

WORKER-  
REQUESTED  
MEDICAL  
EXAM  
GUIDE



Workers' Compensation Division

**Before**



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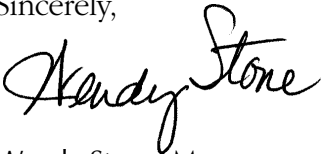


## Dear participant:

I want to thank you for your interest in this program and welcome you. This pamphlet provides information to all participants: the worker, the worker's representative, insurer, and medical provider.

If you have any questions about this program, please call the Benefit Consultation Unit, (800) 452-0288; a consultant will be happy to assist you.

Sincerely,

A handwritten signature in black ink that reads "Wendy Stone". The signature is written in a cursive, flowing style.

Wendy Stone, Manager  
Benefit Consultation Unit  
Workers' Compensation Division  
(503) 947-7559  
FAX (503) 947-7612

## **Purpose of the worker-requested medical examination**

The purpose of a worker-requested medical examination is to provide the worker an impartial examination conducted by a physician selected by the Workers' Compensation Division (WCD). The report may be used as evidence in workers' compensation proceedings to determine compensability of a claim.

## **History of the worker-requested medical examination**

Oregon is on the cutting edge of workers' compensation reform. The worker-requested medical exam emerged from the 2001 legislative session when a new law was passed entitling some injured workers to an impartial medical examination.

## **Eligibility for requesting a worker-requested medical examination**

A worker is eligible for an examination if the claim was denied on or after January 1, 2001, and the worker has requested a hearing within 60 days of the denial date. The denial of compensability must be based on an insurer medical-examination report with which the attending physician did not concur.

## Workers' compensation medical exams comparison

### Worker-requested medical exam (WRME):

An examination available to the worker whose claim has been denied for compensability based upon an insurer medical exam. The insurer or self-insured employer pays for this examination.

### Medical arbiter exam:

An examination conducted when the worker, insurer, or self-insured employer disagrees with impairment findings at claim closure. WCD oversees the selection of the arbiter physician for this examination. The insurer or self-insured employer pays for this examination.

### Physicians' review:

An examination requested by the parties or WCD to determine if treatment is excessive, inappropriate, ineffective, or is in violation of the rules. WCD selects the physician for this examination. The insurer or self-insured employer pays for this examination.

### Insurer medical examination (IME):

A medical examination of an injured worker by a physician other than the worker's attending physician at the request of an insurer. The insurer or self-insured employer pays for this examination.

## Participants' roles:

### Worker's role

Once the worker meets the criteria for requesting a worker-requested medical exam, the worker may submit a request to WCD (please see Page 9). The worker does not need an attorney to request a worker-requested medical exam.

The request must include the following:

- Injured worker's name, address, claim-identifying information
- A list of all physicians who have provided treatment to the worker for the on-the-job injury
- Date of the hearing request to address compensability of denied condition
- A copy of the insurer's denial letter
- Documentation stating the attending physician did not concur with the insurer medical examination

The worker or the worker's representative is responsible for scheduling the exam and notifying all parties. Once the exam is scheduled, the worker submits written questions related to the compensability denial to the physician at least 14 days prior to the exam.

If the worker fails to attend the scheduled worker-requested medical exam, the insurer shall pay the physician 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.

## WCD's role

WCD receives the request for the worker-requested medical examination, determines eligibility, selects the physician to perform the exam, and notifies parties which physician was selected.

WCD maintains a list of physicians selected to perform the worker-requested examinations.

WCD provides training to physicians upon request.

## Insurer's or self-insured employer's role

Within 14 days of receiving a copy of the workers' request, the insurer or self-insured employer must provide the director with the names and addresses of all physicians who have served in the following capacities:

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

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

The insurer or self-insured employer is responsible for payment to physician for the exam and the report.

The insurer or self-insured employer will pay the costs of the worker-requested medical examination. Reimbursement of related services includes but is not limited to:

- Child care
- Travel
- Meals
- Lodging
- Worker's net lost wages for period absent from work

## Medical provider's role

The medical provider is responsible for performing the exam and preparing a report.

Upon completion of the examination, the provider must address the medical exam questions originally submitted by the insurer and the questions submitted by the worker.

The final report must be sent to the worker and insurer or self-insured employer within five working days of the exam.

When billing for a worker-requested medical examination, the provider should submit the bill to insurer using the Oregon Specific Code: W0001 (usual and customary fee) pursuant to OAR 436-009-0070 and 436-010. Direct your billing questions to the Medical Review Unit, (800) 452-0288.

## ORS 656.325 and OAR 436-060-0147 Worker-Requested Medical Examination Request Checklist

**Worker:** \_\_\_\_\_

**Claim number:** \_\_\_\_\_

**Claim status:** \_\_\_Deferred \_\_\_Accepted \_\_\_Denied \_\_\_Partial denial

1. \_\_\_ Submit a request for the exam to the director. At the same time, send a copy of the request to the insurer or self-insured employer.
2. \_\_\_ Worker's name, address, and claim-identifying information.
3. \_\_\_ Names and addresses of physicians who have provided medical services to the worker on this claim or who have provided medical services to the worker related to the claimed condition.
4. \_\_\_ The date the worker requested a hearing and a copy of the hearing request.
5. \_\_\_ A copy of the insurer's denial letter based in part on an insurer medical exam (IME).
6. \_\_\_ Document(s) that demonstrate that the attending physician does not concur with the IME report(s) on which the insurer based its denial.
7. \_\_\_ Schedule the exam with selected physician and notify the insurer and the Workers' Compensation Board of the scheduled exam within 14 days of the notification of the selected physician.
8. \_\_\_ The worker is responsible for communicating questions related to the compensability denial in writing to the physician at least 14 days prior to the date of the exam.

For assistance, contact the Benefit Consultation Unit, (800) 452-0288. This checklist is available at [www.oregonwcd.org/compliance/bcu/wrme\\_chklist.pdf](http://www.oregonwcd.org/compliance/bcu/wrme_chklist.pdf)

## Key terms & abbreviations

### **Attending physician (AP)**

A physician primarily responsible for the treatment of an injured worker.

### **Benefit Consultation Unit (BCU)**

The unit in WCD responsible for administering the workers' requested medical-exam program. The unit also responds to complaints and inquiries from anyone concerning matters relating to the administration of Workers' Compensation Law.

### **Denied claim (denial)**

Written refusal by an insurer to accept compensability or responsibility for a worker's claim of injury.

### **Department of Consumer and Business Services (DCBS)**

The state agency consisting of the Workers' Compensation Division, the Workers' Compensation Board, OR-OSHA, Insurance Division, Ombudsman for Injured Workers, Small Business Ombudsman, and other offices and programs.

### **Insurer medical examination (IME)**

A medical examination of an injured worker by a physician other than the worker's attending physician at the request of the insurer.

### **Medical Review Unit (MRU)**

The unit in WCD responsible for resolving disputes about medical issues on worker's compensation claims.

### **Ombudsman for Injured Workers (OIW)**

The state office that serves as an independent advocate for injured workers in their dealings with the workers' compensation system.

### **Oregon Administrative Rule (OAR)**

Rules and regulations issued by state agencies to administer the law.

## **Oregon Board of Medical Examiners (BME)**

The Oregon Board of Medical Examiners licenses and monitors the professional conduct of Oregon's physicians and investigates complaints against its licensees.

## **Oregon Revised Statutes (ORS)**

The law as adopted by the legislature.

## **Oregon Specific Code (OSC)**

OAR 436-009-0070 — This is a code developed by WCD to describe a service when there isn't a current procedural terminology (CPT) code to describe the service provided. The fee for a worker-requested medical examination shall be billed under OSC-W0001. This code shall be used to describe the actual time spent by the examiner reviewing the file, examining the worker, and preparing the report.

## **Relative Value Unit (RVU)**

This is a unit of measurement developed by the Centers for Medicare and Medicaid Services (CMS) to describe the relative value based on difficulty of codes.

## **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.

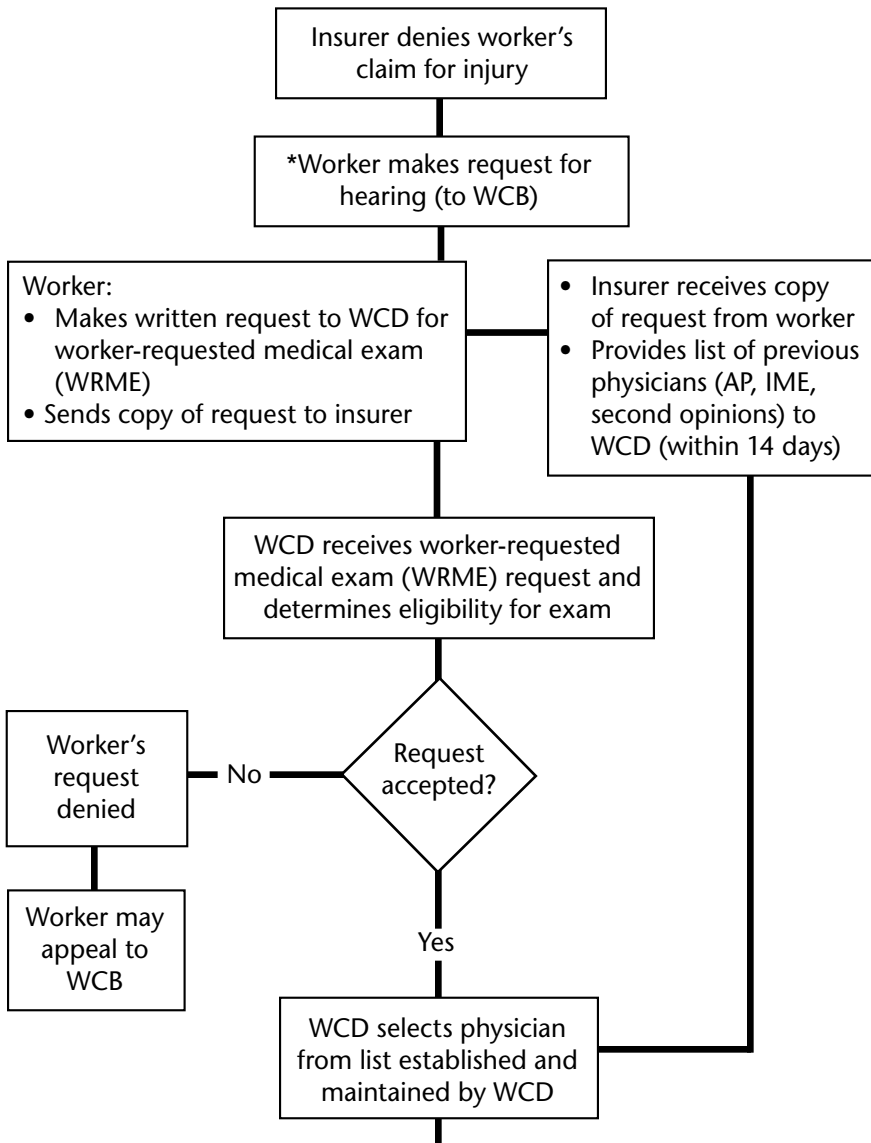
## **Workers' Compensation Division (WCD)**

The division within the Department of Consumer and Business Services, a state agency, that administers Oregon's workers' compensation laws.

## **Worker-requested medical examination (WRME)**

An examination available to a worker whose claim has been denied based on an insurer medical exam.

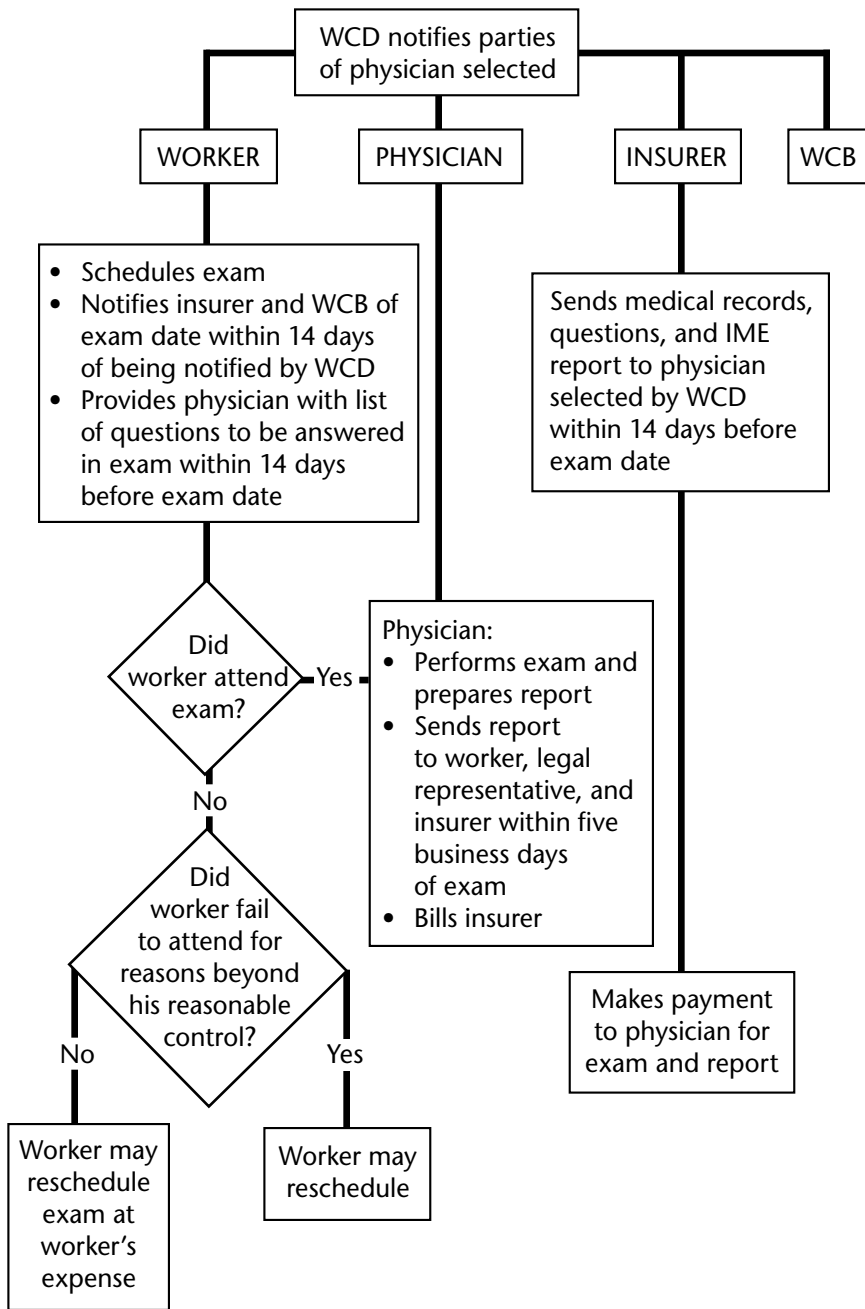
## Worker-requested medical exam flow chart



*Continued on next page*

\* "Worker" may also refer to a worker's legal representative who has been authorized to act on the worker's behalf.

# WORKER-REQUESTED MEDICAL EXAMINATION GUIDE



Flow chart

\* "Worker" may also refer to a worker's legal representative who has been authorized to act on the worker's behalf.



## Services directory

Visit one of the following State of Oregon Web sites for information:

### Workers' Compensation Division

[www.oregonwcd.org](http://www.oregonwcd.org)

### Ombudsman for Injured Workers

[www.cbs.state.or.us/wco](http://www.cbs.state.or.us/wco)

### Workers' Compensation Board

[www.cbs.state.or.us/wcb](http://www.cbs.state.or.us/wcb)

### Oregon Board of Medical Examiners

[www.bme.state.or.us](http://www.bme.state.or.us)

### Workers' Compensation Division, Salem location:

350 Winter St. NE, Room 27

P.O. Box 14480, Salem, OR 97309-0405

### Workers' Compensation Board, Salem location:

2601 25<sup>th</sup> St. SE, Suite 150

Salem, OR 97302-1282

### Workers' Compensation Division

General Information ..... (503) 947-7810

TTY\* ..... (503) 947-7993

### Benefit Consultation Unit ..... (503) 947-7585

Toll-free in Oregon ..... (800) 452-0288

Fax ..... (503) 947-7612

### Medical Review Unit ..... (503) 947-7816

Toll-free in Oregon ..... (800) 452-0288

Fax ..... (503) 947-7794

### Ombudsman for Injured Workers ..... (503) 378-3351

Toll-free in Oregon ..... (800) 927-1271

Spanish line (toll-free in Oregon) ..... (800) 843-8086

TTY\* ..... (503) 947-7189

Fax ..... (503) 373-7639

### Workers' Compensation Board ..... (503) 378-3308

Toll-free in Oregon ..... (877) 311-8061

For TTY\* ..... use ext. 307

Fax ..... (503) 373-1684







**Oregon Department of Consumer & Business Services  
Workers' Compensation Division**

350 Winter Street NE

P.O. Box 14480

Salem, Oregon 97309-0405

(800) 452-0288 • [www.oregonwcd.org](http://www.oregonwcd.org)