



Department of Consumer and  
Business Services

# Workers' Compensation Insurer Medical Examination Study

Presented to:

Workers' Compensation  
Management-Labor Advisory Committee  
December 2, 2004

# Workers' Compensation Insurer Medical Examination Study

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## IME Study Committee

### **Committee Charge:**

Describe the current situation or status of IMEs, with focus on:

- Worker reports of their experience,
- Description of the IME industry,
- Numbers of IMEs and cost data,
- Who is selected to be sent to an IME by an insurer and why,
- Results of IMEs,
- Connection to worker-requested medical exams,
- Review of IME letters and reports,
- Identify areas of concern, and
- Draft recommendations

### **Committee members:**

Jan Miller, Communications & Training Manager, WCD, Committee Lead

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## Executive Summary

The Management-Labor Advisory Committee requested that the Department of Consumer and Business Services conduct a study of the workers' compensation Insurer Medical Examination (IME) system in Oregon.

From February through November of this year, the IME study committee worked at getting the most accurate information about Oregon's IME system, especially around those areas that have been expressed as concerns. These included injured worker, claimant attorney, and attending physician complaints about IME physicians being biased toward insurer, rude and rough behavior by IME doctor with injured worker patients, and IME physicians not reviewing actual diagnostic studies. There had also been concerns around the distance injured workers are forced to travel for an IME, the lack of information given an injured worker about what to expect at an IME, and the use of leading questions in letters from insurers (claims examiners) to IME physicians prior to an exam.

The committee developed a study plan that consisted of conducting six surveys: injured workers who've attended IMEs, claimant attorneys, defense attorneys, attending physicians, IME physicians, and IME facilities/companies. The committee also conducted three insurer/third-party-administrator focus groups, developed several statistical reports, collected injured worker feedback to the department through their contacts with the Ombudsman for Injured Worker office and WCD's Benefit Consultation Unit, conducted a review of insurer letters and subsequent IME reports, and researched issues such as the impact worker-requested medical examinations and medical arbiter examinations are having on the system, sanctions of workers for non-attendance to IMEs, and how the Board of Medical Examiners handles IME complaints.

In the full report, you will find:

- each survey with its analysis and 1-2 pages of highlighted results,
- a summary of insurer/TPA focus groups questions and answers and highlighted information,
- a history of the IME system in Oregon and a synopsis of the Medical Arbiter program and its impact on IMEs,
- statistics from the Information Management Division resulting from Bulletin 220 reporting by insurers,
- the IME-related contacts and complaints that were received through the Ombudsman for Injured Workers' office and through WCD's Benefit Consultation Unit from May through November of this year,
- a summary of the insurer letters and IME reports reviewed,
- an overview of the worker-requested medical examination rules and program use, and
- an overview of the sanctions to injured workers.

The surveys were conducted through a statistically valid random sampling with an attempt to have enough responses to have a 95 percent confidence level. All surveys reached this level. The IME facility survey was to only 11 facilities. These facilities make up the majority of IME facility activity in Oregon. Only 10 facilities responded to the survey.

Survey responses showed an overwhelming perception of IME physician bias to insurers, including 53 percent of the responses by IME physicians themselves. Responses also validated that most areas of concern noted prior to the study do, indeed, exist. In addition, the study also identified that there was

no effective process for injured worker complaints regarding their IME experience, that IMEs are a huge cost to the system, including injured worker “no shows,” and there appears to be a problem around IME travel expenses for injured workers. The study also revealed that there are credible and unbiased IME physicians in the system, but the system has become tainted from historical incidents as well as IME physicians who rely on insurer medical examinations as their entire income. Many IME facilities have put in measures to attempt to provide higher quality medical reports and to get injured worker feedback. The study and the committee recognized the importance of IMEs to maintain balance in the system. This same balance can still be achieved by ensuring a truly independent exam, and is in everyone’s best interest.

After analyzing the survey and focus group data, summarizing letter and report review data, and reviewing complaints received from May through November of this year, the committee has identified several areas of concern.

**1. IME physician bias toward insurers.** That data supports that there is bias in the system. Not only was this expressed in the injured worker, claimant attorney and attending physician surveys, but also 53% of the IME physicians responding to the survey stated that there was bias. The perception of bias is especially strong regarding IME physicians whose entire practice is doing IMEs for insurers. Seven of the doctors who responded to the survey did nothing but IMEs.

This bias shows itself in several forms:

- Insurer interference with report outcome through ex parte communications, asking leading questions and putting inappropriate comments in their letter to the IME doctor
- Financial pressure: IME doctors whose sole practice and income is from IMEs paid by insurers
- Contracts with insurers – one doctor who responded to the survey said the insurer agrees to a minimum number of IMEs per year.
- Reports not supported by medical evidence.

➔To reduce the perception of bias, a random selection of IME doctors could be developed, with the selection done by the insurer or by the department. The development of ethical standards and a quality assurance program could also be effective.

**2. No process in place for handling injured workers complaints regarding IMEs:** Some IME facilities have a feedback form that they give to injured workers to fill out after the examination. However, there is no place or effective process to handle workers’ complaints for mistreatment. Currently the BME is the only avenue - they do take some complaints against IME physicians, but only in certain circumstances. This is partially due to the tenuous doctor/patient relationship between IME’s and the subjects of their examinations, the BME does not have statutory authority to regulate IME doctors unless they exhibit unprofessional conduct or conduct a painful examination. Most of those cases require either multiple complaints against the doctor, or that there is a witness to the offense. Currently, most complaints go to the insurer, the worker’s attorney, the worker’s attending physician, or the Workers’ Compensation Division. None of these places, except for the medical arbiter program, have a complaint process in place.

➔Education and information to the injured worker regarding what to expect from IMEs could reduce the number of complaints. Tracking of complaints by the department would help determine if changes

to the IME process are being effective. The BME or the department could take a larger role in handling complaints.

**3. Lack of professional/ethical standards for IME physicians and no oversight.** Currently any doctor with an active license can serve as an IME physician. They do not fall under the same scrutiny as treating physicians. And because they are not treating physicians and are not supposed to form a relationship with their patients, it leaves them open to complaints, and leaves injured workers frustrated with their experience.

➔ Standards could be set by the Board of Medical Examiners (BME) or the department, with more oversight by BME, the Oregon Medical Association or the Medical Advisor in conjunction with the department.

**4. Distance injured workers must travel to IMEs.** Twenty-one percent of injured workers who responded to the survey had to travel more than 100 miles each way to their IME. While there are legitimate reasons for having to send an injured worker this far, this large percentage raises the question of abuse occurring due to the lack of a law regarding reasonable location. Currently the law reads “that workers are required to attend exams at **a time** reasonably convenient for the worker. SB 369 removed the words “and place” from the law.

➔ The law could be changed to include scheduling at a place reasonable to the worker or geographic zones could be developed.

**5. Lack of information provided to injured workers about IMEs.** Many injured workers do not understand the exact purpose for an IME and have differing expectations. Many think they’re just going for a second opinion from another treating physician who would be interested in hearing about the workers total health issues, so an impersonal and/or very short exam can be a bit of a shock.

➔ The department could develop informational materials to be given to injured workers by their insurer.

**6. Workers not showing up for their IME.** Due to the costs and timelines of IMEs, no shows can be a significant problem. Currently there are no-show fees that the insurer must pay. These fees are usually half the price of the actual exam, which can be upwards to a few thousand dollars.

➔ Department scheduling and oversight may improve this issue. A fee schedule may reduce overall costs.

**7. Attending physicians not going over the IME report with their patient.** The study showed that a large number of attending physicians do not review the IME report with their patient. We also know from the study that several attending physicians contact the insurer and request that they set up an IME. It is clear that some attending physicians are reluctant to be straight with their patients regarding their injury, or when they concur with an IME that does not support the patients claim. Where this is understandable, especially when the attending physician treats the workers entire family, it can be devastating to an injured worker when they find out the physician did not support them. A worker feels “sold down the river.”

➔ Adding language to the concurrence form that doctors must sign such as “I have reviewed this report with the patient....” may force or encourage attending doctors to review the report with the injured worker.

**8. Diagnostics not available for IME:** Insurers are having difficulties getting the workers’ diagnostic studies from their attending physicians to the IME physician in time for the exam. Therefore many, if not most, IME physician’s opinions are based on the report of the radiologist, technician, etc. rather than viewing the studies themselves.

➔ Scheduling and requesting documents by the department may be more effective than insurer requests.

In comparing the current IME process with the current Medical Arbiter process, which uses IME physicians, the committee found that the Medical Arbiter program does not have the same issues or complaints as the insurer IME process. Some of the following recommendations are based on successful components of the program. The option packages listed are examples of what some of the fixes to the areas of concern might look like.

It is also suggested that the development of a fee schedule be considered to address system costs.

## Recommendations to address areas of concern

### Option 1:

**Adopt the already successful medical arbiter program model. The program includes:**

<b>Characteristics</b>	<b>Areas of Concern Addressed</b>
Selection of physician by WCD	Bias: Selection by the department would alleviate the perception of bias when insurers select the physician.
Includes geographical considerations	Worker hardship: Workers are often required to travel unreasonably long distances for an exam
Does not send worker to same IME facility twice	Bias: When workers are required to participate in multiple exams, sometimes they are sent to the same IME facility for each exam, it calls into question the impartiality of the physician.
No off-record communications	Arbiter physicians are sequestered during the reconsideration process. Parties are prohibited from direct contact with the physicians, but may see clarification through the department.
Ability for parties to “de-select” a physician	Bias: Currently insurers may pick any doctor they wish. This feeds the perception that certain doctors are chosen because they will provide desired results. Participation: Workers and attorneys have no say in which doctor will do the exam. De-selection allows both parties to have input about doctors not to use.
Training & standards: Includes training of, and standards for, the physician by WCD on ethics and general expectations.	Worker hardship & complaints: Doctors are accused of mistreating patients physically and verbally during exams. There is currently no training, no guidelines, and little accountability for IME doctors.
Appointments set by WCD staff	Disputes: WCD must resolve disputes over appointments. Some of these disputes would not arise if WCD set the appointment; and others would be resolved more quickly because WCD would have all of the facts surrounding the appointment readily available. Education: Workers are not currently well educated about exam’s purpose and what to expect. In many instances insurers are unable to do this – a time/workload issue or the injured worker is represented. For medical arbiter program, WCD calls and talks to the worker about the upcoming exam and what to expect. Bias: Currently, conflict of interest is not considered when choosing a physician to do an exam. WCD looks at the circumstances and avoids physician who may have conflict of interest. Requires doctor to sign conflict of interest form.
Process is in place for workers to complain to WCD about problems with the exam.	Worker hardship: There is currently no official place to complain about a physician or an exam. The Board of Medical Examiners is extremely limited in its ability to pursue complaints. WCD accepts and maintains files of complaints and reviews complaints with the IME doctors.

WCD uses a fee schedule to regulate costs	System costs: There are no limits to the amount a physician can charge for an exam. High fees may be an incentive to generate a product in favor of the insurer who pays the high fee. A fee schedule takes away the enormous financial incentives to provide IME's.
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The infrastructure to handle this type of process is already in place. This option would require adding additional WCD personnel for the program. Currently the medical arbiter program handles 3,000 IMEs per year and has 4 schedulers, 1 trainer and 1 quality assurance person. In the IME system, 10,000 IMEs occur per year.

[Note: This is estimated to require 12 schedulers, 1 trainer and 1 quality assurance person with the cost being between \$1,062,288 and \$1,222,560 per biennium depending on the classification level of the positions]

**Option 2:**

The department randomly selects IME doctors for the insurer to use in the injured worker's geographical location. This would require a selection process be developed that includes location exceptions when justified. The department would track IME feedback at the same time as providing additional information to injured workers. This could be done by having WCD develop a brochure and evaluation form that insurers would be required to send to the injured worker along with their appointment letter. WCD could track the evaluations to determine the effectiveness of the changes to the IME process. WCD could gather information about the IME as well as distance traveled.

[Note: this is estimated to require 2 staff members for selection process at \$167,040 per biennium]

**Option 3:**

Replace wording in ORS 656.325(1) that workers are required to attend exams at a time **and place** reasonably convenient for the worker. The words "and place" were removed in 1995 SB369. Injured workers could appeal to the Sanctions Unit for no shows due to the location not being reasonable. WCD, through dispute resolution, would determine the reasonableness, as they already do today regarding "time." To address bias, a random selection process would be required of insurers. The department would track IME feedback at the same time providing additional information to injured workers by developing a brochure and evaluation form that insurers would be required to send to the injured worker along with their appointment letter. WCD could track the evaluations to determine the effectiveness of the changes to the IME process. WCD could gather information about the IME as well as distance traveled.

[Note: this is estimated to require 1 sanctions officer to handle increase in appeals, \$110,160]

**Option 4:**

Replace wording in ORS 656.325(1) that workers are required to attend exams at a time **and place** reasonably convenient for the worker and develop a registry of IME doctors who have been through training on or have formally agreed to professional ethical standards and standards for impartiality developed by the BME or the department, with oversight by the department or BME. Insurers would have to randomly select from this registry. A quality assurance review process by the department or in partnership with BME, OMA or the Medical Advisory Committee would also be a component of this program and be developed by the department. Have the department track IME feedback at the same time providing additional information to injured workers, by developing a brochure and feedback form that insurers would be required to send to the injured worker along with their appointment letter. WCD could track the evaluations to determine the effectiveness of the changes to the IME process. WCD

could gather information about the IME as well as distance traveled. Additional staff would need to be added to accomplish this option.

[Note: this is estimated to require 1 position to maintain the registry, 1 trainer, and 1 quality control person at \$303,840 per biennium]

Items from each of these options could be mixed and matched. The details for any of these recommendations would need to be worked out by MLAC with assistance from the department.

## **Oregon's IME history and the Medical Arbiter Program's impact**

### **1. Historical Origin of the IME Industry in Oregon**

The actual beginning of the IME industry in Oregon remains obscure. As best can be determined, it was not until the post-war era, the late 1940's and 1950's, that the precursor of modern independent medical examinations came into being. They were not, however, referred to as independent medical examiners (IMEs), but rather as insurance medical examinations. No attempt was made to conceal the relationship between insurer and physician, the IME doctor's job was pure and simple; to defend the insurance company and help deny the claim. It was a period when the insurance company doctor's opinion was seldom challenged. The state had yet to develop comprehensive disability standards, and the concepts of impartiality, and conflict of interest were unknown. The doctor was not required to provide a strong medical rationale or even a rationale at all. The physician need only state the words: "...the worker's injury has resolved without residual impairment."

Initially, insurance-related medical examinations were performed by individual physicians in their own clinics or at the insurer's office. In 1974, however, a fundamental change came with the formation of Orthopaedic Consultants, the oldest IME facility still doing business in Oregon. Orthopaedic Consultants offered the services of a group of doctors from various medical specialties to perform insurance-related examinations. Although the term IME (independent medical examination) had replaced insurance medical examination during the 1960's, it did not come into common usage until the birth of the IME facilities.

In the years following, other IME companies emerged: Med Ops Management, 1977; Western Medical Consultants (now WMCI Prime Evaluations), 1984; Medical Consultants Network, 1987; CorVel, 1989; Impartial Medical Opinions, 1989; Columbia Medical Consultants, 1994; and, Oregon Medical Evaluations, 1996.

This study has identified some 24 companies currently arranging and overseeing independent medical examinations in Oregon, though more than half do so on an occasional basis only. (See appendices I for a complete listing of companies). The 11 IME vendors singled out to participate in this study are responsible for over 90% of all IME examinations performed in Oregon.

It is important to note that throughout the time period described above, a small core of physicians continued to perform IMEs separate from facilities. However, this distinction did little to prevent critics from lumping together independent IME physicians with their counterparts working out of facilities.

Interestingly, while most insurers and IME facilities continue to refer to IMEs as "independent medical examinations," this is an inaccurate interpretation of the acronym. Historically, the term, IME, was not mentioned in the administrative rules (division 10) until 1990 when the title "independent medical examination" was adopted. Two years later, however, it was redefined in the same rules as an "insurer required examination". Then, in 1995, it assumed its current form as "insurer medical examination".

## 2. **The Changing Nature of IMEs**

As the workers' compensation system has evolved in Oregon so too has the IME industry. Some of the more prominent changes observed during the past 30 years have been summarized below.

- a. From at least the 1970's onward, IME panels routinely included a psychiatrist or psychologist. Even if the claim involved purely orthopaedic conditions, a psychiatrist or psychologist was often placed on the panel as a means of discounting the injury on psychological grounds. By the early 1990's, the practice of citing mental/emotional problems as a means of subverting the claim was abandoned when claimant attorneys began to lobby to have these same psychiatric/psychological conditions accepted as a sequela.

However, a legacy from this era remains in the form of a number of psychological terms used to discredit the injured worker. Terms such as secondary gain, functional disturbance, somatoform disorder, hysterical conversion, psychogenic pain disorder, somatic overfocusing were originally opined by the psychiatrist or psychologist serving on the IME panel. In recent decades, IME physicians have continued to apply these terms when they deem appropriate even though they lack the psychiatric/psychological credentials to render such opinions. Terms that stigmatize and impeach the credibility of the injured worker tend to stick and are highly influential in the way future examiners view the worker. Many times it becomes an insurmountable task for the injured worker to vindicate himself or herself once a label of this sort finds its way into an IME report.

- b. Another significant factor to arise during the 1970's and 1980's was Oregon's growing intolerance of worker fraud. It was during this period the Department actually created a unit devoted to seeking out fraudulent workers. Surveillance of injured workers by private investigators reached its zenith, with IME examination appointments becoming a prime opportunity to "catch" the worker engaged in activities beyond those reported to the examining IME physicians. IME facilities and IME doctors were pulled into these sub rosa endeavors, often reporting the coming and going of injured workers from their IME appointments. A leading Portland IME facility boasted of having one way glass in the waiting room so their doctors could secretly observe injured workers. Review of surveillance film by IME physicians became common place and continues today.
- c. The watchdog role assumed by the IME industry during this period was replaced in the 1990's by a more positive approach on the part of insurers and IME facilities alike. Based on a heightened sense of professionalism, the industry came to realize the advantages to be had by raising their own standards. IME facilities in particular sought ways to achieve a greater level of legitimacy. Quality assurance, for example, was non-existent in previous decades but was introduced during the 1990's and has become a prominent feature of the larger IME companies. Nurse consultants are generally utilized in this capacity to work with IME physicians on technical/legal aspects of their reports. Acting as a sounding board for the IME physician, these nurse consultants may challenge the doctor's conclusions, thereby pushing physicians to produce more defensible reports.

- d. One of the central issues this study has attempted to explore is the relationship between the IME industry and insurers. Time and again critics ask how IME facilities can guarantee impartial examinations when the insurer is footing the bill and may take their business elsewhere? During the 1990's the IME industry itself seemed to recognize the futility of trying to render medical opinions favorable only to the insurer. Rather, they came to realize that providing high quality services was a more reasonable and obtainable goal (i.e., focusing on timeliness and thoroughness of reports, and other customer service issues).

This shift in philosophy has gradually taken hold among many IME physicians. Whatever pressure, actual or imagined, IME doctors once felt to opine in favor of the insurer has lessened as facilities have redefined themselves.

Insurers made a similar leap in thinking and have now adopted an altogether more professional approach toward IMEs. The larger insurers, for example, have standardized referral letters to acquaint IME physicians with upcoming evaluations. For the most part this study found the case specific questions presented in these letters neutral in tone and content. However, some leading and prejudicial statements were identified in the additional comments made by claims examiners. Reference to off the record conversations between insurers and IME physicians were also noted by this study. Informal communication of this type can certainly damage the integrity of the IME process.

### **3. Competition within the IME Industry**

During its infancy, the IME industry in Oregon must have looked out at what appeared to be a limitless market among insurers. Four decades later, and with multiple competitors to contend, IME companies now feel the squeeze. In what has become a highly competitive field, many facilities have diversified their services to supplement the traditional IME referrals. Beyond IME exams, a number of vendors now take on third-party liability cases, malpractice reviews, social security evaluations, surgical second opinions, pre-employment physicals, and chart reviews. Some IME facilities, as well as independent IME physicians have contracts with employers and insurers to provide these services in addition to IME examinations. At the very least, contracts create the appearance of a conflict of interest.

A growing number of Oregon IME companies have also sought out national and regional affiliations with other vendors and clearing houses as a means of soliciting additional referrals, as well as lending greater credibility to themselves because of their national standing.

Understandably, insurers have found the competition between IME companies advantageous.

### **4. Composition of IME Physicians:**

- a. It is interesting to note that the majority of physicians who perform IME examinations do not refer to themselves as IME doctors. Instead, they prefer the term consulting physician, or use the medical specialty in which they were trained, i.e., neurosurgeon, orthopaedist, etc. Such is the controversy that surrounds the IME physician. Perhaps no other figure in the workers' compensation arena has been so villainized as the

physician who does the insurer medical examination.

- b. But what draws physicians to the IME industry in the first place? Medical specialty is one of the leading answers. While family practitioners, pediatricians, and internists can rely on a fairly constant stream of patients, this is not the case for orthopaedists, neurosurgeons, and other more obscure medical specialties. The ebb and flow of business has forced many of these specialists to look for supplemental avenues of income. By the same token, orthopaedists, neurologists, and neurosurgeons are exposed to workers' compensation more regularly than the average doctor since their caseloads are apt to include traumatic injuries, some of which are work-related. This familiarity with the comp system makes the transition from treating doctor to IME/consulting doctor rather an easy one.
- c. When IME facilities began organizing in the 1970's and 1980's, a core of Oregon physicians came forward to fill the ranks. For reasons that are unclear, some of these doctors found IME/consulting work more to their liking than actually treating patients. These physicians formed the old guard due to their longevity in the IME profession and their names remain synonymous with independent medical examinations.

Over the course of two decades many of the original IME physicians were replaced by a second wave of doctors who continue up to the present day to do IME evaluations. Again, the bulk of these more recent physicians have distanced themselves from the role of treating injured workers. And herein lies one of the criticisms leveled against IME doctors, i.e., they have lost touch with the realities of treating injured workers. Praised by insurers and the facilities they work for, these physicians have become, so the argument goes, entrenched in their views toward work injuries.

- d. But change has also come to the IME industry over the last 10 years as both insurers and facilities have adopted greater standards of professionalism. Once considered impeccable, a number of "high profile IME physicians" have found their medical opinions no longer credible. Administrative Law Judges have routinely taken exception with "gratuitous remarks" made by IME physicians of the old school. Gratuitous remarks in this context refer to broad, almost philosophical statements made without benefit of a strong medical rationale. To say, for example, that all soft tissue injuries by definition are self-limiting and resolve without residual impairment is a gratuitous statement. It makes no allowance for individual variance or other complicating factors and basically cancels out the need for an examination altogether. The marketability of IME physicians in this category has waned tremendously in recent years.
- e. Another phenomenon of recent origin has been the interest semi-retired physicians have shown toward the IME field. In unprecedented numbers, physicians approaching retirement age have been gravitating to this line of work. A typical example is the doctor who can no longer endure the rigors of surgery but is not ready to leave medicine. For a variety of reasons, mostly logistical, these semi-retired docs sign up with facilities.
- f. The most recent development regarding IME physicians involves the introduction of a number of private office doctors into the IME mix. Unlike the semi-retired physicians

discussed above, these doctors generally have busy practices that usually include injured workers as patients. The greatest number of these physicians come from the fields of occupational medicine and physical medicine and rehabilitation (physiatry). In most instances, an entire clinic of these physicians will make themselves available to do IME exams. They offer a viable alternative to the IME facilities in that they have the ability to produce comprehensive closing reports while maintaining a degree of impartiality unattainable by IME companies.

## 5. **Impact of the Medical Arbiter Program**

The Medical Arbiter Examination is unlike any other exam performed in the workers' compensation system. Established as the cornerstone of the Reconsideration Process, the Medical Arbiter Examination focuses on impairment findings and medical opinions relative to those findings. As the first level of appeal of claim closure, Reconsideration Orders generally rely on the impairment findings of the medical arbiter to address the issue of permanent disability.

In its formative years, the Medical Arbiter Program relied heavily on IME physicians. That has changed, however, and now 8 out of every 10 arbiter evaluations are performed by private office physicians. Nonetheless, as many as 75% of all IME physicians have served or continue to serve as Medical Arbiters on an occasional basis. Likewise, more than half of all Medical Arbiter Panel Examinations are arranged through IME facilities since the Department does not have the logistical ability to convene panels. As a consequence, both IME doctors and facilities have some familiarity with the Arbiter process.

For many IME physicians, the orientation they receive in preparation for their initial Medical Arbiter Examination, becomes their first exposure to an arena where impartiality is of utmost importance. The new arbiter physician is acquainted not only with the philosophy of impartiality but also the practical aspects of carrying out an impartial evaluation. Regarding the technical/medical dimension, arbiter physicians (be they private office or IME) are provided training and guidance so their Medical Arbiter Examinations conform to the Disability Rating Standards and the Department's Bulletin 239, "Attending physician's closing examination and report"

It is important to note the positive effect the Medical Arbiter process has on both IME and private office physicians. Both categories of physicians seem to rise to the occasion and recognize they are part of a formal process that by definition must be completely impartial. More specifically, it has been the Department's experience that many IME physicians serving as Medical Arbiters can, with training, change hats and perform very adequately as impartial examiners.

Whereas the insurer medical examination is left vulnerable to a variety of pressures that may compromise impartiality, these influences are kept to a minimum for Medical Arbiter Examinations. The arbiter process itself is structured around a number of elements that promote an atmosphere of impartiality:

- ◆ All written materials and communications pertaining to the Medical Arbiter Examination emphasize impartiality.

- ◆ Injured workers receive pre-exam calls from the Department explaining the Medical Arbiter process and discussing what the worker can expect.
- ◆ All physicians participating in the Medical Arbiter Program undergo initial training and their work is periodically reviewed.
- ◆ Arbiter physicians must sign a conflict of interest statement for each referral.
- ◆ Arbiter physicians are selected randomly by WCD's computer according to geographic proximity to the worker and medical specialty required.
- ◆ Physicians previously involved in the claim, either as treating or evaluating doctors, are precluded from performing the Medical Arbiter Examination. Likewise, workers are never sent to a clinic or IME facility for their arbiter exam if they were seen there earlier in the claim.
- ◆ Arbiter physicians are sequestered during the Reconsideration process. The parties are prohibited from direct contact with arbiter physicians, but may seek clarification through the Department.
- ◆ The Department ensures the uniformity of the medical record, and provides standardized PPD exam questions derived from the administrative rules to alleviate the problem of leading questions.
- ◆ The Department provides an avenue of grievance for workers with complaints regarding their Medical Arbiter Examination.

Taken separately, some of these elements look like mere window dressing; however, when combined, they have a way of formalizing the Medical Arbiter Examination so that arbiter physicians, injured workers, and insurers are participating in an impartial process.

## APPENDIX

### IME Facilities Operating in Oregon and/or Southern Washington

\* asterisk indicates the vendor does medical arbiter examinations through the department

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|--|---|
| 1. Medical Ops *<br>1010 13th street<br>Salem, Oregon 97301<br>(503)581-8539   | 11. Impartial Medical Opinions *<br>16001 Quarry Rd.<br>Lake Oswego, Oregon 97035-3359<br>(503)635-1604       |
| 2. Orthopaedic Consultants *<br>2525 NW Lovejoy #400<br>Portland, Oregon<br>(503)228-4035  | 12. Premier Medical Consultants<br>161 High Street SE<br>Salem, Oregon 97301-3660<br>(503)365-7260            |
| 3. WMCI Prime Evaluations (Western<br>Medical Consultants) *<br>1618 SW First #450<br>Portland, Oregon 97201<br>(503)796-0012    | 13. Health Solutions<br>6700 SW 105th Avenue<br>Beaverton, Oregon 97008<br>(503)644-9131                      |
| 4. Columbia Medical Consultants<br>2565 B NW Lovejoy<br>Portland, Oregon<br>(503)227-3655  | 14. Cascade Independent Medical Examiners<br>19365 SW 65th #106<br>Portland, Oregon<br>(503)692-0824          |
| 5. Corvel IME Service *<br>700 Multnomah<br>Portland, Oregon 97232-2131<br>(503)233-9345   | 15. EMSI Examination Management Services<br>2202 Lloyd Center<br>Portland, Oregon 97232-1311<br>(503)249-7890 |
| 6. Star Medical *<br>9735 Shady Lane<br>Tigard, Oregon 97223<br>(503)620-6625  | 16. First Northwest Health *<br>9370 SW Greenburg Rd. #602<br>Portland, Oregon<br>(503)246-7211               |
| 7. Sunrise Medical Consultants *<br>1560 Commerical Street SE<br>Salem, Oregon 97302<br>(503)391-9911                            | 17. Med Experts<br>19001 SE McLoughlin Blvd<br>Milwaukee, Oregon<br>(503)656-0554                             |
| 8. Northwest Occupational Medicine Center<br>15862 SW 72nd Avenue<br>Tigard, Oregon 97224-7974<br>(503)684-7246                  | 18. Medical Consultant Network<br>9370 SW Greenburg Rd. #B<br>Portland, Oregon<br>(503)245-9810               |
| 9. Objective Medical Assessment<br>Corporation<br>8614 East Mill Plain Blvd<br>Vancouver, Washington 98664-2059<br>(360)896-6623 | 19. Oregon Medical Evaluations<br>6900 Atlanta #120<br>Portland, Oregon<br>(503)684-3988                      |
| 10. Health Cost Management<br>7275 NW Evergreen Pkwy #200<br>Hillsboro, Oregon 97124<br>(503)693-7463                            | 20. Value Medical Resources<br>131 N State Street #D<br>Lake Oswego, Oregon 97034-3951<br>(503)636-6117       |

21. Asante Health Systems  
2825 E Barnett Rd  
Medford, Oregon 97504  
1(800)688-4920
22. Medical Consultants Northwest  
1155 Mission Street #208  
Salem, Oregon 97301  
(503)364-8141
23. Exam One  
Ashland, Oregon  
(541)482-9312
24. Concentra  
3449 N Anchor  
Swan Island, Oregon  
(503)283-0013

# Injured Worker Survey regarding IMEs

## Highlights

### General information

- Injured workers reported that they attended a median of one IME.
- When asked the name of the IME facility, 46 percent of the injured workers could not provide the name of the IME facility.

### Travel to and location of IME

- When asked how far they had to travel to the IME,
  - 46 percent had to travel 25 or fewer miles to the IME
  - 16 percent traveled between 26 and 50 miles
  - 18 percent traveled between 51 and 100 miles
  - And 21 percent traveled over 100 miles.
- Twenty-three percent had difficulties covering their travel expenses. The most cited reasons were having to take time off from work or no time-loss pay, having to pay for gas, and not being reimbursed or only partially reimbursed.
- Fifty-five percent reported they were not informed by the insurer that they could request money for travel expenses in advance and 61 percent reported they did not have their travel expenses paid by the insurer.

### Satisfaction of IME explanation

- Thirty-five percent of injured workers reported that the insurer had explained to them what to expect at the IME. Of these workers, 63 percent were satisfied or very satisfied with the explanation and 37 percent were dissatisfied or very dissatisfied.
- Seventy-two percent of injured workers reported that the IME physician had explained to them the reason for the IME. Of these workers, 67 percent were satisfied or very satisfied with the explanation and 33 percent were dissatisfied or very dissatisfied.

### Satisfaction of IME experience

- When asked to rate their IME experience,
  - 44 percent were very satisfied or satisfied with how well the physician listened to their concerns, 30 percent were dissatisfied, and 26 percent were very dissatisfied.
  - 59 percent were very satisfied or satisfied about the level of respect shown by the physician, 23 percent were dissatisfied, and 18 percent were very dissatisfied.
  - 48 percent were very satisfied or satisfied about the physician's knowledge about their condition, 33 percent were dissatisfied, and 20 percent were very dissatisfied.
  - Regarding the overall IME experience, 40 percent were very satisfied or satisfied, 30 percent were dissatisfied, and 30 percent were very dissatisfied.

### Pain experienced during IME

- When asked about pain experienced during the IME, 87 percent of injured workers responded that they had felt pain. Of those, 33 percent believed the pain to be an unreasonable amount. Of those that believed it was unreasonable, 47 percent had pain for a

day or less, 23 percent had pain for 2 to 3 days, 10 percent had pain for 4 to 7 days, and 20 percent had pain for more than a week.

- Thirty-four percent of all respondents saw their regular physician after the IME because of re-injury or increased levels of pain.

### **IME reports**

- Fifty-five percent of injured workers reported that they did not see a copy of their IME report. For the 45 percent that did, 25 percent were very satisfied or satisfied, 25 percent were dissatisfied, and 50 percent were very dissatisfied.

### **Comments**

- When asked to share additional comments,
  - 26 percent had negative comments regarding the exam quality (i.e. IME was too quick or not thorough, physician didn't review records)
  - 23 percent had negative comments regarding the exam experience (i.e. physician was rude or uncaring, worker felt intimidated or humiliated)
  - 19 percent had comments regarding the IME physician being biased (i.e. worker felt that the physician had already made up its mind, felt that since the insurer paid the physician the physician would do whatever the insurer wanted)
  - 12 percent had negative comments regarding the IME process and the workers' compensation system in general
  - 10 percent had negative comments regarding insurers in general
  - And 8 percent had positive comments regarding the IME physician and/or IME process.

**IME Survey 2004 - Injured Workers**

**Total Valid Responses = 434; 95% C.I. (+/- 5%)**

Number = N

Percentage = %

**1. What is the survey number from the cover letter you received in the mail?**

**2. How many IMEs were you required to attend?**

**Median = 1.0**

**Mean = 1.9**

(+/- 0.1)

N = 428

Missing = 6

**Regarding your most recent IME:**

**3. What was the name of the doctor who performed your insurer medical examination?**

**4. Were there other doctors present at your most recent insurer medical exams?**

	<b>N</b>	<b>%</b>
Yes	63	15.3%
No	350	84.7%
	413	100.0%

Missing = 21

**5. What was the name of the insurer medical examination facility?**

	<b>N</b>	<b>%</b>
Medical Ops	6	1.5%
Orthopaedic Consultants	18	4.4%
WMCI Prime Evaluations	46	11.2%
Sunrise Medical Consultants	8	1.9%
Impartial Medical Opinions	8	1.9%
Health Solutions	1	0.2%
Oregon Medical Evaluations	12	2.9%
Medical Consultants Northwest	2	0.5%
Columbia Medical Consultants	7	1.7%
Corvel IME Service	4	1.0%
Star Medical	16	3.9%
Northwest Occupational Medicine Center	3	0.7%
Premier Medical Consultants	1	0.2%
Cascade Independent Medical Examiners	2	0.5%
Medical Consultant Network	6	1.5%
Asante Health System	2	0.5%
Private office	24	5.8%
Other	51	12.4%
Not applicable	7	1.7%
Don't recall	188	45.6%
	412	100.0%

Missing = 22

**6. How far did you have to travel, one way, to the examination?**

	<b>N</b>	<b>%</b>
Less than 10 miles	85	19.9%
11 - 25 miles	110	25.7%
26 - 50 miles	68	15.9%
51 - 100 miles	77	18.0%
More than 100 miles	88	20.6%
	428	100.0%

Missing = 6

IME Survey 2004 - Injured Workers

7. Did you have any difficulties getting to the exam? (Check all that apply)

	N	%
No difficulties		
Yes	269	62.0%
No	165	38.0%
	434	100.0%
Child care issues		
Yes	24	5.5%
No	410	94.5%
	434	100.0%
Difficulty getting time off work		
Yes	48	11.1%
No	386	88.9%
	434	100.0%
Difficulty due to medical condition		
Yes	71	16.4%
No	363	83.6%
	434	100.0%
Schedule conflicts		
Yes	23	5.3%
No	411	94.7%
	434	100.0%
Other		
Yes	43	9.9%
No	391	90.1%
	434	100.0%

7a. If other, explain:

	N	%
No driver's license/no car	12	26.1%
Bad/poor appointment scheduling/unreasonable scheduling	7	15.2%
Too much pain/too injured to travel to exam	6	13.0%
Had to travel far	2	4.3%
Other	19	41.3%
	46	100.0%

8. Did you have any difficulties covering your travel expenses?

	N	%
Yes	95	23.1%
No	317	76.9%
	412	100.0%
Missing = 22		

8a. If yes, please describe your difficulties.

	N	%
Had to take time off from work; no time-loss pay	18	20.2%
No reimbursement/only partial reimbursement	18	20.2%
Had to pay for gas	16	18.0%
Didn't try to get reimbursement, not aware of option	12	13.5%
Insurer wouldn't reimburse	9	10.1%
Had to travel too far to exam	2	2.2%
Had to ask family/friend for a ride	1	1.1%
Other	13	14.6%
	89	100.0%

9. Were you informed by the workers' compensation insurer (claims examiner) that you could request money for travel expenses in advance?

	N	%	N	%
Yes	167	39.5%	167	45.3%
No	202	47.8%	202	54.7%
Do not recall/ not sure	54	12.8%	369	100.0%
	423	100.0%		
Missing = 11				

10. Were your travel expenses paid by the insurer?

	N	%	N	%
Yes	152	36.1%	152	38.6%
No	242	57.5%	242	61.4%
Do not recall/ not sure	27	6.4%	394	100.0%
	421	100.0%		
Missing = 13				

**IME Survey 2004 - Injured Workers**

IME Survey 2004 - Injured Workers

11. Did the insurer explain to you what to expect at the insurer medical examination?

	N	%	N	%
Yes	131	31.2%	131	34.6%
No	248	59.0%	248	65.4%
Do not recall/ not sure	41	9.8%	379	100.0%
	420	100.0%		

Missing = 14

11a. If yes, please rate how you felt about the thoroughness of the insurer's explanation.

	N	%	Mean = 2.6 (+/- 0.2)
Very satisfied (1)	9	7.5%	
Satisfied (2)	67	55.8%	
Dissatisfied (3)	28	23.3%	
Very dissatisfied (4)	16	13.3%	
	120	100.0%	

Missing = 11

12. Did the insurer medical examination doctor explain to you the reason for the examination?

	N	%	N	%
Yes	269	64.2%	269	72.3%
No	103	24.6%	103	27.7%
Do not recall/ not sure	47	11.2%	372	100.0%
	419	100.0%		

Missing = 15

12a. If yes, please rate how you felt about the doctor's explanation?

	N	%	Mean = 2.4 (+/- 0.1)
Very satisfied (1)	32	13.6%	
Satisfied (2)	125	53.0%	
Dissatisfied (3)	51	21.6%	
Very dissatisfied (4)	28	11.9%	
	236	100.0%	

Missing = 33

13. Were you informed in advance of any invasive procedures? (An invasive procedure is when a doctor inserts a needle, tube, scope, or scalpel into your body.)

	N	%	N	%
Yes	43	10.2%	43	28.5%
No	108	25.7%	108	71.5%
Did not have an invasive procedure	269	64.0%	151	100.0%
	420	100.0%		

Missing = 14

14. Were you aware that you had the right to refuse an invasive procedure?

	N	%	N	%
Yes	34	8.1%	34	20.1%
No	135	32.1%	135	79.9%
Did not have an invasive procedure	251	59.8%	169	100.0%
	420	100.0%		

Missing = 14

**IME Survey 2004 - Injured Workers**

**15. Regarding your insurer medical examination experience, please rate how you felt about each of the following:**

a. How well your doctor listened to your concerns?

	<b>N</b>	<b>%</b>	
Very satisfied (1)	49	11.8%	<b>Mean = 2.7</b> (+/- 0.1)
Satisfied (2)	134	32.2%	
Dissatisfied (3)	125	30.0%	
Very dissatisfied (4)	108	26.0%	
	416	100.0%	
Missing = 18			

b. The level of respect shown to you by the doctor?

Very satisfied (1)	69	16.5%	<b>Mean = 2.4</b> (+/- 0.1)
Satisfied (2)	178	42.6%	
Dissatisfied (3)	96	23.0%	
Very dissatisfied (4)	75	17.9%	
	418	100.0%	
Missing = 16			

c. The doctor was knowledgeable about your condition?

Very satisfied (1)	50	12.0%	<b>Mean = 2.6</b> (+/- 0.1)
Satisfied (2)	150	36.1%	
Dissatisfied (3)	135	32.5%	
Very dissatisfied (4)	81	19.5%	
	416	100.0%	
Missing = 18			

d. Overall experience with the insurer medical examination?

Very satisfied (1)	42	10.1%	<b>Mean = 2.8</b> (+/- 0.1)
Satisfied (2)	125	30.0%	
Dissatisfied (3)	125	30.0%	
Very dissatisfied (4)	125	30.0%	
	417	100.0%	
Missing = 17			

**16. Were you advised by the doctor to inform him or her if any exam movements caused you pain?**

	<b>N</b>	<b>%</b>
Yes	293	73.1%
No	108	26.9%
	401	100.0%
Missing = 33		

**17. If you experienced pain during the examination, do you believe the amount of pain was reasonable to determine your level of disability?**

	<b>N</b>	<b>%</b>	
Yes	239	58.3%	<b>Mean = 2.6</b> (+/- 0.1)
No	117	28.5%	
Did not have pain	54	13.2%	
	410	100.0%	
Missing = 24			

17a. If yes, how long did the additional pain last?

	<b>N</b>	<b>%</b>
Less than 1 day	74	34.4%
1 day	27	12.6%
2 - 3 days	50	23.3%
4 days - 1 week	22	10.2%
More than 1 week	42	19.5%
	215	100.0%
Missing = 24		

**18. Did you see your regular doctor after the insurer medical examination because of a reinjury or increase in your level of pain?**

	<b>N</b>	<b>%</b>
Yes	139	34.2%
No	268	65.8%
	407	100.0%
Missing = 27		

**IME Survey 2004 - Injured Workers**

**19. Did you see a copy of the doctor's insurer medical examination report?**

	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Yes	156	38.7%	156	44.6%
No	194	48.1%	194	55.4%
Do not recall	53	13.2%	350	100.0%
	403	100.0%		

Missing = 31

**19a. If yes, was your personal identifying information accurate?**

	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Yes	100	65.8%	100	73.5%
No	36	23.7%	36	26.5%
Do not recall	16	10.5%	136	100.0%
	152	100.0%		

Missing = 4

**19b. If yes, please rate how you felt about the report accurately describing your condition?**

	<b>N</b>	<b>%</b>
Very satisfied (1)	10	6.6%
Satisfied (2)	27	17.9%
Dissatisfied (3)	38	25.2%
Very dissatisfied (4)	76	50.3%
	151	100.0%

Missing = 5

**Mean = 3.1**  
(+/- 0.1)

**20. Please share any additional comments about your insurer medical examination experience.**

	<b>N</b>	<b>%</b>
Exam Quality (felt that IME doctor didn't/wouldn't review records/MRI or x-ray scans/AP report/medical history, felt IME doctor wouldn't listen to their input; felt IME was too quick and not thorough; felt as though the IME doctor was too old, that retired doctors shouldn't do IMEs, questioned IME doctor's competency)	98	25.5%
Exam Experience (felt that IME doctor was rude/uncaring/disrespectful; felt intimidated/attacked (adversarial); felt made to feel guilty (of faking pain/injury); felt demeaned and humiliated)	90	23.4%
IME doctor (felt that IME doctor had already made up mind; felt that since insurer paid IME doctor, IME doctor would do what insurer wanted; felt as though their personal AP had no say and IME doctor could do whatever they wanted and close the claim)	73	19.0%
Other comments (had to travel too far to exam; had trouble getting prescription medications reimbursed by insurer; WC system is unfair/bad/broken and needs to be changed/fixed)	47	12.2%
WC insurer (general dissatisfaction with insurer; felt that claims adjuster rude/uncooperative/kept being changed; disagreed with IME had to get a lawyer; felt that it's all about the money and is helpless)	37	9.6%
Positive comments (Felt satisfied with IME and/or IME doctor; dissatisfied with claim outcome, but satisfied with IME; thanks for asking opinion/ for showing interest/concern)	30	7.8%
Unrelated	9	2.3%
	384	100.0%

# IME Physician Survey

## Highlights

### General information

- When IME physicians were asked how much of their practice was performing IMEs,
  - 63 percent responded that IMEs were 10 percent or less of their practice
  - 20 percent that IMEs were 11 to 50 percent of their practice
  - And 17 percent that IMEs were 51 to 100 percent of their practice
- When asked how many IMEs they performed each year,
  - 35 percent performed 1 to 10
  - 18 percent 11 to 30
  - 35 percent 31 to 75
  - And 12 percent more than 75
- Eighty-five percent maintained a private practice. Sixty-five percent served as attending physicians for WC patients and saw a median of 50 WC patients a year.
- Sixty-five percent performed IMEs in their office, 24 percent in facilities, and 26 percent in both.
- Twenty-two percent had contracted with insurance companies to perform IMEs; including one who had a contractually guaranteed minimum.
- Eighty-three percent would allow the injured worker to bring a representative to the IME, and 61 percent would allow the IME to be recorded.
- **IME panels**
- Forty-two percent did not participate on a panel IME, 28 percent participated on 1 to 10 a year, 15 percent on 11 to 25, and 16 percent on more than 25 a year.
- When asked what happens when members disagree on conclusions, 75 percent of the comments stated that the physicians discuss and negotiate with each other. If no agreement could be reached, members would state their disagreements openly in separate sections of the IME report (10%).
- **Workers' knowledge and understanding of IME**
- Thirty-eight percent felt that insurers very well to moderately prepared injured workers on what to expect at the IME, 44 percent felt that they were slightly prepared, and 18 percent felt they were not at all prepared.
- Forty-eight percent felt injured workers very well to moderately understood IMEs, 49 percent felt they slightly understood, and 3 percent felt they did not understand at all.
- When asked for three ideas to better prepare injured workers, the three most common were
  - Provide injured workers with booklet/pamphlet that explains the purpose of the IME (44%)
  - Require IME physicians to explain the purpose of the exam and its nature (16%)
  - Require claims adjusters to have all necessary medical records available and that the injured worker is provided with clear directions to IME (10%)
- **IME reports**
- Nine percent would often consult with the claims examiner prior to drafting the IME report, 46 percent would seldom contact the examiner, and 44 percent never consult the examiner.
- Comments regarding consultation with the examiner focused upon clarification of the insurers' questions (33%) and requests for medical records or additional records (15%); also, there were

several comments that it would be conflict of interest and therefore did not consult the examiner (21%).

- Twenty-one percent reported that an insurer representative attempt to influence their IME report.
- Comments regarding insurer influence focused upon biased and leading insurer questions (26%) and requests for clarifications, rewording, or rephrasing of the IME report (30%).
- Thirty-seven percent always looked at actual diagnostic studies as opposed to only looking at the diagnostic report, 43 percent often reviewed the studies, 13 percent seldom reviewed the studies, and 7 percent never reviewed the studies.

## Comments

- When asked to respond to complaints received by WCD that IME physicians were considered biased toward insurers, 53% agreed there was bias. IME physicians commented that,
  - Some IME physicians are biased, but they are a minority (36%)
  - That they personally looked at the facts (28%)
  - That they disagreed with the complaints (14%)
  - That they agreed with the complaints (11%)
  - Another 5% indicated that there is bias.
- When asked what IME physicians considered to be the three main misconceptions about IMEs and IME physicians, the three most common responses were,
  - IME physicians were biased towards insurers (25%)
  - IME physicians worked directly for the insurers (24%)
  - And IMEs were fair, independent, and unbiased (12%)
- When asked what improvements IME physicians would recommend, the three most common suggestions were,
  - Have more physicians with private practices to limit their reliance upon IMEs; randomly select IME physicians (29%)
  - Getting accurate and up-to-date medical records and scans to the IME physicians (19%)
  - More accountability upon IME physicians; create standards and require feedback (9%)

IME Survey 2004 - IME Physicians

Total Valid Responses = 133; 95% C.I. (+/- 6.5%)

Number = N

Percentage = %

1. What is the survey number from the cover letter you received in the mail?

2. What percent of your practice is performing workers' compensation IMEs?

	N	%
1 - 10	81	63.3%
11 - 25	15	11.7%
26 - 50	10	7.8%
51 - 75	7	5.5%
76 - 99	8	6.3%
100	7	5.5%
	128	100.0%

Missing = 5

Median = 5.0  
Mean = 22.5  
(+/- 5.5)

3. How many IMEs do you perform each year?

	N	%
1 - 10	46	35.4%
11 - 30	23	17.7%
31 - 75	46	35.4%
Greater than 75	15	11.5%
	130	100.0%

Missing = 3

4. How many years have you been performing IMEs?

	N	%
1 - 5	32	24.8%
6 - 10	21	16.3%
11 - 15	29	22.5%
16 - 20	20	15.5%
21 - 25	12	9.3%
26 - 30	13	10.1%
Greater than 30	2	1.6%
	129	100.0%

Missing = 4

Median = 14.0  
Mean = 14.1  
(+/- 1.6)

5. Do you maintain a private practice besides performing IMEs?

	N	%
Yes	112	84.8%
No	20	15.2%
	132	100.0%

Missing = 1

6. Do you serve as an attending physician for workers' compensation patients as well as doing IMEs?

	N	%
Yes	84	64.6%
No	46	35.4%
	130	100.0%

Missing = 3

6a. If yes, how many workers' compensation patients do you see each year?

	N	%
1 - 10	13	20.6%
11 - 30	11	17.5%
31 - 75	12	19.0%
76 - 100	8	12.7%
101 - 200	7	11.1%
201 - 300	6	9.5%
301 - 400	2	3.2%
401 - 500	3	4.8%
Greater than 500	1	1.6%
	63	100.0%

Missing = 21

Median = 50.0  
Mean = 123.7  
(+/- 43.3)

IME Survey 2004 - IME Physicians

7. Which of the following services do you perform? (check all that apply)

	N	%
IMEs for insurance companies		
Yes	112	84.2%
No	21	15.8%
	133	100.0%
Physical capacity		
Yes	14	10.5%
No	119	89.5%
	133	100.0%
Social Security disability		
Yes	30	22.6%
No	103	77.4%
	133	100.0%
Chart reviews		
Yes	100	75.2%
No	33	24.8%
	133	100.0%
Third-party liability cases		
Yes	63	47.4%
No	70	52.6%
	133	100.0%
MCO service utilization		
Yes	16	12.0%
No	117	88.0%
	133	100.0%
Disability ratings		
Yes	39	29.3%
No	94	70.7%
	133	100.0%
Pre-placement exams		
Yes	8	6.0%
No	125	94.0%
	133	100.0%
Disability prevention consultations		
Yes	12	9.0%
No	121	91.0%
	133	100.0%
Medical Arbiter exams		
Yes	80	60.2%
No	53	39.8%
	133	100.0%
Other		
Yes	14	10.5%
No	119	89.5%
	133	100.0%

7a. If other, please state here.

	N	%
Psych/Neuro exam	3	25.0%
Legal exam/expert testimony	2	16.7%
WRME	1	8.3%
WCD dispute resolution	1	8.3%
Surgical/medical treatment eval	1	8.3%
Second opinion	1	8.3%
Pain management treatment eval	1	8.3%
Other	2	16.7%
	12	100.0%

IME Survey 2004 - IME Physicians

8. Have you contracted with insurance companies to perform IMEs?

	N	%
Yes	29	22.3%
No	101	77.7%
	130	100.0%

Missing = 3

8a. If yes, do the contracts guaranty a minimum number of IME referrals?

	N	%
Yes	1	3.7%
No	26	96.3%
	27	100.0%

Missing = 2

9. Where do you perform your IMEs?

	N	%
Your office		
	Yes	87 65.4%
	No	46 34.6%
		133 100.0%
IME facility		
	Yes	32 24.1%
	No	101 75.9%
		133 100.0%
Both		
	Yes	35 26.3%
	No	98 73.7%
		133 100.0%
Other		
	Yes	5 3.8%
	No	128 96.2%
		133 100.0%

9a. If other, where?

	N	%
Borrowed/rented office	2	25.0%
Other physicians office when out of town	1	12.5%
Office/facility selected by IME vendor	1	12.5%
Facility	1	12.5%
Unrelated	3	37.5%
	8	100.0%

9b. What advantages are there in using an IME facility?

	N	%
Onsite services (transcription/records/billing/scheduling/reference materials)/No overhead	42	57.5%
None, no advantages	9	12.3%
Don't need exam room/office	7	9.6%
Less disruptive to private practice	5	6.8%
Multiple specialties available/more complete exams	5	6.8%
Closer	1	1.4%
Can provide IMEs at multiple locations	1	1.4%
Other	3	4.1%
	73	100.0%

9c. What disadvantages are there in using an IME facility?

	N	%
Hassle of travel time	29	36.7%
Less pay (facility bears expense)	10	12.7%
Prefer own equipment, lab, or office (especially for specialists)	11	13.9%
None, no disadvantages	9	11.4%
Pressure upon IME doctor (from peers and vendor)	6	7.6%
Adversarial atmosphere for worker	4	5.1%
Often have non-practicing IME doctors	2	2.5%
Limited to particular IME vendor	1	1.3%
Inconvenient	1	1.3%
Other	5	6.3%
Unrelated	1	1.3%
	79	100.0%

IME Survey 2004 - IME Physicians

10. What percentage of IMEs that you perform each year are panel IMEs?

	N	%
0	50	41.7%
1 - 10	33	27.5%
11 - 25	18	15.0%
26 - 50	10	8.3%
51 - 75	4	3.3%
76 - 100	5	4.2%
	120	100.0%

Missing = 13

Median = 5.0  
Mean = 14.4  
(+/- 4.0)

11. What happens when panel members disagree on medical conclusions?

	N	%
Discuss/negotiate with panel doctors	55	75.3%
Support argument with scientific literature and experience; state disagreements openly in separate sections/reports	7	9.6%
Have had no disagreements	6	8.2%
Psychiatrist, separate eval	1	1.4%
Each provides and supports own argument	1	1.4%
Unrelated	3	4.1%
	73	100.0%

12. In your opinion, how adequately do insurers prepare injured workers on what to expect at IMEs?

	N	%
Very (1)	6	4.8%
Moderately (2)	42	33.3%
Slightly (3)	56	44.4%
Not at all (4)	22	17.5%
	126	100.0%

Missing = 7

Mean = 2.7  
(+/- 0.1)

13. In your opinion, how well do injured workers understand IMEs?

	N	%
Very (1)	2	1.5%
Moderately (2)	61	46.9%
Slightly (3)	63	48.5%
Not at all (4)	4	3.1%
	130	100.0%

Missing = 3

Mean = 2.5  
(+/- 0.1)

14. Please list three ideas for how to better prepare injured workers for IMEs?

	N	%
Provide with workers with educational materials that explain the purpose of IMEs, that IMEs are independent of insurers, and that IMEs are not win or lose and that if the IME and AP differ they have options and what their legal rights are.	51	43.6%
Require IME doctor to discuss the purpose of the exam and what to expect with the worker before the IME and that the IME doctor will not treat the worker but provide an opinion	19	16.2%
Require claims adjuster to have all the necessary records/scans/history available; to have ensure that workers bring list of medications, completed questionnaires, and have clear directions to	12	10.3%
Require claims adjuster to discuss the purpose of the exam and what to expect with the worker and AP before the IME	9	7.7%
Emphasize that the truth will provide a fairer eval; that they need not be adversarial	9	7.7%
Penalize the worker for being late	4	3.4%
Videotape exam (professionally with limited viewing rights); have a worker witness present	3	2.6%
The WC system is bad	2	1.7%
Have more consideration for the injured worker	2	1.7%
Other	4	3.4%
Unrelated	2	1.7%
	117	100.0%

IME Survey 2004 - IME Physicians

15. Do you allow injured workers to bring a representative with them into the exam?

	N	%
Yes	103	83.1%
No	21	16.9%
	124	100.0%

Missing = 9

16. Do you allow the IME to be recorded?

	N	%
Yes	69	60.5%
No	45	39.5%
	114	100.0%

Missing = 19

17. Do you consult with the claims examiners prior to drafting your IME report?

	N	%
Always (1)	1	0.8%
Often (2)	12	9.4%
Seldom (sometimes) (3)	58	45.7%
Never (4)	56	44.1%
	127	100.0%

Missing = 6

Mean = 3.3  
(+/- 0.1)

17a. Comments:

	N	%
If there were no questions or questions need clarification	11	33.3%
No - conflict of interest	7	21.2%
In order to obtain records/additional records	5	15.2%
Only upon request	5	15.2%
Other	3	9.1%
Unrelated	2	6.1%
	33	100.0%

18. Has an insurer representative ever attempted to influence your report?

	N	%
Yes	27	20.9%
No	102	79.1%
	129	100.0%

Missing = 4

18a. If yes, how and/or why?

	N	%
Biased cover letter; biased/leading questions	7	25.9%
Pressure to convey insurers expectations/repeated requests for clarification	4	14.8%
Request rewording/rephrasing; request adding/removing words	4	14.8%
Submitting additional medical records late; submitting incomplete medical records; not including most recent records	3	11.1%
Insurers stop requesting IMEs/reduced payments for IMEs	2	7.4%
Panel member edits report without permission	1	3.7%
Request consideration of irrelevant information	1	3.7%
Don't recall/can't remember	1	3.7%
Selecting IME doctors with known bias for panel exams	1	3.7%
Other	3	11.1%
	27	100.0%

19. When performing IMEs, how often to you review the actual diagnostic studies, as opposed to looking only at the diagnostic report?

	N	%
Always (1)	47	36.7%
Often (2)	55	43.0%
Seldom (sometimes) (3)	17	13.3%
Never (4)	9	7.0%
	128	100.0%

Missing = 5

Mean = 1.9  
(+/- 0.2)

IME Survey 2004 - IME Physicians

20. If you have received complaints regarding IMEs you have performed, what is your process for handling them?

	N	%
Have had no complaints/aware of none	42	46.7%
Send letter with explanation and support arguments	20	22.2%
Speak with AP/revise report, if warranted	6	6.7%
Contact IME vendor/insurer claims adjuster/WCD	5	5.6%
No established process	5	5.6%
Direct communication with worker	4	4.4%
Do not respond, note in chart	2	2.2%
Arbitration	1	1.1%
Other	1	1.1%
Unrelated	4	4.4%
	90	100.0%

21. WCD has received complaints that IME doctors are considered biased toward insurers, what is your response to this complaint?

	N	%
Some IME doctors are biased, but they are a minority	42	35.6%
Personally looks at the facts; isn't biased	33	28.0%
Disagrees with complaint	16	13.6%
Agrees with complaint	13	11.0%
The greater the percentage IMEs are of a doctor's practice, the greater the bias	4	3.4%
Understandable considering the adversarial nature of the IME process	3	2.5%
Insurers choose IME doctors with known bias	2	1.7%
More interaction is necessary between IME doctors and Attending physicians	1	0.8%
IMEs are for evaluation, not for treatment/diagnosis	1	0.8%
IME doctors balance out the Attending physicians that recommend expensive surgeries	1	0.8%
Other	2	1.7%
	118	100.0%

22. Do you have ownership interest in any IME facility or workers' compensation insurance company?

	N	%
Yes	5	3.8%
No	125	96.2%
	130	100.0%

Missing = 3

23. What are the three main misconceptions about IME doctors and exams?

	N	%
IME doctors are biased; paid off by insurers; "hired guns"; are against the worker and oppose any disability	34	24.6%
IME doctors work directly for the insurers	33	23.9%
IME is fair/independent/unbiased	17	12.3%
Worker is unclear about IME doctor role, expects treatment/diagnosis/advice	7	5.1%
IME doctors don't listen to worker; don't care about workers' pain/condition; are rude/rough	7	5.1%
IME doctors are incompetent, retired doctors; incompetent/lazy	7	5.1%
Insurers are dishonest	5	3.6%
IMEs are too quick/not thorough/incomplete	4	2.9%
IMEs are worker/worker-friendly	4	2.9%
IME doctors are competent/qualified/experts	3	2.2%
IME doctors are dishonest	3	2.2%
Workers are dishonest	3	2.2%
The AP must agree with the IME report	2	1.4%
Other	6	4.3%
Unrelated	3	2.2%
	138	100.0%

**IME Survey 2004 - IME Physicians**

<b>24. What major changes have you seen in the IME system in the past 10 years?</b>	<b>N</b>	<b>%</b>
None	12	17.1%
More IME vendors; less IMEs by practicing doctors in their own offices	11	15.7%
IMEs becoming more objective	7	10.0%
More attorneys (more involved/more knowledgeable)	5	7.1%
More complexity in IME process, requiring more time; fewer days for acceptance, less time for IME	4	5.7%
More IMEs	3	4.3%
More IME specialists doing IMEs outside their area of expertise	3	4.3%
Fewer panel IMEs	3	4.3%
Increased insurer bias/increased insurer pressure	2	2.9%
WC/IME system is worse	2	2.9%
Becoming more focused on cutting/ending treatment	2	2.9%
Medical records are better prepared	2	2.9%
Improved coordination of IME process; more systemized/standardized	2	2.9%
Workers are more adversarial; refusing IMEs	2	2.9%
Better medical knowledge	1	1.4%
Addition of the WRME	1	1.4%
WC/IME system is better	1	1.4%
More practicing doctors, fewer retired doctors giving IMEs	1	1.4%
Other	4	5.7%
Unrelated	2	2.9%
	70	100.0%

<b>25. What improvements to the IME process would you recommend?</b>	<b>N</b>	<b>%</b>
More doctors with private practices; more IMEs in private offices, less in "IME mills"; fewer retired doctors; have IME doctors randomly selected; do not have IMEs paid by insurers; open panel to more providers; more panel IMEs to limit bias; limit percentage IMEs are of practice to prevent doctors from doing only IMEs	23	28.8%
Getting records/scans/history to IME doctor quicker; more accurate/up-to-date records; send studies related to IME	15	18.8%
More accountability upon IME doctor; liable for reports/decisions/recommendations; require quality assessments and feedback; create/adopt evaluation standards and state-funded training; use evidence-based standards	7	8.8%
None	7	8.8%
Better medical training for claims adjusters; better letters/questions from claims adjusters	5	6.3%
Better worker education of IME process	3	3.8%
Have worker's attorney's questions provided before IME	3	3.8%
Involve attending physicians more; contact Attending physicians before IME	2	2.5%
Better compensation for supplementary and complex IMEs	2	2.5%
Shorten time interval; be aware of scheduling IMEs following surgeries (fewer repeat IMEs)	2	2.5%
Other	11	13.8%
	80	100.0%

<b>26. Please share any other comments you have about IMEs.</b>	<b>N</b>	<b>%</b>
The IME process provides objective opinions/data and benefits the WC system; the majority of IME doctors are serious, honest, and impartial (including themselves)	17	34.7%
WC/IME system is bad	6	12.2%
Enjoys providing IMEs	5	10.2%
Would like better questions from claims adjusters, not template letters	3	6.1%
IME doctors should have their own practice and only do IMEs within their area of expertise	2	4.1%
Most legitimate workers still feel that they are getting a bad deal	2	4.1%
Thanks for the survey; thanks for asking my opinion	2	4.1%
Other	8	16.3%
Unrelated	4	8.2%
	49	100.0%

# Attending Physician Survey of IMEs

## Highlights

### General information

- Twenty-one percent of attending physicians had seen 1 to 10 injured worker patients in the last month, 23 percent had seen 11 to 25, another 23 percent had seen 26 to 50, 15 percent had seen 51 – 100, and 18 percent had seen more than 100.
- Fifty-three percent had reviewed 1 to 10 IME reports in the past year, 28 percent reviewed 11 to 25, 11 percent reviewed 26 to 50, and 9 percent reviewed more than 50 IME reports.
- Forty-two percent had not referred an injured worker patient for an IME in the past year, another 42 percent had referred 1 to 5 patients, and 10 percent had referred 6 to 10.
- The IME reports may involve multiple issues, but on average involved
  - Claim closure (39%)
  - Medically stationary determination (38%)
  - Treatment issues (30%)
  - Impairment finding (23%)
  - Compensability (20%)

### IME reports

- Thirty-two percent of attending physicians have felt pressured to concur with an IME report.
- Twenty-three percent always review the report with the injured worker before deciding to concur or not, 14 percent do so often, 31 percent do so sometimes, and 32 percent never do.
- When asked what they do if they do not concur with a report in its entirety, over 95 percent responded that they stated what specific areas they disagreed with in a rebuttal letter.

### Worker IME complaints

- Seventy-seven percent of attending physicians received complaints from their injured worker patients regarding their IME experience.
- The most common complaints were that the IME physician was uncaring, adversarial, rude, and not thorough (too quick)(55%), that the IME physician was biased towards the insurer and had already made up it mind (16%), and that the worker did not agree with the outcome (8%).
- When asked what they did with the complaints, some of the most common responses were that they could do nothing (23%), that they listened objectively (21%), and that they documented the complaint in the medical file/IME report (15%).

### Comments

- When asked for recommendations to improve the IME process, the top suggestions offered by attending physicians were,
  - Make IMEs more independent and unbiased (for example; require greater objectivity and stronger standards); randomly select IME physicians and prevent them from knowing who is paying; require peer review) (41%)
  - Establish standards for physicians permitted to conduct IMEs (for example; use practicing physicians who see patients with similar injuries (vs. older, semi-retired/retired physicians); set up board of IME examiners to accredit IME physicians; do not allow IME physicians that earn 20-50% of income from IMEs; better pay so practicing physicians will perform IMEs) (24%)
  - Require more communication between attending physicians and IME physicians (5%)

**IME Survey 2004 - Attending Physician**

**Total Valid Responses = 209; 95% C.I. (+/- 6%)**

Number = N

Percentage = %

**1. What is your survey number from the cover letter on the survey you received in the mail?**

**2. What is your general area of practice? (check one)**

	<b>N</b>	<b>%</b>
General/Family/Internal Medicine	86	41.7%
Orthopedics	11	5.3%
Orthopedic surgery	23	11.2%
Neurology	11	5.3%
Neurosurgery	10	4.9%
Plastic surgery	10	4.9%
Physical medicine	8	3.9%
Occupational medicine	6	2.9%
Other	41	19.9%
	206	100.0%

Missing = 3

**2a. If other, please describe. (of the 41 that responded other to the previous question)**

	<b>N</b>	<b>%</b>
General Surgery	9	24.3%
Chiropractic	3	8.1%
Pain Management	5	13.5%
Podiatry	2	5.4%
Allergy	2	5.4%
Ophthalmology	2	5.4%
Osteopathic Manipulation	2	5.4%
Psychiatry	2	5.4%
Ear, Nose, and Throat	2	5.4%
Other	8	21.6%
	37	100.0%

**3. How many workers' compensation patients have you seen in the past 12 months?**

	<b>N</b>	<b>%</b>
1 - 10	44	21.4%
11 - 25	48	23.3%
26 - 50	47	22.8%
51 - 100	31	15.0%
More than 100	36	17.5%
	206	100.0%

Missing = 3

**4. How many workers' compensation insurer medical examination (IME) reports are you asked to review in a year?**

	<b>N</b>	<b>%</b>
1 - 10	107	52.5%
11 - 25	56	27.5%
26 - 50	23	11.3%
51 - 100	12	5.9%
More than 100	6	2.9%
	204	100.0%

Missing = 5

**If you have reviewed IME reports, please continue to question 5. If you have not reviewed any IME reports, you do not need to complete the rest of this survey, but please return the survey in the envelope provided.**

IME Survey 2004 - Attending Physician

5. Have you ever felt pressured to concur with an IME report?

	N	%
Yes	65	32.3%
No	136	67.7%
	201	100.0%
Missing = 8		

5a. If yes, why? (of the 65 that responded yes to the previous question)

	N	%
Non-concurrence requires detailed explanation in a short time frame and results in calls from insurers and the insurers' lawyers	13	27.1%
Often the insurer is trying to deny/close the claim	12	25.0%
Negative wording and terminology in reports, can rarely "concur with the report in its entirety"	10	20.8%
Insurer threaten to cancel or prevent future business	2	4.2%
Other	11	22.9%
	48	100.0%

6. How often do you review the IME report with your patient before deciding to concur or not?

	N	%
Always (1)	47	22.9%
Often (2)	29	14.1%
Sometimes (seldom) (3)	63	30.7%
Never (4)	66	32.2%
	205	100.0%
Missing = 4		

Mean = 2.7  
(+/- 0.2)

7. What percent of the IME reports you have reviewed in the past 12 months involve the following? (Because of multiple issues, your total may exceed 100%)

(Percent groupings are provided for analysis, responses were not initially grouped)

a. Treatment issues

	N	%
0	57	32.9%
1 - 10	27	15.6%
11 - 25	20	11.6%
26 - 50	31	17.9%
51 - 75	14	8.1%
76 - 100	24	13.9%
	173	100.0%
Missing = 36		

Mean = 29.8  
(+/- 4.9)

b. Claim closure

	N	%
0	31	17.9%
1 - 10	24	13.9%
11 - 25	27	15.6%
26 - 50	44	25.4%
51 - 75	13	7.5%
76 - 100	34	19.7%
	173	100.0%
Missing = 36		

Mean = 39.0  
(+/- 5.1)

c. Surgery

	N	%
0	86	49.7%
1 - 10	38	22.0%
11 - 25	21	12.1%
26 - 50	15	8.7%
51 - 75	3	1.7%
76 - 100	10	5.8%
	173	100.0%
Missing = 36		

Mean = 14.0  
(+/- 3.6)

d. Medically stationary determination

	N	%
0	34	19.7%
1 - 10	20	11.6%
11 - 25	29	16.8%
26 - 50	40	23.1%
51 - 75	13	7.5%
76 - 100	37	21.4%
	173	100.0%
Missing = 36		

Mean = 38.3  
(+/- 5.0)

IME Survey 2004 - Attending Physician

e. Residual functional capacity

0	84	48.6%	<b>Mean = 16.8</b> (+/- 3.9)
1 - 10	30	17.3%	
11 - 25	20	11.6%	
26 - 50	22	12.7%	
51 - 75	6	3.5%	
76 - 100	11	6.4%	
	173	100.0%	
Missing = 36			

f. Impairment findings

0	66	38.2%	<b>Mean = 23.0</b> (+/- 4.2)
1 - 10	21	12.1%	
11 - 25	29	16.8%	
26 - 50	37	21.4%	
51 - 75	7	4.0%	
76 - 100	13	7.5%	
	173	100.0%	
Missing = 36			

g. Compensability

0	89	51.4%	<b>Mean = 20.1</b> (+/- 4.7)
1 - 10	23	13.3%	
11 - 25	19	11.0%	
26 - 50	17	9.8%	
51 - 75	9	5.2%	
76 - 100	16	9.2%	
	173	100.0%	
Missing = 36			

h. Other

0	164	94.8%	<b>Mean = 2.5</b> (+/- 2.0)
1 - 10	1	0.6%	
11 - 25	2	1.2%	
26 - 50	2	1.2%	
51 - 75	2	1.2%	
76 - 100	2	1.2%	
	173	100.0%	
Missing = 36			

7a. If other, please describe. (of the 9 that responded other to the previous question)

	N	%
Diagnosis	3	50.0%
Review/contest other reports	2	33.3%
Clinical content to help with patient care	1	16.7%
	6	100.0%

8. What do you do if you do not concur with the report in its entirety?

	N	%
State what specific parts/issues disagree with in letter/note of non-concurrence/rebuttal letter; state and support own conclusions	184	95.3%
Other	9	4.7%
	193	100.0%

9. Do you receive complaints from your workers' compensation patients regarding their IME experience?

	N	%	
Yes	149	77.2%	
No	44	22.8%	
	193	100.0%	
Missing = 16			

9a. If yes, what kind of complaints do you receive?

	N	%
IME doctor didn't care/uncaring/adversarial; rude/didn't listen to worker; too quick and not thorough; brevity	87	55.1%
IME doctor biased towards/paid off by insurer/employer/WC; had already made up mind	25	15.8%
Worker didn't agree with outcome	12	7.6%
Worker didn't know what the IME was for	7	4.4%
Symptoms/pain worsened after IME	7	4.4%
IME doctor didn't read history/charts/scans	4	2.5%
IME doctor criticized treating physician	3	1.9%
IME doctor didn't perform tests that were in the report	2	1.3%
Other	11	7.0%
	158	100.0%

IME Survey 2004 - Attending Physician

9b. What do you do with the complaints?	N	%
Can do nothing	32	22.9%
Listen objectively	29	20.7%
Document in medical file/express in IME response letter	21	15.0%
Discuss choices/legal options	19	13.6%
Put complaint in perspective; relate IME report to findings	14	10.0%
Refer to WC or attorney	9	6.4%
Suggest legal advice/appealing	5	3.6%
Refer to BME	2	1.4%
Other	6	4.3%
Unrelated	3	2.1%
	140	100.0%

10. How many times in the past year have you referred a workers' compensation patient for a IME?	N	%
0	83	42.1%
1 - 5	83	42.1%
6 - 10	19	9.6%
11 - 20	9	4.6%
More than 20	3	1.5%
	197	100.0%
Missing = 12		

11. What recommendations do you have to improve the IME process?	N	%
Make IMEs more independent and unbiased; require greater objectivity and stronger standards; randomly select IME doctors and prevent them from knowing who is paying; require peer review	67	40.9%
Use practicing doctors who see patients with similar injuries (vs. older, semi-retired/retired doctors); set up board of IME examiners to accredit IME doctors; do not allow IME doctors that earn 20-50% of income from IMEs; better pay so practicing physicians will perform IMEs	39	23.8%
Require more communication between APs and IME doctors	8	4.9%
Ensure that most recent files and MRI/X-ray scans are sent one week before IME	6	3.7%
Better educate the workers on IMEs and rights	4	2.4%
IME process has problems/WC system has problems	4	2.4%
None; satisfied with current system	4	2.4%
Have a personal representative for the worker present; provide a non-biased arbiter/ombudsman, not medical or legal	3	1.8%
Schedule IMEs closer to workers home	2	1.2%
Require the IME to be videotaped	2	1.2%
Require more collaboration between the worker and the insurer	2	1.2%
Other	16	9.8%
Unrelated	7	4.3%
	164	100.0%

12. Please share any additional comments you have regarding the IME process or IME physicians.	N	%
IME doctors are often unobjective and are biased towards/favor the insurer and claim closure	22	26.2%
Feels good about IME process and WC system	13	15.5%
WC system needs improvement/IME process needs improvement	7	8.3%
Speed up process; sometimes too much time has passed since AP last saw worker, sometimes waiting created long-term problems, and sometimes the patient malingers	5	6.0%
IME doctors are often anti-worker; adversarial to workers	3	3.6%
Don't like IME doctors that only do IMEs and don't take patients	3	3.6%
Wants the IME doctors to call the APs before writing the IME report	3	3.6%
IME reports contain erroneous information; don't support IME findings; insurer ignores questions regarding conclusiveness	2	2.4%
IMEs are superficial and slanted towards the insurer; no interest in the worker	2	2.4%
Other	18	21.4%
Unrelated	6	7.1%
	84	100.0%

# Claimant Attorney Survey on IMEs

## Highlights

- Annually, 67% of defense attorneys represent over 30 workers' compensation clients a year, 9% between 11 and 30, 9% between 6 and 10, 12% between 1 and 5, and 2% represent no workers' compensation clients.
- Forty-seven percent of claimant attorneys reported that from 90% to 100% of the injured workers they represent attend an IME, 26% said between 75% and 89%, and 21% said between 50% and 74% attend an IME.
- Seventy-four percent of claimant attorneys rated their clients' experience with IMEs as poor, 23% rated it as fair, 2% as good, and none rated it as excellent.
- The top categories for specific feedback attorneys received about an IME from clients indicated that they were treated rudely by the physician (28%), that the exam was cursory and superficial (23%), that the report submitted did not reflect what happened at the exam (16%), that the doctors are biased toward insurers (12%), and that the physician does not listen to the client (9%).
- Claimant attorneys use various processes for handling complaints about IMEs from their clients. Forty-seven percent stated they do nothing because there is no remedy, another 18% use the information at hearing in cross examination, 12% either follow up or direct the worker to follow up with the treating physician, 7% pass the complaint on to the insurance company, and 4% refer the complaint to the Workers' Compensation Division.
- The three greatest concerns regarding the IME process for claimant attorneys are: physician and exam bias toward the insurer (48%), the lack of practicing doctors performing IMEs (7%), and reports submitted by doctors that do not accurately reflect what happened in the exam (7%).
- Eighty-one percent of claimant attorneys felt that insurers prepare injured workers for what to expect in IMEs not at all adequately, 14% slightly adequately, 4% moderately accurately and .8% very adequately.
- Forty-three percent of attorneys felt that injured workers understand IMEs not at all well, 32% slightly well, 19% moderately well, and 7% very well.
- When asked what they do to prepare clients for IMEs, the top ways included explaining the process and their rights (21%), instructing them to be truthful (20%), explaining that the exam is biased for insurer (13%), instructing them not to exaggerate their symptoms or pain (7%), and instructing them to be cooperative (7%).
- The most frequent suggestions provided by claimant attorneys for improving the IME process were: doctors should have an active practice, a process similar to the medical arbiter process should be used, find a way to make the IME physician objective, get rid of the process completely, and limit the number of IMEs.

**IME Claimant Attorney Survey 2004**

**Total Valid Responses = 140; 54%; 259 surveys mailed**

Number = N

Percentage = %

**1. What is the survey number from the cover letter?**

**2. Approximately how many workers' compensation clients do you represent a year?**

	<b>N</b>	<b>%</b>
None	3	2.3%
1-5	16	12.1%
6-10	12	9.1%
11-30	12	9.1%
over 30	89	67.4%
	132	100.0%
Missing = 8		

**3. What percentage of the injured workers that you represent attend IMEs?**

	<b>N</b>	<b>%</b>
90-100	57	46.7%
75-89	32	26.2%
50-74	26	21.3%
25-49	6	4.9%
0-23	1	0.8%
	122	100.0%
Missing = 18		

**4. Generally, how would you rate your clients' experience with IMEs?**

	<b>N</b>	<b>%</b>
Excellent	0	0.0%
Good	3	2.3%
Fair	30	23.4%
Poor	95	74.2%
	128	100.0%
Missing = 12		

**5. What specific types of feedback have you received from your clients regarding IMEs?**

**Summary of comments:**

	<b>N</b>	<b>%</b>
Discourteous, rude or cold treatment of claimant by physician	54	27.7%
Cursory, superficial exam	45	23.1%
Report does not reflect what happened in exam or what the doctor said at exam	31	15.9%
Biased; doctors work for insurers	24	12.3%
Physician didn't listen to claimants input	17	8.7%
Being forced to perform range of motion beyond their comfort level; causing pain, discomfort	13	6.7%
Doctors do not review medical history; unprepared	5	2.6%
Doctor asks too many and irrelevant questions	4	2.1%
Distance to travel was too great	1	0.5%
Doctors friendly and listen to what injured worker says	1	0.5%
	195	100.0%

**6. What is your process for handling complaints that you may receive from your clients?**

**Summary of comments:**

	<b>N</b>	<b>%</b>
Do nothing; tell them there is no remedy; it is what is expected	42	46.7%
If admissible, use at hearing; cross-examine	16	17.8%
Attorney or worker follow-up with their treating physician	11	12.2%
Pass the information on to the insurance company	6	6.7%
Refer worker to WCD	4	4.4%
Depose the IME doctor	3	3.3%
Refer to OMA	2	2.2%
Refer to BME	2	2.2%
Refer to the medical director's office	1	1.1%
Refer to Insurance Commission	1	1.1%
Refer to their legislator	1	1.1%
Refer to workers' compensation ombudsman	1	1.1%
	90	100.0%

**IME Claimant Attorney Survey 2004**

**7. What do you consider the three greatest concerns regarding the IME process?**

Summary of comments:

	<b>N</b>	<b>%</b>
Physician is biased toward insurer	113	48.1%
Lack of practicing doctors to do IMEs; most are retired	17	7.2%
Doctors untruthful about exam; inaccurate reports	16	6.8%
Doctors with financial stake in future insurer referrals	15	6.4%
Insurers ability to outspend claimant	10	4.3%
Distance required to travel is too great	6	2.6%
Lack of medical credentials; doctor incompetent	6	2.6%
Rude doctor	3	1.3%
Too many exams permitted	3	1.3%
No oversight of IME doctors	3	1.3%
Scheduling difficulties	3	1.3%
Inability of claimants to get treating doctors to respond	2	0.9%
Same physician w/boiler plate explanations	2	0.9%
Weight attended by insurer to opinion	2	0.9%
Claimant attorney has no input into the IME process	2	0.9%
Doctors attitudes and professionalism	2	0.9%
Doctors ignore patient input	2	0.9%
Physicians not accountable to anyone, except insurer	2	0.9%
No witnesses or recording allowed of examinations	2	0.9%
Doctors offering opinions outside their area of expertise	2	0.9%
Opinions are cursory without back-up explanation	2	0.9%
Slow access to justice by injured workers - delayed hearing	2	0.9%
Most doctors educated by insurance company	1	0.4%
No back-up declaration under penalty of perjury required	1	0.4%
IME process is adversarial	1	0.4%
Treating physician opinions should be given greater weight	1	0.4%
Physician has incomplete information	1	0.4%
Client is unfamiliar with the process	1	0.4%
IMEs serve no genuine purpose	1	0.4%
Carriers providing doctors w/info "up front"	1	0.4%
ALJ and Board not knowing that some doctors not credible	1	0.4%
IMEs don't have to assume responsibility of training doctors	1	0.4%
Claimants lack same protections as in civil cases	1	0.4%
IME doctor does not demand more testing before giving opinion	1	0.4%
Unprofessional handling documents or having no documents	1	0.4%
ALJs who believe the canned IME reports	1	0.4%
Doctors that hurt people	1	0.4%
Claimant underrepresented in the process	1	0.4%
Exams cost too much	1	0.4%
Scope of IME exam is too broad	1	0.4%
	<b>235</b>	<b>100.0%</b>

**8. In your opinion, how adequately do insurers prepare injured workers on what to expect in IMEs?**

	<b>N</b>	<b>%</b>
Very adequately	1	0.8%
Moderately adequately	5	4.2%
Slightly adequately	17	14.2%
Not at all adequately	97	80.8%
	120	100.0%
Missing = 20		

**IME Claimant Attorney Survey 2004**

**8a. Comments**

	<b>N</b>	<b>%</b>
Claimants are told where and when to go	13	25.5%
Claimants are told to show up or else	11	21.6%
Preparing claimants is not the insurer's job	7	13.7%
Don't prepare claimants for the bias	4	7.8%
Claimants are tricked into believing it is a fair process	4	7.8%
I don't know what insurers do	2	3.9%
Insurers do not prepare the worker	7	13.7%
Worker inconvenience is disregarded	1	2.0%
Injured worker asks the attorney, not insurer	2	3.9%
	<b>51</b>	<b>100.0%</b>

**9. In your opinion, how well do injured workers understand IMEs?**

	<b>N</b>	<b>%</b>
Very well	8	6.6%
Moderately well	23	18.9%
Slightly well	39	32.0%
Not at all well	52	42.6%
	<b>122</b>	<b>100.0%</b>
Missing = 18		

**9a. Comments**

	<b>N</b>	<b>%</b>
They understand that they are not objective	15	40.5%
If they have an attorney, they understand better	8	21.6%
Claimants believe the IME doctor is there to help them	5	13.5%
Claimants believe exams are impartial; when they are not	5	13.5%
Claimants are bewildered by workers' compensation	2	5.4%
Claimants don't understand treating doctor must concur w/IME rept	1	2.7%
Most don't have a clue what it is about	1	2.7%
	<b>37</b>	<b>100.0%</b>

**10. What do you do to prepare your clients for IMEs? Summary of comments:**

	<b>N</b>	<b>%</b>
Explain in person or in writing the process and their rights	39	20.9%
Tell them to be truthful	38	20.3%
Explain that the exam is biased for insurer	25	13.4%
Tell them not to exaggerate symptoms or pain	13	7.0%
Tell them to be cooperative	13	7.0%
Tell them to be polite	9	4.8%
Explain the purpose of the IME	8	4.3%
Tell them to say as little as possible during the exam	8	4.3%
Review with them their medical condition prior to exam	7	3.7%
This is privileged information	6	3.2%
Take a spouse or witness with them	5	2.7%
Not to take a pain killer before the exam	3	1.6%
Tell them to report back to me (attorney) following exam	3	1.6%
To expect the worst	2	1.1%
Explain the potential use of the IME report	1	0.5%
Tell them to video tape the exam	1	0.5%
Tell them they will be treated badly	1	0.5%
Be on time	1	0.5%
Give as much information as possible	1	0.5%
Do not take a tape recorder	1	0.5%
Explain that the worker is required to attend	1	0.5%
Discuss the IME with their treating doctor afterwards	1	0.5%
	<b>187</b>	<b>100.0%</b>

**IME Claimant Attorney Survey 2004**

**11. What are your suggestions for improving the IME process?  
of comments:**

**Summary**

	<b>N</b>	<b>%</b>
Doctors should still be practicing; percent of practice should be active	23	17.7%
Encourage a process like the medical arbiter process	13	10.0%
Make the IME doctors objective	10	7.7%
Get rid of IME process completely	6	4.6%
Limit number of IMEs	6	4.6%
Get honest, unbiased doctors	6	4.6%
Allow claimants to object to certain IME doctors	4	3.1%
Video tape the exams	4	3.1%
Call them insurance medical exams	3	2.3%
Payment from WCD funds or other impartial source	3	2.3%
Require a back-up declaration under penalty of perjury for IME doctors	3	2.3%
Require doctor disclose with report the amount received for performing IME	3	2.3%
Let worker pick IME doctor	3	2.3%
Impose travel limits	3	2.3%
IME physicians must be same specialty as treating physician	2	1.5%
Independent purpose	2	1.5%
Insurer randomly pick physician from a list of those doing workers' comp	2	1.5%
Make insurer pay a matching fee to claimant to buy own opinion	2	1.5%
No IMEs after denial is issued	2	1.5%
Pay doctors less than \$250 maximum	2	1.5%
Require use of WCD list of physicians	2	1.5%
Send evaluations to claimants	2	1.5%
Allow injured worker an exam for each one the carrier gets	1	0.8%
Don't allow insurer to use check the box to get treating doctor concurrence	1	0.8%
Don't let the insurer pick the IME	1	0.8%
Give greater weight to opinions of treating physicians	1	0.8%
Have a larger pool of doctors	1	0.8%
Hold IME doctors accountable for their actions	1	0.8%
Let attending physician pick IME doctor	1	0.8%
Limit number of IMEs any one physician can perform	1	0.8%
Limit the scope of the exam	1	0.8%
Make IME 's certify they give same opinions if they were treating doctor	1	0.8%
Place a cap on the amount that can be charged for an IME	1	0.8%
Prohibit IMEs from asking irrelevant questions	1	0.8%
Provide copy of adjuster questions with notice to attend	1	0.8%
Provide economic incentive for treating docs to express complete opinions	1	0.8%
Public website listing doctors, clients, IME income, and relationship to IME	1	0.8%
Require all doctors who treat injured workers to participate	1	0.8%
Require doctor to undergo pain education	1	0.8%
Require, by rule, that the ALJ give IME less weight then treating physician	1	0.8%
Stop using doctors who believe certain conditions aren't work related	1	0.8%
Take away economic advantage of insurers	1	0.8%
There should be a process to challenge examiners for bias	1	0.8%
Train doctors to be more kind to workers	1	0.8%
Use a doctor that treats injured workers	1	0.8%
WCD establish guidelines for IME doctors/reports to ensure impartiality	1	0.8%
	<b>130</b>	<b>100.0%</b>

## IME Claimant Attorney Survey 2004

### 12. Please share any other comments you have regarding IMEs. All comments listed:

IMEs have become big business in Oregon with many doctors devoting their time exclusively to IMEs and making a lot of money. The inherent bias that develops is obvious. And, unfortunately, there is nothing claimants can do about it as very few workers have the funds to go out and get their own examinations to counter the three panel exams (which can mean as many as nine examining doctors) which can be mandated by insurance companies.

They cause more litigation and expense

Information should be sent to treating doctors educating them on the purpose of IME reports to minimize to expense to claimant in having to hire their own doctors to counter IME reports which have been inadvertently occurred with by treating physicians.

I think the admin Law Judges know the IME Doctors are unobjective and all pro carrier and do not give a "?" weight to their opinion as companies to regular treating physician

1. Only allow participating Dr's to do exam

2. Limit fees - see attached

As long as workers' comp is driven by medical opinion IMEs will exist. Attempts to make the exams more convenient and better explained would benefit all parties.

One IME doctor was found by a judge to have written a report for an evaluation that simply did not occur. Shameful and disgusting

An IME physician must be required to index all report he authored as an IME. They must be discoverable be all parties. The IME physician must be required to disclose the amount of money earned annually from all IME performed

Depending on who the examiner is, I can basically predict what they will say before they have even examined my client. Not all doctors are so blatantly biased but too many are really no good.

Oregon's WC system has failed and needs reform

Require insurer to send copy of the IME promptly to the worker or id requested his/her attorney.

Prohibit IME within 30 days of a hearing.

Only practicing doctors should be allowed to consult on IME

Both cl & def doctor-shop

If claimants and insurers selected the IME Doctor together thereby ruling out the "hired guns" perhaps the doctors would have a financial incentive to be objective

The 1990 legislation shifted the burden of proof to injured workers. The IMe system allows the carrier to spend unlimited amounts of money on expert exams to defend claims, while an injured worker is lucky if he or she can beg the attending physician to write a supportive report. Denials are overturned at hearing between 33% and 40% of the time; given the economic inequities, injured workers are fortunate to succeed at all.

about 90%, I know what the physician will conclude they are not independent. and physician cant be if insurer "?" and pays physician

Find a way to make it impartial

I am a wounded Vietnam Veteran. I did not fight in Vietnam and spend several months in a naval hospital in great pain to such a worthless system for Injured Workers. The USMC, USN & VA treat wounded veterans 10 times better that the Oregon Workers Compensation system treats its own injured citizens

This process is now totally corrupt. Only IME's left are those who will say anything the insurer wants

Unfortunately, the system is so adversarial and the insurers have too much \$ to spend on these exams nothing is likely to change

They are biased to the point that 100% go against my workers no matter what the facts are. They put incredible financial strain on injured worker because they must get expensive reports, pay for consultations and keep getting opinions when new IME is done to counter treating Doctors opinion

SAIF and Liberty Mutual have all the \$'s and can hire MD by the boatload - most injured claimants don't have the resources to make it an even contest and the potential recovery generally doesn't justify the risk of incurring the additional costs.

Why should I be required to depose IME Doctors (insurers expense) to expose bias, faulty "?" , past misdeeds etc? Unnecessary costs to the system

For all of the above reasons I have discontinued taking cases for WC The regulations strongly favor the employer / insurer

Perhaps their patient and client and duty should be the injured worker

Some of these examiners are an embarrassment to the system. The profiles in the Willamette wk article "Doctors for Hire" is so true with several of the regular participants in Oregon W/C

Overall, it is a dishonest disservice to worker, employer, Insurer and the State!

I prefer not to swear

Some IME docs try to be objective most do not most are rude and appear to have their minds made up before even talking to worker. Don't get me wrong I have done this for over 18 years and some workers deserve to lose but no one deserves to be degraded

## IME Claimant Attorney Survey 2004

Happy MLAC is visiting this issue. The pendulum has swung way too far in favor of insurers.  
Claimants need some balance again.  
Generally unfair to IW's  
Note = Poster I saw recently in IME exam room - a cartoon duck in a chair w/bullet holes next to its head with caption "sitting duck" How appropriate!  
There are several IME's who should not be allowed to perform either IMEs or medical arbiter exams. Take complaints of claimants and their attorneys more seriously  
The system is controlled by defense money and in not Independent "?"  
The worker has no recourse for IME opinion  
Same Doctors with the same opinions  
IME's report or fail to report accurate claimants history  
Use Doctors outside of W/C system  
Recourse (Penalty) for improper IME's  
Record or Guest during IME exam  
IME's not fair to workers  
Biased doctors beholden to insurer for their pay. IME's should be done by various doctors, none earning more than 20% of their income from doing IME's  
A random assortment IME pool so Insurer can't use same old face over and over again. Limit to one to prevent opinion shopping  
Everyone in the system knows that 90% of the IME docs are biased hacks. Pretending otherwise under "?" everyone's believes that the system is fair  
It is an embarrassment to the state - This IME system. As citizens we should be ashamed  
Obvious bias of paid advocated make system a patent sham.

Insurers can stack the exams so that several doctors say a claim is not compensable. If claimant cannot afford to pay for rebuttal reports the sheer volume of IME crap sometimes persuades ALJs in favor of insurers with a substantial evidence standard of review, all that "evidence" - biased crap or not, makes reversal at the Ct. of Appeals impossible Its a trap "?" IMEs

They should be selected like the medical arbiter panel from a selection of treating physicians  
There are a handful of honest IME doctors, beyond that the system is broken  
They are a thoroughly dishonest system and its an accident when truth emerges  
I find it amazing how often the IME report weakly supports the desired result or strongly supports with weak findings for supporting position  
The insurers should be limited to 1 IME rates that IMEs charge should be limited. Insurers should have to reimburse claimants for their own IMEs  
Submitted under a promise of complete confidentiality. I will consider it a breach of contract and in intentional tort of the confidentiality of this is violated  
The department does not have a clue about what really goes on and neither does MLAC. The IME system is completely out of control and only adds to the expense delay and litigation in the system. I have over 24 years in this system and it has gotten worse, not better and I have filled out surveys like this before and nothing changes because the insurance industry controls the writing of the laws... So... Good luck! in changing things!  
They are often advocated, not impartial medical opinions, protestations to the contrary contradicted  
( I guess they know who's paying them)

If it wasn't so blatantly biased, it would be funny with total immunity. Many of these Doctors can do whatever they want. Its the most unfair and unjust thing I experience in my practice.  
11 & 12 I will lump these together - In doing workers' compensation over 25 years, the system has changed tremendously and the IME part of the process has been a big part of the change. Many years ago the IMEs were very seldom used and the explanation of the treating doctor was generally accepted. I think the system is in major crisis as relates to injured workers because claimants and their attorneys cannot compete with the employer/carriers because of the IMEs. We cannot afford to pay for examinations of our own. Many of the treating doctors charge such an exorbitant amount for reports that we and/or the injured workers cannot afford to even get a rebuttal type report from the treating doctors. Beyond that, the treating doctors are generally involved in the process to treat patients, not to write 10-15 page reports. Because treating doctors are not interested in detailed explanations and comments about a case, the ALJs and especially the Workers' Compensation Board disregard their opinions routinely and go with the IMEs. I do think it is a very unfair process. My proposal for some time has been that the insurance c  
They are a tragic waste of money. This money could be used to actually help people. I was talking to a treating doctor today and he said the IME was laughable.  
IME must be approved by the claimant attorney  
Its a hatchet job for Insurers to deny claims and judges & WCD are listening to them  
Lottery process, at least half IME Drs must be in practice  
Why not suggest that both sides agree on an IME doctor? There are doctors in all specialties who are respected by both sides.

## IME Claimant Attorney Survey 2004

Alternatively, the insurer should be required to pay for 3 exams by doctors that the claimants choose. Any doctor performing an IME should be licensed and maintaining an ongoing practice. Post-denial IMEs should not be allowed. This would be a great topic for a section discussion! Attending physicians should be paid the same for file review, IME report review, and the writing of a concurrence non-concurrence response as is paid to the IME examiner for document reviews and writing reports.

breakup the monopoly of IME doctors!

Most of all dishonest system

They are part of the adversary system in a system that is already slanted against workers

Workers are not well informed about the purpose of the IME and unless they have attorneys never see the results. They do not understand what the insurer can send them to multiple IMEs or to an IME after denying the claim. Have a clear straight - forward explanation that is short and up front; try to establish a list of truly independent doctors to use. Some IME doctors produce standard reports ( That hardly change from worker to worker) that seem to start with the objective that they need to find a reason that the claim is not compensable.

Tell me the name of the Dr on the IME and I'll tell you the result with an 80% accuracy. This is another travesty of an otherwise rotten system.

As is this system is corrupt and should be abolished. In order for the system to be fair to injured workers it must be totally revamped to eliminate the insurers ability to hire whores to destroy claimants.

Require videos of all IMEs

The doctors used most often by insurers are nothing less than whores who know their repeat business depends upon their writing report in favor of insurer. Require all IMEs to be treating doctors. There are large number of doctors who do nothing but IMEs. One Dr confessed to earning over \$300,000.00 per year just from IMEs!! The system is badly broken. Most IME Drs are (or at least appear to be) corrupted by the system. Impartiality of doctors doing IME is a long lost ideal.

Also Insurers and their attorneys write extremes detailed letters suggesting what they want to hear to IME doctors. Same techniques should be set up where IME doctors do a preliminary blind report - with the ability to be asked clarifying questions

As long as doctors paid by insurance companies, there is a chance of lost objectivity by the IME doctor.

Wholly dispute my friend Ted Kulongoski's opinion that the system has made it great for working Oregonians.

Most claimants do not know what it means to have their credibility attacked, and do not understand that it is a hostile environment.

Serves a purpose, keep IME, don't get rid of it

Wishes not to participate in the survey which is a non-billable activity.

Hope that the process is changed. It has gotten out of hand. Same usual suspects on the ime doctor list. Been doing this for 23 years and system has devolved in terms of care for injured workers.

Go to an AME process as in Calif. Process is on website for Qualifier wc system. Gives an outline of the process.

The system is pretty bad. Process is compromised by paying ime doctors for a patterned outcome. One doctor in southern Oregon who is the best in his specialty, and he is used often and he is honest. No one can figure out why they send iw to him. This is exception and not rule. Gunslinger mentality out there right now amongst doctors who feel they must choose sides. Overstatements on both sides. Forum needs to be more neutralized. Eliminating IME mills would be proper step in right direction.

It might be good for some type of letter to be sent out by the insurance company to inform claimant what the process is about and that they may wish to contact an attorney before the ime occurs.

Go back to 1975 when there was a true state fund, well regulated. Get rid of private insurance companies. Non-profit state regulated fund, setting up true panel of independent physicians. Need to take the profit motive out of workers' comp.

If there is an ime, it will be distorted and say the same thing every time. The judges need to decide the credibility.

I wish they weren't allowed after a denial. Seems the ime should come before the denial.

Has been in the system 27 years, over this time it seems that they have the same batch of ime doctors. Would be nice if there were some new doctors in the system from time to time.

The most valuable source of information would be the treating doctors who read the reports. Many of the ime doctors are in direct contradiction to the treating physicians. The treating physician is the most important person to contact in this survey.

### IME Claimant Attorney Survey 2004

I am relatively new to the Oregon work comp system. The current IME process skews the system against the injured worker. Frankly I am shocked that this process is being allowed by the division.

Take away financial incentive from drs doing IMEs (2) to insure impartiality if possible, with checks on those who show partiality.

The majority of IME doctors are very dependent on IME income. Insurers are in a position to manipulate IME doctors by withholding IME referrals.

1. Allow the ALJs at WCD to consider financial bias of examining doctors 2. Restrict number of IME a doctor can perform- Dr. Paul Williams has testified under cross that he performs 1500 a year.

I can look at who the doctor is and predict with almost 100% accuracy what their opinion is going to be. It's a complete sham; there's nothing independent about it.

## Defense Attorney Survey on IMEs

### Highlights

- Annually, 53% of defense attorneys represent over 30 workers' compensation clients a year; 27% between 11 and 30, 5% between 6 and 10, 14% between 1 and 5, and 2% represent no workers' compensation clients.
- Over half (56%) of defense attorneys felt that insurers moderately prepare injured workers on what to expect in an IME. Another 22% say injured workers are slightly prepared, 15% say they are very prepared, and 7% believe they are not prepared at all.
- Sixty-eight percent of the defense attorneys believe injured workers understand IMEs moderately, slightly 17%, very 11%, and not at all 4%.
- The most frequent shortcomings defense attorneys observed in the IME process included: no consequences when the worker fails to attend the exam (20%), the exam is biased toward the insurer (16%), doctors do not receive adequate records (11%), and 9% say that doctors do not answer the questions asked. Twenty percent indicated that there were no shortcomings.
- Defense attorneys top suggestions for improving the IME process were: make the worker responsible for the costs of no shows and cancellations (23%), no suggestions – it works fine (18%), educate physicians about the process (11%), find a way to make the exams impartial (7%), provide better information for the worker (7%), and get more doctors to participate (7%).

## IME Defense Attorney Survey 2004

Total Valid Responses = 93; 57%; 162 surveys mailed

Number = N

Percentage = %

1. What is the survey number from the cover letter?

2. Approximately how many workers' compensation clients do you represent a year?

	N	%
None	2	2.2%
1-5	12	13.5%
6-10	4	4.5%
11-30	24	27.0%
over 30	47	52.8%
	89	100.0%
Missing = 4		

3. In your opinion, how adequately do insurers prepare injured workers on what to expect in IMEs?

	N	%
Very	12	14.6%
Moderately	46	56.1%
Slightly	18	22.0%
Not at all	6	7.3%
	82	100.0%
Missing = 11		

### 3a. Comments

Most provide written materials but not verbal.

They send a letter, are available for suggestions and give the time of the appointment. It's the claimant's attorney who really prepares them for an IME.

I was not aware there was any requirement that the insurer prepare the workers on what to expect.

It's not their job - it's my job.

I think it probably varies from worker to worker and also from one adjuster to another. Some are very prepared others less so.

Self-insured employers generally do more to prepare injured workers for IME. Many IME companies send out informational packets before the exam.

I don't understand the question. I'm not aware that insurers are supposed to "prepare" injured workers for IMEs.

Answer questions that are asked. Appointment/ letter outlines reasons for IME.

If the worker is represented, the insurer is restricted from access. Those un-represented usually have excellent communication with my client and are provided excellent information.

This is solely for denial support.

That task is usually left to the claimant's attorney.

Saif uses a checklist to ensure workers are aware.

Some do a good job, others not at all.

The notice letter that is required is adequate and most IME physicians explain the process.

Injured workers generally not receptive to preparation, receive negative instruction from counsel.

Depends on what you consider the insurer's obligations are and whether it is a contested claim.

**IME Defense Attorney Survey 2004**

I do not understand there to be an insurer obligation to prepare other attorney's clients.

Simplifying and reducing warnings. Ask worker to call ombudsman with questions.

**4. In your opinion, how well do injured workers understand IMEs?**

	<b>N</b>	<b>%</b>
Very	9	11.4%
Moderately	54	68.4%
Slightly	13	16.5%
Not at all	3	3.8%
	79	100.0%
Missing = 14		

**4a. Comments**

I have no idea.

Given the adversarial nature of the system, I believe most workers have a perception that the IME doctor is against the worker.

I'd like to think I prepare them, but you're never sure.

Better than they let on.

Again, some workers understand extremely well, However, some think that it is just a "second opinion" similar to what their own doctor would order.

We don't know but assume it varies greatly.

This is solely for denial support.

Claimants do not seem to be aware of IME problems they cause when they do not show for an exam.

First time claimant versus someone who has been through one before.

Depends upon each worker, sophistication, education, etc.

Many have attorneys who prepare their clients.

Some understand them as adversarial, and present clinically to reflect a polarized or embellished exam.

They assume it's biased, always.

Pretty straightforward process, but some do seem confused.

Claimant's attorneys despise IME doctors and distort their motives. It's a cynical approach that comprises the innocuous process of obtaining a second opinion.

**5. Please list any shortcomings you observe in the IME process. Summary of comments:**

	<b>N</b>	<b>%</b>
None	11	20.0%
Claimants fail to attend exam and there are no consequences	11	20.0%
It is not an independent exam; it is biased toward the insurer	9	16.4%
Doctors don't receive adequate records	6	10.9%
Doctors do not answer the questions asked	5	9.1%
Need more doctors to participate	4	7.3%
Judicial prejudice against the IME	4	7.3%
Workers concern for brevity - they don't see the record review	3	5.5%
Doctors don't get enough time to review the documents	2	3.6%
Not enough IMEs are allowed	2	3.6%
Some doctors are overused	2	3.6%
Workers are unwilling to cooperate	1	1.8%
There is no mechanism for follow-up	1	1.8%
Doctor rudeness	1	1.8%
Better preparation of the injured worker is needed	1	1.8%
Focus of IME is too narrow	1	1.8%
The way IMEs are counted	1	1.8%
That they are not relied on as much as the attending physician	1	1.8%
	55	100.0%

**IME Defense Attorney Survey 2004**

<b>6. What are your suggestions for improving the IME process? Summary of comments:</b>	<b>N</b>	<b>%</b>
Make the worker responsible for costs of no shows and cancellations	13	23.2%
None, it works ok, leave it alone	10	17.9%
Educate physicians about the process	6	10.7%
Find a way to make IMEs impartial	4	7.1%
Provide better information for the worker	4	7.1%
Get more doctors to participate	4	7.1%
Insurers should use impartial doctors	2	3.6%
Provide an information sheet for doctors about the IME process	2	3.6%
Doctors need the complete records	2	3.6%
Allow both parties to submit questions to the doctor	1	1.8%
Exams are not in the correct area of doctor expertise	1	1.8%
Confusion regarding combined condition	1	1.8%
Regulate charges for follow-up conferences and depositions	1	1.8%
Confusing rules about notices for IMEs	1	1.8%
Video all IMEs	1	1.8%
Require an honesty oath against perjury	1	1.8%
Statistical analysis of number of claim acceptances vs. claim denials resulting from IME process	1	1.8%
ALJ bias	1	1.8%
	<b>56</b>	<b>100.0%</b>

<b>7. Please share any other comments you have regarding IMEs. Summary of comments:</b>	<b>N</b>	<b>%</b>
No comments	13	36.1%
Useful and helpful	7	19.4%
They are a necessary part of the process	5	13.9%
Need more doctors	1	2.8%
Injured workers are not forthcoming	1	2.8%
ALJ is prejudiced against IME	1	2.8%
Include podiatrists	1	2.8%
Conduct a study of how many IMEs agree with treating physician	1	2.8%
They are too claimant friendly	1	2.8%
Should allow a preponderance of evidence to close the claim or terminate temporary disability	1	2.8%
Necessary part of claims process as many practitioners are unfamiliar with the issue requirement for compensability of a claim. IME doctors are more versed in major cause/preexisting condition	1	2.8%
If an IMEs opinion is wrong and prevent medical treatment the worker should be able to sue-otherwise the system will remain dishonest with full approval of the respective forums	1	2.8%
The current systems diminishes the effectiveness of IME physicians by limiting the ways in which the IME reports can be used.	1	2.8%
I think most IMEs give their honest professional opinion	1	2.8%
	<b>36</b>	<b>100.0%</b>

# IME Facilities Survey

## Highlights

- Excluding physicians, IME facilities employ a fairly small number of employees in Oregon. Two facilities employ five or less, five between six and ten, one between eleven and fifteen, and one facility has more than fifteen employees. The number of managerial/supervisory employees was five or less for the eight facilities who completed the question. Support staff was ten or less for seven of the facilities. Only one facility had greater than ten support employees.
- Nine of the facilities reported that they maintain satellite offices or lease space from other physicians for the purpose of conducting IMEs. Eight of these reported that the number of satellite offices maintained was ten or less.
- Four facilities are part of, or associated with, regional or national firms.
- Out-of-state Oregon IMEs are performed by six of the facilities. Two reported they conduct about ten out of state exams and one facility reported about 50 out-of-state exams were conducted. None of the facilities send workers out of state for an IME examination.
- Three facilities contract or employ fifty or less physicians. Another four contract or employ between fifty-one and one hundred physicians. The remaining two facilities contract with or employ over one hundred physicians.
- Three facilities reported that fifty or fewer physicians worked for other facilities and three reported that between 51 and 100 worked for other facilities.
- The number of physicians that also maintain private practice was fifty or less for five of the facilities, between 51 and 100 for two facilities, and over 100 for another two facilities.
- When asked how many of their physicians consider themselves semi-retired, seven reported 50 or fewer physicians and two facilities reported that 51 to 100 physicians considered themselves semi-retired.
- Quality assurance processes to monitor the quality and content of physicians' IME reports are maintained by all ten of the facilities that completed the survey.
- Four facilities reported they performed between one and two thousand total examinations and three facilities reported they perform between two and three thousand examinations per year. Of these, one facility reported between 100 and 500 of the exams were related to workers' compensation claims and workers' compensation IMEs, four facilities reported between one and two thousand, and two facilities reported between two and three thousand.

- Nine facilities perform chart reviews, seven perform third-party liability case exams, six perform disability rating, five perform physical capacity, and five perform other types of exams. Other types of evaluations the facilities reported included auto claims, long and short term disability, railroad, longshoreman, and federal workers' compensation claims, and return to work IMEs.
- Seven IME facilities maintain contracts with workers' compensation insurance companies, two with service companies, and one with a self-insured employer.
- Four facilities reported they obtain information from workers' compensation patients regarding their IME experience.
- When asked about the number of complaints they received from patients about the examinations, one facility reported zero, eight facilities reported ten or fewer, and one facility reported between sixteen and twenty complaints received. Various ways are used to follow-up on complaints including contacting the IME doctor, the claims adjuster, and the patient.

**IME Facilities Survey 2004**

**Total Valid Responses = 10; 91%; 11 surveys mailed**

Number = N

Percentage = %

**1. What is the survey number from the cover letter you received in the mail?**

**2. Excluding physicians, how many employees does your company have in Oregon?**

	<b>N</b>	<b>%</b>
1-5	2	22.2%
6-10	5	55.6%
11-15	1	11.1%
16+	1	11.1%
	9	100.0%
Missing = 1		

**2a. How many in a support capacity?**

	<b>N</b>	<b>%</b>
1-5	3	37.5%
6-10	4	50.0%
11-15	1	12.5%
	8	100.0%
Missing = 2		

**2b. How many in a supervisory or managerial capacity?**

	<b>N</b>	<b>%</b>
1-5	8	100.0%
	8	100.0%
Missing = 2		

**3. Do you maintain satellite offices or lease space from other physicians for the purpose of conducting exams in Oregon?**

	<b>N</b>	<b>%</b>
Yes	9	100.0%
No	0	0.0%
	9	100.0%
Missing = 1		

**3a. If yes, how many offices or leased space?**

	<b>N</b>	<b>%</b>
10 or less	8	100.0%
	8	100.0%
Missing = 1		

**4. Is your company part of, or associated with, any regional or national firms performing IMEs?**

	<b>N</b>	<b>%</b>
Yes	4	40.0%
No	6	60.0%
	10	100.0%

**4a. If yes, please describe.**

We are a national company  
 Provide national services in regional hubs, serving all 50 states, Canada, Puerto Rico and occasionally abroad.  
 Do IMEs in all western states

	<b>N</b>	<b>%</b>
	1	33.3%
	1	33.3%
	1	33.3%
	3	100.0%
Missing = 7		

**5. Does your company perform any Oregon IMEs out of state?**

	<b>N</b>	<b>%</b>
Yes	6	60.0%
No	4	40.0%
	10	100.0%

**5a. If yes, how many per year?**

	<b>N</b>	<b>%</b>
10 exams	2	66.7%
50 exams	1	33.3%
	3	100.0%
Missing = 3		

IME Facilities Survey 2004

5b. Do you send Oregon workers' compensation patients out of state to attend an IME?

	N	%
Yes	0	0.0%
No	10	100.0%
	10	100.0%

6a. How many physicians do you employ or contract with?

	N	%
1-50	3	33%
51-100	4	44%
101-150	1	11%
151-200	1	11%
	9	100.0%
Missing = 1		

6b. How many of the physicians you use also work for other IME facilities?

	N	%
1-50	3	50.0%
51-100	3	50.0%
101-150	0	0.0%
151-200	0	0.0%
	6	100.0%
Missing = 4		

6c. How many of your physicians also maintain private practices?

	N	%
1-50	5	55.6%
51-100	2	22.2%
101-150	1	11.1%
151-200	1	11.1%
	9	100.0%
Missing = 1		

6d. How many of your physicians would consider themselves semi-retired?

	N	%
1-50	7	77.8%
51-100	2	22.2%
101-150	0	0.0%
151-200	0	0.0%
	9	100.0%
Missing = 1		

7. How do you determine that a physician is qualified to perform examinations for your company?

State license, CV, CK, OSBME; make sure nothing is prohibiting their practice; and a BIG part is discussing with them their philosophy; making sure they are unbiased and objective.

We facilitate exams for both sides. We are known for this because we are objective. We also have had several insurance companies send their own examiners to us.

Must have license, malpractice insurance, have no suits or disciplinary claims against them, must be fully licensed and qualified.

We maintain a rigorous credentialing process. Don't have enough room here to explain entire process.

Our MD's watch medical records for solid reports by treating MDs. They watch for good medicine being practice and then we make a contact if the opportunity arises. Alternatively, if an MD an MD approaches MD we ask around to the MDs, we ask to see a sample of the docs work. Bottom line: we send many away.

Board certified, clean disciplinary record, active malpractice coverage, willing to accept orientation and feedback, respectful of claimants. We also monitor for quality regularly.

State license and credentials

Review of medical records, if questions are thoroughly answered and well reasoned. Willingness to be trained, willingness to speak with clients and teach.

**IME Facilities Survey 2004**

A multi-level credentialing process inclusive of licensure review takes place before physicians are allowed to process examinations or file review.

CV review of qualifications.

Prior IME experience, Oregon licensed, current malpractice insurance.

**8. Do you have a quality assurance process to monitor the quality and content of your physicians' reports?**

	<b>N</b>	<b>%</b>
Yes	10	100.0%
No	0	0.0%
	<u>10</u>	<u>100.0%</u>

**8a. If yes, please describe the process.**

I have a claims adjuster on staff who does quality assurance. She knows the state's statutes.

Reports are reviewed for errors prior to sending final report - staff and physicians review reports.

I don't have enough room here to explain the entire process.

All of our reports are always proofed and corrected by certified claims adjusters. New MDs reports are proofed by Dr. Fuller as well until they prove themselves to understand the language of this industry/the report.

Transcription coordinator

The doctors review their reports for completeness and we have two certified wc claims adjusters who review also for completeness and clarity.

We have every report reviewed by a quality assurance person twice before going to our customer.

The physicians author their own reports. The quality assurance process ensures that all questions are answered.

Client service staff review for critical content. Quality starts with proper orientation of consultants. They ultimately are responsible for their reports.

**9. How many of the following examinations are performed by your facility annually?**

<b>9a. Total examinations</b>	<b>N</b>	<b>%</b>
0	0	0.0%
1-100	0	0.0%
101-500	0	0.0%
501-1000	0	0.0%
1001-2000	4	57.1%
2001-3000	3	42.9%
	<u>7</u>	<u>100.0%</u>
Missing = 3		

<b>9b/c. Related to workers' compensation claims or IMEs</b>	<b>N</b>	<b>%</b>
0	0	0.0%
1-100	0	0.0%
101-500	1	14.3%
501-1000	0	0.0%
1001-2000	4	57.1%
2001-3000	2	28.6%
	<u>7</u>	<u>100.0%</u>
Missing = 3		

IME Facilities Survey 2004

9(c)(1). Single IMEs	N	%
0	0	0.0%
1-100	0	0.0%
101-500	1	25.0%
501-1000	0	0.0%
1001-2000	1	25.0%
2001-3000	2	50.0%
	4	100.0%

Missing = 6

9(c)(2). Panel IMEs	N	%
0	0	0.0%
1-100	1	16.7%
101-500	3	50.0%
501-1000	2	33.3%
1001-2000	0	0.0%
2001-3000	0	0.0%
	6	100.0%

Missing = 4

9d. Medical arbiter examinations	N	%
0	3	37.5%
1-100	3	37.5%
101-500	2	25.0%
501-1000	0	0.0%
1001-2000	0	0.0%
2001-3000	0	0.0%
	8	100.0%

Missing = 2

9e. Worker requested medical examinations	N	%
0	5	71.4%
1-100	2	28.6%
101-500	0	0.0%
501-1000	0	0.0%
1001-2000	0	0.0%
2001-3000	0	0.0%
	7	100.0%

Missing = 3

10. What other types of evaluations are performed by your facility? (Check all that apply)

	N	%
Chart reviews	9	25.7%
Third-party liability cases	7	20.0%
Disability ratings	6	17.1%
Physical capacity	5	14.3%
Other	5	14.3%
Pre-employment physicals	2	5.7%
Social security disability	1	2.9%
MCO service utilization	0	0.0%
	35	100.0%

11. Do you maintain any contracts with the following:

11a. Workers' compensation insurance companies?	N	%
Yes	7	77.8%
No	2	22.2%
	9	100.0%

Missing = 1

IME Facilities Survey 2004

<b>11b. Service companies</b>		<b>N</b>	<b>%</b>
Yes		2	22.2%
No		7	77.8%
		9	100.0%
Missing = 1			

<b>11c. Self-insured employers</b>		<b>N</b>	<b>%</b>
Yes		1	11.1%
No		8	88.9%
		9	100.0%
Missing = 1			

**12. Do you obtain information from workers' compensation patients regarding their IME experience?**

	<b>N</b>	<b>%</b>
Yes	4	44.4%
No	5	55.6%
	9	100.0%
Missing = 1		

**12a. If yes, how do you obtain the information? Summary of comments:**

	<b>N</b>	<b>%</b>
Evaluation form at IME office	5	50.0%
Phone follow-up	1	10.0%
Evaluation form sent in mail	1	10.0%
Other (see below)	3	30.0%
	10	100.0%

**12a. Other ways of obtaining information? Comments:**

	<b>N</b>	<b>%</b>
Web link at our website	1	25.0%
Verbal	1	25.0%
Medical release signed by examiner	1	25.0%
Unrelated	1	25.0%
	4	100.0%

**13. How many complaints regarding IMEs do you receive from the workers' compensation patients in a year?**

	<b>N</b>	<b>%</b>
0	1	10.0%
1-10	8	80.0%
11-20	1	10.0%
	10	100.0%

**14. How do you follow up on complaints?**

We talk with the reporting party, document, and follow-up as appropriate.

We review each one for specifics, and forward them to the consultant and office manager for follow-up and consideration.

Call the patient and the referral source.

Follow-up with patient, claims examiner, and IME physician.

Contact patient/IME doctor/claims adjuster.

We treat complaints with the utmost priority and treat each one individually.

We discuss the complaint with the physician and then we get back to the adjuster.

Internal review, notification to client, interviews of staff and physicians.

Request the complaint in writing - follow-up with chaperone, MD, adjuster, attorney.

## IME Facilities Survey 2004

### 15. Please share any other information you believe the Workers' Compensation Division should be aware of with respect to your own company, IME vendors in general, or the IME process.

I think the 5 day required turnaround on report is not manageable. It should be at least 7 days.

We are proud of our 30 yr. history of providing professional, unbiased examinations done by extremely reputable doctors

We have physicians who do examinations for both sides. The physician questionnaire seemed to be biased. The insurer side, but plaintiff attys try to talk to physicians also.

The IME companies do many advantageous things. Many of the exams that are coordinated wouldn't happen. I would be happy to discuss the inner-workings if anyone is interested.

We are proud of our work serving the people, government and business communities of Oregon for over 15 years. We provide value to the system and necessary checks and balances to the claims process. Over the years the requirements of clients have grown, along with quality of vendors and consultants. We welcome collaboration with clients in process improvement and applaud the efforts of your committee to review and improve the IME process in Oregon.

We have zero contact with SAIF. We are time-based-our doctors take the time necessary to do a thorough exam, prepare a thorough report and come to conferences and testimonies well prepared! Our goal is to raise the standard of IMEs in Oregon.

We are proud of the services provided for injured workers in Oregon and the efficiencies within our operation systems to enhance service to those parties required to either insure or process the independent medical evaluation information.

We have few complaints from examinees regarding their evaluations at our facilities. Of the many transactions completed in 2003, our review shows only 7 complaints out of thousands of transactions. Meanwhile, the compliments recorded are numerous from examinees for both our staff and physicians, these include: 1. Extremely professional, 2. Physician has a great sense of humor, 3. Nice to be treated like a person not a number, 4. Hopefully my next treating MD is as good as this doctor, 5. Very courteous and friendly, 6. Doctor and staff were great, 7. Doctor was very kind, 8. Everything was very nice-thank you, 9. Nice people, 10. Question: did doctor thoroughly examine you? Answer: No, he didn't want to hurt me, 11. It was a positive experience-I had a lot of my questions answered, 12. Very courteous, 13. Very nice and respectful, 14. Thank you for being gentle, 15. Thank you for lunch, 16. A pleasant and professional experience.

We are constantly available to assist those state agencies with an interest in enforcing rules and regulations of the workers' compensation law and medical rules. As mentioned in a recent phone conversation (with Jan Miller) it is suggested that the last minute survey (after months of internal meetings at DCBS) leave our management wondering what has taken place during your many discussions throughout your project review. We are still at a disadvantage in understanding what, if any, issues seem to be of paramount importance to review and, with the degree of personnel involvement by the DCBS, what the current efforts or attention toward the IME process in Oregon is designed to produce or change. Oregon's current system of independent medical evaluations is one of the best IME processes we have encountered throughout the country in regard to objectivity, efficiencies and systematic communications between the examinees, insurance representatives and physician consultants who obtain credible medical status information for the injured parties. Therefore, please confirm the receipt of this information and advise what the mission statement is for the DCBS committee regarding the IME Study. (Six evaluation sheets completed by injured workers were attached.)

## **Insurer/TPA focus group**

### **Highlights**

#### **What is your policy, criteria, or practice for determining whether an injured worker has an IME?**

No written policies or criteria. By experience, claims examiners learn which complex claims and “problem” claims to send for an IME.

#### **What are the main reasons you schedule an IME? –**

1. For determining compensability – to sort out work and non-work activities,
2. For complex cases with several different conditions,
3. When there is a need to have a specialist examine,
4. When claims examiner can't get a response from attending physician,
5. If pre-existing conditions exist relevant to the claim,
6. When attending physician won't rate PPD,
7. To determine reasonableness and necessity of surgery,
8. When a case has been open for a long time and there's a need to determine where the claimant is medically, and
9. When an attending physician requests that one be done.

#### **What percent or number of injured workers are sent for IMEs annually?**

Many didn't know. Of those who answered it ranged from 10% to 25%. The median being 20%

#### **Are workers sent to IMEs that required travel beyond the nearest possible IME source? If so, how often does this occur? 5b) And what IME location is most used?**

Yes. Workers are sent to IME doctors out of the claimant's area when a specific specialty is needed and there are no doctors in their area that will do IMEs in that specialty or are available, and when there is a time constraint and there is no IME in the area available. This occurs regularly. Most often used locations are in big cities, Portland, Eugene, Bend.

#### **What are the main reasons you request an IME panel?**

When there are combined conditions in the claim, such as neurological and orthopedic. Sometimes use panels because of the three IME limit, allowing two opinions from one exam.

#### **Does someone from your company speak with the injured worker prior to his/her attending the IME?**

The answers varied greatly on this question. Some insurers spoke to injured workers as routine practice (unless injured worker is represented by an attorney). Some said that they tell the injured worker in the appointment letter to call with any questions. Some said in letter to call IME doctor or facility with any questions. Some sent letters that only had the required language. One insurer sent a cover letter with the mandatory letter, explaining in more detail the purpose of the IME. One insurer has a practice of calling injured workers one week before the exam to explain the purpose and what to expect at the exam. All said when the injured worker has an attorney, they do not talk to the injured worker, only through attorney.

#### **Do you have problems with injured workers not showing up for their IME?**

Most said “somewhat” – that it was not a major problem. Two said it was more of a problem.

**What criteria are used to select an IME doctor?**

Specialty, thoroughness and timeliness of reports, location, credibility

**Do you have a review process for evaluating IME doctors performance?**

No – many rely on IME facilities. Some of the claims examiners stated they just know over time not to use some IME doctors, such as those who give “cookie cutter” answers – insurers want sound and thorough medical opinions.

**Do you track feedback on IMEs? 14a. If so, what do you do with the feedback?**

No formal process in place. Some send letter to IME doctor or facility when a serious complaint is made and ask for a response. Some make notation in file. Some tell injured worker to complain to IME facility.

**What types of feedback on IMEs do you receive?**

Most feedback is positive. Many positive things have happened for injured workers; such as finding a medical problem overlooked by attending physician, recommending alternative treatment to surgery. Some injured workers have asked to be treated by IME doctor.

**Do you receive IME referrals from attending physicians?**

All said yes. Many APs do not want to ruin relationship with injured worker and worker’s family by telling injured worker they should be medically stationary or that they don’t believe that the injury is as bad as the worker is saying.

**What are the pitfalls, if any, of working with IME doctors?**

Perception of bias and timeliness of reports.

**Do you have any suggestions for improving the IME process?**

The following suggestions were given, in no particular order:

1. Don’t remove IMEs from system, they are a necessary tool.
2. Return wording to “independent” medical exam, due to adversarial relationships made worse
3. Develop an IME fee schedule, including record reviews.
4. Get diagnostics to IME doctors in time for exam; i.e. IME facilities follow-up if not received.
5. No shows fees should be covered by injured workers or their attorneys.
6. WCD develop a pamphlet for injured workers regarding IMEs that can be sent along with the mandatory letter.
7. Add more IME information in the “What happens if I’m injured on the job?” brochure.
8. Need more doctors in specialties to do IMEs.
9. Can not rely on attending physicians to address legal issues. They plain “don’t want to be involved in those decision”, “don’t have time”, or “don’t want to compromise their relationship with their patient.” The IME process is imperative in maintaining objectivity and balance to our workers’ comp system.

## Insurer/TPA focus groups summary

Committee members contacted all TPAs and insurers who have processing locations in Oregon, 53 total. Of the 53 contacted, 22 agreed to participate. Of those 22, 15 agreed to attend focus group meetings, while 7 agreed to answer the questions in writing. Three focus groups were held, two in Portland and one in Salem. After final count – 11 claims examiners/managers attended focus groups and 4 answered in writing. The committee had planned to survey insurers depending on the outcomes of the focus groups. However, the focus group individuals and those who provided written answers were so similar in their processes and reasoning, it was felt that it was a good representation of the insurance industry. The one area where there are noted differences is in the way injured workers are notified of the IME.

Insurer and third-party administrator participants were:

1. City of Portland
2. Empire Pacific (Oregon Contractors WC Trust)
3. Employers Insurance of Wausau
4. Farmers Insurance Group
5. Freightliners
6. Gates McDonald
7. Intermountain Claims
8. Liberty Northwest
9. Matrix Absence Management
10. Pinnacle Risk Management Services
11. RLC Industries Co.
12. Royal and Sun Alliance
13. SAIF Corporation
14. Sedgwick CMS
15. Specialty Risk Services

### **1. What kinds of data do you keep on IME's?**

- A. Most said none. One insurer said they had some cost data. SAIF just started tracking numbers and costs this year.

### **2. What is your policy, criteria, or practice for determining whether an injured worker has an IME?**

- A. No written policies or criteria. By practice CE's learn which complex claims and "problem" claims to send for an IME. Some seek direction from more experienced claims examiners or from their claims manager.

### **3. What are the main reasons you schedule an IME? –**

- A. Determining compensability – to sort out work and non-work activities; for complex cases with several different conditions; when there is a need to have a specialist examine; when claims examiner can't get a response from attending physician, and if pre-existing conditions exist relevant to the claim. Also use IMEs when attending physician won't rate PPD, to determine reasonableness and necessity of surgery, when a case has been open for a long time and there's a need to determine where the claimant is medically, and when an attending physician requests that one be done.

### **4. What percent or number of injured workers are sent for IMEs annually?**

- A. Of those who answered it ranged from 10% to one insurer stating 25%. The median being 20%

- 5. Are workers sent to IMEs that required travel beyond the nearest possible IME source? 5a) If so, how often does this occur? 5b) And what IME location is most used?**
- A. Yes. Workers are sent to IME doctors out of the claimant's area when a specific specialty is needed and there are no doctors in their area that will do IMEs in that specialty or are available, and when there is a time constraint and there is no IME in the area available. This occurs regularly. Most often used locations are in big cities, Portland, Eugene, Bend.
- 6. What are the main reasons you request an IME panel?**
- A. When there are combined conditions in the claim, such as neurological and orthopedic. Sometimes use panels because of the three IME limit, allowing two or sometimes three opinions from one IME.
- 7. Does someone from your company speak with the injured worker prior to his/her attending the IME? \**
- A. The answers varied greatly on this question. Some insurers spoke to injured workers as routine practice (unless injured worker is represented by an attorney). Some said that they tell the injured worker in the appointment letter to call with any questions. Some said in letter to call IME doctor or facility with any questions. Some sent letters that only had the required language. One insurer sent a cover letter with the mandatory letter, explaining in more detail the purpose of the IME. One insurer has a practice of calling injured workers one week before the exam to explain the purpose and what to expect at the exam. All said when the injured worker has an attorney, they do not talk to the injured worker, only through attorney.
- 8. What information do you *routinely* give injured workers before IMEs**
- A. Mandated language in appointment letters.
- 9. Do you have problems with injured workers not showing up for their IME?**
- A. Most said "somewhat" – not a major problem. Two indicated it was a big problem.
- 10. What criteria are used to select an IME doctor?**
- A. Specialty, thoroughness and timeliness of reports, location, credibility
- 11. Do you have a review process for evaluating IME doctors performance?**
- A. No – many rely on IME facilities. Some of the claims examiners stated they just know over time not to use some IME doctors, such as those who give "cookie cutter" answers – insurers want sound and thorough medical opinions.
- 12. Do you track feedback on IMEs? 12a. If so, what do you do with the feedback?**
- A. No, no processes in place. Some send letter to IME doctor or facility when a serious complaint is made and ask for a response. Some make notation in file of a complaint. Some tell injured worker to complain to IME facility.
- 13. What types of feedback on IMEs do you receive?**
- A. Most feedback is positive. See question 12 regarding complaints. Many positive things have happened for injured workers; such as finding a medical problem overlooked by attending physician, recommending alternative treatment to surgery. Some injured workers have asked to be treated by IME doctor.
- 14. What is your basis for choosing a facility?**
- A. Doctors' specialties, quality of reports, location, and availability.
- 15. Do you maintain contracts with individual doctors to do IMEs or file reviews?**

A. No

**16. Do you maintain contracts with IME facilities? 19a. If so, what issues are negotiated?**

A. Some do. Fees & time frames. None had minimum number of IME referrals in the contract.

**17. Do you receive IME referrals from attending physicians?**

A. All said yes. Many APs do not want to ruin relationship with injured worker and worker's family by telling injured worker they should be medically stationary or that they don't believe that the injury is as bad as the worker is saying.

**18. What are the pitfalls, if any, of working with IME doctors?**

A. Perception of bias and timeliness of reports.

**19. Do you have any suggestions for improving the IME process?**

A. The following suggestions were given, in no particular order:

1. Don't remove IMEs from system, they are a necessary tool.
2. Return wording to "independent" medical exam, due to adversarial relationships made worse
3. Develop an IME fee schedule, including record reviews.
4. Get diagnostics to IME doctors in time for exam; i.e. IME facilities follow-up if not received.
5. No shows fees should be covered by injured workers or their attorneys.
6. WCD develop a pamphlet for injured workers regarding IMEs that can be sent along with the mandatory letter.
7. Add more IME information in the "What happens if I'm injured on the job?" brochure.
8. Need more doctors in specialties to do IMEs.
9. Can not rely on attending physicians to address legal issues. They plain "don't want to be involved in those decision", "don't have time", or "don't want to compromise their relationship with their patient." The IME process is imperative in maintaining objectivity and balance to our workers' comp system.

**IME-RELATED CONTACTS WITH OFFICE OF THE OMBUDSMAN FOR INJURED WORKERS**  
**March 2004 to September 2004 \***

<b>Complaint/Issue</b>	<b>Insurer</b>	<b>Number of Workers</b>	<b>Worker Comments</b>
Inappropriate conduct/treatment	SAIF Gallagher-Bassett SAIF SAIF Liberty Northwest	5	<ul style="list-style-type: none"> <li>▪ Worker asserts rude- wouldn't answer questions</li> <li>▪ Worker asserts "truly evil doctor – would not look at me while talking; gruff..."go into...and take off blouse"</li> <li>▪ Worker asserts "poor treatment" (OIW notes say see attachment but no attachment)</li> <li>▪ Worker asserts rude, very hard to understand (had strong accent), rolled eyes, sighed every time worker asked questions; told worker did not know worker had come for exam. (worker also c/o about quality of exam)</li> <li>▪ Doctor was very cold to her, did not introduce himself or shake her hand. Had to wait 1 hour and 45 minutes.</li> </ul>
Number of IMEs	Pinnacle Farmers Liberty Northwest Liberty Northwest	5	<p>Number of IMEs/Comments</p> <ul style="list-style-type: none"> <li>▪ 3 (need to determine in what period of time)</li> <li>▪ 4 (“ ”)</li> <li>▪ 3 between 95-98, 1 other in 04</li> <li>▪ 3 (period?)</li> <li>▪ 3 (period?) (worker complained insurer directed him to attend another IME and that after last IME (3<sup>rd</sup>) that MRU had advised insurer it could not require more</li> </ul>
Roughness/caused pain	Liberty Northwest	1	<ul style="list-style-type: none"> <li>▪ Doctor pressed on her head so hard that she heard a crunching sound and got an immediate migraine headache.</li> </ul>
Brevity of Exam	SAIF SAIF	2	<ul style="list-style-type: none"> <li>▪ Worker asserts IME was less than 5 minutes. [Doctor asked me] "What are you doing here?"</li> <li>▪ Worker c/o 5 minute exam</li> </ul>

Quality of Exam	ESIS AIG SAIF Safeco AIG SAIF Liberty Norhtwest Liberty Northwest	12	<ul style="list-style-type: none"> <li>▪ Worker asserts doctor was a “quack” looked at x-ray of knee but not MRI done by AP</li> <li>▪ Worker asserts disagreement about findings between AP and IME</li> <li>▪ Worker questions necessity of psych eval (worker has complaint re. building alleged to have mold)</li> <li>▪ Worker asserts that MCO manipulating IME process for insurer’s benefit</li> <li>▪ Worker disputes IME findings used to deny aggravation</li> <li>▪ Worker disputes IME findings used to attempt closure; says AP does not concur</li> <li>▪ Worker disagrees with IME findings used to deny condition</li> <li>▪ Worker asserts she should have been examined by a orthopedic surgeon but IME was rheumatologist/immunologist; did not look at accompanying chart notes, x-rays and video</li> <li>▪ Only looked at records, did not examine – doctor determined surgery was not necessary and would not help her. The doctor told her that she would have to learn to live with pain.</li> <li>▪ Doctor spent more time going over previous IME reports and worker history then actually examining the worker. Did not look at any films or MRI reports.</li> <li>▪ IW complained that IME didn’t have all the reports before rendering his decision and it shouldn’t be up to the worker to provide those. She said the physical therapist did a more thorough exam than the IME.</li> <li>▪ IW said he was hurt on the left side of his body and the IME only examined the right side, then wrote a report saying the IW was med stat. The report also said the Dr. examined the left side. The AP concurred with IME report and wouldn’t listen to the IW when he tried to explain that the IME looked at the wrong side of his body.</li> </ul>
Length of travel to IME		4	<ul style="list-style-type: none"> <li>▪ Worker complains of having to travel from White City (Medford) to Eugene</li> <li>▪ Bend to Portland</li> <li>▪ Yachats to Salem (2½ hours travel)</li> <li>▪ Out-of-state to Oregon</li> </ul>

Unhappy about being required to undergo exam (also see above)		4	<ul style="list-style-type: none"> <li>▪ Worker asserts she should not be required to be seen by a particular IME physician because of his (alleged) malpractice history</li> </ul>
Scheduling problems	Wausau ESIS SAIF Crawford Empire Pacific	6	<ul style="list-style-type: none"> <li>▪ Worker c/o having change business schedule in order to accommodate IME</li> <li>▪ Worker says not noticed about 2 IMEs (insurer maintains certified cards documenting worker receipt of notices)</li> <li>▪ Worker c/o of IME conflict with pre-existing out-of-state medical evaluation that worker arranged for self (worker advised to ask SAIF to reschedule)</li> <li>▪ Worker asserts that insurer is stopping benefits because worker missed IME. Says twice provided insurer with change of address but got no response.</li> <li>▪ Worker complains required to travel 6 hours to Portland (vs. past IME trips to Bend of 1 hr)</li> <li>▪ Worker complaining that insurer intends to close claim, inc. vocational benefits for failure to attend IME</li> </ul>
IME report not sent timely/not accurate	Liberty Northwest Liberty Northwest	7	<ul style="list-style-type: none"> <li>▪ Worker asserts IME reports not sent timely (twice) – complaint appears documented</li> <li>▪ The worker complained about an inaccurate IME report along with missing paperwork and discrepancies.</li> <li>▪ Worker complained that she mentioned a fall as a child and the IME used it to support information detrimental to her claim. She was unhappy with the entire IME and WC process</li> <li>▪ IW thought IME was merely being friendly and she later found he included much of that personal info in the report.</li> </ul>
Short notice		2	
Travel cost/reimbursement	SAIF/WMCI Prime	1	<ul style="list-style-type: none"> <li>▪ No funds for trip (until OIW inquired)</li> </ul>

<p>General questions about IMEs</p>	<p>SAIF SAIF Gallagher-Bassett SAIF SAIF SAIF AIG Grocers SAIF Safeway Safeco</p>	<p>19</p>	<ul style="list-style-type: none"> <li>▪ Worker w. question about whether insurer can refer worker for a psych evaluation</li> </ul>
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<p>Other Problems/Concerns</p>	<p>Sedwick RSA Liberty Northwest SAIF Liberty Northwest SAIF</p>	<p>10</p>	<ul style="list-style-type: none"> <li>▪ Attending physician complaining about concurrence-non-concurrence with IME – offensive to attending physicians</li> <li>▪ Female worker wanted female IME physician (OIW resolved)</li> <li>▪ Worker asserts that insurer cancelled appt he had with AP and advised him he must attend IME</li> <li>▪ Worker asserts that local newspapers identified his as denied claimant based on insurer IME report (while mediation on claim is pending)</li> <li>▪ Quersted why the insurer could send her to the same IME physician for two different exams. Felt the second report was a carbon copy of the first.</li> <li>▪ Waited 45 minutes, was told the doctor was in a meeting. Another person came into the room and told the worker he thought he could do the exam. It lasted less than 5 minutes. The other person concluded that that was all SAIF needed.</li> <li>▪ IME doctor would not assist the worker in removing his pants, nor would any of the nurses. He could not participate in the exam and was sent home.</li> <li>▪ An attorney complained on behalf of several PTD workers. He said that Wausau sends a questionnaire to meet the two-year review obligation, but SAIF sends these workers to PRA in Portland for a 3-day evaluation. They also send the surveillance van around every 6 months. The attorney believes SAIF actions are harassment. One worker, a former logger and leg amputee, has been PTD for 20 years. This will make the third year in a row that this worker has been evaluated at PRA. Last year's evaluation was under the pretense of an IME.</li> </ul>
<p>Other</p>	<p>Liberty Northwest</p>	<p>1</p>	<ul style="list-style-type: none"> <li>▪ IME report resulted in insurer accepting denied condition</li> <li>▪</li> </ul>

# MEMORANDUM

November 4, 2004

To: MLAC - IME Study Committee

From: Bob Hamre

Subject: BME Complaint Process

I spoke to Mike Sherman, who is the Complaint Resource Officer at the Oregon Board of Medical Examiners (BME). He said they do take some complaints against IME physicians, but only in certain circumstances. He explained that partially due to the tenuous doctor/patient relationship between IME's and the subjects of their examinations, the BME does not typically have statutory authority to regulate IME doctors unless they exhibit unprofessional conduct or conduct a painful examination. Most of those cases require either multiple complaints against the doctor, or that there is a witness to the offense.

Most complaints they get about IME's are related to the patient's dissatisfaction with the doctor's findings. They will tell the patient to submit the report, but the remedy for such a complaint lies with the WCB so in such cases, the BME will only consider action when the hearings officer discredits the doctor or the report.

Mr. Sherman said the two primary categories of violations on which the BME will act are knowledge-based violations and ethics-based violations. The former are usually resolved with educational letters, reprimands, or letters of concern. The latter are often resolved with a penalty, and if the offense is very serious the BME may revoke a license. If the licensee is an immediate danger to the public, the BME may issue an emergency suspension.

I have attached some information copied from the BME website, including their primary governing statute used for disciplinary actions.

**This information was copied from the BME website:**

The following institutions and individuals are required by law to report to the Board information that shows a licensee **may** be medically incompetent, guilty of unprofessional conduct, or impaired and unable to practice safely:

- Health care facilities (hospitals, clinics, nursing homes)
- The Oregon Medical Association
- The Osteopathic Physicians and Surgeons of Oregon
- The Oregon Podiatric Medical Association
- Board licensees

Each year the Board of Medical Examiners receives over 1,000 complaints. Approximately 300-400 of those complaints result in a complete and detailed investigation. Some complaints are referred to other appropriate state or professional organizations for review. Others are resolved quickly by the Board's investigative staff because initial investigation found that the licensee did not violate any state law or regulation. The complaints come from a variety of sources, including other health professionals, hospitals, and patients and their families.

The Board's Investigations Department reviews all complaints to determine whether state law (The Medical Practice Act) may have been violated. There are 27 separate grounds for discipline or denial of a license in the Medical Practice Act. Most are very specific. They include chemical substance abuse, gross or repeated acts of negligence, and conviction of a criminal offense. "Unprofessional conduct" is also a violation and includes sexual misconduct with a patient. These specific violations are set forth at [Oregon Revised Statutes \(ORS\) 677.190](#).

When the Board conducts an investigation, it is handled in a confidential and discrete manner as required by state law. Information gathered during an investigation, including the identity of the complainant, is not considered a public record.

**ORS 677.190 Grounds for suspending, revoking or refusing to grant license, registration or certification; alternative medicine not unprofessional conduct.** The Board of Medical Examiners for the State of Oregon may refuse to grant, or may suspend or revoke a license to practice for any of the following reasons:

- (1)(a) Unprofessional or dishonorable conduct.
- (b) For purposes of this subsection, the use of an alternative medical treatment shall not by itself constitute unprofessional conduct. For purposes of this paragraph:
  - (A) "Alternative medical treatment" means:
    - (i) A treatment that the treating physician, based on the physician's professional experience, has an objective basis to believe has a reasonable probability for effectiveness in its intended use even if the treatment is outside recognized scientific guidelines, is unproven, is no longer used as a generally recognized or standard treatment or lacks the approval of the United States Food and Drug Administration;
    - (ii) A treatment that is supported for specific usages or outcomes by at least one other physician licensed by the Board of Medical Examiners; and
    - (iii) A treatment that poses no greater risk to a patient than the generally recognized or standard treatment.
  - (B) "Alternative medical treatment" does not include use by a physician of controlled substances in the treatment of a person for chemical dependency resulting from the use of controlled substances.

- (2) Employing any person to solicit patients for the licensee. However, a managed care organization, independent practice association, preferred provider organization or other medical service provider organization may contract for patients on behalf of physicians.
- (3) Representing to a patient that a manifestly incurable condition of sickness, disease or injury can be cured.
- (4) Obtaining any fee by fraud or misrepresentation.
- (5) Willfully or negligently divulging a professional secret without the written consent of the patient.
- (6) Conviction of any offense punishable by incarceration in a Department of Corrections institution or in a federal prison, subject to ORS 670.280. A copy of the record of conviction, certified to by the clerk of the court entering the conviction, shall be conclusive evidence of the conviction.
- (7) Habitual or excessive use of intoxicants, drugs or controlled substances.
- (8) Fraud or misrepresentation in applying for or procuring a license to practice in this state, or in connection with applying for or procuring registration.
- (9) Making statements that the licensee knows, or with the exercise of reasonable care should know, are false or misleading, regarding skill or the efficacy or value of the medicine, treatment or remedy prescribed or administered by the licensee or at the direction of the licensee in the treatment of any disease or other condition of the human body or mind.
- (10) Impersonating another licensee licensed under this chapter or permitting or allowing any person to use the license.
- (11) Aiding or abetting the practice of medicine or podiatry by a person not licensed by the board, when the licensee knows, or with the exercise of reasonable care should know, that the person is not licensed.
- (12) Using the name of the licensee under the designation "doctor," "Dr.," "D.O." or "M.D.," "D.P.M.," "Acupuncturist," "P.A." or any similar designation in any form of advertising that is untruthful or is intended to deceive or mislead the public.
- (13) Insanity or mental disease as evidenced by an adjudication or voluntary commitment to an institution for the treatment of a mental disease that affects the ability of the licensee to safely practice medicine, or as determined by an examination conducted by three impartial psychiatrists retained by the board.
- (14) Gross negligence or repeated negligence in the practice of medicine or podiatry.
- (15) Incapacity to practice medicine or podiatry. If the board has evidence indicating incapacity, the board may order a licensee to submit to a standardized competency examination. The licensee shall have access to the result of the examination and to the criteria used for grading and evaluating the examination. If the examination is given orally, the licensee shall have the right to have the examination recorded.
- (16) Disciplinary action by another state of a license to practice, based upon acts by the licensee similar to acts described in this section. A certified copy of the record of the disciplinary action of the state is conclusive evidence thereof.
- (17) Failing to designate the degree appearing on the license under circumstances described in ORS 677.184 (3).
- (18) Willfully violating any provision of this chapter or any rule adopted by the board, board order, or failing to comply with a board request pursuant to ORS 677.320.
- (19) Failing to report the change of the location of practice of the licensee as required by ORS 677.172.
- (20) Adjudication of or admission to a hospital for mental illness or imprisonment as provided in ORS 677.225.
- (21) Making a fraudulent claim.
- (22)(a) Performing psychosurgery.  
(b) For purposes of this subsection and ORS 426.385, "psychosurgery" means any operation designed to produce an irreversible lesion or destroy brain tissue for the primary purpose of altering the thoughts, emotions or behavior of a human being. "Psychosurgery" does not include procedures which may produce an irreversible lesion or destroy brain tissues when undertaken to cure well-defined disease states such as brain tumor, epileptic foci and certain chronic pain syndromes.
- (23) Refusing an invitation for an informal interview with the board requested under ORS 677.415.
- (24) Violation of the federal Controlled Substances Act.

(25) Prescribing controlled substances without a legitimate medical purpose, or prescribing controlled substances without following accepted procedures for examination of patients, or prescribing controlled substances without following accepted procedures for record keeping or without giving the notice required under ORS 677.485.

(26) Failure by the licensee to report to the board any adverse action taken against the licensee by another licensing jurisdiction or any peer review body, health care institution, professional or medical society or association, governmental agency, law enforcement agency or court for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action as described in this section.

(27) Failure by the licensee to notify the board of the licensee's voluntary resignation from the staff of a health care institution or voluntary limitation of a licensee's staff privileges at the institution if that action occurs while the licensee is under investigation by the institution or a committee thereof for any reason related to medical incompetence, unprofessional conduct or mental or physical impairment.

## IME Physician Report and Insurer Letter Summary

### Summary of the 68 cases reviewed:

- All insurers addressed specific questions to the IME physician.
- 34% of the letters had information that was considered to be leading or misleading
  - Of those where there were leading or misleading information, 52% were considered subtle and 48% were considered blatant  
(Example of blatant: “Can you find any reason for the claimant’s malingering behavior.”)  
(Example of subtle: “He already received an award of \$14,000....”)
- 16% provided information regarding apportionment that was considered to be leading or biased
- 18% of the IME physicians recommended additional testing for diagnostic purposes
- 19% of the IME physicians offered new diagnoses
- 46% of the IME physicians offered treatment options
- 21% had offers from the claims examiners for the IME physician to contact them with questions - an indication of possible communication off the record between the IME physician and the claims examiner.
- 38% found the worker non-medically stationary
- None found the worker otherwise unfit for examination
- 29% of the IME physicians referred to having seen actual imaging studies.
- 40% of the IME reports primarily supported the worker, 50% primarily supported the insurer, 4% supported neither, in the remaining 6% the worker did not attend the scheduled IME exam.
  - Of those where there were leading or misleading information from the insurer, in 35% the IME physician primarily supported the worker, in 48% the IME physician primarily supported the insurer.
- Attending physician concurrence and alignment with IME reports were reviewed by WCD auditors. Their report summary is attached.

## IME Physician Report and Insurer Letter Data

**Total Files Reviewed: 68**

**Reviewers: Jan Miller, WCD; Bob Hamre, WCD; Mike Clampit, WCD; Myrna Curzon, Director's Office**

1. Did the letter from the insurer to the IME physician have specific questions listed? (na=letter not available)

No		Yes		na
1	>2%	61	90%	6

2. In the letter from the insurer to the IME physician did the letter include questions or information that were leading or misleading? If yes, subtle or blatant? (na=letter not available)

No		Yes		na
39	57%	23	34%	6

Of the 23 that had leading questions:

Subtle		Blatant		
12	52%	11	48%	

3. In the letter from the insurer to the IME physician did the insurer give information regarding apportionment that was leading or biased? (na=letter not available)

No		Yes		na
55	81%	7	16%	6

4. Did the IME physician recommend additional testing for diagnostic purposes?

No		Yes		na
52	76%	12	18%	4

5. Did the IME physician offer new diagnoses?

No		Yes		na
51	75%	13	19%	4

6. Did the IME physician recommend treatment options?

No		Yes		na
33	49%	31	46%	4

7. Did the letter or report indicate any communication off the record between IME physician and the claims examiner?

No		Yes		na
50	74%	14	21%	4

**Additional Questions that may provide useful information to MLAC but are outside the scope of the original request:**

Did the IME physician find the worker non-medically stationary? (na=worker not seen or file review only)

No		Yes		na
37	54%	26	38%	5

Did the IME physician find the worker otherwise unfit for examination? (na=worker not seen or file review only)

No		Yes		na
63	93%	0		5

3. Was there concurrence by the attending physician? Majority unknown (na=worker not seen)  
(For most of the files this information was not readily available)

No		Unknown		Yes		na
0		60		4		4

4. Did the IME physician refer to having seen actual imaging studies? (na=worker not seen)

No		Yes		na
44	65%	20	29%	4

5. Did the IME physician refer to any of the following (circle each used): functional overlay or functional disturbance, psychogenic pain, psychosomatic symptoms, no objective findings, secondary gain, somatic overfocusing, malingering, symptom magnification, embellishment, somataform disorder, pain out of proportion to the injury, pain behavior, chronic pain syndrome? Of the 10 that did mention 5 said there was none primary in response to questions from insurer.

**NOTE: Of the ten physicians who used these terms, six physicians used the terms in the context of saying there was not any of this type of behavior present in the worker.**

No		Yes		na
54	79%	10	15%	4

6. Did the IME report primarily support the worker or the insurer?

Worker		Insurer		Neither	na
27	40%	34	50%	3	4

NOTE: There were 23 letters from the insurer to the IME physician in which the letter from the insurer had leading or misleading questions, either subtle or blatant. Of those 23, the data on whether the IME report primarily supports the worker or the insurer follows: (na = worker not seen)

Worker		Insurer		Neither	na
8	35%	11	48%	2	8%

7. Comments (Comments from the reviewers about the letter or the IME report)

- Four of the IME exams appeared to be done for the purpose of claim closure.
- Of the IME reports reviewed, there were four in which the physician seemed to base his opinion on personal philosophy not generally recognized by the medical community.
- Of the IME reports reviewed, there was one in which the IME physician seemed to have a negative cultural bias.
- Reviewers felt that there were many IME physicians that provided an objective credible report despite leading questions posed by the insurer.

**Physicians represented in the review**

Arbeene, Richard  
 Bald, Douglas  
 Borman, Timothy  
 Button, Morris  
 Coulter, James  
 Denekas, Brian  
 Dietrich, Thomas  
 Donahoo, Stanley  
 Dordevich, Dejan  
 Duff, William  
 Farris, Clyde  
 Fried, Frederick  
 Fuller, Steven  
 Gardner, David  
 Graham, Michael  
 Gripekoven, Price

Grossenbacher, Edward  
Hodgson, Richard  
Lipman, Derek  
Lohman, Ronald  
Marble, Michael  
Matteri, Richard  
Mayhall, William  
McKillop, Robert  
Melson, John  
Neumann, Holm  
Radecki, Patrick  
Roman-Goldstein, Simon  
Rosenbaum, Thomas  
Sacamano, Joseph  
Schilperoort, Steven  
Smith, William  
Steele, Robert  
Swanson, John  
Thomas, Stephen  
Vessely, Jon  
Weinman, Darrell  
Wicher, Donna  
Williams, Paul  
Woodward, Anthony  
Yodlowski, Marilyn  
Zivin, Lawrence

**Insurers represented in the review:**

Farmers  
Hartford  
Liberty NW  
Royal & SunAlliance  
Safeway  
SAIF Corp.  
Wausau

Insurer / TPA	Claims Reviewed	Aligned	Partially Aligned	Not Aligned	Overall Percentage
		<b>68%</b>	<b>13%</b>	<b>18%</b>	
Multnomah County S/D	1	100%	0%	0%	
Royal & Sunalliance	1	100%	0%	0%	
The Hartford	1	100%	0%	0%	
Safeway	3	67%	0%	33%	
Liberty Northwest	9	78%	11%	11%	
Farmers Insurance	12	67%	25%	8%	
Wausau	15	67%	13%	20%	
SAIF Corp.	18	61%	11%	28%	
<hr/>					
	60	41	8	11	Totals

## Worker-requested medical examinations

During the 2001 Legislative Assembly, the concept of IMEs was reviewed. At that time, the law also required any worker entitled to receive compensation to submit to a medical examination if requested by the insurer or the self-insured employer. SB 485 was passed and it required insurers to pay for a worker requested medical examination when a worker litigates a denial based on an IME that their attending physician did not concur with. The physician who conducts the worker requested medical examination is chosen by the department and must address the questions posed to the IME physician or panel, as well as other questions posed by the worker or their representative.

From January 1, 2003 through October 31, 2004, 204 workers have requested a worker requested medical examination (an average of 9.5 per month). 130 of these requests were granted, as they met the criteria above.

Here are the results we have identified on the worker requested medical examinations that have been granted:

Denial Overturned:	2
No Effect or Denial Upheld:	21
Requests Withdrawn:	17
Claim Denial Settled:	40
No Hearing Yet:	50

Two new rules have been added to OAR Division 060 regarding WRMEs, intended to increase the awareness and the use of WRMEs:

**OAR 436-060-0140 (10)** Provides that if the attending physician did not agree with an insurer medical examination report, a related denial notice must include the division's Web site address and toll free Infoline number for the worker's use in obtaining a brochure about Worker Requested Medical Examinations.

**OAR 436-060-0147(6) and (7)** Adds language that the director may give the worker a list of appropriate physicians (for a Worker Requested Medical Examination); the worker may eliminate one physician's name from the list.

## **Worker-Requested Medical Examination (WRME) rules**

### **436-060-0147**

- (1) Pursuant to ORS 656.325(1)(b) the director shall establish and maintain a list of physicians in accordance with OAR 436-010.
- (2) The director shall determine the worker's eligibility for a Worker Requested Medical Examination (WRME). The worker is eligible for a WRME if the worker has made a timely request for a Workers' Compensation Board hearing on a denial of compensability as required by ORS 656.319 based on one or more Insurer Medical Examination reports that did not have concurrence from the attending physician.
- (3) The worker shall submit a request for the WRME to the director. A copy of the request shall be sent simultaneously to the insurer or self-insured employer. The request shall include:
  - (a) The name, address, and claim identifying information of the injured worker;
  - (b) A list of physicians, including name(s) and address(es), who have previously provided medical services to the worker on this claim or who have previously provided medical services to the worker related to the claimed condition(s);
  - (c) The date the worker requested a hearing and a copy of the hearing request;
  - (d) A copy of the insurer's denial letter; and
  - (e) Document(s) that demonstrate that the attending physician did not concur with the Insurer Medical Examination report(s).
- (4) The insurer shall, upon written notice from the worker, mail to the director no later than the 14<sup>th</sup> day following the insurer's receipt of the worker's request, the names and addresses of all physicians who have:
  - (a) Acted as attending physician;
  - (b) Provided medical consultations and/or treatment to the worker;
  - (c) Examined the worker at an insurer medical examination; or worker's medical records on this claim. For the purpose of this rule, "Attending Physician" and "Insurer Medical Examination" have the meanings defined in OAR 436-010-0005 and OAR 436-010-0265(1), respectively. Failure to provide the required documentation in a timely manner will subject the insurer to civil penalties under OAR 436-060-0200.
- (5) The director will notify all parties in writing of the physician selected.
- (6) The worker and/or the worker's legal representative shall schedule the WRME with the selected physician and notify the insurer and the Workers' Compensation Board of the scheduled exam date within 14 days of the notification date in (5) of this rule. An unrepresented worker may consult with the Injured Worker Ombudsman for assistance.
- (7) The insurer shall send the physician the worker's complete medical record on this claim no later than 14 days prior to the date of the scheduled exam.
- (8) The worker or the worker's representative shall communicate questions related to the compensability denial in writing to be answered by the physician at the WRME to the physician at least 14 days prior to the scheduled date of the exam. An unrepresented worker may consult with the Injured Worker Ombudsman for assistance.

- (9) Upon completion of the exam the physician shall send the report to the worker's legal representative, if any, or the worker, and the insurer within 5 working days.
- (10) The insurer shall pay the physician selected pursuant to this rule in accordance with OAR 436-009. Delivery of medical services to injured workers shall be in accordance with OAR 436-010.
- (11) If the worker fails to attend the scheduled Worker Requested Medical Exam, any additional exam scheduled by the worker pursuant to this rule shall be paid for by the worker, unless the worker did not attend for reasons beyond the worker's reasonable control.
- (12) The insurer shall reimburse the worker for all necessary related services pursuant to ORS 656.325(1).

**Stat. Auth:** ORS 656.704, 656.726(4), and section 13 (1)(b),chapter 865, Oregon Laws 2001

**Stat. Impltd:** ORS 656.325(1), 656.704, and 656.726(4)

**Hist:** Adopted 11/30/01 as WCD Admin. Order 01-061, eff. 1/1/02

## WCD Investigations and Sanctions Unit

Among other functions, the Investigations and Sanctions Unit receives requests from insurers to suspend benefits to workers who do not cooperate with claims processing or treatment requirements. One option available to insurers is to request suspension of benefits if a worker fails to attend a properly scheduled IME appointment. There are two different provisions for suspensions related to IME's, one that is typically applied to accepted claims and one that only applies to deferred claims.

From January through October 2004, insurers submitted 76 suspension requests on accepted claims for failure to attend IME appointments. Twenty-two requests were approved, nine were withdrawn or denied because the worker cooperated, forty-one were withdrawn or denied for technical reasons (the request was not correctly submitted), and four were withdrawn or denied for other reasons. "Other reasons" typically means the worker's excuse was deemed reasonable.

From January through October 2004, insurers submitted approximately 108 suspension requests on deferred claims for failure to attend IME appointments. Approximately seventy-four of those requests were approved, ten were denied for technical reasons, nine were denied because the worker's excuse was reasonable, and fourteen requests were withdrawn.

*Note: The data for deferred claims may not be precise because the suspension requests on those claims may also be for other reasons (e.g. failure to cooperate with the insurer's investigation interview). The distinction is not delineated in any WCD tracking system, so the data was assembled through manual searches.*

Overall, WCD approves more than 60% of requests for suspension, and about 30% are withdrawn by the insurer because the worker cooperated or the insurer withdrew it to correct technical deficiencies.

Some examples of excuses for missing an IME appointment that were found reasonable or not reasonable by sanctions investigators:

Reasonable: Illness, car problems, death in the family, IW was picking up pieces of the Columbia space shuttle, dead pet, IW did not receive the appointment letter, IW incarceration, a long-planned vacation.

Not reasonable: Three weeks post family member funeral, IW Birthday, IW forgot the appointment.

**\*\*Note: These examples may not be found reasonable or unreasonable in every case, depending upon proofs and circumstances.**

Most denied suspension requests are denied for technical reasons, usually a deficient notice to the IW. The IME notice for accepted claims must include all the elements required in OAR 436-060-0095(5) as follows:

**OAR 436-060-0095(5)** If an examination is scheduled by the insurer or by another party at the request of the insurer, the worker and the worker's attorney shall be simultaneously notified in writing of the scheduled medical examination pursuant to ORS 656.331. The notice shall be sent at least 10 days prior to the examination. The notice sent for each appointment, including those which have been rescheduled, shall contain the following:

- (a) The name of the examiner or facility;
- (b) A statement of the specific purpose for the examination and, identification of the medical specialties of the examiners;

- (c) The date, time and place of the examination;
- (d) The first and last name of the attending physician or authorized nurse practitioner and verification that the attending physician or authorized nurse practitioner was informed of the examination by, at least, a copy of the appointment notice, or a statement that there is no attending physician or authorized nurse practitioner, whichever is appropriate;
- (e) If applicable, confirmation that the director has approved the examination;
- (f) That the reasonable cost of public transportation or use of a private vehicle will be reimbursed and that, when necessary, reasonable cost of child care, meals, lodging and other related services will be reimbursed. A request for reimbursement must be accompanied by a sales slip, receipt or other evidence necessary to support the request. Should an advance of these costs be necessary for attendance, a request for advancement shall be made in sufficient time to ensure a timely appearance;
- (g) That an amount will be paid equivalent to net lost wages for the period during which it is necessary to be absent from work to attend the medical examination if benefits are not received under ORS 656.210(4) during the absence; and
- (h) The following notice in prominent or bold face type:  
**"You must attend this examination. If there is any reason you cannot attend, you must tell the insurer as soon as possible before the date of the examination. If you fail to attend or fail to cooperate, or do not have a good reason for not attending, your compensation benefits may be suspended in accordance with the workers' compensation law and rules, ORS 656.325 and OAR 436-060."**

The IME notice for deferred claims must include all the elements noted above, except the bold face paragraph in (5)(h) must be replaced with:

**"The workers' compensation law requires injured workers to cooperate and assist the insurer or self-insured employer in the investigation of claims for compensation. Therefore, you must attend this examination. If there is any reason you cannot attend, you must tell the insurer as soon as possible before the date of the examination. If you fail to attend or fail to cooperate, and do not have a good reason for not attending, payment of your compensation benefits may be suspended and your claim may be denied in accordance with ORS 656.262 and OAR 436-060."**

If the suspension is denied for technical reasons related to an flawed appointment notice, the insurer must re-start the process and give the worker 10 days notice of the new IME appointment. If the denial is for other technical reasons the insurer usually may immediately re-submit a perfected request.

#### **Examples and comments from sanctions investigators:**

- In some cases, the worker cannot attend the IME for reasons outside of their control. (weather conditions, not receiving the appointment notice) In two cases, hearings on de facto denials were scheduled at WCB. WCB postponed the hearings until the worker attended an IME. I denied suspension twice on one of these claims, because the insurer's appointment notices and/or suspension requests were technically flawed. The worker did not receive proper notice of the appointment, so he could not attend. The worker was quite frustrated by the delay since he was willing to attend the IME.
- A female injured worker filed a claim for sexual assault. She did not want to attend a psychiatric IME with a male doctor, because he would not allow another female to be present in the same room. The doctor stated that having a second person in the room would alter the worker's responses. He would only agree to have someone sit outside the door. The worker was not comfortable being alone in a room with a man.
- Have had many complaints about the distance workers are expected to travel to an exam when there are medical facilities closer to their homes.
- Many workers arrive late for their appointments because they get lost. They are turned away by some IME facilities when they are only 10 to 15 minutes late.
- Many workers have transportation problems. Their drivers cancel at the last minute or their car breaks down.

- ORS 656.325(1) says that workers are required to attend exams at **a time** reasonably convenient for the worker; prior to 1995 (SB 369), in addition to the convenient time, **the place** of the exams was also to be reasonably convenient. Back then it was quite common for sanctions investigators to have to decide whether a location was reasonable. Workers complained more about being sent from all over Oregon to Portland or Eugene for exams based on the fact that it wasn't convenient. Now, location convenience isn't an issue. The only issues we can really review regarding locations are whether the worker is medically unable to travel (this requires medical evidence) and transportation issues. Insurers know they can send workers just about anywhere they want to as long as the AP says the worker can travel that far, and as long as they pay for the travel. By and large, insurers are very willing to do just about whatever it takes to get the worker somewhere (we've seen insurers pay for taxi fare from Prineville to Portland, fly workers up to Portland from Medford, etc.). It is not at all unusual for workers from Medford, Astoria, Joseph, or Klamath Falls to be scheduled for an IME in Portland... or Eugene... or Bend.
- Insurers need to do a better job of explaining to workers why they have scheduled IME's. Busy adjusters rely on outdated and poorly worded templates and clerical staff to put together IME appointment notices. Our experience has been that if we didn't specifically tell insurers what to put in their appointment notices, they wouldn't put much of anything in them and the formats would be all over the board. Workers are often put on the defensive just by getting an IME appointment notice. Recently, a suspension request was denied because in its appointment notice, the insurer stated, "The purpose of the examination is compensability." We suggested that next time the insurer should use a few more words and perhaps explain itself a little better at a level the average worker can understand.
- An injured worker in Eugene once objected to an insurer's request to suspend her benefits, stating she was at a business symposium in California at the time of the IME and could not attend. She even sent a copy of her itinerary from the airline, showing cities, seats, and flight numbers... everything, in fact, except the dates of her travel. The sanctions investigator called the airline and discovered the worker had indeed been in California and had flown the flights she enumerated; however, that was all prior to the date of the IME, and she had returned to Eugene a full five days before the scheduled IME. At the hearing regarding the suspension the worker's attorney argued that WCD was overzealous and should have taken his client's word for her whereabouts.
- One worker was so impressed with his IME doctor that when he had a subsequent claim he sought treatment from that doctor.

## General IME Statistics

WCD requested, on behalf of the Management Labor Advisory Committee (MLAC), that the Information Management Division (IMD) provide statistical information regarding insurer medical examinations (IMEs) as part of a study on IMEs.

The following analysis utilizes insurer claim and medical billing data reported to WCD by SAIF and Liberty Mutual Companies insurers between 1999 and 2003. Combined, SAIF and Liberty Mutual represent about 60 percent of total medical payments for workers' compensation claims in Oregon. Other insurers were omitted from this analysis based on inconsistent data quality.

Hereafter, claims containing at least one Insurer Medical Exam are referred to as "IME Claims."

### IME Injury Characteristics

SAIF and Liberty Mutual Companies claims with Date of Injuries (DOIs) between 1999 and 2002

- IME claims had similar source of injury characteristics as non-IME claims, such as floors or ground, containers, and vehicles.
- IME claims had similar nature of injury characteristics as non-IME claims with the following exceptions: slightly higher occurrences of sprains, strains, and tears, carpal tunnel syndrome, and dislocations and lower rates of fractures, bruises, contusions, cuts, and lacerations.
- IME claims had much higher rates of overexertion, bodily reaction, and repetitive motion as the event of injury characteristic than non-IME claims.
- IME claims had higher rates of back (including spine/spinal cord), multiple body parts, and wrists as the body part of injury characteristic than non-IME claims.

### IME Utilization and Payment Figures

IMEs by SAIF and Liberty Mutual Companies, Number and Cost by Calendar Year, 1993-2003 (see attached, page 1)

- The number of claims with one or more reported IMEs has been slowly rising, from 6,373 in 2000 to 7,045 in 2003.
- The number of reported IMEs per payment year increased from 2000 (8,747) through 2002 (10,423); in 2003 the number of claims with IMEs is currently 9,677.
- Nearly four-fifths (79 percent) of claims with injuries between 2000 and 2003 have had only one reported IME, 16 percent had two IMEs, 4 percent had three IMEs, and the remaining 1 percent had four or more IMEs (including one claim that had nine reported IMEs).
- The average payment for the reported IMEs decreased from 2000 (\$613) through 2002 (\$592); however, the average payment rose to an all-time high in 2003 (\$637).

## **IME Utilization and Payment Figures (cont)**

Medical Payments in the Oregon Workers' Compensation System, First Quarter 2002  
(see publication at [http://www.cbs.state.or.us/imd/rasums/4627/02web/02\\_4627.pdf](http://www.cbs.state.or.us/imd/rasums/4627/02web/02_4627.pdf))

- In the first quarter of 2002, IMEs were the third highest medical service (ranked according to total payments) and represented 3.6 percent (\$2,142,100) of the quarter's estimated total medical payments (\$59,090,500).
- Also in the first quarter, IMEs were the second highest medical doctor service (ranked according to total payments) and represented 6.1 percent (\$1,168,500) of the estimated total medical doctor payments (\$19,115,600). The remaining \$973,600 in IME payments was reported under the provider type 'other medical provider'; these services were presumably provided by IME facilities and billed accordingly.

## **IME Acceptance/Denial and Award Rates**

SAIF and Liberty Mutual Companies claims, IME claims vs. all claims (1999 - 2002)  
(see attached, page 2)

- IME claims were accepted 73 percent of the time compared to an 84 percent acceptance rate for all claims.
- Nearly two-thirds of IME claims that are currently accepted were initially denied.
- Roughly one-third of claims that are currently denied involved an IME.

SAIF and Liberty Mutual Companies claims with IMEs prior to denial (2002)  
(see attached, page 3)

- 21 percent of denied claims had an IME within the six months prior to denial; 19 percent within the prior two months; and 16 percent had an IME in the prior 30 days.

SAIF and Liberty Mutual Companies claims with DOIs between 1999-2003 and closures before 2004

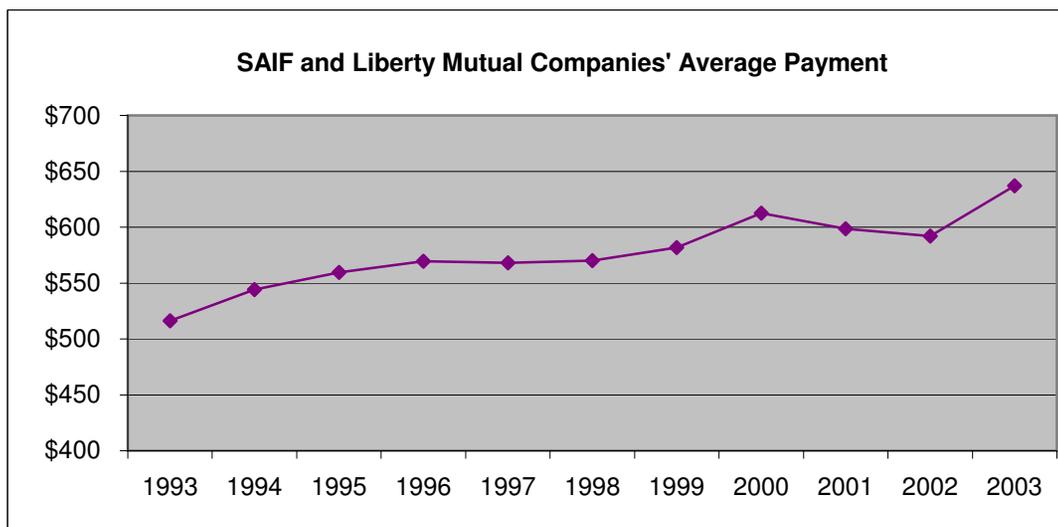
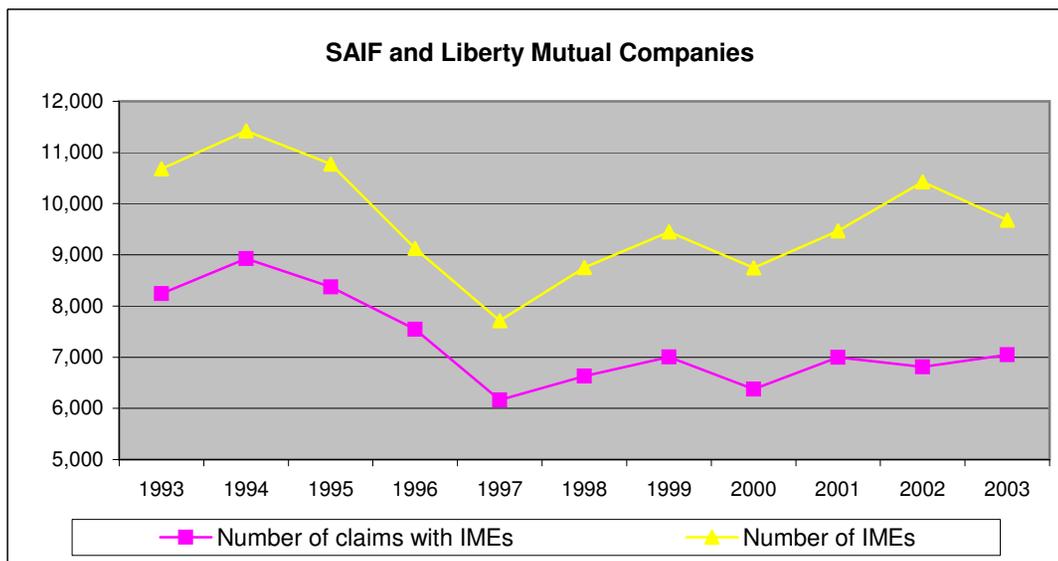
- 18 percent (9,543) of all closed claims involved an IME.
- IME claims received a TTD award less frequently than non-IME claims.  
(51 percent versus 75 percent)
- IME claims received a PPD award at twice the rate of non-IME claims.  
(48 percent versus 24 percent)
- IME claims received a PTD award rate 3 times higher than non-IME claims.  
(0.06 percent versus 0.02 percent)
- IME claims were 8 times more likely to have a CDA than non-IME claims, 15 times more likely to have a DCS, and IME claims were 14 times more likely to have had both a CDA and DCS than a non-IME claim.

**IMEs by SAIF and Liberty Mutual Companies,  
Number and Cost by Calendar Year, 1993-2003**

**SAIF and Liberty Mutual Companies**

Payment Year	Number of claims with IMEs	Number of IMEs	Total Payments	Average Payment
1993	8,244	10,678	\$5,512,717	\$516
1994	8,924	11,420	\$6,215,044	\$544
1995	8,374	10,776	\$6,028,738	\$559
1996	7,543	9,128	\$5,198,659	\$570
1997	6,166	7,714	\$4,382,707	\$568
1998	6,628	8,752	\$4,990,000	\$570
1999	7,001	9,446	\$5,494,424	\$582
2000	6,373	8,747	\$5,358,274	\$613
2001	6,999	9,469	\$5,668,695	\$599
2002	6,810	10,423	\$6,170,115	\$592
2003	7,045	9,677	\$6,164,401	\$637

Note: Data is based on insurer medical billing data reported between 1993 and 2003. All payment figures represent reimbursements made by insurers to the providers who performed the IME. All figures are based upon reimbursements made within the specified calendar year. Billing data represents about 80 percent of market medical payments, with SAIF and Liberty Mutual Companies together representing about 60 percent of market medical payments. Figures for number of claims come from billing data matched to claims data. The "Number of Claims w/ IMEs" column reflects the count of unique claim records. The "Number of IMEs" column reflects the count of all billing data records with IMEs, regardless of acceptance status, or claim record uniqueness. Also, IME figures do not include arbiters' exams or WRMEs. The selected IME codes were SAIF's IME code M9550, Liberty's IME codes 99909 (1/93-9/96) and IME80 (10/96-Present), and the Oregon Specific Code D0003 (2001-Present). IMEs are generally contracted out by insurers and reimbursed at the contracted fee, they are not subject to RVUs or conversion factors.



**SAIF and Liberty Mutual Companies claims, IME claims vs. all claims (1999 - 2002)**

(All counts and figures are based upon SAIF and Liberty Mutual Companies only, they exclude all other insurers)

<b>Year</b>	<b>Current Status</b>	<b>IME Claims</b>	<b>% IME Claims</b>	<b>All Claims</b>	<b>% All Claims</b>
<b>DOI 1999</b>					
	<b>Accepted</b>	2,101	71.9%	11,178	82.9%
	<b>Denied</b>	822	28.1%	2,298	17.1%
	<b>Total</b>	2,923	100.0%	13,476	100.0%
<b>DOI 2000</b>					
	<b>Accepted</b>	2,012	73.4%	11,405	83.7%
	<b>Denied</b>	728	26.6%	2,219	16.3%
	<b>Total</b>	2,740	100.0%	13,624	100.0%
<b>DOI 2001</b>					
	<b>Accepted</b>	2,059	72.5%	11,609	83.9%
	<b>Denied</b>	782	27.5%	2,222	16.1%
	<b>Total</b>	2,841	100.0%	13,831	100.0%
<b>DOI 2002</b>					
	<b>Accepted</b>	2,011	74.1%	11,964	84.5%
	<b>Denied</b>	702	25.9%	2,193	15.5%
	<b>Total</b>	2,713	100.0%	14,157	100.0%
<b>Average, DOI 2000 - 2002</b>					
	<b>Accepted</b>		73.0%		84.1%
	<b>Denied</b>		27.0%		15.9%
	<b>Total</b>		100.0%		100.0%

Note: Counts are based on insurer medical billing data reported between 1999 and 2002. All figures are based upon reimbursements made within the specified calendar year. The figures are derived from SAIF and Liberty Mutual Companies billing data matched to claims data. Billing data represents about 80 percent of market medical payments, with SAIF and Liberty combined representing about 75 percent of reported medical billing data. Billing data matched to claims data 99 percent of the time for SAIF and 95 percent of Liberty Mutual. IMEs which do not match to the claims are assumed to be IMEs for Accepted Non-Disabling Claims since these claims are not reported to WCD. IME figures are determined by the number of unique claims with IMEs performed, not the number of total IMEs performed on all claims. Also, IME figures do not include arbiters' exams or Worker Requested Medical Exams.

The selected IME codes were SAIF's IME code M9550, Liberty's IME codes 99909 (1/93-9/96) and IME80 (10/96-Present), and the Oregon Specific Code D0003 (2001-Present). These codes were determined to be those used for IMEs by SAIF and Liberty NW Group.

## **SAIF and Liberty NW Group claims with IMEs prior to denial (2002)**

(All counts and figures are based upon SAIF and Liberty Mutual Companies only, they exclude all other insurers)

This analysis is an update to the analysis of claims with IMEs prior to denials (CY 1999) by research analyst Jim Locnikar in February 2001. In the current analysis, SAIF and Liberty Mutual Companies claims with original denial dates in 2002 were matched to insurer medical billing data with IMEs prior to denial.

15.8% of claims had an IME within 30 days prior to denial  
18.7% of claims had an IME within 60 days prior to denial  
19.5% of claims had an IME within 90 days prior to denial  
20.9% of claims had an IME within 180 days prior to denial  
21.9% of claims had an IME within 365 days prior to denial

Note, in the previous analysis by Jim Locnikar, the estimated market figures were for arbiter exams reported in 1999. In the above analysis, the figures are for IMEs reported in 2002. The Oregon Specific Code 'D0003', which began being used in 2001 is currently used by insurers for IMEs.

**SAIF and Liberty Mutual Companies claims with DOIs between 1999 and 2003 and closures before 2004**

All claims by SAIF and Liberty Mutual Companies on the Claims Information System (CIS) with date of injuries during or after 1999 and closures during or before 2003 were selected and matched to insurer medical billing data from Q1 1999 thru Q4 2003. The CIS contains all Accepted Disabling Claims (ADCs) and a majority of Denied Disabling Claims (DDCs). There are no Accepted Non-disabling Claims (ANCs) on the CIS.

**Total claims (N) = 53,035**

**Claims without an IME**

**n = 43,492**

<b>Award</b>	<b>Number</b>	<b>Percent</b>
PPD	10,295	23.7%
PTD	7	0.0%
TTD	32,401	74.5%
Other *	789	1.8%
<b>Total</b>	<b>43,492</b>	<b>100.0%</b>

Number with a CDA<sup>1</sup>: 1,021  
2.3% of n

Number with a DCS<sup>2</sup>: 325  
0.7% of n

Number with both<sup>3</sup>: 283  
0.7% of n

**Claims with an IME(s)**

**n = 9,543**

<b>Award</b>	<b>Number</b>	<b>Percent</b>
PPD	4,538	47.6%
PTD	6	0.1%
TTD	4,828	50.6%
Other *	171	1.8%
<b>Total</b>	<b>9,543</b>	<b>100.0%</b>

Number with a CDA<sup>1</sup>: 1,747  
18.3% of n

Number with a DCS<sup>2</sup>: 1,041  
10.9% of n

Number with both<sup>3</sup>: 941  
9.9% of n

\* 'Other' are claims missing or without an award

<sup>1</sup> CDA = Claim Disposition Agreement

<sup>2</sup> DCS = Disputed Claim Settlement

<sup>3</sup> With both a CDA and a DCS

Note: All DCSs were approved by Hearings Division judges or by Board members.

## **Survey Methodology**

The Management/Labor Advisory Committee (MLAC) requested that the Workers' Compensation Division (WCD) conduct a study to better describe the Insurer Medical Exam (IME) process in Oregon.

As part of this study, WCD conducted surveys of injured workers, IME physicians, attending physicians, IME facilities, and attorneys (both claimant and defense). Surveys were mailed with follow-up mailings after sufficient time was allowed for response. To optimize response rates, phone follow-ups were conducted by WCD and IMD staff as needed.

Sampling techniques were utilized to provide statistically valid data for reliable statistical analysis. Calculations were performed to identify the number of completed surveys required in order to be 95% confident that the surveyed population responses represent of the entire population of interest within a 5% margin of error.

### **Injured Workers**

There were 3,454 injured worker claims, with one or more IME, reported to WCD via insurer medical payment data between April and September 2003. To have a statistically valid survey with a 95% C.I. (+/- 5%) required 346 responses. A total of 1,217 injured workers were contacted, resulting in 434 usable responses.

### **IME Physicians**

Analysis of insurer medical payment data identified IME vendors with contracted pools of physicians as the largest providers of IMEs (see attached IME provider list). Thus, large IME vendors were contacted and provided the names of the physicians currently in their contract pools. In addition, individual physicians not participating in contracted pools were identified in insurer medical billing data. After removing duplicates, a population of 407 physicians was identified. All 407 physicians were sent a survey.

To have a statistically valid survey with a 95% C.I. (+/- 5%), 198 responses would need to be gathered. A total of 169 physicians responded to the survey; 36 physicians indicated that none of their practice involved performing IMEs and were removed, resulting in 133 usable responses.

### **Attending Physicians**

Analysis of insurer medical billing data identified a population of 1,080 physicians with valid addresses. All 1,080 physicians were sent a survey. To have a statistically valid survey with a 95% C.I. (+/- 5%), 284 surveys would need to be gathered. A total of 323 physicians responded to the survey; 114 physicians indicated that they had not reviewed an IME report for an injured worker in the past year and were removed, resulting in 209 effective responses.

### **IME Facilities**

Included in the survey were eleven IME facilities/vendors who represent more than 70% of the IME examinations conducted in Oregon. Surveys were mailed on August 16, 2003 and data collection ended on October 20, 2004. Ten facilities (91%) responded. Staff tried for two additional weeks to encourage the last vendor to reply, but a response was not received.

## **Attorneys**

Attorneys listed for a WCB case as either the claimant's attorney or the insurer's attorney (defense) with a case closure by an order dated between January 1, 2003 and December 31, 2004 were selected for surveying.

Attorneys entered in the Board's data system only as "employer attorneys" were excluded (24) , as are usually associated with a non-complying employer case. Attorneys that represented both claimants and insurers (7) were included in both surveys. This resulted in 421 attorneys selected, 162 insurer attorneys and 259 claimant attorneys. (These counts include the seven attorneys that represent both). All of these received the survey. To have a statistically valid survey with a 95% C.I. (+/- 5%), 201 surveys would need to be gathered. A total of 233 attorneys responded to the surveys (93 defense and 140 claimant attorneys); all with usable responses.

The following pages are comments from the surveys:

1. Attending Physicians
2. Claimant Attorneys
3. Defense Attorneys
4. IME Physicians
5. IME Facilities
6. Injured Workers

**Attending physician survey, question 5. Have you ever felt pressured to concur with an IME report? 5a. If yes, why?**

Non-concurrence requires detailed explanation in short time frame for inadequate reimbursement

I no longer do WC care except for the rare 1st visit that sneaks past front desk screening

If I don't agree, lawyers jump all over things

All inertia is weighted to concur takes extra effort to oppose but I have

It seems to be the nature of these reports

Their expertise

Told the patient could not get a settlement unless I concurred

Patients would be denied entire claim otherwise

If I don't agree - I say so!

To force closure

Not a great deal and I have always gone with my own impression of a case, regardless of the urging of the state to say that there was really nothing wrong with a patient. IMEs are always slanted against the worker

Relentless pressure

Because a thorough review is done by one or two other physicians, and these cases are generally open to much interpretation (not black & white). I may not strongly agree, but do not disagree with overall report usually

IME are more legal instruments than anything now

Sometimes there is conflict in opinion

Our lack of seeing workers comp

See my letter sent earlier

1. Calls from IME Doc 2. Calls for insurance carriers. 3. Patient not stand pressure/stress ongoing claim.

I get calls from Saif lawyers and not MDs attempting to get me to concur with IME exams.

Claim closure

Phone calls/ other contact with insurance company adjusters and lawyers.

By the case coordinator

Was threatened by SAIF with cancellation of contract. A lot of pressure.

A distinct lack of professionalism amongst Saif referral doctors!!!

They try to paint us as overly aggressive

The language leads in that way.

The examiner can be too aggressive to report their opinion.

Insurers have tried to blacklist me (SAIF in 1990); Liberty NW did the same to First Health. They are generally annoyed with non-concurring MD's

Because most of the IME's are done by specialists

Most, if not all, claim that whatever is wrong with Pt is not W/C Carriers responsibility

Repeated negative reports as to true nature of patient's condition.

I don't like the way they term "concur with the report in its entirety." I can rarely do that.

By the way questions were worded

They just want to close the claims and basically state what the insurance company wants to hear

Ins. wants to settle

to disagree generates mountains of paperwork and endless repetitive questions.

They tend to be stated in black and white terms, even in cases where comp. injury is exacerbating preexisting condition

When there is desire to close a claim and patient still experiencing a lot of undiagnosed pain

Pressured into claim closure

Never with SAIF, but have felt that with Liberty and ITT Hartford phone calls, # of letters, etc.

Because the insurance doesn't want to pay for something

Only in that if you do not concur you must defend your position. This is all part of the job and is not a problem.

It's easier than writing a justification for disagreements on one or more points

By the IME company Western Mutual Consultants to deny a workers claim

An MCO medical director might call to indicate that the insurance company wishes to settle a case based on a particular IME

Claims adjuster or attorney kept asking for clarifications.

Rarely an insurance company may put some pressure on

Tone of report

There's always that pressure

When information is available that other treating doctors have concurred.

They want to close cases.

Specialist evaluation is much more in-depth than mine. I rely on specialists all the time for expert opinions.

Insurance claim rep

The wording on the cover letter from SAIF personnel.

**Attending physician survey, question 9. Do you receive complaints from your workers' compensation patients regarding their IME experience? 9a. If yes, what kind of complaints do you receive?**

MD did not seem to care MD question patients state symptoms

not agreeing with outcome

They don't agree

doctor doesn't perform tests that were on IME report.

too little time doing the exam, rude doctors

when IME doesn't agree with patients opinion

No/Poor exam

Patients often feel like the exams are biased toward the insurance industry by "paid for" doctors

bias on examiner

Brevity, coldness

Doctors see them briefly. Don't see how they come up with the conclusion they do

"impartiality" of an independent examiner

Doctor did not read chart, knew nothing, exam was 5 minutes, doctor had mind made up before seeing patient

not really

often that the professional just doesn't listen or doesn't understand

Anger that they do not get everything they want, to "?", money for not working

inconvenient, unnecessary

Dr who examines them bias predetermined the outcome

IME physicians "hurried", not thorough disinterested, suspicious - and their reports inaccurate

Examiners often criticize treating MD;; Examiners say one thing and dictate another; Exam caused worsened symptoms only after the exam was done 2-3 days later

Didn't listen. cursory exam only

"They didn't even listen to one word I said" "They didn't examine me at all", "just read the papers", "Made a decision before I even got there"/ "The Dr. made a decision w/o even all the reports thereof things I had done.

IME examiner was rude, didn't take much time with worker exam often cursory, impersonal  
exam physicians represent insurance co

Pain from forceful ROM joints, occasional "?"

The examiner did not listen to them

That the examiner didn't believe them or their complaints

Cursory exam Treated poorly

Patients who get to this stage of process are high risk for being dissatisfied whether claims are legitimate or not

"The doctor didn't listen to me" "He has already decided about me before I was seen"

not treated in a manner that they consider professional

very rough examination, exacerbation of symptoms

like no one hears their concern, felt like they are dealing with strangers who don't know them well

rough physical exam

IME physicians are very cold to patients

They often say the exam does not elicit their pain problem (example: if the neck has pain; they avoid palpating the neck)

Sometimes they dread the experience, sometimes they do not understand the reason for the IME

delays, lack of understanding of how they are affected, that they feel they need a lawyer for fair care

IME spends hardly any time with patient but generates 10 pages of findings

Patient believes exams are biased

Doctor didn't listen to them

All the time. They don't listen, preconceived ideas; no feedback; rude to patients; feel IME is on the insurer's side; insurer only wants IME so can block any treatment.

- difficult to get to - tiring, sometimes painful, but such complaints are uncommon because I usually try to explain the process before they go

The patients have felt that the IME didn't do a thorough exam and/or didn't believe them

Nearly 100% complaints and complete shock/anger when they learn what the IME report said.

They didn't listen to me. They increased my pain

Cold, untrusting. Evaluators - "work for insurance co.

Uncaring doctors

Doctor didn't ever touch my \_\_\_\_\_ (neck/arm). Just measured angles.

usually they don't like the doctor or the way they were examined.

Offensive remarks regarding socio-economic status.

Excessive force during exam

not always impartial acting

Sense of "hired gun." Cold, no empathy.

More forms needing completed. Sometimes patients will have 3-4 similar forms to complete.

limited exam

Rudeness, confrontational, very rough (including hand slapping recently) etc. 100% of my patients have complaints.

Occasionally the patient states that they were barely examined.

"hired gun", conclusions don't coincide with "reality"

Little or no time with the patient or obviously being done with ... in mind.

biased physicians, maltreatment. Physicians working against the patient and for WC carriers.

It was too short to be meaningful. The doctor didn't examine me. the doctor was an insurance company doctor.

don't listen, don't have records, poor exams

The IME doctor was rude, unprofessional and opinionated.

not letting them know what the IME is for.

The results, little time spent with the patient.

That the IMEs are performed by examiners who are paid by the insurer.

That the examiners spent very little time with them but dictated detailed reports, also that the examiners do not listen to the patients and are rude and appear biased to the w/c co.

long eval or intimidating by number of doctors on panel. Expectation of bias.

With my patients they complain does not palpate to any depth or challenge the injured tissue.

Brief, conclusion has already been decided to deny or close the claim, unfair exam.

doctors don't listen; seem to have preconceived notion; hostile, distrust, negative rarely, non-professional conduct.

IME doctors don't know anything about burns

Exam not thorough. (although, from reports I receive, most are very detailed)

Minimal time spent with patient. Patients being requested to do psychological eval. Not listening or not fully examined patient.

IME examiner is rude, examiner feels pt he/she is fine, examiner is rough

Process is... (see paper survey)

Often: rudeness, denigration, Dr.'s fall asleep on a panel.

Were hurt during exams

They were treated as "guilty until proved innocent"

They never examined me, rude, hurt me, etc.

1. Adversarial stance of examiner 2.Lack of interest (apparent) of examiners.

didn't listen

adversarial exam

doctor did not spend enough time to understand disability, inaccurate report of symptoms, too rough

not much time, biased doctor who did not listen.

not listened to, representing insurance's interest, not impartial

Too brief, too rough, not listening

Some do not communicate well, dismiss patient complaints

wants to go back and work

examiners are biased or exam setting is unprofessional

didn't listen, ignored

too little time during the exam, rude doctors

They state that they still hurt, so why are they stating that they are medically stationary

workers are not informed about the process. examiners spent minimal time with worker. examiner indicated what their report would say but then said the opposite on the report.

cursory exams, ignoring complaint

Antagonist situation, doctor doesn't listen, made person do activities despite severe pain.

Examiners won't listen, examiners are paid to do what WC want

Lack of thorough exam

They don't agree with IME findings or conclusions

Usually that too little time was spent during the IME interview and exam-usually incompatible with the extent of the report

MD did not really examine as thoroughly as reported. Hostile attitude. Painful exam.

Do bears wear diapers in the woods? Stereotyped frustration.

1. Examiner not perceived as appropriate.
2. Disagree with findings.

1. Symptoms made worse by examination. 2. Patients sometimes feel "badgered" by examiner.

inadequate exam, brief encounter, inattention to situation

Doctor didn't physical examine (touch) them, differing history

the physician did not examine me

Not friendly

Perception that exam biased to insurance company (to non-coverage)

Examiners uninterested, examiners rough, examiners treating them like liars/criminals.

rude behavior; rough examination; examiner not listening to/listing complaints

overexerted, not touched

not independent, examiners do not listen

they want me to receive a copy of the report

Short evaluation, misquoted, wrong info, unprofessional and rude and nasty doctors.

I rarely ever see worker's comp patients for treatment, only evaluation

1. Flippant examiners
2. Examiners who don't review the films available
3. Rude examiners

Biased examiners

The doctor didn't take a full history or didn't spend any time examining them

Doctor not accurate

Rarely, usually is it about the system

IME examiners tend to have a bias for the insurer they represent. Patients often fear this bias.

type of doctor seen (i.e. neurologist for shoulder problem)

Lack of courtesy and concern for their complaints

Are ignored, their Dr.'s exam caused a lot of pain, travel distance

They receive copious paperwork but spend little time with the physician; they feel physicians are working for the insurance company and have little interest in their problem.

do not like opinion

a. concluding claim closure is appropriate despite persisting symptoms. b. denying subjective symptoms (sp?)

A few patients feel that the IME doctor is a "company doctor"

Almost all patients report IME visit very brief, sketchy, feel that they were not listened to or taken seriously

Doctors not being nice

minimal clinical examination

Physicians are rude, push them to do tasks that exacerbate their condition. Physician never palpated area in question.

Mostly lack of understanding

Doctor was rude, very quick in time spent.

Unhappy with outcome.

That it was a waste of time.

Biased docs who make a living giving an opinion or another on a regular basis and contribute nothing to the care of the patient.

Examiners do stress evaluations, treat patients with disrespect.

Not finding what they want

Very little time spent

A few complaints of poor patient management during exam process.

Impersonal, painful, disrespectful, anxiety provoking, limited physical exam, or cursory exam.

Some patients report a feeling of bias towards workers' comp carrier.

That it is adversarial

Only limited exam done; Not enough time spent.

Uncaring doctors employed by insurance companies to defend employers

Little time spent with patient, rude

Quick exam, no "hands on" exam

The IME is done for the benefit of the work comp insurance vs. the benefit of the patient.

They don't do much at the exam.

Quality of their IME exam, that the IMEs don't listen.

Too brief an evaluation or not focused on problem

## **Attending physician survey, question 9b. What do you do with the complaints?**

put them into prospective relate them to objective findings

talk to them about choices

Suggest legal advice

council them on their rights

Encourage patient to appeal

Refer to WC or Atty.

Listen objectively

listen

listen to them w/o yielding any opinion

Most often placate if severe tell them to call work comp ombudsman

pass them along to the case coordinator

Sympathize with how terrible it is to have to work for a living, then move on

not "?" - its usually a "two-way street"

What can I do

Write a response

Document in my medical letters

listen

Offer my opinion to the patient and that's about all we can do

sometimes I'll comment on workers feelings of IME in chart

"?" on info I believe it to be credible

listen

I form my own opinion

nothing

Listen

Try to see what happened

tell them about the WC ombudsman

discuss with patient

Write a letter to express my disagreement or explain to patients

Listen, but nothing else  
commiserate, sometimes affirm

nothing

Nothing

document chart

Discuss them with the patient and explain that these are the same complaints everyone has. Talk of what it means for their future treatments, etc. Try to make it into a positive in some manner for them.

explain the process again to the patient, and then review the IME report with them

Is there anything I can do?

Advise the patient to get a lawyer.

mostly reassure

generally nothing

Document call if significant variance.

not much

Tell them to contact the BMG

Reassure patient they will be ok and assure them they will (hopefully) recover.

nothing

shrug shoulders

express them in response to IME letter

I routinely give my patients the telephone # of the Oregon BME and have also called the BME myself.

nothing usually

What can I do?

Discuss them with the patient

Pass them on to the WC carriers

listen

nothing. Any complaint I have officially done with SAIF. Many been buried and nothing done.

There is no good mechanism for dealing with complaints

listen

nothing

Assure patient that IMEs should be impartial. If I know IMD doctor and can support his/her skill professionalism. I do.

Occasionally I will note the complaint in a chart note.

listen to them

I've never had complaints told to me about my review.

discuss with patients

nothing

discuss with patient

Try to offer patient best possible care for their problem. Refer if necessary.

Instruct pt to notify wc carrier of his/her concern.

tell patients to write a letter to their attorney. I'll also document important details in the chart.

Didn't know there was anything I could do

nothing

nothing - its part of the system

Listen to patient

consider, discuss with patient

depends on report, effect on care

sometimes dictate patients complaints

observe

suffer

usually listen

I explain that the IME physician's job is to render as detached, impartial medical opinion.

discussion; sympathy

usually discuss with patient

counsel them on their rights

Nothing, don't have time to deal with it. I am not an orthopedic specialist

I have no way to verify the accuracy of complaints.

listen

I listen, respond to WC carrier re: what I disagree with. Have never reported anyone to anywhere

listen

depending on my feeling on their finding I may or may not recommend another opinion

Refer them to patient to deal with workers comp

try to listen to the patient's complaint and answer questions.

Note them. They do not influence my response

Empathize and suggest that there are simple pathways to get back to basic evaluation and treatment.

May write report

I try to explain prior to the IME what to expect and I suggest my patient take with them and observer

listen

record in patients history

explain to them that the physician had reviewed a lot of the paperwork and films in addition to an exam which may be brief

nothing

Listen - usually doesn't effect my decisions

Listen to them and let the patient know that these are very common complaints as voiced by other patients.

discuss with patients

listen

inform patients that IME's are not independent in my opinion

I tell them they need to request it.

to tell ombudsman and insurance and lawyer

nothing

Document

Listen and give my opinion

Answer them directly and or forward them to appropriate

nothing

Refer them to case manager

note them

discuss with patient

We keep the name of the physicians on file. If more than one complaint is received, we might ask that future patients be referred elsewhere.

nothing

Discuss them in my reports

I have never had a patient complaint that I thought was worth following up on but I have occasionally complained about what I thought was a substandard IME

(illegible) legal recourse

discussion

Discuss with them that the review is independent and not meant to be a treating visit

nothing

Explain the process

Discuss them with patients where appropriate

Tell them that's the way it is with IMEs.

listen

Nothing

Listen

Nothing

Take them in stride. Often the specialist can tell patients what they think, whereas I have to worry about my ongoing care and relationship with the patient.

Attempt to explain the process

Nothing

Empathize

I add to report

Listen

Usually nothing beyond mention in my dictation on occasion. Once I sent a copy of my dictation to the IME doctor with quotes from my patient.

Out of my hands!

Nothing

Advise patients to make a formal complaint

Reassure the patients that I will address the concern in my response if necessary.

Nothing

## **Attending physician survey, question 11. What recommendations do you have to improve the IME process?**

Be sure the med. file x-rays are sent to the IME doctor one week ahead of the exam

Pay enough that MDs in practice can see these patients

Have all injuries seen at first visit by IME instead of primary doctors

IMEs should be more Independent. If IME does not favor insurance carrier then they will not be used again.

Use Doctors still in practice who usually take care of the same type of injured worker. Spine patients should see spine surgeons

See other survey previously done

Make sure Doctors performing them are truly independent and objective

allow patient to select from short list of examiners and have patient pay for 50% of exam

It has improved in past 5 years Presently I wish the decision to do IME. would be in collaboration and with the insurer. Frequently the insurer simply orders in.

Stop using Drs who only do IMEs their reports are too often clearly biased

Difficult

See my previous survey. I don't have any time to write all that again

Improve the compensation of those willing to perform IMEs

As the attending physician I'd be grateful for "?" "?" IME is being done

Set up a board of qualified IME examiners and randomly assign the patient rather than letting SAIF pick

No one allowed to do IMEs who earns more than 20% of their income from insurance exams

A nonbiased arbiter or ombudsperson to aid in the process - not medical persons or legal apparatus

IME physicians should not be "hired guns" for insurance companies - in other words - independent - should mean just that - a second opinion determined by a physician not on the "payroll" of the insurer.

I used to think IME stood for "independent", this is a common misperception among medical community. The examinations should be videotaped and stored. IME examiners should only include those with an "unrestricted" license, not those MDs who've lost privileges due to BME action

Records need to be in exam office 1 wk prior to exam

Get a truly impartial Dr.

Require that they at least examine the patient for what the claim is for.

Do some physical testing to see what residual limitations they have.

If they think they're faking send them to a PCE Instead - we have tests that prove whether the symptoms are real or not.

Nothing specific

Unsure how to resolve lack of impartiality - this has become more of a problem in the past 5-10 years

I believe it is possible to have a problem with limitation of motion of spine. I believe in fibromyalgia.

Less adversarial, more cooperative

IME should be done by independent Drs not those hired by insurance companies

Continue to work on communication with the patient after the IME so they understand process and what findings mean

None at this time - I am satisfied with the process

Colorado, I think has a program to get MDs accredited. This would be worth looking into

Too many being done

More objectivity

Stronger standards

Should have IME in the specialty that is needed by the patient the "?" who does IME should be able to perform the "?" or "?" that he or she deals with, not just any physicians

Don't hire people who only do IMEs they may become jaded or biased. Hire specialists who really take care of patients on a day to day basis.

Needs to be attentive to the patient, a personal representative on your side for the client to contact would sure help

They should be truly independent and not be paid large sums of money by companies

Insist on correct diagnosis

Maybe some contact with attending physician for consultation and collaboration as to proper treatment

Treating professionals are never asked about their professional opinions of a patient prior to an IME; never asks us what we think needs to be done; examiners are not necessarily treating professionals--some only do IME's. Psychiatrists always find fault in the patient and always fault treatment even though they have no training in pain treatment issues, plus they always talk of closure as the only course of treatment.

The insurance carrier might save time and money by first presenting the issue/concern to the PCP.

It is important to use an IME in the exact same field. Also an IME should have at least 15 years experience in the field. I was asked to be an IME only 2 years into practice?

1. SAIF/Liberty should not be able to pick the examiners.
2. The preposterous conclusions set forth by the IME physicians should be open to peer review and they need to be accountable when they veer from established medical opinion or impugn patients integrity.

Eliminates examiners with built in bias - either pro or con.

Allow the hired/pair docs have opinion.

Make it more impartial - MD should not know who is requesting or paying for the IME.

Discontinue it.

Means for trusting physicians to request IME for the patient.

Get impartial physicians

Stop it

Questions should be more applicable.

Use practicing physicians who are not solely financially dependent on IME exams.

1. Require IME doctors to be practicing physicians deriving the majority of their income from treating patients.
2. do not allow the insurance co. to contract with or even select the IME, if so the system will remain corrupt. The IME doctors are not independent but are totally dependent on the insurance companies.

Non-biased opinion at all times.

Choose experienced, usually older physicians.

Hire truly impartial physicians. Use practicing physicians rather than semi-retired, non-reality based doctors.

More objective process without prejudice towards the insurance company (who is paying for it).

None

Unless the physicians are independently paid (that is not by the WC carrier), the IME process is a farce.

Reports tend to be from retired surgeons who see only in black and white and many are not up on current treatment methods for pain mgmt and techniques.

Have a lottery so Insurance co can't pick who they send to make IME responsible to board of medical examiners. Many of them have not practiced medicine in years.

Some mechanism must be in place to safe guard the integrity of the IME. Actually I had always thought this acronym stood for Independent Medical Exam, now I see the problem.

The IMEs are rarely useful- they appear to be doctors who are chosen because they say what is best for the insurer.

None

Have truly independent evaluations They are always the same doctors saying the same things (that surgery is not indicated and that the condition is not related to work.)

Use a pool of physician selected by the OBCE, CAO, ODOC and WCD. IMEs should be selected randomly or on a rotating basis to get a fair representation of the profession in an unbiased nature.

Adapt a system like Washington where the insurer does not select a specific examiner.

Have a lottery, make it a duty, make it a no payment - requirement for license. Detach physician from insurance company.

Single payer system

Contact primary doctor when planning to order an IME. Sometimes I am in the process of closing claim without impairment already.

Doctors who do exam put patient ahead of insurance company. Do not try to protect insurance company. Be honest and thorough. Think patient first.

I get some IME reports that I believe are fair, others it seems like the IME Dr. works for workers' comp. If there's any truth to this, change the process.

I would not send to companies, it must be independent.

Require all providers to do IMEs on rotation basis on like providers for small fee. That way everyone shows responsibility... and also the time involved. It's good to study both sides of the fence before you jump.

Those physicians's who totally disregard honesty should be eliminated from the process. Consider having the state refer to an IME Dr. rather than the insurer and whole attitude toward honesty and fairness would likely improve.

Have the Drs who to the IME have some type of certification course and testing so that there is some type of standardization

Get rid of the nuts doing most of them. If an IME physician loses cases then don't let them do any more. The reason they don't succeed is because they are either wrong or incompetent or dishonest or all 3.

I don't know how to fix something when physician's are paid by insurer. They seem to have a set agenda to deny responsibility for injury.

Usually I concur completely. Need to have story back-to-work

Insurers should not be allowed to choose someone else should have veto power.  
PCP decides IME doctor

None

It seems that most of the IMEs are on cases that I have already closed and sent back to full duty.

Make it independent! (paid by impartial pool)

Get practicing physicians involved. I do several IME's every month I remain in practice.

No word procession, make questions relevant to particular condition

Privatize workers' comp. and have employee pay for it.

Use doctors still in practice who usually take care of the same type of injured worker. Spine patients should see spine surgeons.

Insurance companies should not rush patients into IME so soon. IME employed by insurance companies will tell the company what they want to hear to get their big payment for their evaluation

Educate workers about the process and what it is supposed to accomplish.

Separate panel - so that they are not perceived to be paid for by ins. co.

Any way to have the doctor paid other than through the WC insurance company? If physician didn't know who was paying the bill, WC or injured party, s/he might be more objective, less inclined to have already decided the answer before patient is seen.

There is nothing independent about WC ins. companies paying MDs to do IMEs

Need objective evaluation with recommendations.

Improved fee schedule from Workers comp. Accelerated resolution so payments for past services, reports etc. are not held up

1. Fully informing the patient regarding the rationale and process for the IME. 2. Emphasis on independent medical exam - IME doctor is not hired by the insurance company, etc.

Have the state appoint IME MD's from a panel not the insurance company. I assume all IME's are biased - they are hired because they tend to side with the insurance company. Also, my records from 2 months before IME are not available for IME MD's to look at usually, therefore, they usually aren't aware of more recent developments, tests, etc. Records should be more current.

Move toward eliminating the obsolete and intrinsically adversarial workers' compensation system.

Workers' comp clinical definitions are so broad and open to interpretation as to be nearly impossible to be independent

None

Allow friend or spouse to be present during entire IME. Figure out how to keep from using physicians whose opinions are predominantly in favor of the WC Ins Company.

Examiners appointed and paid by an independent neutral agency

Independent IME examiner

Lots of hands on and explanation by the IME physician so the patient understands this is a thorough exam

Have a little bit more sympathy. One of my patients had carpal tunnel syndrome. The IME insisted that it was because she is too fat, not from overuse.

None

Get rid of "IME mills". They are not impartial in any way and most of IME physicians are not clinicians you would send patients to for treatment ordinarily. Most of them are doing this as a primary income source, and as such have a distorted view of what they are supposed to rendering an opinion about.

Do not allow physicians to perform IMEs if 50% or more of their personal income is derived by doing such exams.

Ok

Let patients choose who to see for IME to make it truly impartial, limit \$\$ for reimbursement

Nothing

The doctors doing them over 1/2 the time are not objective - take insurance point of view, not balanced, not medical and not always knowledgeable either

Use physicians who currently are practicing and on staff at some hospital instead of medical whores whose only function in life is to provide insurance companies with un-independent exams that support their views regardless of the data

Be sympathetic to patient.

I would like it to be easier to obtain an IME. Right now I do not really know how to request one, and just make the recommendation in my chart note.

Make it quicker with obvious malingering patients

Often it seems as though the Claims Examiner or person referring is not familiar with the medical issues as evidenced by the fact that referrals are sometimes made to a specialist that

is not appropriate to answer the question e.g. asking a general surgeon to make determinations about back problems

IME examiners should be paid independently and not be beholden to the insurers who employ them

Wait until seen once prior to setting up IME (waste of money) not infrequent has pt. (first) same day or next to has IME Drs. appt day of closing exam when totally better.

Avoid companies that do only IME work Refer exams to practicing physicians. Avoid using physician whose only or primary work is IMES

Schedule closer to home

Orthopedic surgeons and neurosurgeons are less apt to examine for soft tissue pain and will consider the patient stationary if there is not surgical procedure to be done.

Have IME's done by the same type of physician- rather than having orthopedists review neurosurgery cases

Physicians should be in private practice who review patient cases, rather than just doing IME work. The Work Comp Division or insurance carriers might try to recruit more private practice physicians to do IME work as time permits.

None

A. Require that all IME doctors consider subjective complaints if plausible and consistent. B. Prohibit adjusters, attorneys, etc. from requesting specific examiners. C. Provide for retrospective reviews of the IME examiners who are in frequent discordance with attending providers. D. The time course of pre-existing conditions must be concordant if invoked.

Get good doctors that are still actively involved in the care of injured workers. Also, the insurer should not be able to choose an IME doctor that they know in advance will provide them with the result they want

1. Have finding independent of work/comp insurance company
2. Video or audio tape examinations for impartial, random review by independent peer group

All orthopedic surgeons should be required to do about 20 IMEs each year to see what happens to wc patient

Be sure IME evaluators are truly independent and not representing the insurance side only

Re-evaluate the financial incentive of the IME dos to chronically agree with the TPA as an implied stimulus for continued work

No fault insurance legislation

Have physicians who are truly "independent" and are not paid by the insurance company who will receive their report due to conflict of interest. Have IME done by examiner who is same specialty as attending or consultants.

Don't ask me to agree with findings especially when I have not seen the patient within 1-2 months of IME.

Get rid of the MDs who are basically paid insurance sluts.

Create a no-fault system for carpal tunnel syndrome, (and possibly other disorders as well) and eliminate the enormous waste of month associated with IMEs, lawyers, second opinions, etc. In the example of carpal tunnel syndrome the disease is easy to diagnose and treat, and determining causation is very difficult and unscientific. My vote is to abandon the effort and find a new way to deal with these patients. If anyone actually is interested in this idea, my number is XXX-XXX-XXXX.

Examiners seem biased to insurance company. Would be nice if they didn't know who they were working for or what they are supposed to find.

Choose physicians with more reliable backgrounds. We have a very elderly IME examiner in this town and he does not command respect simply due to his age.

I appreciate evidence-based conclusions and recommendations.

Quicker report turnover

IME physicians should be practicing physicians - Foster independent thought

I think the process has already begun. I've been asked to give my opinion regarding IME physicians - specifically to list the real good ones and the real bad ones.

No changes

None

Training for SAIF personnel regarding attitude.

Sorry, I have no idea how to make it better.

IME are paid by workers comp carriers. They are biased toward the company and against the patient.

**Attending physician survey, question 12. Please share any additional comments you have regarding the IME process or IME physicians.**

I primarily do IMEs . We try to be as objective as possible re the injured worker

I fell that most IMEs are not objective but instead favor closure of a case based upon insurance carrier pressure

Some examiners are so blatantly anti-worker it implies there is some concern on their part they wont do as many exams if they don't call things your way (work comp ins bias)

Evaluating the process of how an individual reached a response - in our profession we pay attention to how the finding occurs - not simply the number (acuity in vision for instance)

It is a vital check and balance, ultimately in the interests of all.

Oregon is the worst state I have practiced in for unfair and biased IME exams (PA, WI, IL)

By an large, most IMEs are superficial, slanted toward the insurance company, and not in best interest of the injured worker.

Totally flawed system that is unfair to patients and their treating physicians. Discounts the long-term relationship and deeper understanding of issues than a single exam provides. Insurance carrier should not be allowed to choose the IME, this should occur randomly or by an objective third party.

Reports should be allowed to be brief and to the point - deal only with the issue at hand.

I'm just not sure what else could be done except the above suggestions

I have to tell my patients not to dread there exams that they would receive a good comprehensive impartial exam. This clearly is no longer the case, particularly regarding the impartiality. By the way I have refused to accept new worker comps or motor vehicle patients for over 20 yrs. Consequently, my work comp patients are all previously established patients.

I don't like IMEs done by docs who only do IMEs and don't take care of patients!

Call us before writing a letter

I have seen IME reports that contain erroneous information. People will say, "I never said that, where did they get that?" When I question the history the IME examiner give. Specifically, one report kept referring to the patient having arthritis (DJD) in his neck and the x-ray in my possession showed none. Su when I asked for the source of that finding (via the insurer) I was ignored and never answered. Yet, they persisted in trying to close his claim because all the pain was "due to arthritis" that didn't exist! I have very little faith in the IME process!

Program needs help

We only see workers' comp injuries for ER follow up when on ER call and patients that don't recognize their condition as work related

IME evaluations are rarely fair to the patient or treating professionals. The joke is always that they will say the same thing. The IME situation is so anxiety provoking patients react negatively and this is "used against them". They are adversarial to providers and patients. They do not supply good information. They are used to just close cases or block treatment. Patients have multiple evaluations but on one ever tells them what is happening, what they can do, or alternative things that they could try. So patients are frustrated and angry and this complicates the other treatments offered them. Claims rep need to work closer with the providers. There is a general distrust on all sides.. Injured workers still feel the negative stigma of being an injured worker and/or on pain medications. Suggest you discuss this with the Governors' Commission on Pain Management at the Statewide level as they too have been concerned about issues of dismissing pain patients, undertreatment, etc.

Most of the IME physicians are very fair and reasonable, and their information can be very useful in patient care. But occasionally a physician will be clearly biased for the insurance company, or against the patient.  
I do not see workers' comp patients.

I sent a detailed letter to you regarding my problems with the current system. The system is broken and is a total farce. Workers are treated routinely as malingerers. How can anyone associated with this farce sleep at night? I would love to talk to someone and share case after case of unfounded denials.

Many years ago I did a lot of IME exams. WCD quit sending them to me because I was not a specialist. So if you have a problem, don't call me.

1 patient in December - IME never reviewed files ahead of time, numerous errors in report, had to have a complete new eval 4 months later for closure.

With the money saved by discontinuing IMEs lawyer... (see paper survey)

State law currently does not allow podiatrists to be attending physicians in w/c. State law to be corrected to previous working in the future.

at least use physicians who actively practice medicine.

The IME system is totally corrupt and injurious to my patients. This is not the fault of the insurance companies but is inevitably under the present system.

none

The vast majority of my work comp patients have real injuries, yet when subjected to IME process, they are all treated with degrading, demeaning, and demoralizing rudeness as if they all were in the small percentage of patients that are indeed trying to "game" the system. I find the vast majority of IME evaluations as a prime impetus for the worker to retain legal counsel, which dramatically increases costs of work comp. claims.

I despise IME physicians and the whole IME process.

It is a corrupt system designed to do the bidding of the ins. co. You can save a lot of money by just copying the phrase "medically stationary and may return to work fully time no restriction" and you pretty much have them covered. SAIF corp. has to be one of the most corrupt org. I have ever dealt with. They basically answer to no one and do whatever they want with patients regardless of need.

An IME "smacks" or conflicts of interest naturally, the insurer would like an examination that favors them financially therefore independence is lost.

Early in my practice I would request IMEs frequently. I now never do and dread the extra time and paper work IMEs generate.

I do exams for the state of Washington and Alaska also. I suggest you adopt the WA system or set up a second IME panel like AL does.

(see paper survey)

Most seem to do a very good job. most of the complaints I get come from "Difficult Patients".

Make process occur quicker if it is even necessary. Too many times this takes too long and lead to permanent long standing problems. I don't think they do much justice for the patient either the process or the physician. Waste of money and time. Allow physicians and specialist to care for their own patients. Not impressed with system.

The biggest problem is that people vary in recovery. Many people are able to work but job description often prevents them from doing so. Light duty often not exists. Some people experience pain for a while and it will improve slowly but there is always pressure to say they are stationary but they aren't yet.

There is no reason that IME examiners can't be polite to the patients.

1. I have had an examiner state, "I will just get an IME" when I related the people treatment for an injury. 2. Patient can be abused.

For the most part, I do not have a big problem with them.

Try the California method: the examining MD has to make a statement as the truthfulness of his evaluation under oath, written and attested to at the end of the IME. OR: a patient should have only 2 IME's by an insurer & should be able to ??? at insurers expense, two more of his own choosing. The vast majority of IME Drs. since about 1990 have totally derailed the process by siding with the insurer every time and they lose in court nearly every time. It is a travesty.

May times workers comp will get multiple IMEs from different physicians until they get one that says what they want to hear or believe.

They are usually lousy, that's why they have to do IME's. You should have a higher standard md most are not qualified to do IME's on the cases sent them.

Extremely frustrating. I rarely agree with IME conclusions.

(see paper survey)

Help patient to recover, to get well.

Some IME physicians are so biased I can predict their conclusions just knowing whose doing the IME. The majority, however, are ethical and honest.

IME are under paid to care for workers' comp patients because of the extra bureaucracy

some examiners are so blatantly anti-worker- it implies there is some concern on their part they won't do as many exams if they don't call things your way (work comp ins bias).

as above

IME physicians too frequently grasp at minor contributors to causation and ignore obvious work related causes, resulting in delayed treatment and increased cost to the system in the form of time loss, litigation, etc.

Create a system that is unbiased and fair. Many of the MD examiners are full time IME examiners. Therefore their entire income is dependent upon staying in the good graces of the WC company.

Need more impartiality and psychiatric consultations i.e. PTSD, dep. anx. etc

Clear understanding re: getting radiology films to the IME - usually films sent but especially if recent studies see if patient could bring films.

Amy: 1. Specific measures to changes the systems: I'm skeptical but willing to participate. KK

Not appropriate survey!

Believe the process and IME are very useful. No problems.

Most pre-surgical IME, (in my opinion) are unnecessary and further delay return to work. A phoe interview with me would hopefully clarify any issues

IME physician should be held accountable for their conclusions

None

IMEs by certain physicians are so predictable in their opinion that they are absolutely useless in helping determine a patient's true status.

Hold insurance companies to higher standards - eliminate the unnecessary exams so many claims examiners request seemingly without giving them request sound medical scrutiny

IME doc's that don't practice in specified field -they should not be IME providers.

overall it is a good program

Use doctors in practice - discard those doctors who are rude and nonobjective and feel like they need to support an opinion that patients are wrong and cheating and that their problems are NOT from work EVER

I frequently am asked to do EMG/NCV or Workers comp patients. If my findings are normal or can be used to deny a claim I often am not paid for the work I have done which often leads to claim denied. This is unfair and unjust. If a workers comp claim is denied, utilizing my findings as a treating vs. examining physician my work should be covered.

Some IME physicians always have the same predictable opinion, i.e. it's not compensable. I know the conclusion by the name of the Dr.

At times it seems as though the IME system is geared more toward denying claims that appear to be legitimate rather than looking unbiasedly at the data. On my standard closing exams following surgery for injuries I have always answered three questions 1. date medically stable, 2. Return to work date, 3. Permanent restrictions. Despite addressing these issues in writing 80% of the time I receive a form letter from the Claims examiner asking about them. It's a waste of their time and mine.

The process is too open to abuse. The IME examiners favor the insurers, often ignoring legitimate claims, whereas patients who have no legitimate claim are often processed by the system because of an aggressive attorney, resulting in a great waste of time and money

the IME process is important because I often feel stuck between patient who doesn't get better and insurance company.

I think many patients suffer from soft tissue injury which is not recognize as causing significant pain. Low back pain is frequently ignored and the patient is merely told to read a book on back pain.

Many of them seem to be determined to find in favor of the insurance companies they work for regardless of the facts.

I think the IME availability is excellent. Most of the patients I send, I send because I cannot convince them that they need to get on with work and get on with life. I rarely find a major problem with the IME opinion, and actually it pretty much parallels mine. It is a leverage I use to force the patient to get off disability, forces them to go back to work, and in general, I use it as leverage to my advantage.

The lack of "objective evidence for injury should not logically be taken as evidence for no injury. Often in tendonitis, strain, concussion, etc. there is little "objective evidence" despite very plausible symptoms. Every IME doctor should have the opportunity to use a screw driver 3000 times in an eight hour period to understand what repetitive use issues can be like. Do that and you'll be sore, but your exam may be "objectively normal."

After 25 years of dealing with system have NO RESPECT for them - "hired guns"

IME doctors should take training in assessment, evaluations, etc

Most of the time I find that IME evaluations are done well. I wish we could focus more on getting people recovered and healed and less time deciding whose "fault" it is

Retired physicians or those making their income in this way seem more susceptible to finding what the insurance company who pays them wants to hear.

IMEs should not be allowed to determine when the patient should have been medically stationary based on the usual course of a condition, especially when they are doing this so far in retrospect (6 months or so.)

Most patients hate it, feel degraded and attacked.

Re: Q.10 - usually requested by insurance company

More weight should be given to attending physicians opinions

I would like to see a comment form included with each IME. The format might include: 1) space for comments 2) Scale 1-10: a. The IME doctor was fair, b. This report seems credible, c. This report coincides with the feedback I've received from my patient, d. etc.

I think that the IME physicians do a credible and effective and objective job.

The IME process varies from adversarial to extremely helpful depending on the insurer and the specific reviewer.

They tend to be biased and prejudicial against the patient. They tend to range outside their area of expertise.

Biased evaluations.

## **Claimant Attorney IME Survey Question 5. What specific types of feedback have you received from your clients regarding IMEs?**

Doctors are biased against claimants.

1. Discourteous treatment of claimant.
2. Being forced (by physical means) to perform range of motions beyond their comfort level.
3. Having information in the report about testing done which was not actually done.

Very partial toward ins. co; received training on law from ins. co.

Rude and degrading treatment; cursory evaluation; rushed exam

IME doctor only does a cursory examination; IME doctor does not listen to me; IME doctor minimizes my complaints

Fast, short duration, they don't listen, already have an opinion, all pro carrier

Did not thoroughly examine claimant did not seem too interested or knowledgeable, told claimant one thing then wrote something else.

Cursory exams, old physicians, not very informative too often too far away

Very poor, biased, treated rudely for most part, not always but usually by the IME mills

They are intimidating, not enough time is spent by the physicians. The opinions contain psychological evaluating or opinions they have no basis.

Rude, made to do movements that go beyond what they are able to do on their own (Doctor raising arm higher than could do by herself). Mischaracterization of facts and medical records.

Being treated w/contempt or being made to feel badly

Doctors spend very little time with them - do not spend time in actual exam - render opinions without reviewing medical history

Doctors are rude, "?" and pawns of the insurance company

He who pays the piper calls the time

Rushed, physicians asking "why are you here?" or missing file info or radiographic reports, demeaning attitude cut off when tried to list complaints, poor on professionalism

Outrage - based on being manipulated, misquoted and at times psychologically abused

they are brief and biased

rude doctor, exams not thorough enough, inaccurate reports

MD's injure during exams; info in medical reports I didn't say; didn't listen to us; only "?", "?"; only asked a few questions and didn't examine us

Most say the doctors was professional, but often the doctors are abrupt  
The most common feedback is "The doctor spent about 10 minutes with me - how can he express an opinion?" The second most common complaint is that the insurer's examiner makes fun or argues with my client about whether or not he/she is experiencing pain. Thirdly, my clients complain that the insurer physician hurt them in the course of the examination

some, do not treat clients nice; do not listen to client history or current complaints (or in some cases do not ever ask); some reports do not reflect what they specifically told client during IME; on rare occasions may exacerbate injury

Clients are treated like criminals, rudely , are hurried through exams and are not treated decently, like they should be

Doctors are rude, cause pain, don't listen, distort what clients say

Limited exam times  
IME examines very impersonal

Doctors don't care about the injury or medical problem - its clear they are doing what the insurer requests

Generally friendly, listen to most of what they say

Depends on the client and the IME

When a lay person gets to a Dr the lay person expects some compassion at the very least. Sadly, most clients are looked at as malingerers and liars by IME practitioners

many feel abused by examiners

worsened symptoms; extremely brief time spent examining; no history taken; misrepresenting findings on exams when compared to later report

The exam is usually brief and does not entail an opportunity for the claimant to discuss "?"

Fair is not a fair choice. More often than not the IME is not fair to the claimant. The exp. "rude" "wouldn't listen" "Had list of Q's and didn't what maybe ok though. To hear anything else" " Very lightly touched the injured part so of course it was no tenderness"

Reports contain inaccurate recitation of facts; Too little time spent on exam; rude/discourteous; Force Physical maneuvers to get desired or better finding; report findings but don't do exam (ie normal ROM, no Atrophy, strength normal, etc.) Examiner doesn't listen.

The physicians are rude or at best "cold" failed to perform tests which appear as having been performed in IME reports, etc

That doctors are degrading and humiliating & rude to them and that they don't listen to worker

My clients often receive very positive feedback from CME's but then they are shocked at the written reports negative results

Negative feedback regarding bias of IME doctors. Don't listen, don't record history correctly, impolite.

Doctor was rude.  
Doctor didn't listen to me  
Doctor was short w/me  
Doctor misinterpreted what I said

bullying by doctors, very short actual exams by IMEs, misrepresentation of what clients actually said by IMEs, IMEs say something different during exam than in their reports

Short 15 min or less

They take 10 minutes. They are rude. They will not listen to answers.

Inaccurate info- minimal testing

Rude doctors; doctor did not examine thoroughly; tech. helped or neuropsych. exam

Rude, Don't listen, Biased (have one-sided info from ins. co.)

They ask a lot of questions and the exams themselves are very brief

Curt physicians with obvious agenda performing cursory exams with patterned outcome.

They almost (90%) feel as if the doctor was in the insurers pocket

One story regarding a female client with CTS. this buxom woman was told to sit bare chested in front of the panel of IME doctors. CTS is a wrist injury.

Almost universally negative - rude physicians who spend little time physically examining claimants - rather aggressively questioning them regarding history and veracity

rude; abrupt; and when they read the reports - dishonest

rude; abrupt; and when they read the reports - dishonest

Dr not taking long enough during clinical exam; Dr says positive remark to client then writes opposite , negative opinion in report

No concern for their needs ie inconvenient venues, times etc  
rude treatment, obvious bias, distorting treatment etc

claimants concerns are not dealt with, medical problems not examined enough, exam too short, very impersonal and intimidating

Drs don't listen  
Drs don't really examine and Drs say one thing and write another.  
Drs lie in their reports about what claimants tell the doctors.

Rudeness, lack of respect, trickery, lying right to the claimants face.

The IME Drs are inept, unprofessional and offensive. They falsely report the history and lie about what they will report.  
does treat them like cattle

Most doctors are rude. Examinations are very short.

Generally clients are not satisfied with what happens at an IME. They receive the distinct impression that the examiner is totally biased against them before they begin. The examination is very cursory in most cases. Because examiners do not provide feedback, they remain frustrated in that respect. They feel a lot of irrelevant and personal type questions are asked.

IME doctors are rude. They often have nasty things to say. They interrogate claimants on behalf of insurers. Some clients get upset and cry at one of these IME attacks.

Predetermined results it appears - sometimes it is obvious. Rudeness often mentioned.

Clients have described medical examiners as perfunctory, disinterested, rude at times, and generally not taking very much time.

They are paid puppets for the insurer.

IME doctors are predisposed against claimants.

The doctors do not have any or all relevant medical documentation/dx tests etc; the doctors are frequently rude, demeaning, push claimants past their physical tolerance. They often tell the claimants that the condition is work-related, but the reports say opposite.

The IME examiner was rude, refused to listen, reported tests and measurements that were not done, added statements to the history or symptoms that the worker did not make.

The IME examiner was rude, refused to listen, reported tests and measurements that were not done, added statements to the history or symptoms that the worker did not make.

That they are a hack job; a joke; "did not ever examine me"

Virtually no physical examination is conducted; IMEs are rude to them

The Dr does not do a thorough examination. The doctor does not listen to the client regarding signs or symptoms and the doctor tells the client one thing then writes the complete opposite in the IME report.

They insult the claimants

Not fair exams

Disinterested doctors, doctors ignoring history or discounting history

The Doctor didn't listen to them. The doctor spent all the time asking about other injuries, etc and not much examining them. The exam was cursory.

The doctor was late it only lasted 5 min, he pushed me beyond my limits / caused pain, what he wrote was not what he said to me.

very little time spent with clients, inadequate exams, physician rudeness.

some have felt betrayed by doctors who made supportive comments during exam and then wrote an unfavorable report. Often have felt that the IME was challenging their veracity

The doctors do not spend adequate time, don't listen, falsely report what they say, are rude , indifferent, and unfair

Doctor's take little time, have minds made up before hand; are just rubber stamp for carriers position; are often rude

feel disrespected - like cattle

They obtain and write inaccurate histories

Most couldn't understand how the doctor appeared so sympathetic and then trashed them

Complaints that exams too quick, impersonal, no feedback from Dr, some complain of injuries by Dr pulling or twisting them or over exerting them

They are treated rudely, the examinations are rushed the doctors telling client positive things then report negative things

Dr. didn't take much time, and doctor does not accurately reflect what claimant said to doctor.

none

Doctors are jerks. No time with claimant. Do not listen. Or, nice and cannot believe what they said about me when they wrote report.

1. Doctor rushed them through.
2. Doctor unfriendly, seemed so.
3. Doctor did not spend much time with them.
4. Doctor hurt them in exam.
5. Doctor ignored them.

Rude doctors, distrust, fear

1. Feel uncomfortable, that it's the insurance doctor not someone interested in their well being.

IMEs are short, curt, condescending doctors, belittling doctors, overwhelmingly negative comments.

1. company doctors who are biased against workers.
2. don't listen to injured workers and don't care about them.

Doctor not prepared, had not read chart, doctor unpleasant, doctor said I lied and that all was in my head, doctor examined wrong arm, doctor hurt me, doctor did not report what I said accurately.

IME docs have their minds made up before the exam. The ime was very brief. Not a lot of sense that they are seeing a doctor. Just a matter of litigation.

One client said she was made to feel as if she were a hypochondriac and the procedure was psychologically invasive.

Doctor was non-responsive and not knowledgeable of their medical history; treated very coldly by doctors; a lot of mistakes by doctors, misquoting them and giving bad med. history facts.

Clients get little feedback from IMEs.

Too cursory. Doctor biased. Unfair evaluation.

Has not had a client call to say that the ime was horrible. If he doesn't hear all is fine.

They say that they are an absolute joke, describing doctors as hacks, saying that doctor did not examine them, had attitude toward them. Very cold.

Interpreters not communicating information accurately to the doctor or insurer. Results are most always the same in that they always label clients as exaggerating pain, as not wanting to work, as being released to full time work, and as having functional overlay. Always know what they will say.

Not much of a problem with examination. Reports seem to be pre-written.

Mostly what they say is that they don't understand the process well. They expect more contact from doctor, only seeing the doctor 10 or 15 minutes. Not in depth, cursory.

Very superficial, done in a quick manner, contrary to what they report in ime reports. Not much of an exam at all.

Rude doctors. Smiling doctors, stabbing one in the back  
"they hurt me".."they didn't listen to a word I said"

Resignation

Most IME doctors are paid interrogators - witnesses for the insurance company. Not in any way impartial or caring

Examining physicians have incomplete records, examining physicians have already made up their minds before the exam. Examining physicians are controlled by insurers.

1. Not allowing to make own presentation. 2. Opinion on IME made prior to exam. 3. Not objective

Little time spent with them, doctors asking legal questions, misreporting or editing comments in the report

Hurried and perfunctory  
Biased and one sided

IME tells them one thing and writes the opposite

IMEs are biased and have their minds made up prior to the exam

Unsympathetic, biased physicians

The IME doctors are rough, push on them to increase range of motion, are discourteous, and things of that nature

uncomfortable

1. Doctors obviously do not believe them. 2. Doctors tried to trick them with oddly worded questions 3. Doctors said one thing in the exam and something completely different in the report

The doctors are very rushed, they do not accurately report what occurred during the exam.

**Claimant Attorney IME Survey Question 6. What is your process for handling complaints that you may receive from your clients?**

It depends, but will cross examine for bias in appropriate cases.

Whenever a client sends us a letter documenting any maltreatment, etc., we usually pass the information on to the insurance company.

Depos the IME Doc

Use improper exam techniques to impeach IME Dr

I request that my clients contact the treating physician to alert the treating physician of the possible inaccuracies with the IME report.

Do nothing

If admissible, use at hearing

Advise worker to write a letter to WCD

What procedure is there? I have tried to get certain doctors off to no avail.

Rebuttal reports from attending physicians and cross examination of IME doctors.

If they feel they have been injured, I tell them to follow-up with their provider. I tell all my clients that they should take someone with them to the appointment so we can have them corroborate misdeeds at hearing.

I have no process to refer complaints. I don't engage in futile gestures.

We get clarifying letters from the treating doctor whenever possible

None

I tell clients with no money for experts that we will do the best we can

When really bad, I will contact carrier

Commiserate - there is no effective remedy for the abusive IME's

I tell them it is to be expected

Note file and use in advice "?"; often report to treating MD

I tell them it is the nature of a system that is highly adversarial, and that's why I am their attorney

These complaints are so common that I usually don't advise my clients to take any action. For a particularly outrageous action, I advise my clients to complain to WCD.

Usually not much recourse - on rare occasion

could file complaint with WCD (or med. board)?" rarely do rec, this ever if seemingly valid complaint

There is nothing I can do. The IME system is a joke, it is a disgrace.  
Tell them that's the way it is. Can do nothing about it, don't waste time

Refers to WCD

Unless your client is actually injured during an IME, there is nothing that can be done

Refer them to WCD

Go forward and show bias of IME Doc Vs treating Doc or settle

Depends

Rebutting exam reports; contracting examiners, cross -exam depositions to expose IME flaws

I consider it part of the process

Attempt to get the treating physician to disagree with the IME findings

I listen to them. Make notes. If opportunity arises ask about it at depositions and offer testimony at hearing

Where IME conduct is particularly bad, I ask them to report it to WCD and /or OMA they seldom do, and when they do no action is ever taken.

Cross-examinations

Generally tell them before and after that is par for the course and that it wasn't personal

Any complaints concerning mistreatment, I send to the medical directors office

Other than possibly using the basis of their complaints to cross-examine the IME doctor, nothing

Tell them they are paid for their opinions by the ins co who normally get what they pay for

Sometimes do an affidavit

None

Help prepare the next one to understand it.

Send clients back to treating physician for follow up

In some cases complain to WCD if bad enough, otherwise use in cross.

No meaningful process available.

They call or write

If it was bad enough I suppose I would call the insurance commission

Many clients are referred to the Board Medical examiners

Tell them to expect it

Tell them to expect it

Affidavit of client or testimony at hearing about problems / concerns at IME appt.

Cross-examination of authors & sang froid

Primarily explain the overall problems and inadequacies in W/C system

Tell them to go to their legislators

They than the insurance companies make the laws, the department has ex-insurance people working for it and nothing has ever been done about it.

Do nothing - no one seems to care as long as they say what insurer wants.

Reality therapy

I try to warn clients ahead of time that the examiner may be hostile. other than that, I have no process

After I receive a copy of an IME report and my client review it, if they have any specific written objections relating to the merits, I just have them send those to me. If they have any specific and valid objections about the examiner himself/herself or the process, I have forwarded that onto the insurance company and would send onto the medical director in appropriate cases if something seems definitely out of line.

About IMEs? Nothing what can we do.

There is no meaningful complaint process. Myself and my staff just take the time listen to the workers! Complaints and tell them nothing can be done about.

I typically advise my clients that IME doctors are highly paid to tell insurers what they want to hear. That the IME system is generally corrupted and that typically doctors who do these exams don't have their own patients and this is all they do for a living.

Try to get the treating doctor to argue against the IME

I try to explain that the IME Drs are hired and paid by the insurers. If they are actually injured during the IME process, or treated rudely, I refer them to OMA.

Get a non-concurrence letter from the attending physician; take the IME examiner's deposition

Get a non-concurrence letter from the attending physician; take the IME examiner's deposition.

Explain the "reality" of WC in Oregon and that they , the injured workers, have to pay the cost of doctor consultations and reports to rebut the IMEs- hundreds of dollars that they will not recover even if they win

Attack the validity if examination and/or report at the hearing.

Either tape the doctor's deposition or attempt to get the client's treating doctor to comment on the report.

I commiserate with the dishonesty of the system and get on with the process of winning the issue

Allow us to sue the IME doctors for libel and slander

Nothing we can do

Listen to them explain that the IME doctor is retained by the insurer

Pass it on to insurer. Have clients carefully document experience and testify about limitations

Only rarely have to had them do a letter to the doctor, with a copy to the insurer and the WCD

Discussions with client and address IME medical opinions with treating doctor

Tell them that the entire system is unalterably stacked against them.

Nothing, except to incorporate it into cross-examination

None. That is part of process we have come to expect. These are not IMEs, they are defense medical experts.

Nothing - listen to complaints and commiserate

Point or defeceium at hearing

Not much can do - very frustrating

Oh, well!! nothing can be done about them

Generally, very little, other than to point out during hearing when claimant testifies.

Don't recall

Basically tell claimants that they have to go. Being in WC is like being in jail, get out as quickly as possible.

Don't handle these complaints. Very generic. Hostile forum. IMEs are agents for defense. Surprised by honest IME doctors.

Explain they can complain to ombudsman

Would talk to the adjuster, letting them know what is going on. Would not call the doctor

Generally, tell his clients that this is the process, these are insurance doctors, it's just the nature of the process; refers to the governor or legislators, or ombudsman.

First call carrier, telling them the problem, and if not taken care of, he would call the WCD.

Most he accepts are just part of the territory and not specific to them in particular and that the time is not a doctor/patient relationship. Should expect that the ime docs are not going to be as warm and fuzzy as their own doctor. Don't take it personally. In some cases, an iw will say that he was injured by the examiner; in those cases, he asks them to see their own doctor or go to an emergency room to verify the condition.

N/A

Usually summarize the client's take and send to treating physician to get treating's response on the discrepancies.

Generally don't do anything. Don't expect much from IME and don't get much. Heavily biased toward insurance company; he handles in litigation.

Just explain process and the different roles of treating and ime physicians. Never had case of overt abuse.

Never had one. Probably would call the person who set it up.

Tell his client that he's sorry that it's just the wc world that we live in. What it means is that the client will have to come up with money to go toe to toe with the insurance companies. Budget about \$ for each doctor that reports are needed from.

Her clients do not complain, are very compliant. The results are very distorted by ime doctors. Doctors seem to have a script they write from, all talk the same. Once in a while there is a doctor who believes claimant. Very rare. Seems IME doctors do what insurers want.

Would try to verify and bring out in hearing to challenge conclusions of examiner.

Talk to her clients about what the process entails. If there are serious problems, she will handle through treating doctor. Has never utilized any process including the WCD.

Not much one can do but deal with it in the hearing, cross examining the ime doctor.

Told his clients that is how it works.

Tell them to deal with it, that we'll take our shot when the time comes

Pass them on to the defense attorney.

Notify insurer

Advise the client to file a BME complaint. Advise the attending physician of the quality of the IME.

Apprise that that is the way the system is up in Oregon.

Indicate we will raise their concerns at the hearing.

Attack the IME impartiality at the hearings level

Tell them not to expect independence from IMEs

None

None - useless

None - what can I do about it?

Don't do anything

## **Claimant Attorney IME Survey Question 7. What do you consider the three greatest concerns regarding the IME process?**

Doctors are biased against claimants.

1. It is biased. You can't expect retired doctors who make 100% of their living from insurance paid medical examinations to write much that is contrary to what their paying client is going to be happy with.
2. Because these are either retired or non-practitioning physicians, they hold themselves out as being experts where they have no expertise. For example the orthopedic "surgeon" who has not done surgery since the mid-1980s, and is probably unaware of new diagnostic procedures or surgical methods, yet holds himself out as an expert.
3. Lack of fair information gathering process. The IMEs are, after all, given their instructions from the insurance company who is either looking for a reason to deny a claim or close a claim, or find that there is no permanent impairment. Therefore, the information taking is going to be slanted to achieve the insurer's ends.

Most of the Docs are no longer practicing  
Most of the Docs have been "educated" by ins. co.

Bias of IME Docs  
Insurers ability to outspend claimant to "shop" for opinion.  
Inability of claimants to get treating Drs to respond

No back-up declaration under penalty of perjury required ( See Washington Labor Code #).  
Opinions are cusory without back-up explanation.  
Ime process is adversarial rather than neutral.

Unobjective opinion of the Doctor

1. Impartiality
2. Doctor as advocate
3. Distance/travel from Central Oregon residents

1. Serve no genuine purpose
2. reports are basic and genuine- eitology unknown or no MCC
3. worker that it is obtain Dx for Tx

Same physician w/boiler plate explanations  
No attempts to schedule examinations at reasonable locations  
weight attended by insurer to opinion

1. Whorish bias- complete and utter lack of "?"
2. Lack of medical credentials ( may do not practive - just run IMEs)
3. They "?" stuff provided by carrier biases them, one sided reports. Carriers should not be able to "up front" them any info.

1. The physician resolves all "?" "?" the patient
2. The opinions are dishonest or have no scientific basis
3. The physicians must be bias because their personal financial stake is high

1. Doctors making 100% of their income form Insurance Companies doing IME's

2. ALJ and Board members not knowing that some IME doctors do not have credibility in the medical community.

Doctors who are clearly trying to undermine workers' cases.

IME's don't have to assume responsibility of treating doctors.

Claimants lack same protections as in civil cases.

IME's in some cases are utterly beholden to insurers/defense.

That only doctors predisposed to opinion favorable to insurers are chosen

That the IME doctor does not demand more testing before rendering opinions

That Doctors rely on insurer referrals for a high % of their income

Doctors who are professional insurance witnesses

Doctors who have no private clinic practice

Doctors with a financial stake in future insurance company referrals

He who pays the piper calls the tune

Unfair purchased opinion

Unprofessional handling documents or not having documents

Doctors attitudes/professionalism

Dishonesty by certain IME's

ALJ who believe the canned reports from the IME's

IME's who make a living from telling the insurance carriers what they want to hear

Doctor bias

Doctor incompetence

Dishonesty

Rude doctor, exams not thorough enough, inaccurate reports

Lack of impartiality / objectivity

Reports slanted heavily toward employers /carrier

Biased

Biased

Biased

The physicians are grossly biased. They are paid by the insurance company and know if they want any continuing referrals from the insurers, they need to tell the insurer what will prove the insurers' position.

The IME companies have editors who make sure the reports are written in the language that the insurer requires. Injured workers depend on the willingness of their overworked attending physician, who usually does not have time to write an extensive report

Injured workers rarely can afford to pay for expert opinions, while the insurance companies have an open budget for purchase of defense evidence. The process is economically unbalanced in favor of the insurer

Biased - not impartial (by far the primary insurer

seemingly untold no. of exams permitted (despite statute)

item 5 feedback concerns

IME's are a joke The whole Workers Compensation system is a joke. If you are an Injured Worker in Oregon you are screwed

IME's ignore facts not to adjusters liking  
Opinions are pre-screened by adjuster exam is a farce  
IME's distort or ignore patient input

Lack of impartiality - These "doctors" serve the insurer  
Incomplete and inaccurate histories

90% of the Docs are not independently and relay same old guys (and girls). Upon the insurers \$\$\$ involved in the process. For their handsome incomes

Doctors are essentially employees of Insurer or Interested contractors  
Contributes to denying claims not fair processing  
100% deny work related, biased and untruthful

same doctors do them all (high %)  
quality varies greatly  
insurer rely on them to "?" of AD

The medical examiners are rarely Independent  
The medical examiners have too great a vested interest in the business of these exams

not impartial  
travel to portland is hardship  
examiners do not act professionally

Integrity of examiners is lacking  
No oversight of IME examiners  
Inherent conflicts of interest w/ Insurere doctors and fees and opinions and repeat business

Most are done by doctors who no longer practice and or have a reputation for being defense-minded

There are several who are kept very busy who are not truth  
Full time defense med. examiners shouldn't be allowed. "?"

Examiners are Biased  
Examiners are tired, retired, lazy and not up to date  
Insurers are allowed to use doctors whose opinions and philosophies are known in advance(e.g., Dr. Radelki and Dr. Wathan on carpal tunnel syndrome).

The fact the IME's are not IME's but are defense /Ins co. captures  
Claimants dont have the funds to develop a coterie of medical prostitutes

IME docs work backwards to get the result the insurer wants  
always always err on the side of the insurer  
clearly not objective - usually have been prejudices by adjuster telling untruths

CME physicians are biased

CME Physicians are not accountable to anyone except the carriers  
CME Physicians are not (generally) in clinical practice  
Bias of IME docs  
Claimants can't compete financially w/ Insurers re reports  
Treating doctors don't have time to write competitive reports.  
No defense to treating drs

Bias  
Unethical  
Too Lucrative (leading to competitive dishonesty)

insurere bias of IMEs  
undermine attending physician and jeopardize health and treatment of worker  
slow down access to justice by injured workers due to delayed hearings, depositions etc

Bias  
IME that get 80% of income from process  
Lack of practicing MD's that do IME

Bias  
Bias  
Greed

"?" / Bias  
Lack of information - client  
Lack of information - prior meds

Biased doctors  
Biased doctors  
Incompetent doctors

Biased  
Not treating Doctors  
These guys go to conferences to learn how to screw workers

bias  
bias  
bias

Paid advocates with obvious bias.  
Paid advocates with obvious bias.  
Paid advocates with obvious bias.

Not independent  
Too much and to be made by hack, retired, or suspended MD's

Biased - just change the name - The report stays the same  
Arrogant review while client watches and waits  
Poor inaccurate treatment

Lack of objective evaluation caused directly from the development of an Insurance defense cottage industry.  
Use of IMEs to harness claimants ie psychological exams for shoulder injury.

Too many allowed without having to request them from the department  
No witnesses or recordings allowed of examinations  
out of town  
inaccurate

out of town  
inaccurate

Dr "?" to accept client if late (30 min) for appt because client got lost in Portland and was calling for directions at time appt was scheduled; IME drs Rubber-stamping insurers request and disregarding claimants history of injury despite lack of dispute "?" mechanism of injury itself.

Bias  
Bias  
Bias and inability to re bank economically

Enough time taken to examine the injuries properly  
The inherent defense bias of IME Docs - They know who pays them  
Insurers characterize exam as "Independent Med Exam" rather than actual "Insurer Med exam" implies independent exam , deceptive

Drs are bought by insurance companies  
Drs are not practicing physicians

Doctors completely bought and paid for IME Doctors make 2---400,000.00 per year  
No oversight  
No liability for anything they do

The only way IME Drs get jobs is to support insurers not practicing Drs

aforgone conclusions

Extreme bias and financial interest of  
Misrepresentation of tests and findings on exam  
Inability for third party observation

Dishonest "doctors"  
Rude doctors  
Doctors that hurt people: Radecki

Bias to outright dishonesty demonstrated by IME lack of standards re: who may perform IMEs

The IME process is thoroughly corrupted. Doctors who perform these exams are in the business of telling insurers what they want to hear and they are highly paid for their service. The suggestion that these doctors are independent is a travesty of language, as are some of the firm names, ie. "Impartial Medical Opinions."

Fraud by IMEs  
Bias by IMEs  
Insurer are in essence buying back claims on the cheap by developing phony theories

Failure to confer with attending physician or respect for AP

Cusory evaluation  
Hw who pays the piper calls the tune

Many/most IME Drs are "retired" earning big bucks by helping insurers get denials affirmed. (the insurers know which IME Drs have the "right" biases- these doctors have made up their minds about causation issues long before their examine / speak with claimants. Very, very frequently they do not even ask the claimant what their work involves.

It is totally unfair to the workers regarding selection  
The reports are biased  
It is almost impossible to get an attending physician to fully respond and the cost is huge.

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The reports are biased  
It is almost impossible to get an attending physician to fully respond and the cost is huge

Bias -Bias-Bias

examiner is not impartial  
examiner is not conducting a true examination  
examiners, more often than not, do not have current patients (ie. IMEs have become their sole business).

The IME Doctors being "Hired Guns" reporting what the insurer wants them to support  
Clients not having the funds to refute the IMEs report  
Claimants attorney having no input in the IME Process

Honesty  
Honesty  
Honesty

Dishonest Doctors  
Dishonest Doctors  
Dishonest Doctors

doctors try not to see anything  
doctors try not to see anything  
doctors try not to see anything

Biased Doctors  
Treating physician opinions should be given greater weight  
Expense of combatting IME doctors

Doctors are chosen for expected opinions - particular biases  
Workers usually end up seeing IME as tool to limit benefits

the doctors are prostitutes for the insurers  
the doctors only rarely (5-10%) feel the condition is work related.  
the doctors office is too far away

Not "independent" - hired guns for insurers

Predetermined defense outcome

Unlimited defense resources to pay for an opinion letter (pgs)  
Inability if claimant to pay for a supporting opinion

The assessment is not impartial  
clients are sometimes insulted / not treated w/respect

its corrupt and unethical  
insurer have the money, pay the doctors and win the cases  
IME drs sell their souls

Fairness  
Lack of independent judgement  
Incorrect reporting of facts and reporting of findings

Injured has sole "?" them from Biased Drs  
Many of the IME Docs are biased  
I never receive client "?" sheet

It is historically dishonest a sham the insurance companies. Only a few doctors like Stan James can be trusted for an honest effort. Plus the same faces time and again appear for the IMEs

Drs all biased toward employer /insurere  
too many - insurere repeats if does not like st one

Impartiality  
Competency  
Incomplete Information  
% prostitutes

1. Client unrepresented in process.
2. Most IME doctors are not balanced, telling insurer what it wants to hear.
3. Client is unfamiliar with the process.

IME doctors were not able to make neutral fair assessment. Paid by insurers and did not want to foul their monetary relationship with insurer.

1. not independent.
2. inconvenient.
3. usually precursor to ending benefits.

1. Always selected by insurance carrier. Need list that both sides put up, and rotate.
2. Should not allow speciality IME doctors who make their livelihood just from IMEs. And paid okay when they do IMEs.
3. IME doctors have lost their connection with patients.

cost too much

1. limited number of doctors doing imes, small crowd doing them

1. stacked deck against claimants: yo male, truck driver all his life, had accident driving long haul, hit by farm truck. Invest. exonerated his yo male, very depressed by accident because other person killed; saw psychiatrist. SAIF sent claimant to Dr. Heck. Wanted to know why

he had not gotten over it in a year. Dr. Heck not objective. Sent to Dr. Heck who said claimant not over it. Tx physician said not over it. Claimant now being sent back to Dr. Heck for third time. Insurance doctors. He knows ahead of time what they will write.

1. numbers of imes allowed.
2. scope of imes, subject matters gone into whether relevant or not;
3. fact that imes are not often practicing physicians.

Paid for by insurance company. Insurance company gets several reports from doctors. Almost always a pre-existing condition. It's a money system for physicians who must tell the insurance companies what they want to hear. Integrity for sale, only a small portion of doctors have integrity.

1. Truly should be reasonable in terms of time and place. Asking people to travel long distances for their ime is very unreasonable, asking too much of the iw. The long travel skews the medical picture. It's a big inconvenience to travel out of town.

Docs seem unwilling to travel to see iws. Or docs are the ones they want because of their opinions, making iws travel out of town.

1. Seems often less independent and more slanted toward defense.

1. Too little time of IME physicians to focus on medical records.
2. IME doctors do not make clients feel comfortable in the examination.

1. Defense bias.

Short notice on schedule changes. Abuse of IME panels, stretching it out over time. IME physicians dabbline in psychiatry to explain conditions they have no experience in.

1. Lack of availability to insurers of physicians who maintain an active practice. Insurers forced to hire doctors out for hire.

1. Making certain that the doctors selected are not cross overs selected by SAIF and Liberty. Not being used by PI firms either.

1. Biased against the injured worker.
2. Biased against the injured worker.
3. Biased against the injured worker.

1. Does not understand why insurers pay so much for imes when they saw the same thing.
2. Does not understand why the reports seem to say the same thing. Always negative about her clients. Worker has to pay for objective opinion for an independent physician.

1. Puts her clients in light that her clients have filed for money. Always very negative about the motives of her clients.

1. Relationship between attorney, insurance company and ime doctor is not out in the open.
2. The money interest of the doctor is not out in the open.
3. Predictability of the imes make them less credible.

1. Sometimes scheduling is difficult.
2. Not getting reimbursement from insurance company for travel, etc. related to ime.

3. Ime process itself is not a problem. Works pretty well.

1. Very biased toward the defense and insurance companies. Nothing independent whatsoever about them, and the conclusions are pre-determined.

2. IME reports are pretty pre-determined before the person is examined.

1. Biased toward the insurance company interests.

1. whore docs

2. hack docs

3. the same docs time after time -same on arbiter panels

1. Not independent

2. Biased

1. Not impartial

2. Usually simply to give insurance company reason to deny claim.

3. Unfair

Objectivity, objectivity, objectivity!

1. Old retired physicians who no longer practice medicine but need IME income. . Claimants have no input in the selection proces of IME doctors. . IME doctors offering opinions outside of their area of expertise (psych).

1. Financially driven by the carriers. . Predetermination of results.

2. Nonpracticing doctors earning more money writing insurance exams then they ever made in practice.

1. Bias of physicians who make their income on insurer exams . Physicians making legal opinions in their reports. . Claimant's inability to financially compete (insurer doesn't like outcome, they just get another IME scheduled)

1. Bias

2. Lack of depth

3. Inaccuracy

1. Huge disparity in ability to pay for expert medical evidence between claiminats and employer/carriers

1. Bias in favor of the insurer/employer/payor

2. Appearance of bias and partiality

3. Overuse of IMEs

1. Not impartial

2. Poor (illegible)

3. Same old people

1. The doctors are not independent

2. The carriers doctor shop

3. The carriers pupt too much reliance on the IME opinion

1. The IME doctors know that if they write neutral reports, they won't be rehired

1. IME doctors are extremely biased
2. IME doctors do not understand the claimant's injury. . On more than one occasion, an IME doctor has been untruthful regarding what occurred during the exam.

**Claimant Attorney IME Survey Question 8. In your opinion, how adequately do insurers prepare injured workers on what to expect in IMEs?**

Workers who do not have attorneys actually expect that this is going to be an "independent" or "impartial" procedure, without realizing that it is all for the benefit of the insurance company.

Do not know what if anything Insurers do or don't do to prep injured workers for IMEs  
purpose of IME is to obtain medical evidence to support denial

Only comments to workers regard travel and not process

They don't do much and they should do nothing

I know of no attempts to prepare the worker. Workers are lucky to be paid for their travel time

My experience is that insurers compete to win and therefore preparing an IW for an IME is against the insurers self interest

The insurers do not tell the true story to the injured workers  
Insurers demand and schedule IME's. They don't counsel injured workers.

Other than explaining process not sure what more should be expected or required its no. 7  
that clients are nit "?" for

Your whole system stinks

Lead worker to believe they will be treated fairly so they co-operate without suspicion

most are only sent the "show up or else" letter

Workers are simply told where and when to go

I don't think it is their job to prepare workers that are represented by attys. I don't know about unrepresented workers

They don't prepare claimants for them.

Insurers always threaten workers, many ignorant and unrepresented, that if they don't attend and cooperate with IME something terrible will happen to them. They go to exam like sheep to a slaughter!

only direction given usually is that they must show-up. I do all the preparation of what to expect from the worker

Frankly, I am certain that I do not want the insurer telling my clients what to expect because these exams are already so biased.

They don't prepare claimants for the biased nature of IME's

Just send a letter with an appointment time

Because its usually an ambush

My clients generally ask me what they should expect  
Workers concerns w/respect to inconvenience are not regarded

Clients get mail notice is entire preparation

You must be joking!!! Insurers try to trick insurer workers about the process as much as possible, as do some of the doctors!!!

Insurers send a letter to claimants saying you must appear for an exam by x doctor at x date and time. There is no explanation that the doctor works for the insurer, and has no interest in treating the claimant.

They just tell them when and where to go!

All the worker gets is the appointment and the threat to cut off benefits

All the worker gets is the appointment and the threat to cut off benefits

They are given date, time, location and threatened w/suspension of benefits if they don't show up

no information is sent regarding purpose of examination or length of examination

Insurers have nothing to gain by preparing injured worker for an IME

they don't explain:

the doctors are prostitutes for the insurers

the doctors only rarely (5-10%) feel the

It would be impossible to state to screw job which awaits these claimants

I've never though of it as the insurers job to prepare the worker

They don't prepare them at all.

All claimants get is a letter. Not adequate.

does not like this question

If anything they mislead claimant into believing it is a fair process.

They send out little form letters that don't do much. Don't set up convenient IMEs for injured persons, requiring them to travel. No common sense.

Should have no role at all in preparing clients.

This is the iw's attorney's job. First time unrepresented workers have not a clue about what the ime is about.

Workers get a notice from insurers. Not an adequate notice, just date time and location. Does not give nature or scope of exam. The letter is just a threat, be there or lose out. Clients get a notice and ask her about the process.

If not represented, then not at all adequately. Most injured workers believe the insurance is there to help them.

Insurers don't give very much information about what the ime doctors have reviewed of their medical file. Just to show up or else.

So what? That's my job

Clients are required to attend or lose benefits

All they do is write a letter with a threat of consequences if they do not attend

I have seen no preparation whatsoever  
They just tell them to show up

## **Claimant Attorney IME Survey Question 9a. Comments (Re: 9. In your opinion, how well do injured workers understand IMEs?)**

See 8a above --- however, if they are represented by an attorney this changes.

unless they have an atty who prepares them

Claimants do not understand that the treating doctor must concur with IME report re medically stationary data, etc.

They are unobjective and all pro carrier - (ie look who pays them)

They understand the exams are purchases and can not see past bias to unbiased theories of causation

We do a video here at office

Many-no most- of my clients say something along the lines of "I thought he was there to help me."

Many think they were sent to an impartial doctor who is there to help them - some think they were sent by their doctor

My experience has been that IW's are bewildered by the aspects of workers compensation

Most expect impartiality

The phrase "Independent medical exam" is misleading, and workers often expect that they will get a legitimate and neutral second opinion, rather than a biased report

Think Doctors will believe them. Think it is to make sure they get proper medical Diagnosis

again, depends on the client

don't know

Fortunately, lots of claimants have the healthy skepticism that IME's are company or SAIF doctors

Many actually believe IME Doctors are their friends and are there to help!

They don't understand typically that a IME (or DME as it should properly be called) is nothing more than another step on the way to a benefit denial

only after I talk with them

I tell tem what to expect

They don't understand that most IME's are performed solely to defeat the claim.

Most clients have already seen an IME before they get to us

They know that the IME doctor is selected to write a report favorable to insurers

Except for the information we give them

after I talk to them

after I talk to them

Most think IME Drs role is to sabotage their case

They understand doctor are paid to report negativity on their claims

Few workers understand process. Some with prior experience are negative - prior bad results, failure to be listened to

only after talking to us do injured workers "get it"

Often they think the IME doctor is there to help them! Then they are crushed when they find out IME doctors are not real doctors.

They know they are being set-up by the insurer to see a doctor who will give the insurer the opinion the insurer needs. Must know the IME network is corrupt

Generally claimants understand IMEs very well after they've been through one and they see what has been written about them. They realize that this doctor has been hired to find a reason to disallow their claim.

They generally realize that insurers want to reduce or terminate benefits.

They actually expect to be treated politely and to have an honest, unbiased, independent evaluation.

It is hard to get a worker to understand they must attend an examination and cooperate with a lying hack

It is hard to get worker to understand they must attend an examination and cooperate with a lying hack

They know it is out of their hands - That these are Doctors picked and paid for by the insurance industry and not that the purpose of the mandatory exam is so the ins. co. had generate evidence against their claim

It depends on injured workers level of experience with the system

they know they are to serve the insurers

They understand that the doctors are biased

About to be undermined; they understand this.

Claimants are trusting and unsophisticated. They do not understand that they are in a hostile arena.

If his clients he tries do educate them. He tells them it's not independent. Set up to declare them med stat and get them off timeloss.

If his client, they understand very well. Unrepresented don't understand well.

Depends on the worker and worker's experience with wc system. Some physicians are not very good bedside manner.

when unrepresented iw.

Especially if they have no attorney.

First time

Depends on who their attorney is.

Only would be happenstance if they understood them well.

Most don't have a clue what they are about.

Depends on sophistication of the client. Some think that the ime is for their benefit.

If they have an attorney they understand it better. If they have no attorney, slightly.

He deals with iws who have to go to hearing and whose claims are not accepted.

Those who have been in the system know the ime system pretty well. Those who are new to the system don't know what the ime is about.

Most claimant lawyers brief their clients on what to expect at IMEs.

They understand the exam will result in a report that will attempt to deny or reduce benefits

They are called insurance medical exams by most clients

After my explanation to the worker

## **Claimant Attorney IME Survey Question 10. What do you do to prepare your clients for IMEs?**

It depends but I usually explain both how the IME process works and what the worker's rights are. In addition, I will advise the client to be honest and straight forward.

We send them a letter explaining the IME process, that it is mandatory, and we point out that while these doctors are not their enemies, they are definitely not their friends and the exam is done to serve some purpose of the insurance company.

review their claim; explain purpose of IME

Explain process

I require my clients to discuss the IME with their treating doctor after the examination so that the treating doctor will be alerted and will read the IME report. I have found that many busy doctors only give cursory review to an IME report and simply check the box, not realizing that the procedure can adversely affect the claimants Workers Comp. claim.

Be nice and tell the truth

Explain process, insurance company's right to require IME, potential uses of IME report.

This is privileged

Explain need to be honest. False positives and not try to convince the doctor something is wrong. Be polite

video, tell truth, give eye contact

This is confidential

letter and phone conference

I have instructions and other techniques I am not inclined to disclose

On the rare occasion that the client comes to be before the IME I tell them not to mask their symptom through pain killing medication and to not push the ROM when it gives you pain

Tell them that the IME doctor works for the insurance company and not to trust the doctor

I advise them to tell the truth, be themselves, be polite, and hope for the best. About one time in ten my clients and I are surprised that the doctor played a term that the insurer did not call for

Let them know it is a purchased opinion and won't be fair

Provide medical records and sometimes a time line in a complicated case; provide some info on what to expect from certain doctors

I tell them to expect the worst

I provide a general description of the process. I encourage them to give their best efforts and to be honest, forthright as possible

Discuss at length, emphasize truthfulness to IME

Tell them what to expect the doctor to do. I try to explain the importance of playing it straight. I emphasize the harm from "pain behavior"

"?" them they are required to attend, to fully cooperate and tell the truth I usually don't go beyond that

Tell them to tell the truth Don't exaggerate their injuries and be courteous at all times even though they will be treated badly and dress well

Tell them the outcome is preconceived, volunteer nothing don't disclose privileged communications when asked, what their attorney has told them.

Discuss process

Discuss the purpose of the exam

Discuss the Doctor(s) involved and my experience w/them

Discuss how to present themselves

Explain, be honest, answer all questions take a spouse. Do not take medication expect Doctor to say not work related

prepare a letter explaining process w/dos and don'ts

I tell them to simply go in and perform physically as best they can and to avoid interrogation about irrelevant issues.

I tell them to be honest

Ask them to be completely honest, no exaggerating, no unnecessary conversing as generally the IME doctor is used as a tool of the insurer for their benefit

I explain both the procedure and the reason for the IME and what will follow thereafter

Explain the process and the IME's job and who is paying him

Tell them to tell the truth. Don't expect a caring attitude. Don't volunteer things that aren't asked. Take a witness because you can't trust several of them.

I tell them to be honest, not to exaggerate and I to insist that doctors let them answer questions asked before they interrupt with another question. Most workers are not intellectually up to the task.

Explain the process, advise avoidance of pain medications usage before exam along with exaggerating prescribed exercise before exams and coach limited oral responses

Send explanation letter 100% of time

talk to client personally about concerns in their case 50-70%

I generally call them and write them concerning these exams. I tell them to answer all questions truthfully

Be honest  
Don't exaggerate  
Be polite  
Cooperate fully

Send a letter re: Date, time, place and what to expect. Sometimes tell them via phone call or conference as well.

recommend that they cooperate w/doctor and give as much info as possible

Tell them not to expect

Tell them the doctor lies about not knowing history.  
To be careful of doctors tricks.  
To expect a totally biased report.

Meet with clients day prior to IME

I tell them to be truthful and to bring an observer

meet with client - tell them to use eye contact and be honest

Advise to always tell the truth, not to exaggerate or minimize symptomatology, urge to cooperate fully and treat the "sham" exam as though it were a "real" exam.

Send out reminder letter  
Expectation letter  
Questionnaire for them to return post IME

I try to explain the bias - tell them not to take it personally and they screw everyone (not all IME doctors but the majority - I will find out about their specific Dr prior to apt.) Be polite - cooperative-reserved.

They receive a standardized letter that describes the process.

15 to 45 minute talk

15 to 45 minute talk

Explain that clients attending physician will usually see a copy of report and have opportunity to concur / not concur

Tell the truth! Do not exaggerate! Be polite! Do not react to provocation. Do not bring tape recorders.

Primarily explain that the exam is mandatory do their best to verbalize their injured areas. Tell them to be positive/cooperative

I send letter and tell them what to expect

None of your business! covered by attorney / client privilege

tell them about #5 above

sent a letter, have them view video

I explain that the examiner, for the most part, is bought and paid for, and usually dishonest and extremely biased

There is little an attorney can do to prepare a client for an IME. I tell them to cooperate, to tell the truth as they best remember it and to admit it if they do not remember any specific facts or do not have an answer to a specific question.

Talk to them and explain

Tell them to be honest, do not volunteer any info they are not asked to provide, make a valid effort on exam and take someone with you to observe, record anything unusual in writing.

I tell them that they are required to attend.

We tell them to be honest, but if it is a carpal tunnel case for example and the insurer picks Peter Nathan or Morris Button for an IME we tell them we already know what the IME will say.

I tell them to get there on time, answer all questions candidly and completely, cooperate to the best of their ability. I encourage them

Explain the type of examination; be cooperative and polite; take your wife or a friend to take notes; give your best effort; do not make facial expressions or noises

Explain the type of examination; be cooperative and polite; take your wife or a friend to take notes; give your best effort; do not make facial expressions or noises

see #6 above

Most often a telephone conference (advice to clients is confidential)

explain the process (i.e. examiner will only see them on the date specified and will not become treating physician, examiner will not share opinion of causation, etc. at the time of examination)

I explain to them the IME process, that the doctor is being paid by the insurer

I look at who is doing the IME. Tell my client what he is going to say. Tell my client to cooperate and when I am right about what the IME says it increases my clients confidence in his attorney

"?" - I explain that they need to be polite and honest but do not expect "?"

none of your business

Talk to them about the adversary nature of the process, etc.

I explain purpose, tell them to be cooperative, tell them to try to make sure doctor listens to actual complaints, and have them report back to me about the experience.

explain that insurers are allowed to get these exams as a counter to the "?"; and to be honest

Tell clients what to expect

I tell them to obsequiously suck up to the examiner and not to exaggerate symptoms. Also advice blanket "I don't remember" to prior treatment since the defense will paint them as lying dirt bags if they miss recalling a 10 year old owie

explain the purpose and warn them what to expect

I tell them to cooperate fully but that most likely the IME will do whatever he thinks will serve the interest of the insurer

I advise them that they should answer questions and do tests honestly and accurately, but that in most cases these are insurance biased doctors who they will not get a fair shake from

tell them to take it all with a grain of salt

Prepare them by letter or in person

Tell them to be honest, give them some examples of malingering tests and "?" the only way to beat them is to be absolutely honest about pain complaints.

Tell them to attend. Tell them doctor is not their treating, just making a report for the claim. Be accurate when talking to IME doctor.

Tried to explain what it was, why it was, and what to expect.

Tell them that they should not fill out any forms. Answer questions that are related to their conditions only. Be nice. Tell doctor your attorney instructed you.

Tell them it's a hostile area, and do not expect sympathy and being believed, and do what you can to your best and do not volunteer information. Answer all questions related to your condition. Be consistent at all times.

Possible that an injured person may appear inconsistent but is not. Consistency is a subjective term.

Explain process, not good or bad, be honest, recount history, be helpful

Show them a video and discuss their medical condition up to that point so they have good review of condition, and caution about some of the common traps.

Feel that IME doctors use some tests that don't elicit adequate medical response. The IME doctors don't use the same testing as treating doctors, and this is unfair. Sometimes the doctors won't test in the right region.

Call them up and tell them what to expect from the process, that it is a stacked deck and hostile environment. Doctors actually spy on injured workers leaving the office going to their cars.

Talk with them reviewing medical history and talk about the substantive matters that will be discovered, telling them that the IME is out to harm their case. They can't hide something from IME and don't try. No point.

Send out letter to clients that such exams are done by insurance companies and that they should be truthful and remember critical dates and keep list of complaints and history. Never exaggerate, never be absolutely certain of anything. Condition clients to be cautious and compliant. Advise them that insurance company is paying for this and the doctors may not be the best.

Attorney tries to give realistic picture of what the process is like: the doctor is not your doctor. Let's IW know that there is a legal contention and that the IME is part of this legal controversy and that the IME is meant to generate information for the insurer's position. Let's his clients know that they should be on time, clean, and respectful.

Emphasize that you are a worker and want to return to work.

Also tell IWs that the doctor is not there to take care of them and to provide treatment, not your confidant, not entering into a doctor/patient relationship with you. Some of the IME will be therefore superficial at best. Important for IW to keep attitude that they want to get well, that they trust their own physician and want to follow doctor orders to get well.

Just talk to them, telling them to listen to questions and answer honestly.

Send clients a two page letter, spelling out the purpose of the IME, that it is not their treating physician but a doctor to partially review the claim, be honest and don't withhold.

Generally tell clients not to expect much feedback that the doctors are hired by insurance companies and to expect a defense-oriented report.

Tell them to answer all questions honestly, giving full effort on examination.

No short notice schedule changes. Proper use of IME panels. Physicians staying in their area of expertise.

Have a meeting with client to review medical records, explaining IME process and telling them what they can expect (that it's not treatment and their treating physician will see the report).

Usually talk with them over the phone or in the office, explaining the process involved, letting them know that the IME doctor is working for the insurance company and is not their treating doctor, not being there to help them or advocate for them.

Few moments of conversation in which he explains what the IME is for, the process. HE tells workers not to b.s. the doctors. Be square and straightforward, honest and candid, listening to your body. Tells them they don't have to fill out interrogatories, only simple questionnaires like those in their family doctor's office.

Talk to her clients, telling them that the IME is with an insurer-paid doctor. Tells them to be very amicable, doing what doctor asks because if they are not compliant, the doctors will take a negative view toward them. Tell the truth about what you are experiencing and do not exaggerate anything.

Tell them to be cooperative that they have no control.

Bring them in, explain purpose of exam, the format of the exam, the number of doctors examining, and that the purpose is not treatment, but to determine causation. Explain that report will be issued and that they will not get report, but that she, the attorney, will. And that insurance company will look at all medical records before an opinion is issued.

Primarily tell them to answer the questions asked, don't carry on, the doctor is not there to treat you, need to keep this in mind.

Tell them to tell the truth, don't exaggerate and don't minimize.

Explain the procedure and the role of the IME in an adversarial system

Explain the process & why it is necessary and must be tolerated.

Tell them to cooperate, neither + nor - \_\_\_\_\_

Advise as to their role in establishing necessary medical findings

Explain the process prior to the IME.

1. Apprise to review records
2. Apprise there are tests to determine malingering
3. Apprise to be truthful!

Send a letter explaining process, encouraging client to have history of injury and symptoms clear to report to doctors, to answer their questions honestly, and give their best efforts on exam

I explain the process to my clients

Explain IME isn't independent; warn re: how ROM measurements, etc. work; warn re: effects of invalidity finding

I tell them they must attend and to fully cooperate.

Explain process; tell them to give medical history; tell the truth

I tell them not to overstate symptoms and to expect an unpleasant experience.

Go over records

15 minute conference

Confer with the client before the appointment and afterwards

## **Claimant Attorney IME Survey Question 11. What are your suggestions for improving the IME process?**

Increase the number of practicing/treating physicians who do IME work and require those who do not to provide financial disclosures with their reports.

If insurance companies truly want to have meaningful examinations which are fair and unbiased, they need to employ practicing physicians instead of those who are in the "IME mill" business. In other words, doctors who do IMEs as an occasional supplement to their income, not as their sole income. Thus, the IME doctor would be in tune with patient concerns, up to date (hopefully) on diagnostic and treatment procedures, and more interested in being fair because his income would not be dependant on insurance company funding. I would recommend that an IME doctor's income must be at least 65% derived from a practice.

get rid of the poor Docs; make them qualify to do IME's one qualification should be that they still practice

Take away the economic advantage of insurers. Provide economic incentive for treating Drs to express complete and detailed opinions

1. Require a back-up declaration under penalty of perjury be required for IME doctors.
2. That the Workers' Compensation Division establish administrative rules setting forth guidelines for IME doctors and reports to assure impartiality.

Make the IME doctors objective

Send evaluations to claimants. Impose travel limits (i.e. 50 miles or less)

None after denial is issued. If carrier thinks there is sufficient evidence to deny claim then IME serves no "Independent " purpose

Return language of "reasonable location" to schedule. Limit # of IME's any one physician can perform.

Get rid of non practicing doctors who are essentially "?" doctors who lost privileges or retires from practice. Use active, practicing doctors not the panels or mills

IME physicians must be of the same specialty as the doctor treating the patient. No physician should be allowed to perform an IME unless at least 85% of his practice is from active patients - not from IME work.

Get credible doctors who really are trying to figure out what is going on with the worker instead of just making its client ( the insurance company) happy and getting a quick \$2000.00.

follow California system : Make IME's certify They give same opinions if they were treating doctors.

Make it simple for client to get their own IME and do not allow insurer to use the check the box process when selecting the treating doctors concurrence

Get rid of professional IME doctor

Most injured workers have no money for medical experts. Insurers will naturally keep sending IME business to doctors who are "right thinker". All IME' should be paid for from a WCD fund assessed from insurers, and the IME doctor for a given IME should be drawn at random from a list prepared by WCD from doctors who sign up with WCD to do IME's. The only way to bring about truly independent opinions from doctors is to set things up to where the future business does not depend on what a doctor puts in a report that will be read by the person who pays for the report

Insurers make an effort to use fair evaluators and there are fair defense medical exams/examiners

Get rid of the IME mills - they're a disgrace to the system.  
Encourage a process akin to the medical arbiter process

get rid of it

Implement fair standards and an evaluation process accessible to claimants to hold IME doctors accountable for their actions

Appoint panel of IME Drs AKA recon procedure and appointed by WCD/WCB

I don't know it is an adversarial process. Most doctors are more objective in medical arbiter exams than in IME's. Its just a fact.

To balance the playing field, allow an injured worker his or her choice of expert exam paid for by the insurer, for each exam that the carrier arranges.

Payment should come from (impartial) WCD funds or other impartial source  
Dr should not be chosen by insurer employer like  
No. of IME should be sharply limited  
more restricted their current "?"

Take it out of the hands of Insurers and put it in hands of Workers Comp Department

Videotape the exams. Prohibit IME's from asking question about privileged matters, or irrelevant ( non-medical)"?", Provide copy of adjusters question with the notice to attend

This process needs to be conducted impartially - By Doctors who do not get paid by the insurer for their opinions - Some (many) IME Drs receive over 100K per year from insurers. How can one ever expect an impartial report????

Public -accessible website listing the Docs their clients their CVS Their IME incomes, their relationship with the IME agency E.G> who owns Ortho Consultants PC

Select Doctors the same way they are selected for reconsideration exams. No IME after claim is denied

I'd do away with it completely. If a carrier wants to hire an expert fine. But don't require claimants to go in mandatory expensive exams thats not necessary

Stop making IW's travel >50 miles when perfectly good docs are locally available

Require IME doctors to have active clinical practices

Oversight panel to review reports - some doctors never find in favor of workers  
Require Board exams, continuing education credits  
(e.g. XXX is licensed in Oregon by reciprocity only & is blatantly biased in reports & depositions - hasn't practiced in many years - never practiced in Oregon - multiple malpractice actions in Maryland, loss of hospital privileges - Then moves to Oregon and makes great \$ from "?" no integrity credibility etc.

To include practicing doctors in the process - especially a balance between fair - minded Drs.  
Many Drs, however do not want to get involved w/WC cases. They are too much of a hassle.

none

require they maintain an active patient practice of at least 50%. Require that they disclose with their report the amount of money they receive from IME. Require that insurers/employers use Dept. based rotating list of examiners.

Get honest, unbiased doctors and instruct them to give honest, unbiased opinions. Advise workers in simple terms that the exam results are important to the outcome of their claims.

Have them performed by physicians hired by WCD at modest rates

I would have all doctors that take W/C patients - put them all in a pool, by specialty and have insurer blindly assign one

Make a pool of CME's available to Insurers (like arbiters examinations)  
Make CME physicians accountable to MRU

limit IME's to doctors who actually practice medicine  
Insurer pays for claimants medical reports  
limit IME's to one per event (new claim, NMC/OMC, agg. etc)  
Give "?" to treating doctors  
Allow claimants to object to specific IME docs.

Pay them less (\$250 max)  
Involve more attending physicians  
Require that all IME/CME doctors have established active private practices

call IMEs insurance medical exams instead of independent medical exam as most of these doctors are not "independent" per se

Including income disclosure for IME's

Use medical arbiter system  
Let workers actually get a WRME

Write a rule that requires the ALJ to give an IME less weight than the opinion of a treating doctor

use real bonafide doctors, not paid for preordained biased prostitutes

let attending physicians pick the IME's or the injured workers attorneys

Completely dismantle present system which is unworkable.

Make them Independent

Place a cap on the amount that can be charged so profit motive goes away; let claimant pick which doc will go to.

All IME doctors must treat patients as 65% of their practice

Select examiners from a panel of active physicians who actually treat patients in a clinical practice.

at least make the doctor come to the claimant

at least make the doctor come to the claimant

Don't use Drs that are retired and only in the IME business

Require all Doctors who rx injured workers to participate and limit carriers to 1 IME per claim

Make Insurance call in an Insurance med exam - make them be more honest about process. Make insurers provide an accurate report to worker on IME - Why they must go to them, what they are used for as an effort to quash claim

Drs should be practicing physicians

Shut down the cottage industry of doctors bought by insurers

Require that any doctor who performs IMEs must get at least 65% of his income from direct patient care!!

Require Drs to have significant private practice

stop making it a growth industry for the retired medical specialists community

Get rid of them altogether and go to an arbiter like program

Stop it or at least make them be real doctors who treat people for a living not hired liars.

Regulate who may perform IMEs e.g. doctor must be licensed to treat patients before allowed to do IMEs. Doctor must derive less than 100% of income from insurance exams. Doctors with major restrictions on license should not be allowed to do IMEs

Prohibit doctors who don't have active treating practices from doing these exams. Prohibit doctors who exclusively do exams for one side or the other from participating. In the alternative require that examining doctors be required to make full disclosure of their income from doing IME's, what percentage of their work IME's comprise, what percentage of their work is done for insurers and employers.

Insurer must pay a matching fee to claimant so worker can buy their own opinion

Stop sending workers to IME doctors who do not believe particular conditions can be work related. For example XXX MD believes CTS can only be due to : (1) sex, (2) age, (3) genetics and (4) weight

To be truly independent or impartial, the IME should be composed of a panel that looks at the claimant and insurer agree to - more, new, actually "independent" doctors would help, rather than the same old predictable doctors that are simply "hired guns" for insurance companies. There should be an "oversight" panel to make sure that reports are balanced.

The Director should certify them. There should be a process to challenge examiners for bias; the IME reports should be sworn and notarized subject to penalty for perjury.

The Director should certify them. There should be a process to challenge examiners for bias; the IME reports should be sworn and notarized subject to penalty for perjury.

What "process"? The insurer demands it, claimants must attend. Now that we acknowledge them as "Insurer arranged" exams -- not Independent exams as we once did -- we can also acknowledge that the "process" is insurer arranged - Guess I am not clear about what you mean by "IME process"

use doctors who treat patients

The IMEs should be handled like medical arbiters exams. If the insurer wants an IME, then the claimant and Insurer (or their attorneys) would have to mutually choose the IME doctor, the WC Division would assign the IME Doctor.

require the insurers use the widest variety of IMEs or let the Dept pick the IME instead of the insurer.

Allow carrier paid IMEs for claimants on a one for one basis with claimants having the right to chose the examiner just like the IMEs are chosen

Eliminate it or require insurers to pay for a meaningful response. Give greater weight to the opinions of treating physicians

1 IME /claim (initial , NMIC, etc); and 2 IMEs ever

Have a neutral examining board not funded by the insurance carriers. Select a "?" by claimants and defense lawyers concerned

have the department operate a list of several names from which the claimant can strike one or two and insurer must choose or require IMEs to be drawn from a pool agreeable in general to both sides

Eliminate it. restrict participating doctors to do no more than 10% of their practice/ income in IMEs. Require insurers to use doctors assigned randomly from state approved list

Make it completely independent. The insurer has no choice of the doctor to use They should be signed up by the Board w/ the understanding they will be taken off the list w/too many complaints of abuses.

as long as it exists, it will be viewed negatively

Select them similar to the "reconsideration" process

Have a truly independent board of medical and legal professionals review the IME. Of all doctors annually to ferret out the truly biased. Require all IME Drs to sign an "?" of honesty. Require them to undergo pain education courses.

Rules like Washington that IME doctors be actively practicing medicine 70% of income "?" specialty)

Worker should be able to have interview with Doctor recorded; someone who could be present with claimant at IME if claimant wanted. Not necessarily a trained medical person. Could be a lay person claimant felt comfortable with.

Be sure doctors are independent and their practice not largely dependent on insurance company business. Money concerns overcome objectivity.

Get rid of it. Believe treating physicians. Or allow video taping of IME.

1. Fire most of the strictly IME doctors.
2. Draw up a list of doctors in active clinical practice.
3. Have an IME agreed to by both sides and allow video-taping.

1. larger pool of doctors
2. panel of doctors may be more appropriate
3. more independent process, objective
4. fewer imes

1. Does Calif comp claims. Calif has an agreed medical evaluator who parties believe is objective. CI and defense attorneys agree on a specific doctor. In 90% of cases parties agree, and parties are bound by the doctor. May question the examination findings. Insurance company pays for the exam.

If insurance co does not want an agreed med examiner, then it can send cl to an independent exam, but the cl also gets one of his/her own.

In Oregon the insurance companies can overwhelm the claimant's attorney with multiple doctor reports.

Defense can overwhelm claimants because they have more resources. In Calif they have tried to take the economic advantage out of the system. Every case with an AME in Calif has settled for him. Much better system and should be looked at for Oregon.

CI attorneys feel deck is stacked against them in arbiter examinations. AME process is much preferable to what we have in Oregon.

Reduce the number of allowed imes. Reduce scope of imes. Make the ime doctors be doctors who have a clinical practice.

Create a pool something like medical arbiter pool where there is a list of doctors that both sides have access to, and comp system pays for ime, not insurance company. A fairer system is worth the extra penny an hour. Allow claimants to ask for an ime as well.

One of the problems is that we are relying more and more on medical evidence. Takes less to be a judge in the system now because med experts are deciding the case. The only important element is the doctor's opinion, and the person with more money will have a leg up in

generating the medical evidence. Not a level playing field in the generation of medical evidence; this disadvantages the iw who is poorer. Insurance companies can pay for exams.

The California system allows the claimant to have an ime for each ime that the insurer asks for, and insurer pays for it.

Imes should be more local for the convenience of iws.

Would help if ime doctors were dealing with the specialty that relates to the claim at hand.

Very insulting when insurers have psychiatric ime when no psychiatric claim has been made. This should not be something initiated by insurer, only the treating physician. Insurers use it to undermine the credibility of the claimant.

none.

Develop some kind of workshop for IME doctors to help them build better patient relationships, learn to be kind to the folks coming to them. Would make IMEs more effective.

If insurer wants an ime, it should be from a doctor selected at random by WCD, similar to medical arbiter process. Panel should be made up of all doctors who treat injured workers.

Find a way to eliminate businesses that are solely dedicated to imes.

If there was a panel process of doctors who generally both claimant and defense side have a positive view about, then the ime process would be improved.

Create a more independent system. Or call them a defense medical exam. Maybe develop an independent list.

Get an open-airing of the relationship between doctors and insurance companies showing how many imes the doctors do and what they make from doing them.

Additional notice explaining process should be sent out, laying out the nature of the ime. Simple straightforward bullet items, outlining the nature of the exam.

Would be better coming from the Dept.

The system itself creates the problems of the system. Prefer to see ime physicians chosen by an independent party. Better results. A lot of ime doctors do not practice medicine, and are on the way out to retirement. Not many new doctors in the ime process.

Ime office should send 10 previous reports to attorney representing the claimant with names redacted to show how they are doing reports. Should also get financial relationship of ime doctors through normal course not through deposition.

Scrap the whole system and start over

Don't allow carrier to select the IME and don't allow IMEs who are not full time practicing physicians to act as IMEs. Do not allow carriers to pay IMEs. Let the Division pay them out of carrier assessments.

Do away with or have state impartial doctors, not same doctors who do it now.

Having IMEs who don't routinely review claims for insurers

Do something about 1. Old retired physicians who no longer practice medicine but need IME income. 2. Claimants have no input in the selection process of IME doctors. 3. IME doctors offering opinions outside of their area of expertise (psych).

1. Not allow doctor who have not practiced in Oregon to perform examinations.
2. Require organizations such as Dr. XXX's to make public disclosure of income from IMEs. and follow-up
3. Allow claimants attorney to (illegible) certain doctors.

Doctors who obtain the majority of their income from IMEs should be excluded. Too much bias and pressure from insurer to obtain truly objective exams. Even the appearance of bias can taint the outcome.

I explain the process to my clients

Remove the assignment and payment functions form the insurer/employer and process request for IMEs through the WC division like medical arbiter exams.

None - insurers lobby legislators (illegible) which is profit-driven and not claimant supportive

Allow a choice of physicians, require the carrier to also pay for an IME of claimant's choosing.

Only doctors with their own non-IME practice should do them. They should do it as a small part of their practice, not a large economic supplement.

The IME mills are more concerned with attracting and retaining business from the insurers than they are with having an impartial exam and report. One of the main reasons I no longer practice work comp law is the IME process. That sort of bias is beyond what is expected in the civil system.

**Defense Attorney IME Survey Question 5. Please list any shortcomings you observe in the IME process.**

Physicians who are actively practicing are hesitant to get involved in the doing IME

None except insurers bear costs of cancellations by workers.

Can't think of any

The bias perception. "?" do not see the IME's which support their claims as the claims get accepted, not litigated

see below-claimants do not seem to be aware of the problems they cause when they do not show for an exam

None

The overwhelming belief by ALJ's that all IME's favor the insurers' point of view. The remarkable change in ALJ's reliance in the same physicians as arbiters that have previously been dismissed as insurers pawns.

Examiners not having adequate records and/or radiological studies available; Examiners not having reviewed records or cover letter in advance of examination; Examiners not taking adequate time to obtain a thorough or critical

No financial penalty to claimants who fail to attend IME, adds to claim costs. It is virtually impossible to get claim closure where claimants attending MD disagrees with IME doctors.

Claimants fail to attend; WCD fails to improve consequence for Hyper-technical reasons.

Incomplete medical records at time of exam and need to get supplemental reports causes delay in decision.

This is an insurers ambush of all but represented workers

We are only allowed 3 IMEs yet w/the multitude of complaints with different required specialties we often use our IME's just trying to get the required specialist. It is difficult/impossible many times to get the desired physicians on a panel or w/in 72 hours

The consequences to an injured worker for not attending an IME are not a deterrent. The insurer's incur a great deal of cancellation fees as a result.

The number used in litigation should not be counted against the number allowed in a claim especially with the new/omitted claims allowed now, which can be numerous in a claim.

Failure of treating practitioners to release medical records due to HIPPA concerns impacts IME process - delays the report and doesn't give IME physician all necessary information.

Difficulty in getting attending physicians to send record / radiographic films to IME  
No teeth in Admin rules if claimant fails to attend IME.

IME reports are not read for content by ALJs or claimant attorneys; response is cynical due to litigation

The technical legal requirements are difficult to address in the medical content. This problem is universal - not confined to IMEs.

Somewhere between moderately and slightly

Late cancellations and "no shows" by claimants

Shortcomings observed in the IME process: Claims examiners whose time constraints and/or lack of experience cause them to use "stock" questions in their IME letters to the doctors, rather than asking questions based upon the facts of or issues in the specific case. IME facilities that are set up to attempt to do entire IME process (review the record, interview the claimant and conduct the examination) within an hour's time; time constraints imposed by the facilities to not permit doctors sufficient time to think about the cases; IME reports that do not include answers to all the questions asked or provide explanations for the answers given.

Believe it or not, many of the IME physicians are very well qualified to comment on various conditions. Yet, they rarely are asked to provide insight into the condition itself and recommend treatment. The IME should not just focus on causation or legal issues.

Doctors getting too many documents without time to adequately review prior to the exam.

None.

Hired guns, not a true independent exam

I think a questionnaire following the IME would provide a better picture of what the Injured worker understood about the process. Some workers wait until hearing to complain about the IME. At that point in time it is not possible to get the doctors story.

The exam is only specific and focused as is requested by the party setting it up - no mechanism for follow-up questions

Records often missing at time of exam; inattention to questions and details by examiners

I think it works fine though I would like to see more doctors participate.

Not relied upon as much as the attending physician

There are none

The process creates a presumption by the examinee that because the doctor was with them only a few minutes the opinion rendered is invalid. The examinee does not see the time spent reviewing records.

Some of the doctors are jaded but the system does sort this out over time, because judges are not persuaded by consistently negative evaluators

generally works well

Claimants discredit IMEs by testifying to their brevity, incompleteness and by testifying about what they were not asked, etc.

It serves its purpose generally, but snapshot examination may lack context; they work best when combined with a record review.

expensive, judicial prejudice in proceedings against IMEs

Claimants attorneys "?" IME doctors and distort their motions - its a cynical approach that comprises the innocuous process of obtaining a second opinion. The notices required by WCD would intimidate me as a worker. I would recommend simplifying and reducing the warnings. Just ask a worker to call the insurer or the ombudsman id they have other questions.

The IME doctors supposedly lie to assist the insurance companies to keep their incomes coming in

None, If a worker has great latitude in selecting a physician, an employer should be free to select an IME

Not enough of them are allowed

It works well

-rules should allow closure w/preponderance on important findings. Learning all that "?" with only the attending physician leads to gross injustices in some cases, where physician defers to the worker and misunderstands the closure process

Too many times a compensability IME is never given to the attending in order to avoid WRME. Almost always IMEs are done by Drs whose responses will be predictably favorable to the insurer.

Occasional rudeness, poor bedside manner

IMEs don't always answer the question they are asked. Don't answer directly.

Not a lot of consequence for workers who don't go. In litigation, only postponement of hearing. Have re-scheduled as many as 3X, running up quite a tab.

Times when IME doctors don't provide with full and complete answers that insurers need because they don't understand the complexity of wc law.

Not enough variety in the choice of physicians. A lot of companies and not as many physicians.

Possibly, if one were unrepresented, the insurer could do a better job of telling them what an ime is. If they are represented then the cl's counsel should tell them. Very few injured workers call to ask about imes. Very rare for iw to ask questions about imes.

Clients spend a lot on no show appointments. Claimants are not impressed by the consequences of not showing up. Very expensive for failed appointments. They have no choice but to re-set. Need rules that have a sanction if they don't show.

There are good doctors and bad doctors; over time we hope to weed out the bad doctors. The process is not too bad.

The answering of the questions is sometimes a problem.

Claimants if they need assistance to get to an ime exam, they wait until the last moment. Claimants should get to adjusters earlier.

Lack of complete medical records in the process due to lack of cooperation by attending physicians and radiologists to send records for review by ime doctors.

Some ime providers fail to answer the questions asked. Some providers are not of particularly high quality, acting as defense attorneys in the published ime report.

No problems.

Workers mistakenly believe that the ime is for their benefit, not understanding that the ime is primarily for evaluative purposes to assess causation of their condition.

Scheduling that requires I workers to travel great distances to have an ime. Great inconvenience.

Lack of explanation of why important for injured workers to show up.

Some examinations are too short in relation to the length of report.

Assumed by most parties that because insurer is paying for ime doctor that the ime is biased toward the insurance company. Is it worth the bother to send injured workers to imes because judges may outright dismiss some ime doctors' opinions. Maybe we need something more akin to medical arbiter process.

Imes can create conflict between injured workers and insurance companies.

nothing

The "docs" are biased

IME's tend to be full timers who rely completely on IME work for their income. Repeated usage of the same IMEs by the carrier creates a conflict of interest and a shameful demonstration of bias.

I am unaware of any shortcomings.

Too one sided - both ways

Same doctors are consistently overused and credibility becomes suspect, despite excellent credentials and objectivity

Standards for rating permanent disability allow people putting far less effort to receive more money. Not a big deal unless the arbiter report allows a PPD award well outside reasonable parameters.

It would have more credibility with attorneys if the biased doctors were eliminated from the pool.

Failure of some claimants to fully cooperate. Cancellations resulting in cancel fees.

The system works, however, there are times workers are unwilling or coached not to fully participate.

Need stiffer penalties for no shows. The cost of an IME is too high for the claimant to be a no show.

Sometimes the 10-day rule is onerous.

Too few doctors willing to do exams

## **Defense Attorney IME Survey Question 6. What are your suggestions for improving the IME process?**

- would a system requiring physicians who treat WC patients to also do IMEs assist in teaching all physicians about the intricacies of the system?

After one IME cancellation by a worker, they should be responsible for costs of no-shows or additional cancellations as offsets against any benefits.

Insurers should use fair & impartial IME

stricter penalties for no-shows

more consequences for failing to attend

None at this time

Require claimants to pay no-show fees  
Allow both parties to submit questions to medical arbiters.

Examiner education of legal concepts and competency certification; Statistical analysis of number of claim acceptances versus claim denials result from the IME process.

If claimant fails to attend IME w/o valid excuse, allow "no show" cost as an offset against future comp.

see above

Call them Insurers Defense Traps

Stricter requirements for attending.

Separate out compensability / litigation IME's from those needed to process a claim.

Provider education re: obligation to release medical info ASAP so that it can be provided to IME doctor, thus leading to more timely reports and decision on claims.

More severe penalty to it if he/she not attend IME

Nothing I think its fine the way it is

I don't believe insurers/employers are best source of info re what workers need to know. Dept notice/summary of what to expect might be better received by workers.

Regulation of what IME physicians and non IME physicians can charge for follow-up conferences and depositions

Unsure whether ALJs consider IMEs - this is sometimes justified, but more often not - few attending physicians , arbiters and independent medical examiners are truly objective - which taints process

Suggestions for improving the process: Better information for claimants, to enable them to better understand the process; training for claims examiners to write better letters and questions for the IME doctors; sufficient time for the doctors to think about each case and provide thoughtful responses to the questions asked.

I think the procedures are alright as they are. It would be better if it were easier to have the diagnostics sent over for the IME as that has become an increasing problem due to HIPPA etc.

IME doctors should call with questions or contact insurer if they don't have enough information.

None.

Assignments not chosen by insurer

I think that an IME "intake form" might be helpful so that all parties - including the IME doctor understand the issues and injured workers complaints

I do not believe this is something the Division should change.

I'm satisfied

I have none, it is what it is.

Assess cost of "missed" IMEs against workers who fail to appear at IME without "good cause"

WCD efforts to "get" physicians willing to do IME - perhaps through education outreach w/medical groups, OSHU, etc

Video all IMEs like depositions in civil court cases are often videoed

Claimants and claimants counsel should be warned they will be liable for no show fees unless they establish good cause or circumstances that justify absence

train ALJs to review IMEs critically, not just based on name on IME tag.

The rules are confusing w/regard to the notices for IMEs - they require an insurer to anticipate whether it will pursue a failure to attend as a failed IME suspension or a failure to cooperate with the investigation. Combine the warnings into one that covers both possibilities. Currently suspensions are refused if the insurer tries to cover all bases by including both warnings.

Require honesty /oath against perjury. Expose "?" shortcomings to the public media

There is no need to improve any more than to improve the claimants physician selection

None - but I do feel we do not need even more over - regulation with even more rules to follow - you have too many rules as it is.

Leave it alone. It does not need to be changed

Require submission of IMEs to attending Physician for agreement or disagreement and obtain a narrative response - not a check the box convenience.

Working on mutually convenient dates would help no-shows.

Direct training of IME doctors may improve quality of reports and providing IME doctors with referral letters explaining what they expect of them and explaining the legal requirements underlying the questions.

Good idea if there were an information sheet giving iw a clear idea of what the ime is about.

Have a rule that has some teeth in it when claimants don't go to imes. Current rule is too cumbersome. suspensions currently too difficult to enforce.

SAIF has gone through a process of writing new macro letters with better questions, more legally correct to help doctors answer questions better.

Doctors need to know that their opinions need to be aware of legal language and concepts. Macros contain definitions to help doctors. Have some folks who go out to train ime doctors about what the law means.

Better communication between worker and worker's attorney so worker has a clearer understanding of what the ime process is about. Might make things work better.

Complete medical records should be provided to ime doctors; no ime until all the records are in. Lack of time to secure all the records. Reluctance of some practitioners to provide all the medical documentation.

Sometimes ime exams are set up with providers in the wrong area of medical expertise. Applicable to attending doctors as well.

Companies should better identify the issues to be discussed in the imes. Nobody is entirely sure what a "combined condition" is and how to deal with it. Questions and answers around combined condition are not very clear.

IME process is self-selecting. Doctors who are biased are weeded out eventually.

Better communication with workers to explain the process.

Develop something like a medical arbiter examination to ensure that the process is impartial.

None.

none

Find a way to make them truly independent

Get the medical profession to make physicians available on a rotating basis to be assigned by the Division. Only use actively practicing physicians.

Most IMEs are favorable to the workers. The workers should not have a mindset that the IMEs are in the insurers camp.

Ask examiners who are practitioners to do IMEs instead of IME mills.

Hold claimant attorneys financially responsible for claimant no-shows if attorney knew of IME in advance and failed to advise worker.

Too much emphasis on what arbiter says rather than preponderance of other evidence.

Remove biased doctors from the pool.

Strengthen sanctions for failure to attend/cooperate.

Increase number of doctors

**Defense Attorney IME Survey Question 7. Please share any other comments you have regarding IMEs.**

- it seems illogical to allow IMEs but not to allow a preponderance of evidence to close the claim or terminate temporary disability. This requires a legislative fix. The current systems diminishes the effectiveness of IME physicians by limiting the ways in which the IME reports can be used.

No additional.

I think most IME's give their honest professional opinion

The notice letter that is required is adequate and most IME physicians explain the process. I'm satisfied w/the process, as is.

An IME is a medical exam nothing more or less. A patient attends, participates, cooperates, dresses and leaves. Any "preparation" beyond that would only taint the exam.

Some do a good job - others not at all

SAIF uses a check list to ensure workers are aware

things seem ok to me

I think they are generally accurate and well reasoned.

This is solely for denial support.

The Oregon Workers Compensation System protects very few of Oregon's' injured workers and all of Oregon's employers. It is a total disgrace.

These are my own personal observations and do not necessarily reflect the opinion of my client.

This is a very necessary process that insurers rely on and must be able to trust so they may make good decisions.

This depends on whether the injured worker is represented by an attorney. If the worker is represented the insurer is restricted from access. The unrepresented usually have excellent communication with my client and are provided with excellent information. The ones that are represented usually have no communication w/the insured and must rely on their attorney. In my experience, a few attorneys do a good job of preparing the worker, but many do not.

They are necessary part of claims process as many practitioners are unfamiliar with the issue requirements for compensability of a claim - IME doctors are more well versed in the major cause / preexisting condition evaluation because they have more experience evaluating it.

I don't understand the question I'm not aware that insurers are suppose to prepare injured workers for IME's

There has to be a mechanism to prevent medical attempts to shift costs to W/C inappropriately due to lack of health insurance and/or desire to get the bills paid. This seems to be the best way.

Leave the process Alone!!

re 3a: Self insured employers generally do more to prepare injured workers for IME companies send out informative packets before the exam.

No problems other than noted above

re 3a: Answer questions that are asked - appointment letter outlines reasons for IME

System is not broken, don't fix it

In general, the present IME process works very well

This is probably an area that is better left alone by the Dept. It really is not broke and works about as well as can be expected.

I believe there are more problems due to out of control attending physicians than with the IMEs.

None.

answer to 3a: I think it possibly varies from worker to worker and also from one adjuster to another. Some are very prepared others less so.

answer to 4a: Again, some workers understand extremely well. However some think that it is just a "second opinion" similar to what their own doctor would order.

Answer to 7: I think they are very helpful to insurers. We only use IMEs in cases where there is some question about the medical condition. Often times the IMEs result in a quick acceptance of the claim, that otherwise could result in protracted litigation.

IMEs are the best way to get an independent opinion, independent that is of attending physicians who often advocate for his/her patients.

Injured workers are generally not receptive to preparation, having received negative instruction from their counsel

The IME process is an important part of claims management. Many attending physicians welcome the second opinions that IME doctors provide on difficult cases. IME doctors tend to be very experienced and highly qualified.

answer to question 3: Depends on what you consider the insurers obligations are and whether it is a contested claim

answer to question 4: First time claimant Vs someone who has been through one before

When IME doctors test for invalid complaints, they should include significance, if any is attributed. Also, if only IME doctors do this testing then judges should be inclined to accept findings.

answer to question #3: I can check these boxes because I do not understand there to be an insurer obligation to prepare other attorneys clients

answer to question #4: pretty straight forward process, but some do seem confused.

answer to question 4: they assume its biased - always!

This is a sorely malfunctioning system

There is no need to improve a system that doesn't need fixing. A better inquiry would be how to corral those attending physicians who never find injured workers medically stationary and pander to workers and chiropractors

answer to #3: Its just another med. exam - if the worker is honest - there should be no problem.

answer to #4: They certainly know it is an insurance co arranged exam

IMEs assume treating physician reflect a trust interest in maintaining Dr-patient relationship that requires openness and nurture. By necessity attending physicians assume responsibility and advocates for their patient. IME is a second opinion that assumes caution and purposely questions subjective symptoms. IMEs have a legitimate place in testing and probing for objective view. They are as necessary to the process as a treating physician opinions to help screen out fraud, junk science, secondary gain, or overreaching from an entitlement system, The system is not bad, but sometimes encourages the worst, or at least desperate actions by some.

answer to question #3: Some understand as adversarial and present clinically to reflect a polarized or embellished exam.

IMEs should not be immune. If an IMEs opinion is wrong and prevents medical treatment the worker should be able to sue - otherwise the system will remain dishonest with the full approval of the respective forums

answer to #3 As a rule the only preparation to be done by the IME doctor himself and makes the claimant suspicious of the process.

answer to #4 Injured workers do not understand that IMEs are suppose to assist in claims processing. Workers do understand that IMEs are paid to protect the insurers interest which is usually different that their own.

On a positive note, very useful and helpful. Helps insurance company get an honest opinion

Up to the claimant's counsel to prepare claimant for IMEs.

Want WCD to be aware that although the IMEs are conservative takes on the claim, they are necessary to keep the iw's attorneys within the realm of reason. The IMEs provide a balance to the system.

Good claimant attorneys chat with their clients and let them know what to expect. There are some attorneys, however, who do not maintain very good communication with their clients and do not tell their clients what is happening.

Wish there was a bigger pool of doctors willing to participate and not so expensive, wish they were as good as Dr. XXX.

Has a certain frustration when iworkers are not forthcoming in IMEs. Moves the issue from the medical condition to the veracity of the injured worker.

An area of inquiry for WCD (XXX for example) some doctors get referrals from chiropractors, keeping the claims going and going. Too claimant friendly. This is not the only doctor like this, who keep treating in spite of panel opinions.

Many podiatrists are now referring to MDs who refer back to them for surgery. Needs looking into.

Many IMEs are a waste of time. Some insurers just pile one on top of another hoping that they will win by sheer volume of the reporting. Seems like a real waste of money better spent on worker treatment.

no

They're a necessary evil in our adversarial system. It's just going to happen.

Conduct a study to see how many IME's agree with the treating physician (no active practice) IMEs.

I was not aware there was any requisite that the insurers prepare the worker on what to expect. Given the adversarial nature of the system, I believe most workers have a perception that the IME doctor is against the workers. IMEs are invaluable part of the system. Even attending physicians appreciate the insights an IME may have in the medical treatment of a patient.

ALJs and WCB do not give them enough weight. ALJs in particular, have noticeable prejudices against some IME doctors.

IMEs are a very important part of the system for both the employers and I think the attending physicians.

IME's serve a useful purpose in obtaining definitive diagnosis. Also are useful to APs who may have "difficult" patients.

Re: Q3 - Most insurers provide written materials but not verbal.

Often treating doctors are relieved to have a concurrence with their private opinion that claimant is medically stationary even if claimant doesn't think so.

**IME physician survey, question 9b. What advantages are there in using an IME facility?**

A semi-retired physician, without an office practice would need a facility to do the exam.

They usually have experienced staffers.

No need to keep exam room at office

no overhead

no advantage

less expense

less disruption to private practice

They do the Administrative work & typing ( a large expense)

equipment, transcription, personnel

never have utilized

Multiple Dr.'s examining the patient -i.e. ortho, neuro

more efficient since staff is oriented toward providing best service for patients

none, they are intimidating

Easier of scheduling appointments no administrative concerns i.e. billing excellent support staff

Do not need an office

skill in that specific type of evaluation  
convenience, no staff

can perform IME's at multiple locations

chart are in order and flagged

Removes physician from setting where practice is to lessen distraction

reference materials, colleague discussions no billing or scheduling "?"  
Minimal involvement of our private practice (cost to us)

I'm not familiar

efficiency and organization of schedule

None - most of my IMEs involve hearing testing, which cannot be done at an IME facility

None

Transcription done on site

None for me

No overhead, they do the organizing

efficiency in scheduling, procuring records, transcription, billing

have all the tools, fax machine, typist

close

Travel, waiting time

None

Quality of reports "?" company to company

Convenience, Quality of customer service prompt "?" etc

No interruptions, charts organized in advance

volume, scheduling, transcription

In my specialty, there is not an advantage.

Overhead, source of referrals

no overhead, employee expenses, etc.

Business Overhead absorbed by facility. Contracted Business

No administrative responsibilities

Ability to learn from other specialists - a panel exam can be more complete

It may be easier to schedule with physician / groups who do IMEs all the time.

Usually group, MDs reviewing patient (panel)

I don't get my own patients mixed up with my IME evaluations - It makes it much easier for my office staff

time convenience

Lower cost

Accurate records, x-rays, support

I do not maintain an office, they provide clerical support

Efficient, usually knowledge that physicians have about w/c.

Travel from office.

Appearance of impartiality.  
Faster (easier) to do panel exam..

They are set up and standardized.

Lower overhead.

None for my type of work.

They do all the scheduling and dealing with clients.

I do not have an office, there is no overhead, process is more independent.

less overhead

Can consult with other physicians, e.g. if evaluation is orthopedic and psychiatric.

Less doctor-patient relations

None - I rarely do them as part of a panel. The great majority of my IMEs require hearing tests, which they can't do .

Convenient with exam equipment

Convenience, less paperwork

The atmosphere is conducive to focusing on a small number of cases. No office maintenance or personal concern.

I have no overhead

Centralized for patients

Less overhead

They maintain and facilitate paperwork and communications. They cover business overhead for IME doctors.

Less overhead

They handle scheduling and can schedule several exams on same day rather than find a medical doctor's office. Makes it feasible to do these on part time basis. Also usually have adequate time to see patient without interruptions by practice and phone.

no hassle scheduling or coordinating using office to see pt

**IME physician survey, question 9c. What disadvantages are there in using an IME facility?**

Perhaps additional cost for insurers.

Limited to doing IME's only for the company that runs the IME facility.

Travel time. Confusion for patients

Lower reimbursement. The IME doctor is obviously going to have to do a biased IME or he/she is fired

maybe panel MD that I perceive is biased, retired and no longer under influence of peer pressure, adversarial atmosphere toward patients

travel

travel

Sometimes think they want a report that makes their client happy

time to travel

I want the University Radiology, PFTLab and regular lab at my disposal

often do not get practicing physicians

Takes more time, less efficient

none

none

they are intimidating

None that I can think of

patient control

going there for one exam

may appear too biased against worker

I have to take less compensation as they provide all services

none

Reimbursement well below charges from my office; no control over scheduling

Inconvenient

none

time for travel

location

Most do not have xray available

Drive from my office with a very busy practice (takes time from my patients care)

Inefficient use of time for travel and disruption of the schedule

same unsure

less compensation than individually expected, can do several exams at one location

no audiometric or throat examination equipment, if it is for the latter, I have to take my own, which I avoid

Travel to facility takes me away from my practice

Travel time

Inconvenient

less pay

travel

rather have my own equipment/rooms

Inconvenient

too many in present "?" - Quality "?"

lack of x-ray

Could seem like "the company doc".

travel

Because I'm an ophthalmologist, there is not an advantage to using an IME facility - the equipment I need is not available.

commute time - down time

No access to specialized equipment of my specialty

time limitations

less pay for me, Some are long distance

Inafequate equipment /testing facilities

Lack of control

IMEs usually side with the insurance co. and deny things

Less pay per exam

Other physicians sometimes attempt to influence the panel doctors in a biased fashion - especially those who have no private practice.

very impersonal

Physicians with contracts may be biased in favor of the insurance companies. They may rely on materials completed by the patient or office assistants for much of the history rather than on a patient interview with the doctor.

travel

More convenient in my own office

No tools

Not enough time

I have no control over scheduling process - or lack thereof

travel

Less access to records. No onsite xray. No 24 hr transcription service

Paid less no control or less control, time away from own office

time

Travel time to facility.

The need to drive to & from the facility.

They too often are slanted toward the insurance industry and not objective.

Requires time away from practice - may not have all of equipment accustomed to in own office.

Not many

Staffing, stability, satellite clinics

1. scheduling 2. panel influence 3. unrecognized "editing" of reports.

Travel. Not always a good setting for an extended interview with a patient.

Getting there

They can't do hearing tests, and I have to bring a fiberoptic laryngoscope

Distance

Cost

None

None

Travel

Loss of control of paperwork and communications

Having an office and not using it costs, not efficient

Not many at all

less \$

## **IME physician survey, question 14. Please list three ideas for how to better prepare injured workers for IMEs?**

Patients think that the IME will be of help to them and answer their questions. When they don't answer questions, they feel ignored even further. The insurer has to let patients know that the IME is being performed at the request of the insurer and that no information, unfortunately, will be shared with the patient.

1. Require that the letter the insurer writes to inform the patient about the exam provides information about the purpose of the exam.
2. Ask the IME doctors to briefly review with the patient the purpose of the exam before beginning it.

A simple letter sent to the worker before the IME describing the procedure, and asking him to return a signed copy to whomever scheduled the exam before the exam takes place. Send a decent map of the location of the IME, along with written directions. Have him get there 15 minutes before the exam. Give him the pain diagram and questionnaire to be completed at home before the exam. Tell him that the exam will not be done if he is more than 20 minutes late.

Early warning of IME possibility on filing claim Written info re: IME Support by plaintiffs atty. (some workers are exploited and even traumatized by attitude of plaintiffs attorney)

Let them know the purpose of exam. Inform them not to exaggerate

Tell patient to videotape the entire exam and interview (or record it). Bring a witness

Explain this is gathering opinions for the insurer. The attending may or may not receive a copy

Explain the importance of accurate history

I'm not sure what is done now only that workers don't seem very informed. What about sending a letter explaining process? Is this done now?

I know they get a letter, but a personal call and explanation may help

Discuss process. Discuss IMEs are not win/lose. Discuss why IME

client synopsis. get them to exams on time

Inform them how long the exam is likely to be. Have them complete pre-exam questionnaire Truly review their legal rights. Tell them the examiner will not treat or advise them.

Have treating Dr explain the process. Give the patient a print out explaining why

Educate them - this is truly "Independent". Not send to facilities where association with work is a foregone conclusion

booklet. attorney

They should be informed of the purpose

Explain need for certain type of exam in their claim. Explain nature of exam. Allow time for question / answers prior to exam with examiner.

Bring list of meds. Understand purpose of exam

Advise that examiners don't work for Ins companies. Always have workers bring x-rays. Advise workers to cooperate and do their best

make sure patients know that they are there for an evaluation not for treatment

make a brochure explaining the process. give them the brochure. make them read it

MD performing IME to explain purpose and nature of evaluation

Prepare state brochure to be sent to patients having IME

explain reason for IME referral

Find a way to educate workers that IME process is objective and non-adversarial

Have insurance adjuster discuss process with patient

Tell them it is Independent and not insurance MD

Clear explanation of purpose of the IME. Clear explanation of what will happen at the IME. Identify specialty of the examiner(s) Attending physician have a clear idea of IME to explain to their patient/worker

More consideration of the injured worker

I don't do enough to have an opinion

provide x-rays and Imaging studies. Inform clients of IMEs impartial status(reinforce). Better understanding of their legal status and attorney goal.

Provide an audio tape informing of rights and what to expect.

Tell them it is independent not as a company doctor. We cannot give them results of the exam

Clarify that IME MD will not be treating patient

available on a fee for service basis

give them a booklet explaining procedure. penalize them for not showing up. emphasize that truth will get them a fairer result

Educational pamphlet mailed. teleconference claims adjuster/worker. teleconference claims adjuster/treating physician

bring x-rays

not enough experience to offer suggestion

emphasize that MD is to be an objective observer so they do not arrive with adversarial attitude

Worker should know what to expect. Unbiased exam. No fearm respect worker No favors

Counseling session w/case worker. Repeat #1

One page explanation. Assigned adjuster discussing personally

Different as adversarial environment - worker. Perceive something to lose

Counseling on a formal basis

Better letter in advance. Videotape orientation.

explain the process

It seems that many workers don't have an idea why the IME is being requested, or what their role is. Sometimes this leads to the worker's perception that the exam is meant to be adversarial, and I'm there to prove that they don't have a disability. Some information explaining that this is an independent, objective exam which is meant to obtain all the findings in preparation for disability determination could be helpful. Even though I'm paid by the State for the exam, my role is to advocate for both the worker, to be sure all pertinent findings are considered, and for the State work comp system, to be sure benefits are not fraudulently obtained.

I'm open to suggestions

Explain that the goal of the encounter is to generate an opinion, and not to serve the patients needs.

Explain we are a neutral party. Don't do anything to aggravate injury. Don't exaggerate symptoms

Help them understand how to solve discrepancies in the IME and their attending physicians assessment.

Could supply information sheet what to expect

Make certain examiner fully qualified to evaluate workers problems. If IME opinion differs from treating physician, provide worker reasonable options. Recommend patient advocate or relative attend IME

Explain reasoning for IME. Explain process

Take an observer in room with them. Read IME afterwards for accuracy

The whole concept of IMEs in present form does not work

Don't do IMEs hired by the insurance co - they are not truly "independent"

Emphasize that embellishing is easy to decipher and should be avoided. Emphasize them to avoid seeking medical advise in an IME. A precise and chronological history is most helpful.

Explain purpose of IME. Explain that it is being held so the Insurer can deny the claim

I don't think they could be prepared by any IME any type of program adds risk of injecting someone's agenda into what might be attempt to obtain "?" medical history on exam

I am not aware of how they are being prepared for IMEs now - As a treating physician and one who performs IMEs it would help to know more about the process - Currently patients receive a notice which they view threatening

Personal phone call to explain and answer questions. Better written material. Don't call it a second opinion.

Most seem do know what is going on

Encourage them to show up! Tell them to shut off cell phones during exam. Advise them we are a neutral party and to give their best effort

Convey factors that led to IME to attending physician. Attending discusses with patient.

A handout on purpose, rights of the patient, etc.

Explain to them a complete physical is needed (minus pelvic/rectal/breast).

Send info what to expect and questionnaires prior to the visit. Explain the system.

Required participation in discussion with someone trained to orient patients about IMEs. Give them written materials to reinforce info from session. Web-site and/or 1-800 # so patients can explore/review.

Mediation, chronology of symptoms, I need less time c/o others treatment

Tell them what it is. Tell them what it is not, they always ask questions regarding treatment.

Bring their x-rays. Inform them of injury date. Promptness.

Educate on the "process"

1. I send a cover letter explaining what to expect.

1. IME should be truly independent, many workers have had multiple evaluations sponsored by an insurance company in order to get the opinion they want.

1. Provide injured workers' the ombudsman telephone no where they can receive important info

2. Clearly state purpose of IME

3. Provide studies of how IMEs have facilitated or benefited treatment decisions.

1. Make certain they know we are neutral, not for the company, not their doctor.

2. Tell them we are not permitted to give them results of the exam

3. They must not exaggerate as we can always tell.

1. One on one conference with patient regarding process.

1. Explain to them what IME means. and
2. What is the purpose of the IMEs

1. Explain the goals and who the examining physicians are. 2. Explain the procedures, i.e. exam and interview. 3. Explain how the results will be used and why.

1. Claims examiner contacts patient and explains exam. 2. follow-up with explanation of the reason for the IME in print. 3. Availability of examinee to call IME to discuss what will occur.

1. Information sheet

IME examiners practice and care for patients.  
Think independently of insurance company desires.

A simple, direct letter. (illegible) please call.

1. Explain that an examiner who is not treating them is being asked to render opinion about cause, further treatment, etc. to permit state to rate, is not an insurance company whose

Give them a paper telling purpose

**IME physician survey, question 17. Do you consult with the claims examiners prior to drafting your IME report? 17a. Comments:**

I believe that valid reason for contacting the claims examiner before drafting the report would be to clarify a question, or request records or imaging studies not available at the time of the exam.

Only if the claim examiner has asked me to, or if there is a problem with the cover letter questions, if there are missing records of importance, or if further testing is needed to complete the exam.

Usual dictate report 1st - then contact them

Discussing the case with a claims examiner prior to the IME just invites Bias

I think the CE needs to stay out of it until the exam has been completed

on request

with the exception of missing records

only if the directive letter is missing or incomplete

I consult the claims agent when I have questions or concerns re the claimant or I have been asked to do so

at times the claims examiner will send a list of specific questions

They usually send very detailed letters saying what they want

Upon request

Questions or issues may "?" which should be addressed

cover letters from claims examiners are usually comprehensive and informative

Only about procedures or questions about request for write-up letter, never about content of what I dictate

I don't do IMEs regularly

Primarily to be closer with regards adequate records for review and clarify our concerns with regards questions posed.

sometimes necessary to obtain additional data and reports, x-rays, legal status etc

only rarely do they ask that I call first

If there are no questions or purpose is unclear

conflict of interest is obvious

only to obtain pertinent records or to ascertain which questions need to be addressed

I do examine only injured

Office staff will "?" contact for missing records of study

Again, usually in my field findings and recommendations are fairly straightforward. Sometimes I do have to contact the claims examiner to make sure I'm answering all the questions asked completely.

This might well bias the report - which is already at risk of biasing in the direction

At times there are questions about the scope of the exam needed, or about the issues that need to be addressed.

The time allotted for IME and the difficulty contracting the claims examiner makes it impractical

My reports represent my unbiased opinion

Never with IME, occasionally with technical questions on arbiter exam.

Sometimes, esp. if there are predictable questions.

Only if there is ambiguity about questions asked

Only if they ask beforehand

I report what I see

To clarify request especially in complex issues.

To obtain all pertinent records.

**IME physician survey, question 19. When performing IMEs, how often to you review the actual diagnostic studies, as opposed to looking only at the diagnostic report? 19a. Comments**

When provided at time of exam or on supplemental report request.

I guess this relates to imaging studies. I do each of x-rays and PFT data.

I look at the studies whenever they are available. Too often we don't have access to imaging studies

I look at raw psychological test data when it is available

Unfortunately, no actual films are present commonly. I would love to have all films on all examinees. No CD-ROMS, they are worthless

If they came with patient, I look at them.

I always look at them if they are available

Prefer to have films available, but not always obtainable

If hearing tests have been done, they are usually available to me at the time of exam, MRI, CT and x-rays only occasionally

Sorry don't read my own sonograms or CT scans however if I don't recognize the radiologist or the facility I request the films for a reading from a trusted radiologist

In those areas of my specialty

Attempt made by office and MD to view actual study esp. if needed for decision making pre surgery 2nd opinion

Whenever they are available I look at them I don't go out of my way to get hard copies as it delays the report if not available at time of IME

Don't review files not pertinent to case

I look at raw data that I am competent to interpret i.e. in my area of expertise (e.g. psychological test results)

But after I complete my exam / evaluation

Often obtaining films makes for much extra time and effort making it impractical

Films are only available 30% of time CD ROMS are not up to quality yet.

I am poorly qualified to evaluate original x-rays and CT scans.

When possible, very necessary

Whenever possible - often the original studies are not forwarded

If available

Often obtaining films makes for much extra time and effort, making it impractical

N/A

Not applicable

If the actual study is available, I always review it. Unfortunately they are often not available and I have to rely on report

Never have films sent

Films are only available 30% of the time. CD ROMS are not up to quality yet.

N/A, my specialty doesn't cover diagnostic studies

If not available request them or get updated studies

As much as possible

Always if available

Always when available

Every time they are provided

Whenever they are available I look at them, I don't go out of my way to get hard copies as it delays the report if not available at time of IME

Don't review films not pertinent to case

If I don't have studies I indicate that my report is based on dx study report only I would like to see studies myself, this may change my opinion

If available, always

Always if available, now better avail than previously and I rarely have to order tests

Always if available

I always ask for them if they have not come. You sometimes do not get studies themselves for an extended period of time after exam. If they are delayed I provide an addendum to original report.

I always review radiological films pertinent to the area(s) of injury when films are made available

When sent, will review - about 50% sent. If not sent, reports suffice and are very well done by the radiologists

Whenever they are available

Studies are not forwarded as frequently as I would like - I try to see all of them if possible

If the studies are within my area of expertise

If provided for exam I always look, but rarely disagree with radiology report

Whenever the studies are provided

If they come with patient I look at them

Always if possible

I always look at them if they are available

Too frequently dx studies important to decision not available. I will sometimes not make a report without them

I'm a psychiatrist so this doesn't apply

When available, 100% of the time

They are usually not available. Would prefer to look at actual studies as well as reports if possible

Whenever possible, report always indicates if films were seen

Always, prefer if available

When available and relevant

Usually isn't relevant to psychiatric status

They are often not available

If they send the scans/x-rays I read

When provided at time of exam or on supplemental report request

Studies are not always available

When available

Always unless they are unavailable

With plain film x-rays. In for technical studies (ex. Arthrograms, NCV's, etc) I rely heavily on interpretations / conclusions of examiners

They are not always supplied, then I rely on reports

Whenever available. Should be 100% but many times not available. Now CD forms are frequently totally unreadable, this is a big deal!!!

When available, frequently only reports are available

**IME physician survey, question 20. If you have received complaints regarding IMEs you have performed, what is your process for handling them?**

No. If I received a complaint, I would evaluate it, and try to correct any deficiency, assuming that the deficiency involved the process, not my opinion.

contact referring agency for advice, etc

So far no complaints

None; I have never had a complaint, although if something is unclear I'll answer any questions in writing

I have not received complaints that I am aware of

Happens only rarely, and I respond in writing

I write a letter to the complainer (insurance rep, atty., patient - whichever

no

no awareness of problem

Rare - referred to University patient advocacy office. In 25 years I have received less than 5 complaints. Usually related to a disagreement of my opinion.

no history of complaints

Have not received any

I have never received a complaint

not happened

I let the administrator deal with this and will dictate a letter to the claims examiner re the problem

Arbitration

none received to date

If examinees have an issue, direct communication is best. I rarely have concerns as I always call examiners after I have dictated report so they know what my thinking was.

Don't recall any complaints

No

Rarely - send letter discussing complaint to claims rep and patient  
No established process

2-4x in the past 18 years I guess the resolutions would depend upon the nature of the complaint

No

Direct contact w/complainant; efforts to explain findings and rationale for particular findings

none received

Try to answer the complaint or question directly

Not aware of any complaints. At times insurers have asked for clarification in writing - I've responded in writing

If appropriate /constructive, respond according by

The only complaints I get are a rare letter from the claimant who disagrees with my opinion thinking I am being paid by the employer to say what I did. I do not respond

No complaints

Consider the source and resolve the differences of opinion

Never received complaint - If I did I would speak with the treating Doc, review documentation and addendum to report if warrants.

send letter

address the complaints with factual information and explanation of logical argument

don't respond directly

zero yet

Talk w/ complainant/ worker / insurance rep/ whoever

Depends on severity of complaint and request for response - "?" a written response

I've not received complaint

none received

No complaints known

Same as regular patients

While I haven't received a complaint yet, we have several physicians in the office who perform IME's. If I cannot explain findings or my impression to the satisfaction of a worker or claims examiner, I'd probably suggest a second opinion by one of the other physicians in my group. In some cases, the worker is barred from contacting me after the examination, so I presume this would be an issue for the claims examiner more often.

As per work comp board or insurance co. I have not been informed of any to date

Answer the questions with an addendum or follow up letter

No complaints of which I am aware

I have asked to consider additional information which I gladly do

Explain my reasoning

If the complaint is from the patient, I send a letter in response

Rarely, I cannot recall complaints in the last several years.

No complaints

This has not happened to date

Depends on the complaint specifics

To my knowledge no complaints

No complaints

I've not received complaints at least I've not been made aware of them

Answer complaint questions. Try to satisfy requests

None for over 10 years 1 complaint total

Ask at end of IME to tell examiner Ask complaints be in writing Reply in writing

Few Too infrequent. It is individualized

rectify

reply to inquiry as appropriate

None.

No complaints (yet?).

Have not received any.

Yes, I respond in writing.

No complaints.

Reevaluate the data & rethink the conclusions.

Have not received complaints.

Direct discussion and complaintment.

Refer to WCD/state

Often, if I'm asked for clarification or review of more records I issue a supplemental report. I have yet to receive a complaint about my report per se.

None known

Have not received complaints

few complaints; usually handled by claims adjuster.

N/A

Rare. Review info and try to clarify position.

If the complaint is in writing, from the referral source & a response is requested, a written response is provided. Other wise the complaint is noted in the chart and the chart and report are internally reviewed for any deficits.

I don't contact them but record it in my chart

None received

Review the case all over again

Only 1 or 2 - wrote letter of explanation to the insurer

Explaining my position in detail.

I really haven't had to do anything. I have been informed by the IME company who I have provided an explanation or discussion to about the exam and alleged complaints.

Review complaint, consultation report and draft response. This may include amendments to the report, repeat portions of exam or obtaining past records/additional testing.

No complaints

None

Listen to feedback. Consider process improvements.

No complaints

Not happened yet

Answer questions or respond to specifics of complaint. For example, last week I sent a patient away who told me I was a "lying son of a bitch" on an exam I had done 10 years earlier.

N/A

N/A

**IME physician survey, question 21. WCD has received complaints that IME doctors are considered biased toward insurers, what is your response to this complaint?**

This is probably true. The majority of evaluations have an insurer bias. The IME, especially psychiatric IME's, have NEVER suggested treatment issues but only how to close the claim, to blame the patient, with little understanding of realistic pain management treatment approaches. The Psychiatric IMEs are done by professionals who have no experience with pain, do not treat pain patients, and only look to finding psychopathology, rather than how to provide treatment that will be realistically helpful to the patient and insurer.

1. Doctors have biases, just like other folks.
2. Physicians who own IME facilities and/or whose income depends largely on the IME business often seem to have a bias towards the insurer because they believe it will assure them of more business.
3. Insurers say they want IME reports that will stand up at a hearing... I believe that is probably true most of the time.
4. A worker's physician has the opportunity to comment on the IME report, which offsets the bias.
5. Worker's physicians are biased towards the workers. I have heard physicians say that if a worker believes that he/she has had an injury, that is sufficient for the physician to agree with and support the claim.
6. Physicians don't want to be put in the position of opposing their patient's belief in the validity of a claim... hence their bias towards the worker.

I'm sure some of them are. I try to be as neutral and objective as possible, but if there is a 50-50 situation, I will generally favor the patient.

The majority of IME doctors either make their whole living or a good portion of their living from IME's. They know not to bite the hand that feeds them. That is why most reports conclusion is that there was a pre-existing condition that accounts for just over 51% of the reason for the problem.

Explain to each patient at outset that all opinions will be based only on medical facts that I could explain to them.

I approach each exam objectively. I try to be fair to all parties. I call each one as I see it.

There is no question that the vast majority of IME Drs are obviously and blatantly biased for the defense

Definitely yes. Especially those who rely solely on IME for their income. Practicing MD's give much better quality reports- more balanced

We are not advocator for the patient as in his/her treating physician. I do not consider alternative health care services

Look up / review my exams and see for yourself whether I'm fair. Also , what about all the patients hurt/ injured by doctors "bending" legitimate indications for treatment / surgery in order to make a buck?

I think there are some like that ( Claimants, patients lawyers and insurance companies are biased, too!)

I am not biased

I try to be independent. If insurer doesn't like my opinion, go down the street to another MD

Everyone is biased in some way. The Respiratory system permits very conjecture measurements if functioning with imaging studies that permits sticking to the facts

Whoever pays the bills would naturally tend to receive a bias

In my 13 years of practice IME doctors have consistently supported resolution of the patient complaints - my be 1/100 support the patients condition of pain continuing subsequent to their injury.

in some cases that is true

I am sure this occurs. IME doctors need to be specialists in the part being examined not nerve conduction specialists or other periphery related specialists

Not so, I provide an unbiased opinion regarding the patient. I consider this in the best interest of the patient. Sometimes the party sending the patient doesn't like the opinion.

Agree, some physicians perform IMEs for their livelihood. If that is all they do, I don't see they could be balanced

I try to be as objective as possible about one third of the time I find in favor of the claimant

I think so

some maybe - I'm not independent as what I believe I am

there may be some truth to this if a persons practice is only based upon one type of evaluation and referral source for workers compensation claims, but this is not always true - There are many IME doctors who give objective opinions based upon data from the exam and give them unbiased opinions

I understand - I try to "call them as I see them"

This is just not true. We only see the most contentious cases and even of those 30-35% we agree with the claimant, Just because the claimant doesn't like the report doesn't mean the facts didn't support it.

I disagree. I think it is natural for someone whose claim is denied to feel that the "system" is working against them

it is understandable considering the adversary process

Not so in my case. Also do independent exams for both plaintiff and defense cases per atty. requests about 50% each. Have reputation for being "fair"

I treat all patients equally with similar problems

I don't believe that I am. Probably the larger % of a practice a doctor has in IME, the more potential for bias (insurer's become the source of income)

I see myself as a medical consultant and provide opinions - letting chips fall where they may. Sometimes find medical issues not addressed , issue reports

possible

This is difficult to refute as most IMEs are requested by insurers. Claimants often appear to lack knowledge of differences between objective and subjective findings.

I don't do enough of them to know about that

Often true I have seen cases after an IME Dr (retired only income is IMEs) The report is often biased by this type of Dr.

I'm not- but I agree some are very biased and I don't know how they reach their conclusions

Some IME evaluators do appear biased just as some attending MD's appear biased the other way. I try to stay as "middle of the road" as possible

I believe that is true in some cases I explain who I am - private practice- and my intention to be unbiased. I explain the process and the purpose of IME

no way

I tend to agree with that to some extent

I call 'em as I see 'em". I'm sure I've rattled a few cages" But I do believe some panel members I have been with are biased this way and sometimes their examinations are either cursory or misinterpreted.

My experience would indicate that some are, not all.

I try to be as objective as possible feeling if my opinion helps or hurts an insurer or a claimant that is their problem. They often don't understand the "major" contributing cause, principle.

Its to be fair

Some MDs become jaded by their experience with patients on workers comp. or disability and do become biased. I try to stay impartial

If the shoe fits put it on

I would ask treating Doctor to point out flaws in my conclusion based on exam findings and chart documentation

Insurers chose physicians with known biases to "?" IMES

I agree, I have seen a number of IME reports over the years by certain doctors who clearly are not "worker friendly"

true because the insurer picks the doctor (this is true whether the IME company tells you this or not)

The population sample is skewed by the severity of injury, outcomes, pain behavior or secondary gain issues

don't care about insurers, only the medical facts

I think that might be true

They are not

Many times - yes/ Also toward worker.

I think it may be true, especially w/panel IMEs (or any other situation) w/ MDs who only do IME or where IMEs are a major part of their practice

Yes, I know 2 or 3 are so blatant its shameful

I think this is true for some examiner most examiners that I "?" with try to be fair and unbiased

My goal is an unbiased opinion I don't have to IMEs financially and I do not work for insurance companies

I'm not surprised. Sometimes the way the questions are worded demonstrates the bias of the insurer. Also certain Doctors only do IMEs / or it may seem like it and those Doctors seem to always have the same opinion. Patients talk to each other and they get a of whether a doctor is an "insurance" doctor or a clinician. In my opinion insurers who only use a narrow set of doctors for IMEs are setting themselves up for a battle with the patients attorney. Using a doctor who is not on the routine list of IME doctors could help the insurer gain another viewpoint and clearly would help them gain a few points with the patients attorney. Or better yet ask the attending physician for some ideas, if the attending gets some input into the IME process they Ins will be less argumentative with the results. Sometimes the insurer , because they are not doctors, choose the wrong specialty to perform the IME. For example a patient with a sodium problem due to a brain injury should see an endocrinologist, not a nephrologist. The attending can help with this. My biggest frustration is being last to know. If the patient trusts me, which I hope is the case and if they trust the insurer, then it makes the insurer look devious when the patient tells me that they have an IME next week and I know nothing. It seems like the attending and the insurer should have a better working relationship. I know that some doctors seem to disagree with what ever the insurer wants but I have to believe they are in the minority. Some of the rest of us are getting more like that as we, are kept in the dark and our knowledge is not respected. Sorry, this is so negative. I am not one of the problematic doctors, but I see the negativity in the system. Thank you

Treating physician can disagree and suggest appeal through the system

Doctors are biased toward restoring duration, which usually means getting back to work. Delay in recovery is seen as resistance of worker to "get over it", instead of suggesting a more severe injury

I do not believe I am / "?" but cannot speak for other doctors

There are doctors "no" and "yes" and some are independent

I feel many examiners are biased toward insurers because of the reports I get "?" from IMEs with unreasonable conclusions

I cannot speak for other physicians who perform IME's. My personal response is that while I do IME's and recognize that the insurer pays the bill, the majority of my clinical and surgical practice is not associated with IME's. I do not rely on IME's to be an important economic part of my business. I believe it is important to be independent and objective in my examination and impression.

unfounded. Its the nature of the patient to be skeptical and distrusting in this situation. Disclosure of no conflict of interest doesn't seem to help I believe its the lawyers that propagate this myth

I try to demonstrate no biases

some are, some are not

I feel I am not

no biased observed

Quite likely

Biased professionals indeed would be a problem. Personally, I do not see myself as biased and I tell patient that I am to be fair. Base findings of objective test results.

Almost invariably IME are biased toward insurance carriers, in my opinion

WC patients are biased against insurers leading to the impression that any opinion that sides with the insurer is automatically biased against them. This bias is due to the fact that patients are not free of bias.

the workers feel that way as we are not their Dr

Valid opinion. The vast majority of insurance companies arrange and pay for IMEs. If a physician wants IME business, he/she must bias report accordingly

I agree

It is for the most part completely true. There are some rare exceptions. The IME physicians know who is hiring them, knows who is paying

Would agree

IME MDs are in my experience very objective and a lot less bias than the treating physicians.

I agree this is common. But the requirement that conclusions are to based only on "objective evidence" lends itself to this. Subjective symptoms carry less weight than in clinical practice.

Absolutely true

There are some reports which seem to bear out this complaint, where the patient's symptoms and physical findings are minimized or omitted from the final impressions, or where acute findings are categorized as "pre-existing" or "degenerative".

I would agree that MDs where sole livelihood is a great "?" of their income is for IMEs are biased

Insurance companies select the physicians whose answers are consistent with their own physicians so in general they are biased in their philosophy, but don't necessarily say something only because they know that's what the insurance co wants to hear

I hope I'm impartial

Most all doctors I know are very objective

I do not believe I am biased toward insurers

I think that is often true

Bound to happen since the exam is initiated by the insurer which makes the patient referred IME doctor as a "company doctor"

I'm neutral. Opinions based upon data. I have also worked with worker attorney

This is not correct. IME doctors see only about 10-15% of the entire injured w/c population. These people are sent in because they do not fit the common sense injury: recovery model. If the IME opinion counters their agenda - then the process is labeled "biased" irrespective of the medical facts. Why not audit the Bias charts? It would be easy to pick out an unfair exam- Which is not based on current science

It is not our money, so I see no reason for Bias. Claimants would be expected to complain. Everyone even neighbors want their way

Some IME docs maybe but not myself

The physicians with whom I work all try to be neutral. Many of my reports have been more helpful to the worker than the ins co

Insurers are familiar with the practices of physicians and tend to choose physicians that are likely to support their position. Attorneys are also familiar with physicians practices and tend to choose those that support their positions.

I'm not.

Some are and some insurers (particularly Liberty) seem to select based on that.

I very much agree.

They are. I make a conscious effort not to be, but it does take conscious effort.

Everyone has a potential bias. The IME doctor is "independent" of treating the patient, makes no \$ by treating the patient, is not an advocate for one patient (as a treating physician is) and is therefore less biased than the treating physician.

I am not biased one way or another. The report I have read have been objective.

I agree.

I am a patient advocate but believe I report fairly.

Nonsense.

I have read many such (?) reports. The physicians have rude statements such as "all indirect hernias are congenital" as a basis for denying a claim.

I have none that I'm aware of but hear it regularly.

The state not the insurer chooses me to do the IME. The insurer has no way to influence me.

Generally accurate impression. Don't bit the hand that feeds us.

As a practicing physician I believe it is overwhelmingly true. I try to be fair in my own and I believe the tide is turning

I do not work for insurers

Some are paid for opinions

Claimant attorneys foster that belief, though there is probably some truth for some examiners. For most part, treating MDs, therapists, are definitely biased toward what claimants describe as truth.

Sometimes they are. I only do IMEs through a third party agency. They pay me for the IME, not the insurance company.

Probably true

Many seem to be. It is our experience that insurers select doctors who are knowledgeable about workers comp rules and who will provide an opinion based upon those criteria.

Some of them seem to intimate that I always tell them I am here "to tell it like it is". If my reports help them (the company) or hurts them, it's not my problem.

I have found for the patient 50% of the time

No

Some are, but the primary reason for that complaint is a lack of understanding as to what constitutes a work related injury.

IME doctors are no more biased toward insurers than treating physicians are biased toward their patients. An IME doctor has the opportunity to be more objective than the treating physician.

I think this is to some degree true, but I make every effort to proved an unbiased opinion.

Treating physicians are sympathetic toward patients but IME doctors are neutral. This may be seen as being pro-insurer.

I think many are

There is absolutely no doubt about this bias. Insurers pick doctors to do IMEs that are biased. As physicians, we know this and discuss people by name.

I think my record shows that I'm not.

My impression as well.

I know many who are clearly biased and unethical. But the majority are fair.

Of course they are going to get complaints. The patients have a much higher expectation of their disability than they really are.

I certainly am not.

It is my understanding that worker is to be given benefit of doubt. I try very hard not be biased, but some of the questions seemed designed to get an answer that will seem biased.

I agree that many are. The insurers are also aware of which are/are not.

I answer to the best of my ability. I have to be able to defend my position

## **IME physician survey, question 23. What are the three main misconceptions about IMD doctors and exams?**

That they are unbiased. Most providers know that if an IME professional does not side with the insurer that they will not receive additional referrals for evaluations. A misconception is that they are "independent" when in fact this is only because they don't directly work for the insurer. However, IME's are focused on insurer bias with a focus on the patient as the manipulator of the system rather than one who has been injured.

I believe the data to answer this question would best be obtained from a survey of workers. I don't have insight into this question.

That IME MD's are "insurance doctors."

That they are competent and their opinion actually helps the patient

Defense exams

Plaintiffs are too biased re: honest IME's

Patients feel IME docs are "working for" insurance co. confusion between SAIF and WCD

We are Insurance doctors

We are "hired guns"

We are "medical whores"

They are fair

They are diligent

They are unbiased

insurers hired guns (not necessarily a misconception).

rough examinations (not necessarily a misconception).

Incomplete and short

Insurance bias

I have no idea - why not ask the patients?

Many think all are "claim closers"

Many treating Doctors get angry about the IME process, but sometimes I feel its due to their poor work up etc

We work for Insurer

We are biased "?"

We are not honest

"?" for insurer

always "favor" one side

That they are "agents" of the Insurance Co.- untrue

That they are always find in favor of the Insurance Co.-Untrue

At times the worker thinks he/she will get treatment or advise - not true

company Drs

bias  
not useful

All are fair and well informed  
All are unfair and work for Insurance companies

The doctors are "agents" of the insurance company

that the IME decides when a claim is closed  
The attending physician must agree w/the report  
Some people don't realize they are sometimes needed!

That all IME doctors are biased  
IME doctors don't really examine the claimant  
The IME doctors who are often retired from active practice don't understand current medical practices

All examining physicians lean to the insurance companies

They won't give a fair exam  
They work for the insurance company

that they work for the Ins. Co.  
They did not listen

That we work for insurance companies  
That we are biased  
That we cause them pain even though they are told never to cause themselves pain and no passive exam is done

that they are supposed to treat the patients  
that they work for the insurance companies

Hired gun  
too short of exams  
not empathetic

All are "hired guns"  
Examiner will "hurt me"  
IME Drs not in "Active" practice are outdated, actually opposite is true. We evaluate multiple patients /multiple variety of problems we are up to rate as are made aware of what is being done and what works in different Drs hands. Must keep up to date to review cases for court testimony, etc

Biased  
not involved in treating patients  
incompetent and/or uncaring

Haven't got any experience about this

biased  
biased  
biased

Bias - see no 21  
that IME doctors are "hired guns"  
that IME doctors cannot form valid opinions based on a single examination

They are fixed  
Opinions are made prior to exam

They are all "for" the insurance company

Most IME doctors do primarily or only IMEs not in practice  
IME are primarily to absolve insurers of responsibility  
All IMEs are biased

Cloak and Dagger  
Living in the shadows

That they are independent

That we are "employed by the insurance company"  
That we are not sympathetic or understanding of their problems  
That our policy is not offering opinion recommendations for their treatment means an incomplete evaluation.

They are employees of the insurer.  
Their reports are biased toward the insurer  
In Oregon, they don't understand major contributing cause

The IME MDs work for the insurance company  
The IME MD will oppose the patients disability

Insurance companies are dishonest  
Doctors are dishonest  
Patients are dishonest

That I work for an Insurance Co  
That I report biased information that favors insurance  
That I never report favorably supporting examiners complaints or treating doctor

they are fair  
they are non biased  
they are there for the worker

They are biased against workers  
They are biased agents of insurers  
their opinions are for sale

That the docs work for the ins co  
That the docs care about how the exam comes out

that they are the bottom of the barrel in terms of expertise  
ex alcoholics who cant get work anywhere else  
lazy, don't keep up with changing standards of care

That they are biased toward Ins Co

That work for Insurance Company  
That work for Employer  
That are paid good - to go against worker  
Biased against worker  
Couldn't make it in "private" practice  
Getting near retirement

they will treat the patient  
they can give advice

All work for Ins company  
All Bias against worker - Willing to distort , misinterpret facts  
MD in it only for money  
Most "?" and out of "?" in current practice

Biased opinions  
Insufficient time spent  
Indifference

That the Doctor works solely for the insurance company  
That the exam will only help the insurer and hurt the patient  
That the whole process is adversarial

"Gonna take away my disability"  
Company doc or hired detective  
get paid to represent company in "?"

That there is a bias  
That we work for the insurance company  
That we are paid for one opinion rather than our time

Bias

Have not done enough to know of any

1. Many build a practice strictly around IME's. With the exception of some neurologists and orthopedists, I believe most IME doctors have a small volume of IME business, and do it as a "paid public service" for the benefit of workers and insurers.
2. Contrary to what many workers think when they come for the exam, the IME physician is not there to minimize their disability findings, or prove they don't have a problem. Our role is to independently verify their attending physician's findings and recommendations.
3. It's a misconception to think any docs are getting wealthy providing these exams.

Employment by insurance co. perception  
Patient as a commodity perception  
Lack of sympathy perception

Docs should be a neutral party  
We follow strict guidelines in assessment of disability  
Recommendations based on objective findings as much as possible

The IME is seeking to disapprove the findings of the attending physician

That IMEs are "independent"

That IMEs are authoritative

That IMEs are based upon state of the art concepts / information

Drs are biased to worker and insurance companies and are not "?"

The exams are independent and unbiased

The exams are performed by experts

Insurance not independent in many cases

That they are independent

That they are unbiased

That they are fair

Most are retired MDs they are often not up on current technology, they tend to be the "just say no" going

They are not objective and independent

They are not objective and independent

They are not objective and independent

They are truly "independent" (Ins companies Do request specific doctors!)

They are not subject to bias.

They are willfully indifferent to claimants subjective suffering.

They are all same

They are fair

They are unbiased

They have the workers best interest in mind

Some patients

Most Doctors dislike malingerers

Hired Guns

I think that patients often think they'll get advice

Patients often think its a "done deal" and decisions are already made

The patient can get medical advice from the IME doctor

The IME doctor is adversarial

The IME doctor is biased

Bias

That the exam is painful - in fact usually the only valid comprehensive exam in the file

That the doctors will be mean

I have no idea. Ask Gallup.com If you want a good poll

That we are Hatchetmen for the Insurers.

Patients don't always know we have their old records and frequently are not candid about prior injuries or tests.

Patients sometimes feel we are there to consult with them not just as examiners

They are biased.

They work for the insurer.

They make decision with cursory reviews.

It is a truly independent exam.

Biased.

Miss-informed.

Over-reaching (their expertise).

But all are probably true!!

That they are unbiased.

That patients can refuse parts of exam.

That arbitration exams are the IMEs ( they are very different).

The doctors work "for" the insurance company.

A retired physician is at a disadvantage in evaluating a claim.

It is all a plot to "screw" the injured worker.

They are independent.

They are "experts."

Evaluation.

Examination.

Decision making/recommendation and documentation of all three.

uncertain

They are fair. They are impartial. They are factually based on sound medical principles.

Treating doctors. "Company" doctors. Incompetent doctors.

Insurer advocate bias

1. All IME docs have same credentials 2. IME will "get to bottom" of problem 3. Panel exams are "better" than individual exams

That purpose of exam is to disallow benefits.

1. IME doctors are bias toward the insurer and against patient's rights. 2. The IME doctor only sees the patient one time, therefore is not able to assess the patients' status.

1. They are for the benefit of the employer not them

2. We are going to tell them our diagnosis, and tell them what treatment they need

3. We work for the employer or insurance company

1. That they are in insurers pocket

2. That they are inferior doctors

They are working for the insurance company.

1. That they work for the insurance companies.
2. That they are not compassionate.
3. That they do not have the same training or experience as the examinee's own physician.

1. They work for the insurance company
2. They are biased
3. They do not do adequate exam.

1. They report what insurers want to hear.

1. That they are fair and unbiased
2. That exams are useful. At least 50% of IMEs patients undergo are a waste of money.
3. They are scheduled by the insurance company not at my request and often blatantly appear to be the companies' attempt to alter or terminate care to save money.

1. Impartiality
2. They are actively practicing.
3. They are specialists in the field of medicine which applies.

They are biased and work for the insurance company

1. That we work for the insurance company (Note Company is also paying their treating doctor).
2. That we will be biased.

all biased one way, work for insurance/defense side always

**IME physician survey, question 24. What major changes have you seen in the IME system in the past 10 years?**

They have become even more focused on cutting off treatment. More IME's focus their practice on doing IME's. These are not treating professionals who work with patients on a regular basis. They are professionals who devote a large part of what they do to doing IME's.

Probably more companies formed to get into the IME business

None, really.

Patients are better selected  
Medical records better prepared

More claimants

The average in the early 90s of WC was an enormous benefit for all of us (specifically the "major contributory cause"

Patients can obtain a plaintiff - recommended doctor. IME's don't determine actual impairment now

Only been in practice 7 years and doing IME for 5 so... I notice there are a few really biased MD's and those that not only always oppose the worker but even propose there was never an injury.

Improvement in OR after the 1990 law change ( the state of WA is a mess, AK is worse, Hawaii are a mess!)

Tends to be better organized. Past medical records are regularly provided. Examiner is "?" in specific questions to answer

none

less exams done by individual Drs. in their offices

Many Doctors do IMEs that have minimal expertise in the area they are examining

More examiners, better quality of reports

no comments

ore involvement by the claimant attorney. Some carriers seem to want "cookbook" reports

none

(boiler plate) more"?" from insurers

not sure

A trend toward being more objective

N/A only 3 years in system

greater # being performed

Quality of exams and examiners much improved

none

More complexity in examination and reporting process; more involvement / representation by attorneys (claimants)

They try to answer specific questions better and are more objective

0 (only doing these for 4 yrs.)

Many more IME companies and Physicians broaden representations of specialties and subspecialties more rules / regulations

More efficiency in scheduling

More competition for IME facilities

Lack of change: too many "dumb questions" by claims managers

There are a lot more IME companies

Attorneys representing the employer are a lot more involved and knowledgeable

Getting worse as it is taken over by specialists

I have seen more objective, fair reports

improved scientific knowledge of the pathophysiology, natural history, preexisting and predisposing conditions fewer "?" arguments

too many companies

can't comment

no major!

I seem to see more patients who are antagonistic/hostile/paranoid/argumentative because they feel the "system" is biased against them. I see more patients who seem to be trying to take advantage of the system.

"?" of IME "?" and the number of MDs performing exams (most are retraced from "?" practice

Too many repetitive, sometimes irrelevant questions

None in the IME system except too many "?"

The law and legal background of WC has changed drastically

It seems like the paperwork, etc. is more simplified.

Not much

Determination

Markedly increased amount if irrelevant material included in reports. Increased Insurer Bias

Things have gotten more outrageous

Less panel exams

well maybe phone dictation

more likely to have an IME to deny claim, not to resolve an issue

More IME's are being done by facilities or by physician who do not also maintain private practices. Some of the "opinions" seem very biased and focus on explaining symptoms in terms of degeneration or other non-traumatic causes rather than providing a true second opinion.

Did not know there was a system

fewer panel exams, more extensive charts and complicated issues and questions and no more time (usually 1 hr) to complete the evaluation

More attention to answering adjuster questions  
More clear cut causality after 1990 workers comp law change  
Over-reliance on MRI

Far more complex, legally

Not much

Organization that solely perform IME's with semi-retired physicians created negative perceptions.

They seem, perhaps more balanced.

0

The system has changed a lot - the IMEs have not.

More competition between providers of IME exams.

I just started about 1 ~ 2 years ago. I do few.

Move away from actively practicing physicians to overpaid IME companies who hire retired or non-surgical surgeons who are very medicine if not deficient in their clinical skills.

It has become more "systematized."

(can't read response)

Less biased, more honest reporting.

From 3 man panels to 2 man panels to single exams (90%). Legal definitions (arthritis, pre-existing condition, combining of conditions)

Attorneys and patients refusing IME

60 days decision vs. 90 day decision makes it more difficult to schedule timely and more difficult to obtain medical records prior to exam.

Use of IME facilities

There are many more IME companies. The attorneys are much more numerous and involved. I have to testify more.

None noted

More and more doctors still in active practice and doing IMEs. It's no longer seen as the refuge for retired older doctors.

I think there is less pressure to provide a favorable opinion for the insurance company.

None

None

Seemingly canned reports. Some facilities generate excessive, non-helpful transcribed information.

Contention in the system. Splitting hairs.

More and More repetitive questions which seem designed to tilt opinion against the patients interest.

## **IME physician survey, question 25. What improvements to the IME process would you recommend?**

Open up the panel of providers in all fields. Panels, through MCO's, are a way of insuring that only "certain" providers will be allowed to see patients. These are the providers who will have an insurer bias.

I believe that as long as the process to determine economic responsibility for a worker's injury is resolved by a hearing in which there are opposing sides presenting evidence that the process will remain expensive and lengthy for a minority of workers...primarily those that have problems that are in part degenerative. An arbitration model using a three-physician panel, in which one physician is chosen by the worker, the other by the insurer, and the third by the other two could help resolve some of the responsibility issue, if appeals were limited to "technical" issues. In many cases, I believe, insurers and workers might be able to agree on a single physician, credible to both, to decide the responsibility issue.

It would be nice if somehow the time scheduling were more flexible (instead of "one hour fits all"). Also, medical records should be made available a week or two before the IME. Remuneration should be based on total time spent.

Weed out the doctors who are not providing impartial opinions but merely being "yes men" for the insurance companies. This is the majority of them starting with Anthony Woodward.

Better support and explanation by plaintiffs attorney  
Feedback from patients re their experience w/IME  
Use of Arbitration, etc. ASAP after IME in stationary claims

Medical files to doctors well ahead of the exam. Removing duplicate files. Chronologically sequencing of the files

Require IME Doctors to sign an affidavit (as in California) that they are unbiased

I strongly recommend limiting IMEs to doctors who see up to 20% of their practice as IME patients - Also consider certification process to ensure basic quality of report.

do not ask all "?" MDs to evaluate alternative health care practices, reasonableness as necessity

Nothing dramatic comes to mind

I seriously think every treating MD, DO etc should be required to do or set up an 15-70 per year and see what is required to do the "?"

Processes after "?" and the 50/50 rule is stupid not based on reality

better compensation for supplementary time and for complex exams

Insure that all prior medical records are available for review

Have them not be paid by insurance companies

The Insurance carrier should be more selective in when to do and who should do certain IMEs  
the claims examiners spend money for worthless exams

Shorten the time interval for getting such examinations would make the patient happier

somehow, we need to do less of them. They are drain on resources

Imaging studies and complete medical "?" must be available for the IME doctors

Use more private physicians

use a greater variety of providers - not just examiners who do workers compensation

not sure

Always send studies for the exams.

Refuse to accept CD-ROM copies of studies

need to have all records, often pertinent records missing. Need to have files put in  
chronological order prior to review. Need to have duplicate and triplicate records eliminated

Some sort of quality control assessment system to rate IME and examiners feedback system  
to promote improvement

Works fine for me

Greater effort to have x-rays and records available at time of IME

Should be done by practicing MD although few practicing MD would do exams

Avoid restructuring (decreasing) fees; IMEs are complicated and time consuming if performed  
appropriately.

Try to use practicing physicians as opposed to those who are retired

Inform patients what process is.

less physicians who only do IMEs (its bias)

See 14 for preparing the patient /worker

Some system to monitor for bias (not the Medical Arbiter System) Evaluation programs for  
IME examiner. rules, regulations report form

It seems to function adequately

Better preparation of med. files: chronological. order without duplicates, x-rays

Only questions form claims people necessary and appropriate to discuss (not questions aimed  
at educating them about basic principles). Less restriction to discuss case with claims  
examiner (Some IME facilities)

Develop a pool of providers selected by the profession at large and provide a random rotation  
of reviewers

A complete set of records be available at the time of the exam. Often it trickles in, requiring multiple addendum's. The cover letters should be specific to the claimant, not a generic or boilerplate letter that could refer to anyone or any condition.

Education - seminars etc

Getting imaging studies to exam Doctor sooner

Hold IME Doctors liable for their reports and conclusions

pick examiner at random

If the worker is represented by a lawyer, the lawyer should provide any questions prior to the exam and report and be responsible financially for the time to provide those answers

Stress better organized records auditing duplication

Workers Health/ \$ spend / Work safety - not on paper/ No drugs / No alcohol/ Respect of worker

Educate patients about the process better. "paint" MDs as neutral or as their advocate

ability to weed out doctors who are biased through community physician sanctions

Early interpretation and "?" Don't send early post op worker in for evaluation or only lead to repeat exams

Having specialists see specific complex problems Example Have a hand surgeon evaluate complex wrist and hand problems

Get the attending doctor more involved and involved earlier

As an attending I often don't know an IME is scheduled. If I know one is I can help by preparing the patient to be forthright and honest. I do this because I believe that the IMEs really are second opinion. That can help. But if I'm the last to find out I can't help and it makes the situation more adversarial.

Case managers should know more medicine

If we could focus on the injured worker and what is required to maximize their remaining potential instead of being asked to assign "blame" it and approve the care of injured persons.

One of the biggest problems continues to be patients who are scheduled for an IME, and don't show. Fortunately, there is often some payment when this occurs, but it isn't fair to either the doctor or the insurance payer when a worker doesn't show. Often considerable clinic time and testing time is blocked for an IME.

less exorbitant payments to "IME mills" Avoid sending patients to BBV = poor quality product at last reimburse truly independent / solo practitioners at facility better Better product for the money should be compensated appropriately

I have an hour to do an exam & prepare report - often not enough

Abolish current system

IME physicians should be practicing physicians and emphasize Independent thinking

Actual diagnostic studies need to be reviewed

Total revamping of the system. Perhaps a panel employed by the state, supported by fees from insurers who have no say in composition of panel. Plus a panel of overseers meant to maintain impartial, truly second medical opinion: evaluations - not driven by the desire to please insurers.

I would eliminate the current IME program completely

Better cover letters

Prohibit insurance companies to request specific doctors  
Prohibit insurance companies to refuse specific doctors  
Encourage panel doctors to discuss but not coerce other Drs

Stop IME mills from doing the majority of IME exams

Physicians in private practice should be encouraged and recruited to perform evaluations; x-ray films should always be available for IME physicians to review; patients might be coached on how to summarize their problems, history, etc ( this is more necessary at an IME than with a physician that see over time).

Attorney/worker should be allowed to chose examiner or have exclusion of certain examiners

Less Form - Computer generated standard questions.  
Adjuster need to tailor questions to individualized case  
Better MRI and ray availability to IME examiner

Invite the treating doctors to attend instead of just providing criticism based on what they have been told by the patient

Seems fine to me. Could we get rid of lawyers

Have the insurers have all their reports and cover letters available a few days before the exam so they can be reviewed before seeing the patient

Require IME evaluation to have at least 50% practice treating patient.

No IME should be able to state with certainty that a person became medically stationary at a previous point in time.

Eliminate # 23.

Remove Dr. from the panel that clearly show consistent bias - we all know who they are but I doubt many Dr. stick their neck out to identify them. Make sure they are done by Drs who have active practices and therefore they know the other side of the process.

They are absolutely vital to the system.  
Treating physicians have too many biases to do this:  
1) Their inherent advocacy for the patient.

- 2) Their financial interest in treatment.
- 3) Pressure from the patients or them to be an advocate.

Reward clinicians who take time out of their schedules to provide good IMEs.

I would like to be more succinct to report only relevant findings.

Claims examiners almost always send file letter: 3 or 4 standard questions - I have long ago amended my reports to answer those questions - yet they still waste their time and my time by ... question.

Use of 2nd ....

Paid by independent source. All exams recorded and available for review by attorneys.

I'd suggest a mandatory course on proper use of AMA guidelines to evaluate a patient and funded by the state so all would attend

Actual diagnostics made available. Faster turnover after my dictation to typed report. Better QA. Insurer responsibility to prepare records well in advance!!

Hold IME docs to evidence based on scientific data

?

Adversarial situation be eliminated, i.e. no more of "their doctor vs. my doctor"  
Provide education in an attempt to replace the adversarial relationship with one that assists patients to see the benefits of receiving an impartial exam.

Have the claims process send a cover letter that shows they spent some time on this claim, not send me a "boiler plate" that could apply to any claimant and any condition.

Educate patients better

Some panels should be a single IME and some singles should be a panel. Many adjusters have poor understanding of how to get the most for their money.

I believe there is at least one IME facility which slants its results toward the insurance company. Business should be steered away from that facility.

Fewer legal questions from the insurance company. The questions are so complex and redundant at times.

Insurers don't pick the doctor who does the exam. Need a process where a blind rotating system is used to pick examiner. number of exams should be evenly assigned in terms of the number done.

Encourage practicing physicians to perform IMEs in their office. Think independently.

A panel to assure and either (illegible) or remove those who are unethical and clearly biased.

I don't know..

I'd abolish the practice of using full-time IME facilities/doctors.

I'd establish a feedback system/evaluation system of attending docs on IME docs.

more panels on difficult complicated cases

**IME physician survey, question 26. Please share any other comments you have about IMEs.**

IME professionals should have a specialty not just in their field, but also in regard to working with injured workers and issues of pain management. Psychiatrists and Psychologists who perform IME's need to have on-going training in pain management, be members of a professional pain society, have continuing education in pain treatment, and understand the importance of multi-disciplinary approaches to care even for out-patients. Just being a psychiatrist should not qualify one to do evaluations as this does not guarantee special training and certification in pain/injury patients and the various treatment options open to patients in need of active self-care treatment. Part of the problem for patients is that they have many evaluations, but receive little information of how to help themselves. Patients are shifted from one professional to another. The system then creates problem patients rather than being set up to find solutions that would be appropriate to assist patients early on.

Thank you for making an effort to improve the process.

It is a huge waste of worker's comp money and only needs to be used rarely if at all.

Meeting w/Plaintiffs attorneys and docs re: purpose, value of IMEs - How to make it all work better (OTLA agenda item?)

I think I have said enough

I think that IME Drs should be monitored by looking at how often ALJ's opine against them, and if they are shown to be too biased, eliminate them from the IME pool. Insurers place money on each patient into a pool initially (e.g. enough to typically cover 3 IME's) and then if the money is not used refund it to the insurer. But the state sends the patient to the IME, not the insurer, and therefore the examining doctor is not beholden to the insurer for his livelihood, made like the an arbiter system now in place. A patient should simply be made to go to any doctor he/she wishes after an IME gives a negative appraisal at the expense of the insurer and be able to do so similarly offer each IME for the defense.

They are very important in providing objective data and protecting patients from Inappropriate surgery. I think that the IME MD should be able to communicate differences of opinion to the worker and advise therapy and results of IME examination

Speaking personally, I simply always give my best, most reasonable opinion, and really don't care who may disagree with it - whether its the patient, Insurance Co, lawyers, etc. I take no-ones "side", and have never been asked to.

I believe most of the Cos arranging for IME's are "OK". I think there are a few with a bias. There are some IME Docs who are biased. Most, I think want to do a good job and be fair. Mostly I feel the WC insurers want to be fair. I think Oregon has a better WC say than WA, AK and Hawaii - where I have significant experience

Its a living I guess

Nothing else to add.

I call IME - "Insurance Medical Exams - paid by ins company, they are clearly biased towards resolving the claim - denying the patients claim

Such examinations provide a useful service for the patients

"?" seems to be no concern on the part of the carrier to try to have the IME discipline the few doctors who seem to be doing repeated inappropriate surgery and who relate every conceivable symptom to work activity

They do serve an important function - often a workers personal doctor may have a bias to get a person on compensation and an independent opinion is important

I don't perform IME's anymore.

Great process for trying to keep individuals out of harms way. I would recommend a short black list of practitioners who could not treat WC patients. We could give you a list of 5-10 and that would eliminate a lot of the problems in the system

Find that orthopedic knowledge has increased by doing IME's benefit from up to date evaluation and treatment through review of multiple patient cases. Enjoy my orthopedic work to a greater degree as I have more time of practice to devote to my evaluation.

Crucial in claims management

Don't do them

I do very little of this.

Favorable to patient 20-30% of time (estimated)

I think the system functions well, generally. It is astonishing that here is such a profound difference in the way claims are managed by one insurance company compared with another; especially in relation to the "accepted condition" and how much controversy this causes e.g. , some claims should have an IME "?" in the process of "?" rather than later (premature closings, advance opinion re medical necessity etc) I think IME (the process and the individual examiners save millions of dollars of medical administrative expenses per case, per locale per minute and other intellectual parties at very low cost (For cost/benefit and risk / benefit ratios.)

See #25 I have a problem with claims adjusters who use the same cover letter of questions for everyone or every (any) condition. They can ask me for "range" of motion in hearing loss cases. I think they should write a letter and ask questions specific to this claimant. In other words, spend a little time on the claim.

Insurance companies over use IMEs, It would be more economical to just pay the medical claim for a recent injury

Influenced by attorneys

They are less than helpful to attendings trying to care for injured workers.

The great majority are serious about the quality of their exams and reports, honest and impartial the great majority are helpful to the treating physician.

I think most legitimate patients are still feeling they are getting a "raw deal". I see many patients with "rumor" injuries who are trying to get more than they deserve by exaggerating complaints etc.

I remain convinced that it is a valuable system - I have been helped and hindered in my care of my patient through the process. Secondly I feel it imperative to support my IME conclusions and recommendations based on the best medical evidence available. Greater emphasis in that standard throughout the system would enhance care for injured workers.

I am in a position to do more IMEs I can make available 4 IMEs per week. Preference to Fri PM scheduling allow do 1 week turn-around time. I have been solicited by "Independent Medical Opinions, Inc. " I would rather not commute to do exams referred to their facility. But, it is attractive from a point of view. I would rather do the work directly from my own office and make use if the overhead expense already paid. I would like to compete for the amounts Tu pay IMO. Please call me for any further questions 503-XXX-XXXX. I think there is merit in using physicians who hold down a private practice and are not solely doing IMEs

The current system is biased against the injured worker who too often ends up on the public dole. This could be prevented by developing an efficient medical diagnosis and management system.

IME physician are honest, but the insurance companies know their biases and can predict the opinions. Often "?" choice to the patient in who will do the IME. The IME "factories" need competition.

See #23 and others above

It creates delays and animosity extends time loss and increases risk for chronicity of pain because of the delays. Patients often lose perspective and "the system" becomes their focus and not their physical problems

"Subjective" symptoms can - by their consistency and the absence of embellishment become "objective" in their reliability e.g. the complaint of plausible pain (This is called being a physician : The art of medicine most services are also arts)

They are known as "Insurers medical exams"

IMEs rarely find for the worker. Orthopedic surgeons rarely have an appreciation of myofarsial pain, The philosophy that all strains should be better after 8-12 wks is rampant, but not supported by the literature. Example MVA injuries 40% have persistent pain more 2 years after injury

No longer live in Oregon

The Orthopedic academy usually has one course/yr. regarding occupational disease or medical evaluations - recommend state of Oregon involvement - For all physicians interested to attend /legal/insurer involvement to improve understanding particularly as it pertains to Oregon law.

It's a good process for dispute resolution since it provides valid objective criteria as or basis for discussion.

Seems fine to me

As long as everyone concerned recognizes we are not to be anyone's advocate, but strictly neutral, there would be fewer misconceptions, invariably, since these usually involve a difference of opinion between patient and insurer, someone will not be happy with our conclusions. Patients don't always realize that we are only there to consider their work injury and its impact on their ability to do their job, not all their preexisting problems. Overall it seems to be a fair process and sometimes should be used more often, esp. for closing exams.

A lot fewer would be necessary if insurers would concentrate on better communication with attending doctors and getting them all the information that goes to an IME doctor. Give more weight to the patient's treating physician.

Arbitration's are intrusively more fault. The one who pays the bills (insurer) calls the shots with IME. My unbiased approach has caused my IME business to dwindle (I sometimes find that the patient is right - for it is not so black & white). The same honesty has gotten me as many arbiter exams as I can handle (there pay far less). An IME has to be done for the good of the whole, being fair to insurer, patient, employer, society, etc (i.e., W/C system, etc.)

They used to be independent; they no longer are.

I do most IMEs for IME companies which demand/require their format. I prefer a shorter, direct pertinent format - even to the extent of approving previous excellent and complete IME reports. Claims examiners tend to ask many non-relevant questions - I would like to have more interaction with them. IME physicians who are certified (C.I.M.E.) should have preference.

The system often times seems biased against legitimate claims. I understand that there are many who try to scam the system, but there seem to be too many honest claims that are...denied - seemingly for financial reasons.

Everyone I have seen is totally ... and depressed. It's only a question of how bad must  
.....

I enjoy doing IMEs and would be happy to do more.

I'm enjoying it. Sometimes I can make a difference.

The North American Spine Society has, through discussion and leadership editorials, approached the subject of physician schizophrenia about patients that present to them either as independent medical examinations or as patients for diagnosis and treatment. Although they may be different, ethically they must be treated the same, and billing a third party payer for evaluation and treatment in one incident, and then putting on another hat and finding that the third party payer is not responsible for that evaluation and treatment is unethical and self-serving.

I enjoy doing IMEs. Makes me think and keeps my writing and typing skills up to date.

I have written to the WCB suggesting changes in the hearing loss determination of handicap as I was told they are re-evaluating.

I only do medical evaluation for cancer patients and related disability, treatment plan, utilization, etc.

I like to do IMEs

IMEs are only as good as the physician who performs them. By and large the IME physicians I am familiar with are honest and objective and approach IMEs with the same integrity they have applied to their patient's practitioner. A perspective may change but character traits no not.

Current system is a biased joke. I've had an adjuster tell me if I didn't say such and such they'd just send the patient for IME with Dr. "X" because he's say it. A certain number of doctors make a significant amount of there income from IMEs. They say what the insurer wants as they get more IMEs and they make more money. This current system is totally flawed.

1. IME's directed at future treatment often contain inflammatory comments about previous care.
2. Surgeons see a patient at an IME for 1/2 hour and discount their problem as psychological. Where do these surgeons get the audacity to label people with psychiatric diagnosis.
3. You get neurologists for example doing IMEs on tendonitis for the hand.
4. I've had patients return and say IME doctor says, "Derogatory things about you" The patients are offended and ask who they can complain to.
5. Attorneys and judges know biased doctors and specifically say they have no credibility in cases.
6. Repeatedly same IME doctors mislead patients into thinking they support the patients position that the injury is work related, only to write the opposite in the report. Patients are incensed.
7. "career" IMEr's write pages of irrelevant material like somehow verbosity adds credibility to their report.
8. Adjusters or whoever schedule IMEs at times on patients with clear cut diagnosis, i.e. there is no need for an IME.

Don't use the IME as an instrument for a denial. Let the facts speak for themselves.

I think they serve a good purpose

**IME Vendor Survey, question 7. How do you determine that a physician is qualified to perform examinations for your company?**

CV review of qualifications

Must have license, malpractice insurance have no suits or disciplinary claims against them, must be fully trained and qualified

Review of Medical records if questions are thoroughly answered and well reasoned. Willingness to be trained, willingness to speak with clients and teach

State license, CV CK OSBME make sure nothing is prohibiting their practice; and a BIG part is discussing with them their philosophy, making sure they are unbiased and objective. We facilitate exams for both sides. We are known for this because we are objective we also have had several ins. companies send their examiners to us.

Board certified, clean disciplinary record, active malpractice coverage, willing to accept orientation and feedback, respectful of claimants. We also monitor quality regularly.

We maintain a rigorous credential process. I don't have enough room here to explain the entire process.

Our MD's watch medical records for solid reports by treating MD's. They watch for good medicine being practiced & then we make a contact if the opportunity arises. Alternatively, if an M.D. approaches IME, we ask to see a sample of the doctor's work. Bottom line: We send many away.

Print IME experience

Oregon Licensed

Current malpractice insurance

A multi level credentialing process inclusive of licensure review takes place before physicians are allowed to process examinations or file reviews.

Prior IME experience, Oregon licensed, current malpractice insurance

State license and credentials

**IME vendor survey question 8. Do you have a quality assurance process to monitor the quality and content of your physicians' reports?  
8a. If yes, please describe the process.**

We have every report reviewed by a QA person twice before going to our customers

Reports are review for errors prior to sending final report, Staff and physicians review reports

The doctors review their reports for completeness and we have two certified WC claims adjusters who review also for completeness and clarity.

I have a claims adjuster (I have on staff) who does QA. She knows the states statutes

Client service staff review for critical content. Quality starts with proper orientation of consultants. They ultimately are responsible for their reports.

I don't have enough room here to explain the entire process.

All of our reports are always proofed and corrected by certified claims adjuster. New MD's reports are proofed by Dr. Fuller as well until they "prove" themselves to understand the language of this industry/the report.

The physicians "author" their own reports. The QA person ensures that all questions are answered.

The physician author their own report. The QA process ensure that all questions are answered.

Transcription coordinator

**IME Vendor survey, question 14. How do you follow up on complaints?**

Call the patient and the referral source

Follow up with patient claims examiner and IME physician

Contact patient /IME Doctor / Claims Adjuster

We talk with the requesting party, document and follow up as appropriate

We review each one for specifics, and forward them to the consultant and office manager for follow up and consideration. Note that I put as the number <0.5%. The website does not permit enough spaces.

We treat complaints with the utmost priority and treat each one individually.

Request the complaint in writing - follow up with Chaperone, M.D., adjuster, attorney, etc.

We discuss the complaint with the physician and then we get back to the adjuster.

Internal review, notification to client, interviews of staff and physicians

We discuss the complaints with the physician and then we get back to the claims adjuster

**IME Vendor survey, question 15. Please share any other information you believe the Workers' Compensation Division should be aware of with respect to your own company, IME vendors in general, or the IME process.**

I think the 5 day required turnaround on report is not manageable It should be at least 7 days

We are proud of our 30 yr. history of providing professional, unbiased examinations done by extremely reputable doctors

re 12.a This is by nature a fairly litigious portion of the population. Many MD's have expressed concern with this at the potential of promoting more problems.

re 13 Most all of them have has documented complaints in many areas. In some cases their own attorneys filed to be removed from their case.

We have physicians who do examinations for both sides. The physician questionnaire seemed to be biased . The insurer side, but plaintiff attys. try and talk to physicians also. The IME companies do many advantageous things. Many of the exams that are coordinated wouldn't happen and that "?". I would be happy to discuss the inner-workings in more depth if anyone is interested.

I would welcome your specific inquiry. We are proud of our work serving the people, government and business communities of Oregon for over 15 years. We provide value to the system and necessary checks and balances to the claims process. Over the years the requirements of clients have grown, along with quality of vendors and consultants. We welcome collaboration with clients in process improvement and applaud the efforts of your committee to review and improve the IME process in Oregon.

We have zero contact with SAIF. We are time-based - our doctors take the time necessary to do a thorough exam, prepare a thorough report and come to conferences and testimonies well prepared! Our goal is to raise the standard of IME's in Oregon.

We have few complaints from examinees regarding their evaluations at our facilities. OF the many transactions completed in 2003, our review shows only 7 complaints out of thousands of transactions. Meanwhile, the compliments recorded are numerous from examinees for both our staff and physicians, these include: 1. extremely professional, 2. physician has a great sense of humor, 3. nice to be treated like a person not a number, 4.hopefully my next treating MD is as good as this doctor, 5.very courteous and friendly, 6. doctor and staff were great, 7. doctor was very kind, 8.everything was very nice - thank you, 9. nice people, 10. Question: did doctor thoroughly examine you? Answer: No, he didn't want to hurt me, 11. it was a positive experience - I had a lot of my questions answered, 12. very courteous, 13. very nice and respectful, 14. thank you for being gentle, 15. thank you for lunch, 16. a pleasant and professional experience.

We are proud of the services provided for the injured workers of Oregon and the efficiencies within our operational systems to enhance service to those parties required to either insure or process the independent medical evaluation information.

We are constantly available to assist those state agencies with an interest in enforcing rules and regulations of the workers' compensation law and medical rules. As mentioned in a recent phone conversation (with Jan Miller) it is suggested that the last minute survey (after months of internal meetings at DCBS) leaves our management wondering what has taken place during your many discussions throughout your project review. We are still at a disadvantage in understanding what, if any, issues seem to be of paramount importance to review and, with

the degree of personnel involvement by the DCBS, what the current efforts or attention toward the IME process in Oregon is designed to produce or change. Oregon's current system of independent medical evaluations is one of the best IME processes we have encountered throughout the country in regard to objectivity, efficiencies and systematic communications between the examinees, insurance representatives and physician consultants who obtain credible medical status information for the injured parties. Therefore, please confirm the receipt of this information and advise what the mission statement is for the DCBS committee regarding the IME study.

(Six evaluation sheets completed by injured workers were attached.)

## **Injured worker IME survey**

### **8. Did you have any difficulties covering your travel expenses? 8a. If yes, please describe your difficulties.**

I received none.

I work, I missed time off that was not recovered as was the other three exams I was scheduled to go to

Finding transportation, then money for gas

Wasn't working or receiving any compensation at time had to borrow money for gas

Had to borrow gas money to get to Portland. I do believe that NW Liberty paid me back in 2003

it took time to get your money back

Was no money at all coming in from my injuries

No job, and being on unemployment and after paying bills, I had difficulty getting rides to appointments on time

No mention of reimbursement a friend had a expense paper which I filled out and sent to SAIF

Don't think I received any help

They did not pay

My expenses where not reimbursed

I paid it

Since Liberty pays no compensation I had to borrow money, until they finally sent traveling money

Was not working at the time, did not have income from SAIF

I had no money coming in but I still had to see my doctor

None have been reimbursed

SAIF was the party that was responsible

Haven't been sent a check yet

never was paid

Didn't have any money because Ins Co has never paid me for missing work

They don't reimburse you until months later, and it was hard to afford food and gas at the time.

I borrowed money for expenses cause I barely make it now  
My time my money

Have to wait for reimbursement for travel expenses

SAIF did not pay for my child care or the actual miles on the car and it hurt to sit, stand or walk and I had to go to Portland from La Grande it was very painful

It took SAIF so long to reimburse you for your money

Never received mileage expenses

Never was reimbursed for time or travel

Did not request.

Had to borrow money for expense and was later reimbursed. Had contacted for funds to travel in ample time.

I did not get reimbursed for money traveling to appointments. They had said they would and never did reimburse me.

SAIF paid for travel expenses.

I had to borrow money to get there and back and wait for reimbursement.

SAIF paid for the first trip to Eugene only.

No travel or lost wages were recovered.

Could not pay my bills & prescriptions.

Just paid the cost myself. Did not want the hassle!!!

SAIF stated that they had over paid me and no more payment would be made.

Gas money for auto.

Did not keep track on the time loss at work or fuel economy

But only partial reimbursement.

Never was reimbursed I paid for it.

Didn't try to get money for travel expenses

Didn't try to get money for travel expenses

The insurer didn't pay me back for transportation to get to the exam.

Funds didn't arrive in time before exam

Insurer wouldn't send money

I was not aware they would pay for it

No money for gas

Maintenance time involved

gas money

Yes. I was not working and what was finally sent did not even begin to cover the cost for me. I could have caught a flight min from my home. It must have been cheaper to send me two hours from my home and then argue with them on how much it would cost for me to go.

I had to borrow money from a relative

Until friend told her to ask claims examiner about mileage reimbursement

Didn't know I was entitled to money.

Money was really tight

Insurer wouldn't pay

I had to borrow money from a relative

no mileage

didn't submit form

nobody offered travel expenses

Didn't know to submit them

no money

I needed to get reimbursed for the mileage.

At this distance, it would have been better on me to have stayed overnight.

The last was out of pocket expense.

Financially strapped.

Insurance wouldn't send checks for months. Had to borrow money for gas.

Don't know what you mean.

Did not know SAIF would cover that.

It is hard to travel on workers' comp income.

Getting money for gas expenses.

I was not reimbursed for any expenses. Gas is very expensive, especially when you are not working.

No money for gas due to lack of payment.

Not enough money to cover it.

Many - being injured with no income & the increase in gas prices and being uncomfortable during the car ride.

Out of pocket expense for gasoline until reimbursed.

Money for gas.

But, maybe I don't remember if I did or did not. This exam was more than a year ago. Cannot find any statement saying so in my records.

SAIF did not pay for months of my travel.

Had expense of my husband who took off work to take me to Lake Oswego, w/c would not make an appointment in Bend even though they knew I had difficulty traveling. They said, if I did not show up, they would cancel my claim.

Travel expense sheet never sent by SAIF for expenses - paid by myself.

I was not informed about recovering travel expenses.

Just didn't have enough money for fuel & food.

Have always paid my own travel expenses.

Wasn't working, never was reimbursed.

## Injured worker IME survey

### 20. Please share any additional comments about your insurer medical examination experience.

This was the worst doctor in the city, I continuously asked for additional test from Dr. XXX and he ignored requests. I contacted SAIF Corporation and they refused to let me seek a different medical doctor. Doctor XXX continuously tried to convince me that I would be okay and refused the MRI's needed or further exams to best evaluate my needs. I never received any adequate treatment from Dr. XXX nor even a set of crutches that were recommended. I obtained private insurance out of pocket and sought real treatment from a real doctor who verified I needed immediate MRI and at the very least an orthoscopy followed by corrective surgery which all of the above shortly followed. I have lost 18 months of my life due to this injury and I have no answers from SAIF or the Workmen's Comp board as to how to get my health properly recovered and or Job retraining. SAIF Corporation has never offered up any additional information such as expenses incurred nor Job re-training and has failed to reimburse my private doctor and my expenses incurred for the last 18 months.

I need additional medical treatment at this time and have no insurance or income due to my injury. I was shuffled through the system and dumped by the side of the road. I've lost my truck, my business license and cannot get medical because I have no one in my corner willing to fight for me to get me back to work and be productive. I have been wronged and I need legal advice at a minimum.

He listened, but I felt he did not address some of my concerns with work and how the physical disability could (and did) interrupt my duties at school. I left feeling he listened respectfully because that was his job. After this exam I met with Dr. XXX (my personal doctor). Dr. XXX explained to me the different pains I was experiencing; some of what the Drs. insurer medical examination report; my rights in closures and if the case had to be reopened. I feel the final settlement was not concurrent with the disabilities that I still experience in my daily routines both at home at work. I was told that it was decided by looking at a chart.

He does not believe I'm experiencing as much pain as I said I am. which makes me very worried because I'm still experiencing pain

Call XXX attorney if needed he is willing to speak to governor 503-XXX-XXXX  
1st XXX 8/27/02 this guy dozed off! While my husband witnessed it  
2nd XXX 5/22/03 4 hour test - didn't say I could stop I was miserable - sat on floor to finish  
3rd XXX MD 5/28/03 (very disrespectful and unprofessional  
4th XXX 11/17/03 I have some real issues here need more time to explain. My attorney will gladly talk to the Governor with me. I need help, the IMEs just have sent me away. I have MD reports to justify.

The IME process is skewed to the desired result of the Insurance Company. After all the IME would not be rehired if he wrote a report causing the insurance company to continue to pay for the accepted injury. All 4 IME's that I have had "determined" that my remaining problems did not result from the 1987 injury! All have been overturned at Hearing by Administrative Judge. Even though they have been ordered to continue acceptance and payment for treatment. Whenever a new claims examiner takes over I get another IME. The claim is rejected and off we go to hearing again. This process is wrong and does not meet the necessity of insurance once permanent partial disability is granted the process of IME should be disallowed.

I felt like they did not believe what I was telling them about my rt. wrist and rt. thumb. All the overtime and regular hours that was spent on a computer that the keyboard was up on the other side of computer

I was pleased with how everything was going until SAIF Corp made me go to Dr. XXX here in Hermiston He's a quack and doesn't know what he's talking about. I went to my regular Dr. (Dr XXX) who had me go to Dr. XXX who does test for Carpal tunnel. Then Dr XXX made me an

appointment with Dr. XXX who has an impeccable reputation and did a great job. Where as Dr. XXX took one look at my hands and said I never even had carpal tunnel. Other than that I was thrilled to have the feeling back in my hands and the awful pain that went clear up to my shoulder gone.

I was very dissatisfied because I feel the doctor was not listening to my explanation of the pain I am in. It's a shame that me being a US citizen live in a country where I was treated worse that a dog is treated.

The doctor I saw did nothing more than look at the way I was standing and had me move from side to side to see how far I could bend. He didn't really talk to me or explain what was wrong, nor did he listen to what I had to say. I'm still having problems due to finding out that I have a twisted pelvic from the fall and have yet been taken care of, nor can I find a job that I can do with out hurting.

Thank You

The doctor would yell at me. The case manager of NW Liberty would do the same and she told me to fire my lawyer in 2001 because all he wanted was the money. I have had a very bad experience with the pain and mental abuse that I got from the Liberty NW doctor. My sister-in-law went with me in 2003 and she heard him talk or yell at me. To this day now I am afraid of Doctors. It was a nightmare in my life. From being injured at a job and going to the doctor in Portland and not getting any help - Something should of been done to my back in 2001 nerve pain goes down my right foot. I do believe when I worked at the Elks I had drop foot because I tripped with that foot trying to work it has become that I am unable to work because of my injury. I am in chronic-pain I do not wish anyone to get injured.

Doctor needs to get more history from patients

A person working has no choice, it's mandatory tax is removed from their paycheck for WC. Then when an injury takes place, they can't collect it, as was in my case. The States Board of "doctors" stated the normal length of time off exceeded it's time. They did not, take into consideration me age (60 at that time) and other health issues. I wasn't even examined by one of your doctors with the reason "this facility wasn't set up for my kind of examination" and all this should have been prepared in advance. Just looking at the scars from previous incisions and stating "boy that little tummy of yours sure has been whacked on a lot"..... this in itself I did not feel was very professional. Needless to say, I'm extremely disappointed in everything about workers compensation, their case workers I do not feel follow through with necessary matters to assure the worker receives the proper exam at the location. They should question whether this location will accommodate the necessary procedure or arrange for another facility where the workers would get the proper exam, nor are the doctors very professional themselves. No, I do not have any faith in the WC system feeling a lot of their lack in caring had a great impact with the decision also.

I'm still going through back pains daily and it makes my job difficult to do, I think I need to see the doctor, but not sure I get the claim open again, I would sure like to see him soon!!!

Thank You XXX

He did not seem to test for my symptoms mainly did not test for carpal tunnel a very short exam approx. - 8-12 minutes INS should have to use a Dr in the city nearest to the claimant. People in pain shouldn't have to drive so far for a basic exam with only an opinion to show. INS should be required to send copy of report to claimant! If report has misinformation, corrections can be made.

I was very dissatisfied with the exam and the doctor's report. Dr Bardana works for SAIF. He did not care that I was severely anemic and had been exposed to mold over a long period of time. He was to check my respiratory functions and only that. He wasn't too concerned about any of my symptoms. He did his report for SAIF and he concluded that my respiratory functions were normal. That was as far as it went. SAIF denied my claim based on his report. I was told by a lawyer that if I lived in any other state than Oregon my claim would have been more thoroughly investigated.

Arrived on time for the appointment waited outside a door with no chairs, the secretary never came out, waited over one hour before seeing a doctor. Was ready to leave and someone came out and identified themselves as the nurse. Poorly planned office!

I was not shown a copy of the IME - but was told the Dr who did the exam commented something about my back pain being from me being "obese". I was not obese then, nor have I ever been and I was still am extremely offended by this. I have had ongoing back problems from my work injury and have been told by Dr XXX my WC doctor that there is nothing he can do for me that it will just take a lot of time to heal. He will no longer give me medication to subdue my pain when needed. I feel I am not getting proper medical treatment. If this is something you can help with please let me know  
Thank You

XXX was either incompetent or told to find no diagnosis. It was an insulting waste of time as was SAIF

Knew one of the doctors, Dr. XXX who has put a cast on my leg after kneecap had been dislocated. None of the three doctors seemed to pay much attention to the pain I was in during the examination. They looked only at how far I could bend and twist, not how much pain it caused. My experience with IME's leaves me with the feeling that they are all insensitive jerks, only there because the workers' comp. insurance is paying them to give a favorable opinion.

Every time I am examined by a SAIF doctor he always finds in favor of SAIF. No matter what my doctor's findings are I have even had OSHU doctors refute SAIF doctors findings.

Actually there were more injuries involved that were not taken into account or dismissed

Very Rude

I hope SAIF is dissolved

The IME resulted in this work injury to not be covered by SAIF. That was total BS - regardless of a similar problem years earlier, this was a new injury. It was caused by moving stuff into a new cubicle at work. I should have appealed/protested but my doctor and others told me it was useless - and an enormous time-consuming exercise. I was in constant pain, needed treatment w/no delays, and just did not have the time or emotional strength to go through such a bureaucratic waste of time. Way to jam it to someone when they are down. Other comments- This survey is a ridiculous waste of time. This IME was over a year ago and something I've put out of my mind. I don't remember the IME facility or doctors name!

great doctors - nice people. My range of motion in my upper back is significantly less than before my accident but that was not reflected on the form. I can live with the pain I have though as long as I exercise regularly so it's not such a big deal.

Dr XXX was an older retired gentleman who talked mostly about "growing up" in Seaside OR There was very little discussions about my condition. He was just a "worker comp yes man"! I cancelled the 2nd exam. I did not have time to play the silly game a 2nd time.

Based on the level of documentation involved with my injury I thought the IME very redundant and a waste of time & money

Felt comfortable w/ the doctor - but very uncomfortable w/ claims examiner - felt judged and misunderstood

He was an old snob, just in it for the money.

Dr. XXX was an egotistical know-it-all Jerk who satisfied IME without imparting a single piece of helpful information to me. After a second hospital visit I learned what my condition was and how to treat it. I hope my taxes paid very little for this guy's services.

Not very happy with the fact that the insurance companies seem to be in the back pocket of Doctor

I felt belittled and patronized. The doctor did not listen to me, could not answer the questions that I had about his diagnosis, and seemed to have already diagnosed me before I ever walked in the door. I never once got the impression from him that his opinion would be objective and I did not feel like he gave me any better understanding of my condition. It was very clear to me from the moment that I walked into the room (and gave me a long speech about how he does not work for the insurance company) that he would tell SAIF that my condition was not work related regardless of what he saw in the evaluation. My experience of the IME process was that it was a waste of my time, a waste of SAIF's time, and served only to frustrate me into losing faith in any objectivity in SAIF's process.

All Dr. XXX did was take my weight and told me to lose weight and send me home. He was very rude and very disrespectful. He didn't even care what was wrong with me; Dr. XXX made his report to the State Compensation board stating that I was medically stationary, when I still am not! I still go see my doctor Dr. XXX. He also disagreed with Dr. XXX's report. That I am not medically stationary. I still am on modified work status at work. Very poor examination done by Dr. XXX

I still have a lot of pain in my foot. I cannot work or stand 10-15 min. I have had my back set back in by a chiropractor several times. He says that there is use putting my back in repair until I get my foot fixed. The limp I have and from the start of the injury has caused my back to continually stay out. I can't walk over a block and need to be fixed so I may someday return to work.

I have dealt cards ("Black Jack") for a Casino for 10years. My thumb on my left hand is really bad from this and they said its not coming from this. They say its arthritis. Well if it is its cause by "?" from use over the last 10 years. That is my feelings. I live with pain everyday Thank You R.L.

There was no x-rays taken or other ways to determine the damage done with the injury. My own doctor found the real cause of the pain by an MRI

I feel like they waited too long before I was sent to have the IME. I was not happy about the results, but understand their job is to screw the worker.

Never seen report - felt I should have received one. 8-9 minute exam - not much for the time I spent going there. He did not ask me questions Just do this, do this & do this mostly all the things I did for Foot exam (Which Prime evaluation (WMCI) ankle actually) They did not list my Vicodin-ES pills on medication or the fact I took 2 before I got there so I wouldn't hurt from trip and I could do as they asked. (My lawyer XXX, (at the time) said to cooperate as much as possible. by being able to bend and touch my ankle they wrote they doubted the validity of my back claim. Could see nothing wrong - no back MRI of back exam!!! Just their opinion - knowing I had taken pain pills- which was never mentioned at any time of the exam, or in the finding. Oh I went there to be evaluated for right foot. (not back) they did not find my right foot was numb as well as inside the right leg never heard anymore on the closure why not? I was forced to change Drs because of the lies Dr XXX wrote in a letter about me - (provable lies) He made it almost impossible for me to get another Dr cause after they talked to him they had all kinds of excuses why they wouldn't take me. I looked into Dr XXX in Corvallis. I have more complaints about Dr XXX and would like to know who I make these complaints to. One of the biggest - He asked for palliative care knowing I was not working and could not work, Memorial weekend 03 there's even a statement I found in my file saying I had not worked since memorial weekend because I had hurt myself on the job injury. Liberty NW says the only words they will accept is "steadily worsening condition. Dr. XXX is stubborn enough - He won't say that even though he has been treating me since April 03 & Dr XXX before that. I feel I should have received comp. and feel I was cheated. I also feel if Dr. XXX hadn't given

me pain pills to work with I would not be as bad off as I am. He should have sent me to a back Dr. when he couldn't help me. I would like answers to above if you will send to XXX

I had x-rays that Dr XXX from St Vincent's Hospital had taken but Dr XXX did not want to see them. He also claimed in his report that he had done a stress test; but he did not do any such thing on my injured hand.

The doctors that the Insurance send me to have the evaluation said and indicate on the report that the pain that I am suffering was not related to the accident. I felt that the Doctors did not truly indicate the pain and how serious my injuries are. I truly believe that SAIF chooses their own doctor to avoid pay for medical treatment that people need to recover from their injuries.

I felt that even though my injury was not disabling. I was in pain and even thought it may or may not been work related. I was treated like a criminal to want to seek medical attention. To which I still have numbness in my left two fingers, that no one took serious.

I was sent home with the use of a walker. I got treatment on my own. I was treated as if I did not matter. My claim was closed without ever seeing an IME. I had no money coming in and had to continue my treatment the best way I could. I was left hung out to dry; to cope the best I could on my own. Liberty NW treated me horribly.

I had just had neck surgery 3 days prior to my exam. I asked to have the appointment rescheduled but was refused. It was very painful sitting for hours getting to and from this appointment. I lived 45 miles away. The doctor didn't have all my records and made his report inaccurately. He could not do any physical exam as I could not move my neck, so how could he examine my neck. Because of his report I have been denied my claim have lost my job and I am now disabled without any way to help me recover. Soon I lose my home. I have an appeal, waiting for decision. In the meanwhile I lose everything because of a doctor who gave his opinion based on half-truth. How can a doctor whom sees a patient for 10 mins, know more than a person regular physician, a person has seen for years? My surgeon refused to do surgery on me 6 months prior to my accident. This same surgeon 6 months later said due to the accident I now needed surgery. Yet I am denied coverage cause it was only a strain. Surgery proved a ruptures disc.

My pain usually followed movement or lifting - by about 12-24 hours - and was aggravated by my work - I have since had to stop working because the pain was interfering with my ability to work

I told the examiner that I felt like I had been beat-up she said "good" that shows I was doing my job I found out from a letter from my lawyer she thought I could have faked some of my discomfort

He was impolite and unconcerned about the level of pain in my back while checking my knee injury.

I was put through a lot by the Jerks I did everything SAIF said I felt they treated me like shit, they sent me to so many doctors, and finally found one that would side with them I still am fighting with them (SAIF) It took them 6 mo. to let my Dr fix my neck - closed my claim twice Because they are so stupid, they can't read a Dr report. Plus the Dr told them to leave the claim open, and still haven't had surgery. They don't give a shit about the worker

I felt that he was working for Company not how I was doing. He felt that Company was only 80% in fault with my back I had no problems until this injury. I was able to return to work but I am not sure for how long. Thank You XXX

I know my injury is clearly work related. This doctor construed the facts and information I gave him at the evaluation. The report to SAIF stated I had a degenerative condition of the neck common in a very small percent of the population. I do not have this condition - yet my claim was denied.

I feel the Doctors knew nothing about my injury and to sit there and make a diagnosis that it was not job related and I lost my claim when all I do is look was wrong. He had my medical records in

front of him and he asked me what my foot had to do with my hand and I said absolutely nothing he just sits and looks at me. Just because in a previous exam my own doctor I had a question about my foot. Why would the state doctor put my hand with my foot! So all in all by loosing this claim I feel the doctor was wrong when my own doctor and my surgeon both knew it was job related. All I do is cook when I'm cooking and lifting and do what I do in my job it wasn't an issue when it became an issue I was at my job, so how does he claim it wasn't job related. My previous surgeries were successful and were not the reason carpal tunnel came back. And because of the time limit and loosing my claim, I lost a whole summer for working by the time I got my surgery done and healed

Dr XXX was the 4th doctor (with hand specialist) I had seen the 1st said "its nothing". The 2nd Dr XXX he was my surgeon called "if I minded seeing a 2nd opinion (DR XXX). " He gave me a sign of "nothing else we can do". Then I had my IME with Dr XXX. He said "you have seen Dr XXX and XXX, why do you need to see me". I thought it was kind of odd but he did a very thorough job Thanks XXX

The exam is a joke! Poorly performed you can feel the outcome before the start, your going to be told it pre existing or not as bad as your doctors that have seen you said it is, who are experts in their field! I feel the doctors for SAIF are old and are looking for a check and agreeing with the patient is not going to get you a check because SAIF doesn't want to help the worker!! They want to ruin your life and I'm dead serious!!! All that matters is \$\$\$\$ you're just a number!!

It was a big pain, the SAIF Corporation was rude, and I didn't like the lady I had to deal with for my claim. Also the hospital and two doctors I seen in town were not accurate on their reporting which caused difficulties with the claim.

I liked Dr. XXX very much. He was very knowledgeable and kind and was concerned about causing me pain.

They were both very uncaring doctors. The last one did not spend much time on the hands ask things that had nothing to do with my hands.

I have seen 3 IMEs over the years in each case the doctors were thorough, fair and unbiased in their evaluation. Thank You

To my knowledge the examination was not complete. I never had a nerve conduction test, to help determine if I had carpal tunnel.

I feel like he doesn't really know how my condition really is but no one does but me.

I felt the Dr had her mind made up after she took one look at me. The answers to her questions were just going through the motions. I was very surprised to have them tell me 12 hours on your feet on a FAB floor was not related to a tendonitis problem.

First the office room was like a cold garage or cell with a table in it - Very unprofessional. Second, I know I needed a facet block and after he refused I was able to get one by my doctor and it worked beautifully - I am a RN with 30 years of hospital experience in all areas. Believe me, this was just a set up and was obvious from the beginning that SAIF was not going to do what 2 qualified practicing doctors in this field of expertise said I needed done. Even my MRI suggested it. It was quite obvious. Why would they take an opinion of a doctor that only does physicals for SAIF - Doesn't take a moron do figure this out!

Would like a copy of examining doctor's report.

Comment : I was in fear that if I didn't make this appointment I would be stuck with all the bills and nothing being solved from my injury's, SAIF informed me if I didn't do this office call they would

deny my claim and I would have to pay the bills. I went and they closed my case. I feel nothing was resolved.

XXX deliberately lied and I said so. He stated things about me he couldn't have possibly have known. Both my wife and myself could prove that.

A psychological IME was requested by Liberty Mutual, which I found to be interesting but unusual and almost harassing on the Insurance Co's part. The people at Liberty NW are all about money and were very stressing to deal with for all people concerned w/ this case XXX

The Doctors did not really do much of an examination. Mostly it was just asking me a lot of questions about my physical therapist and Dr XXX. What are they doing about this and questions like that. It was more like they were detectives not doctors concerned for an injured person. They were very rude, and disrespectful. It's like they were on payroll strictly for SAIF to discredit you and people taking care of you. Thank God my Doctor and therapist are honest. When my Doctor saw there report and saw they were with WMCI he was upset. Because he did exams for WMCI and they had ask him to not look at one medical problem of a patient just another, they both related so he refused and after he saw this report on me he told me he was going to no longer work with them. SAIF has caused me lots of problems. Financially almost put me and my family on the streets. They do this to hundreds of people every year. They seem to have no concerns for you and your injury. Health in industries did a evaluation on me they wanted me to do things that I could no way possibly do everything that Dr XXX said I was not allowed to do I was in massive pain and could not do some of the things and the lady XXX acted like she did not understand. Unbelievable!

Can't remember too long ago

Twice I tried to explain something to the Dr and was interrupted with "we'll get to that later" of course we never did. I didn't feel that questions like "Are you married?" - "Does your husband work?" had anything at all to with my case. Dr XX commented to Dr. XXX "This is the best one yet this year" What did that mean? He also commented during the exam "I can't help but feel this is normal for her. I wasn't there long before I realized that is was strictly routine" No one really cared. My first IME was 100 miles away (Eugene) Dr XXX was a very nice man, however he felt no further treatment was necessary. That was before MRI or findings of my pelvis and ribs or my are problem (pinched nerve). He was wrong. In the beginning Dr. XXX (XXX) commented "your neck will remain irritated as long as you are doing what you are doing. I feel that no one has really understood what I have felt.

I felt that my wrist pain was not accurately measured. I was tested for strength and mobility but not under any normal use. (as lifting or carrying any weight or twisting while carrying weight.

I do not see how a person can look at someone else and ask questions and do a few ups and downs and then say there is nothing wrong with you

XXX not listen to problems did what she was to do for state comp

They didn't measure loss of range of motion. Very rude people!! When I got the report back from the IME they said they did not get MRI scans. They said their was "nothing wrong" and I was lying about this for secondary gain and then they talked about the MRI scans which they said they did not have, said they could not identify anything in the MRI to show any damage. I have seen the MRI scans and there is a 1/4" bulge "?" from C5-C6 disk even I could see the problem. These people are cruel and did not care if they hurt me. One of the doctors grabbed my head with force, and shoved my head back and to the right pinching the nerve and really hurting me. In my opinion these people are paid for their opinion always against the worker they didn't care about me they just wanted to be paid for they're opinion. I have has at least 5 IME exams on this and other injuries and all the reports basically against the worker

I was struck in the back by a log, knocking me over ten feet toward a piece of logging equipment. I ended up with a diagnosed concussion. My head struck the log loader with enough force to break my hard hat, knocking me unconscious. I did not know at the time of exam, my neck had not been x-rayed. It was not even part of the exam, I found out years later, when I returned to my personal doctor with increased neck pain, that had been an ongoing problem since the accident. I ended up having surgery on c-5, c-6 and c-7 to relieve the pain I had been living with since the accident.

Never saw a report This process (IME's) the lack of any disclosure, knowledge or explanations lead me to search out an attorney I have spoken to the Insurance Co Adjuster twice on over 1 year. There has been no explanations, nothing about expense reimbursements. When I was told by the Insurance adjuster that I was experiencing no pain and I was back to levels prior to my accident, I hire an attorney /Robert Donovan/ address on form

Dr XXX spent less than 10 minutes on my examination  
Dr XXX took other patient phone calls while I was in his office at his request  
Dr XXX made me feel like I inconvenienced him from his regular practice  
Re-read my answers to question 15a,b,c,d.

I feel SAIF very very unfair. My private insurance had to pay for my hand there was injured when I fall with my shoulder - Also that it took so long before having surgery on the shoulder - I have gone through many pain and sleepless night because of that  
About the doctor in Salem - He was the worst unclean doctor and so rude right from the beginning and should be fired. I wish and told XXX I should have taking a lawyer from start - but that's what you get for being a honest person- This have been one year full of pain and my family and friends do not believe SAIF help people. They treat you terrible. I have aged 10 years

have pain in shoulder blade this was never addressed

Have done this for almost 30 years they said that it was not caused from work and denied my claim. As for IME I am concerned it was all a big joke why have it if they really don't care

I felt the doctor did not listen to my concerns. He was only concerned about things Liberty NW wanted. He did not consider the decreased manual dexterity this injury has caused.

The last IME recommended diagnostic surgery, which the prior 2 didn't. The last IME was much more respectful of my injury and believed me; the 1st and 2nd acted like I was wasting their time/lying about my injury which after surgery was proven to be a tear inside my shoulder. The 1st and 2nd IME Dr.'s were orthopedics - XXX MD and XXX MD, and I still feel they were incompetent to do a proper exam to determine injury, and were saying any what the insurance company wanted to hear - in addition - many things in there reports were incorrect- almost as if they had examined someone other than myself. Dr.'s XXX & XXX were much better in their report, examination and discussion with me, which after having such bad experience with the 2 IME's, was a relief - someone actually believed I was injured, and this was proven after surgery was done, and most importantly, allowed me to get the surgical repair my shoulder required.

This IME was an unjust process. For a person (claim) regarding stress, the system is designed or failure. My experience was overall negative. The report provided to the insurer was just what they ordered and paid for. My health or honest situation was not the issue addressed. Very dishonest system.

The Dr lied to my face telling me one thing and saying on the report another. Flat lied to me.

Even do that Dr. XXX stated that I had previous injuries to my back does not change the fact that I had work for a 1 1/2 years without problems. I had two Dr. releases stating that I was fit for work. With (No) restriction and I did my job with no side affect from my previous injuries. I have been

disabled now for 17 months and I still can't go back to work due to what happen to me on April 21, 2003.

I don't feel that Dr. XXX, M.D., was without preconceived beliefs during my examination. My honest opinion of him and his examination method is nothing but "very dissatisfied." I find many of his implied finding and chosen words to be personally degrading. They were not "in harmony" with our discussion at the exam. Where do injured workers without money reside except with family and loved ones? All injured workers, including myself, deserve to be given an honest opportunity to be healed with dignity. I've been a hardworking employee for myself and others for years. Even with my education I know that the "average" truck driver doesn't work 8 hrs a day. I'm not looking for a free meal or handouts. But I would like to see and experience for myself justice within the system that is set up to protect injured workers. My personal belief is that this examination was too greatly influenced by SAIF and Dr. XXX's personal belief system or lack of it. I can only state, that for myself, I believe there are claims that should be reopen and investigated more thoroughly. I'll continue to pursue all avenues to receive the justice I deserve. I'll be contacting my Senators, Congressmen, more, and different legal assistance. Thank you for this overdue opportunity to be heard in my own behalf.

I saw a group in Portland or 200 miles from me and they were not nice at all. Can't recall the Dr.'s name. I wouldn't wish that experience on anyone.

You cannot tell by a 20 min. visit the problems and pain that a person has in their daily life just trying to do simple things.

My doctors agree my condition is work related. I feel there are more options than what I was presented with at the time of my exam. Through my own research I have discovered several procedures that will fix the problem and still allow me to do my job.

They only put me down as partially disabled. The fact I have no strength in my left hand. No they did not mention "travel expenses" but I asked them about them paying me, reimbursing me they "Rainier" said they would, never have yet been reimbursed.

The doctor was more interested in joking around than in evaluating me. The few things he did do were painful and in my opinion did not tell him anything about my condition. I don't feel he had any real interest in truly evaluating me.

I was set up an appointment by SAIF. The original appt. was in Portland. I was then sent to Pendleton instead. I asked the receptionist if they receive my MRI results and she said they had the x-rays would be enough. The MRI showed 2 herniated discs the e-rays didn't show to what extent. I was told by SAIF that the Dr. conduced it was arthritis and that I didn't even do it at work. This was not true. The Dr. never spoke clear. I made very slow movements to protect my back and I feel he assumed I was doing better than I was. My case was closed on his findings but my right hip and leg still goes numb. I am very unhappy with the results of his exam.

Dr were very disrespectful, rude, not thorough in the exam as my surgeon was. These Dr.'s need to be told that we are humans with feelings. Not everyone there is out to screw the system - some of us are truly hurt and not repairable. It's not just our bodies but our emotions that are hurt as well.

I feel the decision about my injury has already been made and I also was told there was no way to measure my pain. So I still have back pain caused on the job but no concern for proper healing.

The doctor was very professional and explained every detail very good.

I was treated unfairly. He seemed to think he knew more about me than I did.

I have diabetes, and I feel that they contribute much of my pain to my diabetes.

I was rushed through the exam as if they didn't really have time or want me there, it seemed they didn't care about my condition or pain, they seemed like it was something they just had to do because they were picked and the insured paid them so it was over quick and the insured got what they wanted and paid for, not an accurate account of my pain and discomfort, that continues to be very strong to this date and the insurer has turned their back on me. I really wonder if this information is going to be read and my voice be heard about the mishandling of my case and the leaving people to deal with injuries that the insurer could have helped with, but it would have cost them a little money to save me a life of pain and discomfort. The insurer (SAIF) is or was in my case more worried about their bonuses and vacations than the injured worker. The injured worker is just a number on a piece of paper and not really a person. Like I said earlier in this letter, I am sure this won't be heard or make any differences at all.

I expressed concern about my knee (left) since I've had problems only after the broken T.B.A/F.B.A. I still have problems and that problem was never addressed as far as I know.

The majority of testing was done with someone other than Dr. XXX. I find it difficult to understand how he can evaluate when he didn't perform the testing. His attitude and condescending comments toward my personal physicians were very unethical. His testing, evaluation and professionalism appeared substandard, as compared to the evaluation I had with a neuropsychologist in Dallas, TX. I wish I could put into words the sadness and disappointment that I've felt through the workman's compensation process. I've lived my life trying to be honest, caring, and supportive of others. Working in the health care profession for almost 30 years became more than a job to me. Second to my family it was my passion. Caring for people and knowing that I helped them and possibly made a difference in their lives gave me tremendous satisfaction. My values and standards for myself were set quite high. The patient's well being was considered first priority, not only by myself but co-workers as well. With this in mind, after my workman's compensation claim was filed, I thought that I was being sent to physicians that would help me, not hinder me. I feel that my diagnosis was made and claim rejected before these 3 physicians ever met or evaluated me. The honesty, quality, and integrity of the 3 physicians that was sent to could certainly be in question. At what point in a physician's career would they choose not to uphold the Hippocratic oath? Is it the money, the power, or a combination of both? It saddens me to know that they have, and continue to profit from peoples' sufferings. It should be a crime, but on the contrary appears to be encouraged. This is dishonest and should make Oregon officials hold someone accountable. My workman's compensation claim was initially denied due to the medical report of Dr. XXX. My appointment with Dr. XXX was primarily discussing my past history, birth to present time. Very little time was used for discussing the chemical exposure and its ill effects, as compared to the rest of the patient's history. Approximately 5 minutes was allowed for a physical examination. Following the Dr.'s appointment, I was sent to OHSU for lab and lung tests. This 2-hour interview entitled him to deny my claim. Upon reading his finished medical report, it was determined that many of the vital statistics were incorrect, such as Blood Pressure, weight etc. It made me question if maybe my records were confused with someone else. He didn't request or review medical records from on set of symptoms that started in 1995. He only requested the most recent. He lacked the bulk of pertinent information needed for a diagnosis. I spent the following year appealing the denial, with the help of an attorney. I was denied an income and medical care for this amount of time. It was physically, emotionally, and financially devastating. My strong faith and family support was helped keep me intact. In conclusion, what should matter is, I worked faithfully at the same facility for 25 years. I was chronically exposed to a dangerous chemical and became sick at my workplace. My career as a health care provider, or any profession outside of my home has ended. I suffer with the effects and damage of this exposure daily. It is a condition that I will live with the rest of my life. I can't begin to explain to you the misery that this has caused me over the past 9 years. Please don't let people continue to be scrutinized and belittled because of injuries that were no fault of their own. I speak for myself when I say, but sure others agree, that I would much rather be healthy and back at the job I was trained to do and love. Will the State of Oregon protect their own and look into the phrase, "Hired Guns"? This certainly fits the description of Drs. XXX, XXX, and XXX, the 3 independent medical examiners that I was asked to be evaluated by. Thank you, XXX

The doctor was at a disadvantage because he was given incorrect information regarding the need for the visit. The info claimed a "new condition" which I had never reported or claimed to have; therefore, neither the doctor nor myself knew why I was sent for the exam. A total waste of time and money!

15 C. Dr. could have a little more medical history of my injury of 1971.

15 D. My medical condition has worsened since the examination.

# 6. The 130 miles one way was very courteous & polite, but I feel they could have a better understanding of my medical history & how these medical problems started. Thank you.

He was very thorough with the exam. He listened to what I said and answered all my questions. I had to travel a long ways but I was satisfied with the exam.

My claim in the first quarter of 2001 regarding my carpal tunnel & tendonitis (reaggravation) was wrongly denied by Kaiser. The Dr. in this case was XXX. I was informed by my lawyer to get a second opinion & referred to a Providence Dr. (XXX) carpal tunnel was diagnosed in my right and left hand. Dr. XXX presented surgery be performed in both right and left hands but was denied me by Liberty Northwest Insurance. I was referred to a specialist by Liberty Northwest who dropped the ball by inferring that he did not have adequate x-rays & documentation for this claim. Liberty Northwest denied my claim stating that my reaggravation period had expired. But in all actually my claim had not expired. The Workman's Compensation Board had denied my claim when the State of Oregon had accepted it. This is all in or on file & also I have proof in my possession of this statement. Please reply in regards to this claim. Thank you greatly.

The IME at Dr. XXX' office in Eugene was a complete waste of time. I felt he really didn't care about me, my injury, or the pain I had. On my second IME, he pretty much yanked my knee around and said I was just as bad, if not worse, and then sent me on my way. I was very surprised that he then said I was medically stationary. His actions made me feel like he thought that I was lying about the pain and problems I had with my knee injury.

This is important information and probably more information than you want, but I feel you should know: While I was working during this injury (4 hours a day), I was seeing Dr. XXX. He is the doctor that SAIF said that I had to go to. Dr. XXX was a waste of my time and SAIF's money. The only thing he did for the good was to make sure I had enough Ibuprofen to keep the swelling and pain manageable. He always made me feel that I was trying to milk the system and that my injury was no big deal. Whenever I asked about treatments that I had heard about or friends had told me about, he would flat out refuse to even discuss any of these opinions. He never believed that my injury was bad enough to warrant any further treatment.

I constantly tried to get referrals to other doctors for second opinions. No orthopedic in Salem would see me because I had seen Dr. XXX and he said there was nothing that he could do. My family doctor, Dr. XXX, was the only doctor that saw my injury as real. She even tried to get me into a doctor in the Portland area.

I was informed that SAIF was closing my claim. Since my injury was still causing pain and I was unable to have a normal life, I filed the paper work to appeal this closure decision. Workers' Comp then scheduled a Medical Arbitrator Examination for me with Dr. XXX. Dr. XXX should never be allowed to perform these examinations again. He did not listen to me when I told him about my injury or the pain I was having. One example of this exam with Dr. XXX is that he asked me to squat down as far as I could. I was able to squat down only a few inches because of the pain. When I was informed of his findings by Dr. XXX, Dr. XXX said I had "refused" to squat down. I never refused to try anything during this Medical Arbitrator Examination. When I was unable to perform movements that were requested of me, it was interpreted as refusing to do the movement. Dr. XXX was even talking to the nurse as I was explaining the trouble I was having with my knee. The entire process took only a

few minutes. There was no thorough examination by Dr. XXX and I left feeling like it was a major inconvenience for me to have bothered him.

Workers' Comp then closed my claim because of this examination by Dr. XXX.

Where am I today?

On March 10, 2004, I called OHSU Orthopedics Dept. On March 15th, 2004, I had an appointment with Dr. XXX at OHSU. On March 17th, 2004, I was put on the schedule for surgery by Dr. XXX. On March 19th, 2004, I had surgery on my knee. I was able to walk without pain as soon as I was awake enough from the surgery. I have not had any pain since this surgery. In fact, it feels like I never injured by knee in the first place.

I spent twenty-one months trying to have my work-related injury cared for under the incompetence of SAIF, Dr. XXX, and Dr. XXX, and Dr. XXX.

I spent ten days from the first phone call to having the surgery, total relief at OHSU, to find pain relief, and a normal life again.

How much money could SAIF have saved by taking care of my injury and not giving me the run around with doctors that really don't care because SAIF will pay them no matter what they do for the injured workers in Oregon?

You don't even want to get me started on the harassment from my employer because I was unable to do my job full time...

Please feel free to use my name, address, and other information if it will help in this inquiry.

Examination was limited to lumbar strain. The MRI's taken after the accident and numerous treatments clearly showed that 2 discs were puffed and one was torn. The Dr.'s manner was good; but he told me that he was to examine me for a lumbar strain and I could only talk to him about the lumbar strain. He could not acknowledge that my discs were permanently damaged. My condition had never been corrected by Dr. XXX to upgrade the injury, from the information I have heard from other patients & hospital workers, working with Dr. XXX, he will do what the insurance companies require so they will pay him. Apparently, that is the case with numerous Drs. The insurance company dictates to the Dr. what they will pay for. The insurance company doesn't want to pay out a lot of money for a serious injury.

The discs that were damaged have been passed off by the insurance company Dr.'s degenerative disc disease. My discs may have been aging; but I did not have back problems that I can't lift heavy items or bend over for a couple of minutes until after the accident. The injury was on the job and should be covered by w/c.

If you need more information or would like access to my MRI's or medical records, I will be glad to release them to you.

To whom it may concern,

Thank you for letting me respond to your survey concerning SAIF and their so-called Drs I have learned that SAIF is not for the employee but all for the employer.

I have been exposed to asbestos by the same employer, Medford Lanes 12 years ago and from April through August of 2002. The whole time we remodeled in 2002, I was sick while working and still sick afterwards. My step son was sick too. My stepson went to the doctor in November of 2002. The doctor said his lungs sounded terrible for young kid at his age. He asked him if he had worked in construction work or painting lately. My wife was present at the time and told him about Medford Lanes. The doctor wanted test done for exposure to construction dust and asbestos. My wife told him about me; and the doctor said that I definitely needed to be checked out for asbestos exposure. At that time, I had no insurance and could not afford to go to the doctor. So I called OSHA. They told me to file a claim against Medford Lanes at SAIF; and I did.

I went to Providence Health Center and was seen by Dr. XXX. He gave me an exam and said my lungs sounded terrible. He gave me prescriptions for my lungs. He was very, very concerned about all cement dust, asbestos I was exposed to at Medford Lanes, and all the other dust from the total demolition of Medford Lanes during those 4 months with no permits, no masks, or protective gear.

He set up an appointment to see a lung specialist in Portland - his name is Dr. XXX. At the same time, SAIF set up an appointment to see their so-called specialist in Washington, Dr. XXX. Dr. XXX wanted me to have a lung biopsy done for asbestos and other materials I breathed in because the building was built in 1959 and I was exposed to so much asbestos and dust.

I had to see Dr. XXX in Portland. If I didn't go to him, my claim would be affected. He was supposed to do breathing test and a lung biopsy. I called my SAIF representative up because I couldn't afford to go up to Portland at that time. He said there was nothing he could do for funds but I had to make that appointment. So, I did.

When I saw Dr. XXX, he said that he agreed with Dr. XXX that I HAD ACUTE INDUSTRIAL BRONCHITIS and should be checked for ASBESTOS EXPOSURE.

So, then I had to go 35 miles past Seattle, Washington to see SAIF's so-called specialist, Dr. XXX. I called my case worker three days before I had to go up to Everett, Washington because he had not sent me my motel, mileage, or food expenses yet. I had to argue with him on the phone because he only wanted to send me a check to pay for 1 day of lodging, food, and mileage so I could make his appointment. I asked him what kind of tests Dr. XXX was going to perform. He said breathing tests and a lung biopsy.

So I went to see the so-called Dr. XXX. He wanted me to fill out a 4-page questionnaire about my past: things like - how many illegal drugs have you done in the past, have you ever been in a prison, and blah-blah-blah. What the hell does that have to do with asbestos exposure? All his 4-page questionnaire was to make me look bad to SAIF, my doctors, and Workers' Compensation Board.

Afterward, his nurse started giving me breathing tests; however, the machine wouldn't work. So-called Dr. XXX came in. Between both of them (the nurse and the doctor), it took 15 minutes to get it working. After the breathing test, Dr. XXX came in to read the results. I asked him when I was going to have the lung biopsy test. He said that I DID NOT NEED ONE BECAUSE I HAD SMOKED CIGARETTES FOR SO MANY YEARS.

He then proceeded giving me a blood test for nicotine and didn't even use SAFETY GLOVES. WHAT A JOKE FOR a doctor. He then sent me to another clinic for chest x-rays. When I came back with the x-rays, he looked at them and said that they were fine. He blamed everything on my past and smoking. So I went all the way up there for nothing.

I know why SAIF and this so-called Dr. XXX tried to make me look bad. Because whole time we remodeled Medford Lanes, it was open to the public, which means little kids, seniors, and the public was breathing asbestos, cement, and sheet rock dust the whole time. At one time, the Jr. Adult league walked off and wouldn't finish their last night of league. I was exposed to this everyday for 4 months.

As a result of this, no biopsy test was done by SAIF, Dr. XXX and Dr. XXX told my attorney that they would not show up at my workers' compensation case and tried to fight SAIF and Dr. XXX with no proof.

My attorney asked me if I could take the test by myself because XXX, the owner of Medford Lanes admitted to OSHA that he screwed up and lied in his report to OSHA. I told my attorney that I couldn't afford the test. So I never got my test and lost my claim. Now everyone is sending me medical bills and attorney bills.

So I am BITTER towards SAIF and their so-called doctors: YOU BET YOUR ASS, I AM. THE SYSTEM SUCKS. By law, I am supposed to be checked out for asbestos when exposed to it but not to accumulate a bunch of DEBT. And what about all those LITTLE KIDS, SENIORS, AND THE PUBLIC who were EXPOSED?

Who is going to pay for their medical costs and anything else if they were to get asbestos cancer 20 or 30 years down the road? Doesn't SAIF stand for STATE ACCIDENT INDUSTRIAL FUND? And think that I have been diagnosed with ACUTE INDUSTRIAL BRONCHITIS AND POSSIBLE ASBESTOSIS.

SAIF, LABOR BOARD, OSHA, & DEQ work for the employer but not for the employee. HELL, XXX has never ever been fined. And now he is doing it again. He is leasing his building out right now to

kids unlimitedly and has young kids remodeling with no protective gears or masks or even without knowing about the ASBESTOS that is all around them.

I am sending along OSHA's papers on XXX' lies. P.S. My wife just got the phone call from XXX, OSHA because she complained about the work being done over there. We have called them for last month. My wife called them up and told them that I was writing a letter to the GOVERNOR. After that, XXX from OSHA called and said that he went Medford Lanes, talked with them, and inspected Medford Lanes. He found special tile, special ceiling tile, and other materials that require special contractors must deal with.

I know what it is; and so do they. I removed 80% OF IT. Maybe now you know how I feel. Can I at least be checked out and to be treated fairly according to LAWS OF OREGON AND HAVE SOME KIND OF JUSTICE PLEASE? Thank you.

P.S. We heard from the lady who is running the rebuilding that they have to send a XXX's crew in. I really feel that XXX and SAIF should get it me checked out.

I never saw a copy of my report and just felt like I was "just another claim." The IME was not in my best interest but in the best interest of SAIF. The outcome of my claim was based on a poor examination.

This so-called doctor was very inaccurate and his results (report) was ridiculous. He jumped to the conclusions that were not real or correct and could not copy names accurately.

You know what? I just realized the IME I had last was not through SAIF and so this info is incorrect in its way; but the IME I mentioned was not through work-related, but an auto accident.

Throughout Dr. XXX's report, he made false and misleading statements with the ability to twist the facts to fit his opinion. He was arrogant, rude, and unprofessional. I don't wish this Dr.'s slanted opinion to fall on anyone else, but I am sure it will . P.S. I will be happy to show you his report if you would like to see it.

This last Dr. I went to was very nice and made me feel at ease. Other than the ones prior, who were not ones I would ever go to again if I asked. And yes, I did relay to this to my Dr. after about them.

The test I took - I had taken 3 times before. My father had just died and I stated that before my mental evaluation. The forms (4 pages) I had filled previously were ignored. Questions were asked that were very personal.

Exam was exhausting, took all day. I felt that the doctor was condescending. And before I was made to continue by the time I got out of there, it was dark. I got lost coming home and got after effects that lasted several days - headache, migraines, memory loss, etc.

They told me what was wrong with me before the examination, I did not think this was right. Their minds were made up before they even saw me. There is only one person that knows how I felt before the tree fell on top of me and that is me.

Though I did not see a copy of the report, I was informed at a later date by my attorney as to the contents of the report and am satisfied that it accurately represented my condition.

**VERY BIASED--TOTALLY BLAMING IT ON PRE-EXISTING CONDITIONS.**

I was sent to OHSU. Over \$5,000 was spent and not one penny was used to help me. I had documented 17% damage to my lungs (now at 20%) due to chlorine chemical burns to my lungs, burns and scaring to my ears, burns & an ulcer in my nose and burns to my throat that took 9 weeks to heal. My platelet count has been documented at a decline of 20% and was still falling as of June,

2004. The pulmonary specialist in Bend was experienced in this type of chemical spill and there is a diagnosis on my chart of reaction airway disease.

The OHSU CAT scan showed air trappings but this was ignored. My claim has been denied because the OHSU doctor said that my symptoms are related to my diabetes being out of control and that I had a history of gastroesophageal reflux. The blood tests from OHSU showed a reading of 5.9. According to the American Diabetes Association this is 2/10ths above normal and I was not taking any medication. I have never been treated or had gastroesophageal reflux nor was there any testing for this. The OHSU doctor wrote his first report and stated that it was "probable" that I had gastroesophageal reflux. He then wrote a later letter where he stated "on her history of gastroesophageal reflux". What I have been through is thoroughly documented into 2 four-inch binders and I can tell you SAIF is totally corrupt and these IME's are nothing but fabricated fraud.

This IME was a joke. The doctor already had his opinion before he ever saw me. He actually told me there was nothing wrong with my ribs. AS it turns out, my 4th rib was completely detached from my sternum, which I found out from a later surgery, WHICH SAIF DECIDED THEY WILL NOT PAY FOR!!!!

Insurance examiner only - no doctor.

The doctor works for WCD or did his examination to benefit you and Tube Specialties, Inc.

The IME want to examine my right shoulder when it was my left shoulder he should be looking at. He questioned me if I was sure.

I was surprised how the IME tests set back my healing process. When I left the office, I felt like, in pain, I was nearly set back several months in healing. The pain level did not leave in a few days, but more than several weeks.

I believe the system needs to be changed. To this last doctor I went to, this is all he does and I felt he wasn't going to say anything to stop his bread and butter. I feel that these IME doctors should not know which insurer they are doing the exams for. The insurers should pay the state and the state set it all up. That way, there is total anonymity. I think this would be more fair and no pressure to keep the business of the insurer.

I didn't feel he listened to me, and I also feel that the exam was not complete.

I have had surgery on my back 6/25/04, had two fusion's done on L4 + 5 + L5 -51 by Dr. XXX in Bend, OR. My back is doing very well. I am not happy with the SAIF Corp, and I am not happy with my employer and the Workers' Compensation judge's decision. But life goes on. Thank God for insurance.

I have pain. Still I had a lot of pain after my examination. I feel the exam was needed to see what was hurt. I still need surgery on my back and knee. I hope that the amount will need to be paid as fast as my other bills.

Doctor was not aware or did not seem to know why I was there. I did not know about report until after surgery.

I am very upset with SAIF insurer medical group. Because of them, I lost my job. And now I am stressed over having no more employment money coming in (very dissatisfied) to this day. I still do not have a job - and it has gone on. Job interviews. And nothing!

I was released for work by SAIF, but I have not been able to work. I am homeless and broke. I got screwed up by SAIF. I am disabled on my RT SD.

After the exam, I had an increase in pain. He pushed on the nerves because I have carpal tunnel syndrome.

The first visit, he told me in person that I was doing the right thing by not working. The second visit, he stated that I should be about to start working a week or two but only part time & at reduced weight leverage. SAIF then wrote a letter stating that, on the first visit, I was released to full duty for full time. The letter was written and mailed 2 months later. It was fun to be treated like a dog turd.

A lot of harassment from job and at work. Still have trouble.

The doctor was very rude and impatient. I feel his diagnosis was absolutely false. The system is not accurate. I feel there are too many loopholes.

Treated very unfairly. IME doctors shouldn't be allowed to give these exams to injured workers. If yes, they need to share what they are doing with the worker instead of saying " the insurer pays me so that's who gets the report results."

Definitely need better service.

Dr. XXX is my osteopath. I have been cut off of further treatments as of October 2003 because Liberty Northwest refuses to pay for treatments. At this time, I am waiting for a result from a review by the Workers' Compensation Board requested by Liberty Northwest. All the doctors the insurance company ordered me to see found one reason or another to recommend denial of treatments by Dr. XXX.

Yes, there was a problem with my shoulder. But would have to do surgery (exploratory) to see the exact problem up closer. Even though it was on the job injury, SAIF would not cover it. I was told to get a lawyer. My shoulder is still swollen. I still work - I have to pay my bills and deal with the pain everyday & night. Everyone agrees there is a problem, but there's no insurance and no help.

Both two older gentlemen that were dr. and they were pushing biblical comments that made the worker feel uncomfortable and made him feel like a criminal

Felt the whole process was very intimidating and the doctors were retired and were only doing this for some money to further their retirement

Felt it was a waste of time for both the worker and the doctor, since the IME doctor agreed with attending physician.

Felt that they already knew that they were going to deny further medical treatment prior to going to the exam. The doctor would not look me in the eye and there were no bed-side manners and very impersonal.

Not all but most it seems to be all about money and not about the healing. There is nothing for the injured worker till they lose it all. If it wasn't for family, friends, organizations I would be homeless. Very dissatisfied with system

The insurer needs to let you go to more than one doctor for the IME to get different opinions.

Claims adjuster kept changing. Every time I called somebody new had my file. Treated me like another file. All the insurer would do was give me pain pills and then want me to go back to work driving a school bus while under pain medication.

Didn't examine MRI that I brought to the exam. Insurance company not fair about my claim, refusing to pay for my prescriptions. Settled my claim because they talked me into it and now I have to have surgery.

Not concerned about well being, not there to help at all, the doctors already know what they are going to put in the report. I want to sue state of Oregon Workers Comp and SAIF.

Didn't seem very thorough

Need to do something about SAIF

I felt that I was guilty until proven innocent. Didn't think they were fair and were on the insurers side. Need to fix how this whole thing is done.

IME didn't take measurement of my leg length and size IME made false statement about leg measurements. IME are paid by insurer and I'm not represented unless I get an attorney. System isn't fair for the most part. All I wanted was to fix my back, not money.

Interesting experience

had one IME a few years ago and the IME Dr was very insulting by calling me fat.

Dealing with Liberty NW has been a pain, fighting to get prescriptions paid. They want cash register receipts and I don't even know who to send things to at Liberty NW. I don't want Liberty NW to benefit from SAIF shutting down.

I felt like I was guilty before I walked in the door to the doctors office. I never got the same person to talk to at the insurance company.

Dr. was very rude and not very caring. Felt the Dr. wasn't listening to his replies.

Felt doctor was not thorough w/his exams vs. his findings.

I think the doctor did a good job.

The doctor was really good

Felt that the doctor had already made up his mind. I was in and out in 5 minutes. Very disappointed when he already had his mind made up before I arrived

Not happy with Liberty

My experience with the insurer has been very dissatisfied as a hardworking American citizen. I feel that I've been mistreated and caused undue stress by SAIF corporation. They've blocked every effort for me to return to work as fast as possible, and felt that it was much more easier to keep me medicated and complacent. They didn't have any complaints then. When I chose to get off the medicine and got a clear head, it became a battle and all I got was a denial. Just like an insurance company. Would be glad to speak to whomever would like speak more.

Dr. made inappropriate comments to her about unrelated scars on her body and made her feel very uncomfortable.

Re: #10 The insurer "offered" reimbursement for meals and mileage.

I felt this was a joke. I had to travel from southwest Missouri to Portland OR. to be evaluated for further treatment. Even though the Dr.'s here confirmed what was wrong and what needed to be done. I do not know how your system works, but I do know I could not get the treatment I needed nor could I get the help I would ask for to get through your system. I had to travel to Oregon for this evaluation. I got in late went to the Drs office then had to get to the airport to catch my flight out. Just so I could arrive late at night(10:30 CST) and drive another 2 hrs home. How do you think you would of felt after all of that. I hurt, I was tired, It was entirely too much for a 24 hr period. I am trying to keep this as short and to the point as possible. I was cut off from my workers comp.

Had no way of obtaining medical treatment. Then to top it all off my son was diagnosed with cancer so I had to address his medical needs first. He was not expected to live. When I was able to address my issues again it had been right at 2- 2 1/2 years from when I had last received treatment for my arm. Did anyone care that I was in the hospital more than I was home with my son? No. Did anyone try to help me get medical treatment for this .... No. Your system is broken. It needs a major overhaul. It needs it right away. Not everyone that gets hurt is trying to abuse the system..... They are just trying to get the medical assistance they need.

NO way to catch people that got fired from their jobs because of their work injury. I was fired from my job because of my injury. I didn't want the settlement because I went to college to get this job and now I can't go back.

I left the exam feeling the doctor wasn't listening to me.

I felt exam was a waste of time - doctor didn't use all the exams he needed to. I thought having both types of doctor at one exam would have helped me a lot.

Additional doctors present would have been better. I felt like he didn't listen to me. Too much pain to travel that far. I felt attacked by the process of the whole thing. So much pain, I felt overwhelmed.

The IME doctor was very critical about my number of doctor appointments I had in the past. Doctors doing the exam do only IME and are retired. Should be a cross section of practicing doctors not retired doctors only. The process is currently very demeaning.

The workers comp system doesn't serve you when you need it.

Prior exam done by Dr. XXX in Medford. He wasn't very nice and wasn't any good.

Contact people at insurer think everyone is in Portland and give no regard to your coming from Eastern Oregon. Overall jaded rudeness of insurer contact people.

People are not very sympathetic to time of appt at 8:00 appt with traffic and long travel time. Waited from April until August for the IME. Insurer was not reasonable with scheduling.

Doctors are very mind set and they don't listen. I think it was something I had to go through that wasn't going to make a difference.

The exam was done very professionally. The doctor didn't exaggerate nor dismiss info in his report.

I didn't like them at all

Closer to home would be better

I felt the doctor was not concerned I was just a number. No bedside manner

They had already determined the outcome way before I went to see the doctor. My doctor was not even a part of the decision. My doctor treated me for over 15 years. IME doctor had the final say so after only one visit.

Really disliked 1st IME - doctor judged me and accused me of drinking. I felt he thought I was a stereotypical native American drinker. Doctor "copped" an attitude. 3rd IME was a psych exam - didn't understand what it had to do with broken bone injury. It was a bunch of bull. 2nd IME had invasive procedure that was very painful. Drs in 2nd & 3rd IME were very snooty, flat out didn't believe me. Overall, I felt they didn't do me right.

Exams are very one-sided for insurance company. When I tried to give doctor medical info he said he already received everything from insurer. I felt I was misdiagnosed from beginning. The insurer kept searching for an answer they wanted.

Dissatisfied with outcome of claim but not dissatisfied with IME

Not worth effort to fill out another form. Tired of being asked about it. It was a pain getting to the exam but the actual exam was fine.

When I first went I felt it was a waste of my time. I felt the doctor did a good job and was happy with the outcome. The exam depicted same diagnosis. A waste of money.

Doctor was looking at other places to blame other than the reason for injury

I felt I was a minority and that I was faking my injury. The doctor wouldn't even let me explain . He was extremely rude and unfair. Pain of driving was very hard. Doctor was so cold. My own doctor was shocked over the report.

I felt the exam was a matter of just going through the motions. The decision was already made. They described by condition incorrectly. My own doctor even wrote a letter about my condition - no luck. Laid off and no medical insurance. Hands are still not fixed.

I think they just keep sending you to doctors until they hear what they want to hear. I should be allowed to get my own independent doctor.

We both felt both visits with SAIF Dr.'s were very one sided. We had a legitimate injury on the job, Feb. 1998, witnessed by other workers, my employer was not contesting this injury, yet after hiring a lawyer it took over three years to get the help the surgeon said needed to be done. I never missed a day of work because of my injury, I worked every day taking 4 pain pills a day, but still I worked. Unable to do much lifting bending, standing or walking for any length of time. Never mentioning a law suit with anyone just wanting to get the back injury corrected as much as possible. Thank God for XXX who worked for SAIF at the time (hope she is still with SAIF) she helped us the first light in the tunnel so to speak. She helped us with everything. And finally in 2001 I had my surgery in Eugene Dr. XXX did the surgery and it was a success. But we waited way too long which probably made the back injury worse with the time and working all that problem.

The doctors can say what they want and there is no liability or accountability. I only got one of the exams report. I wish the doctors could be more constructive when examining, they don't even really talk.

I didn't go see my regular doctor after the exam because I was already on pain pills from him. I have been through a traumatic experience with at home and I do not remember alot about my exam.

I don't blame the doctor for the pain during the exam. I was trying to save my finger. I felt I was treated well.

Doctor already knew what he was going to tell insurer since he was an insurance company paid doctor.

The doctor already knew what he was going to write before he saw me. Doctor made me feel very uncomfortable.

Doctor was very oppositional. This was not a pleasant experience I would not want to go through this again. If I was ever hurt on the job again I would never fill out an 801.

They automatically think you are lying. Doctor told me that anyone over the age of 50 is going to have a herniated disc. The doctor didn't even talk to me. He talked to my husband instead and I am the one injured. I also got a blood clot in my leg from traveling so far to and from the exam.

I don't want to take this again because I already mailed this in.

Felt over all the way the system is set up is intimidating for most people. Especially those that don't have attorneys. The doctors don't have all of the medical records. The doctors are not 100% objectionable. It is disconcerting. I have had several claims and this whole system sucks.

This is a long drawn out process that is not necessary. The doctor already knows what he is going to put in report even before he sees me.

Thank you for asking my opinion

I don't think the exams are fair. They are a set-up for the insurance companies.

He was a quack doctor. He was an ass.

Was hard for the IME doctor to determine extent of disability with one visit. Doctor also ignored other conditions.

The doctor did not follow up after the IME to check my condition, I was sore and in pain 2-4 days after IME.

I thought the doctor led me into certain answers that resulted in my claim denial.

Doctor made decision on whether to approve or deny on a 30 minute exam with no prior treatment.

The doctor seemed it was an effort for him to see me. Trip was very painful because I road so far. Appt should have been closer to my home. Doctor made me feel like I was one of a herd of cattle.

SAIF still hasn't paid

SAIF was overall good to me. The doctor got me n right away but only spent 15 minutes with me.

IME had very little to do with me

People could be a little more personable

Very dissatisfied with whole process

Did not represent the full condition

Three hour wait to be seen by the IME. Disrespect given to me by the reception staff.

They rushed the exam, something that effects my life should not be rushed like that. They didn't even let me finish the paperwork for the exam before they examined me. Just fast in and out.

The main thing is these doctors didn't seem like they what they were doing, so facts about me were wrong. They said I was left handed - no, I am right handed. Same with other things the doctors said.

Dissatisfied with the age of both doctors and felt they may not represent me as well as doctors who practice medicine regularly. Questions about their competency. Doctor fought in Korean war as a pilot. Very old.

The doctor was very nice to me.

I felt like they sent me to an old retired doctor that would write down what SAIF wanted him to say.

I think it's fully inappropriate to go through the secondary exam when I have a competent physician. The exam was not very accessible. I traveled over 100 miles. I live in Eugene. The insurer should be able to find one in Eugene instead of sending me to Portland.

Disagreed with report. I had to prove I wasn't lying. Doctor didn't take what I had to say into account. The whole process was adversarial, possible due to private insurer and not SAIF.

The doctor (she) had a real attitude and had her mind made up before we even started.

I live in a small town. PT done by Chiro and stopped because I am a chiropractor. I got a bad label and no respect.

Everybody did fine.

Exam should be closer to or near actual work. Hurt shoulder. Exam should be after work not after you have rested all weekend.

The doctor was not a good doctor.

I wish the doctors who examined me could talk to me about my condition. I wasn't allowed to ask questions and they couldn't answer any. I felt by own doctor wasn't a very good doctor, but during one of my IME, I felt doctors could have helped me. I think this process isn't a good one.

Everything was already set up before the exam. He didn't listen to me. Very upset.

Doctor was a hired gun. How could this doctor see me once and change my life forever when my own doctor saw me for 2 years before every week to once per month and came up with a different opinion. The whole process is very unfair. I was having great success with my own doctors. Why should I have to go to this doctor. I feel this was unfair.

was told that this was to close the claim. did not know that it would keep me from going back to my "back" DR.

I didn't feel the doctor understood and listened to what I was telling him about my pain and condition.

A positive experience.

I felt like he didn't know what he was doing. Kept referring to a medical book. The doctor didn't listen to me. I am in pain. I don't think this doctor was impartial.

I think the doctor set his mind already. He didn't listen to anything I had to say. He kept saying my problems were due to overweight. Doctor was disrespectful and condescending.

The doctor I saw was retired and using a chiropractor's office to do exams. His name was not on the door. Doctor just looked at my x-rays and never examined me or asked me questions. Doctor was very old and unprofessional.

You don't really want my opinion. It is not very positive. This whole experience has ruined my life as I knew it!

The reason that I was not satisfied with the exam was because I had made arrangements for a copy of my x-rays & MRI to be at the place of the exam. I had not been received by WMCI Prime Evaluations in Pendleton. I think that they should have made sure the pictures were there for the exam.

It took a Dr. unrelated to the whole claim to tell me truthfully what is wrong.

Haven't read the reports and my pain keeps getting worse.

I am not sure what is being asked for. On 4/20/04, I spoke with XXX, the Oregon State Bar Workers' Comp and was shuffled from XXX (?) -> XXX, then was directed to phone "Mr. XXX" to discuss the denial of claim. XXX did not return my call on 4/20/04 1350. I gave up on what appears to be a lack of consumer/customer service.

I asked the doctor not to twist my knee a certain way, and he did it anyway. Not just once, but he did it twice. I raised my voice at him very strongly. In my opinion, I think that the doctor was not being biased but being controlled or paid by the insurer to be in their favor.

Just came off 1 week restful vacation, still had cortisone residual in back. They or she is not being a doctor. Just measured forward, backward, and sideways bending which wasn't enough to be even adequate my back. Then, I got a letter from SAIF saying that I only had a 3% disability based on work capacities measurements.

I don't think it was very suitable for the practice held there. I do not think they had good conditions - too old.

Did not like the first IME - he accused me of being a drunk that I had red eyes. Also, I felt that he was prejudice due to the fact that I am a Native American Indian and did not evaluate me. Correct other words, he was an asshole, very prejudice against me. Also, I was sent to a nut doctor for a broken collar bone. What was that for!!

Everything went to plan. Thank you.

I and my wife felt that he was just going through the motions. Not at all really concerned or caring of my end result in this back injury.

After my eye injury, I was left with blurred, distorted vision in my right eye (circles are ovals; squares are rectangles; straight lines are broken & wavy). I am learning to shoot left handed because my right eye doesn't permit me to look through a scope or iron sights. No body would listen during my final evaluation - it was just like as it all was irrelevant and didn't mean a thing. I feel that the extent of my injury was really minimized. I do not have the vision that the clinic claims - P.S. Right eye is deteriorating, not stabilized.

The process should show more respect for the individual.

They need to inform these doctors better about a person's medical condition.

This was an extreme waste of time. And, it's hard to believe that the one fellow is a real doctor.

I had to wait too long before being seen - all this did was prevent me from being seen & treated by a physician outside of workers' comp. The whole situation was a waste of taxpayers' money and my health suffered. A total waste of everyone's time. Workers comp in Oregon sucks big time.

The doctors tests to assess my injury were cursory and very surface. It was clear that they were there to represent the insurer in anyway they could. I had MRIs which were not referred to in their

evaluations. We considered litigation regarding my back injury due to ongoing expense and pain since the date of my injury (for which, workers comp has left me solely responsible). Moreover my interview process was considerably rude in reference to my papers of record and the explanations of my spouse who was asked to specifically not talk during the interview. I experienced emotional and physical discomfort during my evaluations for which I was not acknowledged. I consider the IMEs to be a SHAM. To date, I have spent thousands of my own money seeking relief since the date of the accident.

Main problem was not addressed specifically. Examiners went through the motions of what was required of them. There were no thoughts expressed or evaluations made to the patient. Examiners duties could have been "phoned in."

- 1) Dr. XXX & Dr. XXX were unprofessional, rude, and prejudiced. The comments about my lack of English language written in a letter to Dr. XXX was slanderous. They are pathetic doctors who should not be practicing medicine.
- 2) Dr. XXX & Dr. XXX were as unprofessional as the first doctors. They are also pathetic and also should not be practicing medicine.

If I can offer any more assistance, contact me so that I can give you a good verbal redemption of my pathetic experience. This was the worst ridiculous experience that I had since I left communist Yugoslavia in the 1950's. It's obvious that these were the rejects doctors who couldn't get a real practice.

I did not go to see the medical examiner. There was no point even though my back will be in pain for the rest of my life.

I think the whole thing was a crock and a waste of time. I never got the help I needed. My knee is still messed up. All my claim adjuster and doctor wanted me to do was PT and that never helped. So I quit, and I have been unemployed ever since.

They need to stop and remember that you are in pain and that they do care about you, not just the job!!

I kept telling him that I felt pain. He said that he was only looking for mobility of the area.

We were asked to go for the exam 3 months after the incident. I spent 7 days in ICU. By the time for this exam, healing, physical therapy, and a lot of pain pills were used. We asked the Dr. if he could judge my claim for an incident 3 months earlier. He would, from the very beginning, not listen to our concerns. He was indifferent to our questions. But he did deny my claim.

I never could get the report from OHSU, results from MRI and or anything that they saw me for. The insurance sent their own doctors to examine me, and they never sent me a report and results what is so ever.

I only saw Dr. XXX at the office I work in and my PCP. I was not informed that I needed to see anyone else.

Very nice and very fair.

He was very impersonal.

I told the truth. My hand was in pain after Dr. XXX's examination. He told me that there was nothing wrong with my hand or fingers. He did not let me talk. He asked the questions and that was that. It went to the court and I won, but it wasn't needed to go to court. I feel that Dr. XXX did a very poor job if I had to go see him again. I wouldn't.

The last one was the best experience I had out of all I had. And I had some really bad ones (which I let my Dr. know). But I was confused as to why I had to go since I had already had surgery & was back to work for a long time. Already, this case has been going on for over 2 years now.

I don't totally recall the appointment other than I felt the Dr. was rude and didn't listen to my symptoms. I don't recall seeing a copy of his exam but was informed by my attorney of basics. Liberty NW is rude to deal with and I question anyone they send me to.

I was made to see too many doctors, and I became so tired and confused. They asked unclear questions. I do not feel that any of them had my health and well being in mind or considered a factor while examining me. They work strictly for the insurance companies. Totally dishonest and non-caring.

Was done well.

I do not understand how I could have chronic arthritis of the spine and it won't be cured by repeatedly injuring my back on the job.

WMCI Prime Evaluations sent me an advance packet advising me that my examination would be very thorough and to expect the examination to last at least one hour. I only spent about ten minutes in the doctor's presence, and he spent half that time doing paperwork. He was also unwilling to take into consideration the fact that my injury was over one year old and had greatly improved due to physical therapy and rest.

I did not received a first request for this survey, and the second request did not arrive until September 19th.

Exams were done after my surgery.  
I was very dissatisfied with Dr. XXX's exam.

I do not recall an exam from medical examination doctor...I do remember hurting myself on my job but don't recall what came about or what happened. Sorry for the inconvenience not answering questions.

It's pretty bad when you're forced against your will to do these things; and they make you feel degraded and make you feel stupid. They have 2 doctors that you feel like they gain upon you. I was very uncomfortable when 2 men made me to take my clothes off. This was uncalled for with a back injury. They refuse to listen to the facts, and then just inform you that you are depressed and need to be on antidepressants when the facts where I was just in pain.

Although the last guy was great, the German doctor before the Italian was horrible. He didn't explain anything; he was very impersonal. I didn't like anything about him. Because of him, I requested another examination. Much better the last time.

I was very pleased with the Dr that I saw and also very pleased with the way SAIF handled my claim. They were pleasant to deal with and very quick in handling my claim. I consider them to be an outstanding agency and the Dr. they sent me to was very knowledgeable and pleasant.

Was not told of the results.

it was clear to me that he was a "hired gun" to find any reason to deny responsibility for the insurance company.

1) The doctor displayed complete disregard toward me as well as the witness who was in attendance with me.

- a. He (doctor) didn't introduce himself by name but as a neurosurgeon. He said, "Hi, I'm a neurosurgeon."
  - b. The doctor made it quite evident that he had not reviewed my chart prior to the exam; he stumbled over/with words that had been highlighted by someone else and gave the distinct impression that he wasn't the least bit interested in what was stated in the chart.
  - c. The doctor would not establish eye contact with me and showed no interest in the response I gave to his questions. It was apparent that his question were a mere formality.
  - d. The doctor treated me as though I was a leper. He never touched me throughout the exam, barely spoke with me and had me perform a series of poses/movements that could no more assist him in determining the cause of my injury than my being able to predict the weather by sticking my finger in my ear.
- 2) Two days prior to my exam, I decided to call WMCI Prime Evaluations to see if my MRI film was there. The person who answered my phone call responded in the negative and asked me if I knew where it was. I replied in the affirmative yet inquired as to why the film wasn't present. I was told that it was up to Liberty NW to see its delivery. As soon as the phone conversation concluded, I called Liberty NW to inform them of the deficit and questioned the validity of an exam without the appropriate information. The film didn't make their way to WMCI, yet I have the distinct impression that the doctor never viewed them.
- 3) Post IME appointment: I called WMCI to confirm that my MRI films were available for me to pick up and take to my next Dr.'s appointment. The receptionist answered in the affirmative. I stated that it would be at least a day or if not, two before I would be able to pick up the films. She replied that there'd be no problem with my time frame. When I applied a couple of days later, the receptionist (a different one) offered much resistance to my request and questioned the validity of my claim as to having made arrangements to pick them (MRI films) up. I firmly stated that I wasn't leaving without the films. She then indicated that the films might have gone out in the mail and she would need to go back into another office to check the status of the films and get approval. While she was away from the desk, I peeped over the counter and saw my films (labeled with my name) sitting on the floor. I didn't retrieve them yet wanted to. Approximately 8-10 minutes passed before the receptionist returned, she said that I had been "given permission" to take them. She then returned down to the floor, picked up my films, and handed them to me.
- 4) The Dr. had once been employed by OHSU & Found Employment elsewhere with encouragement from OHSU. His performance at OHSU wasn't up to standard.
- 5) This doctor seemingly, no knowledge regarding the physical demands of my job and the biomechanical forces placed upon the body in fulfilling the responsibilities of the job, nor did he seem at all interested. So, for him to be give the authority to make a unilateral determination as to the cause of my injury is not only unreasonable but unethical.
- 6) The doctor assumed the role of judge & jury. I thought I was attending a physical exam.
- 7) Since when is human life and the quality of that life less important than the "corporate dollar?" Yes, this is a rhetorical question, yet let me respond anyway. Human life and the quality of that life are less important than the corporate dollar. Since Oregon supported and promoted insurance companies like Liberty NW & SAIF allowing them to conduct themselves unethically and unprofessionally in humanity, etc. Not everyone in the claimant collective is out to take the system, nor should they be treated as though they are.

I still experience shoulder pain. I had been off work for one year when I had the exam. I have full motion in my shoulders as long as I am not lifting and told the doctor. He did not seem to think it was important since the claim was denied. I retired in stead of returning to work. I was informed by the workers comp that I could appeal but since lawyers were involved I chose not to.

Doctors were very cold and rude. One doctor was hung over. His nose and cheeks were glowing red. The other complained he had no sleep. I still have back problems with no reason told to me. Finally had shoulder surgery even though at IME they discounted my pain as just a little click.

My total dealings with SAIF have been a nightmare. It took a year and a half just for them to attempt to fix my shoulder. My back is still bad. I tied to get pain relieved from a pain management source, and they won't cooperate at all. My dogs get better treatment at the vet.

Never got it fixed, still in pain. It isn't fair I got hurt at work and you denied me. Not fair. I had to quit my job. Can't work now.

Felt it was an "adversative(?)" type of atmosphere. Doctors seem to have made up their minds about my condition before I came in.

I felt like I was wasting their time being there. They seemed not to care for what I had to say about my injury.

I only was with that doctor for maybe ten minutes as I testified to in court. That is not a fair evaluation. Plus, he was very rude and condescending to me. How can he evaluate someone in only ten minutes? How about you answer that question for me since I answered yours.

I get tired of doctors who decide every condition is caused by weight. I also don't feel it is appropriate to look people up with doctors that are not regular practicing MD's.

I just don't know we have so many behind issues, and I am in so much pain the doctor can't do anything. I don't want to keep on taking this pain killers, so tell me is there anywhere I can go to get help financially if not, physically. Please advise me

I feel that it was a waste of time. The doctor was negative. It didn't matter what I had to say. I felt as if he didn't need me there in order for him to evaluate my condition. His mind was made up.

I am very disappointed. My experience dealing with SAIF was an experience I don't want to go there again. All my medical bills were not paid when they were supposed to be. I am very unsatisfied with SAIF and my entire association. I am sorry to say it was negative.

I wish that the adjusters would be more friendly and helpful instead of presenting themselves as if by contacting them with questions, etc that it's an inconvenience. Customer service should be just that. Thank you for asking for our opinions, hopefully the comments and answers that are received are helpful.

Still experience pain in knees.

He was very closed to limitation and severity of my pain and condition.

It was a horrible experience I have done through. He did one of the tests wrong & caused me to have a trigger finger on my left thumb which I am still dealing with. I had it investigated; but he had lied on the report stating that he had to calm me down because I acted angrily when I didn't. He did to ward me. He stated I didn't say that I was in pain. I told him twice; but he ignored me. Also, for the last procedure, I was supposed to hold his fingers and supposed to pull them. He leaned back on the back of his heels and, for a few seconds, I felt I was holding his body weight. It was horrible. Dr. XXX was one of the worst Drs. I've ever had - he has caused me more damage. Please help.

This doctor was very disrespectful as to my condition. The after exam time, I asked questions in which she wouldn't answer.

I was turned down because hernias are not covered.

I felt the exam was not accurate. It was made to make the doctor look good and to cause SAIF to deny my claim.

I felt the Dr. didn't listen to what I was telling him. He was very short and rude. I don't think his assessment of my injury was accurate at all. He basically didn't think I was in as much pain as I was (and still I am). Because of his report, I have had to return to work and hurt everyday. I wasn't able

to follow through with surgery and, or physical therapy. My workers compensation was taken away; and now they say I owe them for an overpayment. Where is the logic?

Dr. XXX went through the exam so fast that he did not even have time to check on my complaints. I told him the things that I can't do because of back and hip problems; and he basically ignored me and didn't test for any of the complaints and pain that I had.

We were told that the examiner was going to arrange with my doctor's clinic to get my X-rays and MRI pictures to look at for my exam. The X-rays and MRI were not there. He acted like he did not need them. I felt the exam was not done properly or not done thorough enough. My doctor had told me that I may need an artificial knee. He (IME doctor?) commented that he thought so. How could he be sure?

I felt the doctor who examined me had already concluded prior to seeing and examining me that my injury was not work related. I explained that I 'd worked at the same job and same desk, using the same equipment for 3 years with no problems but my problems began when the management in my office rearranged my work area and refused to allow me to configure the new area to my needs. I had no writing space for paperwork at my new desk and was not allowed to move my computer monitor or chair to a place where I could make available. Instead, I was forced to write by leaning over an articulated keyboard and writing on a slant board 8 hours a day. That awkward, unavoidable position is what caused my hands and arms to start hurting. It was totally work related. I've retired now, in part to the continuing, persistent pain in my hands and arms. I'm angry and bitter that my claim was denied by workers' compensation without anyone asking me to hear what I had to say. My own personal physician believes my injury was work related, and he has treated me as his patient for 15 years so he knows me and my personal history much better than any doctor who gives me a 20 minute exam and spends more time talking about his retirement with me than he does talking to me about my medical work injury.

Permanent disabilities should have been labeled as such. My wrists will always not be OK. Any repetitive motion injuries it and there are no jobs out there that do not require repetitive motion. No solution and not enough compensation. Insurer denied my claim at first until I got a lawyer. They were not understanding about "my time" at all!  
This is referring to Bank of Americas insurer.

I felt like I had been hood winked. What a joke. He wanted to know more about my personal life than my condition.

Big problem is Liberty NW did not get what they wanted so they sent me to another, another, and another by trying to get one that would help them and sending me to ones that did not ever deal with hands. Oregon State Medical Review even sent me to one after 7 doctors all saying the same thing we are still waiting for surgery and getting prescription filled and paid for. The IME most times are just a waste of time because even if they fixed for worker, insurance company just sends to another. And, can keep sending even after 3 I found out. What needs to happen is companies like, Liberty NW need to have their wings cut. Work and his rights need to be first as it is now they are first.

When I told Dr. XXX that my wrist popped and hurt when I moved it certain ways, he said, "Mine does it too." When I asked him how my wrist could be fixed, he said that the only option was to fuse it which would greatly reduce movement. My wrist will never be the same. Even writing hurts.

I am very upset at SAIF because the p(?) me into settling and I have very bad pain and can't sleep. Bad headaches at night from the pain.

I think the examiner knew more about my condition but since he was hired by SAIF to evaluate me, he was not honest or he was not up to date with information about my condition or what happened to me.

Dr. XXX obviously had not read any of the medical report prior to seeing me. I felt disrespect when he glanced my crotch - my knee is injured. Although I have range of motion, no test for actual weight to knee motion and ability to perform normal function such as squat, kneel, tiptoe, etc. which I cannot do. Enclosed is also my 2nd billing which obviously is workers' comp ordered they pay?

I don't have an access to my file at this time. So, I don't know the doctor's name. It was an exam in Salem.

Dr. XXX caused my lower back to hurt when he extended my legs too far. None of the insurer IMEs gave me a thorough medical exam. All of the insurers had their diagnosis apparently before I got to their office. All seemed eager to put my medical condition in the "psychological hat." Dr. XXX only spent 15-20 minutes with me when I was told to expect about 2 hours.

I felt the examination was a well rehearsed routine and the diagnosis and cause of my condition was determined before I arrived!

I believe SAIF to very corrupt and the State of Oregon should not be included with them. Furthermore, when SAIF wants an individual to get a second opinion, that doctor should not be in SAIF's pocket. The doctors SAIF uses answer to SAIF because they know where their money is coming from. I believe the State of Oregon should randomly pick doctors for patients to get a second opinion. SAIF should not have any involvement in who the patient sees. Again the system is corrupt from the bottom to the very top. It should be dismantled and a new system put in its place that protects the workers of Oregon.

It felt like the two doctors at different IME examinations did not want to hear what my level of pain or discomfort was. They just wanted to get on with their duty. And I was hoping they would give me some other insight on my injury when I asked. They would not tell me anything on their thoughts on my injury. I left both IME very dissatisfied.

I thought he was not well prepared. He did not have the MRI or the report of same. I had to sit down and wait while he went through papers in my chart. He is a retired orthopedist but not the best! I wasn't pleased with the process. He did not act like he believed what I was telling him. I explained to him that I had a head injury with memory loss and just could not remember. He didn't seem to accept that either. I did not see a copy of the exam report, but I did hear parts of it. I think he made a judgment without the MRI report of seeing the MRI.

I still have pain in my shoulder. I do not feel that either one of the doctors cared that I did not have full use of my right shoulder. I still do not have full use.

Only remember that I felt that I was not taken seriously. I am still off work with no coverage - my pain should not have been minimized. 1 1/2 years ago, memory of specifics is gone.

Dates by SAIF for time loss not paid for 89 days. Mix up of doctors who are not covered under Oregon Health Plans to see patients. Doctors tell you nothing about exam - that SAIF requested it. SAIF does what ever it wants without telling you.

I felt as I was going through the procedures when a decision had already been made. The IME was a false, I think the whole system is.

Very dissatisfied, not being treated very fairly. Not enough information given to know what steps to take from start to finish of the claim.

I had my condition checked at Providence Work Center - I was treated very good, and I did see that evaluation.

The doctor I saw knew absolutely nothing about the lower back and back related injuries. The closet I was examined in was a joke. His medical instruments must have been dated from the late 1850's.