

# Title 14 INDEPENDENT AGENCIES

## Subtitle 09 WORKERS' COMPENSATION COMMISSION

### Chapter 04 Guide for Evaluation of Permanent Impairment

[14.09.04] 14.09.09 [Guide for Evaluation of] Permanent [Impairment] Disability

#### **.01 Incorporation by Reference.**

Guides to the Evaluation of Permanent Impairment (American Medical Association, Fourth Edition, 1993) is incorporated by reference.

#### **.02 Filing Issues**

A. A claimant alleging permanent disability shall file with the Commission an Issues Form that:

- (1) explicitly claims permanent partial or permanent total disability;
- (2) identifies the body parts at issue; and
- (3) identifies any alleged psychiatric disability.

B. Prior to filing an Issues Form raising permanent disability, the party filing the issue shall have obtained a written evaluation of permanent impairment prepared by a physician, psychologist, or psychiatrist in accordance with Regulation .03 of this chapter.

#### **[.02] .03 [General Guidelines]Evaluation of Permanent Impairment.**

A. [As evidence of permanent impairment, a party may submit a written evaluation of permanent impairment prepared by a physician.] Written Evaluation Required.

(1) As evidence of permanent impairment, a party shall submit:

- (a) A written evaluation of permanent impairment prepared by a physician; or
- (b) In claims where the issue concerns psychiatric impairment, a written evaluation of permanent psychiatric impairment prepared by a licensed psychologist or psychiatrist.

B. When preparing an evaluation of permanent impairment, a physician, psychologist or psychiatrist shall:

- (1) Generally conform the evaluation with the format set forth in §2.2 ("Reports") of the American Medical Association's "Guides to the Evaluation of Permanent Impairment";
- (2) Use the numerical ratings for the impairment set forth in the American Medical Association's "Guides to the Evaluation of Permanent Impairment", provided that a physician, psychologist or psychiatrist is not required to use the inclinometer evaluation technique specified in §3.3, but instead may use the goniometer technique specified in the "Addendum to Chapter 3";
- (3) Include the items listed under the heading "Comparison of the results of analysis with the impairment criteria . . ." in §2.2 ("Reports") of the American Medical Association's "Guides to the Evaluation of Permanent Impairment"; and
- (4) Include information on the items required by Labor and Employment Article, §9-721, Annotated Code of Maryland[, which include]:
  - (a) Loss of function, endurance, and range of motion, and
  - (b) Pain, weakness, and atrophy.

C. Numerical Ratings.

(1) A physician, psychologist or psychiatrist preparing an evaluation of permanent impairment may include numerical ratings not set forth in the American Medical Association's "Guides to the Evaluation of Permanent Impairment" for the items listed in §B(4) of this regulation.

(2) If the physician, psychologist or psychiatrist [does so] uses other numerical ratings [the physician] he or she shall include in the evaluation the detailed findings that support those numerical ratings.

D. When reviewing an evaluation for permanent impairment, the Commission shall consider all the items listed in §B and §C of this regulation.

E. The Commission may not approve payment of a physician's, psychologist's or psychiatrist's fee for an evaluation that does not comply with this regulation.

F. This regulation shall apply to all evaluations prepared on or after July 1, 1990.

#### **.04 Stipulation for Permanent Disability.**

A. A written stipulation to an award for permanent disability shall be filed using the Stipulation of Parties and Award of Compensation form and contain the following information:

- (1) The claimant's average weekly wage;
- (2) The inclusive dates of any temporary total disability;
- (3) The inclusive dates and rate of any temporary partial disability;
- (4) A copy of any medical evaluation relied upon;
- (5) The percentage of claimant's loss of use or industrial loss of use and the benefits weeks payable;
- (6) Any medical expenses claimed;
- (7) Any attorney's fees sought by claimant's attorney; and
- (8) The signatures of all parties if a written stipulation is submitted.

B. If the claimant is not represented by an attorney, the stipulation shall be accompanied by the following:

- (1) All medical information in the possession of other parties; and
- (2) A statement signed by the claimant acknowledging that the claimant understands that the stipulation does not foreclose the claimant's future right to benefits under the Workers' Compensation Law, including the right to reopen and the right to continuing medical treatment.

C. The stipulation is not binding on the Commission.