

Important Information About Independent Medical Exams

For workers



Independent medical exam (IME)

An IME is an exam scheduled by the insurer processing your claim. The insurer will choose the health care provider and pay for the exam. The insurer may require you to attend up to three IMEs. Some exams may be scheduled with more than one health care provider at more than one location, but only count as one of the three IMEs. This is called a panel exam. If your claim is closed and later reopened, the insurer may require you to attend up to three more IMEs.

Examination observers

You may have an unpaid observer attend the exam with you; health care provider approval is required for psychological exams. An observer may not participate in or interfere with the exam. To have an observer, you must complete and sign the "IME Observer Form" that is attached to this brochure. By signing this form, you are stating that you understand you may be asked sensitive questions during the exam in front of your observer. The health care provider does not have to allow the observer to be present if this form is not completed and given to the health care provider.

Expenses

The insurer will pay some expenses for you to attend the exam, such as car mileage, child care, lodging, and some meals. The insurer must send you a form with this brochure for you to request repayment of your expenses. You must complete the form and send it to the insurer. If you need payment in advance, you must ask for payment from the insurer as soon as possible. The insurer will make every effort to get the advance payment to you before the exam.

Invasive medical procedures

If the IME health care provider intends to perform an invasive procedure, the health care provider must explain the risks. An invasive procedure is one in which the body

is entered by a needle, tube, scope, or scalpel. You have the right to refuse an invasive procedure. Refusal will not affect your right to workers' compensation benefits. The health care provider must give you the form 440-3227, "**Invasive Medical Procedure Authorization**." Complete the form, marking "Yes" or "No," and give it back to the health care provider. The health care provider will give you a copy and send the original to the insurer.

Attendance

You must attend the IME. If you cannot attend, contact the insurer immediately. If you do not attend and do not provide a good reason, the Workers' Compensation Division (WCD) may allow the insurer to stop paying your benefits, which may include medical, time loss, and permanent disability. Also, unless you are receiving time-loss benefits, WCD may fine you \$100 if you do not attend the exam. The insurer would take the \$100 from your future benefits.

Location

If you object to the location of an IME, you may contact the insurer processing your claim to informally reach an agreement about the location. However, if you want WCD to formally review the location, you **must** ask WCD to do this within six business days from the postmarked date the appointment notice was mailed to you. Explain the reasons that you object. WCD will review your reasons and either help you and the insurer reach an agreement about the location or issue an order stating whether the location is reasonable. You may contact WCD by phone, fax, mail, or in person:

Phone:

Toll-free: 800-452-0288
503-947-7585

Fax:

503-947-7725

Mail:

Workers' Compensation Division
Attn.: Sanctions Expedited Review
P.O. Box 14480
Salem, OR 97309-0405

In person:

Labor and Industries Building, second floor
350 Winter St. NE
Salem, OR 97301

Items to bring to the IME

- Medical records you have been asked to bring, such as X-ray films.
- A list of all the medications you are taking.
- A list of all the health care providers you have seen about your workers' compensation claim.
- Picture identification.

At the IME

The health care provider(s) will examine you, but will not provide you with treatment. You have the right to tell the health care provider to stop the exam if it is causing you too much pain. In the report to the insurer, the health care provider will answer questions asked by the insurance company. If you want an unpaid observer in the exam with you, you must complete the "IME Observer Form" at the end of this page and give it to the health care provider. The health care provider must allow you to have an unpaid observer in the exam with you if you want one, unless it is for a psychological exam. You may use a video camera or tape recorder to record the exam only if the health care provider approves.

After the IME is finished

- The IME health care provider will send a copy of the report to the insurer.
- The insurer will send a copy of the report to your health care provider.

- You can request in writing a copy of the IME report from your insurer.
- If you have questions about the report, talk with your health care provider.
- To complete the WCD Worker Independent Medical Exam Survey or if you have a complaint about the IME, go to www.wcdimesurvey.info.

Phone:

Toll-free: 800-452-0288

Salem office: 503-947-7606

In person:

Labor and Industries Building, second floor,
350 Winter St. NE
Salem, OR 97301

Contact information

If you have questions, contact the Workers' Compensation Division at 800-452-0288 (toll-free) or email workcomp.questions@state.or.us.

The Ombudsman for Injured Workers is the state office that serves as an independent advocate for injured workers by helping them understand their rights and responsibilities, investigating complaints, and acting to resolve those complaints. You can contact the Ombudsman's Office at 800-927-1271 (toll-free) or visit its website, egov.oregon.gov/DCBS/OIW, or email oiw.questions@state.or.us.

Instructions for IME Observer Form

- If you want to have an observer present, fill out the form below, sign it, make a copy for your records, and give it to the health care provider at the time of the exam.
- If you attend a panel exam, you need to make a copy of this form for each health care provider on the panel.

IME Observer Form

Workers' compensation claim number: _____

I, _____ want to have an observer with me in the independent
Print worker's name
medical exam scheduled for _____ .
Date

By signing below, I understand that:

1. I may be asked sensitive questions during the exam in front of my observer;
2. If my observer interferes with the exam, the health care provider may stop the exam, which could affect my benefits; and
3. My observer cannot be paid to attend the exam with me.

Worker's signature

Date