Welcome

Welcome to the inaugural edition of the Medical Impairment Rating Registry’s quarterly newsletter, The AdMIRable Review, a publication that we hope will help foster a greater sense of community and support among Medical Impairment Rating (MIR) Physicians across Tennessee. Each season you can look forward to receiving a newsletter that will update you on the latest developments with the MIRR, including training opportunities, case law, and rule changes. You will receive guidance from your fellow MIR Physicians on many of the common challenges presented when evaluating claimants and writing MIR Reports. You will also have an opportunity to learn more about your distinguished colleagues as well as their views on the proper application of the American Medical Association Guides to the Evaluation of Permanent Impairment. We hope you can benefit from reading and perhaps eventually contributing to The AdMIRable Review.

Training Seminar for AMA Guides, 6th Edition

The Workers’ Compensation Division would like to cordially invite you to a seminar to be held in Memphis at Saint Francis Hospital on Saturday, October 20, and Sunday, October 21, 2012. This seminar will train you to apply the American Medical Association’s Guides to the Evaluation of Permanent Impairment, 6th Edition, and is sponsored by the American Academy of Disability Evaluating Physicians (AADEP) and the Tennessee Department of Labor’s Medical Impairment Rating Registry (MIRR).

If you have already had the training, we would urge you to attend the seminar to refresh your skills. If you have not attended an approved 6th Edition AMA Guides course, this one meets the Department of Labor’s training requirements and will make you eligible to receive MIR referrals for 6th Edition injuries. You will earn 12.0 AMA PRA Category 1 Credits for attending.

Several representatives from the Workers’ Compensation Division will be there, including Robert Kirkpatrick, M.D., Medical Director; Jay Blaisdell, MIRR Program Coordinator; and Josh Baker, Administrative Attorney. We hope to see you there.
Why an MIRR Newsletter?

We at the Workers’ Compensation Division want to make sure your experience on the Medical Impairment Rating Registry is as beneficial as possible. Realizing the demands of your role, we want to ensure that you have everything you need to provide the most accurate, impartial and legally-defensible medical impairment ratings in the State of Tennessee. This is a relatively young program that was born of the 2004 Workers’ Compensation Reform Act. By listening to and acting on your concerns, we can continually improve it.

Earlier this year, we received some constructive feedback and several recommendations from one of our veteran MIR Physicians, Dr. Donald M. Lakatosh, practicing in Seymour, Tennessee. He suggested that we should provide more support for MIR Physicians through 1) Networking MIR Physicians across the state; 2) Training on either an annual or semiannual basis; 3) Distributing a newsletter or an equivalent to MIR Physicians with updates of recent workers’ compensation cases involving contested MIRs; and 4) Providing an online education resource for MIR Physicians that will, in addition to providing direction on the *AMA Guides*, summarize all the MIRR case law decisions.

We have already begun implementing many of Dr. Lakatosh’s suggestions. You as an MIR Physician can look forward to many changes in the near future. Feel free to submit your own recommendations, too. In the excerpt quoted below, Dr. Lakatosh shares his thoughts in greater detail.

“...This was a Class I impairment with nonspecific chronic or chronically recurrent low back pain; no verifiable radicular component with impairment being between zero and three percent of the whole person. I utilized the examples for Class I on Page 584. I assigned what I felt to be the appropriate impairment rating and submitted my report. Unfortunately, my calculations were not correct, and this initiated a conversation with Dr. Robert Kirkpatrick, the State Medical Director. He was able to point out that my calculations were not in keeping with the Sixth Edition *Guides*. This placed me in a quandary, because I thought I had followed all of the protocols. After attending an AADEP-sponsored Sixth Edition course some weeks following, I found that indeed for Class I the determination does not count certain findings in that they are used to be placed in the class. This was not noted either in the *Guides’* Sixth Edition text [. . .and] caused me to think that resources beyond what I readily have available in private practice are needed if I am to maintain the highest standard of care in providing impairment ratings. Additionally, being the MIR physician and the deciding factor in a case where there may be wide variations in impairment, it is critical to have full resources. [. . .] In an effort to help those of us who want to continue this process, I mentioned to Jay Blaisdell that a resource for all of us should be initiated to provide guidance in implementing the impairment rating process as outlined by the State of Tennessee. [. . .] This newsletter you are reading is, in part, a response to that.”
Meet
Robert Kirkpatrick, M.D.

ROBERT D. KIRKPATRICK, MD, FAAFP, FACOEM, FASAM, has served as the Medical Director of the Workers’ Compensation Division of the Tennessee Department of Labor and Workforce Development (TDLWD) since 1994. He is also the individual appointed by the Commissioner who reviews your MIR Reports for “appropriateness and accuracy.” He served as an Associate Professor at the University of Tennessee, Saint Francis Family Medicine Residency, from 1979 to 2009. Dr. Kirkpatrick is a member of several professional organizations including the American Board of Family Medicine (ABFM), American Academy of Family Physicians (AAFP), American College of Occupational and Environmental Medicine (ACOEM), the American Society of Addictive Medicine (ASAM), the American Medical Association (AMA), the Tennessee Academy of Family Physicians (TAFP), the Memphis/Shelby County Academy of Family Medicine, and the Tennessee Medical Association (TMA). Additionally, Dr. Kirkpatrick is a Certified Medical Review Officer (M.R.O.). He earned his medical degree from the University of Tennessee Health Sciences Center December 1974 (Alpha Omega Alpha Honor Society [A.O.A.]) and completed his residency at the University of Tennessee, Saint Francis FP Residency. Honors bestowed on Dr. Kirkpatrick include the Outstanding Faculty Award in 2010 (resident chosen) at the St. Francis Family Medicine Residency and the Distinguished Service Award, Tennessee Medical Association, 2010.

MIR PHYSICIAN SPOTLIGHT: Donald Lakatosh, M.D.

DONALD A. LAKATOSH, M.D., has been a member of the Medical Impairment Rating Registry since April of 2006. He is a specialist in Physical Medicine and Rehabilitation and has over 20 years of experience in treating individuals with muscle, joint, and nerve problems. He is board certified in Physical Medicine and Rehabilitation and is also board certified by the American Board of Pain Medicine and The American Board of Electrodiagnostic Medicine. He is subspecialty certified in Sports Medicine.

Dr. Lakatosh was born in Phoenixville, PA, but spent the majority of his formative years in Arlington, Virginia. He received his undergraduate degree in Chemistry from Newberry College, Newberry, SC, with honors and was the recipient of the James G. Park Scholarship for Excellence in Chemistry. He attended medical school at Eastern Virginia Medical School in Norfolk, Virginia, graduating in 1984. He then completed an internship in Internal Medicine at Bowman Gray School of Medicine/Wake Forest University in Winston Salem, North Carolina, after which he completed a residency in Physical Medicine and Rehabilitation at the Baylor College of Medicine in Houston, Texas.

Dr. Lakatosh has served as medical director of inpatient and outpatient rehabilitation facilities. Currently, Dr. Lakatosh is in private practice in Seymour, TN, and is the founder of Sportblue Orthopedic and Sports Rehabilitation. His practice emphasizes functional outcomes using physical therapy and the use of ultrasound guided injection with platelet rich plasma, autologous blood, and prolotherapy. As a physiatrist and certified Independent Medical Examiner, Dr. Lakatosh has been performing Independent Medical Examinations for more than two decades.
On August 16, 2012, the MIRR program held a hearing to field comments on proposed changes to the MIRR Program Rules. The rules have been passed to the Attorney General’s Office for approval so the date of implementation is undetermined. Once the rules go into effect, however, the MIR Registry physicians should recognize some welcome changes to the program.

The first change concerns applications for inclusion on the registry. Under the amended program rules, all new physician applications will be reviewed by a panel of three registry physicians who will give a recommendation, by way of a vote, on whether the applicant should be placed on the registry. This enhanced vetting process will ensure that the registry physician community has greater input on which physicians may join the registry.

The second change concerns renewals. Presently, placement on the MIR Registry is for only a two-year period. After two years, the physician must submit a renewal application to remain on the registry. The amended rules have removed the renewal requirement. After implementation, any physician on the registry will remain registered until the physician either voluntarily withdraws or is removed from the registry. This needed change should reduce the “hassle” doctors must presently endure to remain in the program.

The third change concerns the peer review process. Under the amended MIRR Program rules, peer review will be conducted only by the Medical Director or by physicians who have been certified by AADEP or ABIME and have been on the registry for a minimum of five years. This change should improve the quality of the program overall by ensuring that the doctor reviewing a peer’s work is sufficiently familiar with the program. The constructive criticism and feedback realized through the enhanced peer review process will also increase the distinction, honor and value associated with MIRR registry inclusion for all physicians by encouraging productive discussion of best practices.

The fourth major change addresses financial issues. The fee for timely completing an MIR Report remains at $1,000; however, the fee can be increased by $250 at the discretion of the Commissioner for complex reports that require an extraordinary expense of time. Additionally, under the new rules, any registry physician who completes a peer review will be entitled to a fee of $250.00 for each report.

The last changes of note concern timing and treatment requirements. The new rules have changed the due dates for reports so that the time for providing a completed MIR report does not begin to run until the date of the examination rather than the date of scheduling the appointment. This change will make it less of a burden for doctors to complete the MIR reports in a manner to ensure maximum compensation. Last, doctors should be aware that after the amended rules are adopted, all X-ray requests must be approved in writing by the MIRR Program Coordinator.

The Department thanks you for your service to the MIR Program. We understand that the program could not operate without the time and efforts of the registry physicians. If we can be of assistance, please give us a call.