



Impairment Rating Reviews

Precision under the AMA Guides. Defensible methodology.

CMRS Impairment Rating Reviews (IRRs) deliver clear, defensible, clinically supported evaluations that withstand regulatory and legal scrutiny. Our structured review combines experienced physician reviewers, advanced record analysis, and detailed AMA Guides methodology verification to ensure accuracy and consistency.

Impairment is a quantitative assessment of severity used to determine compensation under workers' comp, disability, and Medicare Set-Aside frameworks. Inaccurate ratings drive inflated settlements — industry analysis shows an 8% average error rate, costing approximately \$1,500 per percentage point. Catching errors before settlement averages \$12,000 in savings per claim.

CMRS IRR services are built for workers' compensation carriers, TPAs, self-insured employers, defense and plaintiff attorneys, LTD carriers, state WC boards, and MSA / Life Care Plan firms — anyone who needs an AMA Guides rating that can stand on its own in audit, hearing, or appeal.

Our Impairment Rating Review Process

1. Jurisdiction Verification & Record Analysis

CMRS first determines the correct AMA Guides edition or state-specific guides and the jurisdictional requirements that apply to the claim. Our physician reviewers then analyze the rating report together with the complete supporting medical record — diagnostic studies, operative reports, examination findings, and treating-provider documentation — flagging missing information, inconsistencies, and documentation issues that may impact rating validity.

2. Methodology Audit & Corrected Calculation

CMRS performs a step-by-step review of how the original impairment rating was calculated. Each component is verified against the applicable AMA Guides tables, figures, formulas, and methodology requirements to identify calculation errors, incorrect table selection, improper apportionment, or unsupported conclusions. When errors are found, CMRS calculates the corrected rating using the proper methodology and supporting clinical evidence.

3. Clear, Defensible Reporting

CMRS delivers organized, easy-to-follow reports for claims handling, litigation, settlement evaluation, and appeals. Each report includes a concise summary of findings, supporting clinical rationale, and detailed methodology analysis presented in a format that can stand on its own during audits, hearings, or legal review.

BENEFITS

- Identifies inflated ratings before settlement exposure
- AMA Guides specialists across all editions and state-specific guides
- Step-by-step methodology audit on every rating
- Defensible documentation citing exact Guides references
- Faster, more confident reserving and negotiation
- Reports designed to withstand audits, hearings, and legal review
- Same-day and next-day rush availability

WHY CHOOSE CMRS

CMRS occupies the rare middle ground in independent medical review: large enough to service any size account, yet small enough to never lose sight of customer service.

■ Methodology That Holds Up

Step-by-step calculation rationale citing exact Guides references — defensible in audit, hearing, and appeal.

■ Industry-Defining IRR Leadership

Our COO led the development of IRR programs in the industry. The methodology you receive reflects two decades of refinement, not a vendor add-on.

■ Right-Sized Capacity

Whether you need ten reviews a month or thousands, CMRS scales to meet your volume without surrendering personal attention.

■ Customer Service First

You get a named account team and direct phone access, not a ticket queue. Responsiveness is built into every engagement.

■ 100% U.S.-Based, URAC-Accredited

Every reviewer, coordinator, and piece of data stays domestic. URAC, SOC 2, HIPAA, and Virtru are baseline, not add-ons.

"An impairment rating is not a clinical opinion — it is a calculation, performed under a specific edition of the Guides, in a specific jurisdiction. Catching the error before settlement is worth more than catching it after."



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URAC



SOC 2



HIPAA



VIRTRU

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