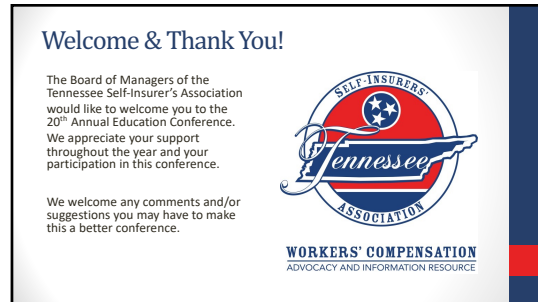




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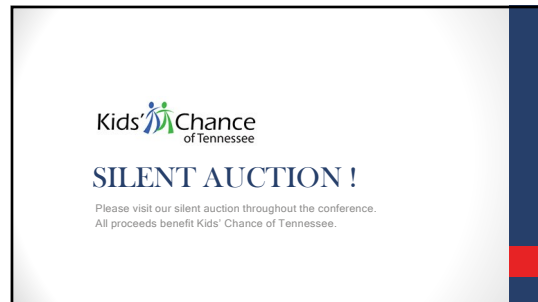
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TNSIA Welcome & Update



Bailey Pipkin,
TNSIA Chair

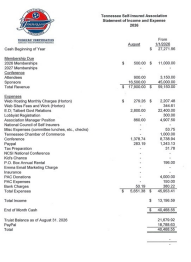


John Hayes,
TNSIA Treasurer



10

TNSIA Financials



2024

Account	2024	2023
Contributions	1,100,000	1,100,000
Investment Income	2,100,000	2,100,000
Operating Expenses	(1,100,000)	(1,100,000)
Net Income	2,100,000	2,100,000

11

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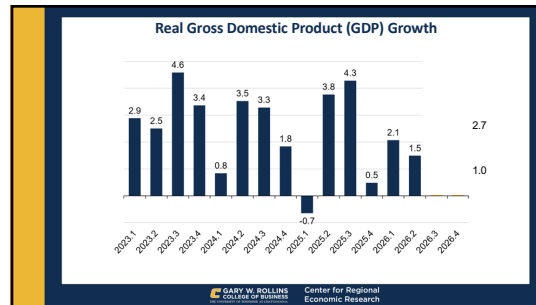
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Labor Market Outlook for the United States

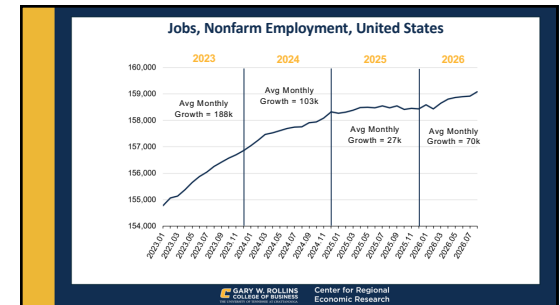
Howard J. Wall
Center for Regional Economic Research
University of Tennessee at Chattanooga
UTC.edu/CRER
September 17, 2026



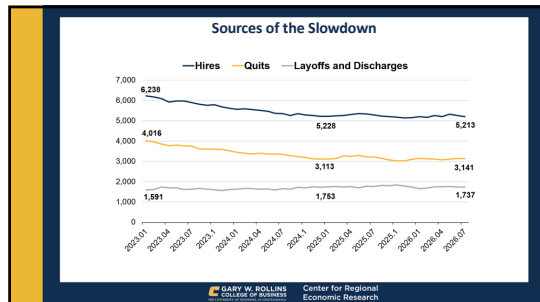
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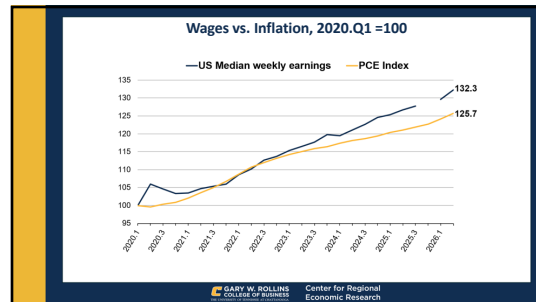
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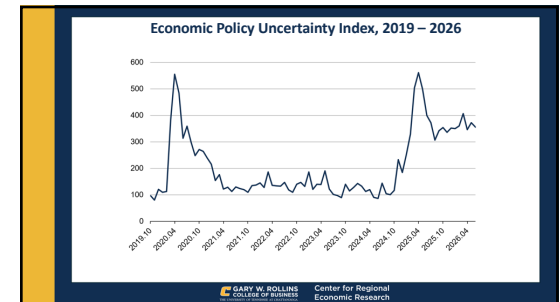
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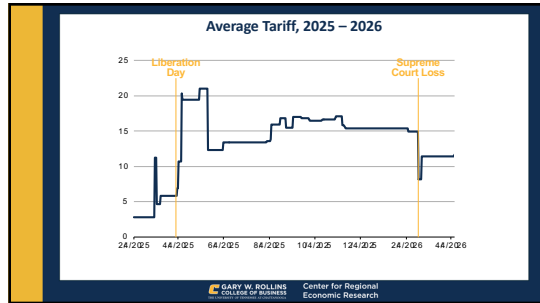
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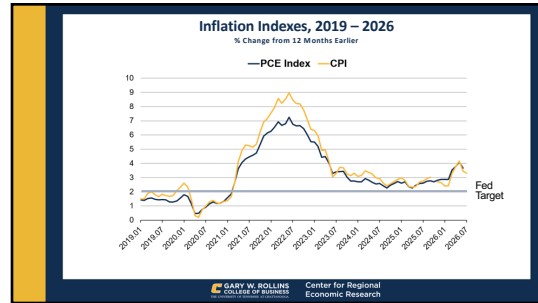
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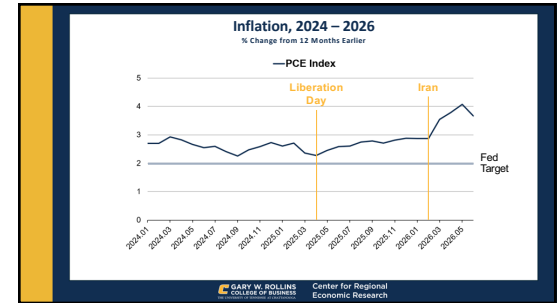
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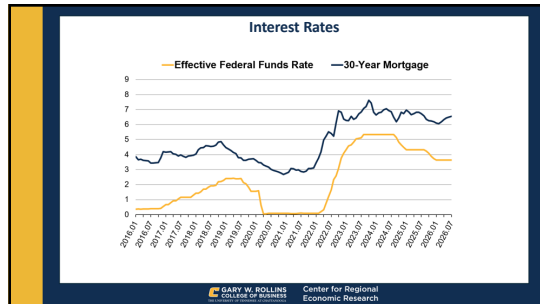
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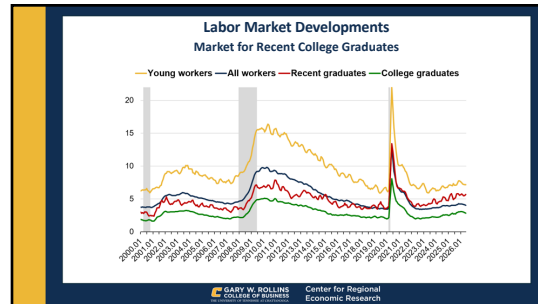
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21



22



23

Labor Market Developments AI-Exposed Occupations

Most Exposed Occupations

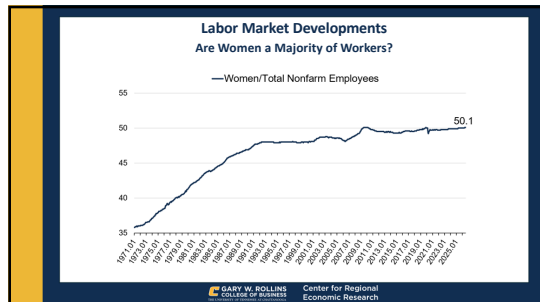
- **Computer Programmers:** Roughly 75% of tasks show direct AI coverage or assistance (such as code generation and debugging).
- **Customer Service Representatives:** Heavily impacted as automated bots and APIs handle routine customer inquiries.
- **Data Entry Keyers & Medical Records Specialists:** Highly vulnerable due to automated text recognition and digital document processing.
- **Financial & Investment Analysts:** Exposed through rapid data processing, report drafting, and predictive modeling.
- **Telemarketers & Administrative Assistants:** Routinely identified at the peak of displacement risk across multiple labor indexes.

Least Exposed Occupations

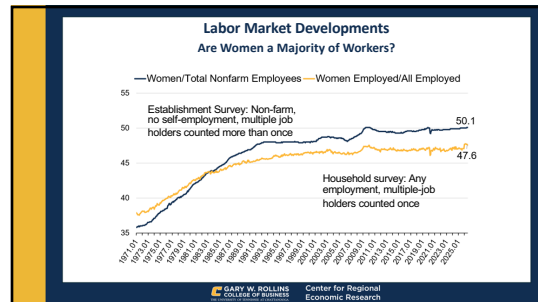
- **Manual and Hands-On Roles:** Jobs requiring physical presence, spatial navigation, and mechanical manipulation face near-zero exposure.
- **Examples:** Cooks, motorcycle mechanics, lifeguards, bartenders, dishwashers, and construction trades.

GARY W. ROLLINS
COLLEGE OF BUSINESS
Center for Regional
Economic Research

24



25



26

Thank You!

Questions?

GARY W. ROLLINS
COLLEGE OF BUSINESS
Center for Regional
Economic Research

27

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28

2026 Workers' Comp Update

Workers' Compensation Changes

September 17, 2025 | Tennessee Self-Insurers Association

Prepared from the 2026 Workers' Compensation Legislative Changes material

State of Tennessee Bureau of Workers' Compensation

29

Maximum & minimum benefit changes

For injuries occurring July 1, 2026 through June 30, 2027

\$1,488.30	\$1,353.00	\$202.95
Temporary benefits Maximum weekly rate 110% of state AWW	Permanent benefits Maximum weekly rate 100% of state AWW	Minimum weekly benefit Temporary and permanent benefits 15% of state AWW

Practical takeaway
Use injury date to determine the applicable rate period. These rates apply only to injuries occurring during the July 1, 2026-June 30, 2027 window.

State of Tennessee Bureau of Workers' Compensation

30

BWC Administration Bill

Effective July 1, 2026

Public Chapter 705

Technology modernization
Allows the Bureau to use the Subsequent Injury and Vocational Recovery Fund to build and maintain a modernized technology system.

Administrative clarification: extraordinary benefits
Multiple impairment ratings may be combined to get to 10% whole person impairment required by 50-6-242.

Apr. 14, 2025
Signed by Governor Lee

Jul. 1, 2026
Effective date

State of Tennessee Bureau of Workers' Compensation

31

Attorney fees in unreasonably denied claims

Public Chapter 941 | Effective July 1, 2026

SB1981 / HB1279

As amended, the Court of Workers' Compensation Claims may award attorney fees and court costs at an **expedited hearing** when an employer unreasonably denies a claim or delays benefits.

NOTE: The original bill, as introduced, would have:

- Created a new exception to workers' compensation exclusive remedy for employee death cases (gross negligence or criminal conduct).
- Increased the compensation rate from 66 2/3% of AWW to 75%.
- Preserved an employee's ability to seek permanent total disability after receiving an original permanent partial disability award.
- Revised increased-benefit PPD multipliers.
- Increased attorney fees from 20% to 25%.

Apr. 27, 2025
Signed

Jul. 1, 2026
Effective

State of Tennessee Bureau of Workers' Compensation

32

Substance-related changes

Known registration and out-of-state licensure conditions

Kratom: Public Chapter 950 (Matthew Davenport's Law)
Criminalizes knowingly possessing or distributing kratom, adds autopsychophysiology requirements, and:

Medical cannabis readiness: Public Chapter 789
Marijuana will not be automatically rescheduled under Tennessee law based on federal action; rescheduling must be expressly authorized by the General Assembly and implemented through a defined regulatory structure.

The commissioner of labor and workforce development shall promulgate a rule to add Kratom to the definition of a drug, as defined in § 50-9-103.

May 7, 2025
PC 950 signed

Apr. 23, 2025
PC 789 signed

Jul. 1, 2026
Both effective

State of Tennessee Bureau of Workers' Compensation

33

Cancer presumption

Expanded coverage coverage

Firefighter cancer presumption: PC 600
Adds arson investigators to the personnel eligible for the firefighter cancer presumption, recognizing similar carcinogenic exposures.

Mar. 18, 2026
PC 600 signed

Upon signing
PC 600 effective

State of Tennessee Bureau of Workers' Compensation

34

Line-of-duty death benefits for municipal linemen

Rep. Charles Carlton and 1 Public Chapter 930

\$250,000

Annuity paid over five (5) years to the estates of municipal or local government electrical linemen killed on the job.

The law honors Chance Carlton, a 32-year-old Carroll County electrical lineman who died in April 2025 while working to restore power during a severe storm. It expands death benefits, previously reserved for traditional first responders like law enforcement and firefighters, to include municipal and local government electrical workers.

Claims scope
Applies to claims filed on or after July 1, 2026.

Review process
Establishes a formal review process through the Department of Finance and Administration for denied claims.

May 7, 2026
Signed

Jul. 1, 2026
Effective

State of Tennessee Bureau of Workers' Compensation

35

Questions?

trov.haley@tn.gov
615-532-0179

State of Tennessee Bureau of Workers' Compensation

36



Kenneth Switzer, Chief Judge

37



Medical Topics

TNSIA
September 17, 2026

38



Robert B. Snyder, M.D.
Medical Director



39

Medical Topics

- Access to Care
- Certified Physician Program
- Aggravation



40

Employers

- Irrespective of the cause of an absence...
 - Personal/family
 - Employment related
- Effective employee
 - Reliable
 - Trained
 - Efficient
 - Competent
 - Understands the macro and micro
 - Customer focused
 - Team oriented



41

Access Issues

- Patients
 - Poorer outcomes-multifactorial
 - Provide incomplete information-not necessarily intentional
 - Suspicion-"whose side are you on?"
- Adjusters
 - Delays
 - Lack of response
 - Utilization Review denials
 - Limited medical knowledge
- Case Managers
 - Time
 - Interference



42

Access

- Physicians
 - Lack training.
 - Peer-to-peer calls.
 - Extra administrative procedures.
 - Already busy.
- System
 - Billing and payments.
 - Exposure to attorneys.
 - Paperwork.



43

Subspecialists

- Already busy.
- Lack of training and interest in WC.
- Difficult patients/conversations.
- Payment difficulties.
- Exposure to extra paperwork and attorneys.
- Managers and office staff do not understand WC.
- Requires extra time and expertise.
- Reinforced negative perceptions from colleagues.



44

What is the Certified Physician Program?

- Part of the **R.E.W.A.R.D.** Program.
- **Return Employees to Work and Reduce Disabilities.**



45

What is the Certified Physician Program?

- **Purpose:** To provide education to eligible physicians on the "Best Practices for Treating and Evaluating Injured Workers."
- **Emphasis:** Recovery. Physicians are taught how to encourage injured workers to take an active role in their own recovery.



TN

46

What is the Certified Physician Program?

- **Reimagines** the role of the physician as a coach for injured workers in their recovery journey.
- **Demystifies** the workers' compensation process.
- **Provides** resources and clear guidance for physicians who choose to accept workers' compensation.



TN

47

What is the Certified Physician Program?

- **Increases patient access** to trained providers and evidence-based medical care.



TN

48

What is the Certified Physician Program?



- Workers' compensation systems are even at more risk** for physician shortages than the general healthcare system due to:
1. A more regulated environment.
 2. A shortage of occupational medicine physicians.
 3. Increased care complexity due to pain management.
 4. Delayed return-to-work times resulting from increased wait times. (Source AAMC)

TN

49

What is the Certified Physician Program?

- Increased access also helps provide:
 - The benefits of **improved worker health**.
 - A potential **reduction in long-term disability**.
 - **Lower workers' compensation costs** and premiums.
 - **A better, more functional and efficient workers' compensation system** as a whole.

TN

50

What are the Benefits of Being a Certified Physician?

- **Potential** to grow the practice.
- **Alternative** patient sources.



TN

51

What are the Benefits of Being a Certified Physician?

- **Enhanced Fees** for completing forms and reports. Certified physicians receive **additional** reimbursement for the following services:
 - **Initial Assessment: an additional \$80.00** (billed as an additional code Z0815).
 - **Subsequent visit: an additional \$40.00** (billed as an additional code Z0816).
 - **Assessment of Permanent Impairment and timely completion of the Final Medical Report (C30-A) an additional \$100.00** (billed as an additional code Z0817).



TN

52

What are the Benefits of Being a Certified Physician?

- **Free Continuing Medical Education Credits**
 - Currently, no charge to take the CPP training course.
 - Available to physicians who
 - Complete all of modules of the CPP training course and
 - Pass the comprehensive test.



TN

53

Becoming a Certified Physician?

Approved Training in **Best Practices for Treating and Evaluating Injured and Evaluating Injured Workers:**

- TN Bureau of Workers' Compensation's CPP Training Course
- Thirteen training modules, 15 to 60 minutes each
- 100% online self-paced
- Free
- Live quarterly Q&A sessions with instructors.



TN

54

Becoming a Certified Physician?

Pre-Approved AMA Guides® Training Courses:

- WorkCompCollege: CIR® — Certified Impairment Rater — credentials
- International Academy of Independent Medical Evaluators (IAIME): <https://iaime.org>
- American Board of Independent Medical Evaluators (ABIME): <https://abime.org>

(Other AMA Guides® training is considered on a case-by-case basis).

55

Becoming a Certified Physician?

1. Obtain (from Bureau website) and fill out "Physician Application for Appointment to the Certified Physician Program Registry"
2. Submit **completed application**, along with CV, proof of licensure, Guides training, and Best Practices training, to the CPP Coordinator, jay.blaisdell@tn.gov or **through the CPP online portal**.



56

Apply for Appointment to the CPP Registry

Application Checklist:

- ✓ Completed Application for Appointment to the CPP Registry
- ✓ Completion certificate for "Best Practices for Treatment and Evaluation of Injured Workers" online course
- ✓ Completion certificate for AMA Guides®, Sixth Edition, course.
- ✓ Proof of Tennessee medical license
- ✓ Proof of malpractice insurance
- ✓ Proof of board certification or board eligibility.
- ✓ Curriculum Vitae (CV)

57

What are the Responsibilities of Being a Certified Physician?

- Bureau Certified Physicians agree to
 - **Accept workers' compensation patients**
 - Adopt and consistently apply
 - the CPP's "Best Practices for Treating and Evaluating Injured Workers";
 - and the **Treatment Guidelines** adopted by the Bureau
 - Abide by the **program rules**.
 - Complete **AMA Guides®** training.



58

What are the Responsibilities of Being a Certified Physician?

- Adopt and consistently apply the CPP's "Best Practices for Treating and Evaluating Injured Workers"; and the Treatment Guidelines adopted by the Bureau.
 - Expanded upon in later modules of the CPP training course
 - Also available on the Bureau's Certified Physician Program Website:
 - Best Practices
 - Treatment Guidelines
 - AMA Guides®



59

Certified Physician Program (CPP)

- Trained physicians
- Accept WC
 - Within the norms of their practice
- Understand the processes
 - Trained
- Office staff understand
 - Better communication

60

CPP Core Competencies

- Bureau-certified physicians will be able to:
 - Provide accurate **causation opinions** within the parameters of Tennessee workers' compensation laws.
 - Consistently set appropriate **return-to-work** expectations and goals with the injured workers whom they treat.
 - Accurately assign **temporary work limitations, maximum medical improvement, permanent impairment ratings, and permanent work restrictions**, when applicable.
 - Effectively **communicate** with injured workers, adjusters, case managers, and return-to-work coordinators.
 - Navigate the Tennessee workers' compensation system, including **treatment guidelines** and **utilization review appeals**.

61

Benefits of Using a CPP Physician

- Bureau-Certified Physicians:
 - Accept workers' compensation patients, so creating physician panels is easier for employers.
 - Are formally trained and knowledgeable in the tasks that workers' compensation requires of them, such as how to assign causation, work restrictions, and permanent impairment.
 - Are easy to find, since their names and specialties are posted on the Bureau's website.
 - May lower workers' compensation costs. Certified physicians will set goals and expectations early in the treatment timeline, so that injured workers will return to work as soon as possible.
 - *A quicker return to work leads to better overall health outcomes and lower treatment and disability costs.*

62

CPP

- Website: Certified Physician Program



63

Issue of Definition

- Tennessee State Supreme Court
- Edwards v. Peoplease
 - No. W2024-01034-SC-R3-WC

TN

64

"...We also hold that an "aggravation" injury under workers' compensation law **does not require proof of a permanent change or a permanent worsening of conditions to be compensable**. Instead, an aggravation injury is compensable when an employee shows, to a reasonable degree of medical certainty, that the aggravation injury primarily arose out of and in the course and scope of employment. This means that an employee must show that the employment contributed more than fifty percent in causing the aggravation. Then, the employee must prove, by a reasonable degree of medical certainty, that the aggravation contributed more than fifty percent in causing death, disablement or need for medical treatment..."

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65

Previous

- Aggravation:** A **permanent** worsening of a prior, or underlying, condition by an event or exposure. It occurs when a pre-existing injury is permanently and significantly changed.
 - Exacerbation:** A **temporary** worsening of a prior, or underlying, condition by an event or exposure that has, or will, return to baseline.
 - Acceleration:** The **hastening** of the appearance or symptoms of an underlying disease process by an event or exposure.
- AMA Guides® to the Evaluation of Disease and Injury Causation, pages 9, 692.*

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66

Change to Advisory

- Consider whether the need for treatment was an **aggravation** of a preexisting condition.
 - Aggravation means an intensification or worsening of a preexisting disease, condition or ailment, permanent or not, that contributes more than 50% in causing death, disability, or the need for medical treatment. An "aggravation" **does not require a permanent change or a permanent worsening of a condition**.

Website: [Understanding Causation](#)

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67

Two Prong Test

1. Employee shows... that the aggravation injury primarily (>50%) arose out of and in the course and scope of employment.
2. Employee must prove, by a reasonable degree of medical certainty, that the aggravation contributed more than 50% in causing death, disablement or need for medical treatment.

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68

Questions



TN

69

Contact Info:

- Robert B. Snyder, M.D. (615) 532-8700
Medical Director
robert.b.snyder@tn.gov
- Lacy Conner (615) 532-1326
Medical Service Coordinator
lacy.conner@tn.gov

TN

70



Thank You!

71

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72

When Advocacy Redesigns Outcomes



Rob Behnke
TNSIA Board Member
Cracker Barrel Old Country Store

Jill Talbert
TNSIA Lobbyist
Talbert Government Relations, LLC

Michael Haynie
Principal with
Manier & Harod

73

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74

State of the Market Panel

-Presented by Brown and Brown

75

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76



Case Law Update

Chancey R. Miller, Esq.
Carr Allison, P.C.

77

Five Cases to Know

1. Edwards v. Peoplelease, LLC - "Aggravation" Injuries
2. Taylor v. Dale's Recycling - Heart Attacks
3. Hands v. Fresenius Medical Care Holdings, Inc. - Fee Schedule
4. Martin v. Kirby Building Systems, LLC - Future Medical Care
5. Kennard v. Mid-South Transportation Management, Inc. - Exclusive Remedy

78

Edwards v. Peoplelease, LLC

- BIG CASE
- Decided Two Issues:
 - 1) Appellate Standard of Review for Factual Findings of Trial Court
 - 2) Compensability of Aggravation Injuries
- Full Supreme Court Found in Employee's Favor
- More on this case from Cate, Kitty, and Michael in a moment

79

Taylor v. Dale's Recycling

Can a heart attack be a compensable injury?

Facts

- Employee was a professional truck driver with chronic but well-controlled hypertension and diabetes
- A piece of metal fell off Employee's truck due to tarping issue
- Police stopped Employee and required him to fix the tarp issue
- Employee climbed a ladder and worked in a hot trailer to fix the tarp issue
- Employee appeared nervous and worked for 10 minutes to fix the tarp issue
- Employee had a heart attack and died at the scene

80

Taylor v. Dale's Recycling

Can a heart attack be a compensable injury?

Decision

- Competing experts on causation
- One opined employment was not the primary cause, the other did
- All three courts - trial court, Appeals Board, and Supreme Court panel found in Employee's favor
- All concluded Employee was subjected to an unusually stressful, abnormal event that required physical exertion which precipitated his heart attack
- Death benefits awarded

81

Hands v. Fresenius Medical Care Holdings, Inc.

Are court awarded unauthorized medical bills paid under the fee schedule?

- Employee reported injuring his low back and right knee in the course and scope of his employment
- Employer denied recommended lumbar spine surgery based on pre-existing low back injury
- Employee had the surgery and post-surgery treatment even though it was unauthorized
- Trial court found low back claim to be a compensable injury
- Trial court ordered Employer to pay unauthorized medical bills pursuant to the fee schedule
- Employee appealed seeking "full cost" of the unauthorized treatment
- Appeals Board affirmed, holding the fee schedule applies to compelled payment of previously denied treatment

82

Martin v. Kirby Building Systems, LLC

Are Employers required to memorialize Employee's right to future medical for 0% permanent impairment ratings?

- Employee put at maximum medical improvement (MMI) with no permanent impairment
- Employee asked Employer to settle the case for \$0.00 indemnity benefits with open future medical benefits
 - Previous appellate decision held future medical benefits available even with no permanent impairment
- Employer refused; Employee requested a hearing to memorialize right to future medical
- Employee prevailed, Employer appealed
- Appeals Board affirmed, basing opinion in large part on statute of limitations trap
- Appeals Board determined appeal was frivolous and awarded fees

83

Kennard v. Mid-South Transportation Management, Inc.

Does the exclusive remedy apply to a personal injury case when the workers' compensation claim was settled on a doubtful and disputed basis?

- Employee pursued a workers' compensation claim against Employer that resulted in a "doubtful and disputed" settlement approved by the Court of Workers' Compensation Claims
- Employee then filed a personal injury lawsuit against Employer for the same incident and injuries
- Trial Court (Shelby County Circuit Court) allowed the tort case to proceed
- The Tennessee Court of Appeals held tort lawsuit was barred by exclusive remedy statute because "doubtful and disputed" settlements are specifically contemplated by Workers' Compensation Act

84

Thank You

Chancey R. Miller, Esq.

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85

Jo Carol Edwards v. Peoplelease, LLC
December 22, 2025

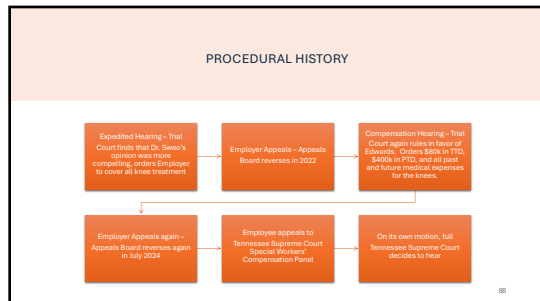
Cate Dugan
Kitty Boyte
Peterson White, LLP

86

FACTS OF CASE

- Panel selection – Dr. Jason Hutchison
- Unauthorized doctor – Dr. Timothy Sweo
- Issue – Work Injury v. Pre-existing condition
- Single vehicle MVA
- Testified knees repeatedly struck the dashboard
- Testified no prior problems with knees and no pre-injury treatment was ever located.

87



88

DR. JASON HUTCHISON – PANEL DOCTOR

- Deposed twice
- Diagnosis – Severe bilateral, tricompartmental end stage osteoarthritis
- Work injury was only an aggravation of underlying arthritis
- Need for bilateral TKRs arose primarily from her pre-existing arthritis, not work injury
- Despite her assertion that she had no prior symptoms, Dr. Hutchison testified that Edwards had to have had symptoms prior to the work injury, she just may not have appreciated them for what they were
- Her arthritis was not work-related, she had an exacerbation of symptoms caused by the work injury
- He did not believe that was "compensable" under the WC law
- Avulsion fracture did not cause instability or need for treatment, was not a permanent anatomic change.
- Arthritis is greater than 51 percent of the cause of the need for TKRs.
- Without the advanced underlying arthritis, Employee would not have been a candidate for total knee replacements.

89

DR. TIMOTHY SWEO – PERSONAL DOCTOR

- Testified once via deposition
- Requested an MRI of left knee – showed non-displaced fracture and meniscus tear, as well as advanced tricompartmental osteoarthritis
- Believed the tibial plateau fracture was an anatomic change attributable to the work injury, which caused "instability" in the knee
- The work injury made her arthritis symptomatic, which necessitated the TKRs, "more than 51%"
- Did agree that it was unlikely she was completely asymptomatic before work injury
- Conceded the fracture was "incidental" to the left knee replacement, never did a right knee MRI to know if there was a fracture there as well

90

DR. CLAIBORNE CHRISTIAN – EMPLOYER’S IME

- Agreed she suffered from advanced bilateral arthritis before the work injury
- Agreed she had increased symptoms and decreased function after the work injury
- Without the advanced underlying arthritis, Edwards would not have been a candidate for the TKRs
- Before the work injury, she was already “bone-on-bone”
- Work accident did not cause anatomic change
- “Cause for the need for the replacements is definitely end stage arthritis in the joint that was present and not the accident.”

91

DR. LAWRENCE SCHRADER – EMPLOYEE’S IME

- Agreed she suffered from advanced bilateral arthritis before the work injury
- Agreed she had increased symptoms and decreased function after the work injury
- Edwards’s bilateral knee impairments and need for TKRs were primarily related to the work injury
- The meniscus tear and the tibial plateau fracture were the result of the work injury and were “anatomic changes” which contributed to the need for the TKRs
- The accident “changed the course” of the arthritis, thus hastening the need for the TKRs
- Also asserted she had work-related injuries to her feet, neck, left shoulder, sternum/ribs and pelvis and assigned impairments for all of these conditions
- All of this despite no abnormal diagnostic testing, no subsequent medical treatment, and limited, if any, medically documented complaints to these other body parts

92

APPEALS BOARD OPINION

- Ruled in favor of Employer/Carrier
- Trial Court abused its discretion in accepting the opinions of Dr. Schrader over those of the ATP, Dr. Hutchison
- Medical evidence supports finding that she did have symptoms/limitations prior to work injury, despite her testimony
- All physicians agreed it was a combination of the underlying arthritis and disabling pain that led to need for TKRs
- The only treatment for her underlying arthritis was the TKRs, regardless of the work injury

93



TENNESSEE SUPREME COURT RULING

Standard of Review in Workers’ Compensation Cases

- For factual determinations, standard of review is de novo with a presumption of correctness, unless the preponderance of the evidence is otherwise
- For in-person testimony, standard of review is abuse of discretion for determinations of credibility of the witness
- A reviewing court gives no deference to credibility determinations based on deposition transcripts

94

TENNESSEE SUPREME COURT RULING

“Aggravation” injuries

- First time this issue is before Supreme Court post-Reform Act

To be compensable, an injury must:

- Be an injury by accident (caused by a specific incident),
- Arise primarily out of and in the course of employment, and
- Cause death, disablement, or the need for medical treatment

For aggravations, must show that the aggravation primarily arose out of and in the course and scope of employment

- The aggravation must contribute more than 50% in causing the death, disablement, or need for medical treatment.

BUT WHAT DOES AGGRAVATION MEAN?

95



“AGGRAVATION” DEFINITION

- Not defined by statute
- “natural and ordinary meaning” = how a reasonable reader, fully competent in language, would have understood the text at the time it was issued.
- Dictionary definitions: “an act or circumstance that intensifies something or makes something worse,” “the act of making something such as a problem or injury worse,” “a circumstance that increases the gravity or seriousness of a situation.”
- What they didn’t use? The AMA Guides definition!
- DEFINITION: An intensification or worsening of a preexisting disease, condition or ailment, permanent or not, that contributes more than fifty percent in causing death, disability, or the need for medical treatment.

96

APPLICATION TO THE FACTS

Question 1: Whether the work accident contributed more than fifty percent in causing the aggravation of her preexisting knee condition?

a. YES. “All physicians who testified in this case acknowledged that Edwards more likely than not suffered increased symptoms and decreased function in both knees after the truck accident.”

Question 2: Whether Edwards showed to a reasonable degree of medical certainty that the aggravation injury contributed more than fifty percent to her need for knee replacement surgeries and also to her disability?

YES. “Put simply, Edwards only became eligible for knee-replacement surgery once she became symptomatic and she only became symptomatic after the accident aggravated her preexisting arthritis.”

97

Case Law Review – The Cases Redefining Workers Compensation



Michael Haynie
Principal with
Manier & Herod

98

Agenda

8:30 - 9:00 Registration | Breakfast | Visit Vendor Booths | Kids’ Chance Silent Auction

9:00 - 9:15 Welcome & General Membership Meeting

9:15 - 10:15 Keynote Address: Labor Market Outlook for the United States and Chattanooga

10:15 - 10:45 Break | Visit Vendor Booths | Kids’ Chance Silent Auction

10:45 - 11:30 Session 1: Inside the Redesign – Bureau of Workers Compensation Priorities and Emerging Trends

11:30 - 12:00 Session 2: When Advocacy Redesigns Outcomes

12:00 - 1:00 Networking Lunch

1:00 - 1:45 Session 3: State of the Market – Presented by Brown and Brown

1:45 - 2:15 Break | Visit Vendor Booths | Kids’ Chance Silent Auction Closes

2:15 - 3:00 Session 4: Case Law Review – The Cases Redefining Workers Compensation

3:00 - 4:00 Panel Discussion: From Injury to Impact – Redesigning the Return- to-Work Journey

4:00 - 4:15 Closing Remarks | Vendor Bingo Drawing | Kids’ Chance Silent Winner Pick Up

99

Employer Panel:
From Injury to Impact - Redesigning the
Return-to-Work Journey

Moderator



Rob Behnke
TNSIA Board Member
Cracker Barrel Old
Country Store



Dana Volner
Arete Consulting



Anastasia Settle
Carlisle Medical



Mike Uzmanowski
Bardavon Health
Innovations

100

Our conference is on the move for 2027.....

Join us on Wednesday,
September 22, 2027
for the 21st Annual Conference
at the **Franklin Marriott in
Cool Springs!**




101

**Please Recycle Your
Name Badge Holder!**

Thank you for joining us and
we look forward to seeing you
next year!



WORKERS' COMPENSATION
ADVOCACY AND INFORMATION RESOURCE

102