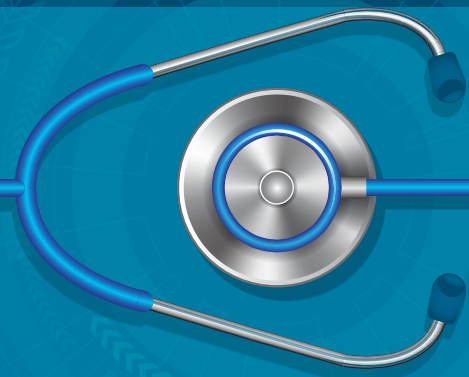


# Quality-Assure Your IMEs for the Benefit of Your Workers' Compensation Program



BY DONNA BRADSHAW

**A**N INDEPENDENT MEDICAL EXAMINATION (IME) is a valuable tool in the workers' compensation claims process. Public risk managers should be aware of the various situations in which their claims staff might benefit from an IME being ordered, as it can help them make decisions on complex cases. For example, claims professionals may want to:

- Confirm a diagnosis.
- Determine if a condition, pain or symptom is being caused by the work injury.
- Verify whether a treatment is within best practice guidelines.
- Apportion disability to a pre-existing injury or condition.
- Ascertain if maximum medical improvement (MMI) has been reached, or if an impairment exists, determine the impairment rating (the factors in this bullet are dependent on the jurisdiction and nomenclature).
- Estimate how long it could take an injured employee to recover and return to work, and whether work restrictions are called for.

In these situations, an IME enables claims examiners to get an expert, objective medical opinion that can help them move a claim further to closure. However, if quality isn't embedded into every step of the IME process—from exam request, physician selection, and resulting report—then there is a lot that could go wrong. For example, if the date of injury is incorrect on the IME, or the claimant is a woman but is referred to as "he" in the report, these types of errors can call into question the validity of the entire exam.

In addition, many jurisdictions have regulatory requirements. If those mandates are not adhered to, the IME could be disallowed. In this article, we break down key factors to ensuring a quality IME.



## USING A QUALITY IME VENDOR

Partnering with the right IME company is the first step to quality. A workers' compensation program should apply rigorous standards in selecting the right partner. Some criteria to consider include:

- **IME Physician Network.** The most important part in obtaining a quality IME is utilizing a quality physician. The injured employee must be seen by a physician or specialist who is properly credentialed, qualified and skilled at performing the type of IME required. An IME company should have relationships with a broad pool of medical experts. It evaluates physicians to ensure they are skilled at performing IMEs, don't have sanctions filed against them and have active treating practices. The IME company is familiar with physicians' areas of specialty, board certifications and expertise in specific body parts. IME vendors also work with physicians to help them become more skilled in responding to IME requests within the highly regulated workers' compensation system.
- **Medical Director.** An IME vendor should have a distinguished medical director who oversees the quality assurance (QA) program. This clinical executive ensures the IME process is focused on delivering medical opinions based on objective medical evidence. As such, the QA process should regularly audit

a random selection of IME reports to ensure physicians have met key quality standards. The medical director also ensures physicians within the IME network are properly trained on all workers' compensation requirements, which differ from other lines of insurance.

- **Accreditation.** Through organizations such as URAC, an IME company can validate its use of best practices regarding data security, quality business processes, and HIPAA standards. For public entities looking to create a short list of IME vendors, URAC accreditation offers a stamp of approval that the IME company meets high quality standards.
- **Compliance Department.** This department should facilitate two functions. First, it should help the IME vendor stay abreast of new regulatory requirements and updates. Second, it must validate physician qualifications through the National Practitioner Data Bank (NPDB). This database will alert the department to physicians who have malpractice suits against them, who have been removed from health plans or who have lost privileges at facilities. This department performs a one-time check against the database, as well as a continuous query to ensure new issues have not come to light. If necessary, it will remove physicians who fail to meet quality standards from the IME network.

## WHAT IS AN IME?

An independent medical examination (IME) is performed by a physician who is an expert in a relevant field or specialty, but is not involved in the claimant's treatment. IME physicians are objective evaluators and, therefore, do not have a stake in the outcome of the evaluation. Above all else, an IME must be impartial and based on medical evidence.

The IME process includes obtaining a medical history, performing a physical examination, and reviewing medical records and associated diagnostic studies.

An IME physician performs the exam to assess the claimant's health, injury or disability. They have a dual obligation to the patient and the third party. For patients, although IME physicians do not play a role in treatment, they may recommend best-practice protocols. They may suspect undiagnosed illnesses and, when appropriate, suggest the patient seek care from a qualified physician. For the third party, IME physicians will respond to posed questions and provide a final IME report with their findings based on medical evidence.

### A QUALITY IME REPORT

Once the physician has performed the physical examination, which is a key component of the IME, he or she will prepare a final IME report which will include:

- A listing of medical records and diagnostic tests.
- History presented by the claimant.
- The findings from the physical examination.
- Answers to questions posed by the party requesting the IME.

Depending on the jurisdiction, as part of the IME, the requesting party may also ask the physician to complete a functional ability assessment. It may also be called a physical capability form or physical ability


assessment, but it basically asks for the same type of information. The physician estimates how long an employee can perform certain functions, such as sitting, standing, or kneeling. Maybe the employee can sit for two-thirds of the day. Physicians would also provide a weight limit for certain tasks. For example, the employee can lift 20 pounds. This assessment is helpful when considering return-to-work options.

### A TWO-TIER QA PROCESS

Once the IME report is completed. It should be carefully vetted through a clinically focused process. This helps ensure a quality end result. In particular, two key aspects of the report—clinical and regulatory—must be

given careful consideration. To do this, each should be examined in separate steps of the QA process.

- **Tier 1.** In the first tier of the review, a specialist will examine the medical aspects of the report. When an IME is performed, medical records and diagnostic test results play a crucial role in a physician formulating a medical opinion. These items should be listed at the beginning of the IME report. When IME physicians later point to records and test results in support of their opinions, they have been visibly catalogued at the onset. The first review will also assess the physician's medical opinion to ensure it's clear and evidence-based.



If your organization is looking to initiate improvements, a good place to start is at the beginning of the IME process, refining the way in which your claims staff make IME requests. For instance, it's imperative that the person requesting an IME provide a clear objective and specific questions that should be addressed in the final report. In addition, it's important to provide all relevant background, including a complete set of medical records, diagnostic test results, job descriptions and claimant statements—all well in advance of the exam.

The report is checked to ensure the IME physician has provided a description of the physical exam and any relevant findings. The description should include any specific assessments performed, such as Waddell's Signs, and should note if the findings did not correlate to the claimant's pain complaints. It's important that the medical opinion is based on measurable evidence obtained in the physical exam or cited through a credible source, such as American Medical Association (AMA) guidelines or Occupational Disability Guidelines (ODG).

- **Tier 2.** The second step in the review should focus on examining the report for compliance with relevant state and federal laws. For this, the IME company must have in-depth knowledge of various jurisdiction requirements, such as when, why and how often IMEs can be requested. Each jurisdiction may use different evaluation guidelines, language and notifications. If state rules are not followed, an IME could be disallowed.

## THE 7 C'S TO ENSURE A QUALITY IME REPORT

The medical opinion is solely that of the examining physician, but throughout this two-tier QA review the IME company helps ensure the final report embodies these seven C's in terms of quality characteristics:

- ❶ **Correct.** The report should be checked to avoid typos, spelling errors, and grammatical mistakes. In addition, basic claim information should be verified, including the claimant's name, claim number, and date of injury.
- ❷ **Consistent.** The same data should be used throughout the report. An injury cannot be a left-hip injury at the start and a right-hip injury later in the report.
- ❸ **Complete.** All questions posed by the requesting party should be answered. For this, a Q&A format is helpful—where a question is listed, then the answer is provided directly under it. In this way, answers are presented in a direct, straightforward

manner, rather than having to sort through paragraphs to find the answer.

- ❹ **Clear.** The report should provide a clear medical opinion that is easy for a layperson to read and grasp.
- ❺ **Corroborated.** All medical records and diagnostic tests that were provided are re-reviewed, ensuring clinical corroboration with opinions in the report. In addition, opinions should be corroborated with medical guidelines.
- ❻ **Confined.** The IME report should stay within the scope of a given case, limiting comments in relation to the work injury and resulting claim. In addition, the physician should limit their opinions to their medical specialty. For example, if the physician is an orthopedic surgeon, this person should not comment on endocrinological issues.
- ❼ **Conciliatory.** Statements should be made in a professional, even tone. From time to time, physicians might take offense to how treatment was handled. They might think it was negligent or unethical. Still, physicians should avoid inflammatory or insulting remarks, as this moves away from the objective tone that's needed in an IME report. In the end, the report should be free of any subjective opinions.

## QUALITY CONTROLS IN YOUR HANDS

Public entities, risk managers, and claims handlers must be aware of the criteria leading to a quality IME result, and best practices should be made a priority. Otherwise, complex injury claims—that require an IME—may be at greater risk of becoming prolonged, complicated and costly, and injured employees may be in jeopardy of not receiving the care they need to recover and return to work.

If your organization is looking to initiate improvements, a good place to start is at the beginning of the IME process, refining the way in which your claims staff make IME requests. For instance, it's imperative that the person requesting an IME provide a clear objective and specific questions that should be addressed in

the final report. In addition, it's important to provide all relevant background, including a complete set of medical records, diagnostic test results, job descriptions and claimant statements—all well in advance of the exam.

Today, organizations also want greater transparency into their IME programs to make improvements. Toward that end, an IME vendor should provide a dashboard, so organizations can have a comprehensive view of IME statistics, including number of IMEs ordered, closed versus open referrals, the overall costs of IMEs, and efficiency in turnaround. These metrics contribute to an organization's ability to better manage claims costs and outcomes.

With the dual power of quality standards and performance measures, your organization will be able to better understand where your workers' comp dollars are going and have the ability to make better decisions at a program and claims level. ■

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