

## ATTACHMENT FOR REPORT OF INDEPENDENT MEDICAL EXAMINATION SCHEDULED LOSS OF USE

Please utilize this form as an attachment to the IME report, where there is an injury to a scheduled body part. These attachments will be considered part of the IME report, and must be served together with the IME-4.

Claimant's Name (LAST, FIRST, MI): \_\_\_\_\_

Social Security No.: \_\_\_\_\_

WCB Case No.: \_\_\_\_\_

Date of Injury/Illness: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

### A. Permanent Partial Disability

If the claimant has a permanent partial impairment, **complete A1** for all body parts and conditions for which a schedule award is appropriate (schedule loss of use). Use Form IME-4.3B for all body parts and conditions for which a non-schedule award (classification) is appropriate.

#### A1. Schedule Loss of Use of Member:

##### Body Part

Please include all the information in the bullet points below in the table on this page or attach a medical narrative with your report. The medical narrative should include the following information:

- Affected body part (include left or right side) and identify Guideline chapter (when special consideration exist).
- Measured Active Range of Motion (ROM) (3 measurements for injured body part, and use the greatest ROM. If not, please explain why.
- Measurement of contralateral body part ROM, or explain why inapplicable
- Previously received scheduled losses of use to same body part(s), if known
- Special considerations
- Loading for Digits and Toes

	Body Part/Measurement		Body Part/Measurement		Body Part/Measurement		Body Part/Measurement		Body Part/Measurement		Body Part/Measurement	
	1		2		3		4		5		6	
	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Range of Motion (3 measures)												
Contralateral ROM												
Contralateral Applicable Y/N If No, please explain below												
Special Considerations (Chapter)												
Impairment %												

Details: