NEW YORK STATE | Workers' Compensation Board

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ATTACHMENT FOR REPORT OF INDEPENDENT MEDICAL EXAMINATION NON-SCHEDULED PERMANENT PARTIAL DISABILITY

Please utilize this form as an attachment to the IME report, where there is an injury to a non-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: _____

Permanent Partial Disability

Non-Schedule Award (Classification)

1. Non-Schedule Permanent Partial Disability:

(Identify impairment class according to the latest Workers' Compensation Guidelines for Determining Impairment. Attach separate sheet for additional body parts.)

Body Part: _____ Impairment Table: _____ Severity Ranking: _____

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Body Part: _____ Impairment Table: _____ Severity Ranking: _____

State the basis for the impairment classification (attach additional narrative, if necessary):

History: _____

_____

Physical Findings: _____

_____

Diagnostic Test Results: _____

2. Patient's Work Status: ☐ At the pre-injury job ☐ At other employment ☐ Not working

3. Functional Capabilities/Exertion Abilities:

a. Please describe claimant's residual functional capacities for any work at this time (not limited to the at-injury job activities):

	Never	Occasionally	Frequently	Constantly
Lifting/carrying	☐	☐ ____ lbs.	☐ ____ lbs.	☐ ____ lbs.
Pulling/pushing	☐	☐ ____ lbs.	☐ ____ lbs.	☐ ____ lbs.
Sitting	☐	☐	☐	☐
Standing	☐	☐	☐	☐
Walking	☐	☐	☐	☐
Climbing	☐	☐	☐	☐
Kneeling	☐	☐	☐	☐
Bending/stooping/squatting	☐	☐	☐	☐
Simple grasping	☐	☐	☐	☐
Fine manipulation	☐	☐	☐	☐
Reaching overhead	☐	☐	☐	☐
Reaching at/or below shoulder level	☐	☐	☐	☐
Driving a vehicle	☐	☐	☐	☐
Operating machinery	☐	☐	☐	☐
Temp extremes/high humidity	☐	☐	☐	☐
Environmental	☐	☐	☐	☐

Specify: _____

Psychiatric/neuro-behavioral (attach documentation describing functional limitations)

Claimant's Residual Functional Capacities

- **Occasionally**: can perform activity up to 1/3 of the time.
- **Frequently**: can perform activity from 1/3 to 2/3 of the time.
- **Constantly**: can perform activity more than 2/3 of the time.

Claimant's Name (LAST, FIRST, MI): _____ Date of Injury/Illness: _____

Functional Capabilities/Exertion Abilities (continued):

b. Please check the applicable category for the claimant's exertional ability:

- ☐ **Very Heavy Work** - Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. Physical demand requirements are in excess of those for Heavy Work.
- ☐ **Heavy Work** - Exerting 50 to 100 pounds of force occasionally, and/or 25 to 50 pounds of force frequently, and/or 10 to 20 pounds of force constantly to move objects. Physical demand requirements are in excess of those for Medium Work.
- ☐ **Medium Work** - Exerting 20 to 50 pounds of force occasionally, and/or 10 to 25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly to move objects. Physical demand requirements are in excess of those for Light Work.
- ☐ **Light Work** - Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently and/or negligible amount of force constantly to move objects. Physical demand requirements are in excess of those for Sedentary Work. Even though the weight lifted may only be a negligible amount, a job should be rated Light Work: (1) when it requires walking or standing to a significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling of arm or leg controls; and/or (3) when the job requires working at a production rate pace entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible. NOTE: The constant stress of maintaining a production rate pace, especially in an industrial setting, can be and is physically demanding of a worker even though the amount of force exerted is negligible.
- ☐ **Sedentary Work** - Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

c. Other medical considerations which arise from this work related injury (including the use of pain medication such as narcotics):

d. Could this claimant perform his/her at-injury work activities with restrictions? ☐ Yes ☐ No

If Yes, specify:

e. Could this claimant perform any work activities with or without restrictions? ☐ Yes ☐ No

Explain:

4. Has the claimant had an injury/illness since the date of injury which impacts residual functional capacity? ☐ Yes ☐ No

If Yes, explain. Attach additional sheets if necessary.

5. Would the claimant benefit from vocational rehabilitation? ☐ Yes ☐ No

If Yes, explain