A Numerical and AMA-Guides–Aligned Approach to Identifying Significant Overlap in Impairments in Kite/Vigil Compliance

By John Alchemy, MD, DABFP, QME, ABIME 2007–2016, DWC QME Educator #1380
Chief Medical Officer & Founder, RateFast
www.rate-fast.com | info@rate-fast.com | (707) 304-5949

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California's workers' compensation system relies on accurate, consistent impairment ratings to establish fair permanent disability determinations. Yet among the most persistent challenges evaluators face is deciding when multiple impairments should be combined using the Combined Values Chart (CVC) versus when they should be added. The stakes are not small: incorrectly combining impairments can understate the true extent of functional loss, lead to rating variability, and fuel disputes.

The AMA Guides, 5th Edition—our foundational reference—sets the expectation that impairment ratings must reflect actual functional impact. However, it also acknowledges the inherent complexity of combining impairments. This ambiguity has historically left evaluators without a clear quantitative method for determining when impairments meaningfully overlap.

The 2024 en banc decision in **Vigil (En Banc) (2024) 89 CCC 686** helps fill this gap. The Workers' Compensation Appeals Board reaffirmed that impairments may be **added**, rather than combined, when their effects on Activities of Daily Living (ADLs) interact in a synergistic way. Synergy in this context means that the functional loss produced by multiple impairments is greater than the loss each impairment would produce independently. The decision underscores the principle that actual lived functional limitation must guide the rating outcome, not the mechanical use of the CVC.

This concept is firmly rooted in the AMA Guides themselves. On page 10, the Guides state:

A scientific formula has not been established to indicate the best way to combine multiple impairments. Given the diversity of impairments and great variability inherent in combining multiple impairments, it is difficult to establish a formula that accounts for all situations. A combination of some impairments could decrease overall functioning more than suggested by just adding the impairment ratings for the separate impairments (eg, blindness and inability to use both hands). When other multiple impairments

are combined, a less than additive approach may be more appropriate. States also use different techniques when combining impairments.

This passage is both instructive and intentionally non-specific. It acknowledges that no single formula can capture the complex interactions of real-world impairments. The Guides explicitly recognize that some combinations of impairments can produce greater-than-expected functional limitation, while others may produce less. The evaluator must therefore rely on a functional, evidence-based approach to determine how impairments interact.

One of the most important yet under-recognized tools provided by the AMA Guides for making this determination is found on page 20, where the Guides describe impairments as **"significantly similar"** when their functional impact on ADLs falls within **approximately 10% of each other**. This 10% similarity threshold offers a clear, quantitative indicator that two impairments profiles and their ADL functional loss ratio (the % of ADL loss divided by the maximum % of ADL loss) affect the same ADL functional scalars to a comparable degree and should be considered functionally similar in scope and scale of overlapping. When impairments fall within this range, their effects are no longer distinct but rather significantly matched, and adjusted for biological variance—they therefore produce compounded loss.

This threshold becomes a measurable foundation for determining "significant overlap" in the context of *Vigil*. If the ADL impacts of two or more body parts/systems lie within a 10% range, the evaluator has an objective basis for concluding that these impairments act synergistically and are statistically similar as defined by The Guides. The resulting rating should reflect this synergy, and the appropriate method is to **add** the impairments rather than combine them. Relying on the CVC in such instances would artificially suppress, or compress, the true magnitude of functional loss by treating the impairments as if they operate independently, which contradicts the Guides' intent and the legal guidance provided by *Vigil*.

Further modern support for this numerical approach comes from validated research into functional-loss modeling. In the internal publication *Improving Accuracy in AMA Guides 5th Edition Impairment Rating: A Novel Computational Approach to Determining Direct Impairment with a Focus on Functional Loss* (JOCCR S17-1100), the RateFast research team presented a computational method grounded in the AMA Guides' ADL framework. This research demonstrated how functional loss can be quantified with mathematical consistency, reinforcing that ADL impact provides a reliable, reproducible basis for impairment determination. The study confirms that when impairments overlap across the same ADLs, their interaction is measurable—and that additive modeling more accurately reflects lived impairment than the CVC does in synergistic conditions.

Taken together, the AMA Guides' qualitative guidance, the 10% similarity threshold, modern functional-loss research, and the *Vigil* decision form a unified, coherent framework for evaluating impairment overlap. They collectively affirm that the evaluator's responsibility is to rate what the patient truly experiences: loss of function in real human activity. With measurable ADL impacts and

evidence-based synergy analysis, the evaluator can reliably determine whether impairments should be added.

This approach not only improves accuracy but increases rating reproducibility, reduces disputes, and aligns with both medical science and legal precedent. It moves impairment rating toward a more transparent, defensible model—one that reflects human function, not formulaic habit.

RateFast remains committed to supporting this evolution in impairment evaluation by providing tools, training, and validated methodologies that elevate the consistency and clarity of AMA Guides–compliant ratings. Evaluators who apply these principles gain not only accuracy but the confidence that their ratings reflect the true functional reality of the individuals they assess.