

**WYOMING WORKERS' SAFETY & COMPENSATION  
 PREAUTHORIZATION check sheet  
 Impairment Rating (All Ratings)**

Any MD or DO may request preauthorization to complete an Impairment Rating. The following documentation/criteria must be present in the actual rating report submitted to the Division. The MD or DO should complete this form and include it with the Rating report.

Compensability should NOT be in question at the time of preauthorization for this procedure.

Claimant: \_\_\_\_\_ Case Number: \_\_\_\_\_

Name of Rating Physician: \_\_\_\_\_

Date of Rating: \_\_\_\_\_

Rating (Body Part, Category, %): \_\_\_\_

Surgical Procedure(s) (related to W/C injury): \_\_\_\_\_

	YES	NO	N/A
1. Rating method of evaluation per instructions in the AMA Guides, CURRENT Edition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the Rating appropriate to the case information/body part?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Calculations and percentage (%) correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tables accurately referenced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Reference made to Combined Values Chart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Assessment forms in Guides used by physician?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Documentation of injury history?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. List of records?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Physician exam?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. List of operative report(s), if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Studies documenting or confirming symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_