

The ACC User Handbook to the AMA "Guides to the Evaluation of Permanent Impairment" 4th Edition

Also known as "The ACC User Handbook to AMA4"

Mental and behavioural

ACC policy

The Accident Insurance Act 1998 describes mental injury as a clinically significant behavioural, cognitive, or psychological dysfunction.

ACC covers mental injury in the following situations:

- ♦ Sexual abuse⁴ from which mental injury has arisen; and
- ♦ Cases where mental injury arises from physical injury. (To be covered, the mental injury must arise from the physical injury itself, not the circumstances within which the injury was sustained.)

When a claimant with mental injury cover seeks entitlement, ACC's policy is to confirm by psychiatric assessment that the claimant is suffering a mental injury as diagnosable by DSM IV (chapter 14).

Note: Mental injury assessments are only to be done by specially trained assessors.

General approach

For independence allowance and lump sums, assessment of mental injury is based on the four functional categories set out in AMA4, which are:

- Activities of daily living
- Social functioning
- Concentration, persistence, and pace
- Adaptation, decompensation

Notes:

- ♦ As with physical injuries, the focus of the impairment rating is on impairment of the individual's independence.
- ♦ For assistance with range finding within a class, see page 9 of this document and the examples starting on pages 56. For assistance with apportionment, see page 10.

As AMA4 doesn't provide a specific assessment tool or rating system, use the method described below. (Don't use chapter 4 of AMA4.)

Assessment process

The assessment process for mental injury is as follows:

Step	Description	Where documented
1	Interview the claimant	Page 34 of this document
2	Rate the functional categories (as listed above)	Page 36 of this document
3	Rate the overall impairment	Page 40 of this document

In addition, the report format is discussed on page 41 of this document.

4. Note that ACC prefers the term "sensitive issue".

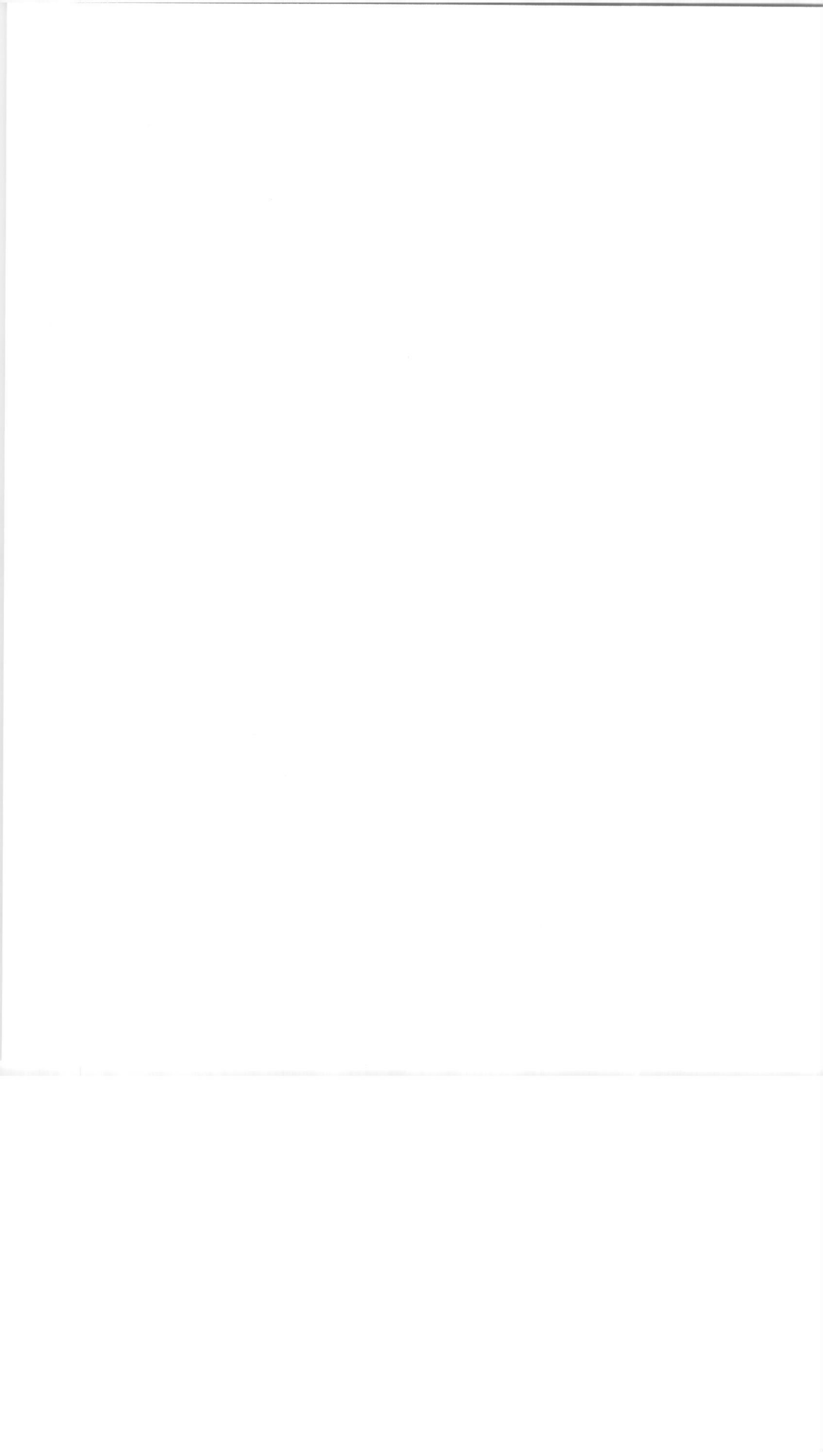
Interview the claimant

Topic	Checklist
Current personal circumstances	<ul style="list-style-type: none"> ♦ Marital status ♦ Living arrangement ♦ Partner (including their occupation) ♦ Children ♦ Occupation (or, how they fill in the day) ♦ Finances (security, in debt?)
Personal history	<ul style="list-style-type: none"> ♦ Childhood ♦ Milestones ♦ Parents (relationship, occupation, treatment of children) ♦ School and work history (self, siblings, parents) ♦ Relationships
Medical history	<ul style="list-style-type: none"> ♦ Current medication ♦ Psychiatric history ♦ Drugs, alcohol, forensic ♦ Significant medical conditions (hospital, prolonged medication)
Mental status examination	<ul style="list-style-type: none"> ♦ Appearance ♦ Behaviour (normal, agitated, retarded, cooperative, appropriate) ♦ Attitude (rapport, eye contact, frank, friendly, hostile, guarded) ♦ Talk (monotone, limited, verbose, pressured, derail, circumlocution) ♦ Thought (psychotic, manic, depressed) ♦ Affect ♦ Mood (manic, depressed, angry, anxious, suspicious, euthymic, irritability, panic attacks, suicide, confidence, self esteem)
Activities for daily living (ADL)	<ul style="list-style-type: none"> ♦ Self care ♦ Communication ♦ Travel (able to drive car or use public transport) ♦ Sexual ♦ Development and maintenance of close relationship ♦ Shopping (memory, handling money, need assistance) ♦ Eating ♦ Sleep ♦ Maintain residence ♦ Hobbies, music, video, TV, reading, handicraft, garden
Social functioning	<ul style="list-style-type: none"> ♦ Able to maintain social norms. Disinhibition. ♦ Gets on with neighbours, shopkeepers, co-workers, etc ♦ Circle of friends (visit them, have visitors) ♦ Initiates social contacts ♦ Goes out to social functions ♦ Groups (sports, church, etc) ♦ Cooperative and considerate ♦ Socially responsible (care for others) ♦ Negotiation and compromise

Topic	Checklist		
Concentration, persistence, and pace	<ul style="list-style-type: none"> ♦ Task completion at home or work ♦ Planning and organising ♦ Decisions ♦ Judgement ♦ Bank account, budget ♦ Concentration ♦ Folstein's (see below). Only use if suspected decrease in cognition. 		
	Folstein's mini mental-status exam		
	Orientation	Year, season, date, day, month	5
		Country, city, suburb, PM, deputy PM	5
	Registration	Ball, flag, Tree	3
		Get to repeat once (tests attention and registration)	
	Calculation	100-7=93, 86, 79, 72, 65 OR: Spell "world" backwards (= "dlrow") Tests attention and concentration	5
	Recall	Ball, flag, tree (up to 6 tries) Tests short-term memory	3
	Language	Name simple objects (pencil, watch)	2
		Repeat (no ifs, ands, or buts). One try.	1
		"Take paper in right hand, fold in half, and place on desk" (Tests ability to follow simple three-step instruction)	3
		Read, "close your eyes", and follow instruction	1
		Write a sentence (with verb and noun)	1
		Copy design (intersecting pentagons)	1
		Must have all five angles present	
	TOTAL	30	
	Score = 22/30: Suspect cognitive impairment Score = 17/30: Definite cognitive impairment For further information, see: <ul style="list-style-type: none"> ▫ Folstein, Folstein & McHugh, Journal of Psychiatric Research 1975 Vol 12 pp 189-198 ▫ International Psychogeriatrics 1997 Vol 9, Supplement 1 pp 87-94 		
Adaption /decomposition	<ul style="list-style-type: none"> ♦ What causes stress? <ul style="list-style-type: none"> ▫ Unexpected change in routine ▫ Conflict ▫ Dealing with authority figures (bank, ACC, employer) ▫ Major life change (death, divorce, changing jobs) ♦ How does stress manifest? <ul style="list-style-type: none"> ▫ Nil noticeable response ▫ Withdraw socially ▫ Impairment of home role ▫ Impairment of work role (still attending?) ▫ Mood change (irritable, angry, depressed, anxious) ♦ How is it managed? <ul style="list-style-type: none"> ▫ Take in stride (that is, adapts to stress) ▫ Walk, bath, music (that is, copes with stress) ▫ Alcohol, drugs ▫ Counsellor, help line, friend ▫ Doctor, medication ▫ Psychiatric help <p>EFFECTS: "I've nearly finished with the questions I want to ask, and we've covered a lot of ground. But I'd like you to tell me how you think the sexual abuse you suffered still affects you today."</p>		

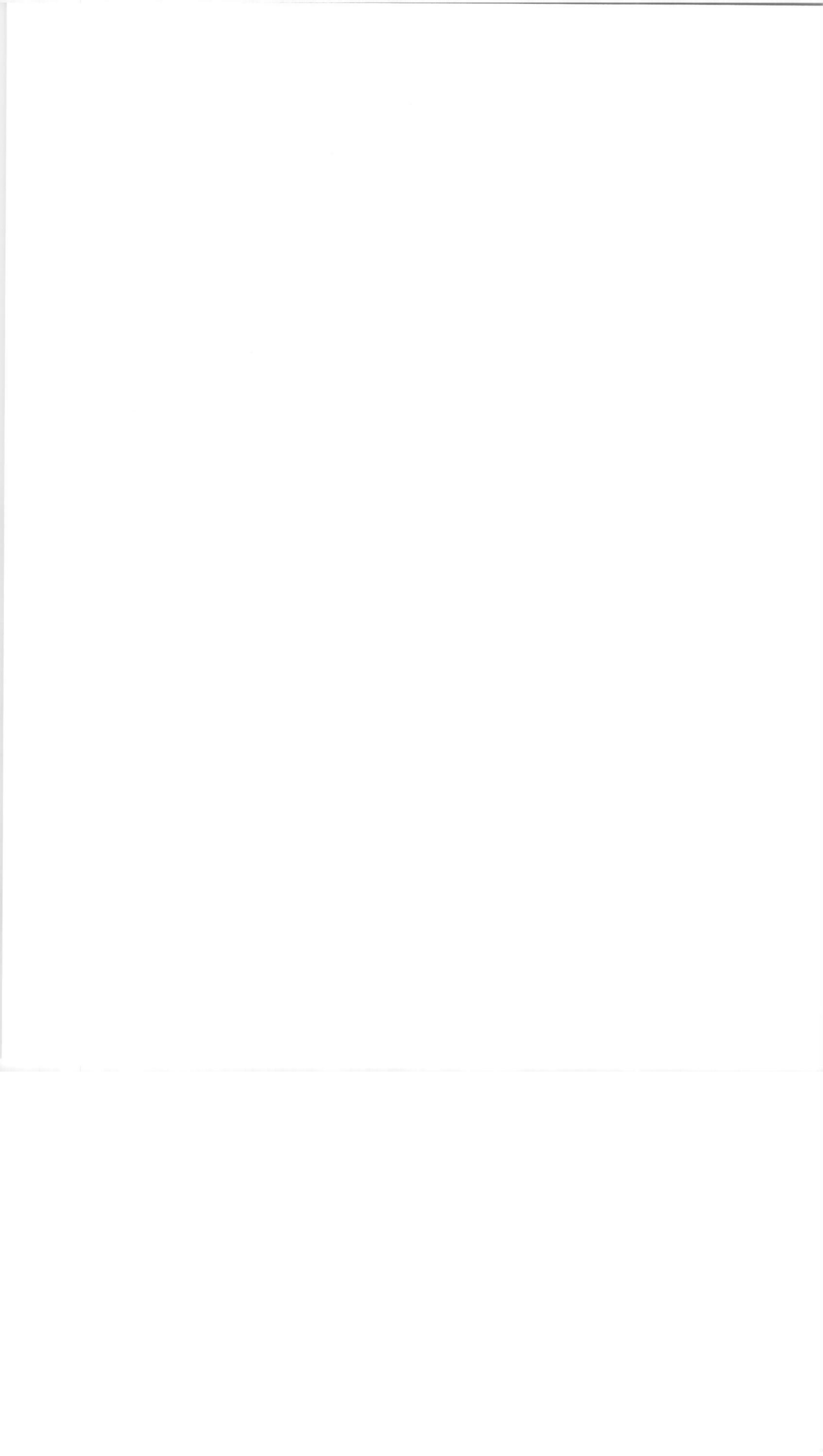
Rate the functional categories (activities of daily living)

Class	Impairment	Comments	Rating
General comments:			
<ul style="list-style-type: none"> ♦ This refers to activities confined to the immediate home environment. ♦ Judge the quality of these activities by independence, effectiveness, appropriateness, and sustainability. ♦ Read AMA4 page 300 section 14.7 on evaluating psychiatric impairment. 			
I	Nil / minimal	<ul style="list-style-type: none"> ♦ Able to be effectively independent most of the time. ♦ Any minor deficit of function could reasonably be attributed to normal variation within the general population. ♦ Examples: <ul style="list-style-type: none"> ▫ Copes adequately with everyday problems. ▫ Possibly mild impairment (such as anxiety) in situations requiring high self esteem. ▫ May occasionally look unkempt or miss a meal. 	0–9%
II	Mild	<ul style="list-style-type: none"> ♦ Independent, but in some areas functioning is not particularly effective. ♦ Impairment levels compatible with some (but not all) useful functioning. ♦ Examples: <ul style="list-style-type: none"> ▫ Can cook and clean. ▫ Can hold down a job or run a household. ▫ May have difficulty with relationships, travel, recreation. ▫ May be difficult to live with. 	10–35%
III	Moderate	<ul style="list-style-type: none"> ♦ Independent, but not effective in all or many areas of function. ♦ Impairment levels significantly impede useful functioning. ♦ Examples: <ul style="list-style-type: none"> ▫ Can cook and clean. ▫ Fearful of leaving home even for doctor's appointments, shopping, etc. ▫ May not answer telephone or door. ▫ Unable to develop or maintain intimate relationships. 	36–60%
IV	Marked	<ul style="list-style-type: none"> ♦ Is only able to live independently with some sort of regular or intermittent support. ♦ Impairment levels significantly impede useful function. ♦ Examples: <ul style="list-style-type: none"> ▫ Needs prompting to shower regularly and to wear clean clothes. ▫ Struggles to prepare own meals or frequently misses meals. 	61–79%
V	Extreme	<ul style="list-style-type: none"> ♦ Complete dependence on another person at all times. ♦ Analogous with institutional living (for example, permanent patient in a psychiatric hospital). 	80–100%



Rate the functional categories (social functioning)

Class	Impairment	Comments	Rating
General comments: <ul style="list-style-type: none"> ♦ This relates to the claimant's effective and appropriate interaction with the general public and society at large. ♦ Is the claimant able to maintain society's norms? Has there been a history of altercations, evictions, firings, fear of strangers, avoidance of interpersonal relationships, social isolation? ♦ Read AMA4 page 300 section 14.7 on evaluating psychiatric impairment. 			
I	Nil / minimal	<ul style="list-style-type: none"> ♦ Able to be effectively independent most of the time. ♦ Any minor deficit of function could reasonably be attributed to normal variation within the general population. ♦ Examples: <ul style="list-style-type: none"> ▫ Anxiety in certain situations, such as a job interview. 	0-9%
II	Mild	<ul style="list-style-type: none"> ♦ Independent, but in some areas functioning is not particularly effective. ♦ Impairment levels compatible with some (but not all) useful functioning. ♦ Examples: <ul style="list-style-type: none"> ▫ May have difficulty relating to certain groups. ▫ May become irritable. ▫ Rarely goes to social events and may need prompting to do so. ▫ Tendency to social isolation. ▫ Previously established relationships may be severely strained (for example, with periods of separation or domestic violence). 	10-35%
III	Moderate	<ul style="list-style-type: none"> ♦ Independent, but not effective in all or many areas of function. ♦ Impairment levels significantly impede useful functioning. ♦ Examples: <ul style="list-style-type: none"> ▫ Loathe to leave home and will usually only go out with a support person. ▫ Socially isolated. ▫ Avoids actively engaging with society at large. ▫ May tolerate the company of a family member or close friend but go to a different room when others come to visit family or flatmates. ▫ Struggles to maintain social norms. 	36-60%
IV	Marked	<ul style="list-style-type: none"> ♦ Is only able to live independently with some sort of regular or intermittent support. ♦ Impairment levels significantly impede useful function. ♦ Examples: <ul style="list-style-type: none"> ▫ Violates social norms. ▫ May never leave place of residence. ▫ Unable to be socially responsible (for example, take care of others). 	61-79%
V	Extreme	<ul style="list-style-type: none"> ♦ Complete dependence on another person at all times. ♦ Analogous with institutional living (for example, permanent patient in a psychiatric hospital). 	80-100%



Rate the functional categories (concentration, persistence, and pace)

Class	Impairment	Comments	Rating
General comments:			
<ul style="list-style-type: none"> ♦ This refers to the ability to plan, organise, and complete tasks. ♦ Read AMA4 page 300 section 14.7 on evaluating psychiatric impairment. 			
I	Nil/minimal	<ul style="list-style-type: none"> ♦ Able to be effectively independent most of the time. ♦ Any minor deficit of function could reasonably be attributed to normal variation within the general population. (For example, anxiety in certain situations, such as a job interview.) ♦ Examples: <ul style="list-style-type: none"> ▫ Able to sustain focused attention long enough to permit timely completion of tasks in the home and workplace without supervision. ▫ Able to work full time. Duties and performance are consistent with the claimant's education and training. 	0-9%
II	Mild	<ul style="list-style-type: none"> ♦ Independent, but in some areas functioning is not particularly effective. ♦ Impairment levels compatible with some (but not all) useful functioning. ♦ Examples: <ul style="list-style-type: none"> ▫ Can undertake basic training. But may have difficulty concentrating on complicated instructions. ▫ Can focus intellectually on demanding tasks, but possibly only for a limited time. ▫ Usually employed, but may have erratic work history marked with periods of unemployment. ▫ May need some assistance with such things as decision making and finances. 	10-35%
III	Moderate	<ul style="list-style-type: none"> ♦ Independent, but not effective in all or many areas of function. ♦ Unable to sustain employment. ♦ Impairment levels significantly impede useful functioning. ♦ Examples: <ul style="list-style-type: none"> ▫ Marked difficulty in completing tasks in a timely manner. ▫ Marked difficulty in following instructions. 	36-60%
IV	Marked	<ul style="list-style-type: none"> ♦ Is only able to live independently with some sort of regular or intermittent support. ♦ Impairment levels significantly impede useful function. ♦ Examples: <ul style="list-style-type: none"> ▫ Unable to perform tasks without intensive support and supervision. ▫ Concentration deficits obvious even during brief conversation. ▫ Can only read a few lines before losing concentration. 	61-79%
V	Extreme	<ul style="list-style-type: none"> ♦ Complete dependence on another person at all times. ♦ Analogous with institutional living (for example, permanent patient in a psychiatric hospital). ♦ Requires constant supervision and assistance. ♦ All useful functioning precluded. ♦ Can't attend to conversation or any productive task at all. ♦ Examples: <ul style="list-style-type: none"> ▫ Acute confusional state. ▫ Complete loss of short term memory. ▫ Intractable psychotic state. ▫ Intractable depression. 	80-100%

Rate the functional categories (adaptation/decompensation)

Class	Impairment	Comments	Rating
General comments:			
♦ This deals with the claimant's reaction to stress.			
♦ Read AMA4 page 300 section 14.7 on evaluating psychiatric impairment.			
I	Nil / minimal	<ul style="list-style-type: none"> ♦ Able to be effectively independent most of the time. ♦ Any minor deficit of function could reasonably be attributed to normal variation within the general population. ♦ Well able to adapt to the challenge of new stresses, or may experience minimal decompensation with stress. ♦ Examples: <ul style="list-style-type: none"> ▫ Mood changes or anxiety around emotional triggers (like the anniversary of a loved one's death). 	0-9%
II	Mild	<ul style="list-style-type: none"> ♦ Mild decompensation with stress such that: <ul style="list-style-type: none"> ▫ Can still complete tasks at home and work; but ▫ Standard of function is impaired (for example, pace reduced), or may actively seek a less stressful environment. 	10-35%
III	Moderate	<ul style="list-style-type: none"> ♦ Decompensation with stress is such that claimant may not be able to meet usual commitments of home and work. ♦ Averages no more than two episodes a year of decompensation (for example, depressive episodes) and loss of adaptive functioning requiring support (medication, psychiatric input, hospitalisation). ♦ Examples: <ul style="list-style-type: none"> ▫ Doesn't attend work, or attendance is erratic. ▫ Becomes depressed. ▫ Seeks treatment from a counsellor or GP. ▫ Abuses drugs or alcohol as a reaction to stress. 	36-60%
IV	Marked	<ul style="list-style-type: none"> ♦ Decompensation with stress is such that claimant may not be able to meet usual commitments of home and work. ♦ Averages three or more episodes a year of decompensation (for example, depressive episodes) and loss of adaptive functioning requiring support (medication, psychiatric input, hospitalisation). ♦ Each episode lasts two or more weeks. 	61-79%
V	Extreme	<ul style="list-style-type: none"> ♦ Extreme impairment precluding all useful function. ♦ Analogous with institutional living (for example, permanent patient in a psychiatric hospital). ♦ Can't tolerate any change of routine or of environment. ♦ Can't function, or decompensates, when schedules changes in an otherwise structured environment. ♦ Examples: <ul style="list-style-type: none"> ▫ May have a psychotic episode if meal not served on time ▫ May have a panic attack if left without a companion. 	80-100%

Rate the overall impairment

The figures taken from the above four categories are not added, averaged or combined. The figures are to assist the assessor, in conjunction with clinical judgement, to arrive at a whole-person impairment rating based on the claimant's current level of functioning, and expressed as a single percentage.

Guidelines:

- ♦ An EXTREME rating in one category implies that the individual is highly unlikely to perform satisfactorily in any of the categories.
- ♦ A MARKED rating in two categories implies that the individual is unlikely to be able to perform any complex task without support or assistance.
- ♦ A MODERATE rating in four categories should be considered to be moderate overall. (That is, they aren't additive.)

The final whole-person impairment rating is not expected to be:

- ♦ Less than the lowest of the figures selected to represent impairment in the four categories of function; or
- ♦ Higher than the highest of the figures.

Bear in mind the following summary when selecting a final whole person impairment:

Impairment	Rating	Comments
Nil / minimal	0-9%	♦ Effectively independent.
Mild	10-35%	♦ Independence not fully effective or sustainable in some areas of function.
Moderate	36-60%	♦ Independence not fully effective or sustainable in all areas of function.
Marked	61-79%	♦ Independent only with support.
Extreme	80-100%	♦ Unable to live independently.

Finally:

- ♦ Always justify the final whole-person impairment rating.
- ♦ The majority of cases require some apportionment for the impact of non-covered factors. For assistance with apportionment, see page 10.

Report format: Mental injury

Use the following format for your report. Each element must be present, and in the order specified.

Topic	Comments	
Background	Assessor details	♦ Your name and contact details.
	Title of report	♦ Either: Lump sum report; or Independence allowance assessment report ♦ Indicate in the title if the report is amended.
	Address to referring case manager	
	Appointment details	♦ Date, time, and duration of appointment. ♦ Date assessment requested by ACC.
	Claimant details	♦ Name and DOB.
	Injuries	♦ List injuries for which ACC has requested assessment: Date Injury Claim number
	Documentation	♦ List documents received and reviewed: Date Source or author ♦ Don't summarise the content of the document in this list.
History	♦ Brief history of abuse ♦ Brief summary of treatment received (for example, counselling) ♦ Current impact of the covered mental injury (as described by the claimant) ♦ Current personal circumstances ♦ Personal history ♦ Medical history ♦ Mental status examination	
Assessment	♦ Activities of daily living ♦ Social functioning ♦ Concentration, persistence, and pace ♦ Adaptation/decompensation	
Impairment rating	♦ Report separately for the following, justifying the rating: Activities of daily living Social functioning Concentration, persistence, and pace Adaptation/decompensation	
Estimated WPI		
Apportionment	Make sure you justify this	
Final WPI		
Discussion	Comment on permanence ⁵ and stability ⁶	
Conclusion	Final whole-person rating (for ALL conditions)	
	Signature	♦ Sign after proof reading.
	Attachments	♦ Note how many attachments are enclosed at the foot of the report.

Notes:

- Make sure you number the pages of the report.
- Don't use names of people, places, schools, etc. That is, avoid using unnecessary identifying data.

5. Permanent impairment means:

"A loss, loss of use, or derangement of any body part, organ system, or organ function, that is well established and unlikely to change substantially in the next year, with or without further medical treatment."

6. Stability means:

"Unlikely to improve in the next twelve months."

