FILED
Oct 20, 2026
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TENNESSEE COURT OF
WORKERS' COMPENSATION
CLAIMS

TENNESSEE BUREAU OF WORKERS' COMPENSATION
IN THE COURT OF WORKERS' COMPENSATION CLAIMS
AT KNOXVILLE

TAYLOR ROGERS, **Employee**, **v.** **STRUCTURAL SYSTEM REPAIR GROUP, LLC,** **Employer**, **And** **AMERICAN ZURICH INSURANCE COMPANY,** **Carrier**.	**Docket No. 2026-30-1244** **State File No. 81935-2024** **Judge Lisa Lowe**

EXPEDITED HEARING ORDER GRANTING BENEFITS
Decision on the Record

The Court considered this case for an expedited hearing decision on the record. The issue is Mr. Rogers's entitlement to a panel of physicians to assign an impairment rating. For the reasons below, the Court finds that Mr. Rogers is likely to prevail, and Structural System Repair Group shall provide a panel of physicians for an impairment evaluation.

Claim History

The parties agreed that Mr. Rogers suffered an injury to his left elbow primarily within the course and scope of his employment on November 13, 2024. After some initial treatment in Tennessee, Mr. Rogers returned to Cincinnati and accepted authorized treatment with Dr. Michael Wigton, who performed surgery.

Mr. Rogers underwent a functional capacity exam in June 2025, and a physical therapist found that he retained 3% impairment. However, no physician has performed an in-person impairment evaluation of Mr. Rogers.

On October 16, 2025, Dr. Wigton signed a C-30A form noting maximum medical improvement and the need for future medical treatment, and he handwrote that Mr. Rogers needs "PPI exam" to determine impairment. Instead of sending Mr. Rogers for an impairment evaluation or providing a panel, Structural System hired Dr. Jeffrey Hazlewood to review medical records and address impairment.

The sole issue is whether a panel is required for an impairment evaluation as recommended by Dr. Wigton.

Findings of Fact and Conclusions of Law

Mr. Rogers must show a likelihood of prevailing at a hearing on the merits that he is entitled to medical benefits. Tenn. Code Ann. § 50 6-239(d)(1) (2025); *McCord v Advantage Human Resourcing*, 2015 TN Wrk. Comp. App. Bd. LEXIS 6, at *7-8, 9 (Mar. 27, 2015).

Under Tennessee workers' compensation law, all permanent impairment ratings shall be assigned by the *treating* physician or chiropractor using the AMA Guides to the Evaluation of Permanent Impairment, 6th Edition. Additionally, the treating physician shall *evaluate* the employee for purposes of assigning the rating, and the employee shall *attend* the evaluation. Tenn. Code Ann. § 50-6 204(k)(1)-(7) (Emphasis added).

Here, Dr. Wigton is the authorized treating physician and referred Mr. Rogers for an impairment rating evaluation. When an authorized physician makes a referral, the employer is deemed to have accepted the named referral, unless it provides a panel within three business days. *Id.* § 50-6-204(a)(3)(A)(ii). Since Dr. Wigton did not name a specific specialist for the referral, Structural System should have provided Mr. Rogers with a panel of physicians who perform impairment evaluations. However, it attempted to sidestep that obligation by hiring Dr. Hazlewood to perform a record review.

Structural System argues a panel is not required because Dr. Wigton remains willing and able to provide medical treatment. It argued that the assignment of impairment and medical treatment are distinct, and a physician's decision not to assign an impairment rating is not a refusal to provide medical treatment under subsection 50-6-204(a)(3)(G).

Dr. Wigton is not refusing to treat Mr. Rogers; he noted that Mr. Rogers needs an impairment evaluation. Providing an impairment rating is a part of medical

treatment mandated by Section 50-6 204(k)(4). Similar to Dr. Wigton ordering an MRI or some other test or needing an evaluation done by a more qualified specialist physician to be able to assist him in treatment, he is requesting an impairment evaluation.

Structural System did not meet its obligation to satisfy Dr. Wigton's referral by obtaining a record review with Dr. Hazlewood because he is not the treating physician and did not perform an in-person evaluation of Mr. Rogers. Structural System is referred to the Compliance Program for investigation and assessment of a penalty for failure to timely offer a panel of physicians.

Mr. Rogers is likely to prevail at a final hearing in proving his entitlement to a panel of physicians to evaluate his impairment. Dr. Wigton remains the authorized treating physician.

IT IS, THEREFORE, ORDERED as follows:

1. Structural System Repair Group shall offer a panel of orthopedic physicians qualified to address Mr. Rogers's left-elbow impairment under the AMA Guides to the Evaluation of Permanent Impairment, 6th Edition.

2. Structural System Repair Group is referred to the Compliance Program for investigation and assessment of a penalty for failure to timely offer a panel of physicians.

3. The parties must appear for a Status Hearing on January 19, 2027, at 10:00 a.m. Eastern Time. The parties must dial 855-383-0003 to participate.

4. Unless appealed, compliance must occur within seven business days of entry of this order as required by Tennessee Code Annotated section 50-6 239(d)(3).

ENTERED October 20, 2026.

Lisa A. Lowe

JUDGE Lisa Lowe
Court of Workers' Compensation Claims

APPENDIX

The technical record consists of all documents filed on the TNComp electronic filing system, which the Court will consider in reaching its decision.

Exhibits:

1. Petition for Benefit Determination
2. Dispute Certification Notice
3. Notice of Appearance
4. Show Cause Order
5. Hearing Request
6. Medical Records of Beacon Orthopaedic & Sports Medicine
7. Medical Records of Center for Physical Therapy
8. Final Medical Report of Dr. Michael Wigton, Form C-30A
9. Medical Records Review Report of Dr. Jeffery Hazlewood
10. Rule 72 Declaration of Taylor Rogers

CERTIFICATE OF SERVICE

I certify that a copy of this order was sent as shown on October 20, 2026.

Name	Email	Service sent to:
Christopher Gilreath, Employee's Attorney	X	cgilreath@wolffardis.com
Kenneth D. Veit, Employer's Attorney	X	Kenny.veit@leitnerfirm.com
Compliance Program	X	WCCompliance.Program@tn.gov



_____

PENNY SHRUM, COURT CLERK
wc.courtclerk@tn.gov

Right to Appeal:

If you disagree with the Court's Order, you may appeal to the Workers' Compensation Appeals Board. To do so, you must:

1. Complete the enclosed form entitled "Notice of Appeal" and file it with the Clerk of the Court of Workers' Compensation Claims before the expiration of the deadline.
   - If the order being appealed is "expedited" (also called "interlocutory"), or if the order does not dispose of the case in its entirety, the notice of appeal *must* be filed *within seven (7) business days* of the date the order was filed.
   - If the order being appealed is a "Compensation Order," or if it resolves all issues in the case, the notice of appeal *must* be filed *within thirty (30) calendar days* of the date the Compensation Order was filed.

   When filing the Notice of Appeal, you must serve a copy on the opposing party (or attorney, if represented).

2. You must pay, via check, money order, or credit card, a **$75.00 filing fee** *within ten calendar days* after filing the Notice of Appeal. Payments can be made in-person at any Bureau office or by U.S. mail, hand-delivery, or other delivery service. In the alternative, you may file an Affidavit of Indigency (form available on the Bureau's website or any Bureau office) seeking a waiver of the filing fee. You must file the fully-completed Affidavit of Indigency *within ten calendar days* of filing the Notice of Appeal. **Failure to timely pay the filing fee or file the Affidavit of Indigency will result in dismissal of your appeal.**

3. You are responsible for ensuring a complete record is presented on appeal. If no court reporter was present at the hearing, you may request from the Court Clerk the audio recording of the hearing for a $25.00 fee. If you choose to submit a transcript as part of your appeal, which the Appeals Board has emphasized is important for a meaningful review of the case, a licensed court reporter must prepare the transcript, and you must file it with the Court Clerk. The Court Clerk will prepare the record for submission to the Appeals Board, and you will receive notice once it has been submitted. For deadlines related to the filing of transcripts, statements of the evidence, and briefs on appeal, see the applicable rules on the Bureau's website at https://www.tn.gov/wcappealsboard. (Click the "Read Rules" button.)

4. After the Workers' Compensation Judge approves the record and the Court Clerk transmits it to the Appeals Board, a docketing notice will be sent to the parties.

   If neither party timely files an appeal with the Appeals Board, the Court Order becomes enforceable. See Tenn. Code Ann. § 50-6-239(d)(3) (expedited/interlocutory orders) and Tenn. Code Ann. § 50-6-239(c)(7) (compensation orders).

For self-represented litigants: Help from an Ombudsman is available at 800-332-2667.

NOTICE OF APPEAL

Tennessee Bureau of Workers' Compensation
www.tn.gov/workforce/injuries-at-work/
wc.courtclerk@tn.gov | 1-800-332-2667

Docket No.: _____

State File No.: _____

Date of Injury: _____

_____
Employee

v.

_____
Employer

Notice is given that _____
[List name(s) of all appealing party(ies). Use separate sheet if necessary.]

appeals the following order(s) of the Tennessee Court of Workers' Compensation Claims to the Workers' Compensation Appeals Board (check one or more applicable boxes and include the date file-stamped on the first page of the order(s) being appealed):

☐ Expedited Hearing Order filed on _____ ☐ Motion Order filed on _____

☐ Compensation Order filed on _____ ☐ Other Order filed on _____

issued by Judge _____.

Statement of the Issues on Appeal

Provide a short and plain statement of the issues on appeal or basis for relief on appeal:

_____
_____
_____
_____

Parties

Appellant(s) (Requesting Party): _____ ☐ Employer ☐ Employee
Address: _____ Phone: _____
Email: _____
Attorney's Name: _____ BPR#: _____
Attorney's Email: _____ Phone: _____
Attorney's Address: _____

** Attach an additional sheet for each additional Appellant **

Employee Name: _____ Docket No.: _____ Date of Inj.: _____

Appellee(s) (Opposing Party): _____ ☐ Employer ☐ Employee
Appellee's Address: _____ Phone: _____
Email: _____
Attorney's Name: _____ BPR#: _____
Attorney's Email: _____ Phone: _____
Attorney's Address: _____

** Attach an additional sheet for each additional Appellee **

CERTIFICATE OF SERVICE

I, _____, certify that I have forwarded a true and exact copy of this Notice of Appeal by First Class mail, postage prepaid, or in any manner as described in Tennessee Compilation Rules & Regulations, Chapter 0800-02-21, to all parties and/or their attorneys in this case on this the _____ day of _____, 20 ____.

_____
[Signature of appellant or attorney for appellant]

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

AFFIDAVIT OF INDIGENCY

I, _____, having been duly sworn according to law, make oath that because of my poverty, I am unable to bear the costs of this appeal and request that the filing fee to appeal be waived. The following facts support my poverty.

1. Full Name:_____ 2. Address: _____

3. Telephone Number: _____ 4. Date of Birth: _____

5. Names and Ages of All Dependents:

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

_____ Relationship: _____

6. I am employed by: _____

My employer's address is: _____

My employer's phone number is: _____

7. My present monthly household income, after federal income and social security taxes are deducted, is:

$ _____

8. I receive or expect to receive money from the following sources:

AFDC	$ _____ per month	beginning _____
SSI	$ _____ per month	beginning _____
Retirement	$ _____ per month	beginning _____
Disability	$ _____ per month	beginning _____
Unemployment	$ _____ per month	beginning _____
Worker's Comp.	$ _____ per month	beginning _____
Other	$ _____ per month	beginning _____

9. My expenses are:

Rent/House Payment	$ _____ per month	Medical/Dental	$ _____ per month
Groceries	$ _____ per month	Telephone	$ _____ per month
Electricity	$ _____ per month	School Supplies	$ _____ per month
Water	$ _____ per month	Clothing	$ _____ per month
Gas	$ _____ per month	Child Care	$ _____ per month
Transportation	$ _____ per month	Child Support	$ _____ per month
Car	$_____ per month		
Other	$ _____ per month (describe: _____)		

10. Assets:

Automobile	$ _____	(FMV) _____
Checking/Savings Acct.	$ _____	
House	$ _____	(FMV) _____
Other	$ _____	Describe:_____

11. My debts are:

Amount Owed	To Whom
_____	_____
_____	_____
_____	_____
_____	_____

I hereby declare under the penalty of perjury that the foregoing answers are true, correct, and complete and that I am financially unable to pay the costs of this appeal.

_____
APPELLANT

Sworn and subscribed before me, a notary public, this

_____ day of _____, 20_____.

_____
NOTARY PUBLIC

My Commission Expires:_____