RANZCO

The Royal Australian and New Zealand College of Ophthalmologists

RANZCO Position Statement: Best practice approach to applying AMA4 criteria

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The Royal Australian and New Zealand College of Ophthalmologists ABN 80 000 644 404
94 - 98 Chalmers Street, Surry Hills NSW 2010 Australia **Mail to:** PO Box 92 Strawberry Hills NSW 2012

T 61 2 9690 1001 **E** ranzco@ranzco.edu **www.ranzco.edu**

We acknowledge the Aboriginal and Torres Strait Islander Peoples, the Traditional Owners of Country throughout Australia and recognise their continuing connection to land, waters and community. We pay our respects to them and their cultures; and to their Elders past, present and emerging.
In recognition that we are a bi-national College, we also acknowledge the Rangatiratanga of Māori as Tangata Whenua and Treaty of Waitangi partners in Aotearoa New Zealand.

1. Purpose and scope

This position statement was developed by the Royal Australian and New Zealand College of Ophthalmologists (RANZCO). The purpose of this Statement is to recommend the best practice approach to applying the AMA4 criteria when assessing visual impairment. The end goal is an assessment process that results in accurate and repeatable assessments to be used in both the legal and compensation environments across all jurisdictions.

2. Background and Context

2.1 What is AMA4?

For the past 50 years, the American Medical Association, AMA Guides® have been the accepted authority on permanent loss of function and these guides inform individual clinicians' assessment of permanent impairment[1]. American Medical Association Fourth edition (AMA 4) and American Medical Association Fifth edition (AMA 5) are considered the international gold standard as criteria applied in the assessment of visual loss. The AMA Guides incorporate science, evidence-based medicine and assessment tools to provide a rigorous methodology to enable a fair and consistent evaluation. The AMA4 guide was developed in response to a requirement of courts and legislatures for the medical profession to make difficult value judgments through an instrument based in science and understandable to judges.[1] Among the body systems addressed is the visual system.

2.2 Expert consensus around use of AMA4 verse AMA5

In Australia, debate around best practice with regard to the use of AMA 4 over AMA 5 has been informed by 3 key source documents (guidelines for assessing degree of impairment that results from dysfunction of the visual system):

- American Medical Association Fourth Edition (AMA 4)
- American Medical Association Fifth Edition (AMA 5)
- Comcare Guide to the Assessment of the Degree for Permanent Impairment Edition 2.1, 2011(Comcare)

In 1999, guidelines published by NSW Motor Accident Authority (MAA), based on AMA4, stipulated the visual system should be assessed by an ophthalmologist.[2]

Recent debate about best practice with regard to the use of AMA4 over AMA5 was triggered by a RANZCO consultation process initiated by expert Ophthalmologists over December January 2020-21. In April 2021, RANZCO set up an expert working group comprising Fellows across jurisdictions with medico-legal expertise to review the Guidelines for the Evaluation of Permanent Impairment (GEPI) 2nd edition, 2013. The expert working group met to determine the appropriateness of reassessing current practice and to reach a consensus on best practice for the use of AMA4 over AMA5. Whilst recognising the deficiencies in the AMA 4 guidelines, the Working Group unanimously supported the use of AMA 4 over AMA 5 for assessing degree of permanent impairment resulting from dysfunction of the visual system.

It was recommended that the College set up a new Working Group to improve the AMA 4 guidelines, specifically, the effectiveness of the criteria used for assessing the

1 AMA Website: https://www.ama-assn.org/delivering-care/ama-guides/ama-guides-faqs

impairment of the visual system. This Working Group was tasked with refining the AMA 4 guidelines. Outputs from the Working Group included recommendations for best practice approaches to applying AMA4 criteria when assessing the visual system. This second Working Group met in July and the outputs from this working group have informed this position statement (see section 3, recommendations below).

2.3 There is variation in practice with regard to applying AMA 4 versus AMA5 across jurisdictions as follows:

- AMA 4 is currently considered the acceptable standard for the assessment of the visual system in NSW, SA, ACT (excluding Commonwealth Public Servants and the Defence Force which use ComCare), Victoria and Tasmania
- Work Cover Queensland (also known as Worksafe) recommended using AMA 4 for the visual system and AMA 5 for the evaluation of all other forms of permanent impairment.
- The New Zealand Accident Compensation Corporation (ACC) uses the AMA 4 to evaluate all permanent impairments
- Western Australia and the Northern Territory uses AMA 5 for the evaluation of all other forms of permanent impairment. However, WA and NT also use AMA4 for the Visual System, along with NSW, Qld, Vic & Tasmania).

3. Recommendations for best practice approach to applying the AMA4 criteria when assessing visual impairment

In Ophthalmology practice, evaluating visual impairment is based on best-practice, evidence-based decisions in the application of the AMA4 criteria when assessing visual impairment, (eg: for a pseudophakic patient with a sub optimally placed IOL, an Ophthalmologist would increase weighting).

Due to advances in, for example, instrumentation, surgical technique and lens implant design, present day outcomes of cataract surgery far exceed expectations at the time the original Visual Efficiency Scale (VES) guidelines were developed. Hence revision to the visual impairment loading is warranted as below.

Therefore, RANZCO recommends the best practice approach to applying the AMA4 criteria when assessing visual impairment is informed by the following:

- loading for pseudophakia and aphakia
    - full weighting of an additional 50% if it is warranted
    - variable percentage in line up to the recommended included in current AMA4.

- the best approach when applying AMA4 criteria is to change the level of incapacity according to the extent of diplopia ·weighting for diplopia p.217 of Visual System AMA4:
    - consideration is given to the impact of this on driver licence applications (both commercial, and private) driving assessment off road and on road - refer to Occupational Therapist .

- use additional category of combining up to 10% (AMA 4 p218, paragraph 3) as long as you can justify the reasons for doing it. It is appropriate to combine this extra percentage as patients are generally unable to get a driving licence if they have diplopia within and up to 40 deg. Additionally, AMA4 only allows a small 10% incapacity rating if diplopia is experienced when looking horizontally from 30 to 40 deg. Combining a compensatory head posture with a 40 deg area of binocular single vision may achieve a restricted private licence, subject to driver assessment.

- "Ophthalmologists should Perform or review"
  - outsourcing of tests to an orthoptist is the daily standard of care, however it is recommended that the ophthalmologist check the orthoptist's review if it appears inaccurate[3]

4. Record of amendments to this document

Page	Details of Amendment	Date amended
Entire document	Created	January 2022

5. References

1. Spaulding W. A look at the AMA Guides to the Evaluation of Permanent Impairment (GEPI): problems in workers' compensation claims involving mental disability. *Behavioural Sciences and the Law*. 1990;8:361-373.
2. New South Wales Motor Accident Authority Guidelines for the Assessment of Permanent Impairment of a Person Injured as the Result of a Motor Accident (1999).
3. Barnes M, Culham, L, Bunce, C, Xing, W, Viswanathan, A, Garway-Health, D,. Agreement between optometrists and ophthalmologists on clinical management decisions for patients with glaucoma. *Br J Ophthalmology*. 2006;90(5):579-585.