



Workers' Compensation
**Research &
Evaluation Group**



AMA Guides Study

Impairment Rating Comparison
of the Fourth and Sixth Editions

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Executive summary

Purpose

The purpose of this report is to compare impairment ratings (IR) assigned by doctors using the American Medical Association “Guides to Evaluation of Permanent Impairment” (AMA Guides), AMA Guides Fourth Edition, 1993, and the AMA Guides Sixth Edition, 2024. Currently, doctors in the Texas workers’ compensation system use the AMA Guides Fourth Edition. This report is a result from the Office of Medical Advisor Medical Quality Review, Audit Plan, 2024, which directs this study with DWC in coordination with the REG. This report compares IR for five different body part groups and six IR percentage groups.

Research design

To compare the two editions, 375 proportionally representative cases were randomly selected to be assigned a new IR using the AMA Guides Sixth Edition, 2024. Out of these 375 cases, 24 cases were selected that were 0% with spine injury. Normally, IR with 0% would not be included in analysis because the focus is on understanding the differences of a ratable IR. However, the AMA Guides Sixth Edition, 2024, made changes to the spine chapter which could affect the IR assigned for this injury type. Out of these 24 cases, only 12 had a change in IR. The 12 cases that did not have change in IR and remained at 0% are excluded from the data analysis in this report.

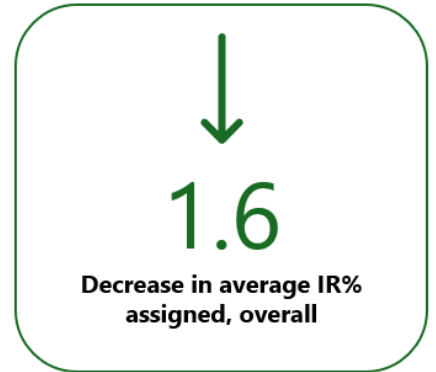
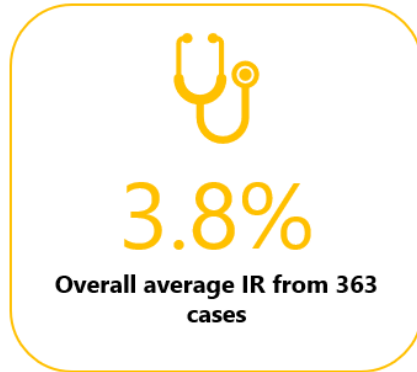
All other cases were assigned an IR of 1% or more in 2022 using the AMA Guides Fourth Edition. These cases were then given to five reviewers to assign new IR using the AMA Guides Sixth Edition, 2024. The reviewers are qualified doctors of the MQRP¹ who also serve as designated doctor faculty members. The majority of cases represent the most common workers’ compensation cases. The majority of cases were reviewed by all five reviewers. The reviewers’ ratings from the AMA Guides Sixth Edition, 2024, were paper reviews based on the AMA Guides Fourth Edition standards and the reports submitted by the original certifying doctor in 2022. This information did not always provide enough detail to fully support the AMA Guides Sixth Edition, 2024, requirements, potentially resulting in conservative IR estimates based on the AMA Guides Sixth Edition, 2024.

There were some non-musculoskeletal cases which not all five reviewers were qualified to assign IR. These cases represent a small minority. This report will discuss 363 cases and compare the AMA Guides Fourth Edition IR to the AMA Guides Sixth Edition, 2024, IR. Many of the differences in IR from the AMA

¹ As outlined in Texas Labor Code [413.0511](#)

Guides Fourth Edition to the AMA Guides Sixth Edition, 2024, have implications for injured employees' income benefits.

Key findings of AMA Guides Sixth Edition, 2024



Source: Workers' Compensation Research and Evaluation Group, 2026.

Introduction

Overview

DWC administers and operates the Texas workers' compensation system. When an employee is injured while doing their job and seeks medical treatment, a doctor will determine the compensable injury and assign an IR. This IR is a whole number percentage assigned to the injured employee for the amount of permanent impairment which affects their entire body. This IR is a medical data point about the injured employee which communicates the severity of [disability](#) and loss of function or structure. The IR is assigned by a doctor after an injured employee has reached their maximum medical improvement (MMI) date.

The MMI date is determined by a doctor for when the injured employee has improved as much as will be possible or 104 weeks has passed since the injured employee began receiving income benefits. Income benefit levels and eligibility in the Texas workers' compensation system are set by statute in the Texas Labor Code, Chapter [408](#). After MMI has been reached, an injured employee may become eligible for [impairment income benefits](#) (IIBs). IIBs are based off their IR, among other eligibility requirements. Each percentage point equals three weeks of pay, as outlined in Texas Labor Code section [408.121\(a\)\(1\)](#). If an injured employee receives an IR of 5%, the injured employee would receive 15 weeks of IIBs. Once IIBs have ended, an injured employee may be eligible to receive [supplemental income benefits](#) (SIBs). For an injured employee to be eligible to receive SIBs, the injured employee must have an IR of 15% or more, along with other eligibility requirements under Texas Labor Code [408.142\(a\)\(1\)](#).

Within this report, when IR is referred to as a number, such as 5.2, this means 5.2% of permanent impairment. When IR is assigned by a doctor, the IR is a whole number. This report will use a decimal place to show the difference in the averages of the IR. These average percentages are not the actual IR percentage number assigned to the injured employee.

Currently, doctors who are certified and qualified to assign IR within the Texas workers' compensation system use the AMA Guides Fourth Edition, published in 1993 by AMA. The [AMA Guides](#) has been used for more than 50 years to rate the permanent loss of function and help provide information to determine compensation after the injury. In 2008, the AMA published the AMA Guides Sixth Edition. The AMA Guides Sixth Edition incorporated many changes, including how doctors assess and assign IR. This report will show comparative data of 363 IR cases for injured employees using both the AMA Guides Fourth Edition and AMA Guides Sixth Edition, 2024.

AMA Guides

The AMA Guides are used as a reliable and trusted source to assist doctors to determine fair, equitable, and consistent IR. The AMA defines IR as a "consensus-derived percentage estimate of loss of activity

reflecting severity of a given health condition and the degree of associated limitations in terms of activities of daily living.” The IR is an important piece of medical data which has implications for the injured employee: income benefits, return to work, and accommodations, among others.

The AMA Guides Sixth Edition, 2024, includes the most current and available science, including documentation of functional outcomes, clinical test results, patient outcomes, treatments, and understanding of the wide spectrum of diagnoses which are important to help determine IR. The AMA states, “outdated treatment protocols, often leave patients with higher ratings that are not reflective of their true condition.” An example of an updated protocol in the AMA Guides Sixth Edition is the inclusion of ankle replacement surgery which was absent in previous editions.

Research has shown that how IR was assessed when the AMA Guides Fourth Edition was published is no longer an accurate representation of that injury. This injury would be given a lower IR with the new, updated medical practice, procedures, and knowledge that is included in the AMA Guides Sixth Edition. As new science becomes available, the AMA works to update the AMA Guides to assist doctors to assign fair and consistent IR.

Important updates to the AMA Guides Sixth Edition

The AMA Guides Sixth Edition, as stated by the AMA, is more accurate and reflective of current medical practices which improves fairness and equity of IR evaluations and percentages assigned. This also assists in more reliability of IR, creating more consistent IR overall.

Since the AMA Guides Sixth Edition was published in 2008, it has updated 10 chapters and simplified the IR process. A key update from the AMA Guides Fourth Edition to the AMA Guides Sixth Edition is the number of diagnostic tables a doctor must use to assign an IR. In the AMA Guides Sixth Edition, these diagnostic tables have expanded to include a wider range of diagnoses, including new conditions, treatments, and medical advances. Doctors can more readily find and use a singular table to help assign IR. These tables reflect an updated version of the diagnosis-based impairment method. These were not available in earlier editions of the AMA Guides.

During the years 2021 to 2024, the AMA Guides were updated and revised for several chapters:

- 2021, chapter 14: “Mental and Behavior Health.”
- 2022, chapters 1 and 2: “Foundations and Principles.”
- 2023, chapters 13 and 11: “The Nervous System,” and “ENT.”
- 2024, chapters 15, 16, and 17: “Musculoskeletal System: Upper Limb,” “Lower Limb,” and “Spine.”

The AMA Guides Sixth Edition incorporates grade modifiers to assist doctors by giving specific, evidence-based examples to help determine IR. This helps with inter-rater reliability² because doctors have specific information to help assign fair and equitable IR. These advances are likely to lower IR for some injuries and illnesses because of the new, advanced ways to diagnose and treat these conditions.

The AMA states the importance of updating the medicine and science within the AMA Guides is to ensure IR are consistent and equitable when new medical knowledge becomes standard practice. This new medical knowledge has changed throughout the years at varying times for different diagnoses. Because of this, the AMA Guides undergo an extensive review process before any new revisions and editions are published.

Throughout this report, the AMA Guides will be referred to as the AMA Guides Fourth Edition and AMA Guides Sixth Edition. The AMA Guides Sixth Edition being referenced is the 2024 edition with its updates.

Additional information

For more information about the AMA Guides, including training resources, examples, and access to the AMA Guides, visit the [AMA website](#).

The AMA Guides Sixth Edition "Preface" includes detailed explanation and description of the changes to the AMA Guides and their importance. To read this preface, visit the [AMA website](#).

Methodology

This report will discuss 363 injured employees' cases with a final IR exam date in 2022. These cases were given to five reviewers: three medical doctors (MD) and two doctors of chiropractic (DC). These five reviewers are qualified doctors on the MQRP and serve as designated doctor faculty members. They reviewed and assigned new IR using the AMA Guides Sixth Edition. Seven percent of these cases were only reviewed and rated by MDs because the case required an MD.

Data was analyzed using different, appropriate statistical methods such as paired t-test and Wilcoxon Sign Ranked test. The statistical tests with a 95-confidence interval were used to ensure the average IRs from the representative sample are an accurate and valid picture of the overall differences between the editions.

Differences between the editions in assigning IR has consequences and implications for an injured employee's claim. This includes the amount and duration of income benefits an injured employee receives which the insurance carrier must pay. This report will present the IR based on five body part

² Inter-rater reliability ensures consistent ratings across doctors. The AMA states that "a consistent, well-designed methodology was adopted and applied to each chapter to enhance the relevancy of impairment ratings, improve internal consistency, promote greater precision, and standardize the rating process. The goal is to provide an impairment rating guide that is authoritative, fair, and equitable to all parties."

groups and six IR percentage groups, for both the AMA Guides Fourth Edition and AMA Guides Sixth Edition.

IR ratings: AMA Guides Fourth and Sixth Editions

Study sample information

For this report, 375 randomly selected cases, which proportionally represent a sample from the 17,480 IR claims filed in 2022, are compared using the AMA Guides Fourth and Sixth Editions. The average AMA Guides Fourth Edition IR, for the entire population is 5.7%: this includes all cases with an IR of 1% or more. The sample average IR from the 363 cases within this report is 5.4%. This includes the 12 spine cases which had a 0% IR using the AMA Guides Fourth Edition but had an IR of 1-4% using the AMA Guides Sixth Edition. The other 12 cases that did not have change in IR and remained at 0% are excluded from the data analysis in this report.

The 363 cases are categorized and grouped in two different ways: body part and IR percentage. The body part groups were determined by the international classification of disease (ICD) codes used to file with DWC³. These codes are used to categorize injuries and illnesses which are widely recognized and used in the medical field.

These five body part groups are:

- Upper or lower extremities.
- Upper/lower extremities or spine.
- Spine.
- Other musculoskeletal system.
- Other body parts⁴.

The six IR percentage groups are:

- 0% with spine injury.
- 1-5%.
- 6-9%.
- 10-14%.
- 15-20%.
- More than 20%.

The majority of the 363 cases are in the upper or lower extremities, and upper/lower extremities or spine body part groups, totaling 270 out of 363 cases or 74%. IR percentage groups 1-5% had the

³ See [Appendix](#).

⁴ The other body parts category included cardiovascular system, digestive system, endocrine system, ENT, hematopoietic, mental-behavioral, nervous system, pulmonary system, skin, urinary or reproductive system, visual system, and other-unknown.

largest representative sample within the cases at 247 out of 363 cases or 68%. Spine is the only body part to include 0% IR in this study because the AMA Guides Sixth Edition made changes which may affect a 0% IR for this type of injury.

See Table 1 for a breakdown of the 363 cases for each body part and IR percentage group from the 2022 IR cases, assigned using the AMA Guides Fourth Edition. The reviewers used the AMA Guides Sixth Edition to assign new IR to these 363 cases. See Table 2 for a breakdown of the 363 cases into the new body part and IR percentage groups based on the AMA Guides Sixth Edition. These tables include the body part and IR percentage groups by number of cases, and the percentage of the total.

Table 1: 363 cases broken down by body part and IR percentage, previously assigned using AMA Guides Fourth Edition

| Body Part Group | IR 0% | IR 1-5% | IR 6-9% | IR 10-14% | IR 15-20% | IR more than 20% | Total: body part percentage |
|----------------------------------|---------|----------|----------|-----------|-----------|------------------|-----------------------------|
| Upper or lower extremities | 0 | 137 | 28 | 11 | 5 | 3 | 184 (51%) |
| Upper/lower extremities or spine | 0 | 59 | 12 | 10 | 3 | 2 | 86 (24%) |
| Spine | 12 | 19 | 3 | 5 | 1 | 1 | 41 (11%) |
| Other musculoskeletal system | 0 | 17 | 3 | 3 | 1 | 2 | 26 (7%) |
| Other body parts | 0 | 15 | 4 | 3 | 2 | 2 | 26 (7%) |
| Total: IR percentage | 12 (3%) | 247(68%) | 50 (14%) | 32 (9%) | 12 (3%) | 10 (3%) | 363 (100%) |

Source: Workers' Compensation Research and Evaluation Group, 2026.

Table 2: 363 cases broken down by body part and IR percentage, AMA Guides Sixth Edition

| Body Part Group | IR 0% | IR 1-5% | IR 6-9% | IR 10-14% | IR 15-20% | IR more than 20% | Total: body part percentage |
|----------------------------------|---------|-----------|---------|-----------|-----------|------------------|-----------------------------|
| Upper or lower extremities | 2 | 154 | 18 | 5 | 2 | 3 | 184 (51%) |
| Upper/lower extremities or spine | 0 | 70 | 8 | 5 | 3 | 0 | 86 (24%) |
| Spine | 9 | 26 | 4 | 2 | 0 | 0 | 41 (11%) |
| Other musculoskeletal system | 1 | 20 | 2 | 1 | 2 | 0 | 26 (7%) |
| Other body parts | 0 | 21 | 2 | 1 | 0 | 2 | 26 (7%) |
| Total: IR percentage | 12 (3%) | 291 (80%) | 34 (9%) | 14 (4%) | 7 (2%) | 5 (1%) | 363 (100%) |

Source: Workers' Compensation Research and Evaluation Group, 2026.

The changes affected several IR percentage groups:

- 1-5% IR group increased from 247 cases to 291 cases.

- 6-9% IR group decreased from 50 cases to 34.
- 10-14% IR group decreased from 32 cases to 14.
- 15-20% IR group decreased from 12 to 7.
- More than 20% IR group decreased from 10 to 5.

IR comparative data, AMA Guides Fourth and Sixth Editions

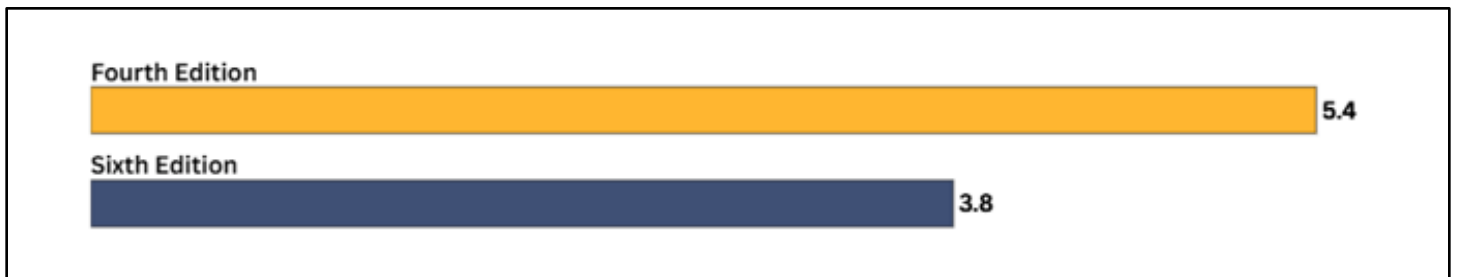
The data below will show an overall average IR followed by the IRs assigned for each body part and IR percentage group. The average IR from the reviewers is used for a direct comparison between the AMA Guides Fourth Edition and the AMA Guides Sixth Edition.

Average IR comparison, AMA Guides Fourth and Sixth Editions

For the AMA Guides Fourth Edition, the sample average IR given was 5.4%. The sample average IR for the AMA Guides Sixth Edition was 3.8%. This difference is a 30% decrease in IR.

Figure 1 shows the comparison of average IRs using the AMA Guides Fourth and Sixth Editions.

Figure 1: Comparison of average IR, AMA Guides Fourth and Sixth Editions



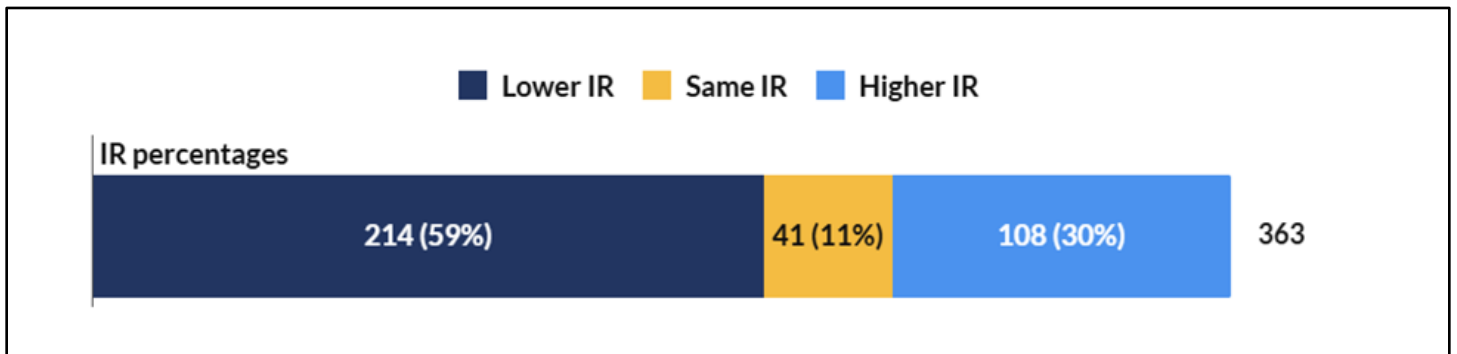
Source: Workers' Compensation Research and Evaluation Group, 2026.

IRs for body part and IR percentage groups

Overall, the data showed 59% of cases were given a lower IR when using the AMA Guides Sixth Edition. Thirty percent of the cases received a higher IR and 11% of IRs remained the same.

See Figure 2 for the overall IR changes from the AMA Guides Fourth Edition to the AMA Guides Sixth Edition.

Figure 2: Changes in IR assigned, AMA Guides Sixth Edition



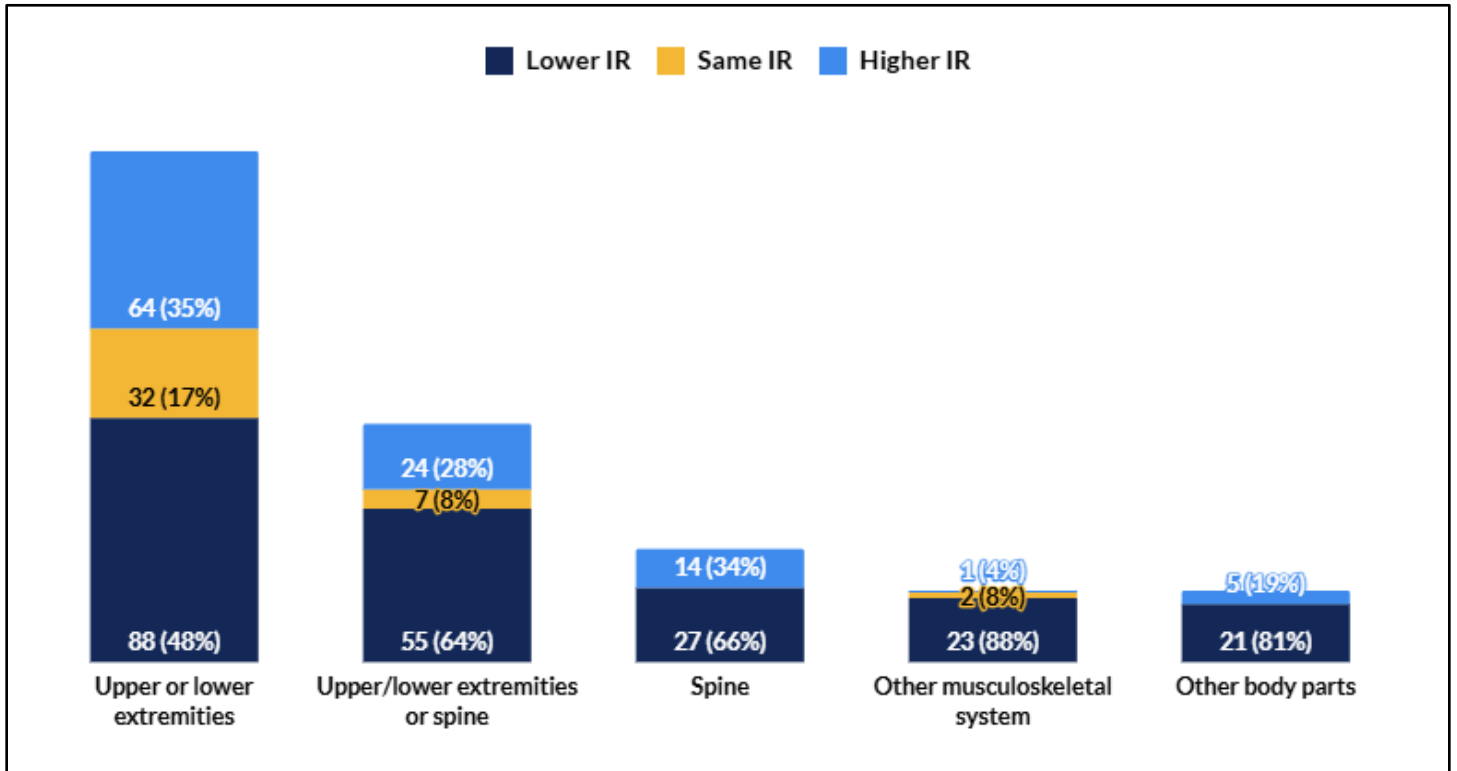
Source: Workers' Compensation Research and Evaluation Group, 2026.

For most of the different body part groups, the majority of cases were assigned a lower IR when using the AMA Guides Sixth Edition:

- Upper or lower extremities, total of 184 cases, had 48% receive lower IR, 17% receive the same IR, and 35% receive higher IR.
- Upper/lower extremities or spine, total of 86 cases, had 64% receive lower IR, 8% receive the same IR, and 28% receive higher IR.
- Spine, total of 41 cases, had 66% receive lower IR and 34% receive higher IR. Out of these 41 cases, 29%, or 12 cases, were 0% with spine injury and were assigned a higher IR.
- Other musculoskeletal system, total of 26 cases, had 88% receive a lower IR, 8% receive the same IR, and 4% receive higher IR.
- Other body parts, total of 26 cases, had 81% receive lower IR and 19% receive higher IR.

See Figure 3 for a breakdown of the number and percentage of cases where the IR assigned was lower, the same, or higher for each of the body part groups.

Figure 3: Number of cases for each body part, comparison IR assigned, AMA Guides Sixth Edition



Source: Workers' Compensation Research and Evaluation Group, 2026.

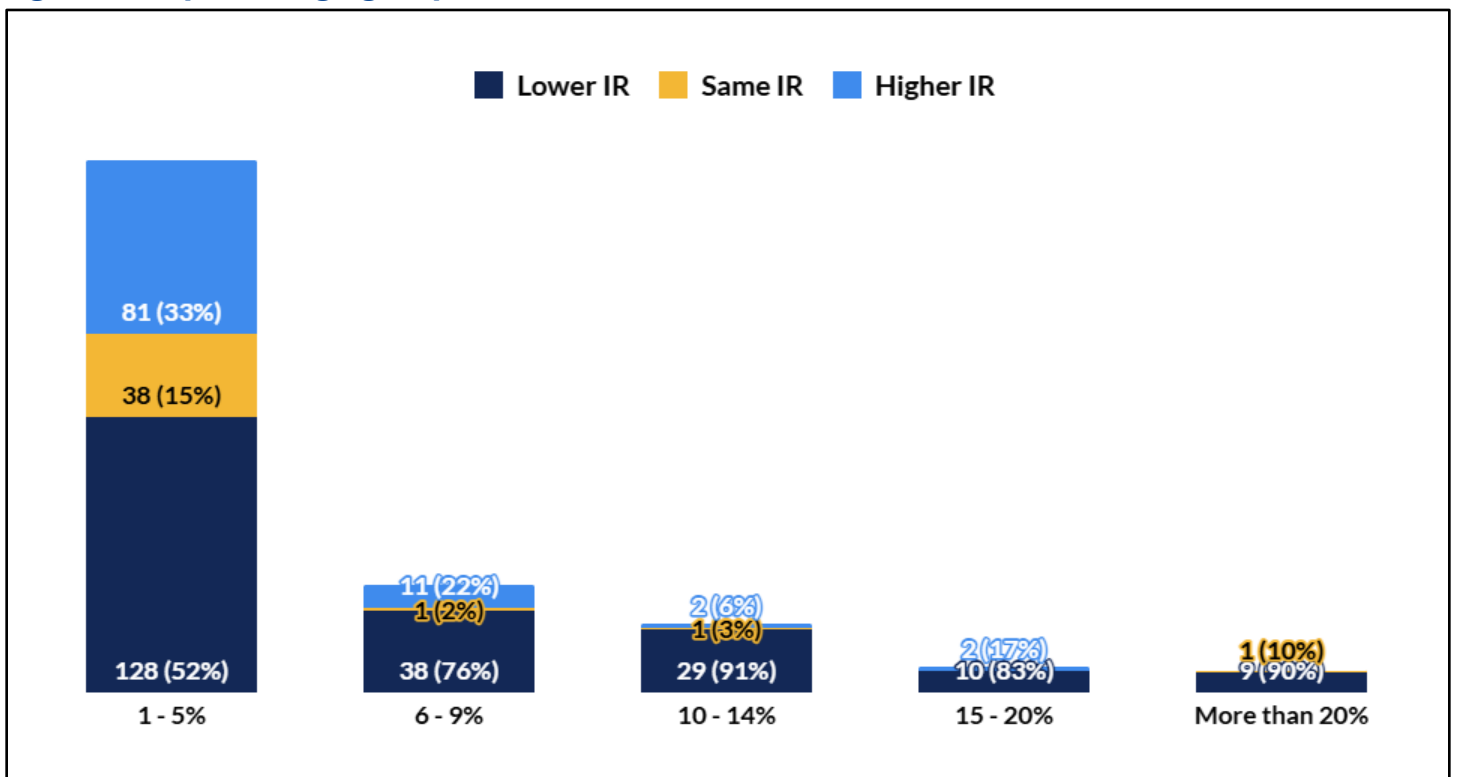
These percentages should be considered with the number of cases per body part group. While some of the percentages of the change in IR are high, such as other musculoskeletal system at 88% with a lower IR using the AMA Guides Sixth Edition, this only represents 23 total cases from the sample. Whereas, upper or lower extremities, with 48% of cases receiving a lower IR, were from 88 cases. Overall, the use of the AMA Guides Sixth Edition consistently shows reviewers assigning lower IR. For 0% IR with spine injury, the AMA Guides Sixth Edition gave 12 cases a higher IR between 1-4%.

The majority of each of the following IR groups received a lower IR when using the AMA Guides Sixth Edition:

- 1-5%: 52% received a lower IR.
- 6-9%: 76% received a lower IR.
- 10-14%: 91% received a lower IR.
- 15-20%: 83% received a lower IR.
- More than 20%: 90% received lower IR.

See Figure 4 for a breakdown of each of the IR percentage groups using the AMA Guides Sixth Edition. The figure shows the number of cases, the percentages, and whether the IR was lower, the same, or higher compared to the AMA Guides Fourth Edition.

Figure 4: IR percentage groups, AMA Guides Sixth Edition



Source: Workers' Compensation Research and Evaluation Group, 2026.

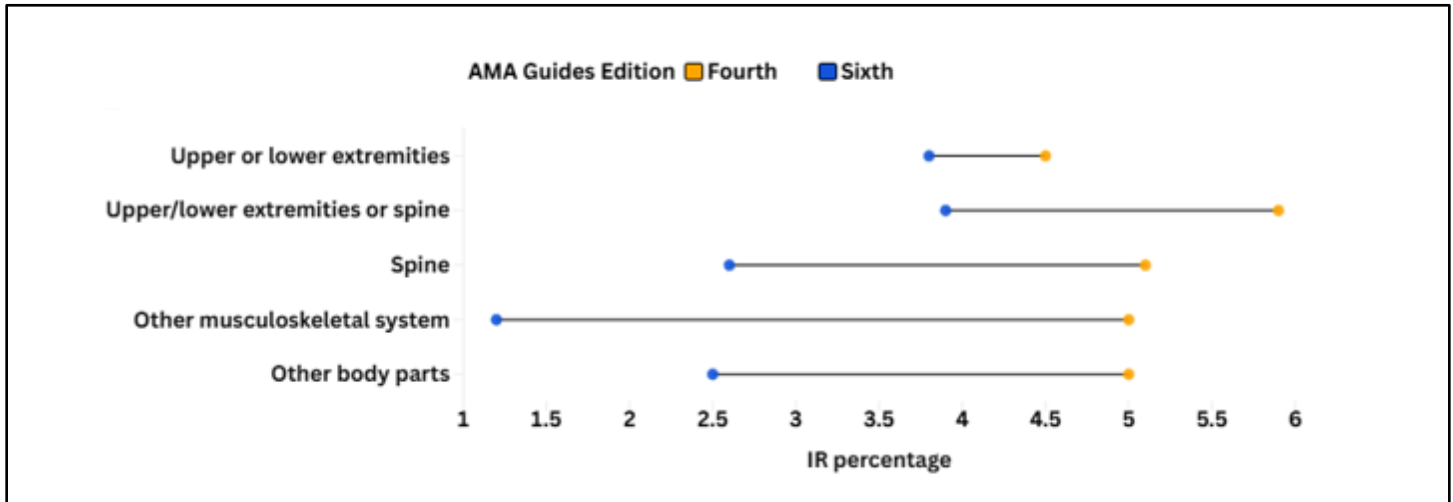
For the IR percentage groups of 6% or more, there were 104 cases. Out of these 104 cases, 86 received a lower IR when using the AMA Guides Sixth Edition. In the IR group of more than 20%, nine received a lower IR and 1 stayed the same. For 0% with a spine injury, 12 cases were assigned a higher IR between 1-4%.

For each of the body part groups, the AMA Guides Sixth Edition, on average, assigned lower IRs than the AMA Guides Fourth Edition:

- Upper or lower extremities: the AMA Guides Fourth Edition had an average IR of 4.5% and the AMA Guides Sixth Edition had an average IR of 3.8%.
- Upper/lower extremities or spine: the AMA Guides Fourth Edition had an average IR of 5.9% and the AMA Guides Sixth Edition had an average IR of 3.9%.
- Spine: the AMA Guides Fourth Edition had an average IR of 5.1% and the AMA Guides Sixth Edition had an average IR of 2.6%.
- Other musculoskeletal system: the AMA Guides Fourth Edition had an average IR of 5% and the AMA Guides Sixth Edition had an average of about 1%.
- Other body parts: the AMA Guides Fourth Edition had an average IR of 5% and the AMA Guides Sixth Edition had an average IR of 2.5%.

See Figure 5 for a comparison of IR for each body part group using the AMA Guides Fourth and Sixth Editions. The length of the line indicates the difference in IR between the AMA Guides Editions.

Figure 5: Comparison of average IR for each body part group, AMA Guides Fourth and Sixth Editions



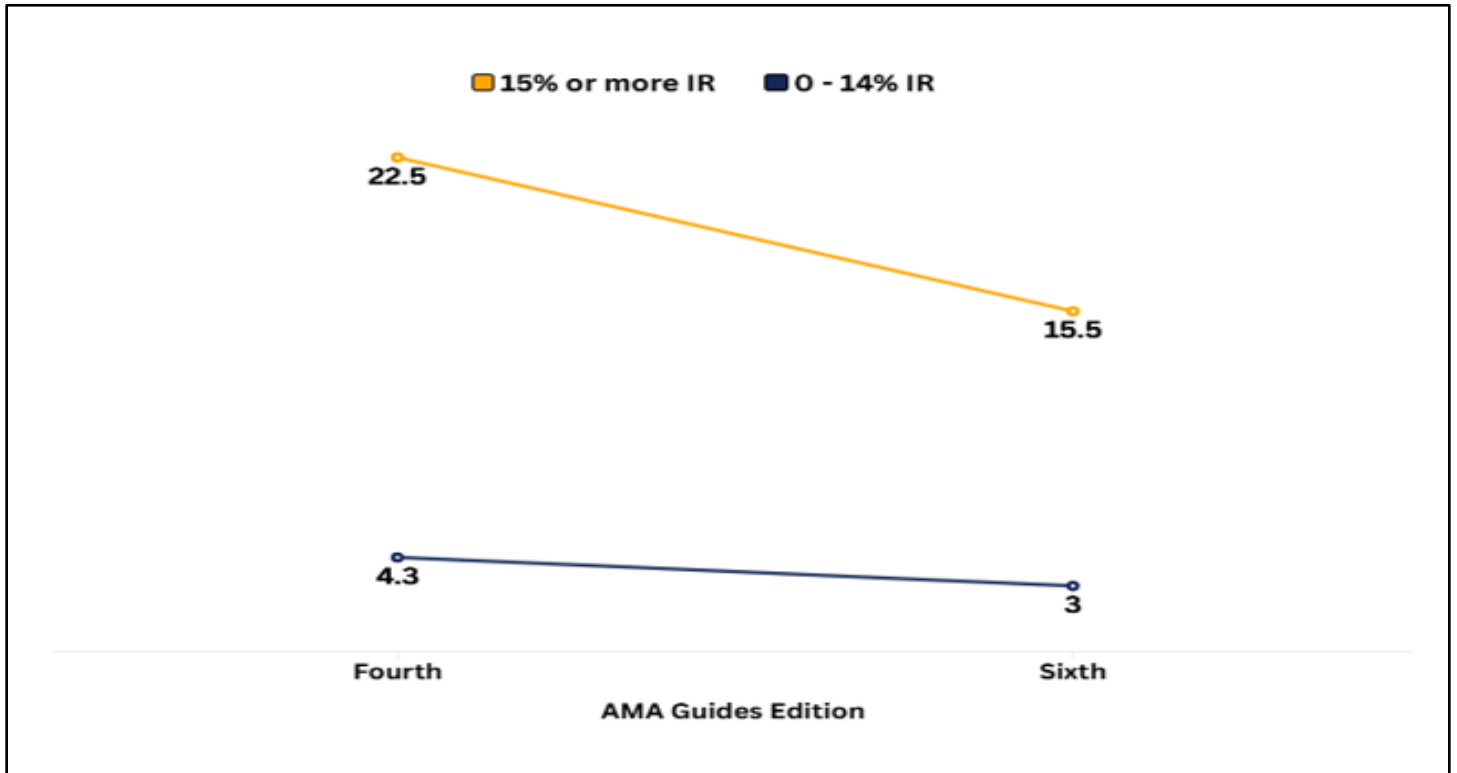
Source: Workers' Compensation Research and Evaluation Group, 2026.

Average IR ratings showed decreases in IR for all IR percentage groups when using the AMA Guides Sixth Edition compared to the AMA Guides Fourth Edition. The majority of cases, 94% or 341 out of 363, belong to IR percentage groups 0-14%. For IR groups 0-14%, the average IR decreased from 4.3%, using the AMA Guides Fourth Edition, to 3%, using the AMA Guides Sixth Edition.

The IR percentage group of 15% or more also saw a significant decrease: 22.5% using the AMA Guides Fourth Edition to 15.5% using the AMA Guides Sixth Edition. This IR percentage group represents 6% of the total cases. IRs that are 15% or more are important to understand the difference between the editions because certain income benefits, such as SIBs, may apply to injured employees with an IR of 15% or more.

See Figure 6 for a comparison of average IR for these two IR groups, 0-14% and 15% or more, when using the AMA Guides Fourth and Sixth Editions.

Figure 6: Comparison of average IR by IR percentage group, AMA Guides Fourth and Sixth Editions



Source: Workers' Compensation Research and Evaluation Group, 2026.

Out of the 363 cases, 22 had an IR of 15% or more when using the AMA Guides Fourth Edition. Twelve of these cases had an IR of 15-20% and 10 had an IR of more than 20%. When the reviewers used the AMA Guides Sixth Edition, 45%, or 10 cases out of the 22, were given an IR below 15%: 7 out of 12 cases from 15-20% IR and 3 out of 10 cases from more than 20%. This is important to note because of the possible change in eligibility for certain income benefits. An IR of 15% or more does not solely guarantee certain income benefits for an injured employee. Injured employees must meet other eligibility requirements along with an IR of 15% or more for certain income benefits.

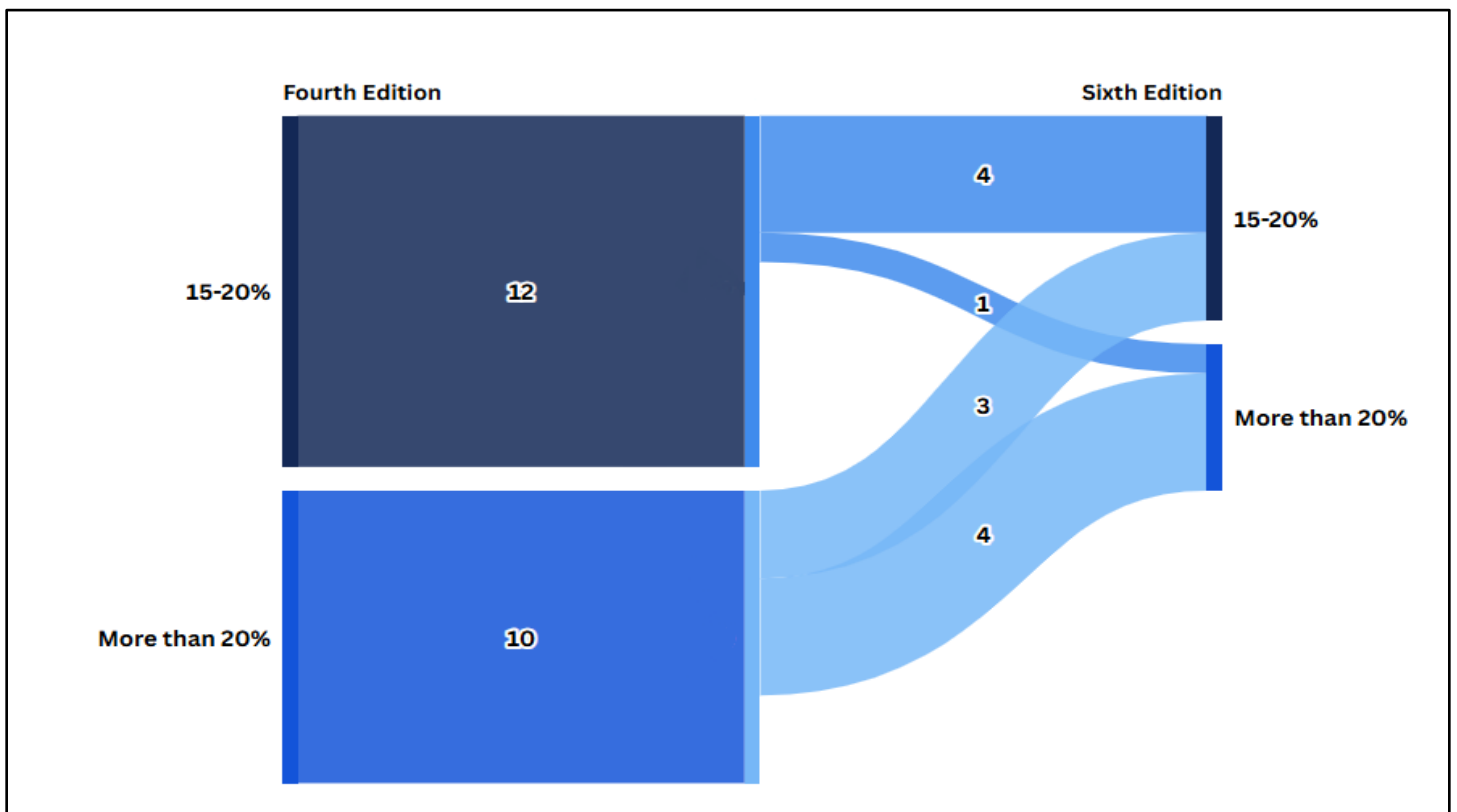
The AMA Guides Fourth Edition had 12 cases for IR percentage group 15-20% and 10 cases for more than 20%. When reviewers used the AMA Guides Sixth Edition for these cases, the following IRs were assigned:

- 15-20% (12 cases, AMA Guides Fourth Edition):
 - Four cases remained in 15-20%
 - One case moved to more than 20%
 - Three cases moved to 10-14%
 - Two cases moved to 6-9%
 - Two cases moved to 1-5%
- More than 20% (10 cases, AMA Guides Fourth Edition)
 - Four cases remained in more than 20%

- Three cases moved to 15-20%
- Two cases moved to 10-14%
- One case moved to 6-9%

Figure 7, see below, shows the number of cases for 15-20% and more than 20% using the AMA Guides Fourth Edition and then the AMA Guides Sixth Edition.

Figure 7: Number of IRs assigned for 15-20% and more than 20%, AMA Guides Fourth and Sixth Editions



Source: Workers' Compensation Research and Evaluation Group, 2026.

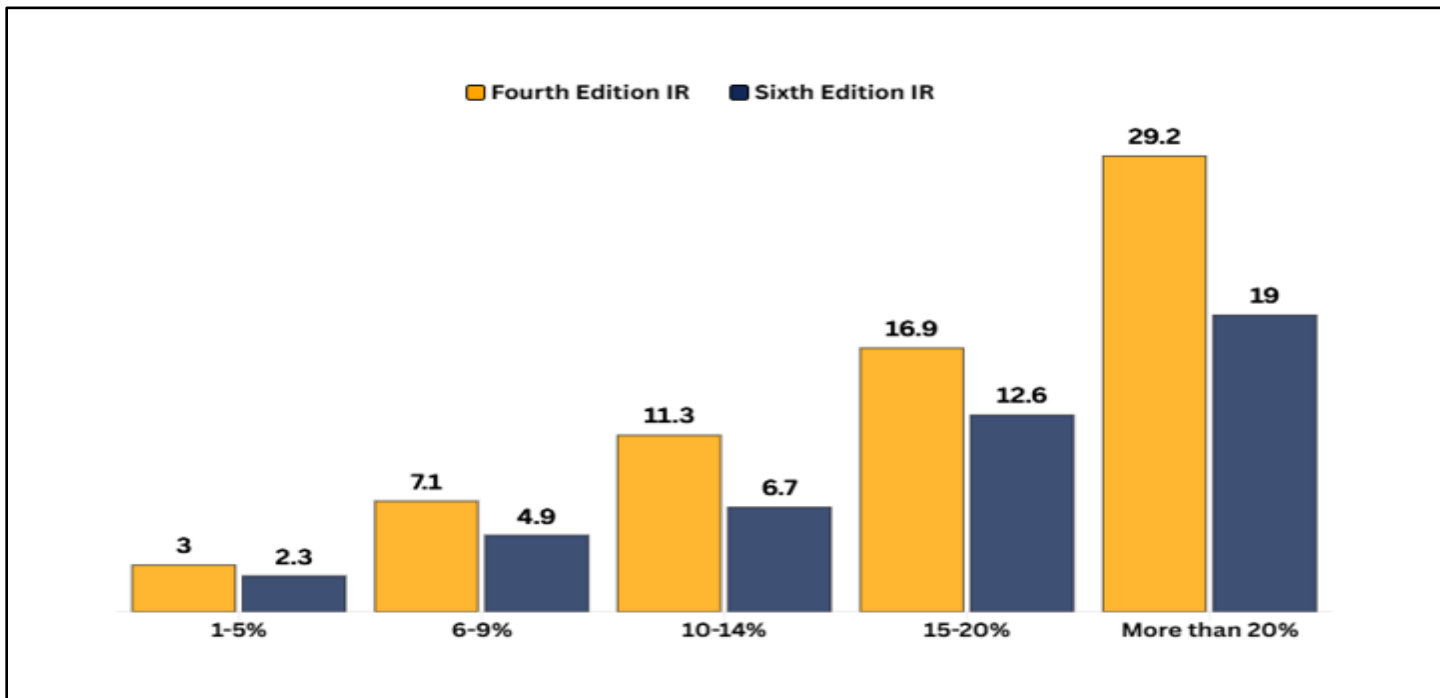
When using the AMA Guides Sixth Edition, the average IR for five out of six of the percentage groups decreased. IR percentage group 0% with spine injury is the only percentage group to see an increase when using the AMA Guides Sixth Edition. There were 24 cases of 0% IR with spine injury. Half of these cases, 12, were assigned a higher IR, between 1-4%, when using the AMA Guides Sixth Edition. The other half of the cases remained at 0% IR.

There were other average IR changes in the IR groups when using the AMA Guides Sixth Edition:

- 1-5% decreased from 3% to 2.3%.
- 6-9% decreased from 7.1% to 4.9%.
- 10-15% decreased from 11.3% to 6.7%.
- 15-20% decreased from 16.9% to 12.6%.
- More than 20% decreased from 29.2% to 19%.

See Figure 8 for a comparison of IR assigned from the AMA Guides Fourth Edition to the AMA Guides Sixth Edition for each of the IR percentage groups.

Figure 8: Each IR percentage group, comparison of average IR, AMA Guides Fourth and Sixth Editions



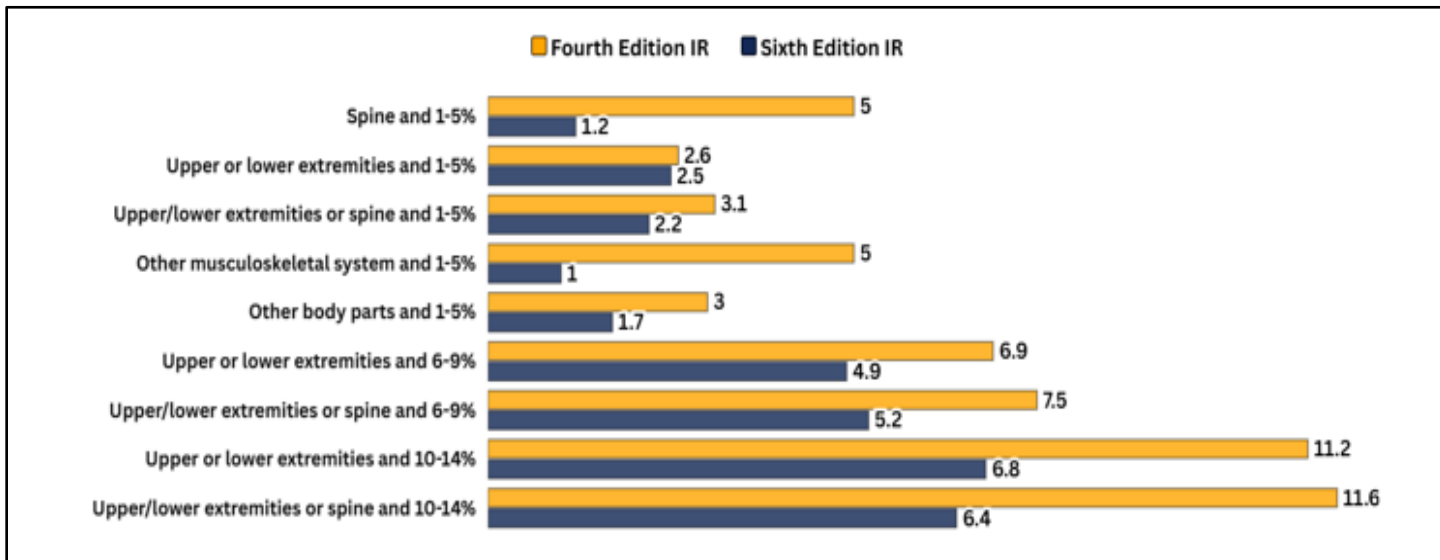
Source: Workers' Compensation Research and Evaluation Group, 2026.

Combined comparison of body part and IR percentage groups, average

When looking at the overlap of body parts and IR percentage groups, the data shows the reviewers assigned lower IR when using the AMA Guides Sixth Edition. For spine cases, which were assigned 0% IR with the AMA Guides Fourth Edition, 12 out of these 24 cases received a higher IR and the other half remained at 0%.

Each of the groups below has at least ten cases that were within the body part group and IR percentage group. Below in Figure 9, the average IR for multiple body parts and IR percentage groups combined is shown. The figure is organized from 1-5% with spine injury and then increases by IR percentage group by different body part groups.

Figure 9: Comparison of body part and IR percentage groups, average IR, AMA Guides Fourth and Sixth Editions

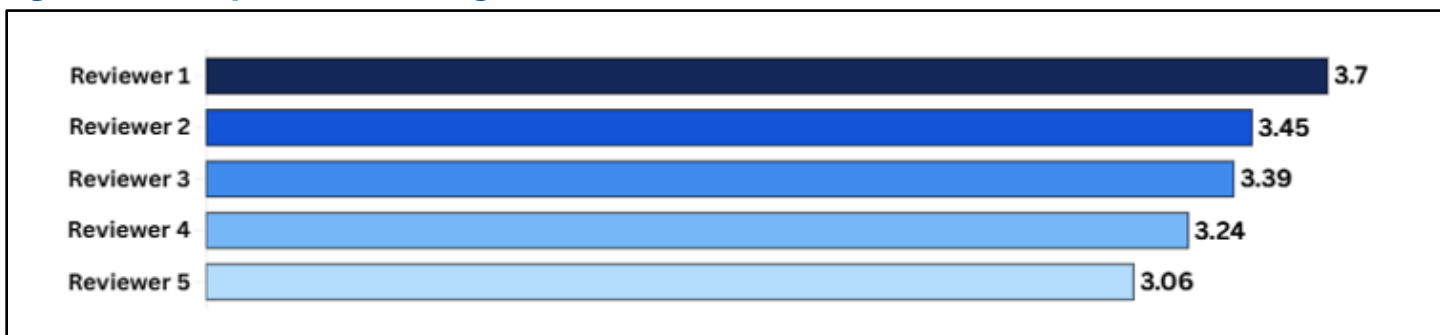


Source: Workers' Compensation Research and Evaluation Group, 2026.

Comparison of average IR by reviewer, AMA Guides Fourth and Sixth Editions

Each of the 363 cases were reviewed using the AMA Guides Sixth Edition. All five reviewers were able to assign IR for 294 cases. The overall average IR rating for all 294 cases using the AMA Guides Fourth Edition was 4.74%. For each of the five reviewers, when using the AMA Guides Sixth Edition, the average IR percentage assigned was lower. Each of the five reviewers had average IRs between 3.06% and 3.7%. These IRs, using the AMA Guides Sixth Edition, are statistically different compared to the average IR using the AMA Guides Fourth Edition. The average IRs assigned by the reviewers were consistent and reliable across all 294 cases. Below, in Figure 10, the average IR for each of the reviewers is shown.

Figure 10: Comparison of average IR, each reviewer, AMA Guides Sixth Edition



Source: Workers' Compensation Research and Evaluation Group, 2026.

Conclusion

The AMA states, "outdated treatment protocols, often leave patients with higher ratings that are not reflective of their true condition." As new science becomes available, the AMA works to update the AMA

Guides to assist doctors to assign fair and consistent IR. Over time, research has shown that certain injuries and illnesses were seen with a greater loss of function than would be considered accurate using current medical knowledge and practices. The use of the AMA Guides Sixth Edition would view these injuries with less loss of function which would result in a lower IR assigned.

The average IRs decreased when using the AMA Guides Sixth Edition: 59% of all cases were given a lower IR. This is likely due to outdated treatment protocols giving injured employees higher IRs. Thirty percent of cases had an increased IR, and 11% of cases remained unchanged. Overall, the average IR assigned was 1.6% lower when using the AMA Guides Sixth Edition. The average IR for all body part groups and IR percentage groups decreased when using the AMA Guides Sixth Edition, except for 0% with a spine injury.

A change in IR has implications for income benefits an injured employee may receive. Although our research indicates an overall average decrease in IRs, the AMA Guides states that the AMA Guides Sixth Edition is more accurate and reflective of current medical practices which improves fairness and equity of IR evaluations and percentages assigned.

Implications for income benefits when using the AMA Guides Sixth Edition

The AMA Guides Sixth Edition has three chapters of importance to understand the differences in IR. These chapters are chapters 15-17: "Upper Limb," "Lower Limb," and "Spine and Pelvis." Some conditions that were rated higher using the AMA Guides Fourth Edition have been updated in the AMA Guides Sixth Edition to focus more on the anatomical injury and the functional outcome.

The updated spine chapter focuses on condition of the injury and the outcome to assign IR. Because of the changes in the AMA Guides Sixth Edition, IR are expected to change. This expectation is due to various factors: the understanding that surgery and therapeutic procedures should improve function, there are new and improved treatments for various injuries, and new medical practices and knowledge about more current conditions that may not have been ratable in previous editions.

For this report, the 363 cases that were reviewed and assigned IR used only the previous medical reports and information and did not actually perform an exam or correct any previous issues. The new IR assigned were expected to change because of the updates made to the AMA Guides Sixth Edition to reflect more accurate and reliable methods of assessing and assigning IR.

Two important takeaways:

- The average IR was lower when using the AMA Guides Sixth Edition.
- This lower IR would have implications for the amount and duration of income benefits Texas injured employees may receive.

Income benefit levels in the Texas workers' compensation system are set by statute in Chapter 408 of the Texas Labor Code. IIBs and IIBs payments are based off the IR assigned to an injured employee and the state average weekly wage (SAWW). Based on this study, if the AMA Guides Sixth Edition had been used in 2022, the average IR would have been 1.72% lower in the cases that received IIBs.

Within this report, out of the 363 cases, 308 cases had their last exam date in 2022, an IIBs payment, and an IR of more than 0%. These 308 cases had an average IR of 5.73%, using the AMA Guides Fourth Edition. If the AMA Guides Sixth Edition had been used, the average IR decreased to 4.01%. See Table 3 for the differences between the AMA Guides Fourth Edition and the AMA Guides Sixth Edition.

Table 3: Differences in IR point, IR percentage, and weeks, AMA Guides Fourth and Sixth Editions

| | Number of Cases | Average IR, AMA Guides Fourth Edition | Average IR, AMA Guides Sixth Edition | IR Point Difference | IR Percentage Difference | Weeks Difference |
|--------------------------------------|-----------------|---------------------------------------|--------------------------------------|---------------------|--------------------------|------------------|
| Sample Cases with IIBs Benefits Paid | 308 | 5.73% | 4.01% | 1.72% | 30.14% | 5.16 |

Source: Workers' Compensation Research and Evaluation Group, 2026.

This decrease in IR would have a reduction in the duration and amount of income benefits paid. There were 13,986 cases with their last exam date in 2022, an IIBs payment, and an IR of more than 0%. The IIBs payments were almost \$138 million over the duration of more than 232,000 weeks. The average compensation rate per week was \$593.54. There would have been a total of \$42.83 million in system cost reductions. This reduction equates to 31.07% of IIBs paid and 11.6% of total benefits paid to the 13,986 cases.

See Table 4 for a breakdown of total benefits paid with the AMA Guides Fourth Edition and the differences in amount and duration if IR was assigned with the AMA Guides Sixth Edition.

Table 4: Reductions in IIBs payments and durations, along with percentage reductions, AMA Guides Sixth Edition

| Total Benefit Payments, AMA Guides Fourth Edition | Total Benefits, IIBs Payments, AMA Guides Fourth Edition | Total Weeks, IIBs Payments, AMA Guides Fourth Edition | Average Compensation Rate | Total Claims with IIBs |
|--|---|--|----------------------------------|-------------------------------|
| \$369 million | \$137,878,067 | 232,298 | \$593.54 | 13,986 |

| Weeks Reduction, IIBs, AMA Guides Sixth Edition | Total Amount Reduction, IIBs Payments, AMA Guides Sixth Edition | Total Percentage Reduction, IIBs Payments, AMA Guides Sixth Edition | Percentage Reduction in Total Benefit Payments, AMA Guides Sixth Edition |
|--|--|--|---|
| 72,168 | \$42,834,452 | 31.07% | 11.6% |

Source: Workers' Compensation Research and Evaluation Group, 2026.

SIBs are paid after IIBs, and the injured employee must have an IR of 15% or more. In 2022, there were 500 injured employees who qualified for SIBs based on their IR using the AMA Guides Fourth Edition. If the AMA Guides Sixth Edition had been used instead, 50% of these injured employees would have been assigned a lower IR with the SAWW of \$741. The Texas workers' compensation system would have reduced costs by around \$185,250 per week.

Other key takeaways

Half of the 24 cases that were 0% with a spine injury had an increase in IR percentage when using the AMA Guides Sixth Edition. The 12 cases which were assigned a higher IR had a new IR which ranged from 1-4%. The other half remained at 0%. All other body part groups had lower average IR when using the AMA Guides Sixth Edition. The data shows that all body part and IR percentages groups, when looked at singularly and combined, received a lower average IR when using the AMA Guides Sixth Edition. This report shows that all five reviewers, on average, gave lower IR when using the AMA Guides Sixth Edition.

In December of 2025, there were further updates to the AMA Guides. These updates included chapter 5: "Pulmonary System" and chapter 11: "Ear, Nose, and Throat." The updates to chapter 11 did not affect IR.

Appendix

Below in table 1 are the ICD-10 codes with explanations for each body part group.1.

Table 1. ICD-10 with explanations based on AMA Guides categories

| Body part group based on AMA Guides | ICD-10 code explanation |
|--|---|
| Upper or lower extremities | S40.011A – S69.82XS: Injuries to the upper extremities. This range specifically covers injuries to the shoulder, upper arm, elbow, forearm, wrist, hand, and fingers. |
| Upper or lower extremities | S70.00XA – S99.922S: Injuries to the lower extremities. This range covers injuries to the hip, thigh, knee, lower leg, ankle, and foot. |
| Upper or lower extremities | T22.00XA – T25.799S: Burns and corrosions of external body surfaces, specified by site. This covers burns and corrosions of the shoulder, upper limb, wrist, hand, hip, lower limb, ankle, and foot. |
| Upper/lower extremities or spine | M00.00 – M25.87: Arthropathies. This range includes infectious arthropathies, inflammatory polyarthropathies, osteoarthritis, and other joint disorders |
| Upper/lower extremities or spine | M40.00 - M71.9: Dorsopathies and soft tissue disorders. This includes deforming dorsopathies (kyphosis/scoliosis), spondylopathies, and soft tissue disorders like myositis and bursopathies. |
| Upper/lower extremities or spine | M75.00 – M96.89: Other soft tissue and musculoskeletal disorders. This covers shoulder lesions (e.g., frozen shoulder), osteopathies, chondropathies, and intraoperative/postprocedural complications of the musculoskeletal system |

| | |
|------------------|---|
| Spine | S12.000A – S19.9XXS: Injuries to the neck, including fractures of cervical vertebrae and other neck injuries. |
| Spine | S22.000A – S24.9XXS: Injuries to the thorax, including fractures of the ribs, sternum, and thoracic spine, and injuries to thoracic nerves and spinal cord. |
| Spine | S32.000A – S35.99XS: Injuries to the abdomen, lower back, lumbar spine, and pelvis, including fractures and injuries to nerves and blood vessels. |
| Spine | T84.010A – T84.9XXS: Complications of internal orthopedic prosthetic devices, implants, and grafts. |
| Other MSK | Codes in the range M00-M99 and S00-T88 but not identified in the above three categories. |
| Other body parts | I00–I99: Diseases of the Circulatory System |
| Other body parts | J00–J99 & U07.0: Diseases of the Respiratory System |
| Other body parts | K00–K95: Diseases of the Digestive System |
| Other body parts | N00–N99: Diseases of Genitourinary System |
| Other body parts | L00–L99: Diseases of the Skin and Subcutaneous Tissue |
| Other body parts | D50–D89: Disease of the Blood and Blood-Forming Organs and Certain Disorders Involving the Immune Mechanism |
| Other body parts | E00–E89: Endocrine, Nutritional, and Metabolic Diseases |
| Other body parts | H60–H95: Diseases of the Ear and Mastoid Process |
| Other body parts | H00–H59: Diseases of the Eye and Adnexa |
| Other body parts | G00–G99: Diseases of the Nervous System |
| Other body parts | F01–F99: Mental, Behavioral and Neurodevelopmental Disorders |
| Other body parts | Unknown codes, including claims without a valid ICD10 code as well |

Source: Workers' Compensation Research and Evaluation Group, 2026.



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