Training Guide to Performing Independent Medical Exams

Workers’ Compensation Division

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Performing independent medical exams

The Workers’ Compensation Division (WCD) developed this training guide for health care providers who want to provide independent medical exams.

Oregon’s workers’ compensation system is designed to:

◆ Prevent or reduce worker injuries and illnesses

◆ Provide appropriate medical treatment and benefits to help workers recover and return to work as soon as possible

◆ Resolve disputes quickly and fairly

◆ Be the exclusive liability for employers and the exclusive remedy for workers with injuries, diseases, symptom complexes, and similar conditions arising out of and in the course of employment, whether or not they are determined to be compensable under workers’ compensation law (ORS 656.018)

What is an independent medical exam (IME)?

An independent medical exam is an objective and impartial exam requested by a workers’ compensation insurer, self-insured employer, or WCD. The insurer or self-insured employer must choose from the director’s list of authorized IME providers and pay for the exam (ORS 656.325). The IME provider bills the workers’ compensation insurer or self-insured employer using Oregon-specific code D0003. A health care provider other than the worker’s attending physician conducts the IME in an office or through an IME company. An IME performed by more than one health care provider, in one or more locations within a 72-hour period, is called a panel exam.

IMEs may be performed in order to determine the compensability or causation of the injury itself; whether the treatment the worker is receiving is appropriate; or whether the worker has a measurable impairment. Specific measurements according to accepted protocols may be used to provide the basis for impairment ratings.

In an IME, there is usually only one opportunity for examination. A physical exam by an attending physician is performed primarily to determine diagnosis and document the clinical course of treatment over time. A physical exam by an IME provider is performed to objectively document the worker’s status. The IME needs to provide a complete, comprehensive, and objective description of the worker’s condition at that time, in the context of prior health, physical and vocational capabilities, and social functioning. In contrast, the attending physician’s evaluations are based on multiple, shorter encounters over the course of time.

Unlike the medical consultation that ends only with treatment recommendations, the IME is broader in scope. Often, the IME answers specific questions posed by the referring source. Referring sources include insurers and WCD. A consultation arranged by a managed care organization (MCO) for an enrolled worker or a second surgical opinion is not an IME.
An IME provider should never discuss findings or recommendations with the worker, the worker’s family members, attending physicians, or the worker’s attorney. However, if a health-threatening condition is discovered during the exam, the IME provider should bring this to the worker’s attention and tell the worker to seek appropriate medical care.

**What if the worker does not attend the IME?**

The insurer usually verifies with the IME provider if the worker failed to attend the IME. However, you may notify the insurer. If the worker fails to attend an IME without notifying the insurer before the date of the exam or without sufficient reason for not attending, the insurer may request suspension of the worker’s benefits and a $100 penalty against any future benefits.

Insurers must pay for “no show” appointments for independent medical exams and worker-requested medical exams. If the patient does not give 48 hours’ notice, the insurer must pay the provider 50 percent of the exam or testing fee and 100 percent for any review of the file that was completed prior to the cancellation or missed appointment [OAR 436-009-0010(13)].

**Who can perform an IME?**

Health care providers can perform IMEs once they complete a director-approved training to conduct IMEs for workers’ compensation claims and are placed on the director’s list of authorized IME providers.

A physical therapist (PT) or occupational therapist (OT) may be asked to perform physical capacity evaluations (PCE) or work capacity evaluations (WCE), along with an IME. In this case, the insurer must use the director’s list to select the PT or OT. If the attending physician asks the insurer to arrange the PCE or WCE, or if an attending physician initiates the PCE or WCE, the insurer does not need to use the director’s list when choosing the PT or OT.

**How do I become an IME provider?**

To become an authorized IME provider, you must do all of the following:

- Hold a current license and be in good standing with the professional regulatory board that issued the license.
- Attend a director-approved training on IMEs or review IME training materials approved by the director (such as this training guide and quiz).
- Complete the online application form Independent Medical Exam Medical Service Provider Authorization at [www.oregonwcdoc.info](http://www.oregonwcdoc.info). On the application, you must provide your license number, which will be used to verify you are in good standing with the relevant licensing board.
  
  Also, if you attend a director-approved training, you must provide to the director the date of the approved IME training and name of the training vendor.
- Agree to abide by either the standards of professional conduct for performing IMEs adopted by your health professional regulatory board or the IME Standards published in OAR 436-010 Appendix C and in this guide.
- Agree to abide by the Oregon workers’ compensation laws and rules.
IME standards

Below are the IME standards found in OAR 436-010-0265, Appendix C. Review these standards before conducting any IME.

1. Communicate honestly with the parties involved in the exam.

2. Conduct the exam with dignity and respect for the parties involved.

3. Identify yourself to the worker as an independent examining physician.

4. Verify the worker’s identity.

5. Discuss the following with the worker before beginning the exam:
   a. Remind the worker of the party who requested the exam.
   b. Explain to the worker that a physician patient relationship will not be sought or established.
   c. Tell the worker the information provided during the exam will be documented in a report.
   d. Review the procedures that will be used during the exam.
   e. Advise the worker a procedure may be terminated if the worker feels the activity is beyond the worker’s physical capacities or when pain occurs.
   f. Answer the worker’s questions about the exam process.

6. During the exam:
   a. Ensure the worker has privacy to disrobe.
   b. Avoid personal opinions or disparaging comments about the parties involved in the exam.
   c. Examine the conditions being evaluated sufficiently to answer the requesting party’s questions.
   d. Let the worker know when the exam has concluded, and ask if the worker has questions or wants to provide more information.

7. Provide the requesting party a timely report that contains findings of fact and conclusions based on medical probabilities for which you are qualified to express an opinion.

8. Maintain the confidentiality of the parties involved in the exam subject to applicable laws.

9. At no time provide a favorable opinion based solely or in part upon an accepted fee for service.
What is your role as an IME provider?

Your role as an IME provider is to:

- Examine the worker, but not to provide treatment
- Remain unbiased and a neutral third party
- Write a report based on the findings from the exam and medical records
- Send a copy of the report to the workers’ compensation insurer

IME provider expectations

WCD expects an authorized IME provider to be professional. As a professional, the IME provider is expected to strive for excellence and seek to learn from experiences through self-evaluation and feedback. The division expects the IME provider to have the skills and abilities to alleviate the worker's fears and anxieties, to give appropriate empathy, and put the worker at ease. Having respect for others is crucial to professionalism.

The IME provider must not discriminate against any worker and must remain impartial and unbiased. The IME provider should be sensitive to the workers’ cultural differences. The IME provider must possess active listening skills in order to communicate effectively and honorably.

The IME provider must not intimidate a worker or become confrontational during the IME. The following are examples of intimidating and confrontational behavior that are not acceptable and are considered disrespectful:

- Making statements or alluding that your report will be unfavorable to the worker if they are not compliant.
  - You'll be sorry if you don't comply.

- Stating your personal opinions regarding the worker’s pain tolerance.
  - Just push past the pain.
  - That shouldn't hurt that bad, why are you crying?

- Making threatening or bullying remarks.
  - If you don't answer my questions I will write in the IME report that you were not cooperating.
  - You've had a lot of workers' comp claims, this looks suspicious.

- Becoming defensive due to the worker's behavior.
  - Why are you so hostile, do you have a problem with me?

- Making condescending remarks.
  - Your explanations of events don’t make any sense.

- Contradict the workers’ statements
  - There is no way your injury could have happened that way.
Self-evaluation

There are times when your interaction with a worker during an IME does not go well. These types of interactions can catch you off guard and, before you know it, the IME has turned negative and communication becomes difficult. If this occurs, we encourage you self-report the interaction to WCD. Please provide the worker’s name and date of the IME. Tell us what happened, how you handled it, and what you would do differently next time. Your self-report will be kept on file, but a self-report alone will not affect your IME status. Self-reporting shows us that you are willing to evaluate your actions, be accountable, and improve your performance in the future. If the worker files a complaint, WCD is obligated to investigate. You may self-report by emailing wcd.policyquestions@oregon.gov.

How can I prepare for the IME?

To help you prepare and provide the basis for your evaluation, highlight issues, and target your exam, you should:

- Review the IME standards.
- Review the questions provided from the insurer.
- Review the medical records provided to you, including any tests and studies. If you do not receive all of the medical records or diagnostic studies, contact the insurer.

**Tip:** Be aware that a worker expects the IME to begin at the scheduled time. Be sure to review the worker’s IME paperwork before the scheduled exam time.

You must make Form 3923, “Important Information about Independent Medical Exams,” available to the worker before the IME.
Provider awareness

When workers attend an IME, there are many stressors that can make this experience unpleasant and difficult for them. Many, if not all, of these stressors have not been caused by you. However, they can affect whether you are able to obtain an accurate history, document accurate pain responses during the physical exam, and how workers interpret your actions and demeanor.

Workers may feel defensive and interpret your questioning as cross-examining them or trying to discredit them. This could be based on how they have been treated during their claim process. Workers may feel that you are trying to discredit their attending physician or specialist physician’s opinion. Often, workers do not understand why their adjuster does not believe their attending physician. Workers may feel fearful that your opinion may cause them to not receive the medical care their attending physician feels they need in order to heal and return to work. Workers do not understand how your opinion will be used by the workers’ compensation insurer and if your opinion will cause them to lose their benefits. Workers may still be recovering from injuries or surgeries, and may be in pain. Workers may have been warned by family, friends, or others that the IME provider works for the insurance company. Workers may have had a bad experience at an earlier IME and are on guard and tense.

Be aware that workers have little control over many things when it comes to an IME. The workers’ compensation insurer has scheduled the IME and chosen the doctor, the location, and the time of the IME. Workers do not have a choice to attend the IME. If they do not attend, they can be penalized or their benefits may be affected. It is likely that workers may need to travel outside their community to attend the IME, sometimes at a great distance. Given the worker’s medical condition, the worker may be in pain or have discomfort from traveling to the IME.

While you did not cause these stressors, you should be aware of and willing to mitigate them in order to conduct a successful IME. By recognizing outside factors affecting workers, you can help put them at ease, alleviate their anxieties and fears, and make the IME a pleasant experience, as well as avoiding complaints. Remember that you will not establish a doctor/patient relationship that would build over time. Therefore, you will need different communication skills and abilities when performing IMEs.

Consider these simple techniques:

◆ Explain that you are an independent provider and do not work for the insurer. You may need to explain this more than once during the exam.

◆ Explain what you are going to do before you do it.

◆ Explain why you are asking so many questions about things already covered in their chart notes.

◆ Be reassuring. Explain that it is OK if workers are not able to perform a certain physical task or remember every detail. Reassure them to do their best.

◆ Acknowledge fears and anxieties without being confrontational.

◆ Show appropriate empathy. This can help put workers at ease.

◆ Consider the worker’s comfort. For example, a panel exam can take several hours; consider offering a short break or a drink of water.

◆ Explain the differences between an IME and a visit to the worker’s treating physician.
**Insurer and IME provider**

All of your findings should be contained in your IME report and should not be discussed with the worker during the IME. You can discuss your report with the insurer.

A problem for insurers occurs when IME providers do not answer the questions asked by the insurer. These providers either opine in areas they were not requested to address or do not answer questions. You should have a clear understanding of the questions the insurer wants answered. Make sure you answer only the questions asked in your report.

**Tip:** It's best to review the insurer's questions before the IME. If the questions from the insurer are not clear, clarify with the insurer.

**Beginning the exam**

◆ Introduce yourself as an independent examining physician.

◆ Verify the worker's identity.

◆ Remind workers that the insurer requested the exam.

◆ Explain that a doctor/patient relationship will not be established.

◆ Explain the information provided during the exam will be documented in a report and that workers are entitled to a copy of their IME report. Workers can contact their claims examiner to request a copy of the IME report.

◆ Review the procedures that will be used during the exam.

◆ Advise that a procedure may be terminated if workers feel the activity is beyond their physical capacities or when pain occurs.

◆ Ask workers if they have questions about the exam process.

**During the exam**

◆ Provide privacy to disrobe.

◆ Avoid personal opinions or disparaging comments.

◆ Workers may expect or ask that you provide them with a diagnosis or want your opinion. It is not appropriate for you to share this information with them during the IME. This information will be in your IME report.

◆ Examine workers sufficiently in order to answer the insurer's questions about the conditions being evaluated.

◆ Let workers know when the exam has concluded, and ask if they have questions or want to provide more information.

◆ Remind workers they can go to www.wcdimesurvey.info and take a survey about the IME.
Observers in IMEs

The worker may have an observer present during the exam if he or she wants one, unless it is a psychological exam in which case you must approve. The worker must give you a signed IME Observer Form, which is located in Form 3923, “Important Information about Independent Medical Exams for Injured Workers.” By signing the Observer Form, the worker is stating that he or she understands you may ask sensitive questions during the exam in front of the observer.

You do not have to allow the observer to be present if the signed Observer Form is not completed and given to you. You may stop the exam if the observer interferes with the IME. If the worker does not have the Observer Form and wants to have an observer present during the exam, give Form 3923, “Important Information about Independent Medical Exams,” to the worker before the exam.

The observer may not:

◆ Participate in or obstruct the exam.
◆ Be the worker’s attorney or any representative of the worker’s attorney.
◆ Receive compensation for attending the exam.

Recording the exam

A worker may use a video camera or other recording device to record the exam only if you approve.

Invasive procedures

An invasive procedure is one that breaks the skin or penetrates, pierces, or enters the body using a surgical or exploratory procedure (e.g., by a needle, tube, scope, or scalpel). The worker has the right to refuse an invasive procedure. Refusal will not affect the worker’s right to workers’ compensation benefits.

If you want to perform an invasive procedure during the IME, you must:

◆ Explain the risks involved in the procedure.
◆ Explain to the worker his or her right to refuse the procedure.
◆ Give the worker Form 3227, “Invasive Medical Procedure Authorization.”
◆ Give the worker a copy of the completed form and send the original to the insurer.

The worker must:

◆ Check the applicable box on Form 3227, “Invasive Medical Procedure Authorization,” either agreeing to or declining the procedure.
◆ Sign the form.
Interpreters

A worker may choose a person to communicate with you when you and the worker speak different languages, including sign language. You may disapprove of the worker's choice at any time you feel the interpreter services are not improving communication with the worker or the interpretation is not complete or accurate. A medical provider, medical provider's employee, or a family member or friend of the worker will not be paid by the insurer for providing interpreter services.

Worker objects to IME location

When the worker objects to the location of an IME, the worker may request review by the director within six business days of the mailing date of the appointment notice [OAR 436-010-0265(9)].
IME reports differ from other medical consultations and reports in several important ways:

**Content**

An independent health care provider performs the IME at the request of the insurer. The IME answers specific questions. Because of variability of the requirements in individual IME cases, it is impossible to define exactly what should be in every report. Often, providers perform a detailed physical exam but fail to thoroughly document the exam. Providers should check their IME report to make sure that all of the tests performed and all findings are clearly and accurately documented in the report.

**Proofreading**

Providers often do not carefully proofread their IME report before it is finalized. Each mistake may reduce the validity of the report and call into question the correctness and the weight of your opinions. Try to catch and correct all misspelled words, transcription errors, and grammatical mistakes before your IME report is finalized and sent to the insurer.

**Quality assurance statement**

Sign a statement at the end of the report verifying who performed the exam and dictated the report, the accuracy of the content of the report, and acknowledging that any false statements may result in sanctions by the director.

**Time frames for completion**

Send the insurer a timely report that contains findings of fact and conclusions based on medical probabilities for which you are qualified to express an opinion.

**Clear responses**

Providers often will refer generally to the medical records they reviewed. This opens up endless questions about what records they did and did not review. Providers should clearly list and accurately describe all of the medical records and other documents they reviewed before preparing their IME report.

**History**

The history in an IME is often more comprehensive than history obtained in other medical exams by an attending physician. An IME history should include both a subjective history of the present illness, a comprehensive review of prior medical records, and occupational and socioeconomic history. It is important that you provide an accurate and detailed history. Discuss the history, social, and vocational information with the worker, and do not rely solely on the completed intake forms. Providers should include a thorough, well-written, and accurate history as a part of their IME report.
Return to work

It is important to respond to return-to-work questions and questions about physical limitations. If there are job duties the worker can and cannot perform, either for a particular amount of time or permanently, you need to put that in your report. You should let the insurer know that vocational rehabilitation is necessary if the worker no longer has the physical capability to do his or her job.

Send a copy of the report to the insurer. If, after the report is issued, you are asked to provide more information, you should issue a supplemental report. After the report is issued, if an error is found, you may correct your report.

A conventional medical report may use complex medical terminology. However, the reader of an IME may not have extensive medical background. Therefore, the IME provider should write the report so that it is understandable to the lay reader.

If the worker has a comorbid or unrelated condition, consider and describe both compensable and non-compensable conditions for overall impairment and identify impairment due only to the compensable condition.
IME complaint process

After a worker has attended an IME, the worker may file a complaint or provide feedback about the IME experience online at www.wcdimesurvey.info. If the worker has already taken the survey and wants to file a complaint, he or she may email wcd.policyquestions@oregon.gov or call 503-947-7537. The director will determine the appropriate action to take in a given case. During the investigation, the director may contact you regarding the allegation.

The following are examples of worker complaints about unprofessional behavior by some IME providers that WCD has received:

◆ Asking the same questions multiple times after the worker has already answered.
  **Tip:** Explain to the worker why you are asking again. Rephrase the question if the worker does not answer or if you need more information.

◆ Trying to convince or persuade the worker of the provider’s opinions or conclusions.
  **Tip:** Allow the worker to answer questions in his or her own words without rephrasing and providing your opinion of the answer. You can document your opinion in the report.

◆ Minimizing the worker’s pain complaints to achieve a better passive range of motion measurement.
  **Tip:** Remind the worker to tell you when pain occurs or when he or she feels the movement is beyond the worker’s physical capacity. Acknowledge the worker’s pain response and show appropriate empathy.

◆ Not giving the appropriate empathy for and not recognizing the worker’s fears and anxiety.
  **Tip:** You can put the worker at ease in several ways. Explain what is going to happen before you begin the exam, and as you go along, explain that this IME provides more information about the worker’s medical condition, and remind the worker that you do not work for the insurer.

◆ Interrupting the worker, not actively listening, and responding inappropriately to the worker’s concerns and questions.
  **Tip:** Sometimes a worker needs to vent or provide extra information that may not seem related to the question you asked. You can acknowledge the worker’s concerns, then refocus the worker back to the question you need answered. If you have to redirect the worker, find an appropriate time to gently interrupt the worker.

WCD investigates worker complaints of this nature and will determine the appropriate action, which may include education or ultimately result in removal of the IME provider from the director’s IME list. WCD tracks complaints for pattern development. If WCD sees a pattern of behavior, we will take appropriate action.
Criteria for removal of IME providers from the director’s list

The director may remove an IME provider from the director’s IME list after finding the provider:

◆ Violated the standards of either the professional conduct for performing IMEs adopted by the provider’s regulatory board or the independent medical exam standards published in OAR 436-010, Appendix C.

◆ Failed to comply with the requirements of OAR 436-010-0265, as determined by the director.

◆ Has a current restriction on his or her license or is under a current disciplinary action from his or her professional regulatory board.

◆ Entered into a voluntary agreement with his or her regulatory board that the director determines is detrimental to performing IMEs.

◆ Violated workers’ compensation laws or rules.

◆ Failed to complete an approved training required by the director.

Within 60 days of the director’s decision to exclude a provider from the director’s list, the provider may appeal the decision under ORS 656.704(2) and OAR 436-001-0019.
Terms used in workers’ compensation

accepted condition
A medical condition for which an insurer accepts responsibility for the payment of benefits on a claim filed by an injured worker. The insurer provides written notice of accepted conditions (ORS 656.262). The insurer generally will accept specific conditions based on the diagnosis by the physician or nurse practitioner. It is important that the health care provider report a diagnosis rather than a symptom.

aggravation claim
A claim for further benefits because of a worsening of the claimant’s accepted medical condition after the claim has been closed. Aggravation rights expire five years after first closure on disabling claims or five years from date of injury on nondisabling claims (ORS 656.273).

ancillary care
Care such as physical or occupational therapy provided by a health care provider other than the attending physician, specialist physician, or authorized nurse practitioner.

apportionment
A description of the current total overall findings of impairment and those findings that are due to the compensable condition when there is impairment due to the accepted condition and other unaccepted conditions. Describe specific findings that are partially attributable to the accepted condition and any applicable superimposed or unrelated conditions.

Example: Seventy-five percent of the decreased range of motion is due to the accepted condition and any direct medical sequela, and the remaining percentage is due to pre-existing degenerative joint disease.

attending physician (AP)
A health care provider primarily responsible for the treatment of an injured worker (ORS 656.005).

claim
A written request by the worker, or on the worker’s behalf, for compensation.

claim disposition agreement (CDA and C&R)
An agreement between the parties to a workers’ compensation claim. The worker agrees to sell back his or her rights (e.g., rights to compensation, attorney fees, expenses) except medical and preferred-worker benefits on an accepted claim. Also known as a “C&R” or a “compromise and release” (ORS 656.236).

closing exam
A medical exam to measure impairment, which occurs when the worker is medically stationary.

combined condition
Occurs when a pre-existing condition combines with a compensable condition and may cause disability or prolong treatment. However, a combined condition is only compensable if the compensable injury is the major contributing cause of the disability or the need for prolonged treatment.

Example: A worker has arthritis of the knee and then sustains a job-related injury to the same knee. The acute condition is diagnosed as a sprain. Both conditions contribute to the worker’s disability. The combined condition is compensable only if the compensable injury (the sprain) contributes more than 50 percent to the worker’s disability or need for treatment.
permanent disability, or death. The worker will not receive time-loss benefits for the first three days unless he or she is off work and not released to return to any work for the first 14 consecutive days or is admitted to a hospital as an injured worker during the first 14 consecutive days. The claim is also classified as disabling if there is a reasonable expectation that permanent disability will result from the injury.

Form 801 — Report of Job Injury or Illness
Official state form used by workers and employers to report occupational injury or disease.

Form 827 — Worker’s and Physician’s Report for Workers’ Compensation Claims
Form used by workers and physicians to report to insurers. Includes first report of injury, report of aggravation, notice of change of attending physician, progress report, closing report, and palliative care request.

health care provider
A person duly licensed to practice one or more of the healing arts.

impairment findings
A description of all impairment findings that are permanent and due to the accepted condition and any direct medical sequela. A medical opinion addressing the validity of the impairment findings, with a full explanation based on sound medical principles, stating why the findings are valid or invalid.

industry notice
A singular and urgent official agency communication informing groups that have an interest in the workers’ compensation system of new information, processes, requirements, and changes affecting the workers’ compensation system.

initial claim
The first open period on the claim immediately following the original filing of the occupational
injury or disease claim until the worker is first declared medically stationary by an attending physician or authorized nurse practitioner.

**major contributing cause (MCC)**
A cause deemed to have contributed more than 50 percent to an injured worker's disability or need for treatment.

**managed care organization (MCO)**
An organization that may contract with an insurer to provide medical services to injured workers (OAR 436-015, ORS 656.260).

**material cause**
Substantial cause, up to 50 percent, compared to all other causes combined.

**medical arbiter exams**
A health care provider selected by the director to perform an impartial exam regarding a disagreement over impairment findings at claim closure. This exam helps the division's appellate reviewer to resolve the disagreement. The reviewer asks specific questions related to the worker's impairment and may ask about the portion of the worker's impairment that is due to the accepted conditions. Claim closure disputes do not review for compensability (ORS 656.268).

**medical sequela**
Also known as direct medical sequela, it is a condition that is clearly established medically and originates or stems from an accepted condition (ORS 656.268).

**Example:** The accepted condition is low back strain with herniated disc at L4-5. The worker develops permanent weakness in the leg and foot due to the accepted condition. The weakness is considered a direct medical sequela.

**medical service**
Medical, surgical, diagnostic, chiropractic, dental, hospital, nursing, ambulance, drug, prosthetic, or other physical restorative services (ORS 656.245).

**medically stationary**
The point at which no further significant improvement can reasonably be expected from medical treatment or the passage of time (ORS 656.005).

**new medical condition claim**
A worker's written request that the insurer accept a new medical condition related to the original occupational injury or disease. Medical services for new conditions are not compensable unless conditions are accepted.

**Example:** An initial diagnosis of low-back sprain or strain results in the acceptance of that condition. After further diagnostic studies, a herniated disk is diagnosed and the injured worker makes a new condition claim in writing for that herniated disk.

**nondisabling claim**
An injury is classified as nondisabling if it does not cause the worker to lose more work time than the three-day waiting period or it requires medical services only, and the worker has no permanent impairment (ORS 656.005).

**objective findings**
Indications of an injury or disease that is measurable, observable, and reproducible; used to establish compensability and determine permanent impairment (ORS 656.005).

**Examples:** Range of motion, atrophy, muscle strength, palpable muscle spasm, etc.

**occupational disease**
A disease or infection arising out of and occurring in the course and scope of employment. It is caused by substances or activities to which an employee is not ordinarily subjected or exposed to other than during
omitted medical condition
A worker’s written request that the insurer accept a medical condition the worker believes was incorrectly omitted from the Notice of Acceptance. Medical services for omitted conditions are not compensable unless conditions are accepted.

precipitating cause
Immediate temporal relationship between work activities and onset of symptoms; not always the major cause.

pre-existing condition
A condition that existed before the compensable injury or disease.

prosthetic appliance
The artificial substitution for a missing body part, such as a limb or eye, or any device that augments or aids the performance of a natural function, such as a hearing aid or glasses (ORS 656.005, 656.245).

regular work
The job the worker held at the time of injury or a substantially similar job.

release of medical records
Filing a workers’ compensation claim authorizes health care providers to release relevant medical records to the insurer, self-insured employers, or the Department of Consumer and Business Services. The privacy rule of HIPAA allows health care providers to disclose protected health information to regulatory agencies, insurers, and employers as authorized and necessary to comply with the laws relating to workers’ compensation. However, this authorization does not authorize the release of information regarding all of the following:

- Federally funded alcohol and drug abuse treatment programs.
A physical-capacity evaluation that focuses on the ability to perform work-related tasks.

The part of the Oregon Department of Consumer and Business Services responsible for conducting hearings and reviewing legal decisions and agreements affecting injured workers' benefits.

The division of the Oregon Department of Consumer and Business Services that administers, regulates, and enforces Oregon's workers' compensation laws.

Actual worsening of underlying compensable condition. Increased symptoms may signify worsening. A worsening must be established by persuasive medical opinion and is supported by objective findings.

An objective and impartial exam available to a worker whose claim has been denied based on an independent medical exam in which the worker's physician did not concur with the findings and the worker requests a hearing on the denial (ORS 656.325). If the WRME is approved, the director chooses the provider from the authorized list of IME providers. The worker or the worker's attorney schedules the exam. The insurer is required to send the medical records. The WRME provider answers the questions asked during the original IME, as well as any other questions from the worker or the worker's attorney.
Phone numbers
 IME program coordinator ................................................................. 503-947-7537
 Medical service and fee info ............................................................... 503-947-7606
 MCO information .................................................................................. 503-947-7697
 Workers’ compensation information line ....................................... 800-452-0288 (toll-free)
 Injured worker help line (Ombudsman) ............................................. 800-927-1271 (toll-free)

WCD email
 wcd.policyquestions@oregon.gov

WCD website
 www.oregonWCdoc.info
 www.wcd.oregon.gov

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