Project to Improve Independent Medical Examinations
For the State of Washington
Department of Labor and Industries

Final Report
Volume 2

Appendices to
Problem Statement

Downloadable Version, Part 3 of 3

Originally Submitted as a Part of Deliverable 2

MedFx, LLC
Mill Valley, CA
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Table of Contents

Section		Page
Appendices		
1	Stakeholder Interview Guide	1
2	Injured Worker Survey Instrument	6
3	Injured Worker Survey Coded Comments	16
4	**Attending Physician Survey**	**73**
5	**Attending Physician Survey Coded Comments**	**79**
6	**IME Report Audit Tools**	**92**

Appendix 4

Attending Physician Survey

P.O. Box 1087
Mill Valley, CA 94942

June 8, 2001

«Prov_First» «Prov_MI» «Provider_Last» «Prov_Prof_Des»
«Provider_Page1_Addr_1»
«Provider_Page1_Addr_2»
«Provider_Page1_Addr_City», «Provider_Page1_Addr_State» «Provider_Page1_Addr_Zip»

Re: Perceptions of Independent Medical Examinations (IME)

Dear Dr. «Provider_Last»:

The Washington Department of Labor and Industries is sponsoring a telephone survey of injured workers who have had independent medical examinations (IMEs). The survey is part of a larger study of independent medical examinations designed to improve medical care for injured workers in Washington and improve the quality of IMEs in workers' compensation. The questions ask the IME examinee about the scheduling process for the exam, how they were treated during the exam itself, and their thoughts about the results of the exam. MedFx has been retained by L&I to perform the survey and the broader study.

You are listed as the attending physician for the following patients who were selected at random to participate in this survey:

Claim #	*Patient Name*	*Exam Date*
«Claim_Id»	«Clmt_Last_Name», «Clmt_1St_Name»	«DOS»
«Claim_Id_2»	«Clmt_Last_Name_2», «Clmt_1St_Name_2»	«DOS_2»
«Claim_Id_3»	«Clmt_Last_Name_3», «Clmt_1St_Name_3»	«DOS_3»
«Claim_Id_4»	«Clmt_Last_Name_4», «Clmt_1St_Name_4»	«DOS_4»

We would appreciate your thoughts as the patient's/patients' attending physician about this/these patient's/patients' IME(s), as well as the quality of workers' compensation IMEs and the IME process in general.

It would be very helpful if you could complete the attached brief questionnaire and fax it to back to us at 1-800-330-9827. It should take no more than a few minutes of your valuable time. Your responses will be strictly confidential and will not be associated with your name in any report. If we don't receive your response by Friday, June 15, 2001, we'll contact your office by telephone to set a convenient time to speak to you for a few minutes. We hope that you will take a few minutes to answer the questions.

If you have any questions about the survey, please call us at 415 381 6414, or e-mail us at LNI_IME@medfx.net. If you have questions about the research project, please call Anita Austin, Project Manager for L&I at 360-902-6825. You may also contact Ms. Austin by e-mail at: sund235@LNI.WA.GOV.

Thanks for your help in improving workers' compensation medical care.

Sincerely,
Jeffrey S. Harris, M.D., M.P.H.
Jennifer Christian, M.D., M.P.H.

Attending Physician Survey

The Washington Department of Labor and Industries (the department charged with administering the workers' compensation laws) has asked us to assess the use and quality of independent medical examinations (IME) for workers' compensation cases in Washington, and to suggest possible improvements. We estimate it will take about 5 minutes of your time to complete the following questions. Your response may be a collective one for the patients listed, or you may comment on each case. We'd appreciate your providing as much helpful information as you can.

1. Were you the attending physician for the worker(s) listed in the cover letter as being under your care for a work-related health problem(s)?

    1. Yes
    2. No
    3. Don't remember
    4. Some were, some were not

2. Were you made aware of the IME(s) before it/they occurred?

    1. Yes
    2. No
    3. Don't remember

3. Did you become aware of the IME(s) after it/they occurred?

    1. Yes
    2. No
    3. Don't remember

[If no or don't remember to both the last 2 questions, please go to question 12]

4. Do you know why L&I or the self-insured employer ordered the IME(s)?

    1. Yes

       [If yes, reason_____]

    2. No
    3. Don't remember

5. If the IME(s) was/were ordered to obtain an impairment rating(s), would you have preferred to do the impairment rating(s) yourself?

    1. Yes
    2. No
    3. Not sure

    Why or why not?

    _____

6. Did you receive a copy/copies of the IME(s) findings?

    1. Yes
    2. No
    3. Not sure

7. Did you agree with the findings of the IME(s)?

    1. Yes
    2. No
    3. Don't remember
    4. Do not know the results of the IME

8. Did the IME(s) provide new information or perspectives that you could use in planning treatment for your patient(s)?

    1. Yes
    2. Somewhat
    3. No

9. Did your patient(s) report any problems with the IME(s)?

    1. Yes
       [If yes] What were they?_____
    2. No
    3. Don't remember

10. Did this/these IME(s) affect your relationship with the patient(s)?

    1. Yes
    2. No
    3. Don't remember

    [If yes] How?_____

11. Did the IME(s) have an impact on the timing of the treatment for your patient(s)?

    1. Yes
    2. No
    3. Don't remember

    [If yes] How?_____
    Why? _____

12. About how many L&I or Self Insured injured workers do you see per month?

    1. 0-1 per month
    2. 2-4 per month
    3. 5-7 per month
    4. 7 + per month

    _____
    _____

13. How often does L&I or the self-insured employer order IMEs on your patients?

    1. 0-1 per month
    2. 2-4 per month
    3. 5-7 per month
    4. 7 + per month

    _____
    _____

14. If you could change three things about the IME process, what would they be? (Please prioritize by placing a 1, 2 or 3 in each of three boxes.)

- ❑ Improve my understanding about the timing of IMEs;
- ❑ Improve my understanding about the need for IMEs;
- ❑ Improve my understanding about IME findings so I could better communicate the IME results to my patients;
- ❑ Have a better way to settle disagreements I may have with IME findings
- ❑ Improve quality of IME reports;
- ❑ Improve quality and expertise of IME examiners;
- ❑ I would feel comfortable doing my own rating examinations, resulting in fewer IMEs and allow me to do most PPD ratings on my own patients;
- ❑ Other, please specify and rate.

Please provide any additional comments or explanation of your answers below:

_____
_____
_____
_____

15. Any other comments?

_____
_____
_____
_____
___

Thanks very much for your time.

Please fax this completed form to **1-800-330-9827**.

Appendix 5

Attending Physician Survey – Coded Comments

Coded Comments on the Attending Physician's Survey

The following pages include the comments made by physicians on the survey. They are grouped by the specific question and are classified as Neutral, Negative or Positive. They are direct transcriptions of the remarks recorded on the survey forms by the Attending Physicians.

Table of Contents - By Question Area

Question	Page
Did the IME(s) have an impact on the timing of the treatment for your patient(s)?	82
About how many L&l or Self Insured injured workers do you see per month?	82
How often does L&l or the self-insured employer order IMEs on your patients?	83
If you could change three things about the IME process, what would they be? Including Other Answer & Q!%	83
Were you made aware of the IME(s) before it/they occurred?	85
Did you become aware of the IME(s) after it/they occurred?	86
Do you know why L&l or the self-insured employer ordered the IME(s)?	86
If the IME(s) was/were ordered to obtain an impairment rating(s), would you have preferred to do the impairment rating(s) yourself?	88
Did you receive a copy/copies of the IME(s) findings?	89
Did you agree with the findings of the IME(s)?	90
Did the IME(s) provide new information or perspectives that you could use in planning treatment for your patient(s)?	90
Did your patient(s) report any problems with the IME(s)?	91

Coded Comments

Did the IME(s) have an impact on the timing of the treatment for your patient(s)?

Neutral Comment

Case now closed. Treatment then became on an as needed basis.

haven't seen patient since IME

Negative Comment

see above - ended claim I believe

If I did not request, it undermines my authority and can weaken pt-MD relationship.

Patient still believes the results are a reflection of their attending.

At times, but because of the way IME Dr's treat the pt's, the pt's usually have no respect or belief in them.

delayed my treatment plan

in re-operation

changes ability to treat patient

About how many L&I or Self Insured injured workers do you see per month?

Neutral Comment

sometimes

IME's were for closure. One out of seven.

Negative Comment

I believe care was terminated.

delays treatment

often put unnecessary delays in treatment

10-20%- sometimes work-up not complete

Needs surgery/IME denied treatment and closed claim

The timing of the IME was unusual since the claim had only open a few weeks.

May delay referral to appropriate pain clinic treatment waiting for IME to be scheduled/done/& report

I don’t think the patient has even been able to have the needed cervical fusion procedure.

causing claim to close prematurely/claim manager uses information to close claim

it disallowed the recommended treatment

The resultant denial caused the patient to cut his care early. The patient balked of going to other referrals due to lack of funds.

delayed intervention that was subsequently planned

often have to delay treatment/diagnostic testing pending results of IME. Although, sometimes claims managers will okay diagnostic procedure.

delayed

Positive Comment

I ordered additional tests recommended by IME

prior to the IME, she had not been seen in our office since 3/97. The IME resumed her care with us.

helped with movement in voc rehab

Ended the controversy. Patient returned to work. I was pleased. Patient was pleased.

varies - helps direct care measures

scheduled follow-up visits to assess return to work schedule

at times can be helpful, other times makes it more difficult

How often does L&I or the self-insured employer order IMEs on your patients?

Neutral Comment

I am now retired.

20 per week/70-80 per month

about 100

95% of practice

not sure - varies

busy occupational medicine practice

easily 15-20 per week

also circled 1

If you could change three things about the IME process, what would they be? Including Other Answer & Q!%

Neutral Comment

Improve the timing of when the IME is ordered. It seems that often the claims managers order them just when treatment is about to be completed or just when a new course of treatment has been initiated. Sometimes they end up interrupting effective treatm

IME examiners need to be Board Certified in their specialty and if orthpedic surgeons need to have hospital operating room privileges - not just an office address for L&I purposes

no

For the most part (1) patients say the examiners barely touched them, (2) majority of IME's deny treatment creating lots of problems, letters, phone calls, etc., (3) IME examiners feel an obligation to close cllaim, deny treatment, and take an antagonist

Some patients have reported that some examiners do not even examine them.

I am certain that I receive a timely copy of the IME and am allowed an opportunity to concur or not concur with the report.

high priority=1, low priority=3

I would like to review the reports in a more timely fashion so that we can move forward.

LESS PAPERWORK

If claims manager needs IME to clarify next step in treatment IME's must be done ASAP and not 1-2 months later then wait another month for results. IME process unnecessarily delays treatment!

patients need better understanding of what an ime is and how ratings are done. They frquently call me to dispute their rating.

faster scheduling and report generation when I request an IME

I feel fine doing IME on some patients, but it is better to have others performed by an independent examiner to avoid direct patient confrontation by the testing physician.

Improve communication about post-IME recommendations!

I have no complaints. This is a system that works well. The examining doctors are generally excellent and the patients well treated and fairly tested.

Often I document that I will close and rate, and patient does not follow-up. The IME is time unnecessarily spent. Just needs final follow-up appointment!

the first two are not on your list - #1 improve speed of scheduling IME, #2 - improve notification / communication with physician of the IME results

less paperwork, I'm not sure if this is L&I or the IME process

I find the "yes/no" question of agreement too limiting. It doesn't allow for question of concerns that may not have been addressed. In essence, locks me into a stand I may not have fully intended.

I don't understand why at times I ask for IME, but nothing gets done for several months. At times, some IME's are ordered too soon.

03/22/01 - Rating was performed by myself - not on IME

I believe the care of the patient was transferred out of my clinic too another physician and I did not receive any more information about the patient's case at this point.

It's not that I don't understand the timing or need for IME's done, but I frequently find them done at inopportune times, to be barrier to adequately caring for patient, to create unnecessary tensions between patients, providers, and insurers, and frequen

patients almost always report a very short/curt exam and feel that they are in some way guilty or dishonest about their injury

no suggestions; I simply believe the patient's condition has worsened and further treatment is necessary

IME's at times impede and delay acess to case while we're waiting for results - not in this case. Unneccessary in this instance, waste of money and time as patient has been released back to work.

Consistently examiners do not have full records and OP notes to assess patient @ exam.

last page with #'s 14 & 15 not attached to fax

I would like to be certified to do my own ratings but your seminars are always during hunting season

this case was handled very well

I can't think of a way to help the IME.

I don't like IMEs, but I understand their necessity

I don't believe there is an easy solution, most of the IMEs have to do with pain. In my opinion there is so little that is objective with pain no physicians are really able to treat chronic pain & disfunction as well as we would like

only this one

I have not received any IME's to comment on.

Why does it take an average of 6 weeks to get the report? This is very inconvenient. The quality of the IMEs has been good for the most part. They have been helpful in confirming my treatment plan, and I usually agree with report.

Claims managers should not be allowed to use this to delay consultation. IME's should be scheduled within 2 to no more than 4 weeks.

I believe that most IME physicians try to give the best exam possible related to the problem. Sometimes they can be only conservative, but this is unlikely a personality trait.

make IME docs have some degree of compassion

need specialyt IME, seems generalists do IME, ok for rating but not diagnosis

Make the exam more relevant to the patient's injury and work - in other words, the spine exam of a construction worker may be not be applicable to a ballet dancer, since they have very different demands.

Make sure examiners have a completed, legible record arranged chronologically to review.

Strong bias from other professions, fairness to the injured worker.

90% of the IMEs ultimately result in the same conclusions by the examiners: the patient's condition is fixed and stable, claim should close. Most of these are patients I have reommended surgery for. I disagree with the examiners and almost all end up g

not applicable

the last few IMEs obtained on my patients seemed to be for the sole purpose of finding a doc who would deny that the patient's condition was work-related

Remove attorneys' agendas with IME examiner; e.g. class action suits, time loss issues that are retrospective.

Make sure that examiner (1) has an active, viable medical/surgical practice (2) do not receive more than 20% of their annual income from doing IME's.

no changes

getting a copy is slow and irregular

I really don't have a problem with IMEs

Whenever possible we rate our own patients when fixed and stable. There are those times when we ask for the IME to determine P&D or to help segregate allowed conditions.

Most of the patients I care for that end up getting IME's are ones seen previously by medical doctors and puton pain killers and put to work creating more damage. They take longer to heal - (1) get bone moving, (2) let healing begin, (3) reduce scar tiss

Sometimes the IME doesn't include a chiropractor. Sometimes the chiropractor doesn't check for chiropractic findings. Sometimes the chiropractor seems to just want to agree with the other doctors.

IME's are problematic in that they frequently treat patients like they are complainers and frequently are disrepectful of patient.

less use of "hired guns" whose opinions appear to be heavily weighted onteh benefit their opinion will have on L&I financially

Sometimes it appears that patients have too many IME's. They seem to be a quick answer for the Case

more timely

In this case, L&I requested an IME but did ask if I had a preference & I chose a D.C. rather than an M.D.

costs increase if I do PPD ratijng and then it is done by IME company. Sesm to be advantageous to let AP close the claim

I prefer to send my patients to a physician I trust for rating exam.

Were you made aware of the IME(s) before it/they occurred?

Neutral Comment

some

patient told me

No IME, I simply closed/rated it myself at an office visit.

generally no

we don't record this information

that one would be set up

usually the patient tells me

On occasion, I was notified by the patient.

I performed them.

sort of - several notices of IME scheduled

our chart doesn't mention it until after the exam

I scheduled it.

Did you become aware of the IME(s) after it/they occurred?

Neutral Comment

some

when we got the report

usually by patient

I believe so, but recently have had bunch of others that had IME & claim closed without my review or speaking with patient. I feel it is very important for me to speak with patient to educate them regarding decision and re-opening procedure, if necessary

had to beg and plead for IME results and only received psychiatric portion of IME

on one patient I got a copy, but not on the other

one - yes, one - no

varies

overall, yes. There have been cases where I was unaware

Do you know why L&I or the self-insured employer ordered the IME(s)?

Neutral Comment

to assess limitations of patient pre/post op

A review of the medical records indicated the patient was fixed and stable, thus eligible for closure, I assume.

I believe for rating.

re-evaluation/2nd opinion/failure to improve

I usually request them when ready.

I assume due to prolonged disability with minimal objective findings

somewhat so, need for evaluation

to see if reached MMI

Although sometimes I request them.

confirmation of patient's current status

to provide fair and objective view of medical facts

established final impairment

attorney driven disputes or an attempt to obtain different outcome for impairment levels

I requested the IME.

requested IME

for rating & claim closure

because the claims manager wanted it

Chronic pain in back

to determine work disability

felt patients problem stabilized

determine status

Several different opinions were proposed prior to IME

Patient and I requested it.

to see if PPD would apply

disputed relationship to current injury

L&I claims manager with no medical expertise over-ruled a highly respected orthopedic surgeon who was familiar with diagnosis + treatment of patient's L&I injury conditions

claim closure

2nd opinion and for impairment rating

confirm findings

to clairfy claim/settlement status

mostly

to close claim/2nd opinion

I recommend

determine claim status

condition stabilized

evaluate impairment

causation related question

to determine if further diagnostic testing and treatment was medically appropriate

This was a re-opening.

ongoing LBP with vocational rehab difficulties

determine fixed/stable or surgery

I believe it was because they did not want to authorize the treatment recommended or questioned its

for case closure

Patient was medically stable following his injustrial injury.

usually to close a claim

length of treatment

rating/closing exam

I ordered it to rate his disability

longer treatement required

I would do them when patient needed an independent record.

To keep from paying the claim.

rating

neurosurgeon requested authorization for surgery (fusion)

clarify impairment

to decide causation of degenerative disc

to try to close the claim

eval,lack of progress

their prerogative

evaluate injury with regard to RTW

07/12/00 - said wanted another opinion

determine closure or additional treatment needed

for impairment rating and case closure

I requested it

stationary and stable

prolonged recovery

disability ratings

prolonged treatment

adjudication of case; i.e. curative modes, etc.

worker fixed and stable - ready for closure

closing exam

to determine disability ratings

to determine impairment

If the IME(s) was/were ordered to obtain an impairment rating(s), would you have preferred to do the impairment rating(s) yourself?

Neutral Comment

do not rate my own patients

I don't do impairment rating.

I feel I can assess the patient better than one who does not know her

I/m not confident with this.

don't rate my own patients

I made it a policy to not do impairment ratings on my own patients.

I like the objectivity of IME

often puts me in awkward situation with the patient

I occasionally do them (PPD). I did IME's @ central Seattle panel of consultants for 174 patients until legal contestations argued against doing IME's.

not within field of expertise

This patient needed a rating exam by someone with greater experience that I have in this area.

won't detract

I did.

not comfortable to deal with patient evaluation if I did it

This case involved factors for which I prefer an independent rating.

depends on case

Feel my caring for the patient would color my rating

doesn't matter to me usually as I assume I am able to agree or disagree as I see fit

we do not do the ratings

it promotes adversarial relationship

I am not comfortable providing PPD ratings on my own patients

absolutely, in most cases unless there would be a loss of confidence with AP and IW

I do not rate my own patients

more accurate snce I didn't agree with 2nd IME that was done

sometimes better to keep independent unbiased

Being a provider, I have a tendency to become a patient advocate which may conflict with my objectivity in performing impairment ratings.

often do not do ratings for cts

I did IME's listed for Ed Klopfenstine & Samuel Cho. Other provider involved surgeon - Dr. Stone did IME for Catherine Nissen.

at times

Partner in practice performs these.

I did rate the patient before IME ordered.

depends upon reationship with patient

interferes with Dr-patient relationship

Dr. Switlop did do them (ratings)

There is no time in a busy/active orthopedic practice to perform IME's.

Because I have the patient's interest in mind.

I generally don't do ratings for L&I.

conflict of interest in long term care of patient

I have not had the training.

not trained

depends on patient

I did it myself.

I am not really versed in the criteria for an impairmanr rating

I don't do impairment ratings

not skilled in orthopedic hand rating

outside exam helpful

I DID ON BOTH THESE

Did you receive a copy/copies of the IME(s) findings?

Neutral Comment

I performed them myself.

sometimes

usually do, sometimes quite late - I have a few cases close without, to my knowledge, receiving IME

some

with difficulty

I kept a copy. Case Manager never sent me a copy.

after 2 months

one yes, other no, others it's a very long time before I get them

sometimes a delay in getting copies

I've never received any of her IME's from 1999 - now.

one - yes, one - no

Did you agree with the findings of the IME(s)?

Neutral Comment

in general yes, some no

mostly

not entirely

agreed with some findings, disagreed with others

sometimes

on some occasions

not completed

mostly was missing some data

see attached letter

most often

wanted another opinion as I had previously requested

yes, although we have not proceeded with further treatment as recommended to date as patient wants to wait and continue working

one - yes, other - do not know results of IME

agreed with part - but not with RTW to job of injury

I performed them myself.

Last by Dr. William Wagner.

not applicable

Did the IME(s) provide new information or perspectives that you could use in planning treatment for your patient(s)?

Neutral Comment

not applicable

absolutely not

one out of seven tested

not applicable

IME's never have given me any insight or ideas on possible treatment.

see above

in general, they confirm my treatment plan, in general tey don't change what I do

rarely do they ever

not applicable

not applicable

confirmed our suspicions

not applicable

see #7

Did your patient(s) report any problems with the IME(s)?

Neutral Comment

In this instance, I don't recall any complaints with his IME. NOTE: on MANY occasions the patients complain the examiner(s) are curt, abrupt, incompetent or incomplete in their examination especially when the examination is ten minutes or less.

not applicable

lack of communication on the part of the examiner

They told her she didn't need an ergonomic site evaluation - that one was smart enough to figure it out on her own. (see last comment on IME)

patient stated that she recalled being oughly handled in ROM part of eval, she liked her psychiatrist

not notified in timely manner

poor exam

see #7

don't know - haven't seen him since

Some don't like it.

felt depressed with exam

Patient said the examination procedure was a joke (typical response). IME Dr's asked a few questions, did a couple ortho-neuro's, and out the door.

worsening of symptoms

His attorney sent me a letter.

sometimes too aggressive of exam, leaving patient sore

They did not have all his specialist opinions.

I am not geared toward assessing issues related to the activity that caused the injury - ballet.

delay between IME & referral to me

occasional - may have been personality conflicts

harrassment and skepticism by examiner

short exam, very little time with history

No respect from Dr., taking things patient said out of context, using them to cause closure. Re-openings are the worst. One patient had his claim opened and was told by Dr. that the Dr. like him and would open claim. There are no diagnostic tests that

felt exam was tense, unprofessional and somewhat humiliating

patient was not seen by IME

He felt that the IME Dr. was disinterested in his (the pt's) case.

I don't recall about this specific patient, but I have heard several times that the IME doc didn't even touch the patient.

They feel ratings are too low.

very hostile

don't recall

too aggressive

Appendix 6

IME Report Audit Tool

General Questions for all reports audited

Item	Values
Claimant name	name
SSN or other identifier	ssn
Date of birth	dob
Date of injury	doi
Claim number	L&I #
Claim status	open/closed
Representation or litigation	yes/no
Body part	per analysis
Nature of injury	noi
Provider name	name
Provider ID or TIN	id or tin
Provider specialty	specialty
Supergroup name	MedFx list
Supergroup number	MedFx list
Nature of injury	MedFx NOI (not NCCI)
Number of previous IMEs	Integer
Was there a previous injury to the same part of the body?	1=Yes, 2=no, 3=not recorded
Details of claimant's medical, work and social situation	details
Date IME requested	date
Date IME scheduled	date
Date IME performed	date
Date IME received by L&I	date
Purpose of IME per request letter/questions asked	1=To determine causation, 2=to determine apportionment, 3=to assess the appropriateness of care, 4=to recommend a treatment program, 5=to assess MMI, 6=to assess the ability to return to work, 7=to assess functional ability, 8=to assign an impairment rating, 9=to determine the need for future medical care, 10=to determine medical indications for reopening a claim, 11=to address medical complications, 12=to resolve conflicting medical opinions, 13=to get information in general, 14=to establish a diagnosis, 15=to address a newly contended condition.
Details of request	details
Panel company provider	yes/no
Provider name if provider name from data file is a panel company	name
Provider ID or TIN if provider name from data file is a panel company	id/tin
Provider specialty	1=Orthopedics, 2=Neurology, 3=Neurosurgery, 4= PM&R, 5=Psychiatry, 6=Urology, 7=Hand surgery
Date of report	date
Does the provider name on the report match the name on the request letter?	yes/no
If no, enter the provider's name	name
If no, enter the provider's specialty	1=Orthopedics, 2=Neurology, 3=Neurosurgery, 4= PM&R, 5=Psychiatry, 6=Urology, 7=Hand surgery

What was the time spent with the examinee?	1=Minutes/hours, 2=not recorded
Does the report state that examinee identity was verified	1=y, 2=n, 3=not documented as yes or no
Does the report state that the examiner identified him or herself?	yes/no
Does the report state that the examiner made his or her role clear/described it	1=Stated reason for exam, independence, and non-treater, 2=stated reason for exam and independence, 3=stated reason for exam and non-treater, 4=general statement, 5=not stated, 6=letter sent by panel company
What did the report state as the purpose(s) of the IME	1=To determine causation, 2=to determine apportionment, 3=to assess the appropriateness of care, 4=to recommend a treatment program, 5=to assess MMI, 6=to assess the ability to return to work, 7=to assess functional ability, 8=to assign an impairment rating, 9=to determine the need for future medical care, 10=to address a newly contended condition, 11=to determine medical indications for reopening a claim, 12=to address medical complications, 13=to resolve conflicting medical opinions, 14=to get information in general, 15=to establish a diagnosis, 16=not stated, 17=to get a fair and objective review of the medical facts, 18=preexisting injury...
What was the time spent reviewing past records?	1=Minutes/hours, 2=not recorded
Were prior clinical records reviewed?	1=Records reviewed listed with dates and providers, 2=records reviewed listed, 3=records reviewed not listed, 4=records noted as not provided or available, 5=no comment re: these records
Were prior test results reviewed?	1=Records reviewed listed with dates and providers, 2=records reviewed listed, 3=records reviewed not listed, 4=records noted as not provided or available, 5=no comment re: these records
Were job analyses reviewed?	1=Records reviewed listed with dates and providers, 2=records reviewed listed, 3=records reviewed not listed, 4=records noted as not provided or available, 5=no comment re: these records
Was there analytic comment on the quality and accuracy of the prior records?	1=Quantitative and logical, 2=logic only, 3=qualitative comment, 4=brief cryptic comment, 5=no comment
Did the examiner agree with the prior diagnoses?	1=yes, 2=no, 3=not stated
Comments	last two questions
Chief complaint	From MedFx list, did not record chief complaint
Mechanism of injury	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Symptoms at time of injury	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Signs at time of injury	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Tests at time of injury	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded

Diagnosis at time of injury	diagnosis
Past medical history	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Did the claimant injure that part of the body before?	1=Yes, 2=no, 3=not recorded
Did the claimant have surgery on the affected body part prior to this claim?	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Other prior procedures	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Allergies	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Job at time of injury	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Prior relevant jobs	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Family history	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Marital status	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Living arrangements	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Education level	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Activities of daily living/impairments in	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Substance use including tobacco	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Other health risks	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Functional status	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Tests to date	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Treatment to date	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Current medications	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Work history from DOI to date	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Current symptoms at time of exam	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Review of systems	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Current activity level at time of exam	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Parts of body examined	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Height, weight, vital signs	1=Recorded, 2=not recorded
General appearance	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Behavioral findings	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded

Positive findings	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Negative findings	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Treatment recommendations	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Patient credibility as historian	1=Very credible, 2=somewhat credible, 3=unclear, 4=not credible, 5=incredible, 6=not recorded
Patient consistency as historian	1=Very consistent, 2=somewhat consistent, 3=unclear, 4=not consistent, 5=inconsistent, 6=not recorded
Non-physiologic findings	1=Recorded clearly and in sufficient detail if positive, 2=recorded briefly, 3=recorded as negative, 4=not recorded
Examiner's diagnosis	1=Recorded all appropriate diagnoses specifically, 2=recorded some appropriate diagnoses specifically, 3=recorded non-specific diagnoses, 4=did not record diagnoses
Examiner's prognosis	1=Recorded clearly and in sufficient detail, 2=recorded briefly, 3=not recorded
Ability to return to work	1=Recorded clearly and in sufficient detail, 2=recorded briefly, 3=not recorded, 4=already back at work
Permanent restrictions recommended by examiner	1=Recorded clearly and in sufficient detail, 2=recorded briefly, 3=not recorded, 4=not needed
Recommended referral for unrelated condition?	1=Yes-appropriately, 2=yes, 3=inappropriately, 4=no
Recommended referral for testing or specialist evaluation?	1=Yes-appropriately, 2=yes, 3=inappropriately, 4=no
Organized	1=Very organized, 2=fairly well organized, 3=somewhat organized, 4=somewhat random, 5=totally random
Clearly written	1=Very clearly written, 2=fairly clearly written, 3=somewhat clearly written, 4=somewhat poorly written, 5=incomprehensible
Language level appropriate	1=Very appropriate, 2=fairly appropriate, 3=somewhat appropriate, 4=too technical, 5=totally jargon and inappropriate phrasing
Length, detail of report consistent with question and complexity of case?	1=Completely consistent, 2=somewhat consistent, 3=inconsistent, 4=totally inconsistent
Original signature	yes, no
Was the examiner a CIME?	yes, no
Boilerplate/pattern?	yes, no
Fill out only the assessments below that apply to the purpose of the IME	completed as appropriate
Was the report responsive to the questions asked?	1=Completely responsive, 2=somewhat responsive, 3=unresponsive, 4=totally unresponsive
Was the report's medical logic consistent with known evidence	1=Very accurate, 2=somewhat accurate, 3=unclear, 4=not accurate, 5=inaccurate, 6=not recorded
Was the report's basis for opinion consistent with medical logic?	1=Very accurate, 2=somewhat accurate, 3=unclear, 4=not accurate, 5=inaccurate, 6=not recorded
Did the examiner clearly state his or her logic used to reach the conclusions stated?	Clear--> not given on a 5 point scale
Use of medical probability consistent with logic given?	1=Used very well, 2=used fairly well, 3=used somewhat well, 4=used marginally, 5=totally inappropriate
Impartiality	1=Totally impartial, 2=possibly biased towards worker, 3=possibly biased towards insurer, 4=obviously biased towards worker, 5=obviously biased towards insurer

Parts of body examined consistent with request and need for accurate diagnosis?	Yes, no
Diagnostic accuracy	1=Consistent with evidence-based recommendations, 2=somewhat consistent with evidence-based recommendations, 3=unclear, 4=not consistent with evidence-based recommendations, 5=inconsistent with evidence-based recommendations, 6=not recorded
Comments on diagnostic accuracy, specificity, etc.	per list
Causality analysis	1=Consistent with evidence-based recommendations, 2=somewhat consistent with evidence-based recommendations, 3=unclear, 4=not consistent with evidence-based recommendations, 5=inconsistent with evidence-based recommendations, 6=not recorded
Comments on causality analysis	work relatedness, reopens, extensions, complications, especially regarding inaccuracies and auditor's version of analysis
Need for reopening of case	1=Very accurate, 2=somewhat accurate, 3=unclear, 4=not accurate, 5=inaccurate, 6=not recorded
Comments on need for reopening of case	comments
MMI status	1=Very accurate, 2=somewhat accurate, 3=unclear, 4=not accurate, 5=inaccurate, 6=not recorded
Comments on MMI analysis, especially regarding inaccuracies and auditor's version of analysis	MMI comments
Ability to return to work	1=Very accurate, 2=somewhat accurate, 3=unclear, 4=not accurate, 5=inaccurate, 6=not recorded, 7=already back at work
Functional ability	1=Very accurate, 2=somewhat accurate, 3=unclear, 4=not accurate, 5=inaccurate, 6=not recorded
Comments on functionality and ability to RTW analysis, especially regarding inaccuracies and auditor's version of analysis	Functionality and RTW
Impairment rating	1=Very accurate, 2=somewhat accurate, 3=unclear, 4=not accurate, 5=inaccurate, 6=not recorded, 7=not indicated
Comments on impairment rating, especially regarding inaccuracies and auditor's version of analysis	Impairment ratings
Treatment recommendations	1=Consistent with evidence-based recommendations, 2=somewhat consistent with evidence-based recommendations, 3=unclear, 4=not consistent with evidence-based recommendations, 5=inconsistent with evidence-based recommendations, 6=not recorded
Comments on treatment recommendations or treatment recommendations analysis, especially regarding inaccuracies and auditor's version of analysis	Tx rec comments
Comments on overall quality	unbiased, accurate, sound and comprehensive

If CTS or ulnar neuropathy (hand only): Did the report follow the requirements in the Medical Examiner's Handbook for Washington Independent Medical Examiners	For CTS or ulnar neuropathy (hand): 1=Discussed work activities of all jobs listed including PPE and engineering controls, 2=Diagnoses, 3=Which jobs in the work history carry a recognized risk of developing CTS or ulnar neuropathy > risks of everyday life, 4=Job described including PPE, engineering controls, 5=Basis for opinion; For all: 6=None of the above
Comment on above	comments
Other comments	other comments

Specific Questions - Neck Pain

Class	Exam element	Values
Inspection		Examined, not recorded
Palpation		Examined, not recorded
Percussion		Examined, not recorded
Reflexes	Biceps	Examined, not recorded
	Triceps	Examined, not recorded
	Brachioradialis	Examined, not recorded
Spurling maneuver		Recorded and correct, recorded and incorrect, recorded as negative, not recorded
Motor	Muscle strength	Recorded and correct, recorded and incorrect, recorded as negative, not recorded
Sensory	Dermatomal exam	Recorded and correct, recorded and incorrect, recorded as negative, not recorded
Range of motion	Lateral bending	Examined, not recorded
	Rotation	
	Flexion	
	Extension	

Specific Questions - Shoulder Pain

Class	Exam element	Values
Inspection	Deformity	Examined, not recorded
	Atrophy	Examined, not recorded
	Skin	Examined, not recorded

Palpation	AC bursa	Examined, not recorded
	Shoulder girdle	
	Cervical spine	
Range of motion	Abduction	Recorded, not recorded
	Adduction	Recorded, not recorded
	External rotation	Recorded, not recorded
	Internal rotation	Recorded, not recorded
	Flexion	Recorded, not recorded
	Extension	Recorded, not recorded
Motor	Abduction	Recorded, not recorded
	Adduction	Recorded, not recorded
	External rotation	Recorded, not recorded
	Internal rotation	Recorded, not recorded
	Flexion	Recorded, not recorded
	Extension	Recorded, not recorded
Sensory	Dermatomal exam	Recorded, not recorded
Reflexes	Biceps	Recorded, not recorded
	Triceps	Recorded, not recorded
	Brachioradialis	Recorded, not recorded
Pulses	Axillary	Recorded, not recorded
	Antecubital	Recorded, not recorded
Circumferences	Upper arm	Recorded, not recorded
	Forearm	Recorded, not recorded
Maneuvers	Tinel's	Recorded, not recorded
	Phalen's	Recorded, not recorded
	Ulnar groove percussion	Recorded, not recorded
	Spurling's	Recorded, not recorded
Grip strength		Recorded, not recorded
Neck ROM	Flexion	Recorded, not recorded
	Extension	Recorded, not recorded
	Lateral rotation	Recorded, not recorded

Specific Questions - Hand
Pain

Class	Exam element	Values
Inspection	Deformity	Recorded, not recorded
	Atrophy	Recorded, not recorded

	Skin	Recorded, not recorded
Palpation	Joints (MP, PIP, DIP by digit)	Recorded, not recorded
	Joints, contralateral hand	Recorded, not recorded
	Temperature	Recorded, not recorded
	Skin hydrosis	Recorded, not recorded
	Cervical spine	Recorded, not recorded
Range of motion	Flexion, thumb	Recorded, not recorded
	Flexion, index	Recorded, not recorded
	Flexion, middle	Recorded, not recorded
	Flexion, ring	Recorded, not recorded
	Flexion, small	Recorded, not recorded
	Extension, thumb	Recorded, not recorded
	Extension, index	Recorded, not recorded
	Extension, middle	Recorded, not recorded
	Extension, ring	Recorded, not recorded
	Extension, small	Recorded, not recorded
	Opposition of thumb	Recorded, not recorded
Motor	Grip strength, L	Value, approximation, not recorded
	Grip strength, R	Value, approximation, not recorded
	Pinch grip, L	Value, approximation, not recorded
	Pinch grip, R	Value, approximation, not recorded
	Interosseous strength	Value, approximation, not recorded
	Flexion, thumb	Recorded, not recorded
	Flexion, index	Recorded, not recorded
	Flexion, middle	Recorded, not recorded
	Flexion, ring	Recorded, not recorded
	Flexion, small	Recorded, not recorded
	Extension, thumb	Recorded, not recorded
	Extension, index	Recorded, not recorded
	Extension, middle	Recorded, not recorded
	Extension, ring	Recorded, not recorded
	Extension, small	Recorded, not recorded
Sensory	Dermatomal exam	Recorded, not recorded
	By nerve distribution	Recorded, not recorded
Reflexes	Biceps	Recorded, not recorded
	Triceps	Recorded, not recorded
	Brachioradialis	Recorded, not recorded
Maneuvers	Phalen	Recorded, not recorded
	Tinel's	Recorded, not recorded
	Finkelstein	Recorded, not recorded
	Spurling's	Recorded, not recorded

Nerve conduction velocity

	Median at wrist, L	Numeric value or not recorded
	Median at wrist, R	Numeric value or not recorded
	Median at elbow, L	Numeric value or not recorded
	Median at elbow, R	Numeric value or not recorded
Pulses	Antecubital	Examined, not recorded
	Radial	Examined, not recorded
Circumferences	Upper arm	Recorded, not recorded
	Forearm	Recorded, not recorded
Neck ROM	Flexion	Recorded, not recorded
	Extension	Recorded, not recorded
	Lateral rotation	Recorded, not recorded
Elbow ROM	Flexion	Recorded, not recorded
	Extension	Recorded, not recorded
	Pronation	Recorded, not recorded
	Supination	Recorded, not recorded

Specific Questions - Low Back Pain

Class	Exam element	Values
Inspection	Gait	Examined, not recorded
	Stance	Examined, not recorded
Palpation		Examined, not recorded
Percussion	Spine	Examined, not recorded
	Paraspinous muscles	Examined, not recorded
Reflexes	Knee jerk	Examined, not recorded
	Ankle jerk	Examined, not recorded
Straight leg raising	Supine	Recorded and correct, recorded and incorrect, recorded as negative, not recorded
	Seated	Recorded and correct, recorded and incorrect, recorded as negative, not recorded
	Crossed	Recorded and correct, recorded and incorrect, recorded as negative, not recorded

Motor	Muscle strength	Recorded and correct, recorded and incorrect, recorded as negative, not recorded
Sensory	Dermatomal exam	Recorded and correct, recorded and incorrect, recorded as negative, not recorded
Range of motion	Lateral bending	Examined, not recorded
	Rotation	Examined, not recorded
	Flexion	Examined, not recorded
	Extension	Examined, not recorded
Non-anatomic signs	Axial compression	Examined, not recorded
	Other	Examined, not recorded