

**RULES
OF
THE TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
BUREAU OF WORKERS' COMPENSATION**

**CHAPTER 0800-02-20
MEDICAL IMPAIRMENT RATING REGISTRY PROGRAM**

TABLE OF CONTENTS

0800-02-20-.01	Definitions	0800-02-20-.08	Multiple Impairment Rating Evaluations
0800-02-20-.02	Purpose and Scope	0800-02-20-.09	Communication with Registry Physicians
0800-02-20-.03	Severability	0800-02-20-.10	Requirements for the Evaluation
0800-02-20-.04	Requisite Physician Qualifications for Inclusion on Medical Impairment Rating Registry	0800-02-20-.11	Requirements for the "MIR Report"
0800-02-20-.05	Application Procedures for Physicians to Join the Registry	0800-02-20-.12	Peer Review
0800-02-20-.06	Requests for a MIR Registry Physician	0800-02-20-.13	Removal of a Physician from the Registry
0800-02-20-.07	Payments/Fees	0800-02-20-.14	Penalties
		0800-02-20-.15	Time Limits
		0800-02-20-.16	Cooperation
		0800-02-20-.17	Overturning a MIR Physician's Opinion

0800-02-20-.01 DEFINITIONS. The following definitions are for the purposes of this chapter only:

- (1) "Administrator" means the chief administrative officer of the Bureau of Workers' Compensation with full authority over the MIR Registry Program, or the Administrator's designee.
- (2) "Business day(s)" means any day upon which the Bureau is open for business.
- (3) "Bureau" means the Tennessee Bureau of Workers' Compensation.
- (4) "Conflict of Interest" means a conflict between the professional or personal interests and needs of a health care provider and his or her professional responsibilities toward a patient or consumer.
- (5) "Dispute of degree of medical impairment" means one or more of the following:
 - (a) At least two different physicians have issued differing permanent medical impairment ratings in compliance with the Act and the parties disagree as to those permanent impairment ratings;
 - (b) A physician has issued an opinion in compliance with the Act that no permanent medical impairment exists, yet that same physician has issued permanent physical or mental (psychiatric) restrictions to the injured employee; or
 - (c) The employer and employee both wish to access the Medical Impairment Rating Registry.
- (6) "Employee" shall have the same meaning as set forth in Tenn. Code Ann. § 50-6-102.
- (7) "Employer" shall have the same meaning as set forth in Tenn. Code Ann. § 50-6-102.
- (8) "Form" means the "Request for a Medical Impairment Rating," required to be used to request a MIR Registry physician from the Administrator. The Form is available upon request from the Bureau or online at www.tn.gov/workforce/topic/forms.
- (9) "Insurer" or "carrier" means an employer's workers' compensation insurance carrier and additionally shall include any entity claiming, operating, or attempting to operate as a self-

(Rule 0800-02-20-.01, continued)

insured employer, self-insured pool, or self-insured trust pursuant to the requirements of Tenn. Code Ann. § 50-6-405 and Chapter 0780-01-54, Self-Insured Pools, of the Rules of the Department of Commerce and Insurance, Insurance Division.

- (10) “Law” means the Tennessee Workers’ Compensation Law, Tenn. Code Ann. §§ 50-6-101 et seq., as amended.
- (11) “Medical Impairment Rating Registry” or “MIR Registry” means the registry or listing of physicians established by the Administrator pursuant to Tenn. Code Ann. § 50-6-204 (2005) to perform independent medical impairment ratings when there is a dispute as to the degree of medical impairment, as defined in these Rules.
- (12) “Party” means any person or entity which either could be liable for payment of workers’ compensation benefits or a person who has a potential right to receive workers’ compensation benefits. “Party” shall include a legal representative of a party.
- (13) “Physician” means a person currently licensed in good standing to practice as a Doctor of Medicine, Doctor of Chiropractic, or Doctor of Osteopathy.
- (14) “Program Coordinator” means the administrative officer of the MIR Registry Program, appointed by the Administrator.

Authority: T.C.A. §§ 50-6-102, 50-6-204, 50-6-205, and 50-6-233. **Administrative History:** Public necessity rule filed June 15, 2005; effective through November 27, 2005. Public necessity rule filed November 16, 2005; effective through April 30, 2006. Original rule filed January 30, 2006; effective April 15, 2006. Amendment filed November 8, 2011; effective April 29, 2012. Amendments filed March 25, 2013; effective June 23, 2013. Amendment filed December 26, 2013; effective March 26, 2014. Amendments filed June 10, 2016; effective September 8, 2016. Amendments filed December 5, 2023; effective March 4, 2024.

0800-02-20-.02 PURPOSE AND SCOPE.

- (1) Purpose. The purpose of the Medical Impairment Rating Registry Program is to comply with and implement Tenn. Code Ann. § 50-6-204(d)(5) and (6) by establishing a resource to resolve disputes regarding the degree of permanent medical impairment ratings for injuries or occupational diseases to which the Law is applicable. In order to ensure high-quality independent medical impairment evaluations, the Bureau establishes these Rules for parties and physicians. MIR Registry physicians shall provide evaluations in a manner consistent with the standard of care in their community and in compliance with these Rules, as well as issue opinions based upon the applicable edition of the AMA Guides™ to the Evaluation of Permanent Impairment or other appropriate method pursuant to the Act.
- (2) Scope. The MIR Registry is available to any party with a dispute of the degree of medical impairment rating as defined herein for injuries or any occupational disease which occurred on or after July 1, 2005. The only aspect considered by a MIR Registry physician shall be the degree of permanent medical impairment and shall not be apportioned unless directed to do so by the written agreement of all parties, as submitted to the Program Coordinator. If multiple pathologies are present in the same disputed body part or organ system, the MIR Physician may address causation solely as a means of obtaining the correct degree of permanent medical impairment, as stipulated by AMA Guides™ methodology.

Authority: T.C.A. §§ 50-6-102, 50-6-204, 50-6-205, and 50-6-233. **Administrative History:** Public necessity rule filed June 15, 2005; effective through November 27, 2005. Public necessity rule filed November 16, 2005; effective through April 30, 2006. Original rule filed January 30, 2006; effective April 15, 2006. Amendments filed June 10, 2016; effective September 8, 2016. Amendments filed December 5, 2023; effective March 4, 2024.

0800-02-20-.03 SEVERABILITY.

- (1) If any provision of these Rules or the application thereof to any person or circumstance is, for any reason, held to be invalid, the remainder of the Rules and the application of the provisions to other persons or circumstances shall not be affected in any respect whatsoever.

Authority: T.C.A. §§ 4-5-202 and 50-6-204. **Administrative History:** Public necessity rule filed June 15, 2005; effective through November 27, 2005. Public necessity rule filed November 16, 2005; effective through April 30, 2006. Original rule filed January 30, 2006; effective April 15, 2006.

0800-02-20-.04 REQUISITE PHYSICIAN QUALIFICATIONS FOR INCLUSION ON MEDICAL IMPAIRMENT RATING REGISTRY.

- (1) A physician seeking an appointment to the MIR Registry shall submit a “Physician Application for Appointment to the Certified Physician Program (CPP) and/or Medical Impairment Rating (MIR) Registries” and must satisfy the following qualifications:
 - (a) Possess a license to practice medicine, chiropractic, or osteopathy in Tennessee which is current, active, and unrestricted;
 - (b) Be board-eligible or board-certified in his/her medical specialty by a board recognized by the American Board of Medical Specialties, the National Board of Chiropractic Examiners, the American Osteopathic Association or another organization acceptable to the Administrator;
 - (c) Have successfully completed a training course, approved by the Administrator, dedicated to the proper application of the applicable edition of the American Medical Association Guides to the Evaluation of Permanent Impairment™ (hereafter the “AMA Guides™”) in impairment evaluations and furnish satisfactory evidence thereof; and
 - (d) Furnish satisfactory proof of carrying the minimum medical malpractice insurance coverage amounts enumerated in T.C.A. § 29-20-403.

Authority: T.C.A. §§ 50-6-102, 50-6-204, 50-6-205, and 50-6-233. **Administrative History:** Public necessity rule filed June 15, 2005; effective through November 27, 2005. Public necessity rule filed November 16, 2005; effective through April 30, 2006. Original rule filed January 30, 2006; effective April 15, 2006. Amendments filed March 25, 2013; effective June 23, 2013. Amendment filed December 26, 2013; effective March 26, 2014. Amendments filed June 10, 2016; effective September 8, 2016. Amendments filed December 5, 2023; effective March 4, 2024.

0800-02-20-.05 APPLICATION PROCEDURES FOR PHYSICIANS TO JOIN THE REGISTRY.

- (1) Appointment to the MIR Registry shall expire upon a physician’s decision to withdraw from the Registry or the Bureau’s removal of a physician from the Registry. The Bureau reserves the right to charge physicians a non-refundable application fee upon appointment or reinstatement to the MIR Registry.
- (2) An advisory panel of three (3) current MIR Registry physicians shall be randomly selected by the Program Coordinator to review the application. The Panel shall include one member from each grand division of the state who shall have been on the MIR Registry for at least five (5) years without any disciplinary actions imposed by the Bureau. Each panelist shall either recommend or not recommend to the Administrator the applicant for inclusion on the MIR Registry. The Administrator shall have the sole and exclusive authority to approve or reject applications for inclusion on the MIR Registry.

(Rule 0800-02-20-.05, continued)

- (3) Physicians seeking appointment to the MIR Registry shall complete a “Physician Application for Appointment to the Certified Physician Program and/or MIR Registries,” available upon request or on-line at http://www.tn.gov/assets/entities/labor/attachments/MIR_appl_registry.pdf.
- (4) Upon appointment to the MIR Registry, MIR Physicians shall comply with the following conditions:
 - (a) Conduct all MIR evaluations based on the guidelines in the applicable edition of the AMA Guides™ and submit the original “MIR Report” with all attachments to the Program Coordinator. In cases not covered by the applicable AMA Guides™, any impairment rating allowed under the Act shall be appropriate;
 - (b) Agree to conduct all evaluations within 30 days of receiving referrals, except when good cause is shown. Consideration will be given to a physician’s schedule and other previously arranged or emergency obligations;
 - (c) Comply with the MIR Registry’s Rules;
 - (d) While on the MIR Registry, agree to maintain an active and unrestricted license to practice medicine, chiropractic, or osteopathy in Tennessee and to immediately notify the Administrator of any change in the status of the license, including any restrictions placed upon the license;
 - (e) While on the MIR Registry, agree to maintain all board certifications listed on the application and to immediately notify the Administrator of any change in their status;
 - (f) Conduct MIR evaluations in an objective and impartial manner, and shall:
 - 1. Conduct all evaluations only in a facility where the primary use of the site is for medical service, except in instances of telehealth, as permitted under the Tennessee Workers’ Compensation Law;
 - 2. Comply with all local, state and federal laws, regulations, and other requirements with regard to business operations, including specific requirements for the provision of medical services;
 - 3. Not conduct a physical examination on a claimant of the opposite sex without a witness of the same sex as the claimant present.
 - (g) Not refer any MIR Registry claimant to another specific physician for any treatment or testing nor suggest referral or treatment. However, if new diagnoses are discovered, the physician has a medical obligation to inform the requesting party and the claimant about the condition and recommend further medical assessment;
 - (h) Not become the treating physician for the claimant regarding the work-related injury;
 - (i) Not evaluate an MIR Registry claimant if a conflict of interest exists;
 - (j) Not substitute, or allow to be substituted, anyone else, including any other physician, physician assistant, nurse practitioner, physical therapist or staff member, as the physician to conduct the MIR Registry evaluation;
 - (k) No later than fifteen (15) calendar days after a request by the Program Coordinator to refund to the paying party part or all of any fee paid by that party for a MIR Registry evaluation, as may be required by these Rules and the Administrator; and

(Rule 0800-02-20-.05, continued)

- (l) For each MIR Registry case assigned, address only the issue of permanent impairment rating.
- (5) Bureau employees may be appointed to the MIR Registry in compliance with these Rules.
- (6) Physicians denied appointment to the MIR Registry by the Administrator or Administrator's designee on their initial application may seek reconsideration of their application by submitting a request for reconsideration stating the grounds for such reconsideration to the Program Coordinator within fifteen (15) calendar days of the issuance of the Notice of Denial of their application. The Administrator may affirm or reverse the initial determination upon reconsideration of the initial decision. The Administrator shall issue a Notice of Final Determination which shall be the final decision. If the Administrator does not act on the request for reconsideration within twenty (20) calendar days, then the request shall be deemed to have been denied, which shall be the final decision.

Authority: T.C.A. §§ 50-6-102, 50-6-204, 50-6-205, and 50-6-233. **Administrative History:** Public necessity rule filed June 15, 2005; effective through November 27, 2005. Public necessity rule filed November 16, 2005; effective through April 30, 2006. Original rule filed January 30, 2006; effective April 15, 2006. Amendments filed March 25, 2013; effective June 23, 2013. Amendment filed December 26, 2013; effective March 26, 2014. Amendments filed June 10, 2016; effective September 8, 2016. Amendments filed December 5, 2023; effective March 4, 2024.

0800-02-20-.06 REQUESTS FOR A MIR REGISTRY PHYSICIAN.

- (1) When a dispute of the degree of medical impairment, as defined in these Rules exists, any party may request a listing of physicians from the Administrator's MIR Registry by completing the "Application for Medical Impairment Rating" (hereinafter "Form"), available upon request from the Bureau or online at <http://www.tn.gov/workforce/section/injuries-at-work>. The completed Form must then be returned to the Program Coordinator via electronic mail, facsimile or U.S. mail.
- (2) The requesting party shall send a copy of the Form to the opposing party. The Program Coordinator's decision to accept or deny the Form is final for administrative purposes. If a party disagrees with the decision, then the parties may file a Petition for Benefits Determination (PBD) with the Court of Workers' Compensation Claims.
- (3) The request for a MIR Registry physician shall designate:
 - (a) All body part(s) or medical condition(s) to be evaluated, including whether mental impairment shall be evaluated;
 - (b) The names of all physicians that have previously evaluated, treated, or are currently evaluating or treating the claimant for the work-related injury at employer and/or employee expense;
 - (c) The names of all physicians made available to the claimant. If an employer provides the claimant with the name of a group of physicians rather than with individual physician names, the same information shall be included on the request form;
 - (d) The state file number assigned to the claims.
- (4) Selection of MIR Registry physician through party agreement:
 - (a) Within five (5) business days of receipt of the completed Form from the requesting party, the Program Coordinator shall issue a listing of all qualified physicians in the

(Rule 0800-02-20-.06, continued)

- appropriate geographic area (which shall mean within an approximate one hundred (100) mile straight-line radius of the employee's home zip code), from the MIR Registry to all parties listed on the Form so the parties may negotiate an agreement on the selection of a physician as the MIR Physician.
- (b) If the parties agree on one of the physicians from the qualified listing, they shall notify the Program Coordinator of the agreement so he or she may schedule the appointment with the selected physician for the MIR examination.
 - (c) The listing created will be comprised of physicians qualified based on the information provided by the physician and on their accreditation to perform evaluations of the body part(s) and/or medical condition(s) designated on the application for an evaluation.
 - (d) Psychiatric or psychological evaluations regarding mental and/or behavioral impairment shall be performed by a psychiatrist.
 - (e) Chiropractors shall provide impairment ratings for spinal injuries only.
 - (f) If the Program Coordinator determines that there are an inadequate number of qualified physicians within an approximate 100-mile straight-line radius of the employee's home zip code, the Program Coordinator may produce a state-wide listing of all registry physicians qualified to give the rating.
 - (g) Parties agreeing to the selection of the MIR Registry physician under this paragraph must abide by all of the directions set forth in these Rules.
 - (h) A written opinion as to the permanent medical impairment rating given by the MIR Registry physician selected pursuant to these Rules shall be presumed to be the accurate impairment rating pursuant to T.C.A. § 50-6-204.
- (5) The submitting party shall certify that all parties, as well as the Program Coordinator, have been sent the completed Form at the same time. The Form will not be processed until all required information has been provided.
- (6) The 3-Physician Strike List:
- (a) Upon request from one of the parties or after 10 business days have elapsed since the Program Coordinator issued the qualified physician listing according to this section, the Program Coordinator shall narrow the qualified physician listing to three physicians, from which one physician shall be designated to perform the evaluation.
 - (b) The 3-Physician Strike List shall be derived from the pool of qualified physicians.
- (7) The 3-Physician Strike List selection process.
- (a) Within three (3) business days of the issuance of the 3-Physician Strike List, the employer shall strike one name from the list and inform the Program Coordinator and all parties of the remaining physicians. Within three (3) business days of the date of receipt of that name from the employer, the claimant shall strike one of the two remaining names and inform the Program Coordinator and other parties of the name of the remaining physician, who will perform the evaluation.
 - (b) If a party fails to timely strike a name with good cause, as determined by the Program Coordinator, the Program Coordinator may offer additional days for the party to strike.

(Rule 0800-02-20-.06, continued)

- (c) If a party fails to timely strike a name without good cause, as determined by the Program Coordinator, the Program Coordinator shall randomly strike a physician from the listing instead.
 - (d) If a selected physician is unable to perform the evaluation, the Program Coordinator shall provide one replacement name to the original listing using the same criteria and process set forth above, and present that revised listing to the parties and each shall again strike one name according to the above procedures.
 - (e) If a physician is removed from the 3-Physician Strike List for any reason other than having been struck by one of the parties or Program Coordinator, the Program Coordinator will issue one replacement physician name.
 - (f) If there are not enough physicians to create a 3-Physician Strike List from the qualified pool, and the parties cannot agree, the Administrator shall select the MIR Physician from the pool of qualified physicians, in consultation with the Bureau Medical Director and the MIR Registry Program Coordinator.
- (8) Appointment date.
 - (a) Within three (3) business days of providing or receiving notice of the MIR physician selection, the Program Coordinator shall contact the MIR Registry physician to schedule the evaluation and shall immediately notify all parties of the date and time of the evaluation.
- (9) Submission of medical records.
 - (a) All parties shall concurrently provide to the MIR Registry physician and all other parties a complete copy of all pertinent medical records for treatment and/or impairment ratings obtained at their own expense pertaining to the subject injury, postmarked or hand-delivered at least ten (10) calendar days prior to the evaluation.
 - (b) If necessary, the claimant shall promptly sign a "MIR Waiver and Consent" permitting the release of information relevant to the subject injury to the MIR physician.
 - (c) In cases involving untimely medical record submission by a party, the Program Coordinator may elect to reschedule the evaluation to allow the physician adequate time for record review. Otherwise, the physician shall perform the evaluation and shall produce an "MIR Report."
 - (d) The medical records shall include a dated cover sheet listing the claimant's name, MIR Registry physician's name, MIR Registry case number, date and time of the appointment, and the state file number. The medical records shall be in chronological order, tabbed by year, and grouped by provider within each year.
 - (e) Medical bills, adjustor notes, surveillance tapes, denials, vocational rehabilitation reports, case manager records, contextual letters, commentaries, depositions, or any other document deemed by the Program Coordinator to compromise the impartiality of the review shall not be submitted to the MIR Registry physician.
- (10) Any forms the MIR physician requests to be completed should be completed by the claimant only. If the claimant needs assistance in completing these forms for any reason, the claimant shall notify the MIR Registry physician prior to the evaluation so that assistance can be provided by the MIR Registry physician's staff. The case manager shall not meet with the MIR Registry physician.

(Rule 0800-02-20-.06, continued)

- (11) The claimant shall notify the Program Coordinator of the necessity for a language interpreter concurrently with his/her notification of the chosen physician's name. The Program Coordinator shall arrange for such services and the employer shall be responsible for paying for such language interpreter. The language interpreter shall be impartial and independent and have no professional or personal affiliation with any party to the claim or to the MIR Registry physician.
- (12) When a claimant is required to travel outside a radius of fifteen (15) miles from the claimant's residence or workplace, then such claimant shall be reimbursed by the employer for reasonable travel expenses as allowed by the Workers' Compensation Law Act.

Authority: T.C.A. §§ 50-6-102, 50-6-204, 50-6-205, and 50-6-233. **Administrative History:** Public necessity rule filed June 15, 2005; effective through November 27, 2005. Public necessity rule filed November 16, 2005; effective through April 30, 2006. Original rule filed January 30, 2006; effective April 15, 2006. Amendments filed March 25, 2013; effective June 23, 2013. Amendment filed December 26, 2013; effective March 26, 2014. Amendments filed June 10, 2016; effective September 8, 2016. Amendments filed December 5, 2023; effective March 4, 2024.

0800-02-20-.07 PAYMENTS/FEES.

- (1) The following timeframes shall exclude legal holidays. A physician performing evaluations under these Rules shall be prepaid by the employer a total evaluation fee for each evaluation performed, under a MIR Registry physician estimated timetable as outlined below
 - (a) Completed reports that do not require a psychiatric evaluation:
 1. Completed reports received and accepted by the Program Coordinator within thirty (30) calendar days of completing the examination: \$1,500.00.
 2. Completed reports received and accepted by the Program Coordinator between thirty-one (31) and forty-five (45) calendar days of the completing the examination: \$1,250.00.
 3. Completed reports received and accepted by the Program Coordinator between forty-six (46) and sixty (60) calendar days of the completing the examination: \$750.00 .
 4. Completed reports received and accepted by the Program Coordinator later than sixty (60) calendar days of completing the examination: No fee paid.
 - (b) Completed reports that do require a psychiatric evaluation:
 1. Completed reports requiring a psychiatric evaluation and received and accepted by the Program Coordinator within thirty (30) calendar days of completing the examination: \$2,000.00.
 2. Completed reports requiring a psychiatric evaluation and received and accepted by the Program Coordinator between thirty-one (31) and forty-five (45) calendar days of the completing the examination: \$1,500.00.
 3. Completed reports requiring a psychiatric evaluation received and accepted by the Program Coordinator between forty-six (46) and sixty (60) calendar days of the completing the examination: \$1,000.00.

(Rule 0800-02-20-.07, continued)

4. Completed reports requiring a psychiatric evaluation received and accepted by the Program Coordinator later than sixty (60) calendar days of completing the examination: No fee paid.
- (2) The evaluation fee includes normal record review, the evaluation, and production of a standard "MIR Report."
 - (a) At the Program Coordinator's discretion, the evaluation fee may be increased up to an additional \$750.00 if the MIR Report appropriates diagnoses from two or more chapters of the AMA Guides™ or if the time required for the record review, evaluation, or production of the MIR Report is extraordinary, or if the production of the report requires consultation with other providers.
 - (b) All non-routine test(s) for an impairment rating essential under the applicable edition of the AMA Guides™ to the Evaluation of Permanent Impairment shall have been performed prior to the evaluation. Routine tests necessary for a complete evaluation, such as range of motion tests, should be performed by the MIR Registry physician as part of the evaluation at no additional cost.
 - (c) Visual acuity and field vision tests, lung and heart function tests, and any other non-routine tests, if not reasonably current, valid, and available as determined by the Program Coordinator in consultation with the MIR Physician, may be ordered at a testing facility reasonably near the worker's residence, with the employer/insurer financially responsible for the testing.
 - (d) Any additional x-rays that the MIR Physician deems necessary to render the MIR Report must be approved in writing by the Program Coordinator and are subject to the Medical Fee Schedule.
 - (3) Cancellations. To be considered timely, notice of a party's desire to cancel or reschedule an evaluation appointment shall be given to the Program Coordinator at least seven (7) business days prior to the date of the evaluation. An evaluation may be canceled or rescheduled only after obtaining the consent of the Program Coordinator.
 - (a) If the request is made three (3) business days from the date of the evaluation or less, the MIR Physician shall be entitled to collect/retain a \$500.00 untimely cancellation fee. If the evaluation is rescheduled, the MIR Registry physician is entitled to the untimely cancellation fee in addition to the entire MIR fee.
 - (b) If, after the MIR Physician is in receipt of the medical records, the cancellation request is made less than seven (7) business days from the date of the evaluation, but more than three (3), and the evaluation is not rescheduled, then the MIR Physician shall be entitled to collect/retain a \$300 cancellation fee.
 - (4) Payment of Cancellation Fees:
 - (a) If the employee cancels untimely with good cause or fails to appear for the evaluation with good cause, as determined by the Program Coordinator, the Program Coordinator may reschedule the evaluation, and the employer shall pay any cancellation fee.
 - (b) If the employee untimely cancels an appointment with the MIR Physician without good cause or fails to appear without good cause, as determined by the Program Coordinator, the employer shall pay any cancellation fee(s) and may seek to recover said fee(s) upon proper application to the Court of Workers' Compensation Claims at any subsequent hearing, upon written motion, before the Court, including a settlement approval.

(Rule 0800-02-20-.07, continued)

- (5) If the employee untimely cancels without good cause or fails to appear without good cause more than once, the Program Coordinator may authorize the MIR Physician to produce an MIR Report in compliance with these Rules; provided, however, the MIR Physician shall not conduct a physical evaluation.

Authority: T.C.A. §§ 50-6-102, 50-6-204, 50-6-205, and 50-6-233. **Administrative History:** Public necessity rule filed June 15, 2005; effective through November 27, 2005. Public necessity rule filed November 16, 2005; effective through April 30, 2006. Original rule filed January 30, 2006; effective April 15, 2006. Amendments filed March 25, 2013; effective June 23, 2013. Amendment filed December 26, 2013; effective March 26, 2014. Amendments filed June 10, 2016; effective September 8, 2016. Amendments filed December 5, 2023; effective March 4, 2024.

0800-02-20-.08 MULTIPLE IMPAIRMENT RATING EVALUATIONS.

- (1) In instances of more than one impairment rating being disputed in more than one medical specialty, and there is an insufficient number of physicians on the Registry who are qualified to perform all aspects of the evaluation, separate evaluations may be required, each being separate application and physician selection processes and fees.

Authority: T.C.A. §§ 4-5-202 and 50-6-204. **Administrative History:** Public necessity rule filed June 15, 2005; effective through November 27, 2005. Public necessity rule filed November 16, 2005; effective through April 30, 2006. Original rule filed January 30, 2006; effective April 15, 2006.

0800-02-20-.09 COMMUNICATION WITH REGISTRY PHYSICIANS.

- (1) During the MIR physician selection process, registry physicians cannot render opinions as to the impairment rating to the subject injury to a party to the case in cases in which the physician's name appears on the three-physician listing. MIR Registry physicians who have rendered an opinion as to the impairment rating to the subject injury to a party to the case must disclose the nature and extent of those discussions to the Program Coordinator immediately upon their selection as the MIR Registry physician. The Program Coordinator will determine whether or not a conflict of interest exists. Failure to disclose a potential conflict of interest may result in a physician's removal from the MIR Registry.
- (2) If selected as the MIR physician, there shall be no communication with the parties or their representatives prior to the Program Coordinator's acceptance and distribution of the final MIR Report, unless allowed by the Rules or approved by the Program Coordinator. Any approved communication, other than arranging for payment and the submission of medical records and the evaluation itself, shall be in writing with copies provided to all parties and the Program Coordinator. Failure by a MIR Physician to disclose such communications will subject the physician to penalties under these Rules.
- (3) A party who seeks the presence of the MIR physician as a witness at a proceeding for any purpose, by subpoena, deposition or otherwise, shall be responsible for payment for those services to the MIR physician. Deposition fees shall be in accordance with applicable state rules and laws.
- (4) This Rule shall also apply to any MIR physician selected to perform peer review.

Authority: T.C.A. §§ 50-6-102, 50-6-204, 50-6-205, and 50-6-233. **Administrative History:** Public necessity rule filed June 15, 2005; effective through November 27, 2005. Public necessity rule filed November 16, 2005; effective through April 30, 2006. Original rule filed January 30, 2006; effective April 15, 2006. Amendments filed March 25, 2013; effective June 23, 2013. Amendment filed December 26, 2013; effective March 26, 2014. Amendments filed June 10, 2016; effective September 8, 2016. Amendments filed December 5, 2023; effective March 4, 2024.

0800-02-20-.10 REQUIREMENTS FOR THE EVALUATION.

- (1) The MIR Registry physician's responsibilities prior to the evaluation are to:
 - (a) Review all materials provided by the parties subject to these Rules; and,
 - (b) Review the purpose of the evaluation and the impairment questions to be answered in the evaluation report.
- (2) The MIR Registry physician's responsibilities following the evaluation are to:
 - (a) Consider all medical evidence obtained in the evaluation and provided by the parties subject to the Rules;
 - (b) Complete an "MIR Report";
 - (c) Send that complete report with all required attachments to the Program Coordinator only, via electronic mail, U.S. mail, or overnight delivery.
- (3) No physician-patient relationship is created between the MIR physician and the claimant through the MIR Registry evaluation. The sole purpose of the evaluation is to establish an impairment rating and not to recommend future treatment or to provide a diagnosis or other medical advice. However, if new diagnoses are discovered, the physician has a medical obligation to inform the requesting party and the claimant about the condition and recommend further medical assessment.

Authority: T.C.A. §§ 4-5-202 and 50-6-204. **Administrative History:** Public necessity rule filed June 15, 2005; effective through November 27, 2005. Public necessity rule filed November 16, 2005; effective through April 30, 2006. Original rule filed January 30, 2006; effective April 15, 2006. Amendments filed June 10, 2016; effective September 8, 2016.

0800-02-20-.11 REQUIREMENTS FOR THE "MIR REPORT."

- (1) After conducting the evaluation, the MIR physician shall produce the "MIR Report." The format, available by using the Program's electronic access, available upon request from the Program Coordinator or available online at www.state.tn.us/labor-wfd/mainforms.html, or a materially substantial equivalent approved by the Program Coordinator shall be used in all cases to detail the evaluation's results. The MIR physician shall first review the determination by the attending physician that the claimant has reached Maximum Medical Improvement (MMI).
- (2) If, after reviewing the records, taking a history from the claimant and performing the evaluation, the MIR Registry physician concurs with the attending doctor's determination of MMI, the report shall, at a minimum, contain the following:
 - (a) A brief description and overview of the claimant's medical history as it relates to the subject injury, including reviewing and recapping all previous treatments.
 - (b) A statement of concurrence with the attending doctor's determination of MMI;
 - (c) Pertinent details of the physical or psychiatric evaluation performed (both positive and negative findings);
 - (d) An impairment rating consistent with the findings and utilizing a standard method as outlined in the applicable AMA Guides™, calculated as a total to the whole person if appropriate. In cases not covered by the AMA Guides™, an impairment rating by any

(Rule 0800-02-20-.11, continued)

appropriate method used and accepted by the medical community is allowed, however, a statement that the AMA Guides™ fails to cover the case as well as a statement of the system on which the rating was based shall be included;

- (e) The rationale for the rating based on reasonable medical certainty, supported by specific references to the clinical findings, especially objective findings and supporting documentation including the specific rating system, sections, tables, figures, and AMA Guides™ page numbers, when appropriate, to clearly show how the rating was derived; and
- (f) A true or electronic signature and date by the MIR physician performing the evaluation certifying to the following:
 - 1. “It is my opinion, both within and to a reasonable degree of medical certainty that, based upon all information available to me at the time of the MIR impairment evaluation and by utilizing the relevant AMA Guides™ or other appropriate method as noted above, the claimant has the permanent impairment so described in this report. I certify that the opinion furnished is my own, that this document accurately reflects my opinion, and that I am aware that my signature attests to its truthfulness. I further certify that my statement of qualifications to serve on the MIR Registry is both current and completely accurate.”
- (3) If, after reviewing the records, taking a history from the claimant and performing the evaluation, the MIR physician does not concur with the attending doctor's determination of MMI, a report shall be completed similar to the one outlined above which documents and certifies to, in sufficient detail, the rationale for disagreeing. The physician is still entitled to collect/retain the appropriate MIR fee. Even if the claimant is determined not to be at MMI by the MIR physician, the MIR physician will still issue a completed MIR report with a permanent medical impairment rating based upon the findings at the time of evaluation.
- (4) Services rendered by an MIR Registry physician shall conclude upon the Program Coordinator's acceptance of the final “MIR Report.” An MIR report is final and accepted for the purpose of these Rules when it includes the requested determination regarding final medical impairment rating, along with any necessary worksheets, and is signed by the Program Coordinator. Once the report has been accepted, the Program Coordinator will distribute copies of the report to the parties and the Mediation Specialist, if one is currently assigned.
- (5) After acceptance of the “MIR Report” the medical records file, including the final “MIR Report,” shall be stored and/or disposed of by the MIR Physician in a manner used for similar health records containing private information and within a time frame consistent with all applicable federal, state and local laws and the Tennessee Board of Medical Examiners' rules.
- (6) Any addendums or changes to the MIR Report after it has been deemed accepted shall be approved and signed by the Program Coordinator prior to distribution to the parties.

Authority: T.C.A. §§ 50-6-102, 50-6-204, 50-6-205, and 50-6-233. **Administrative History:** Public necessity rule filed June 15, 2005; effective through November 27, 2005. Public necessity rule filed November 16, 2005; effective through April 30, 2006. Original rule filed January 30, 2006; effective April 15, 2006. Amendments filed March 25, 2013; effective June 23, 2013. Amendments filed June 10, 2016; effective September 8, 2016. Amendments filed December 5, 2023; effective March 4, 2024.

0800-02-20-.12 PEER REVIEW.

- (1) All MIR Reports are subject to peer review for appropriateness and accuracy by a physician designated by the Administrator.
- (2) The peer review shall be completed within ten (10) business days of referral from the Program Coordinator. The peer review physician may recommend an MIR Report for reconsideration by the examining MIR physician if the peer review physician deems the report to be incomplete, inaccurate, or unclear pursuant to the requirements of these Rules. Reconsideration and any revision shall be completed by the examining MIR physician within ten (10) business days of referral from the Program Coordinator.
- (3) The time limits in these Rules shall be tolled while a MIR Report is being reviewed or reconsidered pursuant to this rule.

Authority: T.C.A. §§ 50-6-102, 50-6-204, 50-6-205, and 50-6-233. **Administrative History:** Public necessity rule filed June 15, 2005; effective through November 27, 2005. Public necessity rule filed November 16, 2005; effective through April 30, 2006. Original rule filed January 30, 2006; effective April 15, 2006. Repeal and new rule filed March 25, 2013; effective June 23, 2013. Amendments filed February 8, 2018; effective May 9, 2018. Amendments filed December 5, 2023; effective March 4, 2024.

0800-02-20-.13 REMOVAL OF A PHYSICIAN FROM THE REGISTRY.

- (1) The Administrator may remove a physician from the MIR Registry. In doing so, the Administrator shall first notify the physician in writing that he or she is at risk of being removed from the MIR Registry. The Administrator may remove a physician from the MIR Registry permanently or temporarily based upon any of the following grounds:
 - (a) Misrepresentation on the "Application for Appointment to the MIR Registry" as determined by the Administrator;
 - (b) Failure to timely report a conflict of interest in a case assignment, as determined by the Administrator;
 - (c) Refusal or substantial failure to comply with the provisions of these Rules, including, but not limited to, failure to determine impairment ratings correctly using the AMA Guides™, as determined by the Administrator;
 - (d) Failure to maintain the requirements of the Rules, as determined by the Administrator; or
 - (e) Any other reason for the good of the Registry as determined solely and exclusively by the Administrator.
- (2) Written complaints regarding any MIR Registry physician shall be submitted to the Program Coordinator. Upon receipt of a complaint regarding a MIR Registry physician, the Administrator shall send written notice of the complaint (or in cases arising under Rule 0800-02-20-.13(1), notice and grounds for possible removal) to such physician, stating the grounds, and notifying the physician that he or she is at risk of being removed from the MIR Registry.
 - (a) The physician shall have thirty (30) calendar days from the date the Notice of Complaint in which to respond in writing to the complaint(s), and may submit any responsive supporting documentation to the Program Coordinator for consideration. Failure of the physician to submit a timely response to the Notice of Complaint may result in removal of the physician from the MIR Registry.

(Rule 0800-02-20-.13, continued)

- (b) The Administrator, in consultation with the Medical Director and Program Coordinator, shall consider the complaint(s) and any response(s) from the physician in reaching a decision as to whether the physician shall be removed from the MIR Registry.
 - (c) Upon reaching a determination on the complaint(s), the Administrator shall issue a written Notice of Determination and set forth the basis for the decision in such Notice. The determination set forth shall become final fifteen (15) calendar days after issuance of the Notice of Determination, unless a timely request for reconsideration is received.
 - (d) A MIR Registry physician may seek reconsideration of an adverse decision from the Administrator by submitting a request for reconsideration stating the grounds for such reconsideration to the Program Coordinator within fifteen (15) calendar days of the issuance of the Notice of Determination. The Administrator may affirm, modify or reverse the initial determination upon reconsideration of the initial decision. The Administrator shall issue a Notice of Determination upon Reconsideration which shall be the final decision. If the Administrator does not act on the request for reconsideration within twenty (20) calendar days, then the request shall be deemed to have been denied, which shall be the final decision.
- (3) A physician who has been removed from the MIR Registry by the Administrator may apply for reinstatement one year after the date of removal by submitting a written request to the Program Coordinator.
- (4) In lieu of removing a physician from the MIR Registry, the Administrator, at his or her sole discretion, may move the physician to inactive status pending the fulfillment of additional AMA Guides™ training or other administrative requirements, as designated in writing to the physician. MIR Registry physicians moved to inactive status shall remain on the MIR Registry, but may not:
- (a) Be placed on the 100-mile list of qualified physicians for a given dispute;
 - (b) Perform MIR evaluations; or
 - (c) Have recourse through reconsideration of the Administrator's decision to move the physician to inactive status.

Authority: T.C.A. §§ 50-6-102, 50-6-204, 50-6-205, and 50-6-233. **Administrative History:** Public necessity rule filed June 15, 2005; effective through November 27, 2005. Public necessity rule filed November 16, 2005; effective through April 30, 2006. Original rule filed January 30, 2006; effective April 15, 2006. Amendment filed March 25, 2013; effective June 23, 2013. Amendment filed December 26, 2013; effective March 26, 2014. Amendments filed June 10, 2016; effective September 8, 2016. Amendments filed December 5, 2023; effective March 4, 2024.

0800-02-20-.14 PENALTIES.

- (1) Failure by an employer or insurer to pre-pay the evaluation fee shall allow the physician to charge the employer a \$100.00 late fee in addition to the evaluation fee. If the evaluation fee and/or late fee remains unpaid fifteen (15) calendar days following the date of the evaluation, an additional \$250.00 penalty is authorized. If any portion of a fee or penalty remains unpaid after an additional thirty (30) calendar day period, an additional \$500.00 penalty is authorized, and again for each additional thirty (30) calendar day period, or portion thereof, that it remains unpaid until all fees and/or penalties are fully paid.
- (2) If an employer or insurer fails to pay the cancellation fee of \$300.00 within fifteen (15) calendar days of the Program Coordinator's written request for the fee, an additional \$250.00

(Rule 0800-02-20-.14, continued)

penalty is authorized. If any portion of a fee or penalty remains unpaid after an additional thirty (30) calendar day period, an additional \$500.00 penalty against the employer is authorized, and again for each additional thirty (30) calendar day period, or portion thereof, that it remains unpaid until all fees and/or penalties are fully paid.

- (3) MIR Registry physician fails to refund any unearned evaluation fee within fifteen calendar days of the Program Coordinator's written request for the refund, an additional \$250 penalty is authorized. If any portion of the refund or penalty remains unpaid after an additional thirty (30) calendar day period an additional \$500.00 penalty against the MIR Registry physician is authorized. If any portion of the unearned fee or penalty remains unpaid after an additional thirty (30) calendar day period, an additional \$500.00 penalty is authorized, and again for each additional thirty (30) calendar day period, or portion thereof, that it remains unpaid until all fees and/or penalties are fully paid.
- (4) If any party engages in unauthorized communications with the MIR physician, then the Administrator is authorized to assess a penalty of \$50.00 up to \$5,000.00 per violation, as determined by the Administrator.
- (5) Notwithstanding any other provision in these Rules to the contrary, and in addition to any other penalty provided for in these Rules and the Act, failure by any party to comply with these Rules in a manner for which no penalty has specifically been set forth herein may subject that party to civil penalties of \$50.00 up to \$5,000.00 per violation, as determined by the Administrator.
- (6) Any party assessed a monetary penalty by the Bureau may request a contested case hearing in accordance with the Penalty Program Rules of the Bureau, 0800-02-13, by submitting a request for such hearing within fifteen (15) days of issuance of the notice of violation and assessment of civil penalties hereunder.

Authority: T.C.A. §§ 50-6-102, 50-6-118, 50-6-204, 50-6-205, 50-6-233. **Administrative History:** Public necessity rule filed June 15, 2005; effective through November 27, 2005. Public necessity rule filed November 16, 2005; effective through April 30, 2006. Original rule filed January 30, 2006; effective April 15, 2006. Repeal and new rule filed March 25, 2013; effective June 23, 2013. Amendment filed December 26, 2013; effective March 26, 2014. Amendments filed June 10, 2016; effective September 8, 2016. Amendments filed December 5, 2023; effective March 4, 2024.

0800-02-20-.15 TIME LIMITS.

- (1) All time limits referenced in these Rules may be extended by the Administrator or Program Coordinator.

Authority: T.C.A. §§ 50-6-102, 50-6-204, 50-6-205, 50-6-233. **Administrative History:** Public necessity rule filed June 15, 2005; effective through November 27, 2005. Public necessity rule filed November 16, 2005; effective through April 30, 2006. Original rule filed January 30, 2006; effective April 15, 2006. Amendment filed December 26, 2013; effective March 26, 2014. Amendments filed June 10, 2016; effective September 8, 2016. Amendments filed December 5, 2023; effective March 4, 2024.

0800-02-20-.16 COOPERATION.

- (1) Injured workers, employers, insurers and physician offices shall cooperate in good faith with the Bureau in scheduling MIR Registry evaluations. They shall also cooperate in good faith with all reasonable requests made by any MIR Registry physician.

Authority: T.C.A. § 50-6-204. **Administrative History:** Public necessity rule filed June 15, 2005; effective through November 27, 2005. Public necessity rule filed November 16, 2005; effective through

(Rule 0800-02-20-.16, continued)

April 30, 2006. Original rule filed January 30, 2006; effective April 15, 2006. Amendments filed June 10, 2016; effective September 8, 2016. Amendments filed December 5, 2023; effective March 4, 2024.

0800-02-20-.17 OVERTURNING A MIR PHYSICIAN'S OPINION.

- (1) Parties are prohibited from seeking a second MIR Registry impairment rating for the same injury if an impairment rating was issued after the first MIR Registry evaluation.

Authority: T.C.A. §§ 4-5-202 and 50-6-204. **Administrative History:** Public necessity rule filed June 15, 2005; effective through November 27, 2005. Public necessity rule filed November 16, 2005; effective through April 30, 2006. Original rule filed January 30, 2006; effective April 15, 2006.