

Worker-Requested Medical Exam

What is a worker-requested medical examination?

A worker-requested medical examination is an impartial examination available to an injured worker when an insurer has issued a denial of compensability based on an independent medical exam. See OAR 436-060-0147.

Criteria for requesting a worker-requested medical examination:

- ◆ Insurer issued a denial of compensability based on an independent medical exam report with which the attending physician or authorized nurse practitioner disagreed.
- ◆ Worker made timely request for a Workers' Compensation Board hearing on the denial of compensability.

The worker has 60 days to request a hearing of the denial.

A health care provider selected by the Workers' Compensation Division (WCD) conducts the exam, and the insurer or self-insured employer pays for the exam. The report may be used in workers' compensation proceedings to determine compensability of a claim.

How does the process work?

Once the worker meets the criteria for requesting a worker-requested medical exam, the worker may submit a request to WCD. The worker does not need an attorney to ask for a worker-requested medical exam.

The request must include the following:

- ◆ The worker's name and address.
- ◆ A list of all health care providers who have provided treatment to the worker for the on-the-job injury.
- ◆ The date of the hearing request to address compensability of the denied conditions.
- ◆ A copy of the insurer's denial letter.
- ◆ The documentation stating the attending physician did not concur with the independent medical examination.

WCD maintains a list of health care providers selected to perform the examinations and trains providers upon request.

Once WCD receives the worker's request for the examination, it determines eligibility, selects the health care provider to perform the exam, and notifies parties of the selected health care provider.

Within 14 days of receiving a copy of the worker's request, the insurer or self-insured employer must provide the director of the Department of Consumer and Business Services (DCBS) with the names and addresses of all health care providers who have served in the following capacities:

- ◆ Served as the worker's attending physician.
- ◆ Examined the worker at an independent medical examination.
- ◆ Provided medical consultation at the request of the attending physician.
- ◆ Reviewed the medical records on the claim.

The DCBS director will send written notification to all parties of the health care provider selected, or will provide the worker or worker's representative a list of appropriate health care providers.

The worker or the worker's representative is responsible for scheduling the exam and notifying the insurer and the Workers' Compensation Board of the scheduled exam date within 14 days from the date of the written notice from the DCBS director.

The insurer or self-insured employer is responsible for providing a complete copy of the medical records and questions that were addressed at the independent medical examination to the health care provider conducting the worker-requested medical exam 14 days before the exam date.

Once the exam is scheduled, the worker or the worker's representative submits written questions related to the compensability denial to the health care provider at least 14 days before the exam. If the worker does not have an attorney, he or she can ask the Ombudsman for Injured Workers for help.





In order to ensure diagnostic films are available for the health care provider to review, the worker can take the films to his or her scheduled appointment.

The health care provider is responsible for performing the exam and preparing a report. Upon completing the examination, the health care provider must address the medical exam questions originally submitted by the insurer and the questions submitted by the worker. Also, the health care provider must send the final report to the worker and insurer or self-insured employer within five working days of the exam.

The insurer or self-insured employer is responsible for paying the health care provider for the exam and the report, as well as reimbursing the worker for related services, including but not limited to:

- ◆ Child care.
- ◆ Travel, meals, lodging.
- ◆ Worker's net lost wages for time absent from work.

See OAR 436-010.

If the worker fails to attend the scheduled worker-requested medical exam, the insurer must pay the health care provider for the missed examination. The insurer is not required to pay for another examination unless the worker missed the scheduled examination for reasons beyond the worker's reasonable control.

When billing for a worker-requested medical examination, the health care provider should submit the bill to the insurer using the Oregon Specific Code: W0001 (usual fee) under OAR 436-009-0060.

Direct your billing questions to Medical Resolution at 503-947-7606 or email wcd.medicalquestions@oregon.gov.

Who do I call for more information?

Visit the Workers' Compensation Division website at www.wcd.oregon.gov or call Medical Resolution at 503-947-7816.

Services directory

Workers' Compensation Division

Medical Resolution
350 Winter St. NE
P.O. Box 14480
Salem, OR 97309-0405
503-947-7606
Toll-free: 800-452-0288
Fax: 503-947-7629
www.wcd.oregon.gov

Ombudsman for Injured Workers

503-378-3351
Toll-free: 800-927-1271
Spanish line (toll-free): 800-843-8086
Fax: 503-373-7639
www.oregon.gov/DCBS/OIW

Workers' Compensation Board

2601 25th St. SE, Suite 150
Salem, OR 97302-1282
503-378-3308
877-311-8061
Fax: 503-373-1684
www.wcb.oregon.gov

Oregon Medical Board

www.oregon.gov/OMB