

## Medical Assessor Guidance Note – Number 10

### **Digestive system: Stomach and Duodenum Impairment**

#### **Assessment of oesophagus, stomach and duodenum**

This material is issued by the Motor Accidents Authority under s.65(2) of the *Motor Accidents Compensation Act 1999* (the Act) in the interests of promoting accurate and consistent medical assessments under the Act. The interpretation provided here is not legally binding but represents the clinically recommended interpretation in an area where more than one interpretation of existing provisions may be possible. This recommended interpretation is publically available. Any medical assessment which does not adopt this interpretation should be accompanied by clinical justification for the interpretation adopted, supported by full, robust reasons.

#### **Reference**

The American Medical Association Guides to the Evaluation of Permanent Impairment, 4<sup>th</sup> edition (**AMA 4 Guides**): **Chapter 10** Table 2, page 239.

The Motor Accidents Authority Permanent Impairment Guidelines – Guidelines for the assessment of permanent impairment of a person injured as a result of a motor vehicle accident 1 October 2007 (**MAA Guidelines**): Chapter 8 page 50.

#### **Background**

Impairment of the upper digestive tract is assessed using Table 2. The difference between Class 1 and Class 2 (Table 2) relates to the requirement for dietary restriction and drugs, and the provision that '*Loss of weight below "desirable weight" [as defined in Table 1, page 237] does not exceed 10%*'.

#### **Issue requiring clarification**

The intention of the loss of weight provision as a mandatory requirement for Class 2 is unclear. It is suggested that a person who fulfils the first two criteria of Class 2 but who does not show any weight loss should be included in Class 2 as they are clearly more impaired than a person in Class 1 who does not require continuous treatment. The criteria are ambiguous as to whether someone with no weight loss can be included in Class 2.

#### **Preferred interpretation**

The provision in Class 2 regarding weight loss is interpreted to mean that where there is weight loss, this should not exceed 10% below desirable weight as defined in Table 1. In a case where weight loss is zero, this can be classified into Class 2 providing all other criteria are met.

**Justification for preferred interpretation**

A person who fulfils the first criterion of Class 2 and who requires continuous treatment but is able to maintain their desirable weight may not meet the criteria for either Class 1 or Class 2 as currently defined.

Applying the preferred interpretation, a person with '*Symptoms and signs of organic upper digestive tract disease*' or '*anatomic loss or alteration*' who requires '*Appropriate dietary restrictions and drugs*' for control of '*symptoms, signs or nutritional deficiency*', but who has no weight loss, would be assessed as Class 2

The preferred interpretation is to promote consistency in the interpretation of Class 1 and Class 2 (Table 2) in assessments of the oesophagus, stomach, duodenum, small intestine and pancreas.

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