

GUIDELINES  
FOR ASSESSING AND RATING ELEMENTS  
UNDER THE MENTAL IMPAIRMENT RATING  
WORKSHEET  
“AREAS OF FUNCTION”

**SEXUAL IMPAIRMENTS\***

- Baseline:** First determine the usual frequency, responsiveness (orgasms, erections, ejaculations) and degree of enjoyment of sex before the injury.
- Minimal:** Rarely initiates but can usually climax (female)/erection (male). (Frequency is equal to slightly less than baseline frequency.)
- Mild:** Has sex once per month (baseline is once per week) in response to partner and can occasionally reach orgasm (female)/usually ejaculate (male). Still derives pleasure/enjoyment from sexual activity.
- Moderate:** Has sex once every two months or longer (baseline once per week) in response to partner and rarely reaches orgasm (female)/has occasional erectile dysfunction (male). Rarely experiences pleasure/enjoyment.
- Marked:** Has no interest in sex and is without orgasms (female)/always has difficulty with erections (male) and avoids sex.

- \* Alterations in the sexual function due to pain is included in the physical impairment rating, not rated under psychiatric impairment.

## **SLEEP\***

**Baseline:** First determine the usual sleep pattern and whether they used medications before the injury.

**Minimal:** Has trouble falling asleep most nights but can sleep through the night. If now on medication and not before the injury, the individual is at least minimally impaired.

**Mild:** Awakens twice during the night but can usually fall back to sleep in less than one hour.

**Moderate:** Has difficulty falling asleep and wakes up one to two times per night but is usually unable to fall back to sleep for several hours.

**Marked:** Can't get to sleep for more than two hours at a time and regularly naps during the daytime (disturbed diurnal pattern).

\* Alterations in sleep patterns due to pain is included in the physical impairment rating, not rated under psychiatric impairment.

Social Functioning  
SF1

## INTERPERSONAL RELATIONSHIPS

**Baseline:** First determine the individual's usual openness to others and how often they greeted others, made new friends, and tolerated disagreements with others without behavioral extremes or adapted to get along with others.

**Minimal:** Can still initiate and meet new people and behave appropriately but feels uncomfortable and would prefer to be alone. There are less frequent social contacts but they still respond when others initiate or negotiate. Can still adapt to others when they have to. May raise voice or shout in response to interpersonal conflicts more frequently than usual.

**Mild:** The only social contacts are initiated by others and with some coaxing; rarely initiates social contacts and resents negotiating and compromising but still can adapt; can still enjoy some social experiences but not frequently. Can be verbally abusive when faced with interpersonal conflict.

**Moderate:** Requires pressure or necessity to have social contacts and rarely enjoys it, difficulty compromising, negotiating, and adapting but still can for very important purposes. Or at least one episode of physically threatening or abusive behavior directed at a person

**Marked-Extreme:** Has no interest in others and actively avoids interactions. Derives no social pleasure and finds it difficult to adapt to others even when there are dire consequences for not compromising or attending. May have had several incidents of physically abusive behavior directed at a person with possible legal charges.

**Maximum:** Requires constant supervision to monitor behavior

Social Functioning  
SF2

**COMMUNICATE EFFECTIVELY WITH OTHERS**

**Baseline:** Determine the usual ability to get one's ideas across effectively to others.

**Minimal:** Complains that it is difficult to clearly and effectively communicate with others but still can.

**Mild:** Sometimes requires help from others to clearly and effectively communicate with them.

**Moderate:** Suffered a consequence for not effectively communicating with others. This individual requires the listener to actively interpret the intent of the communication.

**Marked-Extreme:** Experiences serious consequences due to inability to consistently communicate effectively with others. This individual is poorly understood despite active attempts to interpret the intent of the communication.

**Maximum:** Inability to communicate with others except regarding basic physical needs. (e.g., autistic, catatonic)

\* Many communication problems are secondary to CNS and/or ENT disorders and require evaluation using those specific guidelines instead. Examples of psychiatric disorders impairing clear and effective communications include symptoms of mood disorders (flight of ideas, loose associations, paucity of thought), symptoms of psychotic disorders (paranoia, delusions, hallucinations), substance abuse.

## RECREATIONAL ACTIVITIES

- Baseline:** Determine the usual sedentary, active physical and spiritual activities they participated in before the injury, how frequently they initiated and participated in them and how pleasurable they were.
- Minimal:** Still participates in some (any) recreational activities but feels less comfortable. There is decreased frequency of initiation but they can still respond when others initiate and still derive pre-injury pleasure.
- Mild:** Only participates in response to others with some coaxing and cajoling. Rarely initiates recreational activity but responds when others initiate and can still derive some degree of pleasure.
- Moderate:** Only participates in a recreational activity under pressure and rarely enjoys it.
- Marked-Extreme:** Has no interest in participating in recreational activities, actively avoids it and experiences no pleasure from it.
- Maximum:** Participates in no recreational activities.

### **MANAGE CONFLICTS WITH OTHERS – NEGOTIATE, COMPROMISE**

- Baseline:** Determine the individual's usual ability to resolve difficulties with others or reach consensus in a conflict before the accident. (The conflict is pathological.)
- Minimal:** Gets upset and has feelings of resentment which are not expressed. Regains composure by avoiding others and therefore prefers to work alone. Not overtly angry but internally troubled.
- Mild:** Sometimes gets upset and argumentative and expresses anger with the conflict eventually getting resolved. Can “go with the flow” but with some difficulty.
- Moderate:** Frequently argues with others when involved with or interacting with others. The conflict remains unresolved (rigid, sulks) until others intervene. The anger and conflict disrupts relationships on a team, in a family or friendship. They have suffered a consequence for inappropriate conflictual behavior.
- Marked - Extreme:** Frequently argues, unwilling to compromise. Gets upset and the anger and conflict are so disruptive that external control, limits, or measures are necessary. The conflict remains unresolved (rigid, sulks) and disrupts relationships. The conflict requires external help and is even then difficult to resolve. They have suffered a serious consequence for inappropriate conflictual behavior such as threatened job loss or other disciplinary action.
- Maximum:** Incarcerated, confined or hospitalized for aggressive behavior.

**SET REALISTIC SHORT & LONG TERM GOALS**

**Baseline:** Determine the usual level of judgment used to set attainable goals. Does he/she usually underestimate, overestimate or achieve what he/she sets out to do? How much assistance is usually needed to set realistic achievable goals?

**Minimal:** Finds it difficult and/or stressful to determine what he/she can or cannot do but usually doesn't underestimate or overestimate or require assistance from others.

**Mild:** Requires and accepts some assistance from others to determine what he/she can or cannot do and occasionally underestimates or overestimates.

**Moderate:** Frequently underestimates or overestimates what he/she can do which causes mild consequences unless assistance is received from others. Requires some regular external structure but has difficulty accurately determining when assistance is necessary for himself/herself. (Results in increased symptoms, material damage.) When provided, assistance is accepted.

**Marked-Extreme:** Frequently underestimates or overestimates what he/she can do which causes serious consequences. Unaware of need for structure and assistance and either resists or has difficulty utilizing assistance from others. (Results in increased symptoms; potential or actual serious injury to self or others.)

**Maximum** Unable to achieve any basic short or long-term goals.

**PERFORM ACTIVITIES (including work)  
ON SCHEDULE**

- Baseline:** Determine the usual punctuality of the individual. How usual is it for them to be late for work or miss important functions?
- Minimal:** Finds it stressful to be on time and perform at an acceptable pace.
- Mild:** Requires some assistance from others to be on time and perform at an acceptable pace (reminders, phone calls, physical assistance).
- Moderate:** Suffered minor consequences for lateness and slow performance (reprimanded, upset others, confronted by others).
- Marked - Extreme:** Suffered serious consequences for lateness or slowness (threat of being fired, late for or missed very important appointment).
- Maximum:** Cannot be expected to complete a task. (No expected performance)

## **ADAPT TO JOB PERFORMANCE REQUIREMENTS**

- Baseline:** Determine the individual's ability to adapt (be flexible) to a non-negotiable change in rules or follow established procedures (new supervisor, change in shift, required meeting).
- Minimal:** Resistance, denial, negativity is felt but not overtly expressed.
- Mild:** Negative reaction to limits and rules is expressed, such as resistance, avoidance, making excuses, attempting to substitute another task for the required one.
- Moderate:** The behavior of the individual is called to his/her attention and they experienced mild external (corrective) consequences such as written reprimand. The individual demonstrates overt resistance to performing what is expected.
- Marked- Extreme:** They experienced serious disciplinary consequences such as suspension. Their behavior disrupts workplace relationships. The individual frequently does not perform required tasks.
- Maximum:** Due to inability to accept limits and/or follow rules, they experience dire consequences such as termination from employment, or incarceration.

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**COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT**  
**Division of Workers' Compensation**

**PERMANENT WORK-RELATED MENTAL IMPAIRMENT RATING**  
**REPORT WORK SHEET**

Since the AMA Guides to the Evaluation of Permanent Impairment, 3<sup>rd</sup> Edition (Revised) does not provide a quantified method for assigning permanent impairment percentages under Chapter 14, "Mental and Behavioral Disorders," the provider shall utilize this form.

Patient Name  
WC #

Date of Service:  
Carrier #

**SCORING INSTRUCTIONS:**

1. This form should only be used to determine an impairment after the case has been found to meet all of the specific criteria for a Diagnostic and Statistical Manual (DSM ) diagnosis.
2. The AMA Guides to Permanent Impairment, 3<sup>rd</sup> Edition (Revised) should be consulted for guidance in determining these ratings.
3. Determination of a rating of permanent mental or behavioral impairment shall be limited to mental or behavioral disorder impairments not likely to remit with further mental health treatment.
4. Impairment ratings based on chronic pain are not applicable within the mental/behavioral domain, but are restricted to physical examination with evidence of anatomic or physiologic correlation and included within a physical impairment rating.
5. To obtain the final overall impairment rating:
  - a. The elements to be rated are divided into four Areas of Function: Activities of Daily Living; Social Functioning; Thinking, Concentration and Judgment; and Adaptation to Stress.
  - b. Assign a rating (0-6) to each subcategory of the areas of function based on patient self-report, other sources of information, and the physician's clinical assessment. (See Category Definitions on Page 6 of this form.) Given the heavy reliance on the patient's subjective report for information in some of the ratings, the physician should give careful consideration to any corroborating evidence that might be available.
  - c. Average the two highest subcategory ratings within each Area of Function to obtain the overall category rating. For example, if the two highest scores are 2 and 5, the category score is 3.5.
  - d. To calculate the overall impairment rating, average the two highest category ratings and then, if appropriate in the case, use clinical judgment to add or subtract up to 0.5 point from the result. If the score is modified in this fashion due to clinical judgment, ***justification for doing so must be documented***. Factors influencing the physician's discretion may include the following:
    - i. Factors influencing the patient's believability, such as the presence of symptom magnification, or the presence or absence of corroborating information from psychological or neuropsychological testing;
    - ii. The extent to which medication ameliorates the effects of the condition;
  - e. Use the Category Conversion Table in these instructions to convert the final number to a percentage.  
Level II Curriculum
6. Include the DSM diagnosis at the top of the worksheet.



The final determination must include ratings for all of the elements in each area of function, the category averages reached in each area of function, the overall average, the final assigned overall permanent impairment rating, and documentation for any divergence ( $\pm 0.5$ ) from the calculated score.

<b>CATEGORY CONVERSION TABLE</b>	
<b>Final Score</b>	<b>Percentage</b>
0	0
0.25	0
0.5	1
0.75	1
<b>1</b>	<b>1</b>
1.25	2
1.5	3 to 4
1.75	5
<b>2</b>	<b>6 to 7</b>
2.25	8 to 9
2.5	10 to 12
2.75	13 to 15
<b>3</b>	<b>16 to 18</b>
3.25	19 to 21
3.5	22 to 23
3.75	24 to 25
<b>4</b>	<b>26 to 32</b>
4.25	33 to 38
4.5	39 to 44
4.75	45 to 50
<b>5</b>	<b>51 to 56</b>
5.25	57 to 62
5.5	63 to 68
5.75	69 to 75
<b>6</b>	<b>76 to 83</b>
6.25	84 to 91
6.5	92 to 100

7. If apportionment is applicable, complete a separate form calculating the pre-injury rating to be subtracted from the total current rating.
8. If there is a finding of no impairment, refer to Part V on the worksheet, if appropriate.

## WORKSHEET

Patient Name

Date of Service:

WC #

Carrier #

**NOTE:** Determination of a rating of permanent mental or behavioral impairment shall be limited to mental or behavioral disorder impairments not likely to remit with further mental health treatment. Further, impairment ratings based on chronic pain are not applicable within the mental/behavioral domain, but are restricted to physical examination with evidence of anatomic or physiologic correlation and included within a physical impairment rating.

**I. DSM Diagnosis:** Axis I: \_\_\_\_\_ Axis II: \_\_\_\_\_

### II. LEVELS OF PERMANENT MENTAL IMPAIRMENT

Category

0. No permanent impairment
1. Minimal Category of Permanent Impairment
2. Mild Category of Permanent Impairment
3. Moderate Category of Permanent Impairment
4. Marked Category of Permanent Impairment
5. Extreme Category of Permanent Impairment
6. Maximum Category of Permanent Impairment

### III. AREAS OF FUNCTION<sup>3</sup>

**1. Activities of Daily Living. Rate only impairments due strictly to the psychiatric condition.**

- 0 1 2 3 4 5 6 Self care and hygiene (dressing, bathing, eating, cooking)  
0 1 2 3 4 5 6 Travel (driving, riding, flying) i.e. impairments in driving, riding, flying which are generally a result of symptoms of affective or anxiety disorders  
0 1 2 3 4 Sexual function (participating in usual sexual activities)  
0 1 2 3 4 Sleep (restful sleep pattern)

Overall Category Rating:  
(average of 2 highest)

**2. Social Functioning**

- 0 1 2 3 4 5 6 Interpersonal relationships  
0 1 2 3 4 5 6 Communicates effectively with others  
0 1 2 3 4 5 6 Participation in recreational activities (consider pre-injury activities of the patient)  
0 1 2 3 4 5 6 Manage conflicts with others--negotiate, compromise

Overall Category Rating:  
(average of 2 highest)

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<sup>3</sup> See attached Appendix for further description of all or part of the listed areas of function.



**3. Thinking, Concentration & Judgment**

- 0 1 2 3 4 5 6 Ability to perform complex or varied tasks
- 0 1 2 3 4 5 6 Judgment
- 0 1 2 3 4 5 6 Problem solving
- 0 1 2 3 4 5 6 Ability to abstract or understand concepts
- 0 1 2 3 4 5 6 Memory, immediate and remote
- 0 1 2 3 4 5 6 Maintain attention, concentration on a specific task
- 0 1 2 3 4 5 6 Perform simple, routine, repetitive tasks
- 0 1 2 3 4 5 6 Comprehend/follow simple instructions

Overall Category Rating:  
(average of 2 highest)

**4. Adaptation to Stress**

- 0 1 2 3 4 5 6 Set realistic short & long term goals
- 0 1 2 3 4 5 6 Perform activities (including work) on schedule
- 0 1 2 3 4 5 6 Adapt to job performance requirements

Overall Category Rating:  
(average of 2 highest)

**IV. FINAL CALCULATIONS:**

Average the two highest Area of Function ratings: \_\_\_\_\_ + \_\_\_\_\_ divided by 2 = \_\_\_\_\_

Add or subtract up to 0.5 from the completed calculation above, if appropriate, based on clinical judgment.

Justify this deviation below or attach a separate sheet:

Using the Category Conversion Table on page 2 of this form, convert the final number to a percentage for the overall permanent impairment rating:

**Overall Psychiatric  
Permanent Impairment**  
  
Rating \_\_\_\_\_%

**OR**

V. If this patient has ZERO impairment according to the above criteria and requires continuing medication for their DSM diagnosis, an impairment of \_\_\_\_\_% may be assigned. 1-3% may be assigned \_\_\_\_\_%.

*IF ZERO %  
PSYCHIATRIC RATING*  
  
*RATING \_\_\_\_\_%*

VI. TOTAL IMPAIRMENT RATING (if applicable)  
Total Whole Person *Physical* Impairment = \_\_\_\_\_%

Combined with psychiatric permanent impairment equals:

**Total Whole Person  
Impairment (including  
psychiatric impairment)**  
\_\_\_\_\_%

Physician: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

## APPENDIX

### **1. Activities of Daily Living**

*Sexual Function:* Scoring categories 5 and 6 are not available because the maximum impairment allowed per the AMA Guides for total loss of sexual function is 30% for a male less than 40 years of age; 20% for a male 40 or older.

*Sleep:* Scoring categories 5 and 6 are not available because the AMA Guides allow a maximum of 50% impairment for sleep or arousal disorders. To reach a 20% rating the activities of daily living must be affected to the extent that supervision is required in some areas. To reach a 50% rating, supervision by caretakers is required.

### **2. Social Functioning**

Social functioning refers to an individual's capacity to interact appropriately and communicate effectively with other individuals. Social functioning includes the ability to get along with others, such as with family members, friends, neighbors, grocery clerks, landlords or bus drivers. Impaired social functioning may be demonstrated by a history of altercations, evictions, firings, fear of strangers, avoidance of interpersonal relationships, social isolation, etc. Strength in social functioning may be documented by an individual's ability to initiate social contacts with others, communicate clearly with others, interact and participate in group activities, etc. Cooperative behaviors, consideration for others, awareness of others' feelings, and social maturity also need to be considered. Social functioning in work situations may involve interactions with the public, responding appropriately to persons in authority, such as supervisors, or cooperative behaviors involving co-workers.

Again, it is not the number of areas in which social functioning is impaired, but the overall degree of interference with a particular functional area or combination of such areas of functioning. For example, a person who is highly antagonistic, uncooperative, or hostile, but is tolerated by local storekeepers may nevertheless have marked restrictions in social functioning because that behavior is not acceptable in other social contexts, such as work. (*AMA Guides, 3<sup>rd</sup> Edition (revised)*, p. 237)

### **3. Thinking, Concentration and Judgment**

Thinking, concentration, and judgment refer to the ability to sustain focused attention sufficiently long to permit the timely completion of tasks and to make reasoned or logical decisions as to alternative courses of action. Deficiencies in concentration and judgment are best observed in work and work-like settings. Major impairment in this area can often be assessed through direct psychiatric examination and/or psychological testing, although mental status examination or psychological test data alone should not be used to accurately describe concentration and sustained ability to perform work-like tasks. On mental status examinations, concentration is assessed by tasks requiring short-term memory or through tasks such as having the individual subtract serial sevens from 100. In psychological tests of intelligence or memory, concentration can be assessed through tasks requiring short-term memory or through tasks that must be completed within established time limits. Strengths and weaknesses in areas of concentration can be discussed in terms of frequency of errors, time it takes to complete the task, and extent to which assistance is required to complete the task. (*Disability Evaluation Under Social Security*, p.88, Social Security Administration Pub. No. 64-039)

### **4. Adaptation to Stress**

The individual should be able to set realistic and appropriate goals. Given that the work-related injury may have induced various limitations, the individual should demonstrate realistic adaptations to the medical/physical situation. He/she should be able to accommodate changes from pre-injury status to the current status. Adapting to performance standards requires that the individual can adequately cope with job performance and time expectations. Further, the individual should demonstrate the capacity to follow rules and policies, respond appropriately to changes in the work setting, and utilize resources available within the community, medical and family areas.

PERMANENT WORK-RELATED MENTAL IMPAIRMENT RATING  
REPORT WORK SHEET  
**CATEGORY DEFINITION GUIDELINES**

**CATEGORY 0: No Permanent Impairment.**

Mental symptoms arising from the work-related psychiatric diagnosis have been absent for the past month. ADLs are not affected. Functioning is at pre-injury baseline in social and work activities in all areas; no more than everyday problems.

**CATEGORY 1: Minimal Category of Permanent Impairment.**

Mental symptoms, arising from the work-related psychiatric diagnosis and not likely to remit despite medical treatment, minimally impair functioning.

**CATEGORY 2: Mild Category of Permanent Impairment.**

Mental symptoms, arising from the work-related psychiatric diagnosis are not likely to remit despite medical treatment, and are mildly impairing. ADLs are mildly disrupted. Functioning shows mild permanent impairment in social or work activities.

**CATEGORY 3: Moderate Category of Permanent Impairment.**

Mental symptoms, arising from the work-related psychiatric diagnosis and not likely to remit despite medical treatment, are moderately impairing. ADLs are moderately disrupted. Functioning shows moderate permanent impairment. Activities sometimes need direction or supervision.

**CATEGORY 4: Marked Category of Permanent Impairment.**

Mental symptoms, arising from the work-related psychiatric diagnosis and not likely to remit despite medical treatment, are seriously impairing. ADLs are seriously disrupted. Functioning shows serious difficulties in social or work activities.

**CATEGORY 5: Extreme Category of Permanent Impairment.**

Mental symptoms, arising from the work-related psychiatric diagnosis and not likely to remit despite medical treatment, are incapacitating. At times, ADLs require structuring. Functioning is quite poor, unsafe in work settings, at times requires hospitalization or full-time supervision. Most activities require directed care.

**CATEGORY 6: Maximum Category of Permanent Impairment.**

This impairment level precludes useful functioning in all areas. These individuals are generally appropriate for institutionalized settings, if available. All activities require directed care.

Examples of various psychological tests or screening tools follow. Most are not available in an electronic format that can be inserted here. Please contact the Division's Physicians' Accreditation Program for copies.