



emperion

**Increase
Your IME IQ**

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A Review of the Basics

Why Request an IME?

As workers' compensation professionals deal with increasing complex claims, they may become uncertain about specific determinations on a case. For example, they may wonder about the true cause of a claimant's condition. They may be unsure of the best course of treatment. They may think that a degree of symptom exaggeration exists. In other situations, the case can be complicated by other medical issues—such as diabetes, hypertension or depression—which can hinder the injured employee's recovery.

Due to these types of challenges, adjusters will often request an independent medical examination (IME) to help determine the next step in the claims, medical management, or return-to-work (RTW) process. In some jurisdictions, specific medical review is required to close or advance a claim. Here are some areas where an IME can provide useful information:

- **Diagnosis.** Adjusters may want to ensure that the initial diagnosis was complete and accurate. Diagnosis is often one of the most important factors regarding a case.
- **Causation.** Adjusters may want to determine if the condition, pain or other symptoms experienced were in fact caused by the work-related injury—or another underlying issue or previous incident.
- **Treatment.** Claims staff may want to determine if a suggested treatment plan falls within best practices, such as those outlined in the Official Disability Guidelines (ODG). For instance, they may want to get a second opinion on whether a certain procedure or surgery should be performed.
- **Apportionment.** Depending on the jurisdiction, an employer may be allowed to assign some portion of the disability to a pre-existing injury or condition, which may reduce the benefits for the workers' comp injury. An IME can help in assigning appropriate apportionment.
- **Impairment.** Depending on the jurisdiction and the relevant nomenclature, adjusters may want to ascertain if the injured employee has reached maximum medical improvement (MMI), if a permanent or partial impairment exists and, if so, what is the impairment rating?
- **Return to Work (RTW).** An adjuster may want an estimate on when the injured employee will recover and return to work or determine if there might be temporary or permanent work restrictions. For example, can the injured employee return to light, modified or full duty?
- **Prognosis.** The adjuster may require a simple statement that project medical treatment needs into the future. It can be as simple as the prognosis is "good" or "poor." This helps to determine whether or not there will be future medical considerations.

In these situations, an IME can serve as an outstanding tool to help claims staff make decisions, while also providing significant benefits to both the employer and injured employee.



RESOURCE REVIEW

The National Council on Compensation

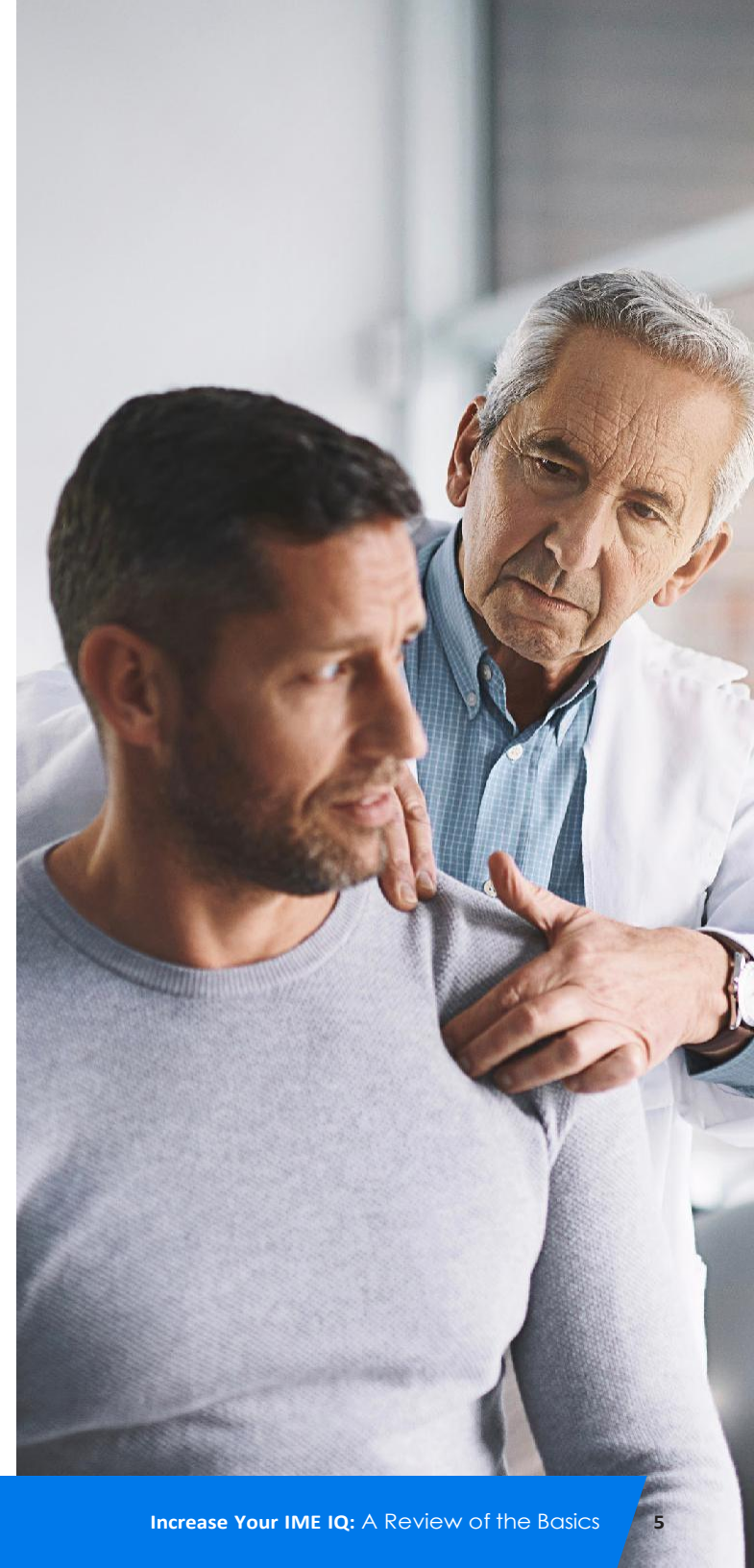
Insurance (NCCI) has a mission to foster a healthy workers' compensation system. Visit their website and "Insights" page for research, legislative updates and industry trends.

What is an IME?

Above all else, an IME must be impartial and based on medical evidence. The evaluation is performed by a physician who is an expert in a relevant field or specialty, but who is not involved in monitoring the claimant's health or treatment. Instead, these physicians will have a limited relationship with the examinee, usually confined to just the ordered IME. IME physicians are objective evaluators, rather than treating physicians, for the examinee and, therefore, do not have a stake in the outcome of the evaluation.

The examinee is usually referred by a third party, such as an adjuster at a third-party administrator, state agency, or workers' comp insurance company. The process of the evaluation includes obtaining a medical history, performing a physical examination, and reviewing medical records and associated diagnostic studies.

IME physicians perform the exam to assess the examinee's health, injury or disability. They have a dual obligation to the patient and the third party. For patients, although IME physicians do not have a direct treating role, they may recommend different treatment protocols as best practice. They may also suspect undiagnosed illnesses and, when appropriate, suggest the patient seek care from a qualified physician. For the third party, IME physicians will respond to posed questions and provide a final IME report with their findings, based on medical evidence.



The IME physician should receive all relevant background, and it should be clear what conditions, if any, have already been medically accepted by the workers' comp insurer.

What Does an IME Entail?

On the previous page, we outlined what an IME is. Let's dig deeper into the key components of an IME:

Medical Records and Associated Diagnostic Studies

An IME physician should receive all relevant background, including the accident report, a complete medical record (including prior medical records), diagnostic test results, job descriptions and claimant statements—all well in advance of the exam. From the medical records, IME physicians will review the chronology and medical history of the case, so they can determine what's gone on up to that point.

It should be clear what conditions, if any, have already been medically accepted by the workers' comp insurer. For example, if there are four known injuries, but only two have been accepted by the insurer, that should be clearly indicated in the file.

It's also important that the medical records arrive with any relevant diagnostic tests, such as any MRI or CT reports, if they exist. Here are other examples of diagnostic information that might be included, depending on the intent of the IME:

- If the IME physician is evaluating a patient's respiratory system, it's important to include any pulmonary function test results or lung function test results. If there are any diagnostic tests that were performed "prior" to the injury, it's great to include those as well. That way the IME physician can see a before and after assessment.
- If the IME physician is being asked to determine if hearing loss is job related, it's important to include a recent hearing test as well as the baseline test, which might have been done at the time the employee was hired. If the employee works in a noisy environment, a baseline hearing test is often performed.

Medical History

IME physicians will assess medical history through both a review of the medical records and information gathered directly from the patient during the physical exam. They will look at the mechanism of injury and look for clinical correlations with regard to the type and severity of injury. Any medical history collected during the exam would be documented, and when necessary, compared to what's already in the medical records to again determine if there are correlations or discrepancies.

The IME physicians will also inquire and look at:

- **Preexisting or comorbid conditions.** Past medical history can help to determine if any other conditions may be at play. For example, perhaps the patient has a previous knee injury, or maybe the patient has diabetes or high blood pressure.
- **Medications.** A list of previous and current medications will be ascertained. Many IME requests ask to address medication management with a particular eye toward the opioid crisis. The IME physician may be asked to comment on the appropriateness of medications that the patient has been prescribed for injury and diagnosis.
- **Psychosocial issues.** An IME physician will want to know or assess psychosocial issues, as they can affect return-to-work efforts. In a later chapter of this eBook, we will take an in-depth look at the factors that can drive disability.
- **Symptomology.** The IME physician will also take note of any symptomology noted in the medical records and during the evaluation to help reach an accurate diagnosis.

Physical Examination

The examination begins when the IME physician sees the examinee. This could include watching the examinee walk in or out of the doctor's office. The IME physician will have examinees engage in a variety of procedures to observe and evaluate how the affected body parts function. An IME physician may assess the affected area in different ways. For example, a physician looking at lower back pain may ask the examinee to do a heel-to-toe walk, look at lower extremity muscle strength with squat-and-rise-type exercises, and the ability to get in and out of a chair.

In the examination, IME physicians may perform specific tests to understand if the physiological response indicates any nerve, muscle or soft tissue injury. They will look, touch and feel the affected areas. They may touch the muscles and the surface of the skin to see what kind of response the examinee has. Is there pain on palpitation? Does the examinee report tenderness? Do they feel muscle guarding or splinting? What other responses do they observe in the examinee?

Does the examinee wince or pull away? Does the examinee seem to have an exaggerated response? The physician will check muscle and joint play. They'll examine how much functionality the examinee has in the affected area.

The physician will observe and measure the examinee's range of motion in the involved area. The measurement isn't extrapolated. In other words, the physician won't just look and guess at how far the examinee moved. Instead, he or she will take actual measurements, using an inclinometer or goniometer. The documented measurements should be as exact as possible and not be rounded to convenient values of zero or five.

Working with a Quality IME Service Provider

Although the basic functions of the IME have remained the same, the nature of the industry has changed tremendously to meet demands for a greater level of service and clinical excellence. In fact, WC insurers have moved from using many smaller shops to establishing a preferred list of best-in-class IME companies that have an extensive geographic reach, a team of medical experts, clinical coordination, quality assurance processes, provider credentialing, efficient workflow, and an advanced technology platform.

As sophisticated IME service providers—like Emperion—have emerged, they strive to structure their enterprises to facilitate a quality IME process. Criteria for enabling a quality process and defensible report include the following:

- **Objectivity.** When requesting an IME, objectivity is crucial. When employers or insurers request an IME directly from a physician, there's a perception that the doctor is being recruited or paid to provide a specific medical opinion. Whereas, with a third-party IME vendor, impartiality is built into the process. The IME company identifies an expert qualified to evaluate the case, and since they have no "skin in the game," there is no bias in the outcome. It simply recruits the most qualified expert to provide an independent, impartial opinion, and pays them for their work regardless of the findings.

In addition, adjusters should be careful about requesting directly from medical providers, based solely on their knowledge of the physician community. If a claim is litigated, it's vital that the IME is performed by a credible expert. Many times, claims staff may not have all the information necessary to select the right doctor. For example, do they know if certain physicians have sanctions against them, or if they're board certified? If a vital component is left out in the provider selection process, the resulting IME could lose credibility.

- **Quality Providers.** A quality IME company has fostered relationships with a broad pool of medical experts. It evaluates physicians to make sure they are skilled at performing IMEs, don't have sanctions filed against them and have active treating practices. The IME company is familiar with these physicians' areas of specialty, board certifications and expertise on body parts, such as orthopedic surgeons who are specialized in hands vs. knees. IME companies also work with physicians to help them become more skilled in the IME process.



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Psychological IMEs are less common than other types of IMEs. However, they can be just as imperative.

- **Past Clinical Coordination.** When an IME is ordered, trained clinical coordinators help to organize medical records, highlight critical pieces of the file, and identify items physicians should specifically review and consider in relation to the IME objective. For example, if the purpose is to assess causality, the coordinator will ensure all diagnostic test results are included and available for the physician to review.
- **Quality Assurance.** The final IME report is carefully vetted through a clinically focused process to ensure a quality end result. Obviously, the medical opinion is solely that of the examining physician. However, the IME company will review the report to ensure a clear medical opinion is supported by evidence-based medicine and all the questions posed are addressed.
- **Jurisdictional Expertise.** The IME company has in-depth knowledge of various jurisdiction requirements, such as when, why and how often IMEs can be requested. Each jurisdiction may use different evaluation guidelines, language and notifications. If state rules are not followed (for example, if the claimant is not given sufficient notice), an IME may be disallowed.
- **Efficiencies.** A sophisticated IME company has set up consistent, efficient processes across a national marketplace. It streamlines workflows around scheduling, intake, coordination, quality assurance and report delivery—all of which minimize delays and improve communication throughout the process. The vendor has fostered strong relationships with these providers, so it can promptly schedule an exam and obtain a quick response.
- **Accreditation.** As the bar for the best service continues to rise, sophisticated IME companies have obtained external accreditation. Through organizations such as URAC, an IME company can validate its use of best practices regarding data security, quality business processes, and HIPAA standards. For insurers looking to create a short list of IME partners, URAC accreditation offers a stamp of approval that the IME company meets high-quality standards. Currently, a select few IME companies are URAC accredited.
- **Digitization of the IME Process.** A sophisticated IME company has made strategic investments in infrastructure. It has built systems and processes to work more efficiently with claims and provider communities. Digital portals have been established to securely and electronically transfer medical records between claims staff and IME physicians. These portals significantly streamline workflow, as the process of copying and shipping medical records is eliminated.



A Note on Quality

Access to quality physicians has always been a key concern in health care. In the case of IMEs, these physicians play a vital role in examining injured employees and helping to make key claims, medical, treatment and RTW determinations in workers' comp. Emperion has a network of over 25,000 IME providers and 30,000 provider locations to meet the needs of customers across the country. We recruit various specialists to be available as needed. To sustain this quality, we also utilize continuous monitoring of provider sanctions, and when an alarming alert arises, we can act quickly to investigate and, when called for, remove a provider from the network.

Claims Takeaway: 3 Factors to Keep in Mind When Ordering an IME

In this box, we summarize the key takeaways from Chapter 1. In the next chapter, we discuss the core benefits of IMEs, including helping claims adjusters gain expert insight to take the next step on their claims, to ensure quality, appropriate medical treatment, and to support and enhance return-to-work results.

1

Timeliness. When there's an opinion in question, a request for an IME should be made as promptly as possible to clarify issues early on. For example, perhaps an adjuster is unsure about the cause of the injured employee's pain. There have been situations where a claimant received workers' comp benefits for years, but causation was never officially confirmed. If this step was taken, the claim might not have been accepted in the first place. Once a case has started down a certain path, it's difficult to make a significant change in direction. So, if an adjuster suspects treatment is deviating from normal guidelines, he or she should request an IME before the plan proceeds too far to be able to make changes.

2

Clear Objective. To obtain a useful IME result, it's also imperative to provide the examining physician with a clear objective and any specific questions that should be addressed in the final report. This allows IME physicians to understand what they're being asked to evaluate. Is the exam to determine if further care is needed, the level, if any, of permanent disability or another concern? At the same time, it's also important to limit these inquiries so the IME physician can focus on evaluating just a few items during the examination.

3

Comprehensive Background. Remember the IME physician should receive all relevant background, as outlined above, including a complete medical record, diagnostic test results, job descriptions and claimant statements—all well in advance of the exam.

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Core Curriculum— The Role of IME in Workers' Compensation

Claims Management: IMEs Provide Expert Insight to Take the Next Step

In workers' compensation, injured employees have an opinion about their condition, treatment or ability to return to work. In some cases, this opinion may not be supported by existing medical evidence. Without clear, objective medical evidence, the opinion is usually called into question or at least needs to be confirmed. The opinion could be based solely on the injured employee's perception, or it could be supported by a treating physician, chiropractor and/or an attorney representing the case.

By law and ethical practice, it's the goal of employers, payers and claims staff to fairly cover the injured employee's medical care and time away from work, but they also want to guard against conditions for which they are not liable, inappropriate treatment and potential abuse of the system.

When opinions are in question, adjusters can request an IME to obtain a third-party perspective. Listed on the next page are a few scenarios that might alert an adjuster to issues for which an IME can help provide clarity. This list, by no means, represents all possible scenarios that may trigger the need for an IME, and in subsequent sections of this chapter, we'll cover additional medical and RTW issues that may warrant the need for an IME.

Scenarios that may require an IME to obtain a second opinion include:

- **Questionable Diagnosis.** There may be a diagnosis that seems inconsistent with the mechanism of injury or clinical findings.
- **Billing Issues.** Billing or coding on a claim may seem inappropriate. For example, a practice may use a high level of evaluation or management codes. These types of codes are typically used when an injured employee has experienced a severe or permanent disability. In a chiropractic setting, there may be billing around multiple spinal regions and extra spinal manipulations. These types of billing and coding issues may indicate signs of overtreatment, depending on the severity of injury. (It may just be overbilling, which is another issue worth addressing.)
- **Body Parts.** When a claim is first reported, the affected body part or parts are documented. As time elapses, an adjuster may notice medical services for other or additional body parts. For example, an imaging study might be ordered for a different region of the body than those initially documented in the claim, or there may be repeat X-rays of a region without clinical justification.
- **Questionable Pain.** The injured employee may be reporting an ongoing level of pain, such as a 9 or 10, which may seem inconsistent with the injury. For example, perhaps an employee jammed his finger in a door. This would be initially very painful, but not likely to produce an unbearable level of pain that's rated at a 9 or 10 several weeks after the accident. The incongruity may indicate the injured employee is exhibiting symptom exaggeration.
- **Focus Only on Pain Relief.** An adjuster might see an overemphasis on pain and pain relief with no effort to restore function and resume activity. For example, the injured employee may be prescribed opioid painkillers, but not be scheduled for physical therapy or a home exercise regimen.
- **Delayed RTW.** An injured employee may have a longer than normal indemnity period—beyond ODG guidelines for that particular type of injury. In addition, it may not be appropriately explained by the treating physician or in clinical documentation.



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The American Board of Independent Medical Examiners

is a premier organization that sets and maintains high standards of conduct and performance among independent medical examiners.

Medical Management: IMEs Help Ensure Appropriate Treatment

Adjusters—working on their own or in close collaboration with a nurse case manager—may notice unusual treatment patterns, such as sporadic or excessive treatment. These patterns may indicate inappropriate treatment which is not in the best interest of the injured employee, the employer or the payer.

For most injuries, there's a relatively standard treatment workflow and recovery timeline. This includes an initial medical visit, ordering any appropriate diagnostic studies, obtaining a diagnosis, outlining an initial treatment plan and projecting a time frame for the injured employee to return to work, as outlined in the ODG guidelines.

In typical circumstances, the treatment plan would be followed, and the injured employee's recovery would be monitored. When the time frame for RTW is reached, the injured employee would either return as outlined or be scheduled for an appointment for reevaluation. The end goal is to achieve a timely and safe recovery and return to work.

When the process deviates from this normal flow, it raises questions and concerns. Below are some examples of questionable treatment scenarios that may require an IME to obtain a second opinion:

- The injured employee is treated during a first visit but there are no evaluation notes, and the injured employee is never provided with a clear diagnosis. Or, the injured employee was evaluated and told to come back to start treatment, but there is no clear diagnosis or treatment plan. This could indicate a set-up for overtreatment.
- In some cases, there may not be a treatment plan, or the treatment plan did not specify an “expected” time frame for recovery and an anticipated RTW date. Anticipating when treatment will end is an important part of a treatment plan. If nothing else, a date should be set to reevaluate the injured employee.
- Sporadic treatment may raise concerns. For example, an injured employee may go in for treatment one day, but not return for several weeks. At which point, the injured employee may be seen for a couple days in a row. This would be unusual, particularly if the treatment plan calls for consistent treatment, e.g., once a week.



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ODG, known as the [“Official Disability Guidelines.”](#) was initially released as an evidence-based disability duration (return-to-work) guideline by Work Loss Data Institute, which was acquired by Hearst, then became part of MCG Health. [Visit their site](#) to understand industry-leading guidelines that serve the workers' comp and disability markets.

Special Concerns Around Musculoskeletal Injuries

When injured employees experience a musculoskeletal injury, a proven approach is to move that injury from passive care—such as receiving treatment, e.g., pain relief, physical or occupational therapy—to more active treatment, such as an exercise or stretching regimen. Active measures help restore, stabilize and strengthen affected areas, and help the injured employee recover and resume the activities engaged in before the incident occurred.

However, if an exercise program is not observed in the treatment plan, it could lead to delayed recovery and additional time away from work.

With soft-tissue injuries, claims staff should expect to see some form of recovery and improvement within a three- to four-week period. If not, adjusters should expect the treating physician to schedule a reevaluation to step back and say, "What's going on? Maybe we need a different approach." If there's still no change or improvement, it could be time to order an IME to get another physician's perspective on the diagnosis and treatment plan.

Injuries that include broken bones, on the other hand, may require a longer recovery time and include several weeks of non-weight bearing activity.



Finding Special Medical Issues

In an IME, treatment is not being directly facilitated, but quality IMEs can still provide significant benefits to injured employees. IME physicians may uncover medical issues previously overlooked, or they may connect the dots to figure out underlying issues or even solve a previously unexplained medical mystery. As a result, an IME can lead to injured employees getting the treatment they need, which is a significant benefit to their well-being.



Return to Work: IMEs Help Enhance RTW Results

Early intervention is key in preventing a work-related injury from becoming a long-term disability. Research confirms that employees who don't experience time away from work have better outcomes than those who do. When an employee is out for three months due to a work-related injury, the odds of that person returning to work drops to 50 percent and, after a year, the chance decreases to almost zero.

A Sports Medicine Approach

With these RTW statistics in mind, it's important to utilize every possible tool—including an IME—to engage in a treatment and RTW approach that's similar to sports medicine. With this strategy, an injured employee is treated in the same manner as a professional athlete. Treatment begins as soon as possible, and there's a focus on restoring function and getting the injured employee reengaged with work as soon as possible, using either modified duty or a transitional assignment.

Maximum Medical Improvement

Oftentimes, adjusters order an IME to help make determinations related to RTW. For example, they may want to ask an IME physician to assess whether an injured employee has reached maximum medical improvement (MMI). Occupational guidelines define MMI as a state of medical stability in which the IME physician does not anticipate a significant change in functional ability in the future—for example, over the next 12 months.

When an injured employee has reached MMI, the IME physician can determine if this person is functionally recovered. The employee may not require additional medical care, although there are times when an employee may return to work, and still require some treatment to function.

Impairment vs. Disability

The definition of an impairment is a deviation, loss, or loss of use of any body structure or body function, whereas a disability is an activity limitation or participation restriction. This is an important distinction.



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If your organization is looking for a place to initiate IME improvements, it's smart to start at the beginning, refining the processes by which claims staff request IMEs. Be sure to check out our [IME Referral Tip Sheet](#) on page 30.

Let's look at an example: a delivery man has a work-related injury that requires his lower limb to be amputated. His medical impairment is the loss of a lower limb. However, the disability—or activity limitation—is that he is now unable to take the stairs. If this inability means he is unable to deliver packages, that's his participation restriction.

Case Example:

Impairment = Loss of Lower Limb

Disability = Activity Limitation = Unable to Take Stairs

Disability = Participation Restriction = Unable to Deliver Packages

Disability: A Matter of Perception

Depending on an injured employee's job or profession, it is possible for that person to be highly impaired but have limited disability. Take a look at the examples shown below. Hawking and Reeve are not workers' comp cases, but the take-home lesson is clear: impairment is not the same as disability. These terms are often incorrectly interchanged.

A similar scenario could happen in workers' comp. Injured employees might have permanent impairments but with a can-do attitude, they could perceive themselves as having limited disability, and as such, recover and return to work.

Impairment is Not the Same as Disability



Stephen Hawking was diagnosed with ALS at a very young age. It progressed to the point that he could only twitch his right eye, yet he still published books and remained a worldwide authority on quantum physics.



Christopher Reeve, an actor, sustained a spinal cord injury which resulted in quadriplegia. Despite his injury, he directed a TV series, continued to act in roles suitable to his condition, and wrote books.



Workers' Comp Disability Categories

Temporary Total Disability

completely prevents an employee from working for a limited amount of time.

Temporary Partial Disability

prevents an employee from doing some, but not all, of his/her job duties for a limited amount of time.

Permanent Total Disability

prevents an employee from ever returning to work, whether for his/her current employer or another employer.

Permanent Partial Disability

is a permanent injury that partially impairs that employee's ability to work.

Let's take another example. A female employee loses a finger on her left hand. If this woman served as a delivery person, it wouldn't necessarily disable her from doing her job, even though she has a measurable medical impairment. However, if this same woman was a concert pianist, then the same impairment might lead to a total disability from that particular profession.

A treating physician might evaluate an injured employee and give that person a workers' comp disability rating. However, the adjuster at the insurance company might want to send the injured employee for an IME to get a second opinion about that individual's work and disability status.

A Look at Illness Behavior

It's important to consider other factors that can affect disability. From the examples given above, we know it's not solely based on a medical diagnosis. We've seen examples of individuals who sustained severe impairments but did not see themselves as exhibiting disabilities.

According to Sir William Osler, the father of modern medicine, it's not the disease that a person has that would worry him. The determining factor, he said, was the person who has the disease. It makes a big difference. [Many psychosocial factors drive disability](#), including:

- Age
- Level of Education
- Job Satisfaction
- Work Status
- Legal Representation
- Social Economic Class

When necessary, an IME can examine "illness behavior." In essence, it looks at whether psychosocial issues are impacting disability or recovery. If these issues are believed to be at play, IME physicians can complete this type of evaluation as part of their exam. For example, they might want to perform such an assessment if the examinee exhibits poor effort or symptom exaggeration, which may lead to an underestimation of functional capabilities.

There are several ways illness behavior can be observed. For instance, one assessment tool is the Ransford Pain Drawing. It is given to an examinee with instructions to mark pain complaints on an anatomical drawing of the body. An examinee who was injured while shoveling snow might mark the drawing with back pain and pain radiating down the right leg. An IME physician would look at that drawing and confirm that the mechanism of injury and pain pattern is consistent with physiology.

Another examinee might take that same drawing and mark pain complaints distributed to practically every single body part on the diagram, which does not follow any logical anatomic distribution. There's nothing medically that would cause that type of pain, so the IME physician might suspect this person of exhibiting symptom exaggeration. In an IME report, the IME physician would basically grade the symptom exaggeration as mild, moderate, or severe. Then the IME physician might perform a validity of effort assessment, using hand grips and range-of-motion measurements.

Of course, there are other assessments and tools that can help determine illness behavior, validity of effort, and symptom exaggeration. These assessments are performed at the discretion of the IME physician and dependent on what he or she is trying to assess.

Assessing Physical Capabilities

Following [Occupational Requirements Survey \(ORS\)](#), an adjuster might also request an IME to categorize the physical capabilities of the injured employee. The ORS publishes five strength levels—sedentary, light, medium, heavy and very heavy—which are based on the physical demands and job requirements.

A key factor in this determination relates to the weight that must be lifted and the duration of those demands. With light work, for example, a person is “seldom” required to lift a maximum of 20 pounds. It also includes non-material handling, such as squatting, bending, climbing and similar types of activities. If a physical capability assessment is being requested as part of the IME, then a job description or job analysis should also be sent to the IME physician.

If an injured employee has a permanent impairment and is unable to return to the pre-injury position, the IME physician might recommend providing vocational rehabilitation.



RESOURCE REVIEW

Check out this [Spotlight on Statistics](#) developed by U.S. Bureau of Labor Statistics (BLS), which covers workplace injuries and illnesses and employer costs for workers' compensation.

In this box, we summarize the key takeaways from Chapter 2. In the next chapter, we discuss intermediate and advanced IME concepts, such as the importance of relying on medical evidence, objective versus subjective findings, tests to detect medical inconsistencies, and the intricacies of fraud and other red flags.

3 Takeaways on the Role of IME in Workers' Compensation

1 Claims Management. In workers' compensation, injured employees may come to have an opinion about their condition, treatment or ability to return to work. This opinion may not be supported by existing medical evidence. Adjusters may want to request an IME to obtain a third-party perspective to gain clarity on the next step or action to take on the claim.

2 Objective. Medical Management. Adjusters—working on their own or in close collaboration with a nurse case manager—may notice out-of-the-norm treatment patterns, such as sporadic treatment, or situations that may indicate overtreatment or inappropriate treatment—none of which are in the best interests of the employee, employer or payer. When questionable treatment scenarios occur, adjusters may want to order an IME to obtain a second opinion.

3 Return to Work. Adjusters may need to order an IME to help make determinations related to RTW. They may want the IME physician to assess whether an injured employee has reached “maximum medical improvement.” Or, they may need the IME physician to provide a second opinion on a disability rating. It's important to realize that impairment and disability are not the same thing. People might suffer serious impairments but continue to live full and productive lives—without significant disability. Illness behavior and psychosocial issues are significant factors that influence disability. It's important to utilize every tool possible—including an IME—to engage in a sports-medicine type approach that strives to get an injured employee restored to function and reengaged in work as soon as possible.

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Intermediate & Advanced Concepts

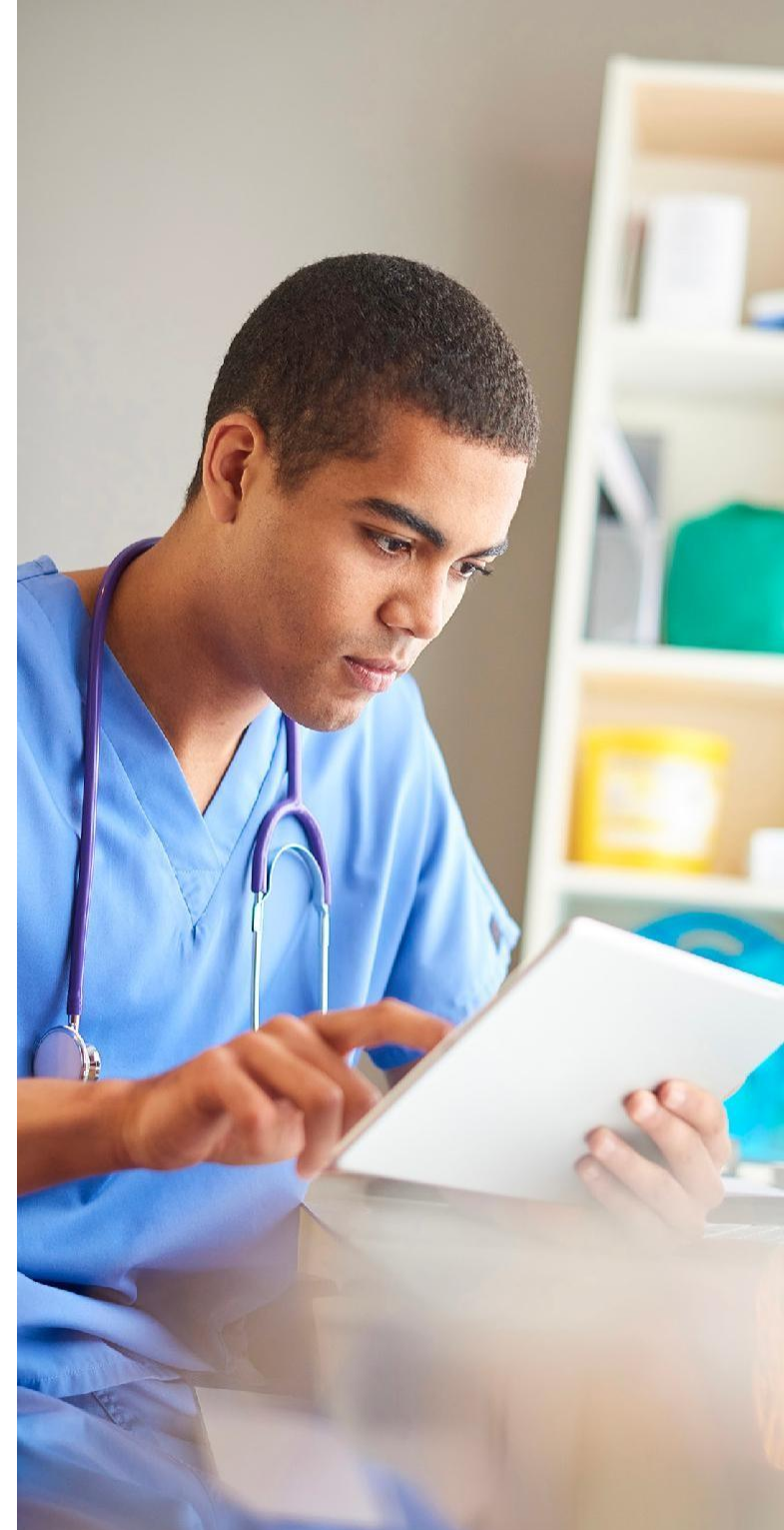
The Physician Perspective: Opinions Based on Reasonable Medical Certainty

A critical component of a quality IME is utilizing a quality physician. If claims staff and an IME company work together, the injured employee will be sent to the right physician or specialist who is properly credentialed, qualified and skilled at performing the type of IME required. Throughout this chapter, two premier IME physicians offer their thoughts on what constitutes a quality IME.

"For me, preparing for an IME starts three or four days before the actual exam," said Amir Reza Moinfar, MD, of Elite Orthopaedic & Musculoskeletal Center, Glen Burnie, MD. "I start by reviewing medical records. In some cases, these files can be on the order of up to several thousand pages. It's a good opportunity to familiarize myself with the particular claim and to potentially catch items that may be missing from the file. For example, if I'm going to assess whether a claimant can return to full duty, I need the job description. If a claimant has had surgery, I need to most certainly have access to the operative note. There's still time to request any missing information in advance of the exam. This helps to make the process, in my opinion, more seamless, thorough and efficient."

“When an IME physician gives an opinion, it needs to be based on medical evidence and based within a reasonable degree of medical certainty. There are legal ramifications that help hold an IME to a high standard,” explained Moinfar.

“There’s a certain skill set that’s required in performing these exams,” he added. “Much of it comes with experience, but a lot of it comes from proactively going out of your way to learn and become as proficient as possible in performing these exams. I chose not to perform IMEs straight out of training. First, I wanted to feel confident in my ability to treat patients and formulate decisions with their care. There are also legal terms an IME physician must become familiar with, such as causation, disability, impairment and apportionment. These things aren’t taught in medical school, but a physician can take courses and study on the practice of performing quality IMEs. Also, I feel that a lot of the skills associated with performing IMEs come with experience.”



When an IME is performed, it must be based on observable phenomenon—factors that the IME physician can see, measure, and describe—and it is best if these factors cannot be distorted by emotion or personal perspective, from either the examinee or examiner.

Understanding Objective vs. Subjective Findings in IMEs

It's critical that IME physicians rely on objective medical evidence rather than personal opinion in reaching their conclusions in an IME report. This means they also need to stay up to date on all aspects of medical treatment, inclusive of treatment norms in the workers' comp industry.

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Many factors that IME physicians assess rely on examinee feedback. For example, physicians may ask, "Do you feel this?" "Does this hurt?" These questions rely on examinee input, so that information is intrinsically subjective in nature. To be truly objective, findings must be independent of an examinee's perceptions. And, as a result, the IME physician will try to look for a means to validate that information.

If IME physicians perform tests that assess an individual's range of motion, they will use measuring devices, such as goniometer or inclinometer. They may ask the individual to move a certain way and measure that movement. But this is still dependent on how far the examinee is willing to move or bend. The examinee may say, "That's as far as I can go."

As we discussed earlier—due to illness behavior, fear or psychosocial issues—there may be limitations that examinees impose on themselves, so they don't accurately reflect a true range of motion.

Let's say an IME physician is trying to observe an individual's walking gait. This can be affected by symptom exaggeration or what the person is trying to convey. For example, examinees may feel the need to show just how much pain they're experiencing. So, to do this, they may magnify their pain response.

In summary, IME physicians will try to use objective medical information, and where they must rely on subjective input, they will try to find at least one way to validate the information.

IME Findings Include Various Types of Input and Assessment



Factors that rely on an examinee's input, include:

- Pain
- Range of motion
- Muscle strength and sensation
- Validity of effort or symptom exaggeration



Factors that rely on the IME physician's assessment, include:

- Palpation
- Measurements of range of motion or muscle mass
- Psychosocial issues
- Validity of effort or symptom exaggeration



Clinical assessments that are more objective in nature, include:

- A blood test
This provides straightforward and objective results.
- Imaging and X-rays
These diagnostic tests may require some interpretation but for the most part, if it's a fracture or dislocation, it's straightforward to confirm and is considered objective medical information.
- Deep tendon reflexes
These are difficult for examinee to adjust or modify, so they're relatively objective factors.

Common Tests Used by IME Physicians:

- Mankopf's Maneuver
- Strength Reflex Test
- Hip Adductor Test; Axial Loading Test
- Gordon's Sign
- Welberry Toe Test
- Hoover Test
- Cervical Motion Test
- Lumbar Motion Test
- Grip Strength Test
- Tuning Fork Test
- Bowlus and Currier Test
- Magnuson's Test

Waddell's Signs & Other Tests That Can Indicate Medical Inconsistencies

Waddell's Signs are a group of physical signs, first described in a 1980 article in The Spine Journal, and named for the article's principal author, professor Gordon Waddell, a Scottish orthopedic surgeon. Waddell's Signs may indicate non-organic or psychosocial components to chronic low-back pain. When three or more of the five signs listed below are present, a patient may be experiencing heightened emotional effects, and there is a high probability that he or she is experiencing non-organic pain or psychosocial issues:

1. Superficial and widespread tenderness or non-anatomic tenderness (skin discomfort due to a light touch or tenderness across non-anatomical boundaries)
2. Stimulation tests: axial loading and pain on simulated rotation (assessing pain when pressing down on top of the patient's head or rotating the shoulders and pelvis together—should not be painful)
3. Distracted straight leg raise—if a patient complains of pain on straight leg raises, but not if the examiner extends the knee with the patient seated at another time during the initial evaluation
4. Non-anatomic sensory changes: regional sensory changes and weakness. Sensory loss in an entire extremity or side of the body or weakness that is non-consistent and jerky, e.g., "cogwheeling"
5. Overreaction—an exaggerated painful response to a stimulus, that is not reproduced when the same stimulus is given later

Although Waddell's Signs is a popular test, there are many others that IME physicians use—at their discretion—to assess physical conditions and which can uncover medical inconsistencies. The box on the left shows a sampling of tests (not inclusive of all available tests).

Fraud and Malingering: A Look at How IMEs Can Potentially Help Avoid These Scenarios

It's not the intention of an IME to detect fraud or malingering, but in some cases, it can help to detect "red flags" that should be brought to the attention of claims adjusters. Fraud and malingering are legal terms and must be determined within the legal system—not by medical professionals. IME physicians provide only the medical perspective, which along with other considerations go into making these determinations.

Outright fraud generally involves an intention to deceive and rarely occurs. But there are situations where examinees have a different perception of their injury and pain than what's presented in medical evidence. Oftentimes, injured employees experience pain—they aren't intentionally trying to game the system, but the pain may be coming from another issue.

And those who exhibit symptom exaggeration are often unaware that they're doing it. When an IME is utilized early and appropriately, these types of issues can be identified upfront so adjusters can get claims on the right track from the start.

As a result, IMEs can lead to other benefits for injured workers, insurers and the workers' comp system in general. One is it can identify red flags that could potentially indicate a rare instance of fraud and abuse, but the more frequent benefit is that injured employees get the care they need for other medical conditions that could be covered and addressed outside the workers' comp system. Here are scenarios where unanticipated IME benefits occur:

Causation

We conferred with Ghazala Kazi, MD, MPH, on looking at the cause of an injury.

"I'm an occupational medicine physician so performing IMEs is my specialty," she said. "I'm trained to determine work-relatedness. I don't always conclude that a condition is not related to work. In fact, most of the time I conclude that it is work-related. With those cases, the insurer can proceed in providing the claimant with treatment. I'm helping the insurance company make a decision, and I'm helping the claimant, who may have been struggling for months or even years to get the care they need.

"Sometimes, if someone is injured, the mechanism of injury is obvious," noted Kazi. "However, there are complex cases, where I have to review studies to determine if there is a causal relationship between the condition and the work environment. An IME physician who has the knowledge and training in epidemiology understands the methods to draw this conclusion and is trained to read such studies. Only a physician with the right expertise can perform this type of analysis."



RESOURCE REVIEW

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The method that Dr. Kazi is referring to is the [Hill's Criteria for Causation](#), a set of nine criteria that provide epidemiological evidence of the relationship between a presumed cause (e.g., a work-related accident) and the observed effect (the worker's injury).

With some cases, an IME will rule out the mechanism of injury as the cause of the examinee's condition. For example, the IME physician may be asked to consider whether a "slip and fall" could have caused an examinee's severe back injury. In such situations, IME physicians don't determine if the claim is accepted or denied. They only provide a medical opinion—it's unlikely that this particular mechanism of injury caused that level of severity. The payer can then use the information to make a claim determination.

Consistency vs. Inconsistency

IME physicians try to determine whether medical evidence lines up to support the condition(s) listed in the claim. In some cases, they may perform a series of tests that uncover inconsistencies. Here, the examinee may be experiencing pain, but it might be from another medical condition. IME physicians will alert claims staff to any contradictory information.

False Positives

Some IME assessments are designed to detect false positives. For example, there may be no physiological way for a certain movement or palpation to cause pain, but the examinee reports severe pain during the assessment. This indicates the examinee's pain response is out of line with clinical evidence. IME physicians can't say whether the examinee is experiencing pain or not, but they know physiologically whether a certain movement or touch would cause that type or level of pain. Through this means, the IME physician may come to realize that symptom exaggeration is at play.

Comorbid Conditions

IME physicians may discover that it's actually a comorbid condition that's causing the pain. In this situation, the examinee's pain is not due to the workplace injury—or the injury might have exacerbated preexisting damage from a comorbid condition. The IME physician has helped to uncover a medical issue previously overlooked. In this way, IMEs can help injured employees get the treatment they need, a significant benefit to their well-being.



Degeneration

IME physicians may also identify degenerative conditions. Muscles and other body parts generally tend to deteriorate with age, and degeneration may have begun prior to the injury. The injury could then trigger a cascade of medical issues, which in reality started to develop long before the injury.

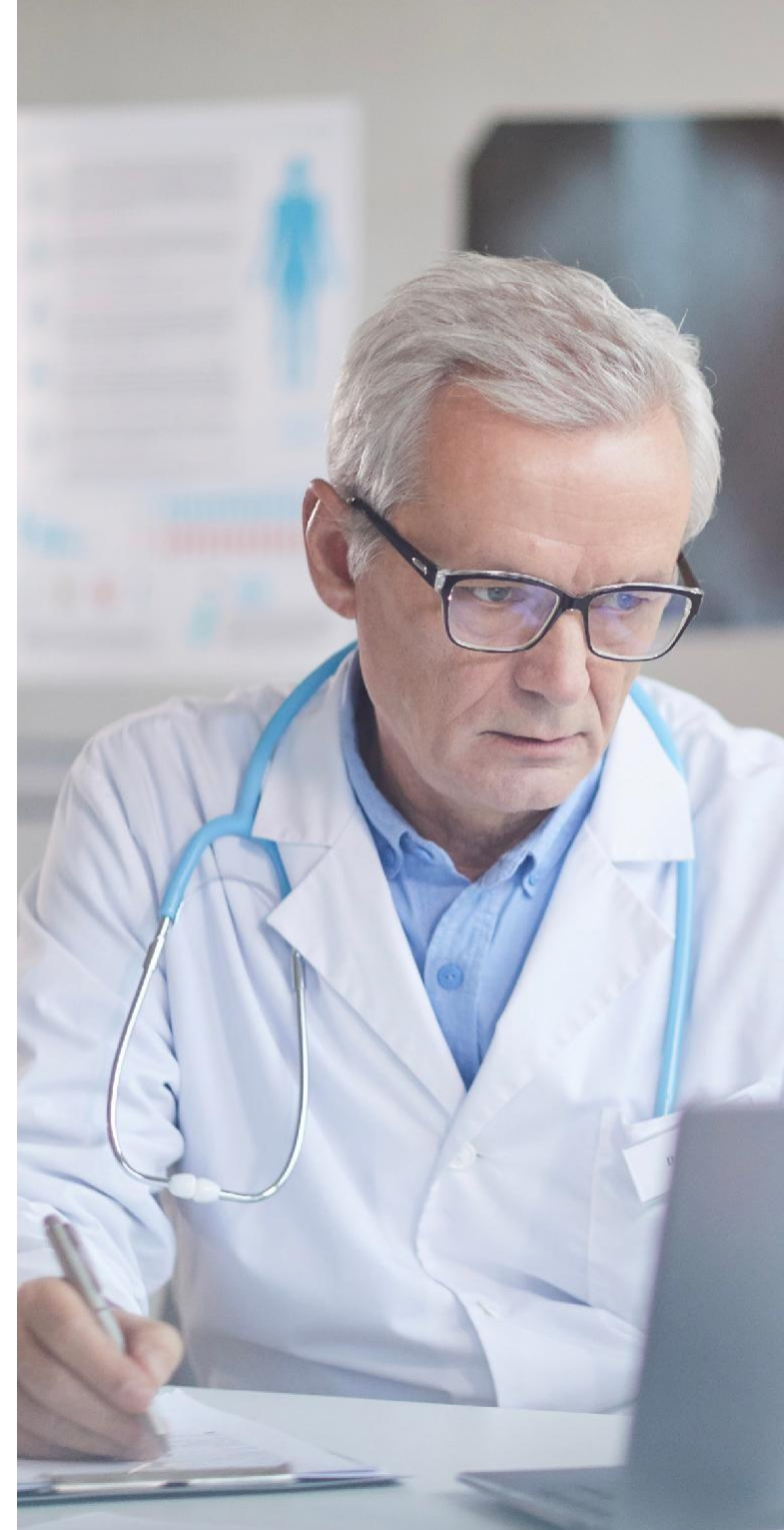
For example, a woman occasionally experienced back pain prior to a workplace accident. However, the incident aggravated her pain. The IME physician would identify what damage resulted from the preexisting degeneration, and what was specifically related to the workplace injury. The IME physician is trained to consider complex interactions, including the mechanism of injury, comorbidities, and deterioration. The physician provides this information to the claims adjuster, who then determines whether or not to accept the claim and what benefits are due to the injured worker in relation to the claim.

Conclusion: Operating With an Increased IME IQ

At the beginning of this eBook, we discussed our aim and desire to increase the workers' comp industry's knowledge and understanding of the IME process. Claims adjusters and payers must be aware of the key components of an IME, and the criteria that leads to a quality IME result. Adhering to best practices must be established as a priority. Otherwise, complex claims have a greater risk of becoming prolonged, complicated and costly—and injured employees would be in jeopardy of not receiving the care they need to recover and return to work.

The IME process and concepts outlined in this eBook will hopefully enable payer organizations and their claims staff to implement best practices with a greater understanding of today's IME intricacies. If your organization is looking for a place to initiate improvements, it's smart to start at the beginning, refining the processes by which claims staff request IMEs. Are they making requests at the optimal time? Are they clearly outlining the objective of the IME? And are they providing all the necessary background information to the IME physician? The "IME Referral Tip Sheet" on the following page is a quick resource to help refine and optimize your referral decision-making.

You must also ensure that the IME vendor your organization is using has processes in place that deliver not only objectivity, but also superior service and credible IMEs that withstand scrutiny by state commissions, WC boards and court systems. These vendors should utilize digital strategies to significantly streamline the overall IME process and enable program oversight. Quality vendors are the conduit to getting injured workers matched to the best, most qualified IME physicians—resulting in an IME that drives informed decisions and moves claims closer to closure.



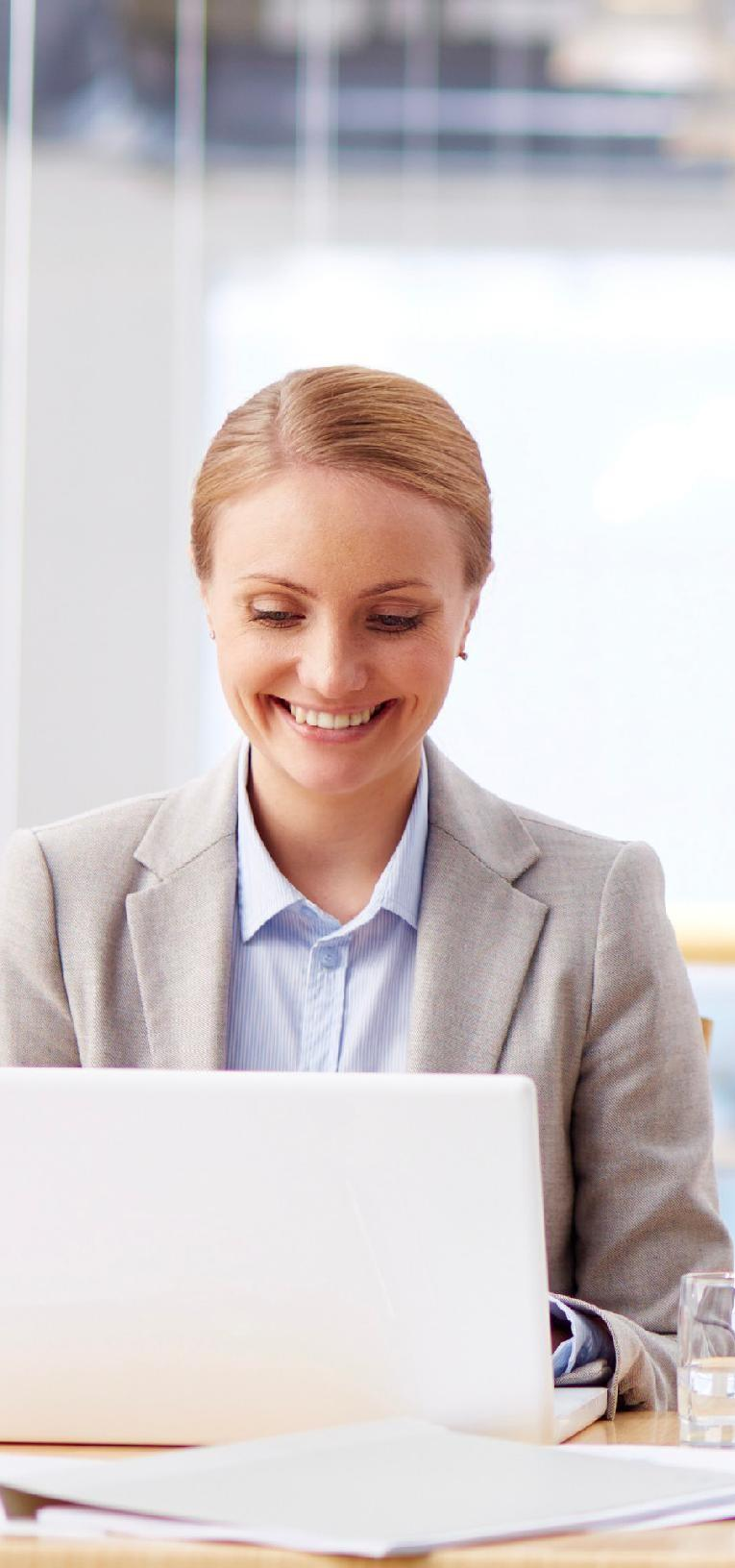
In this box, we summarize the key points from this chapter. We hope this IME eBook has been helpful to you and your claims staff. Please feel free to contact our IME team at hello@emperion.com if you'd like to receive a more in-depth, one-on-one consultation on best practices surrounding the use of IMEs.

3 Takeaways on Intermediate & Advanced IME Concepts

1 The Physician Perspective. If claims staff work together with a quality IME vendor, injured employees are likely to be sent to highly qualified physicians who are skilled at performing IMEs. When an IME physician gives an opinion, it must be based on medical evidence and within a reasonable degree of medical certainty.

2 Understanding Objective Findings. IME physicians must utilize objective, observable information that cannot be distorted by emotion or personal aim. To be truly objective, findings must not rely solely on an examinee's perceptions of pain or other factors. And where physicians must rely on subjective input, they should try to find at least one way to validate that information.

3 Fraud vs. Flags. It's not the intention of an IME to detect fraud, abuse or malingering, but in some cases, it can indicate "red flags" that can be brought to the attention of claims adjusters. These red flags can produce added benefits. They can potentially indicate a rare instance of fraud or abuse, but the more frequent benefit is the injured employees get the care they need for other conditions covered outside the workers' comp system.



IME Referral Tip Sheet

Save time and avoid addendum requests by following these helpful IME referral submission tips! By providing this comprehensive information, you'll ensure a more thorough report in return.

1. Include the compensable body part(s) accepted on this claim.
2. Include the specific recommended surgery or diagnostic study to be addressed.
3. Provide all pertinent medical records.
4. Provide a job description (if applicable).
5. Request the specific service(s) you need (IME, peer review, etc.).
6. Specify a preferred physician whom you would like to use (if applicable).
7. List any specialties you prefer to use. If a requested specialty is unavailable, list alternative specialties you would consider.
8. Provide the contact information for the attorney on the case (if applicable).
9. Identify specific issues to be addressed such as RTW, MMI, impairment rating, etc.
10. Note if a mileage check is to be issued by the IME company and sent on your behalf.
11. List any recently approved surgery and or diagnostic test that should be reviewed for causal relationship. Be sure to provide the specific surgery or diagnostic requested.
12. Include any special circumstance regarding the case that should be brought to our attention.
13. If applicable, provide the assigned case manager's contact information who should receive correspondence related to the IME or peer.
14. If NY WC Claim: designate the IME company as a party of interest to obtain medicals from the WCB.



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