AMA Criteria for Permanent Impairment Associated with Valvular Heart Disease

Overview: Valvular heart disease can cause impairment which can be quantitated using the AMA criteria.

Selection: A patient should have evidence of valvular heart disease based on physical examination laboratory studies or other findings.

Parameters: (1) functional class (using the 1964 NYHA criteria)

(2) therapy (diet medication surgery) and its effectiveness

(3) evidence of heart failure or ventricular dysfunction

(4) valvular stenosis and/or regurgitation severity

Functional Class	Therapy	Heart Failure or Ventricular Dysfunction	Valvular Disease	Impairment of the Whole Person
none with ordinary daily activities or moderately heavy physical exertion (functional class I)	continuous therapy not required	no signs of CHF; no signs of ventricular dysfunction or dilation	mild	0 - 9%
functional class II (none with ordinary daily activities but present with moderate exertion)	effective	no signs of CHF with therapy; chamber dys-function or dilatation present	moderate	10 – 29%
functional class III (slight to moderate discomfort with ordinary daily activities)	partially effective	some signs of CHF; chamber dysfunction or dilatation present	moderate or severe	30 – 49%
functional class IV (symptomatic at rest or with less than ordinary daily activities)	ineffective	signs of CHF; chamber dysfunction or dilatation present	moderate or severe	50 – 100%

where:

- For a permanent impairment surgical correction of the valvular disorder should not be feasible or advisable for some reason.
- A patient who has had a valve surgery performed is classified based upon residual symptoms. If permanent complications occurred from surgery then these are combined with the impairment associated with the valvular disease.
- Patients may require intermittent antibiotic therapy as prophylaxis for prevention of endocarditis.

References:

Cocchiarella L Andersson GBJ (editors). Guides to the Evaluation of Permanent Impairment Fifth Edition. American Medical Association. 2001. (Table 3-5 page 30; for functional class see Table 3-1 page 26).