

**Department of Consumer
and
Business Services**

Information Management Division

**Workers' Compensation Independent Medical
Examination Study Update**

Presented to:

Workers' Compensation Division

August 2009

Prepared by:

Nathan Johnson
Rhonda Thompson

Table of contents

Table of contents.....	1
Introduction.....	3
Analysis of injured worker survey responses	5
Analysis of reported IME complaints	9
Analysis of IME providers.....	11
Analysis of IME payments	13
Appendix: Data tables for injured worker IME survey responses	16

Introduction

Purpose

This report provides an overview of the initial results of workers' compensation system changes following the 2005 Legislature's passage of Senate Bill 311 and the Department of Consumer and Business Services' administrative rules implementing the new independent medical examination (IME) requirements. The report provides an overview of the current composition of IME health care providers, of voluntarily reported injured worker post-IME survey results, and of IME complaints reported to the department. Also, the report includes IME counts and payment figures reported to the department, both prior to and following the implementation of the new rules.

History

The current Oregon Revised Statute related to IMEs (ORS 656.325) has its roots in Oregon law dating back to 1913 (General Laws of Oregon, 1913; chap.112 §27). From that time, through 1956 when it was moved to ORS 626.280, and until 1977 when it was moved to its current location, the law remained very similar in language and tone. The law outlined the responsibility of the worker to attend a medical exam as directed by the state's industrial accident commission. The law also provided guidance on the penalties that would be applied if the worker refused to submit to the exam. In 1977, the law was clarified, moving the authority to require medical exams from the commission to the director, SAIF, insurers, and self-insureds. In 1981, limitations on the number of IMEs were enacted, with three being permitted per claim open period and additional ones requiring authorization by the director. Then, in 1987, provisions were added to allow workers to request reimbursement for costs associated with attending the IME. Finally, in 2001, worker-requested medical exams were made possible upon claim denial. The law then remained in similar form until the passage of SB 311 in 2005.

In 2004, at the request of the Management-Labor Advisory Committee (MLAC), the Workers' Compensation Division (WCD) conducted a study of IMEs in Oregon. The IME study committee worked at getting the most accurate information about Oregon's IME system, especially in areas where concerns had been expressed. These concerns were from injured workers, claimant attorneys, and attending physicians, and included complaints about IME physicians being biased toward the insurer, rude and rough behavior by IME doctors, and IME physicians not reviewing actual diagnostic studies. There had also been concerns around the distance injured workers were required to travel for an IME, the lack of information an injured worker was given 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 study included surveys of injured workers, attending physicians, and IME health care providers, worker and defense attorneys, and IME facilities. Focus groups were held to get input from insurers and third-party administrators.

WCD made recommendations to MLAC and, as a result, SB 311 was created. The 2005 Legislature unanimously passed SB 311. The bill does the following:

- Requires health care providers to be authorized by the director of the Department of Consumer and Business Services (DCBS) to conduct IMEs for workers' compensation claims in Oregon.
- Requires worker requested medical examination providers to be selected from IME list of authorized providers.
- Provides the worker an opportunity to request review by the director of the reasonableness of the location selected for the IME.
- Imposes a monetary penalty against a worker who fails to attend an IME without prior notification or without justification for not attending.
- Imposes a sanction against a health care provider who unreasonably fails to timely provide diagnostic records required for an IME.
- Provides the director of DCBS authority to investigate complaints and exclude a health care provider if the provider violates standards of professional conduct.
- Requires DCBS to develop or approve any training curriculum for claims examiners used by insurers, self-insurers, or third-party administrators related to interactions with IME providers.

In addition to the legislation, administrative rules were developed that:

- Require health care providers to receive training to be on the authorized list of health care providers.
- Require a quality assurance statement at the end of the IME report.
- Require the insurer to send a brochure with the appointment letter to the worker providing information about IMEs.
- Require the insurer to send the IME survey to the worker with the appointment letter.
- Allow a worker to have an observer present during an IME without the doctor's permission, except for psychological exams, as long as an observer form is completed. The observer form is included in the brochure sent to workers with the appointment letter.
- Require the IME provider to give the IME survey to the worker after the exam.

In order for a health care provider to become authorized, the provider must:

- Be licensed and in good standing with the applicable licensing board.
- Attend a three-hour training about Oregon workers' compensation.
- Sign and submit an application.
- Agree to abide by applicable workers' compensation laws and rules and the standards of professional conduct established by rule for independent medical exams.

Both the bill's statute changes and Oregon administrative rule (OAR 436-009 and OAR 436-010) changes went into effect July 1, 2006.

Analysis of injured-worker survey responses

General information

After the passage of SB 311, MLAC requested that WCD survey injured workers regarding their IME experience. This survey started as an ongoing process July 1, 2006. This analysis highlights the results of the 1,618 responses to the IME surveys received by the department from July 1, 2006, through June 30, 2007. An estimated 8,500 to 9,500 IMEs were provided during this period. These results are gathered from a voluntary survey taken by workers following their IME, rather than a statistically validated random sample of workers. The surveys are provided to the workers prior to their IME and sent to the director shortly after the examination. Data tables with detailed breakouts of injured worker responses to each survey question are provided in the appendix.

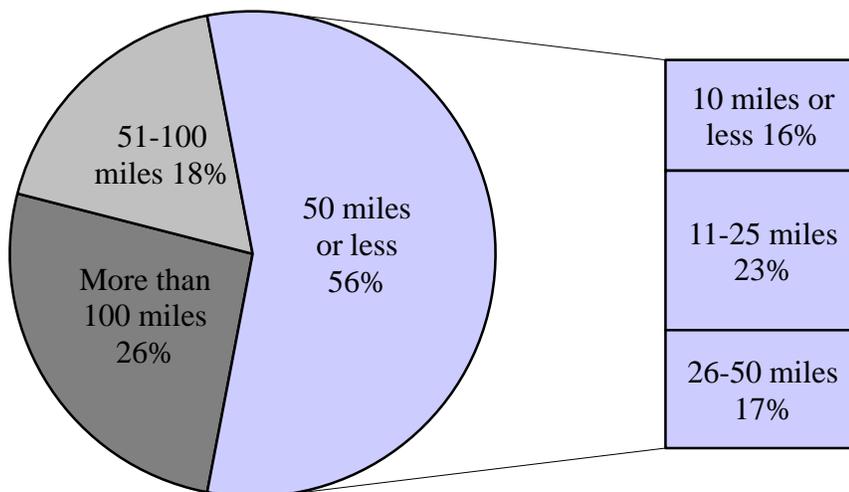
Most workers (more than 95 percent) taking the survey responded to most of the questions. Slightly fewer workers responded to questions about their rights regarding an observer or an invasive procedure. Depending upon the topic, between 11 percent and 38 percent of workers offered comments about the information contained in the IME notification letter and brochure, and their overall IME experience.

Highlights

Number and location of IMEs

Most respondents (81 percent) attended one IME within the previous 12 months. Fourteen percent attended two IMEs in the previous 12 months, and 5 percent attended three or more IMEs. About three of every five respondents (56 percent) were satisfied with the distance they needed to travel for their IME.

Distance to IME



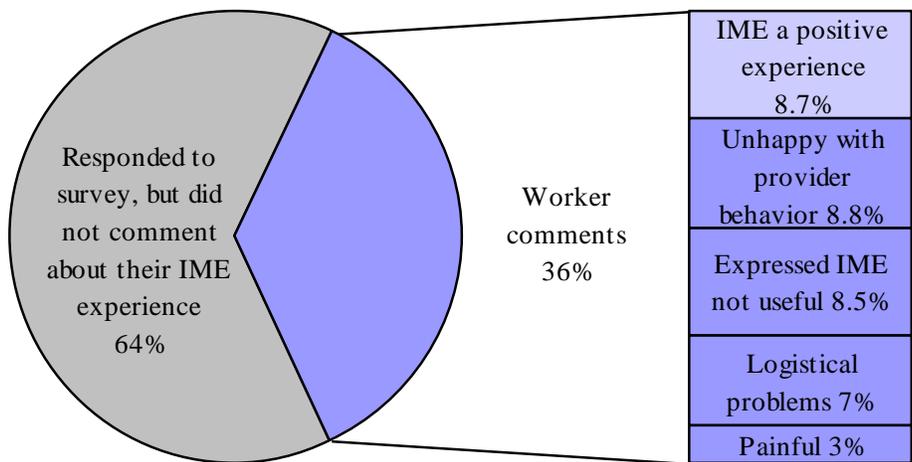
Satisfaction with the IME experience

The majority of respondents (85 percent) were satisfied with the doctor’s explanation of the purpose of their IME. Nine of every 10 respondents (89 percent) were satisfied with the level of professionalism exhibited by their IME physician.

Most respondents (81 percent) were satisfied with their overall IME experience. Of the 36 percent of workers who offered comments about their overall IME experience, one quarter found the experience beneficial, while the remaining expressed some dissatisfaction.

Some workers commented that their IME providers were uncommunicative, rude, or unprofessional. Other workers commented that the IME was not useful. They indicated that they felt that the IME was a waste of time, biased, or obstructing progress. Others commented on logistical issues, which included problems with scheduling, distance, and the worker or the physician being unprepared for the examination. Lastly, some workers commented that they found the experience, including the traveling, waiting, and examination itself, painful or exacerbating.

Worker comments about their IME Experience



Satisfaction with IME notification letter

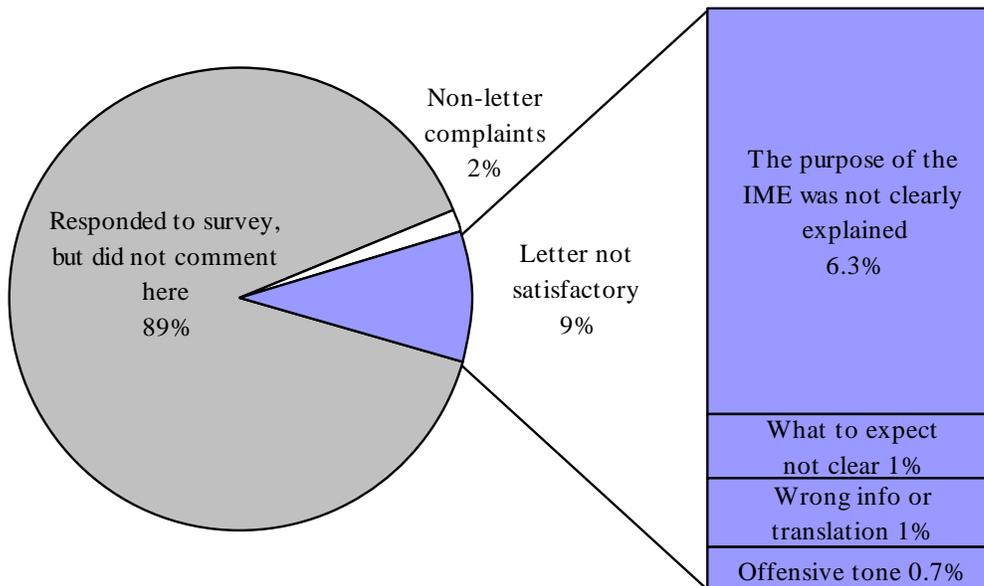
Almost nine of 10 respondents (89 percent) thought the IME notification letter satisfactorily explained the purpose of their IME. The notification letter must conform to the requirements detailed in Oregon Administrative Rule 436-060-0095.¹ Also, the letter must include reimbursement information for reasonable costs incurred by the worker associated with traveling to and attending the IME.

¹ In accordance with OAR 436-060-0095, an insurer scheduling an independent medical examination (IME) must notify the worker at least 10 days before the examination. The notification letter must include identification of the IME examiner and their medical specialties; a statement of the specific purpose for the examination; the date, time, and place of the examination; verification that the examiner was informed of the examination; confirmation that the director has approved the examination, if applicable; and specific rights and responsibilities language prescribed by the department. Additionally, the notice must include a reimbursement form for reasonable costs incurred by the worker associated with the IME and the director’s brochure, Form 440-3923, “Important Information about Independent Medical Exams”; and Form 440-0858, “Worker Independent Medical Exam (IME) Survey.”

Of the 9 percent of respondents who felt unsatisfied with their letter, two-thirds thought the purpose of the IME was not clearly explained. Their statements indicated the letter did not leave them with a satisfactory understanding of such aspects of the examination as its nature (thought it was a closing exam or second opinion), which body parts or medical conditions were to be examined and why, or why additional or unrelated examinations were needed.

The other comments were roughly split among those who felt the letter did not prepare them for what the examination entailed (such as duration, procedures to be performed, or what to bring to the examination); those who said they got incorrect or unreadable information; and those who found the letter rude, threatening, or humiliating. Remaining comments not related to the letter but were general complaints about their IME, progress of their claim, or the workers' compensation system.

**Did the letter satisfactorily explain the purpose of the exam?
If no, please explain.**



Workers' rights about an observer and invasive procedures

Most workers (83 percent) responded they knew they could have an observer present during their IME, excluding psychiatric examinations. More than a quarter (29 percent) of respondents had an observer accompany them to their IME.

Before performing an invasive procedure², the medical provider must explain the risks to the worker and have the worker fill out a department-prescribed form authorizing the procedure. Workers have the right to refuse an invasive procedure. Half of respondents (50 percent) reported they were informed of their rights regarding invasive procedures. Thirteen percent

² In accordance with OAR 436-010-0265(12), an invasive procedure is a procedure in which the body is entered by a needle, tube, scope, or scalpel.

reported they were not informed, and 37 percent reported no notice was necessary because their IME didn't involve an invasive procedure.

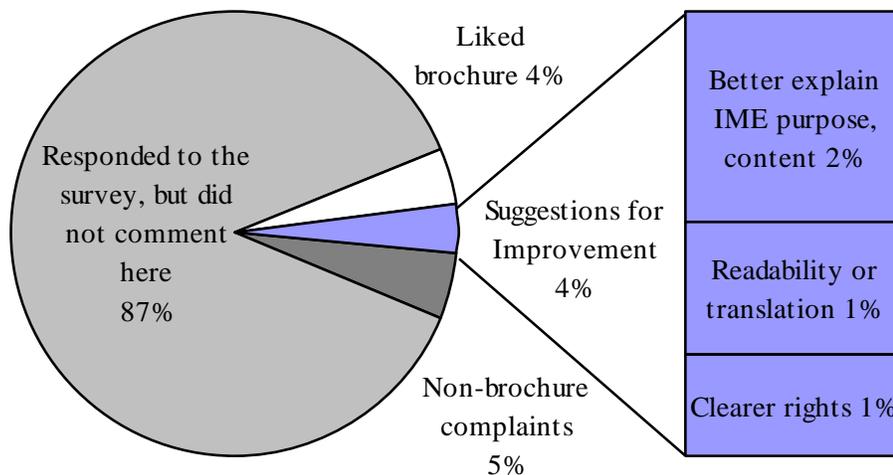
Satisfaction with IME brochure “Important Information about IMEs”

Eighty-eight percent of respondents reported that they received this brochure with their IME appointment letters. About 13 percent of respondents offered comments when asked if they had suggestions to change the brochure. Of those, comments were about evenly split between praising the brochure and suggesting changes.

Half of those who suggested changes wanted improved information about the purpose of the IME or what to expect so they could be better prepared. A lesser number had the wrong translation, or expressed that the brochure could be more readable or could more clearly explain their rights and responsibilities.

Other comments workers expressed included general, non-brochure complaints, such as about the progress of their claim, or the workers' compensation system.

Do you have any suggestions for changes to this brochure?



Analysis of reported IME complaints

General information

This analysis reviews all 104 contacts, referred to as encounters, regarding IMEs received by the department between July 1, 2006, and Dec. 31, 2007. An estimated 12,500 to 14,000 IMEs were provided during this period. An encounter may be initiated by any one of the parties involved in an IME and may or may not result in a complaint being filed. Furthermore, an encounter may result in one or more complaints, each with a different component (complaint category) but originating from the same encounter.

Encounters, by contact method

The post-IME survey provided to workers resulted in the largest share of encounters with the department (44 percent). The department follows up any returned survey where the worker provides contact information. If, in the course of follow-up, if a worker reports a complaint, the IME survey is considered the contact method. Phone calls that were not initiated by the department resulted in the second largest share of encounters (42 percent). Written and walk-in encounters represent the remaining 14 percent.

Contact methods	Number	Percent
IME survey	46	44.2%
Phone	44	42.3%
Written	13	12.5%
In-person	1	1.0%
Total	104	100.0%

Encounters, by complainant

Workers were by far the most common source of encounters (94 percent). Attorneys representing workers were a distant second (3 percent).

Complainant	Number	Percent
Worker	98	94.2%
Worker's attorney	3	2.9%
Worker's attending physician	2	1.9%
Other	1	1.0%
Total	104	100.0%

Complaints, by category

An encounter may result in one or more complaints being filed. For that reason, there are more complaints than there are encounters. General complaints represented more than half of IME complaints (56 percent). General complaints are minor complaints that do not meet the criteria necessary to be considered substantial. IME reports were the source of nearly a third of IME complaints (29 percent). IME report complaints are those regarding the contents of the report compiled by the IME provider. Complaints describing a behavior, act, or practice of a more serious nature of noncompliance with rules or laws governing the IME process are categorized as noncompliance complaints (8 percent). Complaints regarding violations of the IME code of

conduct (signed by all authorized IME providers) are categorized as violation of standards complaints (7 percent).

Complaint categories	Number	Percent
General	66	56.4%
IME report	34	29.1%
Noncompliance	9	7.7%
Violation of standards	8	6.8%
Total	117	100.0%

Outcomes, by action

There was insufficient evidence to substantiate one or more topics of the IME complaint in 71 percent of the complaints, and this resulted in the complaints being categorized as unverified. Nearly a quarter of complaints had an outcome where the subject of the complaint was provided education or information to bring actions into compliance with the rules (24 percent). The remaining 4 percent of outcomes were categorized as other or withdrawn.

Outcome actions	Number	Percent
Unverified	82	71.3%
Provided education/information	28	24.3%
Other	4	3.5%
Withdrawn	1	0.9%
Total	115	100.0%

Note: Figures are based upon complaints with resolutions at time of analysis.

Analysis of IME providers

General information

This analysis provides an overview of the various medical specialties of providers authorized to provide IMEs and worker requested medical exams (WRMEs), as well as the geographic regions in which the providers listed themselves as available to provide exams. Also included is a brief review of the vendors authorized to provide training.

Authorized medical providers

SB 311 required the division to create and maintain the list of medical providers authorized to provide IMEs, and that WRME providers were also to be selected from the list.

As of July 1, 2006, there were 269 medical providers on the division's authorized IME/WRME medical provider list. By the end of July 2006 this number had increased to 346, and by the end of 2006 there were 414 medical providers on the list. Two years after the list became effective, the list had grown by 50 providers to 464. Tables 1, 2, and 3 provide some of the characteristics of the medical providers as of July 1, 2008.

Table 1

Willing to perform	N	%
IMEs only	173	37.3%
IMEs and WRMEs	288	62.1%
WRMEs only	3	0.6%
Total	464	100.0%

Table 2

Medical specialty	N	%
Orthopedic surgery	104	19.0%
Physical therapy	84	15.3%
Neurology	37	6.8%
Occupational therapy	34	6.2%
Chiropractic	33	6.0%
Psychology	30	5.5%
Internal medicine	28	5.1%
Occupational medicine	20	3.6%
Remaining specialties	178	32.5%
Total	548	100.0%

Note: Medical providers may have multiple specialties; there are more specialties available than currently used by providers.

Table 3

Geographic Service Area (GSA)	N
Portland metro area	320
Salem metro area	120
Eugene metro area	94
Southern Oregon	69
Central Oregon	57
Columbia Gorge	44
Northern Oregon coast	43
Mid-Oregon	34
Northeastern Oregon	34
Southern Oregon	32
Vancouver, Wash.	7

Note: Medical providers may offer exam services in multiple GSAs. Also, there are a few locations outside of Oregon medical providers have listed including other locations in Washington as well as in Alaska, Idaho, and Montana.

Approved training vendors

The department must approve all training curriculum for claims examiners regarding IMEs. As of July 1, 2008, there were nine vendors approved to provide training to claims examiners.

In addition to approving all training curriculum for claims examiners, the division must approve all training curriculum for IME training to medical providers. As of July 1, 2008, three vendors were approved to provide IME training to medical providers. In addition to the three vendors' training offerings, the division also offers IME training classes.

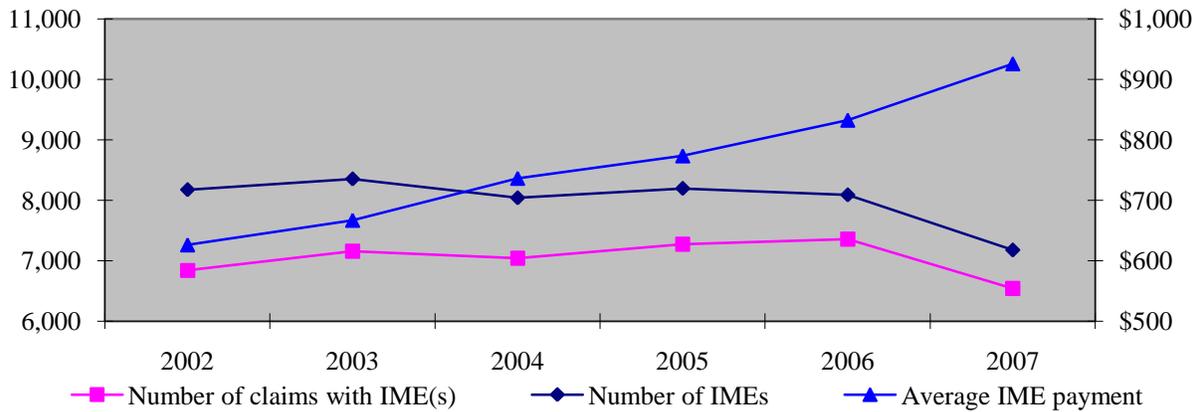
Analysis of IME payments

General information

The following analysis provides an overview of claims with IMEs and the payments for the IMEs. The analysis is based on insurer claim and medical billing data insurers and self-insurers reported to the WCD between 2002 and 2007. All payment figures represent payments made by insurers to providers who performed the IME and are based on payments made within the specified calendar year. The reported medical billing data represents about 80 percent of total medical payments.

IME claims and payments

Figure 1: IME trends



Number of claims with IME(s) and Number of IMEs are left axis, average IME payment is right axis.

As Figure 1 indicates, between 2002 and 2006 the number of claims with IMEs, as well as the overall number of IMEs, remained relatively flat. However, in 2007 both figures dropped about 10 percent. Figure 1 also indicates a continuous rise in the average IME payment over the entire period. Provided below in Table 1 are the data used in Figure 1.

Table 1: IMEs payments, by payment year

Payment year	Claims with IMEs	Number of IMEs	Avg. no. of IMEs	Total payment	Average payment
2002	6,836	8,176	1.20	\$5,120,616	\$626
2003	7,153	8,354	1.17	\$5,571,953	\$667
2004	7,039	8,041	1.14	\$5,921,169	\$736
2005	7,270	8,197	1.13	\$6,340,368	\$773
2006	7,355	8,090	1.10	\$6,734,400	\$832
2007	6,538	7,176	1.10	\$6,643,127	\$926

In Table 1 the “Claims with IMEs” column reflects the count of unique claim records with one or more IMEs. The “Number of IMEs” column reflects the count of all billing data records with IMEs, regardless of acceptance status, or claim record uniqueness. The “Avg. No. of IMEs”

column reflects the average number of IMEs the worker has attended for a claim with at least one IME. Each claim is allowed up to three IMEs per open claim period; additional IMEs are allowed if the department approves the requests. In 2006 and 2007, the average number of IMEs per claim was 1.1. This indicates that more claims typically had only one IME. All the columns exclude IME records and payments for canceled or missed IMEs in order to provide a more accurate picture of the number of actual IMEs performed and their average payment. IME figures do not include the department's arbiters' exams or WRMEs, and are not subject to the division's medical fee schedule. IMEs may be contracted out by insurers and paid at a contracted fee.

Table 2A: Carrier breakdown, payment year 2007

Carrier (figures)	Claims with IMEs	Number of IMEs	Avg. no. of IMEs	Total payment	Average payment
SAIF	4,527	4,785	1.06	\$4,559,590	\$953
Private	1,976	2,354	1.19	\$2,053,781	\$872
Self-insured	36	37	1.03	\$29,756	\$804
Total	6,539	7,176	1.10	\$6,643,127	\$926

Table 2B: Carrier breakdown, payment year 2007

Carrier (proportions)	Claims with IMEs	Number of IMEs	-	Total payment	-
SAIF	69.2%	66.7%	-	68.6%	-
Private	30.2%	32.8%	-	30.9%	-
Self-insured	0.6%	0.5%	-	0.4%	-
Total	100.0%	100.0%	-	100.0%	-

Tables 2A and 2B provide an overview of the characteristics for SAIF, private insurers, and self-insureds of IME claims, IMEs, and IME payments in 2007. The distribution observed in 2007 is very similar to that of previous years.

As mentioned previously, medical billing data represents about 80 percent of total medical payments. The department receives all medical payments made by SAIF, most of the medical payments made by private insurers, and a significant portion of self-insured medical payments. This means that the distribution of IMEs among carrier types is affected by the proportion of reported services relative to the total services within that carrier category. The average number of IMEs and average payments would not be affected by this proportion (Table 2A). Rather, the distribution of IMEs and IME payments among the carrier categories would be affected (Table 2B).

Table 3: Provider payments for IME services, by payment year

Payment year	Provider	Total payment	Payment proportion
2005	Medical doctors	\$2,637,170	41.6%
	Other IME providers	\$5,363,019	84.6%
2006	Medical doctors	\$2,825,323	42.0%
	Other IME providers	\$5,950,741	88.4%
2007	Medical doctors	\$2,231,684	33.6%
	Other IME providers	\$6,470,615	97.4%

Table 3 provides the distribution of insurer payments to IME providers for IME services. IME providers are typically requested to provide IMEs through two avenues. The first is where the insurer directly contacts the IME provider and arranges for the IME. The other is where the insurer contracts through an IME facility to provide the IME and then the facility arranges for the IME and pays the IME provider. The IME payments for the first avenue are reported under “Medical doctors” and for the second under “Other IME providers.”

IME providers are often paid for canceled or missed IMEs and file reviews, the annual sum of payment figures shown in Table 3 will be higher than the annual sums shown in previous tables. For example, in 2007 there was \$6.6 million in payments to providers for actual IMEs; however there was a total of \$8.7 million in payments related to IMEs. The additional \$2.1 million represents these other payments that are not directly related to the actual IME performed by the IME providers.

Appendix: Data tables for injured worker IME survey responses

2006 Independent Medical Examination Survey - Injured Workers Responses - Survey Period 07/01/2006 through 06/30/2007

7. How many IMEs have you attended in the past 12 months, including this one?

	Responses	Percent
1	1284	81.5
2	217	13.8
3	51	3.2
4	7	0.4
5 or more	17	1.1
Total Responses	1576	100.0

Frequency Missing = 42 (2.6 percent of 1618 total respondents)

8. How far did you have to travel, one way, to this IME?

	Responses	Percent
10 miles or less	251	15.9
11 - 25 miles	368	23.3
26 - 50 miles	265	16.8
51 - 100 miles	280	17.7
More than 100 miles	417	26.4
Total Responses	1581	100.0

Frequency Missing = 37 (2.3 percent of 1618 total respondents)

9. Did the letter notifying you of the IME satisfactorily explain the purpose of the exam?

	Responses	Percent
No	174	11.1
Yes	1389	88.9
Total Responses	1563	100.0

Frequency Missing = 55 (3.4 percent of 1618 total respondents)

10. Did you receive the brochure called "Important Information about IMEs" with your appointment letter?

	Responses	Percent
Yes	1404	88.1
No	118	7.4
Do not know	71	4.5
Total Responses	1593	100.0

Frequency Missing = 25 (1.5 percent of 1618 total respondents)

**11, part 1. Please rate how satisfied you were with the following:
The IME doctor's explanation of the purpose of the IME**

	Responses	Percent
1 = Very satisfied	545	35.0
2 = Satisfied	781	50.1
3 = Dissatisfied	141	9.1
4 = Very dissatisfied	91	5.8
Total Responses	1558	100.0

Mean	1.9
Median	2.0

Frequency Missing = 60 (3.7 percent of 1618 total respondents)

11, part 2. Please rate how satisfied you were with the following: The distance you had to travel to the exam

	Responses	Percent
1 = Very satisfied	220	14.0
2 = Satisfied	676	43.1
3 = Dissatisfied	386	24.6
4 = Very dissatisfied	288	18.3
Total Responses	1570	100.0

Mean	2.5
Median	2.0

Frequency Missing = 48 (3.0 percent of 1618 total respondents)

**11, part 3. Please rate how satisfied you were with the following:
The level of professionalism shown to you by the IME doctor**

	Responses	Percent
1 = Very satisfied	754	48.3
2 = Satisfied	632	40.5
3 = Dissatisfied	97	6.2
4 = Very dissatisfied	77	4.9
Total Responses	1560	100.0

Mean	1.7
Median	2.0

Frequency Missing = 58 (3.6 percent of 1618 total respondents)

11, part 4. Please rate how satisfied you were with the following: Your overall IME experience

	Responses	Percent
1 = Very satisfied	460	29.8
2 = Satisfied	795	51.6
3 = Dissatisfied	178	11.5
4 = Very dissatisfied	109	7.1
Total Responses	1542	100.0

Mean	2.0
Median	2.0

Frequency Missing = 76 (4.7 percent of 1618 total respondents)

12. Did you know that you could have an observer present during the IME, except for a psychiatric exam?

	Responses	Percent
No	245	16.6
Yes	1231	83.4
Total Responses	1476	100.0

Frequency Missing = 142 (8.8 percent of 1618 total respondents)

13. Did you have an observer present?

	Responses	Percent
No	1042	71.2
Yes	421	28.8
Total Responses	1463	100.0

Frequency Missing = 155 (9.6 percent of percent of 1618 total respondents)

**14. Were you informed of your rights in advance of any invasive procedure?
(See IME brochure for definition.)**

	Responses	Percent
Yes	708	50.4
No	179	12.8
N/A	517	36.8
Total Responses	1404	100.0

Frequency Missing = 214 (13.2 percent of 1618 total respondents)

2006 Independent Medical Examination Survey - Comments

(Ref. 9, Did the letter notifying you of the IME satisfactorily explain the purpose of the exam?)

***If no, please explain:**

	Responses	Percent
Letter did not explain purpose of IME very thoroughly, or did not include enough information about what to expect, how to prepare	102	59.6
Letter did not clearly explain the nature of the IME - thought closing or second opinion; did not specify parts to be examined, or why additional examinations	16	9.4
Found tone of the letter threatening, insulting, or harassing	11	6.4
Letter gave erroneous or unclear scheduling or location information or needed translation	17	9.9
General dissatisfaction, not related to letter	25	14.6
Total Responses	171	100.0

Frequency Missing = 1447 (89.4 percent of 1618 total respondents)

*Includes comments where respondents answered “yes” or did not respond to this question..

2006 Independent Medical Examination Survey - Comments, continued

(Ref. 10, Did you receive the brochure called "Important Information about IMEs" with your appointment letter?) *If yes, do you have any suggestions for changes to this brochure?

	Responses	Percent
No suggestions/very informative/helpful/good	69	34.3
Brochure needs more information about purpose of IMEs or what the IME entails - such as duration, preparation	27	13.4
Brochure needs translation or readability is poor	17	8.5
Brochure should more clearly outline rights and responsibilities	13	6.5
General complaints related to IME or WC system, but not brochure, such as location, pain, rights ignored, poor communication, insurer bias, or problems with logistics, or indicated brochure not read or seemed unnecessary	75	37.3
Total Responses	201	100.0

Frequency Missing = 1417 (87.6 percent of 1618 total respondents)

*Includes comments where respondents answered "no," "don't know," or did not respond to this question..

15. Do you have any other comments about your IME experience you would like to share?

	Responses	Percent
IME was a good/positive/helpful experience	140	24.1
IME physician was rude, insulting, communicated poorly, or ignored workers rights	143	24.6
IME was biased, cursory, unrelated, misrepresentative, threatening, hindered claim progress, or a waste of time	138	23.7
IME examination process was painful or exacerbated their problem	48	8.2
Logistical - IME location unacceptable, scheduling errors, directions wrong, not prepared	113	19.4
Total Useable Responses	582	100.0

Frequency Missing or unuseable = 1036 (64 percent of 1618 total respondents)