The Medical Impairment Rating Registry

Volume 5,
Summer Issue
August 19, 2016

The AdMIRable Review

MIR PHYSICIAN SPOTLIGHT
DAVID A. WEST, DO, FAOAO

INSIDE THIS ISSUE

PHYSICIAN SPOTLIGHT: 1

MENTAL AND BEHAVIORAL DISORDERS: 3

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David A. West, DO, FAOAO, is the sole physician of the eponymous West Sports Medicine and Orthopedics, now located at 5435 Edmondson Pike, Nashville, Tennessee. He has been in private practice since 2007 and treats orthopedic injuries of all types. Famous within the Bureau for his quality MIR Reports, quick turn-around time, and personable nature, Dr. West has been a member of the MIRR since 2006. He is certified to give impairments using the fourth, fifth, and sixth editions of the AMA *Guides*.

"I see each MIR case as a small mystery to solve," says Dr. West. "I enjoy seeing both sides of the dispute, extrapolating the facts, and sharing my conclusions. Being on the registry also means being recognized as an expert. Attorneys have more respect for my impairment opinions, even on cases outside the program in my private practice."

Dr. West is a fellow of the American Osteopathic Academy of Orthopedics. He is also a member of the American Osteopathic Association, the Tennessee Osteopathic Medical Association, the Texas Osteopathic Medical Society, the Pennsylvania Osteopathic Medical Society, the Sports Medicine Society, and the New Jersey Association of Osteopathic Physicians and Surgeons. He received his Bachelor of Arts in microbiology from Rutgers University in 1985 and graduated from the School of Osteopathic Medicine (SOM) at the University of Medicine

DAVID A. WEST, DO, FAOAO

(Continued on page 2)

MIR PHYSICIAN SPOTLIGHT
DAVID A. WEST, DO, FAOAO

(Continued from page 1)

and Dentistry of New Jersey, Stratford (which became Rowan University School of Osteopathic Medicine effective July 1, 2013).

Dr. West served in the Medical Corps of the United States Army Reserves. He interned at Kennedy Memorial Hospital, Stratford, started his orthopedic surgery residency at Millcreek Community Hospital in Erie, Pennsylvania, and completed his residency training at Fort Worth Medical Center, Grand Prairie, Texas, in 1997.

In the year 2000, Dr. West moved to Dyersburg, Tennessee, opened his own private practice, and became the Medical Director of HealthSouth Rehabilitation. Three years later he also became the Medical Director of Ridgely Rehabilitation Extended Care Facility. He moved to middle Tennessee in 2005, where he worked in a group practice called Tennessee Sports Medicine and Orthopedics. He taught at Meharry Medical College and Vanderbilt University as an Assistant Professor of Orthopedic Surgery until 2007, when he reentered private practice at the helm of West Sport Medicine and Orthopedics.

Dave West and his band, ON CALL

"For enjoyment, Dr. West plays classic rock and country music in the band On Call."

For enjoyment, Dr. West plays classic rock and country music in the band On Call, which he formed with other Nashville medical professionals. Dr. West performs as lead singer (and rhythm guitar); Dr. Ralph LaNerve, lead guitar; Don Cason, bass; Johnny Mills, drums; Dennis Goodwin, keyboard; and Dr. Vince Novack, saxophone. Their gigs include everything from fundraisers for the Juvenile Diabetes Research Foundation and Vanderbilt Children's Hospital to being the featured act at corporate parties and famous Nashville venues like BB King's and Puckett's. On Call plays cover songs from a wide variety of bands and musicians including the Eagles, Eric Clapton, the Temptations, Brooks and Dunn, Jimmy Buffett, John Mellancamp, the Steve Miller Band, Lynyrd Skynyrd, Garth Brooks, the Kentucky Head Hunters, Hall and Oates, Huey Lewis and the News, The Rolling Stones, Stevie Wonder, Creedence Clearwater, and the Blues Brothers.

(Continued on page 7)

MENTAL AND BEHAVIORAL DISORDER IMPAIRMENTS

James B. Talmage, MD, Jay Blaisdell, CEDIR

Mental and Behavioral disorder impairment ratings are unique within the MIRR because only licensed psychiatrists may conduct MIR psychiatric evaluations pursuant to Tennessee Rules and Regulations 0800-02-20-.06(7)(a). Methodology found in Chapter 14, Mental and Behavioral Disorders, of the AMA *Guides*, 6th Ed, also requires the MIR Psychiatrist to apportion injuries, which is normally not done in MIR cases except by unanimous consent of the parties. Since essentially two impairment ratings must be derived (before and after the injury), the revised MIR fee schedule reflects the additional time and energy required of MIR Psychiatrists to rate mental and behavioral disorders.

DIAGNOSIS

To rate mental and behavioral disorders, MIR Psychiatrists should first use the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, 4th Ed, (DSM-IV-TR) to make a clear diagnosis. Not all employees who have a diagnosis based on the DSM-IV-TR will have an impairment rating greater than 0%.[1(p348)]

PSYCHOLOGICAL TESTS

Major psychopathology is usually clearly obvious on office examination. "Neuropsychological testing is most helpful in patients with subtle organic deficits, not obvious ones, where office assessment is often adequate."[1(p351)] In the MIR Program, many of the alleged mental disorders will be subtle, and neuropsychological testing may be needed for adequate assessment. If this has already been done, the MIR Psychiatrist will be expected to contact the treating mental health professional for access to the full testing record, and not just a summary of testing results by the treating mental health professional. If testing has not been done, but is needed, the MIR Psychiatrist should contact the MIR program coordinator for permission to schedule needed testing. The MIR Psychiatrist should be mindful, when choosing what tests to order, that it is "standard practice" for a neuropsychological test battery to include "2 symptom validity tests."[1(p351)]

LIMITATIONS

The *Guides* limits ratable pathologies to Axis I clinical disorders of mood, anxiety, and psychosis. Consequently, somatoform, dissociative, personality, psychosexual, factitious, and substance abuse disorders are not ratable under the *AMA Guides* and neither is mental retardation. Dementia, delirium, sleep disorders, and psychiatric manifestations of traumatic brain injury are all rated under Chapter

[1]Rondinelli R, Genovese E, Katz R, et al. *Guides to the Evaluation of Permanent Impairment*. 6th ed. Chicago, IL: AMA, 2008

(Continued on page 4)

MENTAL AND BEHAVIORAL DISORDER IMPAIRMENTS

(Continued from page 3)

13, The Central and Peripheral Nervous System. Attendant mental and behavioral issues caused by physical impairments rated in other chapters of the *Guides* are usually already factored into impairment ratings. Consequently, in most instances, physical impairments should not receive an additional impairment for mental and behavioral issues.[1(p349)]

METHODOLOGY OVERVIEW

If the diagnosis is within the purview of the AMA *Guides* the MIR Psychiatrist will use 3 different psychiatric rating scales: (1) the Brief Psychiatric Rating Scale (BPRS), found on Table 14-8 on page 357, (2) the Global Assessment of Functioning Scale (GAF), found on Table 14-10 on page 358 , and (3) the Psychiatric Impairment Rating Scale (PIRS), found on Tables 14-11 through 14-17 on pages 358-360. The impairment ratings derived from these 3 scales are then listed from least to greatest with the middle, or median value, being the final whole-person impairment rating.

BRIEF PSYCHIATRIC RATING SCALE (BPRS)

Originally developed by Doctors John Overall and Donald Gorham, the BPRS has been used since 1962 for rating the severity of mental and behavioral disorders. It may well be the most popular rating scale employed in psychiatry today. The MIR Psychiatrist evaluates the employee on a continuum of 1 to 7 for each of 24 symptom constructs, with 1 equaling "not present" and 7 equaling "extremely severe." Symptom constructs 1-14 are generally rated based on the individual's self-reported history while 15-24 are rated on the basis of observed behavior and speech. The total pathology is then scored by adding the results from the

Brief Psychiatric Rating Scale (BPRS)

Individual's name: Date: Rater's name:

INSTRUCTIONS

This form consists of 24 symptom constructs, each to be rated on a 7-point scale of severity ranging from 'not present' to 'extremely severe'. If a specific symptom is not rated, mark 'NA' (not assessed). Circle the number headed by the term that best describes the patients present condition.

1	2	3	4	5	6	7
not present	very mild	mild	moderate	moderately severe	severe	extremely severe

1.	Somatic concern	NA	1	2	3	4	5	6	7
2.	Anxiety	NA	1	2	3	4	5	6	7
3.	Depression	NA	1	2	3	4	5	6	7
4.	Suicidality	NA	1	2	3	4	5	6	7
5.	Guilt	NA	1	2	3	4	5	6	7
6.	Hostility	NA	1	2	3	4	5	6	7
7.	Elated mood	NA	1	2	3	4	5	6	7
8.	Grandiosity	NA	1	2	3	4	5	6	7
9.	Suspiciousness	NA	1	2	3	4	5	6	7
10.	Hallucinations	NA	1	2	3	4	5	6	7
11.	Unusual thought content	NA	1	2	3	4	5	6	7
12.	Bizarre behavior	NA	1	2	3	4	5	6	7
13.	Self-neglect	NA	1	2	3	4	5	6	7
14.	Disorientation	NA	1	2	3	4	5	6	7
15.	Conceptual disorganization	NA	1	2	3	4	5	6	7
16.	Blunted affect	NA	1	2	3	4	5	6	7
17.	Emotional withdrawal	NA	1	2	3	4	5	6	7
18.	Motor retardation	NA	1	2	3	4	5	6	7
19.	Tension	NA	1	2	3	4	5	6	7
20.	Uncooperativeness	NA	1	2	3	4	5	6	7
21.	Excitement	NA	1	2	3	4	5	6	7
22.	Distractibility	NA	1	2	3	4	5	6	7
23.	Motor hyperactivity	NA	1	2	3	4	5	6	7
24.	Mannerisms and posturing	NA	1	2	3	4	5	6	7

24 constructs and applying this total to Table 14-9 on page 357 to derive whole-person impairment. The *Guides* advises the rater to use Appendix 14.8 on page 369 rather than "gut impressions" to assign values for each of the 24 symptom constructs. This appendix provides sample questions and definitions to help the rater conduct and interpret the employee's interview.

GLOBAL ASSESMENT OF FUNCTIONING SCALE (GAF)

Presented on page 34 of the DSM-IV-TR and on page 358 of the AMA *Guides*, the GAF is a numeric scale from 1 through 100 used to subjectively rate the psychological, social, and occupational functioning of an individual, with a high score indicative of more functionality and a low score indicative of low functionality. Scores are usually expressed as a range and trans-

(Continued on page 5)

MENTAL AND BEHAVIORAL DISORDER IMPAIRMENTS

(Continued from page 4)

lated directly into whole-person impairment on Table 14-10. Functional impairment due to environmental or physical limitations should not be considered.[1(p356)]

PSYCHIATRIC IMPAIRMENT SCALE (PIRS)

Derivation of whole-person impairment from the modified PIRS in the AMA *Guides* requires the use of 7 different Tables in Chapter 14: Table 14-11, "Self-care, Personal Hygiene, and Activities of Daily Living," on page 358; Table 14-12, "Role Functioning, Social and Recreational Activities," on page 359; Table 14-13, "Travel," on page 359; Table 14-14, "Interpersonal Relationships," on page 359; Table 14-15, "Concentration, Persistence, and Pace," on page 359; Table14-16, "Resilience and Employability" on page 360; and Table 14-7, "Impairment Score of PIRS," on page 360. The first 6 of these scales each offer a severity continuum from 1 through 5, with 1 equaling "no deficit, or minor deficit attributable to the normal variation in the general population" and 5 equaling "totally impaired." The scores from each table are then arranged in ascending order so that the middle 2 scores can be added together. The sum of these 2 middle scores is finally translated to whole-person impairment using Table 14-7.

(Continued on page 6)

Global Assessment of Functioning (GAF) scale

This scale considers psychological, social and occupation functioning on a hypothetical continuum of mental health to illness.

91-100 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many qualities. No symptoms.
81-90 Absent or minimal symptoms, good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns.
71-80 If symptoms are present they are transient and expectable reactions to psychosocial stresses; no more than slight impairment in social, occupational, or school functioning.
61-70 Some mild symptoms OR some difficulty in social, occupational, or school functioning, but generally functioning pretty well, has some meaningful interpersonal relationships.
51-60 Moderate symptoms OR any moderate difficulty in social, occupational, or school functioning.
41-50 Serious symptoms OR any serious impairment in social, occupational, or school functioning.
31-40 Some impairment in reality testing or communication OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood.
21-30 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communications or judgment OR inability to function in all areas.
11-20 Some danger of hurting self or others OR occasionally fails to maintain minimal personal hygiene OR gross impairment in communication.
1-10 Persistent danger of severely hurting self or others OR persistent inability to maintain minimum personal hygiene OR serious suicidal act with clear expectation of death.
0 Not enough information available to provide GAF.

MENTAL AND BEHAVIORAL DISORDER IMPAIRMENTS

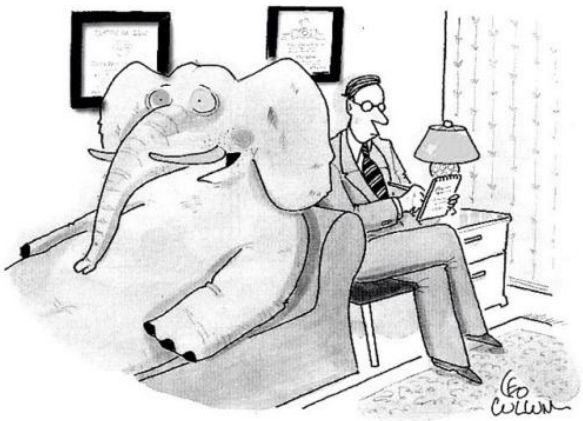
(Continued from page 5)

MEDIAN SCORE

At this point in the process, the rater will have 3 whole-person impairment ratings, one from the Brief Psychiatric Rating Scale, another from the Global Assessment of Functioning Scale, and a third rating from the Psychiatric Impairment Rating Scale. The correct whole-person impairment score is the median of these 3 values.

ESTABLISHING A BASELINE

Guides methodology explicitly requires apportionment for mental and behavioral disorder impairments.[1 (p356)] Consequently, MIR Psychiatrists must determine if the employee had any ratable impairment before the work-related injury, and if so, subtract it from the current impairment, leaving the final, work-related impairment. To apportion, the rater should look for evidence of a pre-existing clinical disorder in the medical records. If such evidence is found and the employee has signed a medical release, the rater should consider contacting the employee's family members and workplace for corroborative evidence. Finally, during the actual interview, the rater should question the employee about his or her mental and behavioral status prior to the work-related injury. If the MIR Psychiatrists has reason to suspect a clinical disorder preexisted the injury, a second interview should be conducted, much like the first, using the BPRS, GAF, and PIRS, with the exception that all of the questions pertain to the employee's mental and behavioral condition *before* the injury. Using the same methodology the MIR Psychiatrist will assign the employee's preinjury impairment rating and subtract it from the employee's post-injury impairment rating, leaving the work-related impairment.



"I'm right there in the room, and no one even acknowledges me."

MALINGERING

Malingering is fraud and a criminal offense. Though it is more common in workers' compensation settings, it is still a rare occurrence. Even when it occurs, it is unlikely the MIR Psychiatrist will obtain sufficient clinical evidence to prove that the employee is deliberately attempting to commit fraud. If the MIR Psychiatrist suspects malingering, it "is usually more clinically accurate, and less likely to create disputes, to use alternative phrasing such as symptom exaggerations or magnification to explain why a recognized psychiatric disorder could not be identified."[1(p353)]

CONCLUSION

Using 3 psychiatric assessment scales to guide the interview, the MIR Psychiatrist obtains 3 respective whole-person impairment ratings and defers to the median value as the final whole-person impairment rating. This process is usually conducted twice since the MIR Psychiatrist must rate the employee's condition both before and after the injury in question. Consequently, while the rating methodology is relatively straightforward for mental and behavior disorders, it is also labor intensive.

MIR PHYSICIAN SPOTLIGHT, DAVID A. WEST, DO, FAOAO

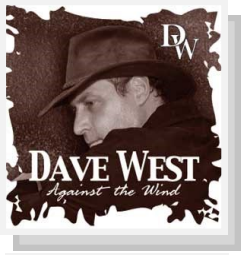
(Continued from page 2)

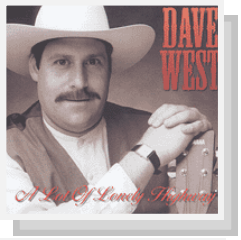
As a part-time professional musician, Dr. West has released several original country music albums including *Love Again, Leavin' Lubbock, A Lot of Lonely Highway,* and *Against the Wind*. He was the opening act for Garth Brooks in Kansas City, Missouri, on February 15, 1989, and he has played at Nashville's famous Blue Bird Café and the Broken Spoke Songwriters' Café.

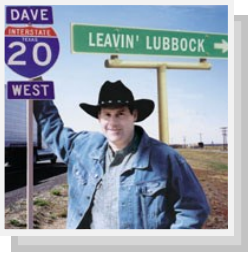
Dr. West and his family live in Franklin, Tennessee. He is married to Stefanne West, and they have two children, Mitch and McKenzie.

Dr. West and his band, ON CALL

Dr. West and his family.







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