



Your Independent Medical Exam

Answers to some of the most commonly asked questions about independent medical exams (IMEs)



Why has a medical exam been scheduled for me?

A medical exam has been scheduled for you to ensure that you receive appropriate care for your workplace injury or occupational disease. Medical exams are required for any of the following reasons:

- Your doctor, employer or claim manager asked for an evaluation of your condition.
- We need to evaluate the extent of your impairment.
- There is a question about the type or duration of treatment you need.
- You asked to have your claim closed, reopened or allowed.
- You appealed our decision regarding your claim or are asking us to reconsider.

How will I be notified about the medical exam?

At least 14 days before the scheduled exam, the Department of Labor & Industries (L&I) will send you a letter stating where and when it will take place. It is your responsibility to keep your appointment.

What if my exam needs to be rescheduled?

If you have good reason for rescheduling your exam and you give L&I enough notice, your claim will not be affected.

The department makes every attempt to schedule appointment(s) with the necessary specialists in a location reasonably convenient for you. If you have

concerns about the location or schedule, you must notify us at least five working days before the exam.

To reschedule, call the number listed on your letter or the IME scheduling unit, 1-800-468-7870.

Will I have to pay for the exam?

L&I will pay any costs for the examination if you appear and cooperate. If you fail to attend the exam without good cause, your time-loss benefits may be reduced by the amount of the examination charge. You also might jeopardize other benefits.

Who will do the exam?

A doctor will examine you. In some cases, several doctors may conduct the exam or a series of exams.

May I bring a friend or relative to the exam?

Yes, but he or she cannot be paid or have expenses reimbursed. If you are scheduled for a psychiatric exam, your companion will not be allowed in the examination room.

You should not bring minor children to an IME exam.

What if I am asked to bring x-rays, MRIs or CT scans to the exam?

If you need help obtaining the x-rays, MRIs or CT scans, contact your doctor's office.

What will happen at the exam?

Usually, the examining doctor will check only the conditions that apply to your claim, ask you about your medical history, and review medical information in your claim file. He or she may suggest treatment for your personal doctor to try, but he or she will not be treating you.

Your examination may be brief. You should not expect a complete physical exam. However, in some cases a full exam, lab tests and x-rays may be needed. This will be the examining doctor's decision.

If I have to miss work, how do I get paid for lost wages?

If you have to take more than 30 minutes off work (without pay) to attend your independent medical examination set up by the department, you may be compensated for the actual hours missed. You will be reimbursed for time lost from work based on your hourly wage at the time of the examination. Please see the attached form, *IME Travel & Wage Reimbursement Request*.

Who will pay my travel expenses?

In most cases, L&I will reimburse travel expenses. When necessary, meals, hotel expenses, taxi fare, parking costs, and ferry and bridge tolls will be paid at the current department rate. Please obtain receipts for these expenses.

If you travel to your examination by airplane, bus or train, contact the IME scheduling unit, 1-800-468-7870. L&I will make necessary arrangements for your travel.

How do I get paid for travel expenses?

You must complete the attached reimbursement request form and submit it, along with your receipts, within one year of the exam. You must sign the form. (See Form Instructions.)

 Visit L&I's website:
www.Lni.wa.gov

What if I have a physical or mental disability that limits how I can travel to a medical exam?

Contact the IME scheduling unit at 1-800-468-7870 so arrangements can be made to assist you in traveling to the exam. The disability does not need to be related to your claim.

Form Instructions

Please fill out the form carefully. If you submit incomplete or incorrect information, we may have to return the form to you to correct. Send your completed form and receipts to:

Department of Labor & Industries
PO Box 44269
Olympia, WA 98504-4269

Here's how to get more help

If you have questions about your scheduled exam, please contact the Department of Labor & Industries' IME scheduling unit at 1-800-468-7870.

If you wish to send us comments about your exam experience, you may call the IME Comment Line at 1-888-784-8059.

If you have other questions about your claim, please call our Office of Information and Assistance at 1-800-547-8367.

Upon request, foreign language support and formats for persons with disabilities are available. Call 1-800-547-8367. TDD users, call 360-902-5797. L&I is an equal opportunity employer.

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(Also printed in Spanish. Request Publication F245-224-999)

Mail completed form to:
 Department of Labor and Industries
 PO Box 44269
 Olympia WA 98504-4269



Independent Medical Exam (IME) Travel and Wage Reimbursement Request

- Read the instructions on the back before you start.
- If you are traveling for a reason other than an IME, you need to use the Travel Reimbursement Request (F245-145-000).

Worker Information

			Claim No.
Name (Last, First, Middle initial)			Date of injury
Worker's home address (not PO Box)			Social Security No. (for ID only)
City	State	Zip Code	Worker's phone number

Travel Information – see the instructions and example on the back.

	A. Date of each trip (mm-dd-yyyy)	B. Travel code (one per line – see back of form)	C. From (city)	D. To (city and person seen)	E. No. of miles (roundtrip)	F. Expense cost (one per line)
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$
6.						\$
7.						\$
8.						\$

Reimbursing Wages:

If you took more than 30 minutes of time off work **without** pay to attend your Independent Medical Exam (IME), we will reimburse for the time you missed. You will be reimbursed the hourly wage you were making at the time of the IME. Please list the total time and wage below, then enter the information on the lines above using travel code 0411A.

Time missed from work to attend the IME: _____ hrs _____ min. Hourly wage at the time of the IME: \$_____

Employer's name	Employer's phone number
Employer's address	City State Zip

Worker's Signature – forms not signed will be returned.

These expenses are related to my workers' compensation claim and I have not been reimbursed for them. I understand it is a crime to submit information I know is false.

I have read and understand the instructions on the back of this form.

Worker's signature	Date
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Instructions for completing IME Travel Reimbursement Request:

Use this form for IME travel only. If you have travel for any other reason, you must use another form. You can print this form at www.Lni.wa.gov/forms/pdf/F245-145-000.pdf.

You must complete this form within one year from the date of your exam to be reimbursed.

Complete each column:

- **Column A:** Date you traveled (one date per line).
- **Column B:** Travel code. Find the correct code from the list below. Only one code per line.
- **Column C:** City you traveled from.
- **Column D:** City you traveled to.
- **Column E:** Total number of miles you traveled roundtrip. You will be paid at the current mileage rate according to the shortest direct route from your home.
- **Column F:** Dollar amount of each expense. One expense per line. You must attach copies of all receipts. All receipts must be itemized and legible. No credit card slips. Parking expenses under \$10 don't require a receipt.

Travel code:

Expense	Travel code
Unpaid time from work (hours x wage)	0411A
Private vehicle mileage	0412A
Parking	0402A
Bridge & ferry toll	0403A
Commercial transportation	0405A
Taxi	0414A
Lodging	0406A
Breakfast	0407A
Lunch	0408A
Dinner	0409A

Signature:

You must sign the form to receive reimbursement.

Example:

	A. Date of each trip (mm-dd-yyyy)	B. Travel code (one per line – see back of form)	C. From (city)	D. To (city and person seen)	E. No. of miles (roundtrip)	F. Expense cost (one per line)
1.	02/14/14	0412A	Olympia	Seattle; Dr. Smith	60	\$
2.	02/14/14	0408A				\$ 20.00

Mail completed forms to:

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