THE KITE DECISION -MUSCULOSKELETAL-

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SYNERGISTIC EFFECT

- Synergistic effect: the disability of one injured body part affects the disability of another body part to such a degree that the combination causes a greater disability than either one does alone.
- Some physicians state that the body parts "act in an interdependent manner."

- Bottom line: successful *Kite* fighting requires arguing that there IS synergism between two (or more) disabilities as it affects an ADL/task due to its greater impact, and that there IS adequate medical "how and why" explanation (i.e. substantial medical evidence) as to why *addition* is more accurate then combining via the CVC.

REGARDING THE CVC (PAGE 10)

- Specifically, regarding the CVC, on page 10, the *AMA Guides 5th Edition* states:
  - *"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."*
  - *"Other options are to combine (add, subtract, or multiply) multiple impairments based upon the extent to which they affect an individual's ability to perform activities of daily living."*

- You can also use the Almaraz-Guzman decisions that state the physician may employ a different method of determining Impairment as long as they remain within the "four corners of *The Guides*".

WHEN TO CONSIDER *KITE*

- If the MSK disability affects the ADL/task which involves more than one body part, and the patient has industrial causation to the affected body parts, then *Kite* should be considered.
  - Consider the alternative that Judge Ledger described this morning about merely moving higher in the Impairment rating for that body part which, using CVC, may be the ***most accurate total WPI***.

- Another way to think about it is by looking at the permanent MSK restrictions you described. If the restriction task(s) you assign are affected by 2 (or more) injured body parts because those are the tasks affected by the synergistic disability, then adding should be considered via *Kite*.
  - Do not declare any verbiage about the RTW status in the Impairment rating section (WPI) of your report as advised by Judge Ledger).

- Inversely, if a compensable body part has been brought into the case, then likely a common task to both of the body parts has caused the compensable consequence. When MMI, *Kite* should be considered.

TWO WAYS TO APPROACH *KITE* WITH MSK

- musculoskeletal and musculoskeletal
- musculoskeletal and non-musculoskeletal

Remember the ADL's described in the *AMA Guides:*

1. ***Self care***
2. ***Communication***
3. ***Physical activity***
4. ***Sensory function***
5. ***Non-specific hand activities***
6. ***Travel***
7. ***Sexual dysfunction***
8. ***Sleep***

Table 1-2 Activities of Daily Living Commonly Measured in Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) Scales [6,7]

Activity	Example
Self-care, personal hygiene	Urinating, defecating, brushing teeth, combing hair, bathing, dressing oneself, eating
Communication	Writing, typing, seeing, hearing, speaking
Physical activity	Standing, sitting, reclining, walking, climbing stairs
Sensory function	Hearing, seeing, tactile feeling, tasting, smelling
Nonspecialized hand activities	Grasping, lifting, tactile discrimination
Travel	Riding, driving, flying
Sexual function	Orgasm, ejaculation, lubrication, erection
Sleep	Restful, nocturnal sleep pattern

THE OBVIOUS MSK, AND NOT SO OBVIOUS MSK…

- From the medical perspective, and in providing the most accurate Impairment rating, adding as opposed to combining only potentially makes sense when dealing with overlapping disability affecting ADL's/tasks from various body parts
  - knee and an ankle when considering a gait disturbance
  - bilateral hands when considering grip tasks or keyboarding
  - cervical spine and lumbar spine when considering lifting tasks

- It is possible though for disparate body parts to have overlapping disability
  - lumbar spine and knee overlap and result in a lower extremity gait disturbance
  - shoulder and cervical spine when reaching overhead with weights

DOES IT MAKE SENSE TO YOU?

- It makes no medical sense unless there is overlapping disability to add impairments from non-overlapping body parts
  - musculoskeletal-musculoskeletal (upper extremity and lower extremity)
  - musculoskeletal-cardiopulmonary (spine and heart)
  - musculoskeletal-psychiatric (lower extremity pain and depression)

- With disparate body parts/systems, would adding rather than combining be more accurate (i.e. when there is a sleep disturbance secondary to a low back problem)?

MSK PAIN EXAMPLE *(FOOD FOR THOUGHT)*

- MSK portion
  - Complex regional pain syndrome, right UE
  - Radiographic evidence of right thumb ulnar collateral ligament tear, capsular tear
  - Status-post right thumb MCP joint ulnar collateral ligament reconstruction; Status-post repeat surgical procedure, right thumb
  - Developed metastatic CRPS in left UE
  - Does Kite decision apply?

- Psyche portion
  - Anxiety and tension with physiologic panic symptoms when CRPS is flared
  - Psychiatric issues are intimately related and synergistically manifest with her CRPS
  - Does the Kite decision apply?

- Ophthalmologic portion
  - Symptomatic vertical phoria occurred during acute episodes of pain and anxiety associated with her CRPS
  - Therefore, when her pain or anxiety are escalated her vertical phoria becomes an issue
  - Does the Kite decision apply?

- Dental portion
  - Constant clenching and grinding of teeth found associated with stress and anxiety caused by her unrelenting pain
  - Does the Kite decision apply?