reduced daytime alertness that significantly limits daily activities and requires supervision by caretakers	20 – 39
Severe reduction of daytime alertness that cause the patient to be unable to care for self in any situation or manner	40 – 60

Glasgow Outcome Scale

Severe Disability

- Need for attendant care
- “Not independent = severely disabled”, see p. 21 of paper, Jennett and Teasdale definition

Causation

If accident made a material (more than minimal) contribution to the impairment or to its worsening, then the impairment was directly caused by the accident and should be rated or assessed under CAT criteria

- *Monks*
- *Athey*

There is no room for the “crumbling skull” theory in accident benefit cases

- *Monks*

CAT Case Studies

What assessments by which health care professionals would help determine level of impairments for CAT determination?

Which AMA chapters apply?

SCENARIO 1

Elizabeth, 12, suffers partial lower leg amputation, sleep disorder, anxiety

CAT Case Studies

What assessments by which health care professionals would help determine level of impairments for CAT determination?

Which AMA chapters apply?

SCENARIO 2

Ernie, 15, suffers fracture to right tibial plateau, moderate brain injury, gcs 10, no return to school after 6 months, withdrawn socially, quiet voice

CAT Case Studies

What assessments by which health care professionals would help determine level of impairments for CAT determination?

Which AMA chapters apply?

SCENARIO 3

Sandy, 59, suffers mild abi, returns to work after 3 weeks, works everyday for 4 years, sleeps in breaks and at lunch at work. After work goes home to bed, can't be roused, ignores family and friends. Finally, as a result of fatigue, depression and counsellor advice, leaves work, applies for CAT.

Thank You

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