

# Instructions for Completing the IME Examiner's Summary Sheet

Please read all pages

This form is “**fillable**.” That means you can type the information onto the form from your computer and print the form. You will not be able to save the form onto your computer's hard drive.

When you open the form, click in the “Date” box (field), complete the information, and use the tab key to navigate to the next field. Do not use the Enter key; pressing the Enter key will only page down. Each field has been *limited*. This means that you cannot continue to type information into a field if it doesn't fit into the space provided.

To fill in a **check box**, click inside the box with your mouse.

To clear or delete all the information you have typed onto the form, click on the red “**Clear Entire Form**” button. To change the information in one field, use the backspace or delete key.

Adobe Acrobat - [Final IME Examiner's Summary Sheet.pdf]

File Edit Document Tools Plug-Ins View Window Help

158%

Bookmarks  
Thumbnails  
Comments  
Signatures  
Tags

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT  
DIVISION OF WORKERS' COMPENSATION  
INDEPENDENT MEDICAL EXAMINATION PROGRAM

IME EXAMINER'S SUMMARY SHEET

**Clear Entire Form**

**"Check Box"  
Click in Box**

1. Claimant Name \_\_\_\_\_ WC# \_\_\_\_\_ Date of Injury \_\_\_\_\_

2. IME Physician \_\_\_\_\_ Appt. Date \_\_\_\_\_

Report Due Date \_\_\_\_\_

3. MMI Information

Yes, the claimant reached MMI as of \_\_\_\_\_ (Date)

No, the Claimant is not at MMI

4. Previous Physician's Rating \_\_\_\_\_

**"Clear Entire Form" button  
Clears all information at once**

3 of 3 8.5 x 11 in

start

Inbox - Microsoft Out... Adobe Acrobat - [Fin... QuarkXPress (tm) - [I...

8:11 AM  
Thursday  
5/29/2003

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT  
DIVISION OF WORKERS' COMPENSATION  
INDEPENDENT MEDICAL EXAMINATION PROGRAM  
**DIVISION IME EXAMINER'S SUMMARY SHEET**

1. **Claimant Name** \_\_\_\_\_ **WC#** \_\_\_\_\_ **Date of Injury** \_\_\_\_\_

2. **DIME Physician** \_\_\_\_\_ **Appointment Date** \_\_\_\_\_

**Report Due Date** \_\_\_\_\_

3. **MMI Information**

**Yes**, the claimant reached MMI on \_\_\_\_\_  
Date

**No**, the claimant is not at MMI

4. **Previous Physician's Rating** \_\_\_\_\_

5. **DIME Physician's Rating (Use all appropriate spaces)**

Unapportioned Extremity Ratings:

Right upper extremity _____ %	Left upper extremity _____ %
Converted to whole person _____ WP	Converted to whole person _____ WP
Combined upper right & left extremity _____ % in WP	
Right lower extremity _____ %	Left lower extremity _____ %
Converted to whole person _____ WP	Converted to whole person _____ WP
Combined lower right & left extremity _____ % in WP	

Unapportioned Whole Person Ratings:

_____ % WP extremity	_____ % WP psychological
_____ % WP other physical (digestive, visual, etc.)	_____ % WP additional physical (spinal)
Final/combined _____ % in WP ( <b>UNAPPORTIONED</b> )	

6. **Apportionment Information-REVIEW THE INSTRUCTIONS ON THE BACK OF THIS FORM. REMEMBER TO DISCUSS YOUR APPORTIONMENT IN YOUR NARRATIVE REPORT.**

**No**, Apportionment is not applicable  
(skip to #7)

**Yes**, Apportionment is applicable  
CHECK whether the prior impairment is:  
 Work-related       Non-work-related

IME Physician's Final Rating After Apportionment:

Right upper extremity _____ % UE _____ % WP	Left upper extremity _____ % UE _____ % WP
Right lower extremity _____ % LE _____ % WP	Left lower extremity _____ % LE _____ % WP
_____ % WP extremity	_____ % WP psychological
_____ % WP other physical (digestive, visual, etc.)	_____ % WP additional physical (spinal)
Final/combined _____ % in WP ( <b>APPORTIONED</b> )	

7. **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**REMEMBER TO ADDRESS ALL ISSUES ON THE APPLICATION FOR DIVISION IME FORM.**

**This form, your narrative report, and applicable worksheets must be completed for every IME and the original sent to the Division with copies to both parties (or their attorneys) within 20 calendar days from the appointment date.**

Division of Workers' Compensation - IME Unit  
633 17<sup>th</sup> Street, Suite 400, Denver, CO 80202      Telephone # (303) 318-8655 Fax # (303) 318-8659

**As a DIME physician, you are being asked to provide a medical opinion on impairment, which may include apportionment. This summary sheet allows you to provide relevant medical information that may be used by the parties to pursue the claim.**

*When the current date of injury is prior to July 1, 2008*, the physician shall apportion any preexisting work-related or non-work-related medical impairment from a current work-related injury or occupational disease, where medical records or other objective evidence substantiate a preexisting impairment to the same body part. (See Rule 12-3(A)) If there is insufficient information to measure the change accurately, the physician shall not apportion.

\*\*\*\*\*

**When the current injury occurred on or after July 1, 2008:**

**If the prior injury is work-related:** Apportion when sufficient records are available that reflect the patient’s prior impairment to the same body part(s) or for the same condition.

- ❖ If the records reflect the prior impairment rating as a percentage, deduct the prior assigned percentage from the current rating. If a specific prior percentage is not available, assess the prior injury or condition for an impairment rating and deduct it from the current rating.
- ❖ If there is insufficient information to identify or determine the prior impairment, do not apportion.
- ❖ Due to the July 1, 2008 change in the law, the final impairment rating that is used by the parties to conclude the workers’ compensation case may be different from your findings. This does not imply that your findings were incorrect.

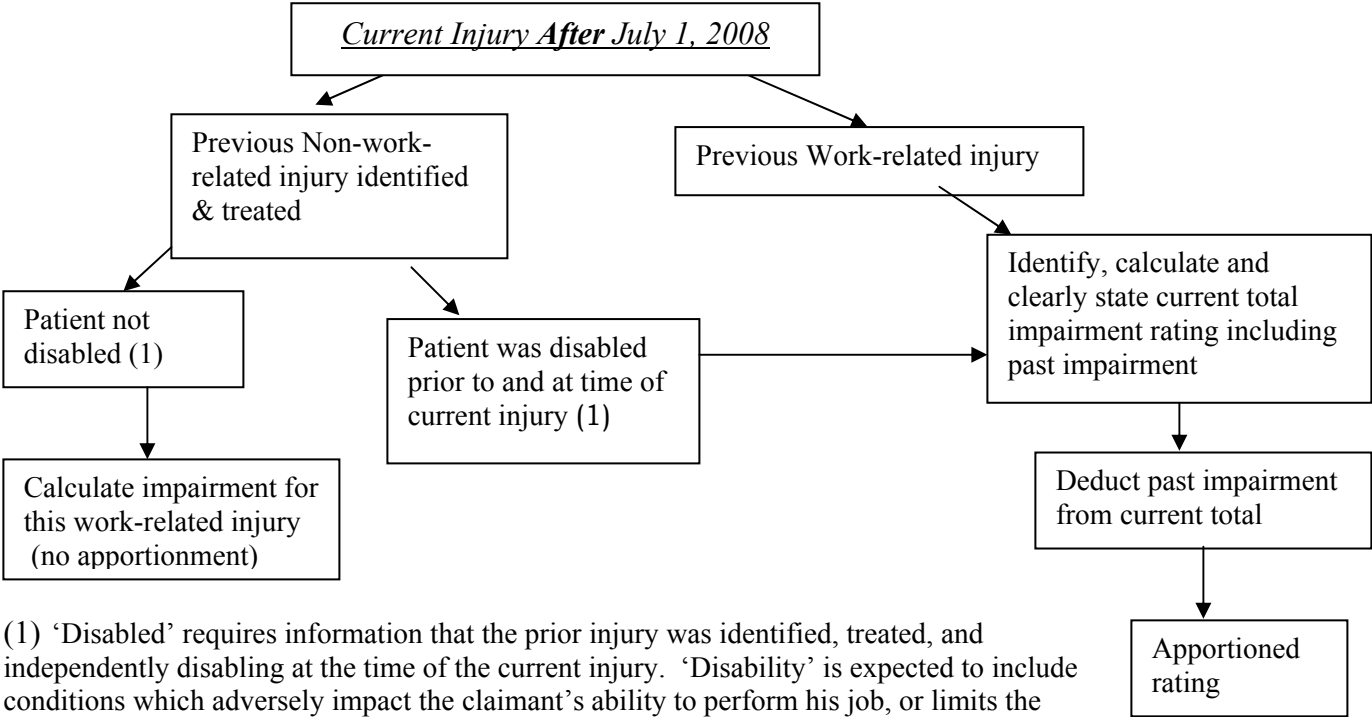
**If the prior injury is non work-related, all three** of the following must apply in order to apportion:

- (1) Sufficient medical information is available which establishes that a prior injury to the same body part has been *identified and treated*;
- (2) The prior injury meets the criteria for a permanent impairment;
- (3) That prior impairment was *independently disabling* at the time of the current injury.

*FURTHER*, if there is insufficient information to identify or determine the prior impairment, do not apportion.

*See Rule 12-3(B) for details.*

**\*\*REMEMBER TO DISCUSS THE BASIS OF YOUR APPORTIONMENT IN YOUR NARRATIVE REPORT. \*\***



(1) ‘Disabled’ requires information that the prior injury was identified, treated, and independently disabling at the time of the current injury. ‘Disability’ is expected to include conditions which adversely impact the claimant’s ability to perform his job, or limits the claimant’s access to other jobs. Permanent work restrictions would generally fall in this category.