

Attending Physician Survey of IMEs

Highlights

General information

- Twenty-one percent of attending physicians had seen 1 to 10 injured worker patients in the last month, 23 percent had seen 11 to 25, another 23 percent had seen 26 to 50, 15 percent had seen 51 – 100, and 18 percent had seen more than 100.
- Fifty-three percent had reviewed 1 to 10 IME reports in the past year, 28 percent reviewed 11 to 25, 11 percent reviewed 26 to 50, and 9 percent reviewed more than 50 IME reports.
- Forty-two percent had not referred an injured worker patient for an IME in the past year, another 42 percent had referred 1 to 5 patients, and 10 percent had referred 6 to 10.
- The IME reports may involve multiple issues, but on average involved
 - Claim closure (39%)
 - Medically stationary determination (38%)
 - Treatment issues (30%)
 - Impairment finding (23%)
 - Compensability (20%)

IME reports

- Thirty-two percent of attending physicians have felt pressured to concur with an IME report.
- Twenty-three percent always review the report with the injured worker before deciding to concur or not, 14 percent do so often, 31 percent do so sometimes, and 32 percent never do.
- When asked what they do if they do not concur with a report in its entirety, over 95 percent responded that they stated what specific areas they disagreed with in a rebuttal letter.

Worker IME complaints

- Seventy-seven percent of attending physicians received complaints from their injured worker patients regarding their IME experience.
- The most common complaints were that the IME physician was uncaring, adversarial, rude, and not thorough (too quick)(55%), that the IME physician was biased towards the insurer and had already made up it mind (16%), and that the worker did not agree with the outcome (8%).
- When asked what they did with the complaints, some of the most common responses were that they could do nothing (23%), that they listened objectively (21%), and that they documented the complaint in the medical file/IME report (15%).

Comments

- When asked for recommendations to improve the IME process, the top suggestions offered by attending physicians were,
 - Make IMEs more independent and unbiased (for example; require greater objectivity and stronger standards); randomly select IME physicians and prevent them from knowing who is paying; require peer review) (41%)
 - Establish standards for physicians permitted to conduct IMEs (for example; use practicing physicians who see patients with similar injuries (vs. older, semi-retired/retired physicians); set up board of IME examiners to accredit IME physicians; do not allow IME physicians that earn 20-50% of income from IMEs; better pay so practicing physicians will perform IMEs) (24%)
 - Require more communication between attending physicians and IME physicians (5%)