|  |  |
| --- | --- |
| Date of Letter |  |

Enter Claimant Name

Claimant Address Line 1

Claimant Address Line 2

Claimant Address Line 3

RE: Claim Enter Claim Number

Dear Enter Claimant Name,

To help us properly administer your claim for benefits, we have scheduled the following independent medical examination (IME):

|  |  |
| --- | --- |
| IME Provider Name: | Click or tap here to enter text. |
| IME Panel: | Click or tap here to enter text. |
| Location Address: | Click or tap here to enter text. |
| Telephone Number: | Click or tap here to enter text. |
| Appointment Date: | Click or tap to enter a date. |
| Appointment Time: | Click or tap here to enter text. |

**Please check in 15 minutes prior to your appointment time. You will be reimbursed for time away from work and travel expenses incurred by attending this IME.**

**Reason for examination:**

*Select the appropriate reason for the IME and delete any other portions. Delete these instructions prior to printing the letter for the worker.*

**Allowance/Denial**

The purpose of this examination is to assist us in making a determination regarding claim allowance. An IME is needed to determine if the injury or condition(s) is related to your work.

**Resolve a new medical issue – medical causation or treatment**

The purpose of this examination is to resolve a new medical issue. Your attending provider, Provider Name, in the medical report dated Click or tap to enter a date.: <*Select 1 option. Delete the unused option and this text – option 1>* diagnosed Enter condition(s), which has not been accepted on your claim. <*option 2 – delete this text*> recommended Click or tap here to enter text.

This is the first IME to address this new medical issue(s), and is needed to determine if Choose an item.

**Resolve an appeal**

The purpose of this examination is to resolve the pending appeal to the order(s) dated Click or tap to enter a date.. The issue(s) under appeal are: Enter what the appeal is

**Case progress**

*Select one option below. Delete the unused option and this text.*

The purpose of this examination is to determine case progress for the medical condition(s) diagnosed as Condition. It has been more than 120 days since your claim was received, which was Click or tap to enter a date., and a case progress examination has not been done.

The purpose of this examination is to determine case progress for the medical condition(s) diagnosed as Conditon. The last case progress examination which was Click or tap to enter a date., was more than 120 days ago and additional treatment of the accepted condition(s) has been authorized.

**Case progress (AP didn’t respond)**

On Click or tap to enter a date., we requested an update on the status of your treatment plan from your attending provider, Provider Name. Your attending provider did not respond within 15 days. An IME is needed to determine further proper and necessary treatment for your accepted condition(s).

**Case progress (Treatment plan not appropriate)**

On Click or tap to enter a date., we requested an explanation from your attending provider, Provider Name, regarding the status of your treatment plan. Provider Name recommended a treatment plan that is not proper and necessary or doesn’t meet the Department’s medical treatment guidelines. The treatment recommended is: explain what the treatment is. An IME is needed to determine if additional proper and necessary treatment is needed.

**Case progress (Consultation not referred within 15 days)**

On Click or tap to enter a date., we requested your attending provider, Provider Name, refer you for a consultation within 15 days. The referral was not made by enter 15-day date. An IME is needed to determine further proper and necessary treatment for your accepted condition(s).

**Case progress (Consultation not done within 90 days)**

On Click or tap to enter a date., we requested your attending provider, Provider Name, refer you for a consultation, to be completed within 90 days. The consultation was not done by enter 90-day date. An IME is needed to determine further proper and necessary treatment for your accepted condition(s).

**Attending Provider Requested IME**

On Click or tap to enter a date., your attending provider, Provider Name, requested an IME to Free text: enter the reason AP requested the IME.

**Reopening**

*Select one option below. Delete the unused option and this text.*

The purpose of this examination is to determine whether your condition has worsened since your claim closed on Click or tap to enter a date..

The purpose of this examination is to determine whether the diagnosed condition of Click or tap here to enter text. is related to your original injury.

**Permanent Partial Disability (PPD)**

*Select one option below. Delete the unused option and this text.*

The purpose of this examination is to determine whether permanent impairment has resulted from your industrial injury/occupational disease.

The purpose of this examination is to determine whether permanent impairment has resulted from your industrial injury/occupational disease. The prior rating examination that was done on Click or tap to enter a date., determined that Choose an item.

**Work Restrictions**

The purpose of this examination is to evaluate your work restrictions.

*<End of options – the content below can’t be deleted or changed. Delete this text.>*

**Examination Location**

We make every attempt to schedule exams in a location reasonably convenient for you. You will be reimbursed for time away from work and travel expenses incurred by attending this IME. Enclosed is information to help you prepare for the IME and answer questions you may have concerning the appointment.

**Companion and Recording**

You may bring a companion with you to the exam, but they will not be paid or have their expenses reimbursed. You should not bring minor children to an IME exam. Your companion may not be a legal representative, an employee of a legal representative, your attending provider, or an employee of your attending provider.

You may record the examination using audio, video, or both. You or your representative must provide notice to the IME provider that you intend to record the examination no less than seven calendar days prior to the examination. You can reach the IME provider by calling the telephone number listed at the beginning of this letter. You are responsible to pay any costs associated with recording. If you choose to record the examination, you may not hold the recording equipment while the examination is occurring. Additionally, you must take reasonable steps to ensure the recording equipment does not interfere with the examination. For additional details regarding your rights and obligations regarding recording of examinations, please go to: [www.lni.wa.gov/insurance/self-insurance/workers/who-do-i-talk-to-about-my-claim](https://www.lni.wa.gov/Insurance/Self-Insurance/Workers/Who-do-I-talk-to-about-my-claim#independent-medical-examination-ime)

**Attendance**

It is important that you attend this examination. If for any reason you are unable to attend the appointment as scheduled, and to avoid a no-show or late cancellation fee, you must contact me at least five (5) *business* days prior to the scheduled appointment so that I may assist you with rescheduling.

In accordance with RCW 51.32.110 and WAC 296-14-410, failure to attend and/or fully cooperate with this examination may result in a reduction or suspension of further benefits. In addition, you may be responsible for any charges resulting from your failure to attend.

We appreciate your cooperation. If you have any questions regarding this letter or appointment, do not hesitate to contact me at the number below.

Sincerely,

|  |  |  |
| --- | --- | --- |
| Name |  | Enter Phone Number |
| Name |  | Phone Number |

|  |
| --- |
| **If you disagree with the need for the IME contact your employer. If you are unable to resolve the issue, you may write the Department of Labor & Industries at least 15 *calendar* days prior to the schedule date of the exam. You must include a copy of this letter with your dispute, along with the reason(s) you feel the exam is not appropriate.**  **Department of Labor & Industries**  **PO Box 44892**  **Olympia WA 98504-4892**  **Fax: 360-902-6900**  **Or go to: https://secure.Lni.wa.gov/ReportSelfInsuredEmployer/#** |

For additional information about IME disputes, go to: [www.Lni.wa.gov/Insurance/Self-Insurance/Workers/Who-do-I-talk-to-about-my-claim](http://www.Lni.wa.gov/Insurance/Self-Insurance/Workers/Who-do-I-talk-to-about-my-claim)