As you know, the reason a worker’s compensation insurer/self-insured employer uses an Independent Medical Exam is not to obtain an impartial review, but to obtain a medical opinion which could justify the discontinuance and/or denial of worker’s compensation benefits.

The I.M.E. physician was hired to prove that you are not disabled or that any disability that you have didn’t come from the work injury incident you claim it came from.

PREPARATION PRIOR TO THE I.M.E.

1. You should never attend an IME alone. Request to have the IME close to your home, the further away from home the exam is scheduled, the more inconvenient for you to have a friend or relative take you, stay with you, support you and bring you back home.

2. Request payment for travel to and from the IME location before you go for the IME. Do not agree to reimbursement because once you have gone through with the IME they will just deny travel expense payment. Then you have to litigate to get it. You have the right to receive payment for travel expenses.

3. Create an outline about your injury. This will keep you from getting confused. Also give a copy of the outline to the IME physician and get a copy signed by the IME physician. This way the IME physician cannot claim that you did not submit any injury history.
   a. Write down a brief history of what happened to you, and include the medical treatment you have received.
   b. List all of your symptoms related to your work injury.
   c. List all medications taken over the course of your medical treatment and any side effects they cause and added to your injury symptoms are prohibiting you from returning back to work.
   d. List all medical testing that supports your injury claim.

THE DAY OF THE I.M.E.

1. Have another person present during the IME. Don’t go it alone.

2. Make sure the IME physician is the same physician your were scheduled to see.

3. No rehab nurses representing the insurer/self-insured employer has a right to be present for your examination.

4. You and your witness should note the time you arrive, then the time you go into the exam room, the time the IME physician enters the exam room, the time he left the exam room and the time you left the exam room.

5. Take all of your x-rays, and other test results with you the day of the exam. Some attorneys say you can object to any invasive procedures, that includes x-rays. You should have your attorney help you make the decision on whether you will object to new tests or x-rays before your exam day.

6. If during the course of the exam, it may become necessary to lie down, use the restroom, or drink a beverage, don’t hesitate to ask for anything you need and explain to the IME physician what reactions you are experiencing during the exam process, that would explain your need for this type of relief.
   a. It is imperative that you speak up and tell the IME physician exactly what it is that is causing pain and/or discomfort to you at any time during the exam. Time for candor not courage.
b. If the IME physician does not heed your explanation that a particular part of the exam is causing you pain and discomfort, have your witness/friend intercede (Tell the IME physician off) at this point and explain what it is that is causing the pain or discomfort and the need for a break.

Have your witness/friend be outspoken, not shy, and able to intervene on your behalf if they feel based on your reactions that the exam id going to far or has gone to far and to lengthy and causing you to experience extreme discomfort or excruciating pain.

In the event the exam process becomes so overwhelming and you feel extremely sick or are having problems with overwhelming pain, weakness, exhaustion etc. and if absolutely warranted, DO NOT HESITATE to have your witness/friend take charge of the situation and call an ambulance on your behalf and take you to the nearest emergency room.

c. Take a camera to the IME exam. If your injury looks different, swollen, discolored, shiny or anything else that will show up, take a picture that shows you were at the IME exam location. Take the photo so it includes something that identifies the location and will be in the picture. An example would be a certificate on the wall, a name plate on a desk or the business sign for the facility.

7. Be on time and dress neatly. You want to make a favorable impression. Be courteous to the IME physician and staff. Don’t exaggerate of fake any injuries or any part of the examination. These exams are designed to detect faking.

8. Before you leave the IME location request that any report generated by the IME physician be simultaneously forwarded to you and your treating physician and put that request in writing and get a signature on a copy of the request for your records.

AFTER THE IME IS COMPLETED

1. After the examination is over, make some general notes. If you have an attorney call and let them know what happened while it is fresh in your memory.

2. You should see your treating physician the same day you see the IME physician. Make sure you have scheduled the appointment time for your treating physician to occur after the IME examination. Your treating physician will be able to say what was found on the same day you saw the IME physician. Some times the IME physicians examination will hurt you and your treating physician should be able to document the aggravation of your injury. This is important to detect any sort of medical malpractice that may have occurred during he IME exam.

3. Request a copy of the IME report from the worker’s compensation insurer’s/self-insured employer’s compensation claim agent. Allow 15 days for the report to be received. In some instances the worker’s compensation insurer/self-insured employer cannot use medical testimony of that IME physician if the worker’s compensation insurer/self-insured employer fails to provide an IME report within 15 days.

4. When received make sure all of the IME reports are the same. Sometimes reports have a way of changing. If they are different and you have an attorney contact him/her immediately to report the discrepancy.

ADDITIONAL I.M.E. FACTS

- If the curriculum vitae of the proposed IME physician does not seem to be suitable for evaluating your injury, then in writing by certified return receipt, request the worker’s compensation insurer/self-insured employer provide an IME physician who has more background, training, experience and treats patients who have been disabled by the disease and condition which disables you.

- Ask the IME physician how much he/she is being paid to perform the exam and report and document it.

- Document any conversations you have with the IME physician or any member of his/her staff.
The IME exam begins as soon as you enter the parking lot of the IME exam location. There may be video cameras covering the parking lot. The IME staff will be watching the entire time you are in the Office. They will watch everything you do. You need to be as observant while you are there and document everything you remember as soon as you leave.

- Do not volunteer any information about past injuries, medical history, past claims or family information. If the IME physician does not ask for it don’t give it.
- Do not permit more then one IME physician to examine you.
- Do not allow any laboratory tests, puncturing of skin or taking of blood or urine unless the IME physician obtains your attorneys written permission.
- Do not sign any papers, records or documents unless it is a simple questionnaire asking for basic information such as name, address, date of birth, date of the work injury, names of treating physicians or basic information of this nature.
- Do not talk to the IME physician about the status of your workers compensation case, the insurer/self-insured employer, attorneys or insurance adjuster.
- Fill out an IME Questionnaire as soon as the IME exam is completed.
I.M.E. QUESTIONNAIRE

Time you arrived: ______________ Time exam started: ______________ Time exam ended: ______________

Who did you talk to in the IME office? _____________________________________________________________

Did you take any medications on the date of the exam? _______ If yes, please describe ____________________
____________________________________________________________________________________________

Did the IME physician ask about your medications? ________________________________________________

HISTORY

Who took your injury medical history? ____________________________________________________________

How long did the history-taking last? ______________________________________________________________

How was the history taken? ________________ □ Written □ Recording

What did you tell the IME physician about your history? ______________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Attach separate sheet if needed

PHYSICAL EXAMINATION

How was the IME exam documented? ________________ □ Written □ Recording

Length of time for the IME examination (The time the physician started to examine you not including the time you spent in the exam room waiting): _______________________________________________________________

Remarks made by the IME physician during the examination to you or others: (Including any references to your claim for injuries.): _________________________________________________________________
Did the IME physician examine your:

☐ Eyes
☐ Ears (hearing test)
☐ Nose (smelling test)
☐ Throat
☐ Neck
☐ Was your temperature taken?
☐ Heart
☐ Movements
☐ Back
☐ Legs
☐ Other ______________________

Describe all bending, moving, lifting, reaching and turning done during the IME examination _________________

Were any measurements of any part of your body measured? _________  If yes, which part of the body? ________

TESTS PERFORMED

Were x-rays taken? _________  If yes, of what part of the body? ________________________________________

Were any other tests performed? _________  If yes, please describe _____________________________________
Were you asked to exercise on any equipment or machine? _________ If yes, please describe ________________

____________________________________________________________________________________________

EFFECTS OF TESTS OR EXAM
Did you notice any numbness during or after the exam? ______________________________________________

Did any of the tests/exams cause you to feel pain? _________ If yes, please describe _________________

____________________________________________________________________________________________

____________________________________________________________________________________________

CONVERSATIONS WITH THE IME PHYSICIAN
After the IME examination, did the physician ask you how you were feeling? _________ If yes, what was your
response? ____________________________________________________________________________________

____________________________________________________________________________________________

Did the IME physician tell you anything about your injuries? _________ If yes, please explain ____________

____________________________________________________________________________________________

____________________________________________________________________________________________

What was your overall impression of the IME physician during the examination? ______________________

____________________________________________________________________________________________

FOR ADDITIONAL COMMENTS
____________________________________________________________________________________________