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 medical service providers who want to provide independent medical exams. Oregon's workers' compensation system is designed to do the following:

- 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 subject 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 medical service provider other than the worker's attending physician conducts the IME. The IME should be performed in a professional setting that is primarily used for conducting exams. If an IME is not performed in a professional setting that is primarily used for conducting exams, the IME location should be a safe and secure environment, including a place for the worker to disrobe in private, and allow for confidentiality. An IME performed by more than one medical service 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.

A physical exam by an attending physician is performed primarily to diagnose a condition and determine the clinical course of treatment. 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.

What if the worker does not attend the IME?

The insurer usually verifies with the IME provider if the worker did not attend the IME. However, you may notify the insurer if the worker does not attend. If the worker did not attend an IME without notifying the insurer before the date of the IME 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 IMEs and worker-requested medical exams (WRME). 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 completed before the cancellation or missed appointment [OAR 436-009-0010(13)].

Who can perform an IME?

Medical service providers can perform IMEs, WRMEs, or both once they are on the director's list of authorized IME providers.

A medical service provider is defined as a person duly licensed to practice one or more of the healing arts.

A physical therapist or occupational therapist 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 physical therapist or occupational therapist.

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 physical therapist or occupational therapist.

How do I become an IME provider?

To become an authorized IME provider, you must hold a current license with the relevant professional regulatory licensing board and be in good standing as determined by the WCD. You must also do the following:

1. Complete the director's Training Guide to Performing Independent Medical Exams including the corresponding quiz, both of which are available at **www.oregonwcdoc.info**;
   Or
   Complete a director-approved training course regarding IMEs provided by an outside vendor. If you attend a director-approved training by an outside vendor, you must provide the date of the training and name of the training vendor to the WCD.

2. Complete the online IME application at **www.oregonwcdoc.info**. By submitting the IME application, you agree to abide by the standards of professional conduct for performing IMEs adopted by the provider's regulatory licensing board or the IME Standards published in OAR 436-010 Appendix B and in this guide. You also agree to comply with all applicable Oregon workers' compensation laws and rules.

IME requirements and standards of professional conduct

Below are the IME requirements and standards of professional conduct found in OAR 436-010-0265, Appendix B. Review these standards before conducting any IME.

1. IME providers must maintain effective communication, which includes but is not limited to:
   a. Taking steps to avoid personal conflicts during the IME and to the extent they arise, an IME provider must be prepared to address the conflict in a professional and constructive manner and adapt to situations by changing strategy or communication style when appropriate.
   b. Maintaining the confidentiality of the parties involved in the exam subject to applicable laws.
   c. Allowing the worker to express themselves fully without unnecessary interruption. If the IME provider needs more information after a worker has answered a question, the IME provider must rephrase the question and explain why they are asking again.

2. IME providers must conduct an objective and impartial examination, which includes but is not limited to:
   a. Conducting the IME without any preconceived notions or premature conclusions.
   b. Not sharing personal feelings or personal opinions.
   c. Remaining objective and impartial, both in reporting and during the examination.
   d. Basing findings and opinions only on established medical fact, practice, and theory, and not on an accepted fee for services.
   e. Recusing themselves prior to the IME if there is any sort of pre-existing conflict, whether apparent or actual.
   f. Being fair, truthful, and forthright in interactions with the worker and insurers whether through written documentation or oral communication.

3. IME providers must maintain dignity and respect for the parties involved, which includes but is not limited to:
   a. Treating the worker with dignity and respect and listening attentively.
   b. Giving the worker appropriate empathy for pain, discomfort, and anxiety.
   c. Using an appropriate tone and being aware of the worker's demeanor and body language when conducting the IME.
   d. Being courteous and polite to the worker.
   e. Being respectful of the worker's scheduled time for the IME and minimizing the necessary preparation for the IME while the worker waits.
   f. Refraining from making disparaging or insulting comments to the worker about any party to the claim.
   g. Refraining from criticizing or degrading the worker about their behavior or the history they provide.
   h. Respecting a worker's answer of no, if the IME provider asks for permission to allow someone other than a scribe or chaperone to sit in on the IME without further questioning or encouraging a worker to provide permission.

4. Before the IME starts, the IME provider must:
   a. Identify themselves to the worker as an IME provider;
   b. Verify the worker's identity;
   c. Tell the worker who requested the IME;
   d. Tell the worker that an ongoing physician-patient relationship will not be sought or established;

e. Tell the worker that any information provided during the IME will be documented in a report;
f. Let the worker know that the IME provider cannot share opinions with them but will document findings in the report;
g. Explain the procedures that will be used during the IME;
h. Tell the worker that they may terminate a procedure if the worker feels the activity is beyond the worker's physical capacity or when pain occurs; and
i. Ask the worker if they have any questions about the IME process.

5. During the IME, the IME provider must:
   a. Ensure the worker has privacy to disrobe;
   b. Sufficiently examine the conditions being evaluated to answer the requesting party's questions; and
   c. Let the worker know when the exam has concluded, and ask if the worker wants to provide more information or has questions.

What is my role as an IME provider?

Your role as an IME provider includes all of the following:

- Examine the worker, but not to provide treatment
- Remain unbiased as a neutral third party, free from favor towards either side
- 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, you are expected to strive for excellence and seek to learn from experiences through self-evaluation and feedback. The division expects you 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.

You must not discriminate against any worker and must remain impartial, unbiased, and not show favor towards either side. You should be sensitive to cultural differences. You must possess active listening skills in order to communicate effectively and honorably.

You must not intimidate the 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 the worker is not compliant.
  - **Example:** "You'll be sorry if you don't comply."
- Stating your personal opinions regarding the worker's pain tolerance.
  - **Example:** "Just push past the pain."
  - **Example:** "That shouldn't hurt that bad. Why are you crying?"
- Making threatening or bullying remarks.
  - **Example:** "If you don't answer my questions, I will write in the IME report that you were not cooperating."
  - **Example:** "You've had a lot of workers' comp claims. This looks suspicious."

- Becoming defensive due to the worker's behavior.
  - **Example:** "Why are you so hostile? Do you have a problem with me?"
- Making condescending remarks.
  - **Example:** "Your explanations of events don't make any sense."
- Contradicting the workers' statements
  - **Example:** "There is no way your injury could have happened that way."

Self-evaluation

Sometimes, your interaction with a worker during an IME does not go well. These 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 to 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 WCD you are willing to evaluate your actions, be accountable, and improve your performance in the future. If the worker files a complaint, WCD must investigate. You may self-report by emailing **wcd.policyquestions@dcbs.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 do the following:

- 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 the worker expects the IME to begin at the scheduled time. 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.

Communication

Provider awareness

When workers attend an IME, many stressors can make the 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 you are trying to discredit their attending physician or specialist physician's opinion. Often, workers do not understand why their adjuster does not accept their attending physician's opinion. Workers may feel fearful

that your opinion may cause them not to receive the medical care their attending physician believes 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 told 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 physician-patient relationship that would build over time. Therefore, you will need different communication skills and abilities when interacting with a worker during an IME.

Consider using the following 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 will 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 cannot 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 difference between an IME and a visit to the worker's treating physician.
- Explain the difference 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. However, if a health-threatening condition is discovered during the exam, you should tell the worker about it and suggest the worker seek appropriate medical care. 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 clearly understand the questions the insurer wants answered. In your report, be sure you answer only the questions asked by the insurer.

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.
- Tell the worker that the insurer requested the exam.
- Tell the worker that an ongoing physician-patient relationship will not be sought or established.
- Let the worker know that you cannot share opinions during the IME. The information provided during the exam will be documented in a report and the worker is entitled to a copy of the IME report. The worker can contact the claims examiner to request a copy of the IME report.
- Explain the procedures that will be used during the exam.
- Tell the worker that a procedure may be terminated if the worker believes the activity is beyond the worker's physical capacities or when pain occurs.
- Ask if the worker has any questions about the IME process.

During the exam

- Ensure the worker has a place to disrobe in private.
- The worker may expect or ask you to provide a diagnosis or your opinion. It is not appropriate for you to share this information during the IME. This information will be in your IME report.
- Sufficiently examine the conditions being evaluated to answer the requesting party's questions. The worker is entitled to a copy of the IME report and can contact the claims examiner to request one.
- Let the worker know when the exam has concluded, and ask if the worker wants to provide more information or has questions.
- Remind the worker that they can go to **www.wcdimesurvey.info** and take a Workers' Compensation Division survey about the IME experience.

Workers' rights

Observers in IMEs

The worker may have an observer present during the exam if they want 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 included as part of **Form 3923**, "Important Information about Independent Medical Exams for Injured Workers." By signing the Observer Form, the worker is stating that they understand you may ask sensitive questions during the exam in front of the observer.

If the worker chooses to have an observer present, you must verify that the worker has signed **Form 3923A**. If the worker does not have the Observer Form and wants to have an observer present during the exam, give the worker **Form 3923** to sign before the exam starts.

The observer may not do any of the following:

- Participate in or obstruct the exam.
- Be the worker's attorney or a representative of the worker's attorney.
- Receive compensation for attending the exam.

If the observer interferes with or obstructs the IME, you may ask the observer to leave and continue the IME with the worker's consent or end the IME.

Recording the exam

The worker may use a video camera or other 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 do the following:

- Explain the risks involved in the procedure.
- Explain to the worker they have the right to refuse the procedure.
- Give the worker **Form 3227**, "Invasive Medical Procedure Authorization."
- Give the worker a copy of the completed **Form 3227** and **send the original to the insurer**.

The worker must do the following:

- Check the box on **Form 3227**, "Invasive Medical Procedure Authorization," either agreeing or declining the procedure.
- Sign the form.

If you fail to follow the invasive procedure rule above, you may be sanctioned under OAR 436-010-0340(1).

Interpreters

The 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 believe 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

A conventional medical report may use complex medical terminology. However, the reader of an IME may not have extensive medical background. Therefore, you 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 noncompensable conditions for overall impairment and identify impairment due only to the compensable condition.

IME reports differ from other medical consultations and reports in several important ways:

Content

The IME is performed at the request of the insurer and answers specific questions asked by the insurer. Because of variability of the requirements in individual IME cases, it is impossible to define exactly what should be in every report. Often, IME providers perform a detailed physical exam, but fail to thoroughly document the exam. You should check your IME report to make sure that all of the tests performed and all findings are clearly and accurately documented in the report. Your IME report must contain findings of fact and conclusions based on medical probabilities for which you are qualified to express an opinion. Your IME report must state who performed the IME; who dictated the report; and include a copy of the signed observer **Form 3923A**, the signed invasive procedure **Form 3227**, or both, if applicable.

Proofreading

Carefully proofread the 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 quality assurance statement at the end of the report acknowledging that to the best of your ability all statements contained in the report are true and accurate.

Time frames for completion

You must communicate with the insurer if you are unable to provide the IME report within the insurer's requested time period and provide a date when the report will be completed and sent.

Clear responses

IME 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. You should clearly list and accurately describe all of the medical records and other documents you reviewed before preparing your 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. You should 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. You should include a thorough, well-written, and accurate history as a part of your 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 their job.

Sending the IME report

Send a copy of the report to the insurer. If you are unable to provide the report within the insurer's requested time period, you must communicate with the insurer and provide a date when you will send the report.

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

IME complaint process

After attending an IME, a worker may file a complaint or provide feedback about the IME experience online at **www.wcdimesurvey.info**. The worker may also contact WCD in writing, by phone at 503-947-7606, or by email at **wcd.policyquestions@dcbs.oregon.gov**.

WCD reviews IME complaints to determine the appropriate action to take under the director's jurisdiction. WCD investigates IME complaints to determine if there is a violation of one or more of the standards of professional conduct or workers' compensation laws or rules. If WCD determines additional information is needed to investigate the IME complaint, WCD will contact you regarding the allegations and request the following:

- A written response regarding the allegations;
- A copy of the IME report;
- Contact information for scribes, chaperones, or other people attending the IME at the IME provider's request; or
- A copy of a video or audio recording of the IME, if the IME was recorded.

If WCD does not receive a response to the information requested above within 14 days from the date of the request, WCD may make a decision based on available information. WCD may contact any person who may have information or view any documents or items regarding the IME or complaint.

If the IME provider has questions about the IME complaint or the complaint process, the provider should contact the IME system coordinator.

When investigating a new IME complaint, WCD will review all complaints received in the past two years about the IME provider, excluding complaints in which the director found no violation, to determine if there is a pattern of behavior involving the IME provider. If a pattern of behavior is found, the director may take additional action, up to and including removal of the provider from the director's list of authorized IME providers.

The WCD will notify the IME provider and complainant in writing of the outcome of the IME investigation. If the IME provider is removed from the director's list of authorized IME providers the provider may appeal the director's decision under ORS 656.704(2) and OAR 436-001-0019.

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

- 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.

- Restating the worker's answer incorrectly and trying to convince or persuade the worker of the IME provider's opinions or conclusions.
  Tip: Allow the worker to answer questions in their own words without rephrasing and providing your opinion of the answer. You can document your opinion in the report.

- Minimizing the worker's pain response to achieve a better passive range of motion measurement.
  Tip: Remind the worker to tell you when pain occurs or when the worker feels the movement is beyond their physical capacity. Acknowledge the worker's pain response and show appropriate empathy.

- Not stopping a procedure when the worker says it is painful.
  Tip: When the worker feels the activity is beyond their capacity or when pain occurs, stop the portion of the physical exam that is causing pain and acknowledge the worker's pain. If you move on to a different area or activity in the same area, explain what you are going to do before you do it. Pay close attention to the worker's body language and pain responses.

- 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: Acknowledge the workers fears and anxieties; explain what is going to happen before you begin the exam, and during the exam; explain that this IME provides more information about the worker's medical condition; remind the worker that you do not work for the insurer; and consider the worker's comfort during the IME.

- 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. 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 workers' complaints of this nature and others, 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.

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 licensing board or the IME standards published in OAR 436-010, Appendix B;
- Has a current restriction on their license or is under a current disciplinary action from their professional regulatory licensing board;
- Entered into a voluntary agreement with their regulatory licensing board that the director determines is detrimental to performing IMEs.

Within 60 days of the director's decision to remove an IME 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. It is important that the medical service provider reports 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 medical service provider other than the attending physician or specialist physician.

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 medical service 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 their 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 compensable only 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.

compensable injury

An accidental injury to a person or prosthetic appliance, arising out of and in the course of employment that requires medical services or results in disability or death (ORS 656.005). A claim is compensable when it is accepted.

consequential condition or disease

A condition arising after a compensable injury of which the major contributing cause is the injury or treatment rendered that increases either disability or need for treatment (ORS 656.005). A consequential condition is compensable only if the compensable injury or disease contributes more than 50 percent of the worker's disability or need for treatment.

Example: Use of crutches due to a compensable knee condition may cause a consequential shoulder condition that requires treatment or leads to disability.

consulting physician

A physician who advises the attending physician regarding the treatment of a worker's injury. A consulting physician is not considered an attending physician, and, therefore, the worker should not complete Form 827 for the consultation.

curative care

In the workers' compensation system, treatment to stabilize a temporary waxing and waning of symptoms after a worker is medically stationary (ORS 656.245).

denied claim (denial)

A written refusal by an insurer to accept compensability or responsibility for a worker's claim of injury (ORS 656.262). On accepted claims, the insurer may deny only certain conditions; this is known as a partial denial. Only a worker can appeal a denial of a claim.

disabling claim

Any injury is classified as disabling if it causes the worker temporary disability (time loss), permanent disability, or death. The worker will not receive time-loss benefits for the first three days unless the worker 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.

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.

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 medical service provider selected by the director to perform an impartial exam regarding a disagreement over impairment findings at claim closure. This exam helps WCD'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).

medical service provider

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

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, and palpable muscle spasm.

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 employment and requires medical services or results in disability or death (ORS 656.802). A mental disorder, or physical disorder caused or worsened by job-related mental stress, also may be an occupational disease. If an occupational disease claim is based on a worsening of a pre-

existing disease or condition, the employment conditions must be the major contributing cause of the combined condition and pathological worsening of the disease.

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.

palliative care

Medical services rendered to reduce or temporarily moderate the intensity of an otherwise stable condition to enable the worker to continue employment or training (ORS 656.005, 656.245). (See the back of Form 827.)

partial denial

Denial by the insurer of one or more conditions of a worker's claim, leaving some conditions of the claim accepted as compensable.

permanent partial disability (PPD)

The permanent loss of use or function of any portion of the body as defined by ORS 656.214 and OAR 436-035.

physical capacity evaluation (PCE)

An objective, directly observed, measurement of a worker's ability to perform a variety of physical tasks combined with subjective analyses of abilities by worker and evaluator. Blankenship's functional capacity evaluation and functional capacity assessment have the same meaning as physical capacity evaluation.

physician review exam

A medical service provider is selected by the director to perform an exam or file review for a dispute regarding appropriateness of a treatment proposed or provided. This exam helps the division's medical reviewer to resolve the dispute. The reviewer asks specific questions related to whether the treatment is appropriate given the worker's accepted condition. Treatment disputes do not review for compensability (ORS 656.327).

Note: You do not need to be on the director's list of IME providers to perform medical arbiter or physician review exams.

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.
- HIV-related information, which should be released only when a claim is made for HIV or AIDS or when such information is directly relevant to the claimed condition.

Note: Any disclosures to employers are limited to specific purposes, such as return to work or modified work.

specialist physician

A specialist physician is a physician who qualifies as an attending physician, but does not assume the role of attending physician. A specialist physician examines the worker or provides specialized treatment, such as surgery or pain management, at the request of the attending physician. During the time a physician provides specialized treatment, the attending physician continues to monitor the worker and authorizes any time loss.

temporary partial disability benefits (TPD)

Payment for wages lost based on the worker's ability to perform temporary modified or part-time work due to a compensable injury. (See time-loss benefits.)

temporary total disability benefits (TTD)

Payment for wages lost when a worker is unable to work because of a compensable injury (ORS 656.210). (See time-loss benefits.)

time-loss authorization

When an attending physician authorizes time loss, the insurer may request periodic progress reports. Form 827 is not required if the chart notes provide the information requested.

time-loss benefits

Compensation paid to an injured worker who loses time or wages because of a compensable injury. A worker who is not physically capable of returning to any employment is entitled to benefits for temporary total disability (time loss). A worker who can return to modified work may be entitled to benefits for temporary partial disability if the worker's wages or hours of modified work are reduced.

work capacity evaluation (WCE)

A physical-capacity evaluation, with special emphasis on the ability to perform a variety of vocationally oriented tasks based on specific job demands. A work tolerance screening has the same meaning as a WCE.

Workers' Compensation Board (WCB)

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.

Workers' Compensation Division (WCD)

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

worsening

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.

worker-requested medical exam (WRME)

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 must send the medical records. The WRME provider answers the questions asked during the original IME, and any other questions from the worker or the worker's attorney.

Resources

Phone numbers

Independent Medical Exam program coordinator 971-286-0131
Medical service and fee info 503-947-7606
Managed care organization information 971-701-3814
Workers' compensation information line ..... 800-452-0288 (toll-free)
Ombuds Office for Oregon Workers ..... 800-927-1271 (toll-free)

WCD email

wcd.policyquestions@dcbs.oregon.gov

WCD website

www.oregonWCdoc.info

wcd.oregon.gov

IME-related forms

Form 3923 with attachment 3923A

Form 3227

Stay informed

Sign up to receive updates pertaining to health care providers.

440-4913 (8/26/COM)