

Important Information About Independent Medical Exams

For workers

Independent medical examination (IME)

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

Items to bring to the IME

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

Expenses

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

Invasive medical procedures

If the IME provider intends to perform an invasive procedure, the IME provider must explain the risks. 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). You have the right to refuse an invasive procedure. Refusal will not affect your right to workers' compensation benefits. The IME provider must give you Form 3227, "Invasive Medical Procedure Authorization." Complete the form, marking "Yes" or "No," and give it back to the IME provider. The IME provider will give you a copy and send the original to the insurer.

Attendance

You must attend the IME. If there is any reason you cannot attend, you must tell the insurer as soon as possible before the date of the exam. If you do not attend the IME and do not have a good reason for not attending, or you do not cooperate with the examination, the Workers' Compensation Division (WCD) may allow the insurer to stop paying your benefits, which may include medical, time loss, and permanent disability. You may be charged a \$100 penalty if you do not attend without a good reason or if you do not notify the insurer before the examination. The penalty would be taken out of your future benefits.

Location

If you object to the location of an IME, you may contact the insurer processing your claim to informally reach an agreement about the location. However, if you want WCD to formally review the location, you must ask WCD to do this within six business days from the postmarked date the appointment notice was mailed to you. Explain the reasons that you object. WCD will

review your reasons and either help you and the insurer reach an agreement or issue a formal decision about the location.

The insurer must choose an IME provider from WCD's list of authorized IME providers. There may be a limited number of IME providers available to choose from in certain locations.

File your objection to the location of your IME by:

Phone:

800-452-0288 (toll-free)
503-947-7811
Fax: 503-947-7581

Mail:

Workers' Compensation Division
Attn.: Benefit Consultation Unit
P.O. Box 14480
Salem, OR 97309-0405

In person:

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

Observer at the IME

You may have an unpaid observer attend the exam with you; IME provider approval is required for psychological exams. Your attorney or any representative for your attorney may not be your observer. Your observer may not participate in or interfere with the IME. If your observer interferes or obstructs the IME, the IME provider may ask your observer to leave and continue the exam with your consent or end the exam.

To have an observer, you must complete and sign the attached "IME Observer Form." If you attend an IME with more than one health care provider (panel exam), you need to make a copy of this form for each health care provider on the panel. The IME provider does not have to allow the observer to be present if this form is not completed and given to the health care provider.

WORKER PROTECTION



Department of Consumer
and Business Services

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



By signing below, I understand that:

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

 Worker's signature

 Date

Complete this form, make a copy for your records, and give it to the IME provider at the exam.

At the IME

Each IME experience is unique and can feel different from other exams. You should be treated courteously, with dignity and respect. The difference between a typical exam by your health care provider and an IME is that the IME provider will not provide treatment or build an ongoing physician-patient relationship. You will probably not see the same IME provider again, and they need to gather a lot of information from you in a short period of time. IME providers are trained to perform the exam according to the Oregon Administrative Rules and are required to follow set standards.

The IME provider needs your help to accurately answer questions posed by the insurance company. This can be intense, and some IME providers may ask the same question more than once or rephrase their original question in an attempt to fully answer the insurer's question. Please do your best to provide an accurate answer to the best of your knowledge. The IME provider may need to measure range of motion or observe your physical capabilities. Try to relax and give your best effort, but speak up if the exam hurts or if you are unable to do what the IME provider is asking. You have the right to tell the IME provider to stop a procedure if it is causing you too much pain or is beyond your physical capacity.

You may use a device to record the IME only if the IME provider approves. You may request a copy of the IME report from your claims examiner. If you notice inaccurate information, you can write a letter to your claims examiner to address it, and the letter will become a part of the official claim file. If you are represented by an attorney, work with him or her to address the inaccuracies.

After the IME is finished

- The IME health care provider will send a copy of the report to the insurer.
- The insurer will send a copy of the report to your health care provider.
- You can request, in writing, a copy of the IME report from your insurer.
- If you have questions about the report, talk with your health care provider.
- If the insurer denies your claim based on an IME, you may be eligible for a worker-requested medical examination (WRME), paid for by the insurer. For more information on how to request a WRME, contact the Workers' Compensation Division at 800-452-0288 (toll-free) or visit our website at wcd.oregon.gov.

IME survey, complaints

You may file a complaint or provide feedback about your IME experience online at www.wcdimesurvey.info. You may also contact the division in writing, by phone at 800-452-0288 (toll-free), or by email at wcd.policyquestions@dcbs.oregon.gov.

Contact information

If you have general questions or need assistance, call the Workers' Compensation Division 800-452-0288 (toll-free) or email workcomp.questions@dcbs.oregon.gov.

The Ombuds Office for Oregon Workers is the state office that serves as an independent advocate for workers by acting to resolve complaints and helping workers understand their rights, protections, and responsibilities related to the workers' compensation system and safety in the workplace. You can contact the Ombuds Office at 800-927-1271 (toll-free) or 503-378-3351. Visit its website, oregon.gov/DCBS/OOW, or email oow.questions@dcbs.oregon.gov.

Workers' Compensation Division

350 Winter St. NE
 P.O. Box 14480
 Salem, OR 97309-0405