



Tennessee Bureau of Workers' Compensation
220 French Landing Drive, I-B
Nashville, TN 37243-1002
800-332-2667

<http://www.tn.gov/workforce/article/medical-impairment-rating-mir-registry>

**MEDICAL IMPAIRMENT RATING (MIR) REPORT
AMA GUIDES™, 6TH EDITION**

**For dates of injury on or after January 1, 2008.
Please key all responses.**

PATIENT INFORMATION:

Claimant Name:

Address:

City:

State:

Phone:

ZIP:

State File:

MIR Case:

Social Security:

Date of Birth:

Date of Injury:

Date of MIR Evaluation:

MIR PHYSICIAN INFORMATION:

Physician Name:

Address:

State:

City:

ZIP:

Phone:

Fax:

Location of evaluation (if different than above):

STEP ONE—CLINICAL EVALUATION

PATIENT HISTORY:

INTRODUCTION AND OVERVIEW (EXAMINEE'S brief description of the injury/illness, EXAMINEE'S description of prior treatment received and the treatment outcome, the time periods EXAMINEE was unable to work, **CURRENT SYMPTOMS** as described by the EXAMINEE, current medications, AND **CURRENT ADL Limitations**) **Note:** Record Review is to be documented in the Sections that follow Physical Examination.

PHYSICAL EXAMINATION: Height

Weight

Insert Narrative Record Review Here:

MEDICAL RECORD REVIEW:

In the space below, check the applicable blocks next to any test results which you reviewed and relied upon to base your medical assessments or conclusions. Be sure to indicate whether you review imaging reports, OR, both the imaging reports and the actual images. Be sure to show the date of each test and summarize results. Please attach copy(ies) of the report(s).

DATE(S) PERFORMED

SUMMARY OF RESULTS

Please note whether it was the actual images reviewed or if the paper report was reviewed.

X-RAY – Specify for each whether the images, or just the radiology report was present and reviewed.

EMG/NCS
Reviewed

If radiculopathy exists, state abnormal findings that are consistent with radiculopathy:

If a peripheral nerve entrapment exists, state any abnormal findings, and state whether they meet *Guides* criteria for conduction delay, conduction block, or axon loss:

If an acute traumatic peripheral nerve injury occurred, state findings that are consistent with permanent nerve dysfunction:

CT SCAN - Specify for each whether the images, or just the radiology report was present and reviewed

MYELOGRAM - Specify for each whether the images, or just the radiology report was present and reviewed

MRI - Specify for each whether the images, or just the radiology report was present and reviewed

OTHERS (Describe)
Reviewed

SURGICAL PROCEDURES:

Please list all operative procedures performed in chronological order with the operation title, surgical findings, and operation performed.

Attach copy (ies) of report(s) if surgery was performed.

STEP TWO—ANALYSIS OF THE FINDINGS

1. Does the claimant have a permanent impairment? YES NO
2. Has the claimant reached maximum medical improvement (MMI)? YES NO
If YES, date MMI was reached If NO, state why the examinee is NOT at MMI, and what will be needed for the examinee to be at MMI. Do NOT rate the impairment. [Note: If you feel the patient is not at MMI because an additional treatment is required, you MUST document that the patient wants the additional treatment performed.]
3. Do the AMA Guides, 6TH EDITION with its ERRATA adequately assess the medical impairment rating of the claimant? YES NO If NO, state why they do not.
4. List ALL diagnoses for which there is a ratable permanent impairment causally related to the work injury or exposure in question:
 - 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
5. Are there diagnoses which the AMA Guides, 6th Edition does not include in impairment tables or for which the Guides does not provide a methodology, so that rating “by analogy” to a condition that is covered in the Guides must be used for impairment rating? (Pages 385, 495, 559, etc.) YES NO
If YES, please list the diagnosis in question and express an impairment percentage that you think is appropriate, explain the analogy utilized to determine it, and explain in detail how you arrived at the percentage of impairment chosen. Calculated total whole person impairment: %.

STEP THREE—DISCUSSION

- Using the *AMA's Physicians Guide to the Evaluation of Permanent Impairment, 6th Edition*, please translate each of the claimant's diagnoses as documented above to a percentage of impairment. If there are more than 6 ratable diagnoses, photocopy this page and submit this table for each additional diagnosis.

	Diagnosis 1	Diagnosis 2	Diagnosis 3
Diagnosis			
Body part/system			
Chapter #			
Table #/page #			
Key factor			
Diagnosis line used Use the words in the Table to identify what line you used.			
Class			
Grade Modifier FH			
Grade Modifier PE			
Grade Modifier CS			
BOTC (if applicable)			
Final Class and Grade Used			
Regional impairment			
Whole person impairment			

	Diagnosis 4	Diagnosis 5	Diagnosis 6
Diagnosis			
Body part/system			
Chapter #			
Table #/page #			
Key factor			
Diagnosis line used Use the words in the Table to identify what line you used.			
Class			
Grade Modifier FH			
Grade Modifier PE			
Grade Modifier CS			
BOTC (if applicable)			
Final Class and Grade Used			
Regional impairment			
Whole person impairment			

Diagnosis 1. Please restate diagnosis:

Criteria that support this diagnosis as present:

Class:

Criteria that support choice of **Class** for this diagnosis:

Functional History, Grade Modifier:

Criteria that support choice of this Grade Modifier, or reason this Modifier is not used:

Physical Exam, Grade Modifier:

Criteria that support choice of this Grade Modifier, or reason this Modifier is not used:

Clinical Studies, Grade Modifier:

Criteria that support choice of this Grade Modifier, or reason this Modifier is not used:

Burden of Treatment Compliance
Grade Modifier (if chapter nine or
ten was used):

Criteria that support choice of this Grade Modifier, or reason this
Modifier is not used:

NET ADJUSTMENT FORMULA, IF APPLICABLE:

$$\begin{aligned} & \text{(Functional History Grade Modifier)} - \text{(Class)} = \text{(Adjustment)} \\ + & \text{(Physical Exam Grade Modifier)} - \text{(Class)} = \text{(Adjustment)} \\ + & \text{(Clinical Studies Grade Modifier)} - \text{(Class)} = \text{(Adjustment)} \end{aligned}$$

TOTAL NET ADJUSTMENT =

FINAL GRADE (A, B, C, D, or E) =

Diagnosis 2. Please restate diagnosis:

Criteria that support this diagnosis as present:

Class:

Criteria that support choice of Class for this diagnosis:

Functional History, Grade Modifier:

Criteria that support choice of this Grade Modifier, or reason this Modifier is not used:

Physical Exam, Grade Modifier:

Criteria that support choice of this Grade Modifier, or reason this Modifier is not used:

Clinical Studies, Grade Modifier:

Criteria that support choice of this Grade Modifier, or reason this Modifier is not used:

Burden of Treatment Compliance
Grade Modifier (if chapter nine or
ten was used):

Criteria that support choice of this Grade Modifier, or reason this
Modifier is not used:

NET ADJUSTMENT FORMULA, IF APPLICABLE:

$$\begin{aligned} & \text{(Functional History Grade Modifier } \quad) - (\text{Class } \quad) = (\text{Adjustment } \quad) \\ + & \text{(Physical Exam Grade Modifier } \quad) - (\text{Class } \quad) = (\text{Adjustment } \quad) \\ + & \text{(Clinical Studies Grade Modifier } \quad) - (\text{Class } \quad) = (\text{Adjustment } \quad) \end{aligned}$$

TOTAL NET ADJUSTMENT =

FINAL GRADE (A, B, C, D, or E) =

Please submit this page for each additional ratable diagnosis.

Diagnosis 3. Please restate diagnosis:

Criteria that support this diagnosis as present:

Class:

Criteria that support choice of Class for this diagnosis:

Functional History, Grade Modifier:

Criteria that support choice of this Grade Modifier, or reason this Modifier is not used:

Physical Exam, Grade Modifier:

Criteria that support choice of this Grade Modifier, or reason this Modifier is not used:

Clinical Studies, Grade Modifier:

Criteria that support choice of this Grade Modifier, or reason this Modifier is not used:

Burden of Treatment Compliance
Grade Modifier (if chapter nine or
ten was used):

Criteria that support choice of this Grade Modifier, or reason this
Modifier is not used:

NET ADJUSTMENT FORMULA, IF APPLICABLE:

$$\begin{aligned}
 & \text{(Functional History Grade Modifier)} - \text{(Class)} = \text{(Adjustment)} \\
 + & \text{(Physical Exam Grade Modifier)} - \text{(Class)} = \text{(Adjustment)} \\
 + & \text{(Clinical Studies Grade Modifier)} - \text{(Class)} = \text{(Adjustment)}
 \end{aligned}$$

TOTAL NET ADJUSTMENT =

FINAL GRADE (A, B, C, D, or E) =

Use this table for any Central Nervous System injury, condition, or diagnosis to be rated:

Chapter 13 Central Nervous System Diagnosis or Condition	Table Number/P age Number	Rationale for Impairment % Chosen	% Impairment of the Scheduled Member	% Impairment of the Whole Person If appropriate
a.				
b.				
c.				

Use this section and table for any mental or behavioral disorder or diagnosis to be rated:

Are you a Psychiatrist? YES NO If YES, continue. If NO, do not complete this section.

Diagnosis:

Axis I: [Please remember—this is the only diagnosis that potentially could be ratable]

Axis II:

Axis III:

Axis IV:

Axis V: (GAF)

BPRS impairment score	
GAF impairment score	
PIRS impairment score	
Median or middle value of these 3 – Impairment (WPI)	
Subtract impairment for pre-existing mental disorder or borderline intellectual function	
FINAL IMPAIRMENT RATING FROM CHAPTER 14	

Submit photocopy of Table 14-8 of the *Guides* with score for each BPRS item circled. Narrative report must contain documentation for each BPRS Symptom Construct. Your narrative report must also contain documentation for choice of GAF Scale and must contain documentation for choice of each score from Tables 14-12 through 14-16.

Use this section for any ratable Pain Related Impairment [Chapter 3]:

Diagnosis that is ratable from Chapter 3:

Explain why this condition/injury was not ratable by Chapters 4-17: [Note: The *Guides* page 25 specifies that “zero is a rating.”]

PDQ score [Submit a copy of the PDQ attached to this report that is signed by the examinee.]

Final pain related impairment: % whole person impairment.

Use this table if there are multiple ratable impairments.

List the mathematically highest impairment first, then in order of decreasing numerical impairment.

Diagnoses	Whole Person Impairment
#1	
#2	
#3	
#4	
#5	
#6	
Final Whole Person Impairment from Combined Values	

Is there a prior, work-related medical impairment rating that should be considered for subtraction from the impairment(s) described above? **YES** **NO** If YES, state the prior medical impairment rating and in the following section, “COMMENTS ON IMPAIRMENT RATING,” calculate the final rating both WITH AND WITHOUT subtraction of this pre-existing, work-related impairment rating.

COMMENTS ON IMPAIRMENT RATING:

(If applicable, please include a discussion on subtracting prior, work-related, impairment ratings).

Discuss:

- 1. any possible inconsistencies in the examination**
- 2. the rationale of the impairment rating and**
- 3. the ratings assigned by other physicians, and why this rating is correct and the other ratings, if different, are not correct**

If a QuickDASH Form, AAOS Lower Limb Outcome Form, a Pain Disability Questionnaire Form or any other questionnaire was completed by the examinee, please include a copy, along with your *curriculum vitae*, in your report. Please complete and return, before due date, with all required attachments to:

**Tennessee Bureau of Workers' Compensation
ATTN: Medical Impairment Rating Registry
220 French Landing Drive
Nashville, Tennessee 37243-0661**

QuickDASH—Quick Disabilities of the Arm, Shoulder and Hand

Instructions: This questionnaire asks about your symptoms as well as your ability to perform certain activities. Please answer *every question*, based on your condition in the last week, by circling the appropriate number. If you did not have the opportunity to perform an activity in the past week, please make your *best estimate* on which response would be the most accurate. (1 is not difficult, not limited, or none; 2 is mild difficulty, slightly limited, or mild; 3 is moderate difficulty, moderately limited, or moderate; 4 is severe difficulty, very limited, or severe; and 5 is unable, extremely, or extreme.)

QuickDASH DISABILITY/SYMPTOM SCORE = $([\text{Sum of } n \text{ responses}/n] - 1) \times 25$
 where n is equal to the number of completed responses.

A QuickDASH score may not be calculated if there is greater than 1 missing item. For dates of injury on or after July 01, 2014 the QuickDash should probably not be used, as Questions # 9 & 11 are clearly factoring subjective pain into the rating.

1. Open a tight or new jar.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Do heavy household chores (e.g., wash walls, floors).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Carry a shopping bag or briefcase.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. Wash your back.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Use a knife to cut food.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7. During the past week, <i>to what extent</i> has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbors or group?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9. Arm, shoulder or hand pain.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. Tingling (pins and needles) in your arm, shoulder or hand.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Pain Disability Questionnaire

Instructions: These questions ask your view about how your pain now affects how you function in everyday activities. Please answer every question and mark the ONE number on EACH scale that best describes how you feel.

1. **Does your pain interfere with your normal work inside and outside the home?**
Work normally Unable to work at all
0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
2. **Does your pain interfere with personal care (such as washing, dressing, etc.)?**
Take care of myself completely Need help with all my personal care
0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
3. **Does your pain interfere with your traveling?**
Travel anywhere I like Only travel to see doctors
0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
4. **Does your pain affect your ability to sit or stand?**
No problems Cannot sit/stand at all
0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
5. **Does your pain affect your ability to lift overhead, grasp objects, or reach for things?**
No problems Cannot do at all
0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
6. **Does your pain affect your ability to lift objects off the floor, bend, stoop, or squat?**
No problems Cannot do at all
0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
7. **Does your pain affect your ability to walk or run?**
No problems Cannot walk/run at all
0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
8. **Has your income declined since your pain began?**
No decline Lost all income
0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
9. **Do you have to take pain medication every day to control your pain?**
No medication needed On pain medication throughout the day
0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
10. **Does your pain force you to see doctors much more often than before your pain began?**
Never see doctors See doctors regularly
0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
11. **Does your pain interfere with your ability to see the people who are important to you as much as you would like?**
No problem Never see them
0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
12. **Does your pain interfere with recreational activities and hobbies that are important to you?**
No interference Total interference
0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
13. **Do you need the help of your family and friends to complete everyday tasks (including both work outside the home and housework) because of your pain?**
Never need help Need help all the time
0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
14. **Do you now feel more depressed, tense, or anxious than before your pain began?**
No depression/tension Severe depression/tension
0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10
15. **Are there emotional problems caused by your pain that interfere with your family, social and or work activities?**
No problems Severe problems
0 ----- 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10