IME Roundtable Meeting
September 18, 2025
via TEAMS

Staff Participants:	**Participants:**	Douglas Peffer, DC
Cristy Miller, L&I	Aimee Borrego	Steven Elerding, MD
Neil Diemer, ATG	Carolyn Logue	Tar Chee Aw, DDS
Joann Willyerd, L&I	Cassandra Chelf	Todd Seidner, MD
Karen Jost, L&I	Chelsea Stockner	Meed West, DC
Melissa Dunbar, L&I	Irene Suver	Sandra Lester, DC
LaNae Lien, L&I	Jamie Lelone	Wendelin Schaefer, MD
Shannon Rushing, L&I	Jeff Smith	Ryan Hunter,
Troy Parks, L&I	Kayla McCain	Eugene Toomey, MD
Cicely Hartwick, L&I	Mat Nguyen	Michael Miller,
Azadeh Farokhi, L&I	Robert Rios	
Sara Nielsen, L&I	Sonia Marquez	
James Simonowski, L&I	Tracy Fochtman	
Nancy Adams, L&I		
Jessica McCracken, L&I		
Stephanie Scheurich, L&I		
Cindy Gaddis, L&I		

Safety Message, Agenda & Accountability Log Review:
Troy briefly discussed online meeting etiquette. The agenda was reviewed.

September is national preparedness month. Make sure you have a plan for any event. Links to several national organizations with helpful tips and lists for emergency planning.

Accountability Log Review– Troy Parks
Troy reviewed the accountability log. The interpreter scheduling issues and IME recording will be discussed in this meeting. A possible topic for a 2026 IME Roundtable clinical session could be regarding large addendum requests and ensuring objective questions are being asked if the examiners, and refining the scope of future requests.

Program Updates:

Examiner Exit and Retention Surveys – Troy Parks
Troy shared the four responses so far in 2025 to the Examiner Retention survey. The respondents' comments were shared. Examiners like that IMEs can be challenging and they often see different cases. Some drawbacks mentioned were low reimbursement rates, too many pages of records, and the lack of examiner protection around recordings.

There have been six Examiner Exit survey responses. There are eight questions asked of examiners in the exit survey with answers from Strongly Agree to Strongly Disagree. Six of those questions the examiners answered with Agree.

Examiner Pool – Troy Parks
Troy shared the examiner pool as of August 1. There are currently 360 approved examiners. The top specialties remain the same; Orthopedic, Neurology, Chiropractic, and Psychiatrist. The number of in state versus out-of-state examiners was also shared. The amount of out-of-state examiners is still at 29%.

Attendees asked for a breakdown of out of state vs in state by specialty. They also asked to see a break out of the examiners that are actually billing, not just approved.

Complaints YTD – Troy Parks
As of September 17, there have been 274 complaints received in 2025. Most complaints are related to the IME report. The top specialties are Orthopedic, Neurology, and Psychiatry. 262 of the complaints were on state fund IMEs. Around 90% of complaints are dismissed/tracked and trend.

It was asked if the complaints could be broken out by who it came from as well as the outcome, when a response is needed, how many are closed, etc.

If there is a complaint about a Claim Manager (CM), you should reach out to their supervisor and if there is no resolution it would go up to the Operations Manager. IME Providers can send complaints in to IME complaint email and they can be forwarded on to claims. They can also reach out to Nancy Adams directly.

There have been more and more addendums that have been included a large number of additional records. There has been an update to the payment policy for IME addendums and training for CMs around addendum requests.

IME Data Report – Troy Parks
Troy discussed the IME Data Report. A link to the report was provided in the chat. The report came out of the 2020 legislative session. The report was last published in May 2023. The data sets in the report were shared with the group.

The report shows where the number of IMEs have gone down, however there is nothing in the report about when legislation was passed and went into effect. Having this noted in the report may help show a correlation between new legislation and the number of IMEs.

IME Complaint Process – Cicely Hartwick
Cicely has been in the IME ONC role since April. She has been updating and tracking the metrics. There have been a few things added such as claim status at time of complaint.

Cicely shared the IME complaint process. They get all IME complaints, from all parties to the claim, for both Self-Insured (SI) and State Fund claims. An acknowledgement is sent to the complainant. A review of the complaint is done for any action. Some action that could be taken is track and trend, communication with the examiner and firm, sent to Claims Management, Language Services, Civil Rights, etc.

About 89% of complaints were on State Fund claims, and 9% are on SI claims. Complaints broken out by specialty were shared. Orthopedic and Neurology are top specialties. This was not a surprise because most IMEs are ortho/neuro exams. The types of complaints were broken out and shared. Late reports are the highest complaint type received by CMs. Disagrees with examiner findings is top complaint by workers. Cicely reviewed the required components of all impairment ratings.

IME providers are seeing some exams requested by worker attorneys. These are outside exams and providers are seeing ratings by other providers that do not appear to be familiar with AMA guides. If these are done on State Fund claims, they can be sent to Nancy for review.

Staff do see some complaints with civil rights violations. Staff have found that when these exams are recorded this is a valuable way to review the complaint validity.

Claim staff have been seeing some refusals to do IMEs based on page counts, as well as refusals to do forensic reviews. Cicely has reached out to some firms and examiners and received some feedback on this.

IME Recording:

Third-Party Recording Pilot – Troy Parks

Troy gave an update on the IME Third-Party Recording Pilot. There was a listening session on July 28, with IME firms, examiners, worker and employer reps. All of the participants that voted on a recommendation, had recommended extending the pilot an additional 6 months.

As of August 31, there have been 342 recordings using Medical Memory. There has been an average of 2 recording per day, and 90% of those are State Fund. There are currently four IME firms using Medical Memory, with 51 devices authenticated. There are also two other IME firms working on signing up.

The pilot has officially been extended for an additional six months. The new end date of the pilot is February 28, 2026. In this second part of the pilot, the recommendation was to allow workers to download the Medical Memory app to record.

Interpreter Services:

Feedback on Rollout & Language Link Update – Cristy Miller

Cristy shared stats regarding telephone and video interpretation. The number of telephonic and video requests has been going up slightly. These should be the backup when in-person interpretation is not available. There has also been improvement in IME unfulfilled and success rates. They are now aligned with the statewide success rate.

SOSi is working on the recruitment of interpreters. When SOSi cancels an in-person request and changes it to a phone or video request, they are tracking that as unfulfilled request. SOSi is collaborating with CTS Language Link. If they do not have an interpreter registered to provide services they will reach out to CTS to schedule. There were 275 calls transferred to Language Link by SOSi in August.

The Interpreter system does not allow an interpreter to accept assignments with times that are overlap. It is the interpreter's responsibility to manage their calendar to make sure they have time to get to their next appointment.

Claims & Scheduling Units Trends:

Claims – Nancy Adams

Nancy briefly discussed diagnostic imaging files. Diagnostic imaging files have been discussed previously and the problems examiners had when workers bring in a disc and the firm does not have the same software to read the files. L&I stopped requesting workers bring imaging to IMEs since it wasn't being looked at. Staff are now getting requests for the imaging and examiners are not wanting to go by the imaging report in file. Would like to get some insight from examiners and firms on this.

They are usually requesting this when there is an absence of a radiology report. It is usually easier to just request new imaging. However, there are cases when the previous imaging is needed. It is difficult for the firms to get the original imaging and if they are received, sometimes they cannot see the images. It could help in some cases if the Department could get involved in requesting those imaging files.

When requesting new imaging firms are not getting reimbursed for requesting it, reviewing the file, and giving their opinion.

This might be good topic for next roundtable; if the Department is looking at reimbursement when new diagnostics are needed, what that looks like, as well as what might be needed before an IME is scheduled, etc.

Self-Insurance –LaNae Lien

There was nothing to report out on, and no questions.

Scheduling – Shannon Rushing
Shannon shared the IME referral data for fiscal year 2024-2025. There were about 13,481 referrals. There has been an increase in multi-specialty exams being scheduled with one specialty one month and the next specialty a month later. If there is a split exam where the second exam is scheduled a month or more out, firms should fax in the report for the first exam. This will keep the referral in the scheduling system so the firms can upload the report from the second exam.

CLAS Presentation:
Culturally Linguistically Appropriate Services – Troy, Cicely, James, Cristy
CLAS follows federal and state guidelines. Title VI of the Civil Rights Act of 1964 prohibits discrimination based on race, color, or national origin in federally funded programs. Organizations receiving federal funding must comply with Title VI by creating anti-discrimination policies and procedures. Accessibility is a key requirement. State and federal agencies can investigate complaints of discrimination and take action.

There are standards of care in the Medical Examiners' Handbook (MEH) and in WAC. The email address for complaints was shared. Some complaints that would be sent to the Civil Rights unit could be regarding gender identity, racial comments, immigration statis, and interpreter services. Comments made in person and in the report, not allowing sufficient time for interpreter services can also trigger Civil Rights complaints.

James shared some demographic stats. Washington State is the third most diverse state in the country. Around 21.5% of families speak another language other than English. Many workers that can speak English would still prefer materials translated into their preferred language.

CLAS ensures that services are respectful of and responsive to individual cultural beliefs and practices. There are 15 CLAS standards. This was originally developed for health care but can be used in any business. The 15 standards encompass many elements. The most important is culture language and diversity.

CLAS can improve customer moral as well as employee morale. Customers feel more welcome and employees feel more comfortable communicating with patients. It means providing services that are respectful, courteous, and takes into consideration the background and language of the individual you are interacting with. There is an assessment for clinics that can be looked through to assess CLAS standards in their business.

About 20% of exams need an interpreter. L&I knows that in-person interpretation is preferred and identifying need for an interpreter as soon as possible helps. Offering language access services to workers at no cost to them may help. Firms should submit interpreter requests in WordBridge with plenty of advance notice to increase to posiblity the appointment will be filled. Only requests for L&I and SI requested exams should be submitted. Exams requested by board or attorney do not use WordBridge as they cannot bill.

Firms try their best to request enough time to make sure paperwork and the exam can be done but they sometimes take a bit longer than expected. Interpreters often have back-to-back appts and do not have a buffer of time they can stay to finish. Cristy is working with SOSi on this. One suggestion was that maybe SOSi can help secure an interpreter for the other appointment so interpreter can stay and complete IME. Family and friends are not acceptable to provide interpretation services. Firms can save the link for a video interpretation request and can share that link. The worker can join the link from outside the portal.

Several attendees noted that some times in-person interpretation is the only type of interpretation that will work. For mental health, traumatic brain injury, and crime victim claims, a specific interpreter can be requested.

In Omak a firm and examiner tried to get video interpretation but it doesn't work due to service. So they only have audio interpretation and it could not be done.

Some best practices were shared. During the appointment speak directly to the worker. Try to speak in short sentences and allow enough time for the interpreter to interpret to the worker. Be aware of any silent pauses as it can indicate confusion. Try to avoid using jargon and acronyms.

Q&A – Open Discussion Round Robin – Group
Several examiners and firms expressed frustration with exams that were scheduled and then a few days before they are canceled. They are not a late cancel but are sometimes canceled several times and after they have already done a lot of work to prep and review the file. This has also happened with depositions.

Examiners wonder how conditions are accepted on a claim. They see some conditions that are just added to a chart sometimes and then automatically accepted. These can hinder impairment ratings. It is up to the CM on what is added to the claim. Instances like this can be sent to the complaint mailbox and can be forward onto claims. There might be some potential for additional training.

When worker uses medical memory for recording, do they do not have access to the recording right away. They would still have to request access to it. They do not have ability to download it either, they are only able to view it.

Some additional future topics suggested include recording during psychiatric exams, and IME Fees.

Issue Tracking:

Provider Concerns:	**Department Updates / Outcomes:**
Interpreter scheduling issues	9/18/25: Utilization data update. 5/22/25: utilization data presented; discussion on mitigation efforts to ensure weekend coverage for IME firms. 1/16/25: update on IME utilization and roll out of on-demand over the phone 1/2/25. 6/17/24 Go Live!
Legislative Bill that allowed recording of IMEs	09/18/25: Pilot Feedback and extension 5/22/25: recording pilot update. Co-recording rule writing abandoned/code reviser filing repealed. 1/7/25: GovDelivery message on delay in co-recording rule writing. Upcoming 3rd party recording pilot March-August 2025. 9/19/24: CR101 filed in August for Co-recording and Third-party recording pilot rules. Listening sessions held. Draft language shared Oct 10. Co-recording rules anticipated to file in December. Third-party recording pilot estimate to last 6 months.
• Large Addendum Requests	9/18/25: Clinical IME Roundtable session topic for 2026 to ensure objective questions are being asked of examiners and to refine

Provider Concerns:	Department Updates / Outcomes:
	scope of future requests. 5/22/25: firms shared concerns with large addendum requests associated with state fund claims and fraud investigations. Current reimbursement rate of $168.19 is a global fee (file review included). Department is exploring payment options to address the extra amount of time it takes for examiners to review new records. One option is quantifying # of pages included in the fee reimbursement and allowing billing of 1129M (Extensive File Review) for pages after set threshold. L&I met with CSP on fraud investigator requests and explored ways to improve processes. Additional engagement expected to scope questions being asked of examiners and to refine scope of future requests.

NEXT IME ROUNDTABLE MEETINGS

Thursday, January 15, 2026 – 9:30 am – noon – Location: TBD
Thursday, May 07, 2026 – 9:30am – noon – Location: TBD
Thursday, September 17, 2026 – 9:30 am – noon – Location: TBD