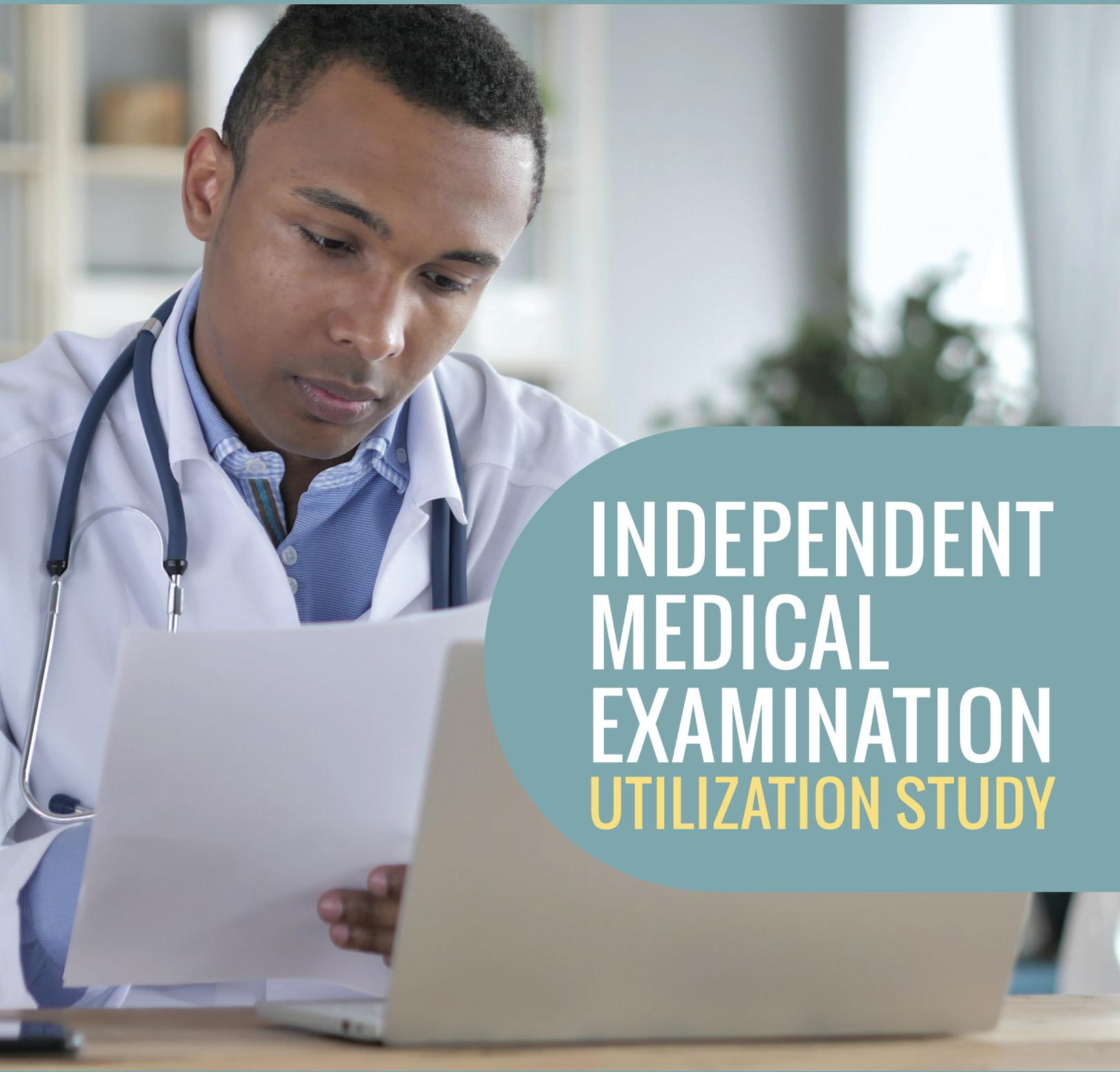




**Workers'
Compensation
Board**



**INDEPENDENT
MEDICAL
EXAMINATION
UTILIZATION STUDY**

2018

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In the New York State workers' compensation system, carriers¹ and injured workers are permitted to request an independent medical examination (IME) for a variety of reasons. Over the life of a claim, IMEs are most often requested by carriers to evaluate treatment and/or medications prescribed by the injured worker's medical provider, the nature of the injuries, the degree and extent of disability or the injured worker's ability to return to work.

In recent years, IMEs have been the subject of much scrutiny and many concerns have been raised, including IME availability, quality and potential fraud. In 2017, lawmakers made it a priority to examine these issues, and identify if and how IMEs in New York could be improved.

New York State Workers' Compensation Law (WCL) §137(12) (Appendix 1) was added as part of the 2017 reforms. This directed the New York State Workers' Compensation Board (Board) Chair, in 2018, to conduct a study of the utilization of IMEs, and to present a preliminary report to an advisory committee set to commence in early 2019. The advisory committee will consist of representatives of organized labor, business, carriers, self-insured employers, medical providers, and other stakeholders and experts.

Per the statute, the advisory committee shall present, by the end of 2019, detailed recommendations to the Governor, Speaker of the Assembly, and Majority Leader of the Senate regarding administrative improvements and regulatory and statutory proposals "that will ensure fairness and highest medical quality while improving methods of combatting fraud." Additionally, the committee's final report will consider "the feasibility of new methods of assigning independent medical examinations, through rotating providers or panels, statewide networks, or other arrangements."

To develop their recommendations, the advisory committee was directed to review the Board's preliminary report and analyze leading studies, both in New York State and nationally. The New York State Compensation Insurance Rating Board (NYCIRB) was directed to provide data, and cooperate with the Board Chair and advisory committee in identifying potential abuse and fraud.

What follows is the Board Chair's preliminary IME utilization report for the advisory committee. It is not meant to provide or steer any opinions or recommendations, but rather to serve as a starting point for the committee's work in analyzing the state of IMEs in New York, so they may draw their own opinions and conclusions and make recommendations as appropriate.

¹ For the purposes of this report, the term carrier shall include insurance carriers providing workers' compensation coverage, as well as the State Insurance Fund and self-insured employers.

1.1 BACKGROUND

Generally, when a worker is injured or becomes ill from work, the worker notifies the employer and goes to a Board-authorized health care provider for medical evaluation and treatment. Thereafter, the employer should report the injury or illness to its carrier and the injured worker should file a workers' compensation claim. The treating provider's report becomes the basis for the worker's benefits, which may include lost wages, medical treatment and/or a partial or permanent disability award, which are paid by the carrier.

Under the current Workers' Compensation Law, the carrier may request an IME at any point after receipt of the treating provider's first report. The IME can be

either an in-person examination or a review of the injured worker's medical records. The results of the IME are submitted to the Board and can then be used as evidence before the Board in the event of a dispute between the carrier and the injured worker.

The Board assembles² an average of 160,000 cases per year, of which approximately 30% will have at least one IME over the life of the claim. This varies significantly based on the type of case. For example, 16% of the medical-only, 76% of schedule loss of use and 96% of the permanent partial or permanent total cases have at least one IME. The vast majority of IMEs (94%) are in-person examinations and the remaining are records reviews.

1.2 TYPES OF IMEs

Below are the most common types of IMEs, and the time frames for submission of the IME report, where applicable:

- **Claim Establishment/Controversy (causal relationship, sites of injury):** IMEs may be requested to establish or deny a workers' compensation claim – fundamentally determining whether the worker's injury, illness or death happened at, or is causally related to, his or her job. The carrier can obtain an IME on causal relationship prior to a pre-hearing conference or, if they choose to wait, must submit the IME no later than three days before the scheduled expedited trial.
- **Medical-Only Issues (including variances and opioid weaning issues):** IMEs may be requested to capture the IME provider's opinion on variances from established medical treatment guidelines, including weaning from opioid pain medication(s). An IME to deny a variance must be completed within 30 days. A carrier may also question whether a treating provider has met the burden of proof in demonstrating the need for a variance without obtaining an IME. Opioid weaning is initiated by a carrier's IME and therefore no time frame applies.
- **Award Determinations:** IMEs may also be requested when determining the benefit an injured worker will receive based on his or her injury or illness. There are several subcategories of award determinations where IMEs may play a role, including:
 - **Additional Sites and Consequential Injuries:** To determine whether injuries to other body sites are causally related to the original injury;
 - **Temporary Partial/Temporary Total:** To determine the injured worker's degree of disability, ability to return to work on light duty, etc. These include IMEs that may serve as the basis for a request to suspend or reduce compensation;
 - **Permanency Classifications:**
 - **Schedule Loss of Use (SLU) –** To determine the schedule loss of use award based on a worker's injury to, and resulting permanent loss of use of, specific body part(s);

² This reflects the number of reported workplace injuries for which the agency may be called upon to resolve issues, monitor compliance, and ensure the timely and appropriate payment of benefits.

- **Classified/Permanent Partial Disability (PPD)** – To determine an injured worker’s degree of disability when he or she has reached maximum medical improvement (MMI); and
- **Permanent Total Disability (PTD)** – To determine whether the injured worker is permanently totally disabled.

Permanency may be initiated by either a treating provider or an IME provider. If the injured worker’s *Doctor’s Report of MMI/Permanent Impairment (Form C-4.3)* first raises permanency, the carrier may schedule an IME. If the carrier

waits for the Medical Direction hearing, the Workers’ Compensation Law Judge (WCLJ) will direct that the IME be submitted by the Medical Production hearing, which is 60 days out.

- **Apportionment:** IMEs may be used to determine the percentage of liability of a work-related injury that can be apportioned to another established claim.
- **Occupational Disease:** IMEs may be used to determine the date on which an occupational disease was contracted, as well as other aspects of the claim such as causal relationship.

1.3 IME PROCESS

Prior to 2000, there were no specific rules as to how an IME was to proceed. A carrier was permitted to obtain an IME, and the Board also employed physicians to perform medical examinations on injured workers when directed by the WCLJ. This process was amended in 2000 via the enactment of WCL §137, which specifies that IMEs be conducted as they are now.

Today, pursuant to 12 NYCRR 300.2 (Appendix 2), IMEs in New York are performed by IME providers (i.e., physicians, podiatrists, chiropractors, or psychologists, hereafter “IME providers”) who possess a valid and unrestricted professional license granted by the New York State Board of Regents and are authorized by the Board. In limited situations (less than 1% of all IMEs), if an authorized IME provider is not available, an IME may be performed by a non-authorized medical provider (e.g., out-of-state provider). The Board maintains a searchable database of all IME providers who are authorized and registered with the Board at wcb.ny.gov/health-care-provider-search/.

When a carrier requests an IME, they typically make the request to an IME entity. An IME entity is an individual or organization that employs or contracts with IME providers to conduct examinations or records reviews; an IME entity acts as a referral service to facilitate such examinations and reviews. IME entities must be registered with the Board Chair in accordance with WCL. A listing of authorized IME entities is available on the Board’s website at wcb.ny.gov/content/main/hcpp/IndMedExaminers.jsp.

The IME entity will schedule an IME with an authorized IME provider and will notify the interested parties of the date, time, location of the IME and provider name via the *Claimant’s Notice of Independent Medical Examination (Form IME-5)*. After the IME, the IME provider, often through use of the IME entity, will submit a report, the *Independent Examiner’s Report of Independent Medical Examination (Form IME-4)*, to the interested parties. The IME report is used by the Board, in conjunction with the opinion of the injured worker’s medical provider, to render a decision about medical issues in the claim.

1.4 PRESCRIBED IME FORMS (APPENDIX 3)

Board prescribed forms regularly used as part of the IME process include:

Form Number	Form Title	Purpose
IME-3	<i>Independent Examiner's Report of Request for Information/Response to Request Regarding Independent Medical Examination</i>	Convey evaluation request to the IME provider and/or to document any other substantive communication that takes place outside of the examination.
IME-4	<i>Independent Examiner's Report of Independent Medical Examination</i>	Document the IME provider's findings on issues such as causal relationship, degree of disability and permanency. (Note: report shall be filed with the Board and provided to all parties on the same day in the same manner.)
IME-4.3A	<i>Attachment for Report of Independent Medical Examination Scheduled Loss of Use</i>	Detail the degree of permanent disability. This form is filed as an attachment to the IME-4, for Schedule Loss of Use.
IME-4.3B	<i>Attachment for Report of Independent Medical Examination Non-Scheduled Permanent Partial Disability</i>	Detail the level of disability. This form is filed as an attachment to the IME-4, for Non-Schedule Loss of Use.
IME-5	<i>Claimant's Notice of Independent Medical Examination</i>	Notify the claimant of the date, time, location of the examination and the IME provider's name. (Note: claimant must receive notice by mail at least seven business days prior to the scheduled examination.)

If an IME report is found to be defective, there are no Board-imposed monetary penalties against the submitting provider; however, the report may be precluded by the Board. The Board may also preclude the report if it is not submitted timely. When a report is precluded, the other party's medical information is used as the basis for the medical determination.

Typically, the party requesting an IME is responsible for paying the IME provider for the examination or records review. As mentioned above, IMEs are usually requested by carriers, but occasionally (approximately 3% of the time), they are requested by the injured worker or their representative.

In mid-2017, the Board began a comprehensive assessment of the utilization of IMEs in New York. The Board receives over 250,000 paper IME reports each year related to 160,000 unique IMEs. These reports are scanned into the Claims Information System (CIS).³ Due to technical limitations of the Board's systems, there is very little data captured from these submissions. Therefore, to conduct a utilization study, several data collection methods had to be utilized, including a manual records review.

As discussed below, the Board conducted a labor-intensive process to collect and cull the necessary data for this report. This included conducting interviews with stakeholders; creating and reviewing surveys completed by injured workers; compiling cost information; as well as requesting and validating data shared by IME entities.

2.1 NEW YORK COMPENSATION INSURANCE RATING BOARD (NYCIRB)

WCL §137(12) required the New York Compensation Insurance Rating Board (NYCIRB) to work with the Board on the IME study. NYCIRB has data on medical and indemnity costs that the Board does not capture. The Board shared several datasets with NYCIRB, including IME data, permanency claim indicators, lost-time indicators and Medical Treatment Guideline

variance indicators to correlate medical and indemnity costs associated with IMEs. While NYCIRB could partially match the Board's datasets, they were unable to provide the transaction-level details needed to conduct the analysis for this report. As such, the Board could not utilize the NYCIRB data to report on IME costs.

2.2 SAMPLE IME CLAIM DATA

In 2017, the Board began reviewing internal information in preparation of this report. The existing claims system does not capture sufficient data elements needed to do a comprehensive review of IMEs. In an attempt to gather relevant data, the Board selected a random sample of claims and conducted a manual review. The sample included 2,000 cases

with a permanency determination from 2014-2016 whose status was closed. From the sample, over 30 data elements were catalogued to see if any trends could be identified. It was then determined that broader data was needed to address many of the issues identified through stakeholder outreach.

2.3 STAKEHOLDER INTERVIEWS

In addition to compiling and analyzing the above data, the Board also spent many hours interviewing stakeholder groups throughout 2018 to seek input on

key issues and listen to concerns regarding IMEs. These groups included representatives of organized labor, business, carriers, self-insured employers,

³ WCL §137(1)(a) requires that service of the IME report upon the necessary parties, including the Board, be accomplished on the same day and in the same manner. This prevents electronic filing with the Board.

treating and IME providers, IME entities, as well as injured workers and defense attorneys. The Board then took the concerns stakeholders shared during the interview process and compiled them into a list of recurring themes, which included: inadequate number of IME providers and specialists in the system; timing and scheduling difficulties; injured worker experience; costs; quality of reports; fraud and process issues. These discussions guided the data analytics included in this utilization study.

To the extent data was available to address the issues raised by the stakeholders, the Board provided supporting analysis (see Part 3 of this report).

Finally, during these calls, the Board inquired about stakeholder awareness of IME studies other than the International Association of Industrial Accident Boards and Commissions (IAIABC) report, “Independent Medical Exam Study” (Appendix 4). The IAIABC’s report reviewed IME practices in 27 other states. The study addressed various issues such as exams, reports and findings, provider selection process, provider requirements, etc.

No additional studies were identified by the stakeholders.

2.4 IME ENTITY DATA CALL

The Board reached out to IME entities registered with the Board as of March 2018, and requested data about IMEs scheduled in calendar years 2014-2016. Of the 100 entities contacted, 50 entities furnished data in response to the Board’s request.

IME Entity Response to Request	# of IME Entities
Partially/fully furnished data in response to the Board’s request	50
Advised that although the IME entity is registered with the Board, it did not actually perform any workers’ compensation IME services during 2014-2016	34
Did not respond to repeated attempts to collect IME entity data. The Board acted to rescind the IME entity’s registration or the entity voluntarily asked to be removed from the IME entity listing	16

The Board needed to verify and validate the data provided by the 50 responding entities, to the extent possible, with the Board’s system data. To prepare the datasets, the Board dedicated several staff, including a full-time statistician, to examine the data needed for this report. This data was manually verified and matched with the Board’s internal datasets.

This verification process revealed issues with some of the information collected that needed to be resolved. In some cases, the data submitted by IME entities differed from Board system data. Extensive effort was required to reconcile the two datasets, often requiring a manual review of scanned IME reports. Challenges with the data included:

- Claim numbers were not provided and had to be identified through a name search.
- Dates of IMEs were inconsistent with Board records and required a search for *IME-5* and *IME-4* reports to correct errors.
- IME cost information was not consistently reported.

Of the 50 responding entities, only three of their datasets were unable to be merged. The remaining 47 represent approximately 80% of all IMEs from 2014-2016.

- The IME provider’s name and Board authorization number were unable to be matched requiring a manual look up.

2.5 INJURED WORKER SURVEY

The Board also sought input from injured workers for the study. The Board developed a series of questions to understand the IME experience from the perspective of injured workers. The Board selected a random sample of approximately 375 injured workers out of the pool of injured workers who received an IME in August 2018, and in October sent them letters with surveys, along with postage-paid return envelopes.

The letters included a link to complete the survey online if the injured worker preferred. To

accommodate the 34 injured workers who self-identified as speaking a language other than English, the Board translated the letters and survey, including the online survey, into Spanish, Armenian, Fuzhou, Korean, Nepalese, Polish, Portuguese, and Punjabi. The injured workers were advised that completion of the survey was entirely optional and in no way would affect the outcome of their claim.

A total of 110 surveys were returned (see Injured Worker Experience in Part 3 of this report).

2.6 STATE-BY-STATE COMPARISON

It is important to note there is no reliable national IME data available to comparatively evaluate utilization, costs and procedures. Therefore, the Board reviewed other states' statutory frameworks to further this study (see Part 4 of this report and Appendix 5).

There were challenges when compiling this information due to discrepancies in terminology and limited availability of detailed IME procedural information.

2.7 OTHER DATA

An exhaustive utilization review was conducted based on the available data. Part 3 of this report reflects data related to stakeholder issues raised.

The Board compiled the stakeholders’ concerns as follows: inadequate number of IME providers and specialists in the system; timing and scheduling difficulties; injured worker experience; costs; and quality of IME reports. There were other concerns that were identified that could not be quantified, which will be raised during the advisory committee meetings.

The following information is not meant to provide or steer any opinions or recommendations, but rather to serve as a starting point for the committee’s work in analyzing the state of IMEs in New York, so it may draw its own opinions and conclusions and make recommendations as appropriate.

3.1 PROVIDER POOL

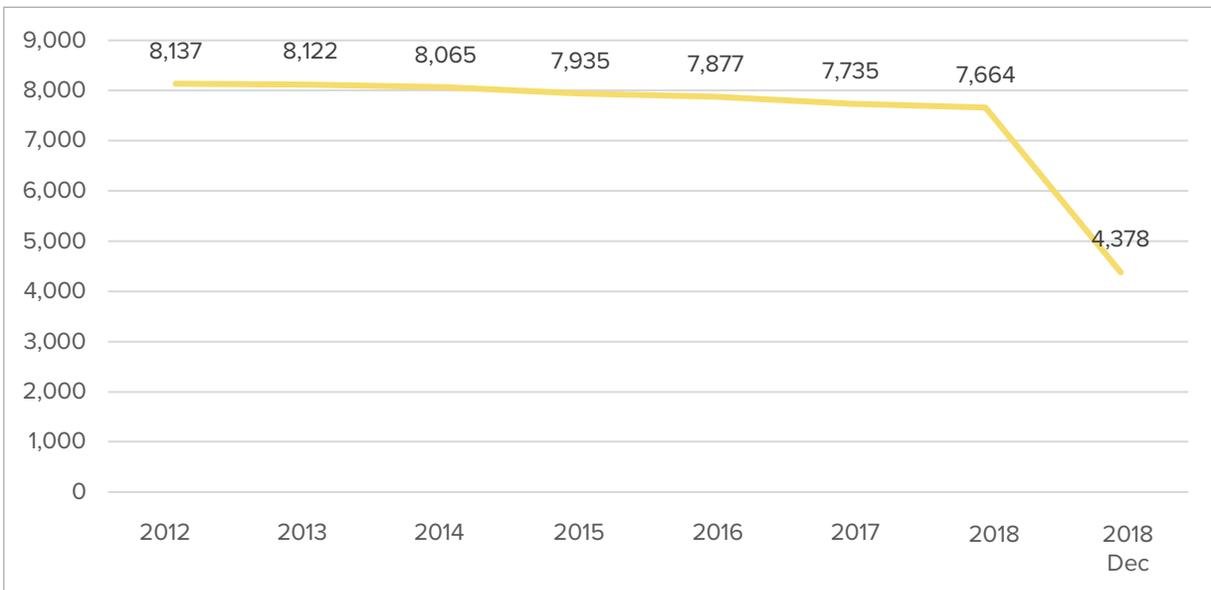
Throughout the stakeholder interviews, many concerns were raised regarding the availability of IME

providers, both from a geographic and specialty standpoint.

3.1.1 ADEQUACY OF IME PROVIDERS IN THE SYSTEM

The chart below shows the count of authorized IME providers since August 2012. There was a significant decline in the number of authorized IME providers in 2018 due to the Board’s reregistration project. During 2018, all IME providers were required to update their information and reaffirm their desire to be an IME provider. For a variety of reasons, many providers did not renew their authorization. Effective December 1, 2018, approximately 3,350 were removed from the list of authorized IME providers; they may be reactivated upon successful reregistration.

Chart 1 Authorized IME Providers in New York

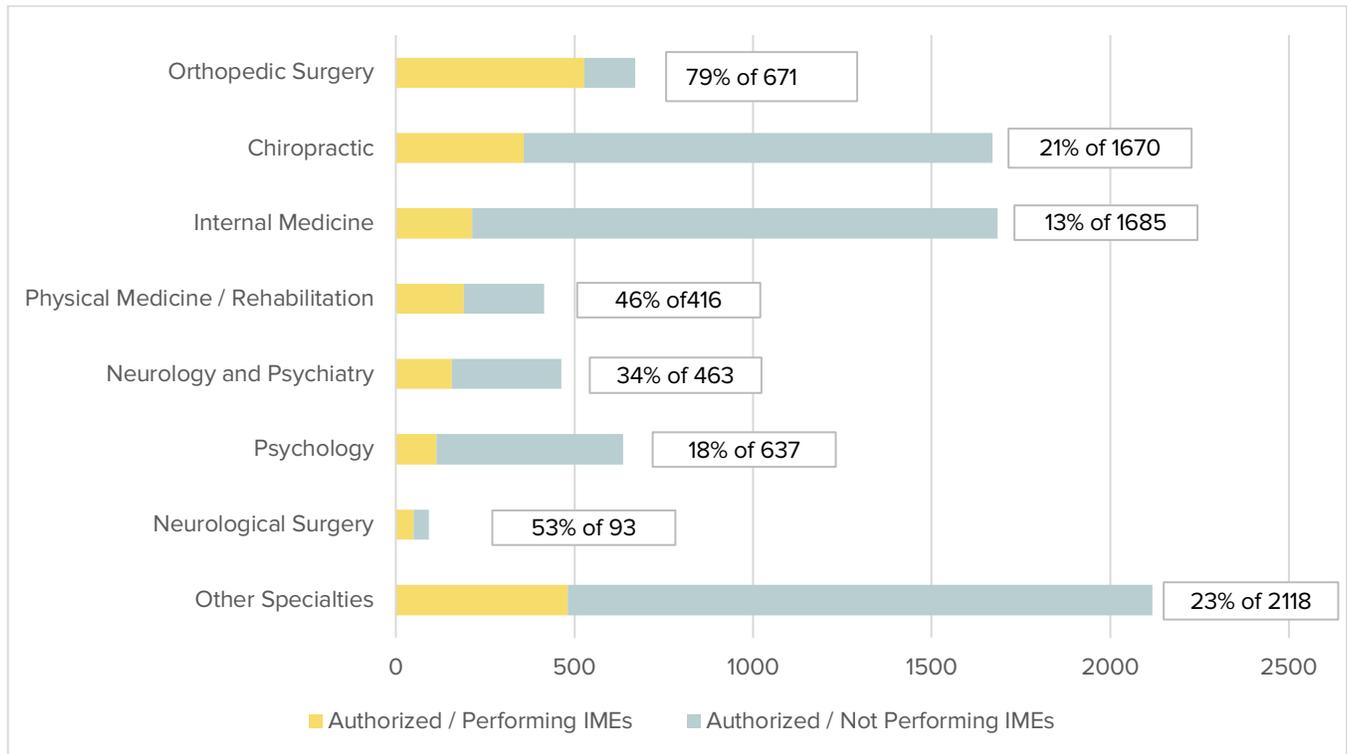


SOURCE: BOARD DATA

3.1.2 AUTHORIZED IME PROVIDERS WHO PERFORMED AN IME

Not all authorized IME providers are performing IMEs. Of the IME providers authorized to treat during 2014 to 2016, only a subset (2,089) performed at least one IME. The chart below depicts the number of practicing IME providers, as a subset of those authorized, by specialty group. The disparity is even greater within certain specialty groups. For example, 79% of the orthopedic surgeons authorized to perform IMEs are actually performing them, while only 13% of internists are performing IMEs.

Chart 2 Authorized IME Providers Who Performed an IME in 2014-2016 (By Specialty)

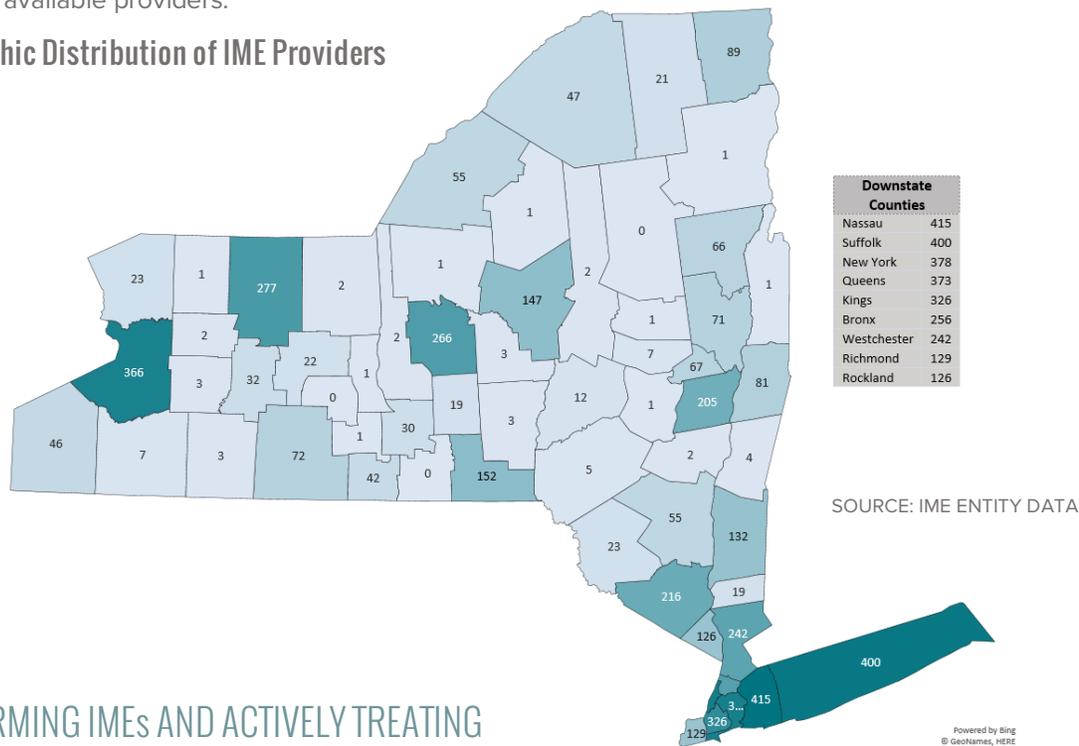


SOURCE: IME ENTITY DATA AND BOARD DATA

3.1.3 GEOGRAPHIC DISTRIBUTION OF IME PROVIDERS

The chart below demonstrates the availability of IME providers by showing who performed one or more IME(s), by county. It is important to note that providers who performed an IME in more than one county will be counted more than once. Overall, it highlights that IME providers are not equally distributed across the state with many rural areas having few to no available providers.

Chart 3 Geographic Distribution of IME Providers



3.1.4 PERFORMING IMEs AND ACTIVELY TREATING

Under the WCL, there are two types of authorized providers: treating and independent medical examiners. A treating provider typically cares for an injured worker in an attempt to restore them to their prior level of function. An IME provider is engaged to provide an opinion on treatment and/or medications prescribed by the injured worker’s medical provider, the nature of injuries, the degree and extent of disability, or the injured worker’s ability to return to work. These two authorizations are not mutually exclusive and many providers are authorized to do both.

As of August 20, 2018, there were more than 7,664 Board-authorized IME providers. Of those, 2,089 (about 27%) performed IME services from 2014-2016. The table below shows that a significant majority of IME services were performed by actively treating providers (86.5%).⁴ A small percentage of IME services (13.3%) were performed by 122 IME providers (authorized exclusively to perform IMEs).

Table 1 Providers Performing IMEs and Actively Treating

Provider Type	Count of IME Providers	% of Total IME by transaction count
IME Authorized Only	122	13.3%
Authorized for Both but Performing IMEs Only	84	0.2%
Performing IMEs and Actively Treating	1,883	86.5%
Total	2,089	100%

SOURCE: IME ENTITY DATA AND BOARD DATA

⁴ The term “actively treating” is defined as providing medical services to injured workers over the past year.

3.1.5 PERFORMING IMEs AND ACTIVELY TREATING BY SPECIALTY

The table below shows the distribution of providers who performed IMEs, by specialty. For orthopedic surgeons, 93% of authorized providers who performed IMEs also actively treated injured workers.

Table 2 Active IME Providers Who Also Treat by Specialty

Authorized Specialty	IME Providers Who Submitted IME Services (a)	Both Treating & IME (b)	% Treating & Performing IME Services (c)
Orthopedic Surgery	527	489	93%
Neurology and Psychiatry	157	130	83%
Physical Medicine / Rehabilitation	190	183	96%
Chiropractic	358	337	94%
Internal Medicine	213	186	87%
Neurological Surgery	49	44	90%
Psychology	114	82	72%
Other Specialties	481	432	90%
Total	2,089	1,883	

- a) IME providers who submitted an *IME-4* to the Board and/or performed an IME
- b) IME providers who actively treated and performed IMEs
- c) Percentage of authorized IME providers who both treated and performed IMEs (b/a)

SOURCE: IME ENTITY AND BOARD DATA

3.1.6 DISTRIBUTION OF IME VOLUME

The number of IMEs performed is disproportionate among providers. During 2014 to 2016:

- 70% of IME providers only performed between one and five IMEs, representing only 1.3% of all IMEs.
- 2.5% of IME providers performed 72% of all IMEs (IME ranges greater than 1000).

Table 3 2014-2016 Distribution of Total IMEs

IME Range (Total completed)	Total Providers (a)		Total IMEs Performed	
	#	%	#	%
1-5 IMEs	2,889	70.65%	5,130	1.3%
6-100 IMEs	860	21.03%	20,152	5.09%
101-500 IMEs	173	4.23%	39,688	10.03%
501-1000 IMEs	63	1.54%	44,087	11.14%
1001-5000 IMEs	94	2.30%	221,551	55.99%
5001-9000 IMEs	10	0.24%	65,105	16.45%

- a) Total provider counts include the 2,089 authorized providers contained in the Board's HPA system as well as 2,000 other providers who submitted *IME-4* reports during 2014-2016. The 2,000 other providers performed less than 1% of total IMEs.

SOURCE: IME ENTITY DATA

3.1.7 DISTRIBUTION OF IMEs VOLUME BY SPECIALTY

This table shows the distribution of IMEs by specialty type. The vast majority of IMEs (80.3%) were performed by orthopedic surgeons.

Table 4 Distribution of IME by Specialty

Specialty	Percentage of IME Performed
Orthopedic Surgery	80.3%
Neurology and Psychiatry	5.2%
Physical Medicine/Rehabilitation	3.6%
Chiropractic	2.7%
Internal Medicine	2.5%
Neurological Surgery	1.7%
Psychology	1.1%
Other Specialties	2.9%
	100.0%

SOURCE: IME ENTITY DATA

3.1.8 PROVIDER SUMMARY

- In recent years, there has been a drop in the number of authorized IME providers.
- Certain parts of the state had few or even no authorized IME providers.
- The majority of providers who performed IMEs actively treated injured workers.
- 72% of the total IMEs were performed by just 2.5% of eligible authorized providers.
- The large majority of IMEs were performed by orthopedic surgeons.

3.2 SCHEDULING/TIMING ISSUES

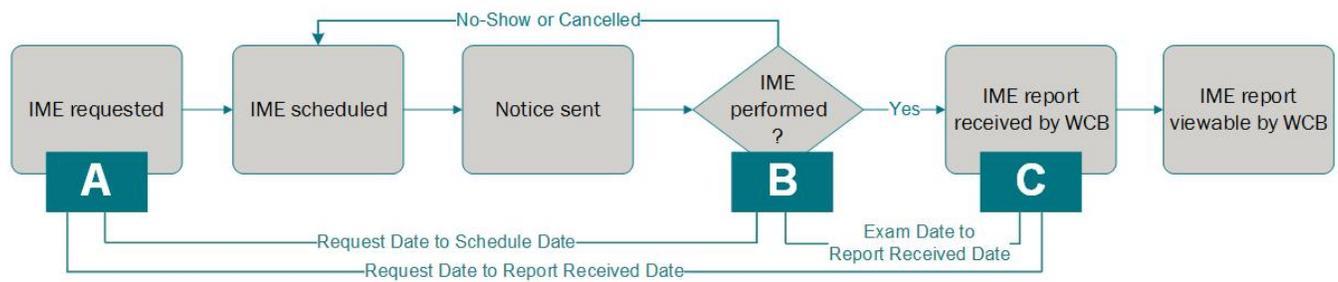
During stakeholder interviews, many concerns were raised about the scheduling and timing of IMEs. Some concerns centered around the time it takes to schedule an IME, particularly within certain specialty groups. Other concerns were raised regarding the time it takes to submit the reports and have them become viewable in the electronic case folder.

Upon carrier request, the IME entity will schedule an IME, or a review of medical records, with an authorized IME provider. On average, 94% of IMEs

are in-person IMEs with the remaining being records reviews. When the IME is in-person, the carrier or IME entity will notify the interested parties of the date, time, location of the IME and provider name (*Form IME-5*). After the IME, the IME provider, typically through use of the IME entity, will submit a report, the *Form IME-4*, to the interested parties within the required time frames. The IME report is used by the Board, in conjunction with the opinion of the injured worker’s medical provider, to render a decision about medical issues in the claim.

3.2.1 IME PROCESS

Chart 4 IME Process Flow



Injured workers must be given at least seven days’ notice of their examination date and time. If an IME is cancelled or the injured worker fails to appear, they must be given another seven days’ notice of the rescheduled date and time.

3.2.2 AVERAGE TIME TO SCHEDULE IME (A TO B)

There is a significant difference in the scheduling times for appointments (IME request from carrier to actual IME service dates) among different provider specialty types. The table below indicates the time to schedule IMEs ranges from 27 days for otolaryngology to more than 43 days for pain management. The average time to schedule an IME is about 34 days. The vast majority of IME services (80.3%) are performed by orthopedic surgeons and require an average of 33 days to schedule.

Table 5 IME Provider Specialty - Average Time to Schedule (A to B)

Specialty	Average Days Between Carrier Request and IME Date
Pain Management/Anesthesiology	43.5
Occupational Medicine	39.0
Neurological Surgery	37.5
Neurology and Psychiatry	36.5
Physical Medicine/Rehabilitation	35.9
Dermatology	33.5
Internal Medicine	33.5
Orthopedic Surgery	33.3
Surgery	31.4
Ophthalmology	31.2
Psychology	30.7
Podiatry	27.8
Chiropractic	27.6
Otolaryngology	27.1

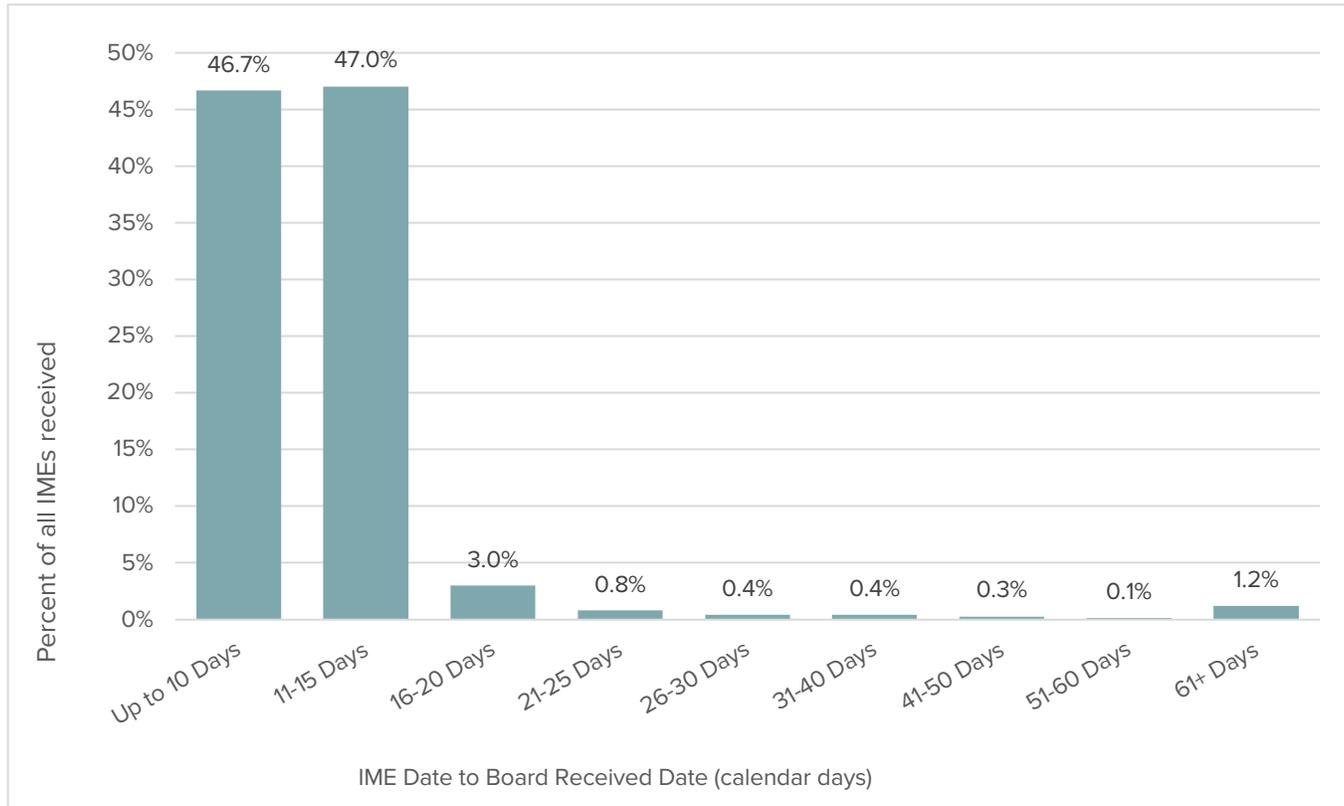
SOURCE: IME ENTITY AND BOARD DATA

3.2.3 LENGTH OF TIME BETWEEN IME AND DATE IME REPORT IS RECEIVED BY THE BOARD (B TO C)

Per regulations for IMEs within New York, the IME report must be received by the Board within 10 business days of the IME; for out-of-state IMEs, it must be received within 20 business days.

Regardless of location performed, the chart below shows that the Board received over 90% of IMEs within 15 calendar days from the date of the IME.⁵ The average number of days to receive an IME report is 14 days.⁶

Chart 5 IME Date to Board Received Date



SOURCE: IME ENTITY DATA

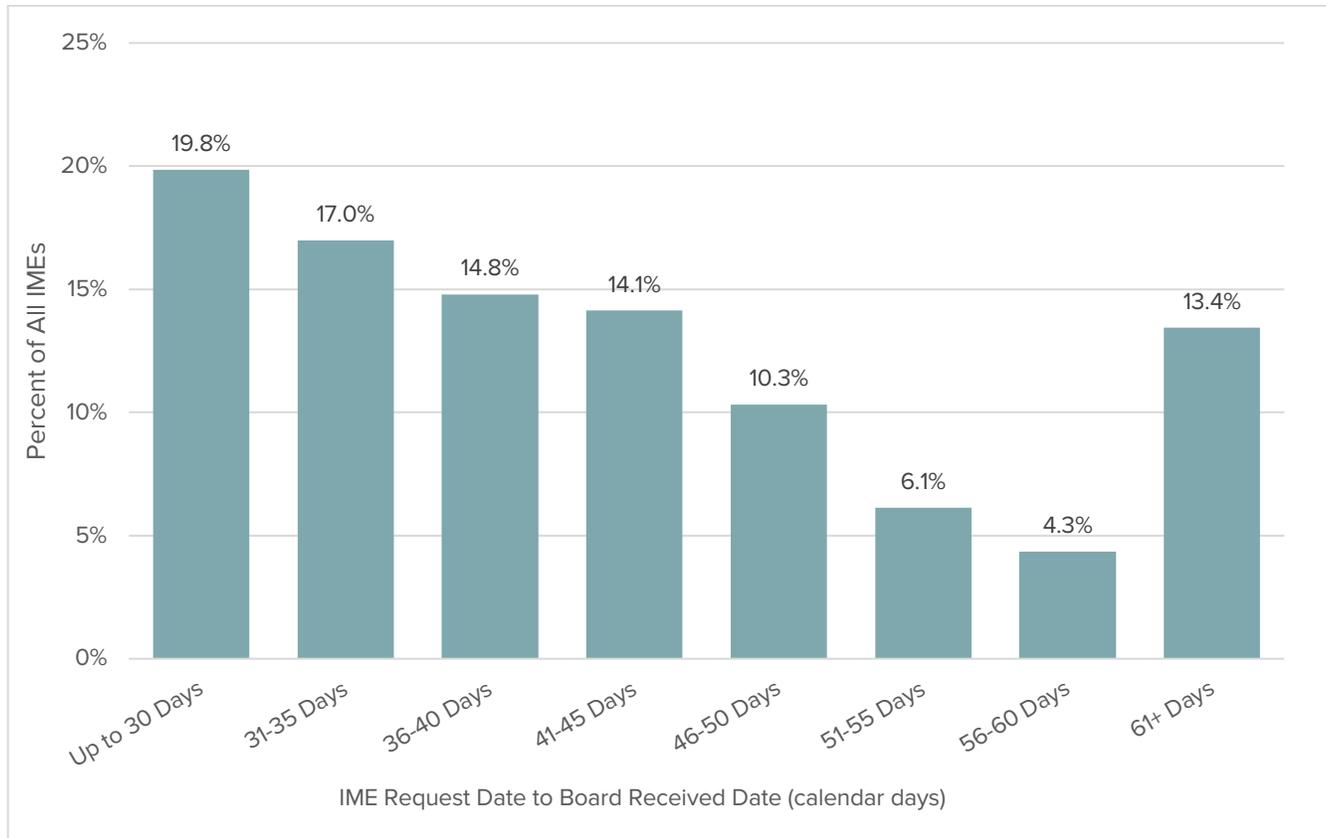
⁵ Due to scanning, it may take an additional 2-7 days to view in eCase.

⁶ Ten business days typically equates to 12-14 calendar days.

3.2.4 LENGTH OF TIME BETWEEN IME REQUEST AND BOARD RECEIVED DATE (A TO C)

As indicated above, it takes an average of 34 days to schedule the IME (A to B) and another 14 days for the Board to receive the IME report (B-C). Data suggests that the overall average from request to received date is 46 days (A-C) with the range spanning from 10 days to well over a year.

Chart 6 IME Request Date to Board Received Date (A to C)



SOURCE: IME ENTITY AND BOARD DATA

3.2.5 CANCELLATIONS/NO-SHOWS

During our stakeholder outreach, many parties raised concerns over the number of cancelled or no-show appointments. The table below shows the distribution between cancelled, no-show and performed IMEs by year. The distribution below shows that on average, 77% of IMEs are performed as scheduled.

Table 6 Distribution of IMEs by Year (2014-2016)

Year	Cancelled	No-Show	Performed
2014	14.62%	8.83%	76.55%
2015	14.32%	8.86%	76.82%
2016	13.27%	9.12%	77.62%
Average Rate	14.04%	8.94%	77.02%

SOURCE: IME ENTITY DATA

3.2.6 CANCELLATIONS/NO-SHOWS BY DISTRICT

The table below shows the distribution of cancelled, no-show and seen by Board district where the case was assembled. The percentage of injured workers who were seen ranges from a low of 76.7% in Hauppauge to a high of 81.6% in Syracuse. There does not appear to be a significant regional difference.

Table 7 Distribution of IMEs by District (2014-2016)

District	Cancelled	No-Show	Seen
Albany	14.03%	7.62%	78.35%
Binghamton	14.77%	6.53%	78.70%
Buffalo	14.40%	6.72%	78.88%
Hauppauge	14.15%	9.14%	76.71%
Hempstead	13.04%	9.01%	77.94%
NYC	11.85%	10.17%	77.97%
Peekskill	13.64%	9.15%	77.21%
Rochester	14.17%	6.21%	79.63%
Syracuse	12.59%	5.83%	81.58%
Unidentified	20.00%	10.06%	69.94%
Average Rate	14.04%	8.94%	77.02%

SOURCE: IME ENTITY DATA

3.2.7 SCHEDULING/TIMING SUMMARY

- Certain specialty types take more time than others to schedule.
- The Board receives 90% of IMEs within 15 calendar days of the IME.
- On average, it takes 46 days from the initial request to when the Board receives the IME report.
- More than three-quarters of IMEs are performed as scheduled; the remainder are either cancelled or the injured worker does not show.
- There is no significant difference across districts when it comes to cancellations and no-shows.

3.3 INJURED WORKER EXPERIENCE

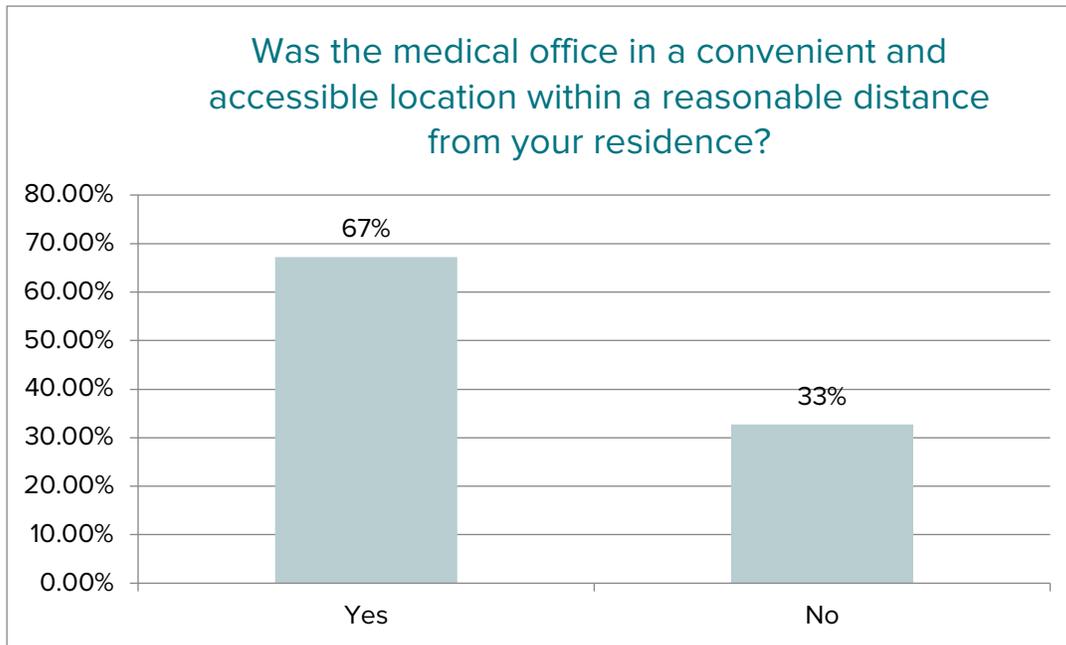
Stakeholders raised concerns over the conditions and treatment of injured workers while attending their IME. Therefore, the Board developed a series of questions aimed at understanding the IME experience from the injured workers' perspective.

The Board selected a random sample of 375 injured workers who received IMEs in August 2018. A total of 110 surveys were completed: results are detailed below. It is important to note that we have no way of adjusting for non-response bias.

3.3.1 CONVENIENT IME LOCATION

Stakeholders raised concerns over the location of the IME and whether or not it was convenient to the injured worker. Two-thirds of the respondents indicated the medical office was convenient and accessible for them.

Chart 7 Convenience of Location

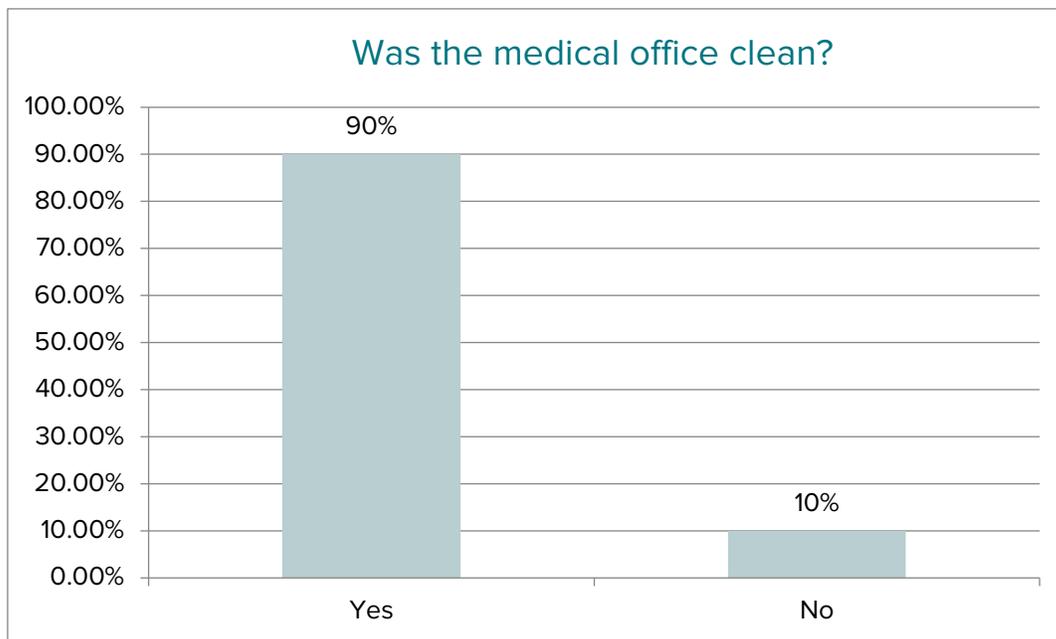


SOURCE: IME CLAIMANT BOARD SURVEY

3.3.2 CONDITIONS/CLEANLINESS OF IME PROVIDERS' OFFICES

Stakeholders raised concerns about the conditions of the office where IMEs are performed. About 90% of the respondents indicated the medical office was clean.

Chart 8 Cleanliness of Offices

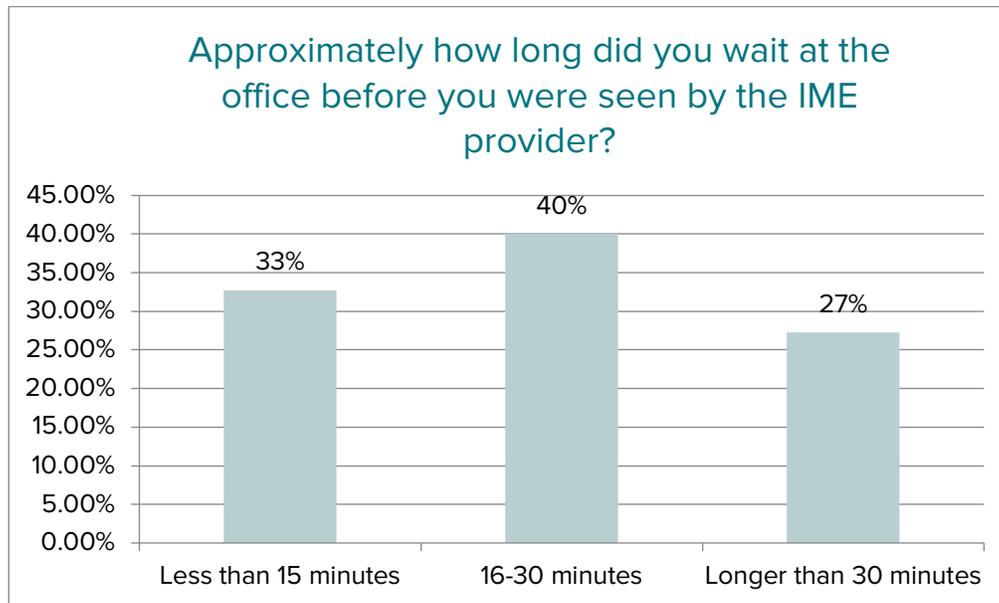


SOURCE: IME CLAIMANT BOARD SURVEY

3.3.3 WAIT TIME

Concerns were raised about lengthy wait times injured workers may face when they arrive for their IME. Based on the injured workers' recollections, more than two-thirds had wait times exceeding 15 minutes.

Chart 9 Wait Time



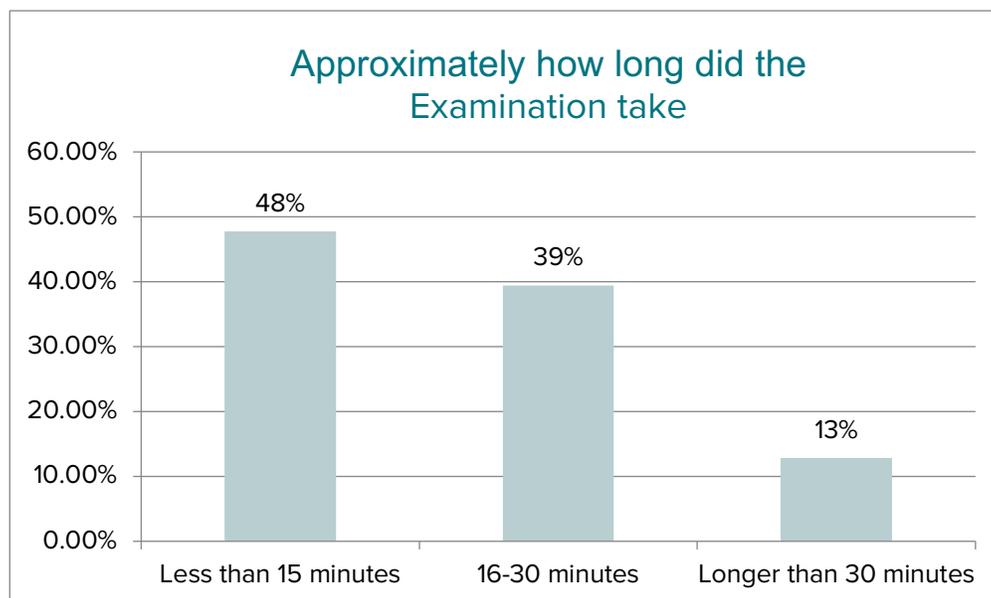
SOURCE: IME CLAIMANT BOARD SURVEY

3.3.4 DURATION OF IME

Multiple stakeholders raised comments regarding the brevity of time spent with the IME provider.

Injured workers were asked to estimate the length of their examination by selecting one of three options: less than 15 minutes; 16 to 30 minutes, or over 30 minutes. Almost half (48%) of the injured workers indicated the IME was less than 15 minutes.

Chart 10 Injured Workers' Estimate of IME Duration in Minutes

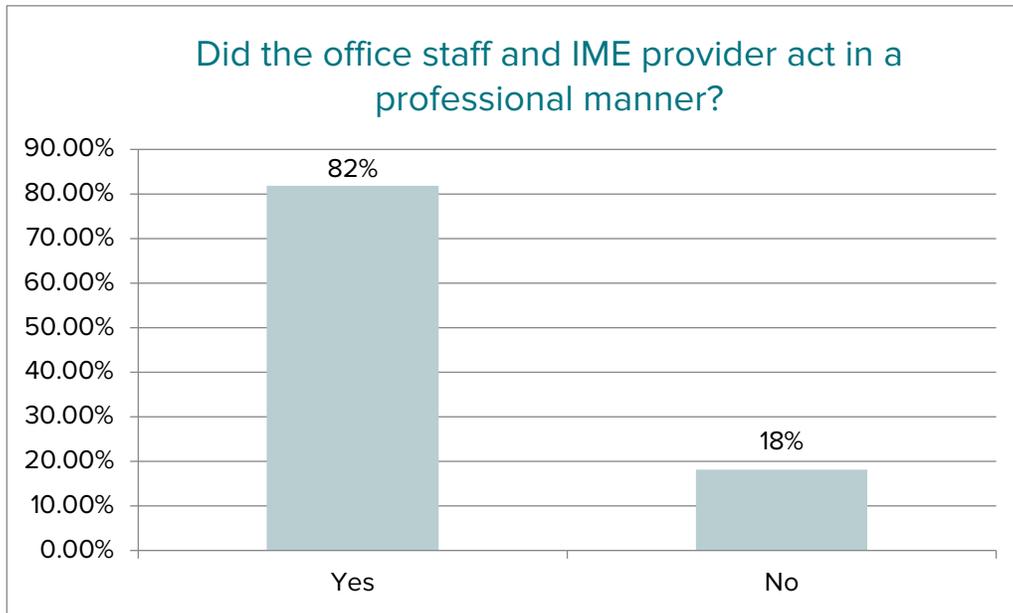


SOURCE: IME CLAIMANT BOARD SURVEY

3.3.5 PROFESSIONALISM

Stakeholder comments were made regarding the atmosphere at the IME provider’s office. The injured worker was asked about their treatment at the IME location. Over 80% of the respondents indicated the office staff and their IME provider acted in a professional manner.

Chart 11 Office Staff and IME Provider’s Professionalism

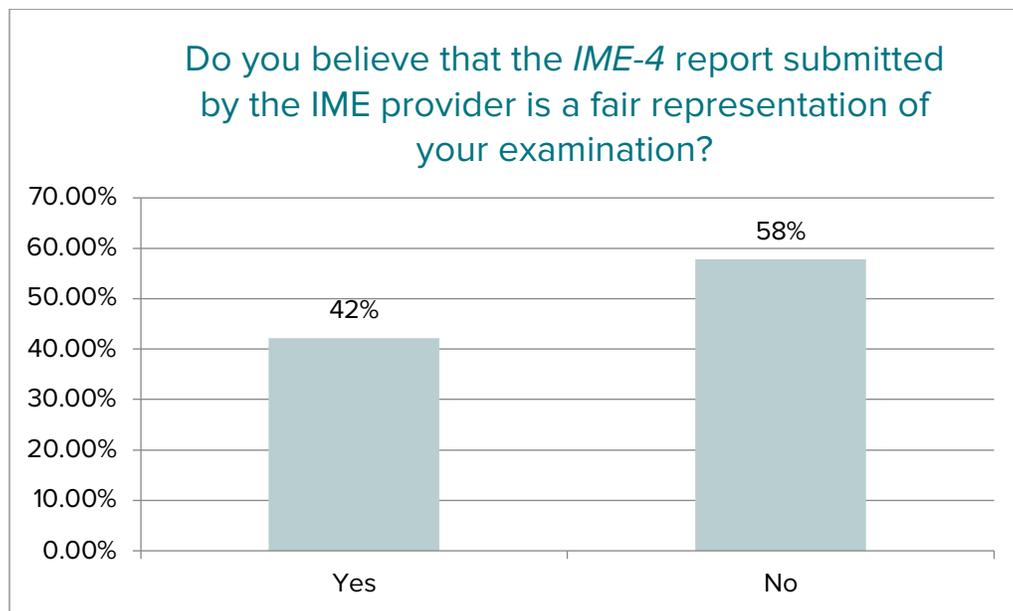


SOURCE: IME CLAIMANT BOARD SURVEY

3.3.6 IME REPORT WAS A FAIR REPRESENTATION OF THE EXAMINATION

Stakeholders raised concerns over the fairness of the IME report and whether the opinion was objective. More than half of the respondents indicated they believed the *IME-4* report was not a fair representation of their examination.

Chart 12 Fairness of IME Report



SOURCE: IME CLAIMANT BOARD SURVEY

3.3.7 INJURED WORKER EXPERIENCE SUMMARY

The Board developed a series of questions aimed at understanding the IME experience from the injured workers' perspective. The highlights are detailed below. It is also important to note that we have no way of adjusting for non-response bias.

- Majority of respondents indicated that the IME location was convenient and accessible, the medical office where the IME was held was clean, and the provider and office staff acted in a professional manner.
- Two-thirds of respondents indicated that they had to wait 15 minutes or more to be seen by the provider.
- Almost half of respondents indicated that the physical examination was less than 15 minutes long.
- More than half of respondents indicated that their IME report was not a fair representation of their examination.

3.4 COST OF IMEs

As previously discussed, the cost of IMEs is typically paid by the carrier. These costs are not reported in a consistent manner by carriers so NYCIRB was unable to provide any meaningful data. Additionally, the Board does not capture any data associated with the cost of IMEs. Therefore, the only available method to determine the average cost of IMEs (and no-shows) was by utilizing IME entity data.

3.4.1 AVERAGE IME COST

The table below shows that the average payment for IMEs is \$571 as reported by the IME entities. There seems to be a wide variation in average payment amounts based on the specialty type, with chiropractic IME service averaging at \$395 and psychology with an average of IME fee \$1001. Additionally, the range within a specialty group can be significant.

Table 8 Range of IME Payments by Specialty (2014-2016)

Specialty Type	Average IME Payment	Minimum Payment	Maximum Payment
Occupational Medicine	\$1,686	\$300	\$11,675
Dermatology	\$1,214	\$550	\$5,245
Psychology	\$1,001	\$120	\$13,424
Neurological Surgery	\$973	\$125	\$13,125
Otolaryngology	\$933	\$150	\$5,810
Anesthesiology	\$860	\$110	\$3,200
Internal Medicine	\$822	\$125	\$10,045
Physical Medicine / Rehabilitation	\$810	\$125	\$6,058
Ophthalmology	\$760	\$125	\$2,850
Neurology and Psychiatry	\$751	\$110	\$6,400
Surgery	\$751	\$175	\$5,000
Podiatry	\$582	\$125	\$2,545
Orthopedic Surgery	\$523	\$105	\$7,600
Chiropractic	\$396	\$110	\$2,100
Average	\$571		

SOURCE: IME ENTITY DATA

3.4.2 NO-SHOW PAYMENTS

There are no regulations covering whether a carrier must pay an IME provider for a no-show appointment. Based on the data received from the IME entities, it appears that there are no consistent norms.

During our stakeholder calls, some expressed concerns about whether the provider should be paid when an injured worker fails to show up for an IME. The sample data shows that almost 51% of no-shows were not reimbursed by carriers. When a payment is made, the average payment for no-shows is about \$204.

TABLE 9 No-Show Payments (2014-2016)

	\$0	\$1-100	\$101-250	More than \$250	Average Payment
All Carriers	50.88%	24.24%	14.37%	10.51%	\$204

SOURCE: IME ENTITY DATA

3.4.3 COST SUMMARY

- The cost of an IME varies significantly by specialty type, and, even within specialties, there is a wide range.
- Carriers do not pay for no-shows just over half of the time.
- When carriers do pay for no-shows, the average payment is approximately \$204.

3.5 QUALITY OF REPORTS, NEED FOR FOLLOW-UP, AND DUPLICATE FILINGS

Various stakeholders raised questions about the quality of the IME reports and the need for associated reports as well as unnecessary duplicate filings. The Board reviewed available IME entity data

to better understand the frequency of addendums, rate of preclusions and duplicate filings, and rate of requests for information.

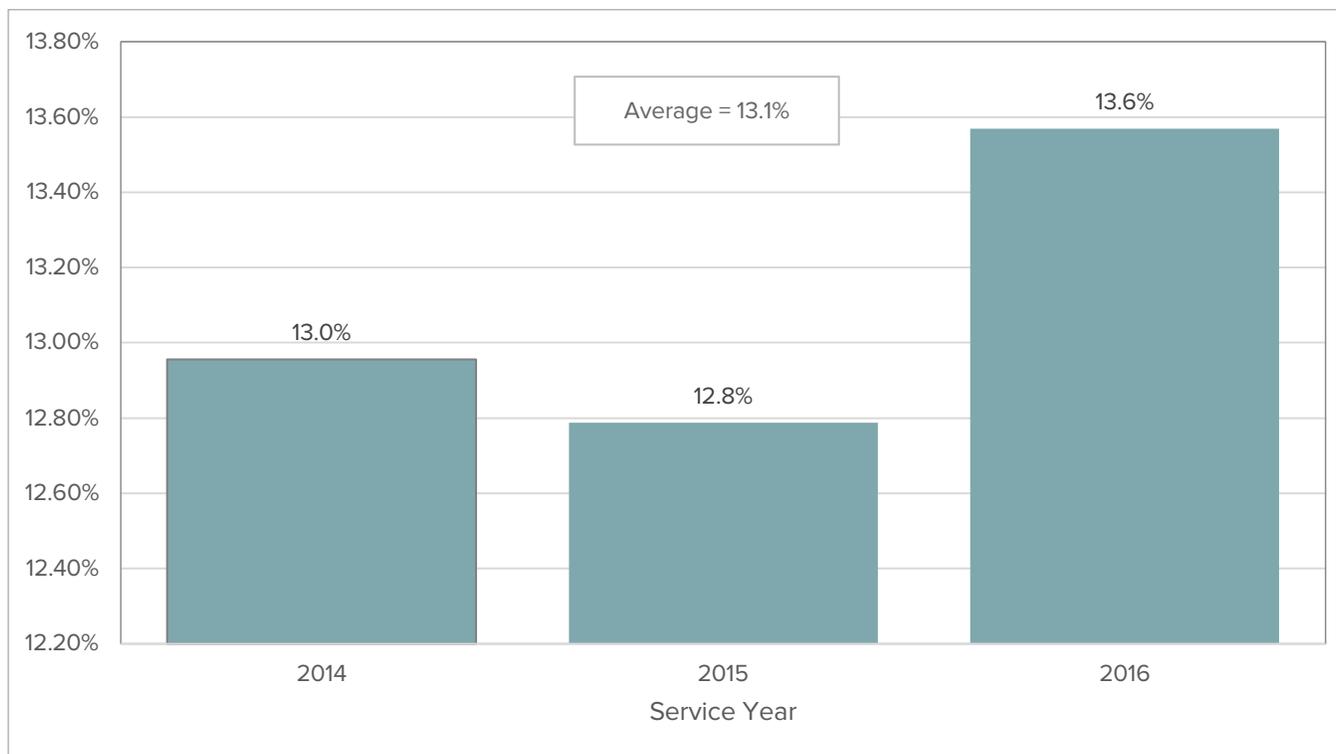
3.5.1 ADDENDUM RATES

During 2009, in response to the need for an update on communications with IME providers under Workers' Compensation Law § 13-a(6) and § 13-n(3), the Board clarified⁷ that employees of all registered entities are prohibited from discussing, instructing, or directing an IME provider as to his or her opinions or findings in the IME report. This means that the IME provider's report must always be submitted "as is." If the IME provider does not address all the issues requested by the carrier or addresses issues that were not requested by the carrier, the IME entity, only if requested by the carrier, or any party of interest on their own initiative, may make a written request for clarification to the IME provider (*Form IME-3*) for an addendum. This request procedure is the extent of the communication permitted by law as to the content of the IME report. The addendums are filed with the Board.

The chart below shows the distributions of addendums based on the IME entities that provided data. The average addendum rate for this sample is 13.1%.

⁷ Subject No. 046-324 – Update on Communications with Independent Medical Examiners under WCL § 13-1(6) and §13-n(3) - http://www.wcb.ny.gov/content/main/SubjectNos/sn046_324.jsp.

Chart 13 Percentage of IMEs with Addendums (2014-2016)



SOURCE: IME ENTITY DATA

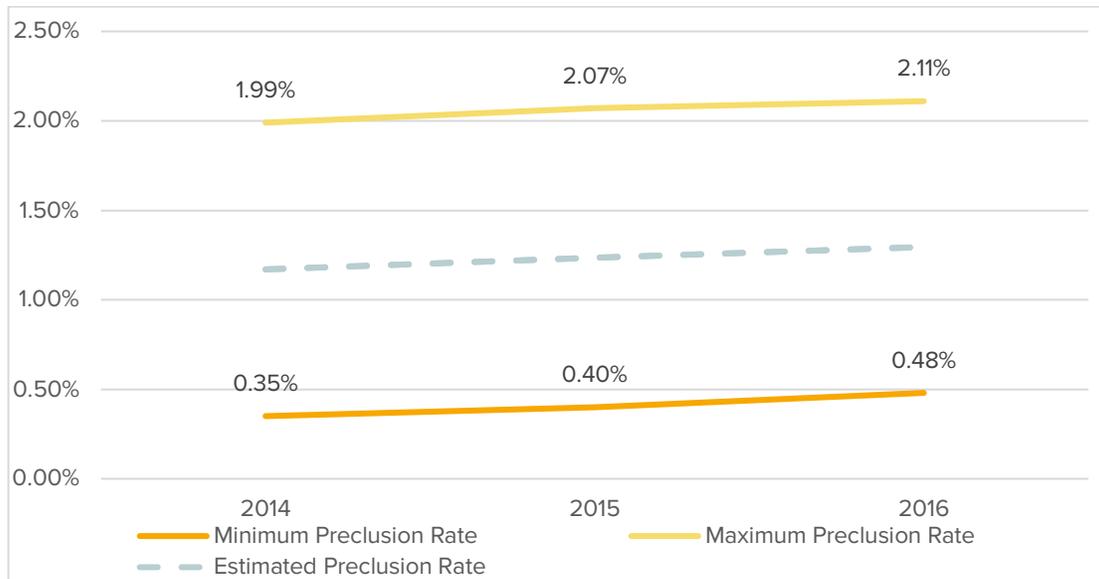
3.5.2 IME PRECLUSIONS

As mentioned earlier, a WCLJ often reviews medical information received from an injured worker’s treating physician as well as an opinion provided by an IME when making a determination in a case. The WCLJ may preclude an IME report for a variety of reasons, including a finding that one of the reports was late or not properly served on the same day, in the same manner.

Board data systems do not capture preclusions, including the reasons, in any consistent way. For this analysis, free-text in Board decisions was searched for evidence that the WCLJ precluded the IME report. Upon manual review of the results, in many instances, the decision text included language meant as a warning that the report, “could be precluded” if they fail to comply.

The following chart shows the estimated preclusion rate for IMEs performed between 2014-2016. The minimum preclusion rate identifies all cases containing a statement that reads “**the IME report is precluded,**” while the maximum preclusion rate encompasses any case that contained the term “**precluded.**” The maximum preclusion rate includes IME reports that were actually precluded as well as those with warnings of a potential preclusion. Thus, the **maximum rate likely overstates** the number of precluded reports. We estimate that the actual preclusion rate was between 0.35% and 2%.

Chart 14 IME Preclusion Rate (2014-2016)



SOURCE: BOARD DATA

3.5.3 DUPLICATE IME REPORT SUBMISSIONS

The Board amended IME reporting regulations on February 11, 2014, and subsequently issued several subject numbers addressing IME reports and duplicate filings. After that, duplicate filings dropped steadily. The table below shows the marked drop in duplicate filings of IME reports; the ratio of duplicates to IMEs has dropped from 49% to around 29%.

Table 10 IME Duplicate Filings

IME Service Year	Ratio of Duplicate/IMEs ⁸
2014	49%
2015	47%
2016	39%
2017	31%
2018	29%

SOURCE: BOARD DATA

3.5.4 IMEs NOT RECEIVED BY THE BOARD

Finally, there are also situations where an injured worker was provided notice that an IME was scheduled but the Board does not receive the subsequent IME report. For the period 2014-2016, the Board received 32% more *IME-5s* than *IME-4s* (de-duplicated). As noted in Section 3.2.5 (Table 6), approximately 23% of all scheduled IMEs are associated with cancellations or no-shows, leaving 9% of all *IME-5s* having no apparent IME report. There are a variety of reasons why this may occur including settling prior to submission or a deliberate decision not to submit the IME report.

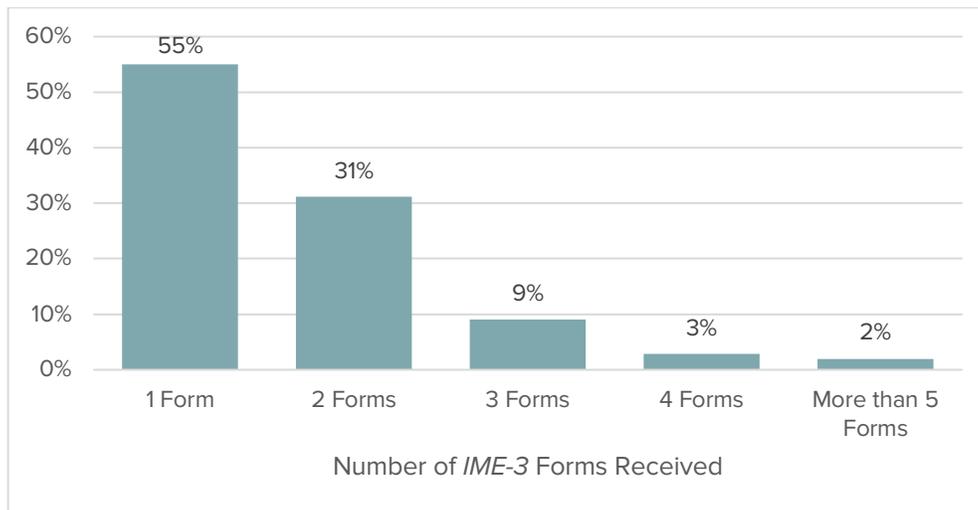
⁸ In Chart 13, addendums appear as a duplicate filing since they have the same date of service and provider listed on the original IME report. Therefore, to arrive at the actual duplicate rate, the addendums were removed from the duplicate filing rate.

3.5.5 APPROPRIATE COMMUNICATION BETWEEN IME PROVIDER AND IME ENTITY/CARRIER

Parties are not allowed to have offline communications regarding IMEs with the providers. The Board issued clarification⁹ that explained how and when carriers may communicate with IME providers.

Form *IME-3* is used to convey questions the carrier wants the IME provider to address or to ask follow-up questions after the IME report is submitted. It is important to note that 29% of the IME reports filed did not have an *IME-3* associated with them. Therefore, only 71% of the cases submitted an *IME-3*. Of those, 55% had only one *IME-3* request. The remaining 45% required multiple *IME-3*s, often after the first report (*IME-4*).

Chart 15 Frequency of *IME-3*s (2014-2016)



SOURCE: BOARD DATA

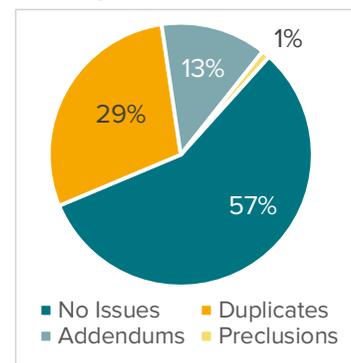
3.5.6 QUALITY OF REPORTS, NEED FOR FOLLOW-UP, AND DUPLICATE FILINGS SUMMARY

Based on *IME-4* submissions after the initial notice of IME (*IME-5*), 57% of reports were accepted with no additional documentation needed, nor were they a duplicate.

Approximately 71% of IMEs required additional information be communicated between the IME provider and the carrier, often after the first report.

- The current duplicate rate of IME reports is 29%.
- The Board estimates the average preclusion rate is between .4% and 2% (~1%).
- The average percentage of IMEs with addendums was 13%.
- Approximately 9% of IME reports were unaccounted for (i.e., not filed) following the filing of an *IME-5*, which could be due to a variety of reasons.

Chart 16 Summary of IME Report Submissions



SOURCE: IME ENTITY DATA & BOARD DATA

3.6 NON-QUANTITATIVE CONCERNS

There were several other issues raised by the stakeholders that the Board was unable to quantify. These other issues included topics such as fraud,

credibility of IME vs. records review, regulations, and training. These topics will be discussed as part of the advisory committee meetings.

⁹ Subject No. 046-324 – Update on Communications with Independent Medical Examiners under WCL § 13-1(6) and §13-n(3) - http://www.wcb.ny.gov/content/main/SubjectNos/sn046_324.jsp

To further the study of the utilization of IMEs in New York, a comparative analysis of the IME process in the other 49 states was undertaken. Highlighted below are different aspects of the IME process with a brief discussion of how New York compares to the other states.

4.1 NAME OF THE EXAMINATION

New York is one of 40 states that use the term “Independent Medical Examination” or “Independent Medical Evaluation.”

4.2 PROVIDER QUALIFICATIONS

In New York, IMEs and records reviews are conducted by Board-authorized providers who must be a physician, podiatrist, chiropractor, or psychologist.

- 24 states require the IME provider to be a practicing physician or surgeon.

- The remaining 25 states have a broader selection of medical providers with a combination of physicians, podiatrists, dentists, psychologists, optometrists and even nursing providers.

4.3 STATE AUTHORIZATION OR QUALIFICATION PROCESS

In New York, a provider (physician, podiatrist, chiropractor, or psychologist) must be authorized by the Board and possess a current, valid, and unrestricted professional license granted by the New York State Board of Regents (see 12 NYCRR 300.2[d][2]) (for full state details, see Appendix 5).

- Eighteen other states also have oversight by an agency on the application and certification processes.

- Thirty states do not have certification requirements, and
- One state (Utah) has an ad-hoc panel created by the agency from one or more physicians specializing in the treatment of the disease or condition involved in the claim.

4.4 SELECTION OF THE IME PROVIDER

There is disparity among the 50 states with respect to how a provider is selected to perform an IME. As previously discussed, in New York, the carrier is permitted to choose their IME provider.

- In eight other states, the employer or carrier selects the IME provider (Alabama, Arizona, Connecticut, Delaware, Georgia, Illinois, South Dakota and Virginia).
- In two states, the employer or carrier selects subject to agency approval (Ohio and Hawaii).

- In 10 states, the agency selects the IME provider (Indiana, Mississippi, Missouri, Kentucky, New Jersey, North Dakota, Oklahoma, Texas, Utah and Wisconsin).
- In five states, any requesting party may select (Colorado, Michigan, Iowa, Florida and Arkansas).
- In nine states, the IME provider is selected from an agency registry or a revolving list (Oregon, Nebraska, Nevada, Massachusetts, Maine, Vermont, California, New Mexico and Tennessee).

- In 11 states, the agency or the employer selects the IME provider (Alaska, Kansas, Idaho, Minnesota, Louisiana, Wyoming, South Carolina, North Carolina, Rhode Island, Pennsylvania and New Hampshire).

- In three states, the agency or the carrier selects the IME provider (West Virginia, Washington and Montana).
- In one state, the agency or any party selects the IME provider (Maryland).

4.5 TIME FRAME TO SUBMIT REPORT

New York requires that a written report of an IME conducted within the state be filed with the Board, and copies thereof furnished to all parties as may be required under the WCL, within 10 business days after the IME, or sooner if directed (see 12 NYCRR 300.2[d][14]). For IMEs conducted outside of New York, there is a 20-business day requirement.

- Two other states also have a 10-business day requirement (Nebraska and North Carolina).
- Four states have a 14-day requirement (Alaska, Maine, Rhode Island and Washington).
- Three states have a 15-day requirement (Hawaii, Michigan and Kentucky).
- Three states have a 30-day requirement (California, Connecticut and West Virginia).
- One state requires submission of an IME report no later than 48 hours prior to the hearing (Illinois).

- One state requires submission at least one week prior to the hearing (Massachusetts).
- One state has a seven-business day requirement (Texas).
- One state mandates submission of the IME report within a “reasonable amount of time” (Kansas).
- One state has no specific time frame for submission, but the fee for the examination will vary depending on the timeliness of the report’s submission. However, no provider fee will be awarded for reports filed in excess of 60 days (Tennessee).
- The remaining 32 states do not presently report time frame requirements for submitting an IME report.

4.6 PAYMENT OF IME PROVIDERS

The source of reimbursement to IME providers is varied among the 50 states. In New York, a carrier typically pays the costs associated with an IME.

- Nine other states provide that a requesting party (carrier or injured worker) can be directed to pay for the IME.
- In 24 states, IME providers are paid by the employer or carrier.
- In 11 states, the employer or the regulatory agency reimburses the IME provider.
- In two states (Minnesota and Mississippi), the regulatory agency reimburses the IME provider.
- Two states (Missouri and Wyoming) do not have a provision for the payment of IME providers.
- One state (Oklahoma) provides only that IME reimbursement is “By respondent.”

- Please note the following with respect to the payment of IME providers:
 - In Florida, if the injured worker prevails in the dispute, the employer or carrier will pay for the IME.
 - In Kentucky, if the work-related injury claim is disallowed, the carrier will be reimbursed by the agency.
 - In Massachusetts, the amount paid by the injured worker for the IME is refunded by the carrier if the injured worker ultimately prevails.
 - In Michigan, there is a contractual agreement between the IME provider and the requesting party as to payment.
 - In Mississippi, the IME provider’s fee can be negotiated by the payer and provider.

4.7 PAYMENTS TO IME PROVIDERS FOR NO-SHOWS

In New York, there is no requirement to pay for no-show appointments. The IME entity data suggests that approximately 51% of the time the IME providers were not paid no-show fees.

- In 13 states, a “no-show” fee is charged to the injured worker (Arizona, Florida, Hawaii, Maine, Massachusetts, Minnesota, Nebraska, Nevada, Oklahoma, Oregon, Tennessee, Vermont, Wyoming).
- In one state, if the injured worker doesn’t show for an IME, the injured worker may be liable for the cost of the examination (Vermont).
- The remaining 35 states did not specify how no-shows are treated.

4.8 CONSEQUENCES OF A DEFECTIVE IME REPORT

There are varying consequences among the 50 states for the filing of a defective IME report. In New York, a defective IME report will be precluded if it does not substantially comply with the requirements of WCL § 137 or 12 NYCRR 300.2 (see 12 NYCRR 300.2[d][12]).

- Two other states preclude defective reports (Florida and Hawaii).
- In four states, the IME provider will be removed or not reappointed (Alaska, California, Oklahoma and Tennessee).
- In another four states, an IME provider who submits a defective IME report will not be permitted to testify (Illinois, Kansas, Michigan and Missouri).
- Two states will pay for the IME at a lower rate in the event of a defective IME report (Ohio and Washington).
- One state imposes fines for defective IME reports (Louisiana).
- The remaining 36 states do not presently specify a statutory or regulatory consequence for a defective IME report.

Part 5 Taking Action

Recognizing the significant limitations confronting the Board when trying to analyze IMEs in New York State, the Board has already taken several actions to improve future data collection and analytic efforts:

- The Board Authorization Number is the key field to link the receipt of an *IME-4* report to a specific authorized provider. In March 2017, the Board's scanning process was updated to start capturing the IME provider's Board Authorization Number from the first page of the *IME-4* form as well as whether an injured worker or carrier requested the IME. At that time, the Board also began a manual process of retroactively gathering these fields from *IME-4* filings received since 2014.
- During March 2018 through June 2018 (as previously mentioned), the Board sent a data request to 100 IME entities to gather 18 fields of electronic data to be used in this IME study. These fields include: IME entity name and registration number; requesting carrier name and case number; Board claim number; injured worker name; type of service requested and whether it occurred; IME provider name, specialty, and authorization number; the time, date and location of the IME; the dates the IME was requested, notice (*IME-5*) was sent to the injured worker, and *IME-4* report was sent to the carrier; and finally, the payment amount. The data (or partial data) was received in multiple formats and required significant scrubbing and validation to be useful. Starting in 2019, the Board will routinely request additional IME entity data including calendar years 2017 and 2018 in a specified electronic format so that continued analysis can be completed.
- In May 2018, the Board revised the *IME-5* form to include fields for the name and registration number of the IME entity who requested the examination. The Board also revised the *IME-4* form to request the start and end time of the IME as well as the amount of time spent reviewing medical information. The Board created two new forms (*IME-4.3 A* and *IME-4.3 B*) to better capture information related to permanency.
- In 2018, the Board also began taking steps to improve the quality of its medical provider data. As previously mentioned, approximately 3,350 IME providers were suspended from authorization effective December 1, 2018, due to failure to register with the Board.
- Once the Board's modernized Business Information System is implemented, relevant data fields on IME forms will be captured and available for query, analysis and monitoring.

At the culmination of the IME data request, the Board rescinded the IME entity registrations from three IME entities who failed to respond to the data request. Additionally, the Board's Medical Director's office is following up (at the time of reregistration) with any IME entity who advised that they did not perform IMEs during the study period.

This report, which summarizes all relevant IME utilization that was available to, or developed by, the New York State Workers' Compensation Board, will be presented to the advisory committee as mandated by the legislation.

APPENDICES



Appendices

Appendix 1 – WCL 137 (12)

The chair shall conduct a thorough study of the utilization of independent medical examinations under this chapter, to occur within calendar year two thousand eighteen, and shall convene and present a preliminary report based on the study to an advisory committee set to commence on or about January first, two thousand nineteen. The advisory committee is to consist of representatives of organized labor, business, carriers, self-insured employers, medical providers, and other stakeholders and experts as the chair may deem fit to include. The advisory committee shall meet quarterly, or more frequently if directed by the chair. By December thirty-first, two thousand nineteen, the committee shall present detailed recommendations to the governor, speaker of the assembly, and majority leader of the senate, regarding administrative improvements, and regulatory and statutory proposals, that will ensure fairness, and highest medical quality, while improving methods of combatting fraud. The committee shall review and analyze leading studies, both in New York state and nationally. The compensation insurance rating board shall provide data, and cooperate with the chair and committee in identifying potential abuse and fraud. The report shall consider, among other items, the feasibility of new methods of assigning independent medical examinations, such as through rotating providers or panels, statewide networks, or other arrangements.

Appendix 2 – IME Definitions and Regulations

Definition of Independent Medical Examination

Paragraph (4) of subdivision (b) of section 300.2 of Title 12 NYCRR (NYS WCL 2017 edition) defines IME as an examination performed by an authorized or qualified independent medical examiner, pursuant to section 13-a, 13-k, 13-l, 13-m or 137 of the Workers' Compensation Law, for purposes of evaluating or providing an opinion with respect to schedule loss, degree of disability, validation of treatment plan or diagnosis, causal relationship, diagnosis or treatment of disability, maximum medical improvement, ability to return to work, permanency, appropriateness of treatment, necessity of treatment, proper treatment, extent of disability, second opinion or any other purpose recognized or requested by the Board. An examination that is conducted for any of the purposes described in this section, other than an examination conducted at a clinic that is a member of the occupational health clinics network established pursuant to subdivision (3) of section 151 of the Workers' Compensation Law, shall be deemed an independent medical examination and shall be subject to the requirements governing the conduct and reports of such examinations as set forth under sections 13-a, 13-b, 13-d, 13-k, 13-l, 13-m, 13-n and 137 of the Workers' Compensation Law and this Part. An examination conducted at the request of the Chair or the Board in accordance with section 13(e) or 19 of the Workers' Compensation Law shall not constitute an independent medical examination for purposes of this part, or for purposes of sections 13-b, 13-k, 13-l, 13-m and 137 of the Workers' Compensation Law.

Amendment of IME Regulations

On February 11, 2014, the Chair adopted amendments to the regulations governing the conduct and reporting of Independent Medical Examinations (IMEs) (12 NYCRR §300.2). The amended regulation became effective on February 26, 2014 (Subject Number 046-666¹⁰). The regulation requires that every record, test, and documents made available to the IME examiner for review will also become part of the Board's file and an IME examiner must list all documents, reports, and items reviewed during the IME. All the reports must be provided to all the providers that have treated the claimant within the last six months. The regulation clarified that an IME examiner cannot refuse a claimant's intent to video record an IME. The regulation also updated the process of suspension and revocation of a provider's authorization to perform an IME.

¹⁰ Amendment of IME regulations (12 NYCRR Section 300.2) - http://www.wcb.ny.gov/content/main/SubjectNos/sn046_666.jsp

Role of Medical Director's Office in IME

In New York State, the Medical Director's Office (MDO) certifies medical providers to perform IMEs and report their opinions to the Board and other parties of interest. There are two types of authorizations for IME providers: IME only and IME and treating (Both). Currently there are more than 7,700 authorized IME providers with over 7,100 providers authorized to perform IMEs and treat injured workers, and the remaining 600 providers authorized as IME only.

IME Provider Authorizations in NYS

According to Paragraphs (1), (2) and (4) of subdivision (b) of section 300.2 of Title 12 NYCRR¹¹, an IME provider can be an attending physician (provider) or other attending practitioner who has the primary responsibility for treating the claimant for the injury or illness for which such claimant is being examined. In addition, an authorized provider means a physician, podiatrist, chiropractor, or psychologist who possesses a current, valid, and unrestricted professional license granted by the New York State Board of Regents, that is without any limitation imposed by the New York State Department of Health, Board of Professional Medical Conduct or the New York State Department of Education, Office of Professional Discipline, is not subject to any restriction on or suspension or revocation of a professional license granted by any other state, and meets the following requirements for authorization by the Chair of the Workers' Compensation Board to conduct IMEs and review of records (ROR).

IME Entities Paragraph (6) of subdivision (b) of section 300.2 of Title 12 NYCRR¹² specifies that an IME entity means an individual or entity that derives income from IMEs performed in accordance with Workers' Compensation Law Sections 13-a, 13-k, 13-l, or 13-m and this section or review of records, whether by employing or contracting with independent medical examiners to conduct such IMEs or RORs, or by acting as a referral service or otherwise facilitating such examinations or review of records and is registered with the Chair in accordance with Workers' Compensation Law Section 13-n and section 300.2.

¹¹ Text of Adopted Regulations of 12 NYCRR 300.2 (IME Regulation)

http://www.wcb.ny.gov/content/main/wclaws/RecentlyAdopted/Part300_2_Rev_text.jsp

¹² http://www.wcb.ny.gov/content/main/wclaws/RecentlyAdopted/Part300_2_Rev_text.jsp

Appendix 3 – Forms (attached)

New York State Workers' Compensation Independent Medical Exam Forms

**State of New York
WORKERS' COMPENSATION BOARD**

**INDEPENDENT EXAMINER'S REPORT OF REQUEST FOR INFORMATION/RESPONSE
TO REQUEST REGARDING INDEPENDENT MEDICAL EXAMINATION**

1. INDEPENDENT EXAMINER'S NAME AND ADDRESS		2. NAME AND ADDRESS OF PARTY REQUESTING INFORMATION		
3. INDEPENDENT EXAMINER'S IME AUTHORIZATION NO.	4. IME ENTITY REGISTRATION NO. (If Applicable)	5. DATE OF INDEPENDENT MEDICAL EXAMINATION		
6. CLAIMANT'S NAME	7. CLAIMANT'S WCB CASE NO.	8. DATE OF INJURY	9. DATE OF THIS REPORT	

Pursuant to Section 137 of the Workers' Compensation Law (WCL), if an independent examiner who has performed or will be performing an independent medical examination of a workers' compensation claimant receives a request for information regarding the claimant, including faxed or electronically-transmitted requests, the independent examiner must submit a copy of the request for information to the Workers' Compensation Board within ten days of the receipt of the request. In addition, copies of all responses to such requests, shall be submitted by the responding independent examiner to the Board within ten days of the submission of the response to the requester.

PLEASE NOTE: Do not use this form to file documents, records, reports or items that are part of the official Board file. Any such items that are not part of the Board file at the time the IME is scheduled, should be submitted to the Board at the time of scheduling. The IME-3 should not be used for such submissions.

If the request for information is limited to a request for scheduling of an independent medical examination, you need not file this form. However, you must send a copy of Form IME-5 ("Claimant's Notice of Independent Medical Examination") to the Workers' Compensation Board.

Instructions:

- Complete all identifying information, items 1-9 above.
- To report a request for information, complete item 10-A below, sign, date and mail to the Workers' Compensation Board within ten days of receipt of request. A copy of the request must be attached.
- To report independent examiner's response to a request for information, complete item 10-B below, sign, date and mail to the Workers' Compensation Board within ten days of submission of response to the requester. A copy of the response must be attached.
- If the independent examiner responds to the requester within ten days of the receipt of the request, complete, sign and date items 10-A and 10-B and mail to the Workers' Compensation Board within ten days of receipt of the request, with copies of the request and response attached. Otherwise, submit separate forms to report request and your response within the time limits given in b. and c. above.

NOTE: The independent examiner's release of medical and/or workers' compensation records to the Board and/or to the requesting party is subject to applicable laws regarding the confidentiality of such records, including but not limited to Section 110-a of the Workers' Compensation Law, Section 18 of the Public Health Law, and other applicable state and federal laws.

HIPAA Notice: In order to adjudicate a workers' compensation claim, WCL Sections 13-a and 137 permit an employer or carrier to have a claimant examined by a health care provider. Pursuant to 45 CFR 512 a health care provider who has been retained by an employer or carrier to evaluate a workplace injury is exempt from HIPAA's restrictions on disclosure of health information.

**INDEPENDENT EXAMINERS WHO FAIL TO FILE REQUIRED FORMS MAY BE SUBJECT TO DISCIPLINE,
INCLUDING REMOVAL OF AUTHORIZATION TO PERFORM INDEPENDENT MEDICAL EXAMINATIONS.**

10-A. INDEPENDENT EXAMINER'S REPORT OF REQUEST FOR INFORMATION REGARDING INDEPENDENT MEDICAL EXAMINATION		
Date request received _____		
Attached is a copy of a request for information received in the case identified above.		
_____	_____	_____
Independent Examiner's Name	Signature	Date

10-B. INDEPENDENT EXAMINER'S REPORT OF RESPONSE TO REQUEST FOR INFORMATION REGARDING INDEPENDENT MEDICAL EXAMINATION		
Date response submitted to requester _____		
Attached is a copy of my response to a request for information received in the case identified above, and all materials supplied to the requester which are not already part of the official case record.		
_____	_____	_____
Independent Examiner's Name	Signature	Date



COVER SHEET FOR REPORT OF INDEPENDENT MEDICAL EXAMINATION

A copy of each report of Independent Medical Examination shall be submitted on the same day and in the same manner to the Workers' Compensation Board, the insurance carrier or self-insured employer, the claimant's attending physician or other attending independent examiner, the claimant's representative, if any, and the claimant.

CHECK ONE: [] PHYSICIAN [] PODIATRIST [] CHIROPRACTOR [] PSYCHOLOGIST THIS EXAMINATION WAS REQUESTED BY: [] CARRIER/EMPLOYER [] CLAIMANT

Form with fields for WCB Case No., Carrier Case No., Date of Injury/Illness, Injured Person's Social Security No., Date of Examination, Injured Person details, Insurance Carrier/Self-Insured Employer, Independent Examiner details, and a certification statement.

Attach Report of Independent Medical Examination

Report of Independent Medical Examination must include this cover sheet and a narrative report that includes the components listed below. If the examination concludes Schedule Loss of Use and/or Non-Schedule Permanent Partial Disability please include the IME-4.3A and/or IME-4.3B with the cover sheet and your medical narrative.

- A description of the examination;
• A list of all documents or information reviewed by the IME evaluator;
• The examiner's professional opinion; and
• A signed and dated certification at the end of the report of the independent medical examination as follows:
- I hereby certify that this report is a full and truthful representation of my professional opinion with respect to the claimant's condition; that no person or entity has caused, directed or encouraged me to submit a report that differs substantially from my professional opinion; and I have reviewed the report and attest to its accuracy.
- The signature and date must be below the required certification.

Any questionnaire or intake sheets completed by the claimant either before arriving or after arriving for the independent medical examination must be attached to this cover sheet with the report.

In certifying on the cover sheet, you are certifying to the entire contents of the Report of Independent Medical Examination.

I hereby certify that this report is a full and truthful representation of my professional opinion with respect to the claimant's condition; that no person or entity has caused, directed or encouraged me to submit a report that differs substantially from my professional opinion; and I have reviewed the report and attest to its accuracy.

Independent Examiner's Name

Date

Independent Examiner's Signature



If the report does not substantially comply with the requirements of 12 NYCRR 300.2(d) it may be precluded from consideration as evidence.

NO INDEPENDENT EXAMINER EXAMINING OR EVALUATING A CLAIMANT UNDER THE WORKERS' COMPENSATION LAW NOR ANY SUPERVISING AUTHORITY OR PROPRIETOR NOR INSURANCE CARRIER OR EMPLOYER MAY CAUSE, DIRECT OR ENCOURAGE A REPORT TO BE SUBMITTED AS EVIDENCE IN WORKERS' COMPENSATION CLAIM ADJUDICATION WHICH DIFFERS SUBSTANTIALLY FROM THE PROFESSIONAL OPINION OF THE EXAMINING INDEPENDENT EXAMINER. SUCH AN ACTION SHALL BE CONSIDERED WITHIN THE JURISDICTION OF THE WORKERS' COMPENSATION FRAUD INSPECTOR GENERAL AND MAY BE REFERRED AS A FRAUDULENT PRACTICE.

It is unlawful for any person who has obtained individually identifiable information from Workers' Compensation Board records to disclose such information to any person who is not otherwise lawfully entitled to obtain these records. Any person who knowingly and willfully obtains workers' compensation records which contain individually identifiable information under false pretenses or otherwise violates Workers' Compensation Law Section 110-a shall be guilty of a class A misdemeanor and shall be subject upon conviction, to a fine of not more than one thousand dollars.

HIPAA Notice: In order to adjudicate a workers' compensation claim, WCL Sections 13-a and 137 permit an employer or carrier to have a claimant examined by a health care provider. Pursuant to 45 CFR 512 a health care provider who has been retained by an employer or carrier to evaluate a workplace injury is exempt from HIPAA's restrictions on disclosure of health information.

DO NOT SCAN



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										
Range of Motion (3 measures)												
Contralateral ROM												
Contralateral Applicable Y/N If No, please explain below												
Special Considerations (Chapter)												
Impairment %												

Details: _____



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: Body Part: Impairment Table: Severity Ranking: 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):

Table with 5 columns: Activity, Never, Occasionally, Frequently, Constantly. Rows include Lifting/carrying, Pulling/pushing, Sitting, Standing, Walking, Climbing, etc.

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.

Specify:

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



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

**State of New York
WORKERS' COMPENSATION BOARD**

**CLAIMANT'S NOTICE OF INDEPENDENT MEDICAL EXAMINATION
under Section 137 WCL**

WCB CASE NUMBER	CARRIER CASE NUMBER	DATE OF ACCIDENT	DATE OF THIS NOTICE
CLAIMANT'S NAME AND ADDRESS		INSURANCE CARRIER'S NAME AND ADDRESS	

IME ENTITY NAME		AUTHORIZATION NUMBER
DATE OF EXAMINATION	PLACE OF EXAMINATION	THIS EXAMINATION WAS REQUESTED BY
TIME OF EXAMINATION		

IF THIS EXAMINATION WAS REQUESTED BY THE CLAIMANT, THE CLAIMANT MAY BE RESPONSIBLE FOR PAYMENT OF THE COST OF THE EXAMINATION. THE COST OF THIS EXAMINATION WILL BE: (Health provider must indicate exact fee or fee range.)

- Exact fee: \$ _____
- Fee range: From \$ _____ To \$ _____

THE INDEPENDENT EXAMINER INTENDS DOES NOT INTEND TO RECORD OR VIDEOTAPE THIS EXAMINATION.

(This notice is invalid if this item is not completed.)

Purpose of Examination/Special Instructions:

You have been scheduled for an independent medical examination in connection with your workers' compensation claim at the time and place indicated above. YOUR RECEIPT OF BENEFITS COULD BE DENIED, TERMINATED OR REDUCED AS A RESULT OF A DETERMINATION WHICH MAY BE BASED ON A MEDICAL EVALUATION MADE AFTER THIS MEDICAL EXAMINATION. You have the right to videotape or otherwise record the examination. You also have the right to be accompanied during the exam by an individual or individuals of your choosing. **See the reverse of this form for a complete statement of your rights and obligations under the law with regard to independent medical examinations.**

If for any reason you are unable to appear for this examination, contact _____ Name

at _____ as soon as possible.
Telephone Number

STATEMENT OF RIGHTS AND OBLIGATIONS - INDEPENDENT MEDICAL EXAMINATIONS - Section 137 WCL

1. The claimant must receive notice of the scheduled independent medical examination at least seven business days prior to such examination. The notice must advise the claimant if the practitioner intends to record or videotape the examination.
2. If the examination was requested by the claimant, the claimant may be responsible for the cost of the examination, and the health provider must indicate on the notice of examination the actual fee or the fee range for the examination.
3. All independent medical examinations shall be performed in medical facilities suitable for such exam, with due regard and respect for the privacy and dignity of the injured worker/claimant.
4. Examination facilities must be provided in a safe, convenient and accessible location within a reasonable distance from the claimant's residence. Examinations will be held during regular business hours, except with the consent and for the convenience of the claimant.
5. All independent medical examinations shall be performed by an independent examiner competent to evaluate or examine the injury or disease from which the claimant suffers. An independent examiner is not eligible to perform an independent medical examination of a claimant if the independent examiner has treated or examined the claimant for the condition for which the examination is being requested, or if another member of the preferred provider organization or managed care provider to which the independent examiner belongs has treated or examined the claimant for the condition for which the examination is being requested.
6. The claimant has the right to videotape or otherwise record the examination.
7. The claimant has the right to be accompanied during the examination by an individual or individuals of his/her choosing.
8. The claimant has the right to be reimbursed for travel expenses to and from the examination site, if the examination was requested by the insurance carrier or employer.
9. A copy of each report of independent medical examination shall be submitted by the practitioner on the same day and in the same manner to the Workers' Compensation Board, the insurance carrier, the claimant's attending physician or other attending independent examiner, the claimant's representative, if any, and the claimant.
10. The claimant's receipt of benefits could be denied, terminated, or reduced as a result of a determination, made by the Workers' Compensation Board, which may be based upon a medical evaluation made after an independent medical examination. However, the ability of the claimant to appear for an examination or hearing shall not in itself determine questions of disability, extent of disability or eligibility for benefits.
11. In any open case where an award has been directed by the Board for temporary or permanent disability at an established rate of compensation, and there is a direction by the Board for continuation of payments, or any closed case where an award for compensation has been made for permanent total or permanent partial disability, a report of an independent medical examination shall not be the basis for suspending or reducing payments unless and until the rules and regulations of the Board regarding suspending or reducing payments have been met and there is a determination by the Board finding that such suspension or reduction is justified.
12. The claimant has the right to appeal any Workers' Compensation Board determination, including determinations based on an independent medical examination. The Board's notice of decision contains full instructions and time limitations for filing an appeal.

HIPAA Notice: In order to adjudicate a workers' compensation claim, WCL Sections 13-a and 137 permit an employer or carrier to have a claimant examined by a health care provider. Pursuant to 45 CFR 512 a health care provider who has been retained by an employer or carrier to evaluate a workplace injury is exempt from HIPAA's restrictions on disclosure of health information.

IF YOU HAVE ANY QUESTIONS ABOUT AN INDEPENDENT MEDICAL EXAMINATION, OR ANY OTHER QUESTIONS OR PROBLEMS ABOUT A JOB-RELATED INJURY OR DISEASE, CONTACT ANY OFFICE OF THE WORKERS' COMPENSATION BOARD.

SI TIENE ALGUNA DUDA SOBRE LAS EVALUACIONES MÉDICAS INDEPENDIENTES, O CUALQUIER OTRA PREGUNTA O PROBLEMA SOBRE ENFERMEDADES O LESIONES RELACIONADAS CON SU TRABAJO, COMUNÍQUESE CON CUALQUIER OFICINA DE LA INSTITUCIÓN WORKERS' COMPENSATION BOARD (JUNTA DE COMPENSACIÓN LABORAL).

NYS Workers' Compensation Board, Centralized Mailing, PO Box 5205, Binghamton, NY 13902-5205

Customer Service Toll-Free Line: 877-632-4996

Statewide Fax Line: 877-533-0337

Appendix 4 – IAIABC Report (attached)

Independent Medical Exam Study

IAIABC Medical Issues Committee Project – June 2015



Independent Medical Exam Study

IAIABC Medical Issues Committee
Project

June 2015



Introduction

Medical decision making is an integral part of the workers' compensation system. Diagnosis and treatment decisions influence outcomes for injured workers, effect return to work for employers, and impact the entire claim process.

Situations arise when there is a dispute about a medical diagnosis or decision. Many jurisdictions utilize an independent medical examiner¹ (IME) to offer an impartial perspective in these cases. The IAIABC Medical Issues Committee was interested in understanding the use and application of independent medical exams across the United States. The study was intended to help jurisdictions consider the value that IMEs bring to the claims process as well as the integrity of the underlying premise of impartiality.

The study included 32 questions and addressed the following regarding IMEs:

- Jurisdictional Terminology, Definitions, and Requests
- Billing and Payment
- Provider Requirements and Evaluations
- Provider Selection Process
- Exams, Reports, and Findings

Twenty-seven jurisdictions responded to this study as of publication: Alaska, Arizona, California, Colorado, Delaware, Florida, Idaho, Illinois, Indiana, Kansas, Maine, Maryland, Michigan, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Texas, Utah, Virginia and Washington.

¹ The term "independent medical examiner" or "independent medical exam" (IME) is used here in a general sense; jurisdictions may have their own terminology and definitions, as seen in section 1 of this study.

Section 1

Jurisdictional IME Definitions, Terminology, and Requests

Each jurisdiction responded to the following:

1. Provided state specific terminology and definitions for each type of IME allowed
2. Is there a limit to the number of IMEs your state can accept?
3. Who is allowed to request and IME in your state?

The terms and definitions used by states in reference to “independent medical exams” vary. Many states have no formal definition, while other states reference and define IMEs directly in their rules or statutes. The state of Delaware does not allow the use of the term Independent Medical Examination or IME which is explicitly stated in *19 Del. C. §2320(7)*.

Many states do not limit the number of IMEs that can be performed, but those that do tend to set the limit at 1-3 IMEs per medical issue or claim. A majority of states allow IME requests from various parties including the injured worker, self-insured employer, insurer, or state.

Definitions and terms for IMEs vary by state. State-specific terminology and definitions are included below.	
Alaska	<ul style="list-style-type: none"> • The [settlement] agreement shall be approved by the board only when the terms conform to the provisions of this chapter, and, if it involves or is likely to involve permanent disability, the board may require an impartial medical examination and a hearing in order to determine whether or not to approve the agreement. AS23.30.012 • Referral to a specialist by the employee’s attending physician is not considered a change in physicians. AS 23.30.095(a) • Referral to a specialist by the employer’s attending physician is not considered a change in physicians. AS 23.30.095(e) • In the event of a medical dispute regarding determinations of causation, medical stability, ability to enter into a reemployment plan, degree of impairment, functional capacity, the amount and efficacy of the continuance or necessity of treatment, or compensability between the employee’s attending physician and the employer’s independent medical evaluation, the board may require that a second independent medical evaluation be conducted by a physician or physicians selected by the board from a list established and maintained by the board. AS 23.30.095(k). • An injured employee claiming or entitled to compensation shall submit to the physical examination by a duly qualified physician which the board may require. AS 23.30.110(g)
Arizona	There is no specific terminology and definition for IMEs, however, an IME occurs when a medical provider who has not previously been involved in the person's care examines the injured worker.
California	Qualified medical evaluators (QMEs) are qualified physicians who are certified by the Division of Workers' Compensation - Medical Unit to examine injured workers to evaluate disability and write medical-legal reports. The reports are used to determine an injured worker's eligibility for workers' compensation benefits. QMEs include medical doctors, doctors of osteopathy, doctors of chiropractic, dentists, optometrists, podiatrists, psychologists and acupuncturists. See http://www.dir.ca.gov/dwc/medicalunit/QME_page.html
Colorado	<ul style="list-style-type: none"> • Division IMEs • Respondent IMEs
Delaware	<p>Delaware does not have IMEs and entities can be fined for using that term.</p> <p>Citation: <i>Pursuant to 19 Del. C. §2320(7), The Board may, in any case, upon the application of either party or on its own motion, appoint a disinterested and duly qualified physician to make any necessary medical examination of the employee and testify in respect thereto. Such medical examination shall not be referred to as an "Independent Medical Examination" or "IME" in any proceeding or on any document relating to a matter under this chapter; nor shall any examination, required by the employer, by any other doctor, who is an employee of an insurance company, or who is paid by an insurance company, or who is under contract to an insurance company, be referred to as an "Independent Medical Examination" or "IME." The physician will be allowed a reasonable fee subject to the approval of the Board, which fee shall be taxed as costs. The Board may impose a fine not to exceed \$500 for each use of the term "Independent Medical Exam" or "IME" in violation of this subsection.</i></p>

Definitions and terms for IMEs vary by state. State-specific terminology and definitions are included below.

Florida	<ul style="list-style-type: none"> • “Independent Medical Evaluation” means an objective evaluation of the injured employee’s medical condition, including, but not limited to, impairment or work status, performed by a physician or an expert medical advisor at the request of a party, a judge of compensation claims, or the department to assist in the resolution of a dispute arising under this chapter, 440.13(1)(i), F.S. • When a medical dispute arises, the parties may mutually agree to refer the employee to a licensed physician specializing in the diagnosis and treatment of the medical condition at issue for an independent medical examination and report. Such medical examination shall be referred to as a “consensus independent medical examination.” The findings and conclusions of such mutually agreed upon consensus independent medical examination shall be binding on the parties and shall constitute resolution of the medical dispute addressed in the independent consensus medical examination and in any proceeding. Agreement by the parties to a consensus independent medical examination shall not affect the employer’s, carrier’s, or employee’s entitlement to one independent medical examination per accident as provided for in this subsection; chapter, 440.13(5)(g), F.S.
Idaho	Independent Medical Exams are not defined in Idaho regulations.
Illinois	Section 12. An employee entitled to receive disability payments shall be required, if requested by the employer, to submit himself, at the expense of the employer, for examination to a duly qualified medical practitioner or surgeon selected by the employer, at any time and place reasonably convenient for the employee, either within or without the State of Illinois, for the purpose of determining the nature, extent and probable duration of the injury received by the employee, and for the purpose of ascertaining the amount of compensation which may be due the employee from time to time for disability according to the provisions of this Act.
Indiana	Independent Medical Evaluation- ordered by the Board. MD may be agreed upon by the parties or chosen by the agency. Does not include a "second opinion" by an MD selected by the payor.
Kansas	An independent medical examination (IME) occurs when a doctor/physical therapist/chiropractor who has not previously been involved in a person's care examines an individual. There is no doctor/therapist-patient relationship. See KSA 44-516 (a) and KSA 44-516 (b).
Maine	Employers and Insurance carriers are allowed to have a claimant undergo a IME that is essentially a second opinion. The carrier typically chooses the doctor and advises the employee of the appointment. In this process the scheduling party must inform the employee that he or she has the right to have a physician of his choosing present at the exam and the associated expenses will be paid by the carrier We have a board panel. Parties ask for the appointment of an IME physician and the board chooses the physician and schedules the appointment.
Maryland	No answer given
Michigan	[Defined as an] examination by a physician or surgeon authorized to practice medicine under the laws of the state, furnished and paid for by the employer or carrier. Independent medical exam means an examination and evaluation that is requested by a carrier or an employee and that is conducted by a different practitioner than the practitioner who provides care.
Minnesota	IME - and independent or adverse exam requested by a party to the claim.
Montana	No statutory use of "IME" or definition in Montana

Definitions and terms for IMEs vary by state. State-specific terminology and definitions are included below.	
Nebraska	Independent Medical Examiner (IME): A physician appointed and assigned by the court or a physician agreed to by the parties pursuant to §48-134.01. In either case the physician shall render medical findings on the medical condition of an employee and related issues pursuant to §48-134.01. (See Rule 49 of the Nebraska Workers' Compensation Court's Rules of Procedure).
New Mexico	<ul style="list-style-type: none"> • In the event of a dispute between the parties concerning the reasonableness or necessity of medical or surgical treatment, the date upon which maximum medical improvement was reached, the correct impairment rating for the worker, the cause of an injury or any other medical issue, if the parties cannot agree upon the use of a specific independent medical examiner, either party may petition a workers' compensation judge for permission to have the worker undergo an independent medical examination. • If a workers' compensation judge believes that an independent medical examination will assist the judge with the proper determination of any issue in the case, including the cause of an injury, the workers' compensation judge may order an independent medical examination on the judge's own motion. • The IME shall be performed immediately by a health care provider other than the designated health care provider, unless the employer and the worker otherwise agree. • In deciding who may conduct the IME, the workers' compensation judge shall designate a health care provider on the approved list of persons authorized by the committee appointed by the advisory council on workers' compensation to create that list. • The employer shall pay for any IME.
North Dakota	<ul style="list-style-type: none"> • IME - contemplates an actual examination of the injured worker, either in person or remotely if possible, for the purpose of review of the diagnosis, prognosis, treatment, or fees. • IMR - contemplates a file review of the injured worker's records, including treatments and testing for the purpose of review of the diagnosis, prognosis, treatment, or fees.
Oklahoma	An IME exam occurs when ordered by the ALJ to answer a specific question
Oregon	An independent medical exam means any medical exam that is requested by the insurer under ORS 656.325
Rhode Island	<ul style="list-style-type: none"> • Insurance Exam-insurer sends [employee] to a Dr. of their choosing • Court Ordered Exam-Court send [employee] to exam with Dr. chosen from Court approved list • Donley Center Evaluation-Court ordered evaluation at State facility requested by [employee] or insurer- evaluation by PT or OT includes Psych eval and voc rehab eval
South Dakota	"Duly qualified medical practitioner" defined as "a health care provider licensed and practicing within the scope of his profession under Title 36."

Definitions and terms for IMEs vary by state. State-specific terminology and definitions are included below.	
Tennessee	General IME MIRR: under Tennessee’s dispute resolution for the degree of medical impairment
Texas	Designated Doctor Exam - 180.22(h) (h) The designated doctor is a doctor assigned by the division to recommend a resolution of a dispute as to the medical condition of an injured employee. At the request of an insurance carrier or an injured employee, or on the commissioner's own order, the commissioner may order a medical examination by a designated doctor in accordance with Labor Code §408.0041 and §408.1225. The credentials, qualifications, and responsibilities of a designated doctor are governed by §180.21 of this title (relating to Division Designated Doctor List), §180.1 of this title that defines "appropriate credentials", applicable provisions of the Act, and other rules providing for use of a designated doctor. Required Medical Exam Doctor - 180.22 (f) The Required Medical Examination (RME) doctor is a doctor who examines the injured employee's medical condition in response to a request from the insurance carrier or the division pursuant to Labor Code §§408.004, 408.0041, or 408.151.
Utah	A “payor’s right of medical exam” of an injured worker is allowed at any “reasonable time and place” and is typically done by provider who has not previously been involved in the worker’s care.
Virginia	Variously Independent Medical Examination (IME), Defense Medical Examination (DME) or Employer Medical Examination (EME) -- an examination requested by the defendants; no doctor/patient relationship. Can be physical exam or records review. These are 99.99% of all such exams. Commission ordered and paid for examination (very rarely done; typically only in unusual cases where there is a great degree of conflict in the other medical evidence).
Washington	IME (independent medical examination)

	Is there a limit to the number of IMEs your state can accept?
Alaska	No
Arizona	No
California	No
Colorado	Yes ¹
Delaware	N/A
Florida	Yes ²
Idaho	No
Illinois	No
Indiana	No
Kansas	No
Maine	Yes ³
Maryland	No
Michigan	No
Minnesota	No
Montana	No
Nebraska	No
New Mexico	No
North Dakota	No
Oklahoma	No
Oregon	Yes ⁴
Rhode Island	No
South Dakota	Yes ⁵
Tennessee	No
Texas	Yes ⁶
Utah	No
Virginia	Yes ⁷
Washington	No

¹ **Colorado:** only one for DIMEs, unlimited for RIMEs

² **Florida:** The employer and employee are entitled to only one IME per accident date and not one independent medical examination per medical specialty.

³ **Maine:** Our Act allows one IME per medical issue.

⁴ **Oregon:** 3 per open claim

⁵ **South Dakota:** as soon as practicable after the injury, one week after that first examination, and no more often than every four weeks after that.

⁶ **Texas:** Texas Labor Code Sec.408.004 (b) The commissioner may require an employee to submit to a medical examination at the request of the insurance carrier, but only after the insurance carrier has attempted and failed to receive the permission and concurrence of the employee for the examination. Except as otherwise provided by this subsection, the insurance carrier is entitled to the examination only once in a 180-day period. The commissioner may adopt rules that require an employee to submit to not more than three medical examinations in a 180-day period under specified circumstances, including to determine whether there has been a change in the employee's condition and whether it is necessary to change the employee's diagnosis. The commissioner by rule shall adopt a system for monitoring requests made under this subsection by insurance carriers. That system must ensure that good cause exists for any additional medical examination allowed under this subsection that is not requested by the employee. A subsequent examination must be performed by the same doctor unless otherwise approved by the commissioner.

⁷ **Virginia:** Defendants are limited to one such examination per medical specialty without prior approval of the Commission (Va. Code Sec. 65.2-607). Commission typically will grant leave for a subsequent examination per medical specialty per year.

Who is allowed to request an IME?					
	Insurer	Self-insured Employer	State	Injured worker	Other (please specify)
Alaska	x	x	x	x	
Arizona	x	x	x	x	
California	x	x		x	Injured workers' representative
Colorado	x	x	x	x	
Delaware					N/A. Delaware does not use IMEs.
Florida	x	x		x	The employer, the judge of compensation claims, and the department could also request an IME.
Idaho	x	x	x	x	
Illinois	x	x	x		
Indiana	x	x	x	x	
Kansas	x	x	x	x	ALJ
Maine	x	x	x	x	
Maryland	x	x	x	x	
Michigan	x	x			
Minnesota	x	x		x	
Montana	x	x		x	
Nebraska	x	x		x	The court can also order an IME.
New Mexico	x	x		x	workers' compensation judge on the judge's own motion
North Dakota	x		x		In North Dakota, the State and Insurer are the same. We are a monopolistic comp state.
Oklahoma					Administrative Law Judge (ALJ)
Oregon	x	x	x		
Rhode Island	x	x	x	x	
South Dakota	x	x	x		
Tennessee	x	x		x	Court and plaintiff's attorney
Texas	x	x	x	x	
Utah	x	x	x	x	State is limited to perm. totals; an injured worker can request one at his/her own expense.
Virginia	x	x	x		
Washington	x	x			Attending Provider can request an IME for an impairment rating when worker is at maximum medical improvement.

Section 2

IME Billing and Payment

Each jurisdiction responded to the following:

1. Who is responsible for paying for an IME?
2. Does your state have a fee schedule or other price controls to dictate what can be charged for an IME?
3. Is the requesting party required to pay for a no-show?
4. Is additional payment allowed to write/receive the IME report?
5. Are IMEs always billed at CPT99455 or 99456?

Sixteen of the 27 responding states have fee schedules in place that dictate what can be charged for an IME. In most cases, the requesting party is required to pay for the IME. Only a few of the responding states use CPT coding. Many states that do not utilize CPT coding have state-specific codes in place. In reference to payment for no-shows, the Medical Issues Committee was interested in whether states require payment for IMEs upfront. Some states allow for prepayment, but do not require it (i.e., Tennessee and Maryland).

Who is responsible for paying for an IME?		
	The requesting party	Other (please specify)
Alaska		Employer
Arizona	x	
California		Defense (Insurer)
Colorado	x	For DIMEs, requesting (unless employee cannot pay due to poverty, in which case it is fronted by the insurer and recovered from the settlement). For respondents or worker they each pay.
Delaware	N/A	N/A
Florida	x	
Idaho	x	
Illinois	x	
Indiana		Employer
Kansas		Respondent
Maine		Board appointed IME physicians are paid by the carrier in the case.
Maryland	x	
Michigan	x	
Minnesota	x	
Montana	x	
Nebraska		The employer (Insurance Carrier, Self-Insured Employer, or Risk Management Pool).
New Mexico		The employer, regardless of who requests the IME
North Dakota	x	
Oklahoma		The respondent
Oregon	x	
Rhode Island		Insurer is required to pay for exam unless it is a Donley evaluation- no charge since State run facility funded through the assessment
South Dakota	x	
Tennessee	x	General: Requesting Party MIRR: insurer
Texas		The insurance carrier is responsible for payment.
Utah	x	
Virginia	x	
Washington		charged to claim, so employer ultimately pays

	Does your state have a fee schedule or other price controls to dictate what can be charged for an IME?	Is the requesting party required to pay for a no-show?	Is additional payment allowed to write/receive the IME report?
Alaska	Yes ¹	No	No ²
Arizona	No	Yes ³	Yes ⁴
California	Yes ⁵	No ⁶	No
Colorado	Yes ⁷	Yes	No
Delaware	N/A	N/A	N/A
Florida	Yes ⁸	Yes ⁹	No ¹⁰
Idaho	Yes ¹¹	Not addressed in regulations.	Not addressed in regulations.
Illinois	No	No Answer	No Answer
Indiana	No	No ¹²	Not addressed in the law
Kansas	Yes ¹³	Yes ¹⁴	Yes
Maine	Yes ¹⁵	Yes ¹⁶	Yes ¹⁷
Maryland	Yes ¹⁸	Yes ¹⁹	No

¹ **Alaska:** these are typically CPT codes 99455 and 99456, which are 'by report' since CMS does not have relative values for these codes. Essentially, fees are paid as charged.

² **Alaska:** Most payers go ahead and pay.

³ **Arizona:** Per R20-5-114 (B) if a claimant unreasonably fails to attend or promptly advise of the claimant's inability to attend an examination under this Section, the party requesting the examination may charge the claimant or deduct from the claimant's entitlement to present or future temporary or permanent disability compensation, any reasonable expense of the missed appointment.

⁴ **Arizona:** The cost and scope of IME's are negotiated between the entity requesting the IME and the IME provider.

⁵ **California:** Medical-legal fee schedule applies: http://www.dir.ca.gov/t8/ch4_5sb1a5_6.html

⁶ **California:** A QME can bill for a missed appointment, it is generally billed to the insurance company, however, it does not guarantee payment. If the payment is owed, then the insurance company may pay, but will likely seek to deduct that from the settlement.

⁷ **Colorado:** There is a set price for DIME however that can be increased based on amount of record review. Respondents are supposed to be held to a price.

⁸ **Florida:** Reimbursement for an IME shall include the review of applicable paper and non-paper medical records; an examination of the injured employee; and a written report. Reimbursement for a Consensus IME shall be negotiated between the physician and the insurer prior to rendering the service.

⁹ **Florida:** The requesting party is responsible for the expenses. However, if the employee fails to show the employee could be responsible for 50% of the no-show fee.

¹⁰ **Florida:** The IME includes an examination and a written report.

¹¹ **Idaho:** Usual and customary.

¹² **Indiana:** No formal requirement, but it is sometimes ordered by the Board.

¹³ **Kansas:** Fee Schedule

¹⁴ **Kansas:** Determined by ALJ

¹⁵ **Maine:** We have a fee schedule we created in our Rules

¹⁶ **Maine:** The carrier in the case pays for no-shows. If there is a question about the no-show being intentional or something of that nature, the carrier can bring the issue to the Board and the injured can be ordered to reimburse payment.

¹⁷ **Maine:** The IME physician prepares a report and bills for the exam, records review and report preparation. If there are follow-up inquiries any additional reports are billed as well.

¹⁸ **Maryland:** Fee schedule only applies to injured worker's costs

¹⁹ **Maryland:** matter litigated; not automatic

	Does your state have a fee schedule or other price controls to dictate what can be charged for an IME?	Is the requesting party required to pay for a no-show?	Is additional payment allowed to write/receive the IME report?
Michigan	No	Yes ¹	No
Minnesota	Yes ²	Yes ³	No ⁴
Montana	No	No ⁵	No
Nebraska	Yes ⁶	Yes ⁷	No
New Mexico	No	Yes ⁸	No ⁹
North Dakota	No	Yes	No
Oklahoma	Yes ¹⁰	No	No
Oregon	No	Yes ¹¹	No
Rhode Island	Yes ¹²	Yes	Yes ¹³
South Dakota	Yes ¹⁴	No ¹⁵	No
Tennessee	Yes ¹⁶	Yes	No
Texas	Yes ¹⁷	No	No
Utah	No	Yes	No
Virginia	No	Yes ¹⁸	Yes ¹⁹
Washington	Yes ²⁰	Yes ²¹	No

¹ **Michigan:** If the carrier or employer makes the worker's appointment and the employer or carrier fails to cancel the appointment within 72 hours, the provider may bill for a missed appointment using CPT procedure code 99199.

² **Minnesota:** Fee schedule specific to IMEs, MN rule 5219.0500

³ **Minnesota:** \$400.00 for a failed exam

⁴ **Minnesota:** The payment is included in the fee schedule

⁵ **Montana:** Depending on the reason, the claimant may be required to pay for a no-show charge

⁶ **Nebraska:** The independent medical examiner shall receive up to \$400 per hour up to a maximum of four hours for review of records and information, the performance of any necessary examinations, and the preparation of the written report. In a complex case an additional fee of up to \$400 per hour for up to two additional hours may be allowed. (See Rule 65,A,2 of the court's Rules of Procedure).

⁷ **Nebraska:** The answer here should be possibly, or maybe. Rule 65,A,5 states: "If an employee fails to appear for a scheduled examination, or if an examination is cancelled by the employee or the employer within 48 hours of the scheduled time, the independent medical examiner may charge and receive up to \$400, to be paid initially by the employer, subject to the right of the employer to be reimbursed by the employee if the failure to appear or the cancellation by the employee was without good cause."

⁸ **New Mexico:** If a worker fails to show for a scheduled IME, a workers' compensation judge may order the worker to repay the employer any cancellation fees. This is dependent on the circumstances surrounding the cancellation.

⁹ **New Mexico:** Drafting the IME report is typically included in fees associated with an IME. New Mexico does not have a fee schedule for any activity related to an IME. The parties negotiate the fees.

¹⁰ **Oklahoma:** based on fee schedule

¹¹ **Oregon:** If the worker does not give 48 hour notice.

¹² **Rhode Island:** There is a physician fee schedule and the Court maintains a separate schedule for Court ordered IMEs.

¹³ **Rhode Island:** sometimes but not usually

¹⁴ **South Dakota:** The maximum IME rate is \$576.90 for the first hour of prep and examination, and \$72.30 for each fifteen subsequent minutes.

¹⁵ **South Dakota:** Our law does not specify payment whether or not payment must be made.

¹⁶ **Tennessee:** both apply. General: \$500/hour; MIRR (\$1000, \$1250 for psych)

¹⁷ **Texas:** TITLE 28 INSURANCE PART 2 TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION CHAPTER 134 BENEFITS--GUIDELINES FOR MEDICAL SERVICES, CHARGES, AND PAYMENTS SUBCHAPTER C MEDICAL FEE GUIDELINES RULE §134.204 Medical Fee Guideline for Workers' Compensation Specific Services (i - m)

¹⁸ **Virginia:** That is between the requesting party and the physician. In some cases the no-show fee may be assessed against the injured workers upon request for of the defendants.

¹⁹ **Virginia:** Again, this is typically between the requesting party and the provider. There are no promulgated rules or regulations covering this and the Commission will only become involved if there is a dispute.

²⁰ **Washington:** Medical Aid Rules and Fee Schedules- Chapter 13

²¹ **Washington:** reduced fee

	Are IMEs always billed at CPT99455 or 99456?
Alaska	Yes
Arizona	No ¹
California	No ²
Colorado	No ³
Delaware	N/A
Florida	No ⁴
Idaho	No ⁵
Illinois	No Answer
Indiana	Unsure
Kansas	Unsure
Maine	No ⁶
Maryland	No ⁷
Michigan	No ⁸
Minnesota	No ⁹
Montana	No ¹⁰
Nebraska	No ¹¹
New Mexico	No ¹²
North Dakota	No ¹³
Oklahoma	Yes
Oregon	No ¹⁴
Rhode Island	No ¹⁵
South Dakota	Yes
Tennessee	Yes
Texas	Yes
Utah	Yes
Virginia	No ¹⁶
Washington	No ¹⁷

¹ **Arizona:** The cost and scope of IME's are negotiated between the entity requesting the IME and the IME provider.

² **California:** Please see link: <http://www.dir.ca.gov/t8/9795.html>

³ **Colorado:** DIMEs have their own code in our system . RIMes use above codes

⁴ **Florida:** CPT® 99455 is billed to evaluate an injured employee's condition on the establishment of the date of maximum medical improvement and the assignment of an impairment rating of zero (0) percent or greater; CPT® 99456 is billed for an IME that includes the review of applicable paper and non-paper medical records; an examination of the injured employee; and a written report. CPT® 99457 is billed when a medical dispute arises, and the parties mutually agree to refer the employee to a licensed physician specializing in the diagnosis and treatment of the medical condition at issue for an independent medical examination and report. Such medical examination shall be referred to as a "Consensus Independent Medical Examination."

⁵ **Idaho:** IMEs are frequently billed as CPT 99455/99456, but not always.

⁶ **Maine:** Usually those codes are used. Always is too strong a word. Sometimes bills are produced under other codes or no code.

⁷ **Maryland:** For claimant requested IME only

⁸ **Michigan:** Examination would be billed with the evaluation code that most accurately reflects the service rendered.

⁹ **Minnesota:** Billing can use the CPT codes or itemize the services provided with the charge.

¹⁰ **Montana:** 99456 may be used for IMEs but is not required A By Report code may also be used

¹¹ **Nebraska:** There is no requirement in the statutes or rules on what codes must be billed. The only requirement is the amount that is paid. It is possible that the provider may use those codes, but it is not an item that is monitored.

¹² **New Mexico:** IMEs are by Report such that the provider and the insurance carrier negotiate the fees.

¹³ **North Dakota:** IMEs and IMRs and coded using state specific codes and are paid at 100% of billed amount.

¹⁴ **Oregon:** Oregon Specific Code D0003

¹⁵ **Rhode Island:** These codes can be used but court ordered exams are not coded with these codes

¹⁶ **Virginia:** The Commission does not monitor CPT codes or billings and we would not know what those codes mean.

¹⁷ **Washington:** Local codes, 1108M, 1109M, 1118M and multiple ancillary codes for extensive file review, communication issues, additional examiners, occupational disease report, claim file printing and prep, additional claims to review, etc.

Section 3

IME Provider Requirements and Evaluation

Each jurisdiction responded to the following:

1. Does your state have specific requirements to be qualified as an IME provider?
2. Does your state allow out-of-state IME providers?
3. Does your state require IME providers to pass a certification test or complete a certification course?
4. Does your state required providers to enroll in specific CME courses?
5. Does your state maintain a list of approved IME providers?
6. Does your state have a standard for evaluation IME providers?
7. Who receives, addresses, and evaluates any complaints about an IME provider?
8. What sanctions does your state allow to address complaints against and IME provider?
9. Can an IME provider be precluded from doing future exams due to a previous complaint?

While many states do not have specific requirements to be qualified as an IME provider, those that do usually require physicians to be licensed or boarded while some states have more specific requirements including experience working with injured workers or inclusion on an approved list created by a body like an advisory council. Only five of the responding states indicated that IME providers needed to complete a certification program or be enrolled in specific CME courses (i.e., Colorado has a state-specific training for the impairment rating process). Most of the responding states allow out of state IME providers. A few states even see most IMEs performed by out of state providers because of difficulties finding qualified or willing in-state providers.

Authority for receiving, addressing, and evaluating complaints against IME providers was divided. While some state agencies had authority to deal with and make decisions on complaints; complaints in other states are handled by the state medical board. Some states have the authority to remove an IME from the provider list as a result of a complaint or cease using a provider to perform IMEs.

Does your state:						
	Have specific requirements to be qualified as an IME provider?	Allow out-of-state IME providers?	Require IME providers to pass a certification test or complete a certification course?	Require IME providers to enroll in specific CME courses?	Maintain a list of approved IME providers?	Have a standard for evaluating IME providers?
Alaska	No	Yes ¹	No	No	No/Yes ²	No/Yes
Arizona	No	Yes ³	No	No	No	No
California	Yes ⁴	No	Yes	Yes	Yes	Yes
Colorado	Yes ⁵	No	Yes	Yes	Yes	Yes ⁶
Delaware	N/A	N/A	N/A	N/A	N/A	N/A
Florida	Yes ⁷	Yes ⁸	N/A ⁹	N/A	N/A	N/A
Idaho	No	Yes ¹⁰	No	No	No	No
Illinois	No	No Answer	No	No	No	No
Indiana	No	No requirements set in law	No	No	Yes	No
Kansas	Yes ¹¹	Yes	No	No	No	No
Maine	Yes ¹²	Yes ¹³	No	No	Yes	Yes ¹⁴
Maryland	No	Yes ¹⁵	No	No	No	No
Michigan	Yes ¹⁶	No	N/A	N/A	N/A	N/A

¹ **Alaska:** IME does not need to be Alaska board licensed unless they come into the state to see patients

² **Alaska:** A list is maintained only for the board's SIME physicians, and only the board's SIME physicians are evaluated.

³ **Arizona:** It is not expressly prohibited

⁴ **California:** To become a QME, a physician must meet the requirements that are listed in Labor Code section 139.2. If a physician meets these requirements, he/she should submit a completed application form to the Division of Workers' Compensation Medical Unit. He/she also must submit a test registration form. Prior to becoming a QME, a physician must pass the QME competency exam. Tests are scheduled twice a year in April and Oct. Upon passing the test and paying the QME annual fee, one will be a certified QME. (Labor Code § 139.2(b) (n), 8 CCR § 10). Prior to appointment as a QME, a physician is required to take a 12-hour course about writing medical legal reports. (8 CCR § 11.5) <http://www.dir.ca.gov/dwc/medicalunit/faqphys.html>

⁵ **Colorado:** only for DIMES: must be level II accredited by us and be Boarded

⁶ **Colorado:** only for DIME - not exactly a method for evaluating other than testing for accreditation but we do have quality review

⁷ **Florida:** The "Independent medical examiner" means a physician selected by either an employee or a carrier to render one or more independent medical examinations in connection with a dispute arising under this chapter, 440.13(1)(h), F.S.

⁸ **Florida:** Out of state physicians may render an opinion about the medical condition of an injured employee being treated in the state in which the out-of state physician is licensed.

⁹ **Florida:** The Division does not regulate IME examiners' certification or licensure. A WC carrier may utilize the IME examiner if the examiner holds a valid clear license issued by the state in which services are rendered.

¹⁰ **Idaho:** Must be licensed or authorized to practice under Idaho statutes, but this requirement remains unchallenged to date.

¹¹ **Kansas:** licensed physician or other health care provider

¹² **Maine:** the health care provider must be Boarded in specialty that traditionally treats the condition that is being evaluated. 39A MRS 312

¹³ **Maine:** If there is an unusual medical condition and we have no in-state physicians expert in the area . We have had toxic exposure claims go out of state .There are no specific limits the standard is one of the reasonableness of the expenses.

¹⁴ **Maine:** We have an obligation to evaluate IME providers. There are no specific standards.

¹⁵ **Maryland:** will receive; the weight given to the out-of-state IME is determined by Commissioner

¹⁶ **Michigan:** Section 315 of the Michigan Workers' Disability Compensation Act: physician or surgeon authorized to practice medicine under the laws of the state. Michigan Workers' Compensation Health Care Services Rules, R418.10108 (aa): exam conducted by a different practitioner than the practitioner who provides care.

Does your state:						
	Have specific requirements to be qualified as an IME provider?	Allow out-of-state IME providers?	Require IME providers to pass a certification test or complete a certification course?	Require IME providers to enroll in specific CME courses?	Maintain a list of approved IME providers?	Have a standard for evaluating IME providers?
Minnesota	Yes ¹	The rules are silent on out of state IMEs.	No	No	No	No
Montana	No	Yes ²	No	No	No	No
Nebraska	Yes ³	Yes ⁴	No	No	Yes	No
New Mexico	Yes ⁵	Yes ⁶	No	No	Yes	Yes
North Dakota	No	Yes ⁷	No	No	No	No
Oklahoma	Yes ⁸	No	Yes	Yes	Yes	Yes
Oregon	Yes ⁹	Yes ¹⁰	Yes	No	Yes	Yes
Rhode Island	Yes ¹¹	Yes ¹²	No	No	Yes	Yes
South Dakota	Yes ¹³	Yes ¹⁴	No	No	No	No
Tennessee	General: No MIRR: Yes ¹⁵	General: Yes MIRR: No	General: No MIRR: Yes	General: No MIRR: Yes	General: No MIRR: Yes	General: No MIRR: Yes

¹ **Minnesota:** Must meet the Statutory definition of a physician

² **Montana:** Out-of-state physicians must have MT hospital admitting privileges to determine an impairment rating

³ **Nebraska:** Rule 62, A covers the qualifications for an IME physician. Those requirements are: 1. be licensed in good standing in Nebraska or the state in which he or she practices, 2. be highly experienced and competent in his or her specific field of expertise and in the treatment of work-related injuries, and 3. be knowledgeable of workers' compensation principles and the workers' compensation system in Nebraska, as demonstrated by prior experience and/or education.

⁴ **Nebraska:** Additionally, there are no travel limits. An employer is required to pay all necessary and reasonable expenses of the employee incident to such examination, such as transportation, lodging, meals, and loss of wages, and when required, shall advance necessary costs.

⁵ **New Mexico:** IME providers must be on an approved list created by a committee appointed by the Advisory Council. NMSA 1978, Section 52-1-51B. Statute requires the committee to designate only health care providers whose judgments are respected, or not objected to, by recognized representatives of both employer and worker interests and whose judgments are not perceived to favor any particular interest group. NMSA 1978, Sec. 52-1-1.2(D).

⁶ **New Mexico:** Only if they are approved by the IME Selection Committee.

⁷ **North Dakota:** If the IME will be performed in a state other than the state of residence of the injured employee, a reasonable effort must be made by the agency to designate a duly qualified doctor with 275 miles from the employee's residence.

⁸ **Oklahoma:** License as MD, DO, DC must apply and be approved by the Commission. See Workers' Compensation Commission Emergency Rules, Sub Chapter 9.

⁹ **Oregon:** Complete a director-approved training and be placed on director's list of authorized IME providers

¹⁰ **Oregon:** Same requirement as in state IME providers.

¹¹ **Rhode Island:** Court ordered exams are governed under statute 28-35-24. Court maintains a list of impartial examiners not regularly employed or retained by an insurer or self-insured employer. Exam is paid for by insurer.

¹² **Rhode Island:** only if necessary due to location of claimant or deemed medically necessary by court

¹³ **South Dakota:** SDCL 62-7-1 and 62-1-1.1: must be a health care provider licensed and practicing within the scope of his profession under the state medical provider licensing laws.

¹⁴ **South Dakota:** The provider must be licensed in our state, but can be a resident/practitioner in another state.

¹⁵ **Tennessee:** AMA Guides (R) certification

Does your state:						
	Have specific requirements to be qualified as an IME provider?	Allow out-of-state IME providers?	Require IME providers to pass a certification test or complete a certification course?	Require IME providers to enroll in specific CME courses?	Maintain a list of approved IME providers?	Have a standard for evaluating IME providers?
Texas	Yes ¹	Yes ²	Yes	Yes	Yes	Yes
Utah	Yes ³	Yes ⁴	No	No	No	No
Virginia⁵	No	Yes ⁶	No	No	No	No
Washington	Yes ⁷	Yes ⁸	Yes	Yes	Yes	Yes

¹ **Texas:** Texas Labor Code SEC. 408.1225. DESIGNATED DOCTOR. and Texas Administrative Code TITLE 28 INSURANCE PART 2 TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION CHAPTER 127 DESIGNATED DOCTOR PROCEDURES AND REQUIREMENTS SUBCHAPTER B DESIGNATED DOCTOR CERTIFICATION, RECERTIFICATION, AND QUALIFICATIONS §127.100 Designated Doctor Certification §127.110 Designated Doctor Recertification

² **Texas:** RULE §127.120 Exception to Certification as a Designated Doctor for Out-of-State Doctors (a) When necessary because the injured employee is temporarily located or is residing out-of-state, the division may waive any of the requirements as specified in this chapter for an out-of-state doctor to serve as a designated doctor to facilitate a timely resolution of the dispute or perform a particular examination.

³ **Utah:** Licensed to practice medicine in Utah.

⁴ **Utah:** Out of state providers must be licensed to practice medicine in Utah.

⁵ **Virginia:** Defendants can select any physician of their choosing. If injured worker objects, the Commission will hear both sides and rule on the objection.

⁶ **Virginia:** Only limitation is that any physical examination for the injured worker must be at a reasonable time, place, and distance, with the defendants to be responsible for travel costs. What is reasonable will vary on a case by case basis, depending on the location of worker's residence, the type of medical specialty, etc.

⁷ **Washington:** 296.23.317, must pass the Medical Examiners' Handbook test, be board certified, and other requirements: see WAC 296.23.302 - 296.23.392

⁸ **Washington:** same requirements as in-state

	Who receives, addresses, and evaluates any complaints about an IME provider?	What sanctions does your state allow to address complaints against an IME provider?	Can an IME provider be precluded from doing future exams due to a previous complaint?
Alaska	Board of medicine. If a board SIME, the Division of Workers' Comp as well	Up to the Board of medicine. If a board SIME, the Division may remove from the SIME list	Yes
Arizona	The Commission does not have jurisdiction over this issue.	The applicable licensing board may have regulations addressing this issue	No Answer
California	The State Division of Workers' Compensation	Suspension/revocation of QME status- this is made public; referral to medical (licensing) board; requirement to attend specific training; increased scrutiny of IME reports.	Yes
Colorado	our accreditation unit	remove from DIME panel or remove accreditation	Yes
Delaware	N/A	N/A	N/A
Florida	The department and the judge of compensation claims receive, addresses, and evaluate disputes related to health care provider reimbursement.	If the department determines that a health care provider has engaged in a pattern or practice of overutilization or a violation of this chapter or rules adopted by the department, including a pattern or practice of providing treatment in excess of the practice parameters or protocols of treatment, it may impose one or more of the following penalties: 1.An order barring the provider from payment 2.Deauthorization of care under review 3.Denial of payment for care rendered in the future 4.An administrative fine of \$5,000 5.Notification of an review by the appropriate licensing authority pursuant to 440.106(3), F.S.	Yes
Idaho	Idaho Board of Medicine.	Under the authority of the Idaho Board of Medicine.	No Answer
Illinois	No Answer	No Answer	No
Indiana	Case coordinator, chairman or Board member	Nothing set in law.	Yes
Kansas	Director or ALJ	Could be referred to the medical board or simply choose not to use in the future	Yes

	Who receives, addresses, and evaluates any complaints about an IME provider?	What sanctions does your state allow to address complaints against an IME provider?	Can an IME provider be precluded from doing future exams due to a previous complaint?
Maine	The Board executive director	None are clearly articulated in our Act or Rules. We have suspended IME physicians. More often than not we address the concerns and monitor the results.	Yes
Maryland	State's Physician's Board for Quality Assurance	WCC does not regulate	No
Michigan	Physician licensing for the State of Michigan handled by the Department of Licensing & Regulatory Affairs, Bureau of Health Care Services, Health Professions Licensing Division. Licensing not handled by the Workers' Compensation Agency.	unknown- see answer to previous question	No
Minnesota	MN Board of Medical Practice or Board of Chiropractic	Corrective action from the appropriate board	Yes
Montana	Not addressed under Workers' Compensation Act	Not addressed under Workers' Compensation Act	No
Nebraska	The Manager of the Coverage and Claims section of the court is responsible for overseeing the IME program. As such, that manager would be responsible for handling any complaints regarding an IME provider.	Rule 66 addresses the removal of a physician from the list of qualified IMEs.	Yes
New Mexico	The IME Selection Committee or the Advisory Council. If the WCA's Director receives a complaint, he will forward it onto the IME Selection Committee Chair.	Removing the provider from the approved list, at the discretion of the IME Selection Committee	No
North Dakota	Complaints are handled and evaluated by the agency's Injury Services Department.	The state can disqualify an IME provider based upon substantiated complaints.	Yes
Oregon	Workers' Compensation Division	Up to removal from authorized IME provider list.	Yes
Oklahoma	Workers' Compensation Commission	No addressed	No
Rhode Island	The medical advisory board	Removal from IME list and not allowed to treat or examine claimants.	Yes

	Who receives, addresses, and evaluates any complaints about an IME provider?	What sanctions does your state allow to address complaints against an IME provider?	Can an IME provider be precluded from doing future exams due to a previous complaint?
South Dakota	There is no process for complaints.	None.	No
Tennessee	The Division's Medical Director	Peer review	Yes
Texas	The Division's Medical Advisor	Sanctions include up to and removal from the Texas workers' compensation system Texas Labor Code 408.1225(b), Texas Labor Code 413.044 and Texas Administrative Code TITLE 28 INSURANCE PART 2 TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION RULE §127.210 Designated Doctor Administrative Violations RULE §180.26 Criteria for Imposing, Recommending and Determining Sanctions; Other Remedies	Yes
Utah	N/A	N/A	Yes
Virginia	Injured worker can object to an unreasonable examination. The worker has a right to bring his/her own physician to the IME at his/her own expense. Commission would not have jurisdiction over complaints against medical providers beyond sustaining a worker's objection to any particular examination. Such complaints would go to the appropriate medical licensing agencies and review boards.	This is not within the Commission's jurisdiction.	Yes
Washington	Our Provider Credentialing and Compliance Team has a nurse that reviews all IME provider complaints.	We can remove a provider from the approved list if they fail to remain eligible or for a variety of reasons listed in the WACs previously mentioned. Excessive complaints, not being able to defend medical opinion, poor report quality, etc.	Yes

Section 4

IME Provider Selection Process

Each jurisdiction responded to the following:

1. How is an IME provider selected?
2. Does your state have an IME Panel?
3. Are IME providers required to have the same credentials and qualifications and the treating physician(s)?
4. Is there an exception for a higher level physician qualification?

Study results show varied methodology on how states select IME providers. The IAIABC Medical Issues Committee discussed that the selection process (whether done by a panel, judge, automated system, etc.) should aim to decrease bias and provide an opinion based on impartiality and what is best for the injured worker. States like Colorado stress the importance of using treatment guidelines, especially in determining maximum medical improvement. Some states indicated that physicians may be reluctant to render a decision against a colleague or physicians within their larger organizations. States like Colorado and North Dakota have found it difficult to keep quality IME providers because of payment schedules or requirements to perform IMEs.

	How is an IME provider selected?	Does your state have an IME Panel?
Alaska	Only board SIME providers are selected, which is done by a panel of comp attorneys	Yes, The Commissioner of Labor & Workforce Development selects a panel of 4 attorneys - 2 plaintiff and 2 defense.
Arizona	The cost and scope of IME's are negotiated between the entity requesting the IME and the IME provider.	No
California	Random panel of 3 based on geographic location; each party (defense, applicant) strike one. Other variations are possible, including requests for replacement panel or different specialty.	No
Colorado	for DIMEs 3 names submitted by the Division to both parties and each can remove one name	Previously noted (DIME panel)
Delaware	N/A	N/A
Florida	The IME is selected by either the carrier or the employee.	No
Idaho	By the requesting party.	No
Illinois	The requesting party hires the provider	No
Indiana	by agreement of the parties or by the Board or Case Coordinator	No
Kansas	By ALJ and /or by the parties	No
Maine	A provider applies and is interviewed. References are checked. The application, an interview report, reference checks and any other pertinent information is presented to the Board for approval.	See previous response
Maryland	by the parties	No
Michigan	Carrier or employer preference	No
Minnesota	Chosen by requesting party	No
Montana	Choice of insurer or claimant	No state IME Panel Insurer may request a panel of physicians to conduct IME
Nebraska	The IME provider is selected by the court on a rotating basis with consideration given to location and expertise for the injury in question. Additionally, the parties are free to agree to use a physician on the list of qualified IME physicians, or one that is not on the list as long as that physician agrees to follow the rules governing IME physicians.	No

	How is an IME provider selected?	Does your state have an IME Panel?
New Mexico	By agreement of the parties or appointment by a workers' compensation judge from the approved IME provider list.	Yes, The IME Selection Committee members are appointed by the Advisory Council.
North Dakota	WSI contracts with a number of IME vendors. The specialty of the duly qualified doctor is made at the request of WSI.	No
Oklahoma	The Medical Director and staff recruit excellent providers and recommend them to the Commission, who approves.	Yes, application is made to the Commission.
Oregon	By the Insurer	No
Rhode Island	Insurers can select their own Dr. Court exams Dr. selected from a court approved list	No
South Dakota	There are no selection criteria; it is entirely at the discretion of the self-insured employer/insurer/state agency.	No
Tennessee	General: discretion of requester MIRR: application and certification	General: No MIRR: maintains a registry
Texas	Texas Labor Code 408.0041(b) (b) Except as provided by Section 408.1225(f), a medical examination requested under Subsection (a) shall be performed by the next available doctor on the division's list of certified designated doctors whose credentials are appropriate for the area of the body affected by the injury and the injured employee's diagnosis as determined by commissioner rule. The division shall assign a designated doctor not later than the 10th day after the date on which the request under Subsection (a) is approved, and the examination must be conducted not later than the 21st day after the date on which the commissioner issues the order under Subsection (a). An examination under this section may not be conducted more frequently than every 60 days, unless good cause for more frequent examinations exists, as defined by commissioner rules.	Yes: Texas Labor Code SEC. 408.1225. DESIGNATED DOCTOR. and Texas Administrative Code TITLE 28 INSURANCE PART 2 TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION CHAPTER 127 DESIGNATED DOCTOR PROCEDURES AND REQUIREMENTS SUBCHAPTER B DESIGNATED DOCTOR CERTIFICATION, RECERTIFICATION, AND QUALIFICATIONS §127.100 Designated Doctor Certification §127.110 Designated Doctor Recertification
Utah	By the payor	No
Virginia	Generally chosen by the employer, insurer, or claim administrator; Commission approval not required for first examination per medical specialty.	No
Washington	Random rotation typically. Claim manager can request a specific examiner for re-opening request, if that examiner did the closing exam previously. Self-insured employers may do this differently.	Yes: We request panel exams using more than one examiner specialty. We use IME companies or "firms". The firms typically schedule the panel exams.

	Are IME providers required to have the same credentials and qualifications as the treating physician(s)?	Is there an exception for a higher level physician qualification?
Alaska	Yes	Yes ¹
Arizona	No	No
California	No	No
Colorado	No	See Note ²
Delaware	N/A	N/A
Florida	Yes	No
Idaho	No	No
Illinois	No answer	No answer
Indiana	No	No
Kansas	Yes	No
Maine	Yes	No
Maryland	No	Yes ³
Michigan	No	No
Minnesota	No	No
Montana	No	No
Nebraska	No Answer	No Answer
New Mexico	No	No
North Dakota	Yes	Yes ⁴
Oklahoma	Yes	No
Oregon	No	No
Rhode Island	Yes	No
South Dakota	No	No
Tennessee	No	No
Texas	No	Yes ⁵
Utah	Yes	No
Virginia	Yes	No
Washington	Yes	Yes ⁶

¹ **Alaska:** For board SIME specialists

² **Colorado:** Colorado specifically does not require the same specialty as that can lead to not getting a good overview of the case.

³ **Maryland:** Quality of IME physician may be argued as to weight given the IME physician opinion

⁴ **North Dakota:** The agency strives to select IME providers with the same or higher credentials and qualifications as the treating physician(s).

⁵ **Texas:** The standard is that the a doctor must have the appropriate credentials. RULE §180.1 Definitions (4) Appropriate credentials--The certification(s), education, training, and experience to provide the health care that an injured employee is receiving or is requesting to receive and RULE §127.130 Qualification Standards for Designated Doctor Examinations

⁶ **Washington:** IME examiners are held to a higher standard than our Network providers. For instance, they must be board certified and submit evidence of CMEs if they work less than 16 hrs per week active practice.

Section 5

IME Exams, Reports, and Findings

Each jurisdiction responded to the following:

1. What information is provided to an IME provider in advance of an exam?
2. Who has the authority to submit questions to the IME provider?
3. Who has the authority to speak with the IME provider once assigned a claim?
4. Is paper review allowed in lieu of a physical examination of the injured worker?
5. Is telemedicine allowed for examination of the injured worker during an IME?
6. Can the provider performing the exam order additional testing?
7. Are there any consequences if an injured worker does not attend a scheduled IME?
8. Does the IME provider's medical opinion supersede the treating provider's medical treatment options?
9. Is there a procedure to dispute the results of an IME?
10. Can the IME physician become the treating physician?
11. Who is required to be given a copy of the IME report?
12. Can the IME provider be deposed?
13. Can depositions be done via video conference or telephone?

Results regarding the IME exams, reports, and findings vary greatly by state. While many states do allow paper review or telemedicine in lieu of a physical IME, they do not seem to hold as much weight as an actual physical exam. In most states, an injured worker who does not show up for a scheduled IME can have their benefits suspended or terminated. All but six of the responding states allow IME providers to order additional testing (some with prior approval). This brings up additional questions on how the results of these additional tests are used and who is then the "treating doctor." Most responding states have a process to dispute the results of an IME, commonly through a hearing or mediation process. In most states, the IME provider can be deposed.

What information is provided to an IME provider in advance of an exam?						
	Indexed medical records	Questions	Injured worker's job description	Vocational rehabilitation assessments	Surveillance video	Other (please specify)
Alaska	x	x	x	x	x	
Arizona						The cost and scope of IME's are negotiated between the entity requesting the IME and the IME provider.
California	x					
Colorado	x	x				it could have a video by agreement of parties but usually that is later
Delaware						N/A Delaware does not use IMEs.
Florida	x	x	x			
Idaho						Whatever the requesting party deems appropriate.
Illinois						No answer
Indiana	x	x	x			
Kansas	x	x	x			The parties must agree on the materials to submit or have any dispute determined by the ALJ
Maine	x	x	x	x	x	
Maryland	x	x	x		x	diagnostic films on disk
Michigan	x	x	x	x	x	All of these items could be sent, but the Workers' Compensation Agency does not regulate what is sent
Minnesota	x	x	x	x	x	
Montana	x	x	x	x	x	Requesting party determines what is provided prior to an exam
Nebraska	x	x				
New Mexico	x	x	x		x	Other information the parties or the judge believes is relevant to the IME
North Dakota	x	x	x	x	x	
Oklahoma	x	x				
Oregon	x	x	x	x	x	All of these materials may be sent by the requester as they deem appropriate. Medical records, job descriptions, surveillance, etc., including diagnostic studies are usually provided by the requester. Other medical providers are required to cooperate in sending requested diagnostic studies such as MRI, X-Ray films, etc., in their possession
Rhode Island	x	x	x	x	x	
South Dakota						The law does not specify.

What information is provided to an IME provider in advance of an exam?						
	Indexed medical records	Questions	Injured worker's job description	Vocational rehabilitation assessments	Surveillance video	Other (please specify)
Tennessee	x	x	x	x	x	
Texas						Texas Labor Code Sec.408.0041(c) The treating doctor and the insurance carrier are both responsible for sending to the designated doctor all of the injured employee's medical records relating to the issue to be evaluated by the designated doctor that are in their possession. The treating doctor and insurance carrier may send the records without a signed release from the employee. The designated doctor is authorized to receive the employee's confidential medical records to assist in the resolution of disputes. The treating doctor and insurance carrier may also send the designated doctor an analysis of the injured employee's medical condition, functional abilities, and return-to-work opportunities.
Utah	x	x	x	x	x	
Virginia	x	x	x	x	x	Any or none may be provided; that is entirely up to the party requesting and paying for the exam. There are no requirements in this regard.
Washington	x	x	x	x	x	Any of these may be included, but not necessarily all of them will be included. job description and Voc records are only provided if asking ability to work questions, surveillance video is rare

	Who has the authority to submit questions to the IME provider?	Who has the authority to speak with the IME provider once assigned a claim?
Alaska	Workers' Compensation Board	Workers' Compensation Board
Arizona	The cost and scope of IME's are negotiated between the entity requesting the IME and the IME provider.	The cost and scope of IME's are negotiated between the entity requesting the IME and the IME provider.
California	Insurer	Insurer and applicant, as long as communication is provided to both. No communication outside the report is allowed.
Colorado	requesting party	only the Division personnel
Delaware	N/A	N/A
Florida	The requesting party or their representative may submit questions to the IME provider.	The requesting party or their representative may speak with the IME provider.
Idaho	The requesting party.	The requesting party.
Illinois	No answer	No answer
Indiana	Board	Case Coordinator, Worker, Payor's representative
Kansas	Parties must submit an agreed joint letter or the ALJ can specify specific questions	no contact until after exam and report are issued and if the ALJ asked specific questions then no contact is allowed until the ALJ is satisfied the submitted questions have been addressed
Maine	All questions are transmitted through a medical coordinator who makes the assignment.	Our medical coordinator, no-one else , unless a deposition is approved .
Maryland	requesting party	anyone with a medical release
Michigan	Employer or carrier	Employer or carrier
Minnesota	The party requesting the IME	The party requesting the IME
Montana	Both the insurer and the claimant	The insurer must provide the opportunity for the claimant to participate in any discussions with the IME provider or the insurer is prohibited from talking with the IME provider
Nebraska	Both parties submit questions to the court. The court will then forward the questions to the IME provider.	All contact with the examiner shall be in writing with copies to all other parties and the court.
New Mexico	The parties agree on questions and submit questions in the form of a joint letter, or the workers' compensation judge submits questions to the IME provider directly	The IME coordinator may communicate with providers on an IME panel. The parties may communicate with the provider but only for the purposes of negotiating fees and exchanging medical records. Attorneys are not permitted to be present for the IME or communicate with the provider/s.
North Dakota	The state	The state
Oklahoma	The ALJ	No restrictions
Oregon	Insurer	Insurer
Rhode Island	court, insurer, claimant	court
South Dakota	The law does not specify	The law does not specify
Tennessee	General: Requestor MIRR: none	General: Requestor MIRR: none
Texas	The requestor may pose questions based on Texas Labor Code Sec. 408.0041(a)(1-6) and Sec 408.125	The Designated Doctor may initiate contact with parties as needed. Other contact by parties other than administrative questions is prohibited. Texas Labor Code Sec.408.0041(d) and Texas Administrative Code TITLE 28 INSURANCE

	Who has the authority to submit questions to the IME provider?	Who has the authority to speak with the IME provider once assigned a claim?
Utah	The person requesting the IME	The person requesting the IME
Virginia	Any party, but the provider has no obligation to respond.	Any party, but the provider has no obligation to respond.
Washington	claim manager or self-insured employer	claim manager can answer questions or submit additional questions

	Is a paper review allowed in lieu of a physical examination of the injured worker?	Is telemedicine allowed for examination of the injured worker during an IME?
Alaska	Yes ¹	Yes
Arizona	No Answer	No answer
California	No	No
Colorado	No	No
Delaware	N/A	N/A
Florida	No	No
Idaho	No	Yes
Illinois	No answer	No answer
Indiana	No	No
Kansas	No	No
Maine	Yes ²	No answer
Maryland	Yes ³	No answer
Michigan	No	No
Minnesota	Yes ⁴	Yes
Montana	Yes ⁵	No answer
Nebraska	Yes ⁶	No
New Mexico	Yes ⁷	No
North Dakota	Yes ⁸	Yes
Oklahoma	No	No
Oregon	Yes ⁹	Yes
Rhode Island	Yes ¹⁰	No
South Dakota	Yes ¹¹	Yes
Tennessee	Yes ¹²	No
Texas	No	No
Utah	Yes ¹³	Yes
Virginia	Yes ¹⁴	N/A
Washington	Yes ¹⁵	No

¹ **Alaska:** Board makes credibility determination

² **Maine:** In very rare circumstance or if claimant has passed away.

³ **Maryland:** Not too often; weight given to report is determined by Commissioner

⁴ **Minnesota:** To determine if treatment is reasonable and/or develop a treatment plan

⁵ **Montana:** A paper review does not carry much weight in the Workers' Compensation Court

⁶ **Nebraska:** The physician assigned has the choice to perform a record review or request an examination.

⁷ **New Mexico:** By agreement of the parties or order of the workers' compensation judge, but this would be very rare in New Mexico.

⁸ **North Dakota:** Only in instances when it is deemed that an IMR is sufficient. This happens rarely.

⁹ **Oregon:** File Review may be less persuasive.

¹⁰ **Rhode Island:** only in limited circumstances approved by court

¹¹ **South Dakota:** It is less persuasive than a report done as a result of a clinical examination.

¹² **Tennessee:** If the worker fails to keep an appointment

¹³ **Utah:** It is persuasive

¹⁴ **Virginia:** A records review is generally not as persuasive as the results of a physical examination, but the hearing adjudicator has broad discretion to weigh all of the medical evidence and give value as appropriate. Also, opinions of the treating physicians generally are given more weight than those of IME doctors.

¹⁵ **Washington:** occasionally a forensic exam or file review is allowed in lieu of exam

	Can the provider performing the evaluation order additional testing?
Alaska	Yes ¹
Arizona	Yes ²
California	Yes ³
Colorado	Yes ⁴
Delaware	N/A
Florida	Yes ⁵
Idaho	Yes ⁶
Illinois	No answer
Indiana	Yes ⁷
Kansas	Yes ⁸
Maine	Yes ⁹
Maryland	No
Michigan	Yes ¹⁰
Minnesota	No
Montana	Yes ¹¹
Nebraska	Yes ¹²
New Mexico	Yes ¹³
North Dakota	Yes ¹⁴
Oklahoma	Yes ¹⁵
Oregon	Yes ¹⁶
Rhode Island	No
South Dakota	Yes ¹⁷
Tennessee	No significant limitations, prior approval required
Texas	Yes ¹⁸
Utah	No
Virginia	Yes ¹⁹
Washington	Yes ²⁰

¹ **Alaska:** Medical necessity

² **Arizona:** The cost and scope of IME's are negotiated between the entity requesting the IME and the IME provider.

³ **California:** prior approval from the insurer is required

⁴ **Colorado:** only if okayed by the Division if a DIME or insurer for others

⁵ **Florida:** The IME physician can order diagnostic testing medically necessary to render an opinion about the medical care or disability status in dispute. The party requesting the IME is responsible for all costs associated with the IME.

⁶ **Idaho:** No limitations

⁷ **Indiana:** No limitations set in law.

⁸ **Kansas:** With permission from the ALJ

⁹ **Maine:** There is nothing in our Act or Rules that limit what can be ordered. The standard is one of the reasonableness of the request.

¹⁰ **Michigan:** The carrier and provider should address how diagnostic testing will be reimbursed in the contractual agreement.

¹¹ **Montana:** The insurer may require the IME to ask for prior authorization for additional testing.

¹² **Nebraska:** Rule 64,B states: "The examiner may also perform any necessary tests and may also arrange for any necessary tests, evaluations and examinations to be performed by other health care providers..." There is no formal approval process for ordering additional tests.

¹³ **New Mexico:** Most judges will include a provision authorizing additional testing as part of the Order granting the IME.

¹⁴ **North Dakota:** Further testing would be subject to prior authorization

¹⁵ **Oklahoma:** only if authorized by the ALJ in his/her order

¹⁶ **Oregon:** With worker approval.

¹⁷ **South Dakota:** No limitations

¹⁸ **Texas:** TITLE 28 INSURANCE PART 2 TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION CHAPTER 127 DESIGNATED DOCTOR PROCEDURES AND REQUIREMENTS SUBCHAPTER A DESIGNATED DOCTOR SCHEDULING AND EXAMINATIONS RULE §127.10

¹⁹ **Virginia:** Reasonable, non-invasive tests and procedures, such as MRI and thermogram studies, are allowed. Cannot require in-patient admission for diagnostic work-up or procedures.

²⁰ **Washington:** examiner can order non-invasive testing, x-rays, MRI

	Are there any consequences if an injured worker does not attend a scheduled IME?	Does the IME provider's medical opinion supersede the treating provider's medical treatment options?
Alaska	Benefits may be suspended	No
Arizona	Injured worker may be charged for reasonable expenses of the missed appointment and may lead to suspension of benefits.	No
California	No	Equally persuasive. Multiple QME reports may be obtained and the judge decides which prevails.
Colorado	Depending on the rules, they would forfeit the fee.	For DIME clear and convincing evidence is required to overturn the DIME opinion on impairment or MMI
Delaware	N/A	N/A
Florida	If the employee fails to appear for the independent medical examination scheduled by the employer or carrier without good cause and fails to advise the physician at least 24 hours before the scheduled date for the examination that he or she cannot appear, the employee is barred from recovering compensation for any period during which he or she has refused to submit to such examination. Further, the employee shall reimburse the employer or carrier 50 percent of the physician's cancellation or no-show fee unless the employer or carrier that schedules the examination fails to timely provide to the employee a written confirmation of the date of the examination pursuant to paragraph (c) which includes an explanation of why he or she failed to appear.	The Consensus IME (CIME) results are binding on the parties, if the Consensus opinion differs from the treating physician's treatment options. The CIME results constitute resolution of the dispute.
Idaho	The injured employee's right to take or prosecute any proceedings under the Idaho law shall be suspended until such failure or obstruction ceases, and no compensation shall be payable for the period during which such failure or obstruction continues.	No
Illinois	The employee loses his or her right to compensation payments	No
Indiana	Benefits may be suspended	It is weighed against the treating MDs, but this varies in each case.
Kansas	Determined by ALJ	Is does not supersede by if valid may be given greater weight
Maine	If intentional, benefits could be suspended.	It trumps all other medical opinions in the record.

	Are there any consequences if an injured worker does not attend a scheduled IME?	Does the IME provider's medical opinion supersede the treating provider's medical treatment options?
Michigan	Right to compensation shall be suspended and compensation during the period of suspension may be forfeited.	Carrier has right to utilize the IME over the treating physician. Both are given equal weight in the trial process.
Minnesota	Compensation benefits can be suspended	No
Montana	Depending on the reason for the no show, the insurer may be able to suspend indemnity benefits	Determined on a case by case basis by the Court and may depend upon the qualifications of the IME provider v. the treating physician
Nebraska	Rule 64,C: If the employee fails to appear for a scheduled examination, or if an examination is cancelled within 48 hours of the scheduled time by the employee, then the examination shall not be rescheduled unless approved by the employer or insurance carrier or by order of the court.	No
New Mexico	A worker may be ordered to pay cancellation fees. If a worker fails or refuses to submit to an IME, the worker shall forfeit all workers' compensation benefits that would accrue or become due unless the worker is by reason of disability unable to appear for examination.	IME opinions are not binding on the determination of issues, but they can be persuasive and sometimes the tie breaker in a contested claim.
North Dakota	The injured employee's benefits may be suspended.	In the case of a dispute between the IME physician and the treating physician the agency can select a second IME physician to render an opinion.
Oklahoma	Possible loss of benefits	Discretion of the ALJ
Oregon	Up to suspension of benefits	No
Rhode Island	benefits may be suspended	No
South Dakota	Benefits may be suspended until the employee attends.	No
Tennessee	A report without examination may still be completed.	General: No MIRR: Yes for rating only
Texas	Injured employee benefits may be affected. Texas Labor Code Sec. 408.0041(h-j)	Texas Labor Code Sec. 408.0041(e) The designated doctor shall report to the division. The report of the designated doctor has presumptive weight unless the preponderance of the evidence is to the contrary. An employer may make a bona fide offer of employment subject to Sections 408.103(e) and 408.144(c) based on the designated doctor's report.
Utah	Possibly responsible for any costs; impact on claim	Typically equally weighed
Virginia	Right to compensation and right to take or prosecute any proceedings before the Commission shall be suspended until refusal ceases. No compensation may be paid for the period of suspension unless the Commission finds circumstances justify the refusal.	No
Washington	worker can face sanctions if they do not attend	Yes and No...The attending provider is asked if they concur with the IME findings. If they do not, they must state why they disagree. The claim manager can make a decision based on which opinion is best supported.

	Is there a procedure to dispute the results of an IME?	Can the IME physician become the treating physician?
Alaska	No	Both employees and employers are allowed one change of physician
Arizona	Depends on the action taken by the payer which may be disputed and heard through the dispute resolution process.	It is possible if the injured worker requests the IME doctor to provide active treatment and if the IME doctor accepts that persona as a patient, then it is possible the IME physician may become the treating provider.
California	Workers' Comp Appeals Board-heard before a judge	No
Colorado	a hearing	No
Delaware	N/A	N/A
Florida	When the IME coded under CPT® 99456 is disputed the contesting party may file a petition for hearing before a Judge of Compensation Claims. Consensus IME results coded under 99457 are considered final and constitutes a resolution of the dispute.	No
Idaho	The opposing party could seek to obtain an additional IME.	Not regulated.
Illinois	The IME report is submitted and the arbitrator reviews it along with all other medical evidence, and makes a ruling.	No answer
Indiana	Either party may get their own opinion from an MD of their choice.	It is frowned upon, but sometimes this is the only route available to get the recommended care for the worker.
Kansas	Depose the doctor or ask for amended report or argue other reports are more valid	If court allows it or if it is agreed by the parties
Maine	The IME can be deposed and opinions challenged in the deposition.	In very rare cases .This is discouraged. We had a case recently where the treating physician abruptly moved out of state. The case was resolved around the same time. the injured worker asked if she could be treated by the IME doctor because he was expert in the area and she trusted him
Maryland	A hearing before a Commissioner	If requested by the claimant; MD is an employee choice state.
Michigan	Hearing process	Nothing to preclude it.
Minnesota	No	Only if the parties agree to a change in treating physicians
Montana	Mediation and a petition in the Workers' Compensation Court	If authorized by the insurer
Nebraska	No	Rule 63, I: "...nor shall the examiner treat the employee with respect to the injury for which the claim is being made unless the examiner: 1. has completed his or her duties as the independent medical examiner; 2. agrees to treat the employee; and 3. either becomes the primary treating physician as agreed to by the employee and employer, or is selected by the employee to do surgery when the injury involves dismemberment or a major surgical operation

	Is there a procedure to dispute the results of an IME?	Can the IME physician become the treating physician?
New Mexico	Cross examination of the IME provider and trial presentation of contradictory medical opinions of a treating provider.	No
North Dakota	The injured employee has the right to appeal any decision that is made as a result of the IME.	No
Oklahoma	No	No
Oregon	At Hearing level	Any conditions. Worker has the right to choose
Rhode Island	a petition would be filed at the Court and a judge would hear the dispute	under limited circumstances, may need court approval
South Dakota	No	The employee may choose to accept the IME physician's proposed treatment plan; when treatment begins the choice is accepted.
Tennessee	Through the MIRR for disputed impairment ratings only.	General: The employee may request a change. MIRR: no, since at MMI
Texas	A dispute may be filed. LABOR CODE CHAPTER 410. ADJUDICATION OF DISPUTES and Texas Administrative Code TITLE 28 INSURANCE PART 2 TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION CHAPTER 141 DISPUTE RESOLUTION--BENEFIT REVIEW CONFERENCE CHAPTER 142 DISPUTE RESOLUTION--BENEFIT CONTESTED CASE HEARING CHAPTER 143 DISPUTE RESOLUTION REVIEW BY THE APPEALS PANEL	No
Utah	Medical disputes/differences of opinion are typically forwarded to a medical panel for review (per judge).	This is technically possible though doubtful it happens. Utah has no rule or statute restricting this.
Virginia	In the contest of a dispute, the injured worker can argue that the IME results are entitled to little or no weight based on the facts and circumstances and other medical evidence.	By agreement of the parties. Also, either party can ask the Commission to authorize a change in treating physicians under certain circumstances. There is no prohibition on the IME doctor becoming the treating doctor if grounds exist to justify a change.
Washington	Worker can protest any decision on claim.	

Who is required to be given a copy of the IME report?							
	State	Injured worker	Insurer	Treating physician	Employer	Attorney	Other (please specify)
Alaska	x	x	x		x	x	
Arizona		x	x	x		x	
California		x	x			x	
Colorado	x	x	x		x	x	
Delaware							N/A. Delaware does not use IMEs.
Florida							The requesting party who is responsible for the costs associated with the IME receives a copy of the IME report.
Idaho	x						The requesting party. The state is entitled to a copy of the report upon request.
Illinois	x	x					
Indiana	x						As a practical matter, all parties get a copy, though.
Kansas		x	x			x	ALJ
Maine	x	x	x		x	x	
Maryland	x	x	x			x	All parties can get a copy
Michigan			x				Employee or his or her attorney upon request
Minnesota	x	x	x		x	x	
Montana		x	x			x	
Nebraska	x	x	x		x	x	
New Mexico		x	x		x	x	
North Dakota	x	x	x	x		x	
Oklahoma	x		x			x	
Oregon		x	x	x			
Rhode Island	x	x	x			x	state being the court
South Dakota		x					
Tennessee	x	x	x		x	x	General: requestor
Texas	x	x	x				
Utah							Typically distributed as part of a court proceeding
Virginia							No requirements in this regard. IME doctors are not even required to make a report if the party who requested the exam decides it doesn't want one. But if a report is done, all parties have a right to a copy of it upon request or subpoena.
Washington		x	x	x	x	x	worker can view their IME online or request a copy in writing

	Can the IME provider be deposed?	Can depositions be done via video conference or telephone?	Can the IME provider be reimbursed for the deposition?
Alaska	Yes ¹	Yes	Yes ²
Arizona	Yes ³	Yes	Yes
California	Yes ⁴	No	Yes ⁵
Colorado	Yes	Yes	Yes ⁶
Delaware	N/A	N/A	N/A
Florida	Yes ⁷	Yes	Yes ⁸
Idaho	Yes (contested case)	Yes	Yes ⁹
Illinois	No answer	No answer	No answer
Indiana	Yes (if desired)	Yes	Yes ¹⁰
Kansas	Yes ¹¹	Yes	Yes (fee schedule)
Maine	Yes ¹²	Yes	Yes ¹³
Maryland	Yes ¹⁴	No answer	Yes ¹⁵
Michigan	Yes (physician)	Yes	Yes (deposing party)
Minnesota	Yes ¹⁶	Yes	No Answer
Montana	Yes ¹⁷	Yes	Yes (nothing prohibits payment)

¹ **Alaska:** If opposing party requests a deposition & it is not provided, that medical evidence cannot be considered at hearing

² **Alaska:** Costs paid by the employer

³ **Arizona:** An IME provider can be deposed if the claim becomes subject of litigation.

⁴ **California:** Unless the Appeals Board or a Workers' Compensation Administrative Law Judge orders otherwise or the parties agree otherwise, whenever a party is legally entitled to depose the evaluator, the evaluator shall make himself or herself available for deposition within at least one hundred twenty (120) days of the notice of deposition and, upon the request of the unrepresented injured worker and whenever consistent with Labor Code section 5710, the deposition shall be held at the location at which the evaluation examination was performed, or at a facility or office chosen by the deposing party that is not more than 20 miles from the location of the evaluation examination. https://www.dir.ca.gov/t8/35_5.html

⁵ **California:** An insurer can be charged for a deposition, but there is no obligation to pay.

⁶ **Colorado:** per fee schedule for any doctor

⁷ **Florida:** The independent medical examiner may be deposed or provide medical testimony in defense of the IME opinion/report.

⁸ **Florida:** Any health care provider who gives a deposition shall be allowed a witness fee. The amount charged by the witness may not exceed \$200 per hour. An expert witness who has never provided direct professional services to a party but has merely reviewed medical records and provided an expert opinion or has provided only direct professional services that were unrelated to the workers' compensation case may not be allowed a witness fee in excess of \$200 per day.

⁹ **Idaho:** The IME provider may bill for depositions.

¹⁰ **Indiana:** We have no laws on this, but if it is a condition precedent to the deposition, of course.

¹¹ **Kansas:** His report can be admitted without foundation testimony or if a party desires the IME doc can be deposed.

¹² **Maine:** With approval of the hearing officer (the ALJ in our state) responsible for hearing the case .

¹³ **Maine:** The IME doctors are always compensated for deposition or live testimony

¹⁴ **Maryland:** Only on appeal; not at WCC hearing level

¹⁵ **Maryland:** Regulated by appellate courts

¹⁶ **Minnesota:** As part of the regular litigation process

¹⁷ **Montana:** If the IME provider's report is disputed and a petition is filed in the Workers' Compensation Court.

	Can the IME provider be deposed?	Can depositions be done via video conference or telephone?	Can the IME provider be reimbursed for the deposition?
Nebraska	Yes ¹	Yes	Yes ²
New Mexico	Yes ³	Yes ⁴	Yes ⁵
North Dakota	Yes ⁶	Yes ⁷	Yes ⁸
Oklahoma	Yes ⁹	Yes	Yes ¹⁰
Oregon	Yes	Yes	Yes
Rhode Island	Yes (some cases)	Yes	Yes (insurer)
South Dakota	Yes ¹¹	Yes	Yes ¹²
Tennessee	General: Yes MIRR: No	Yes	Yes, regular fees
Texas	No	No	No
Utah	Yes ¹³	Yes	If ordered
Virginia	Yes ¹⁴	Yes	Yes ¹⁵
Washington	Yes ¹⁶	Yes	Yes (fee schedule for testimony)

¹ **Nebraska:** Rule 64,F: "Any party may depose the examiner in accordance with the Nebraska Discovery Rules for all Civil Cases."

² **Nebraska:** The deposition would be done in accordance with the Nebraska Discovery Rules for all Civil Cases. There is nothing that prohibits the provider from charging for a deposition. That is a litigation expense and not covered by any of the Workers' Compensation Fee Schedules.

³ **New Mexico:** Either party can notice the deposition of an IME provider. The deposition is admissible in lieu of live testimony at the formal hearing.

⁴ **New Mexico:** Either party can notice the deposition of an IME provider. The deposition is admissible in lieu of live testimony at the formal hearing.

⁵ **New Mexico:** Fees for deposition are subject to a maximum allowable charge set in a fee schedule.

⁶ **North Dakota:** In order to be considered a duly qualified physician they must agree to be available for deposition and testimony

⁷ **North Dakota:** In order to be considered a duly qualified physician they must agree to be available for deposition and testimony

⁸ **North Dakota:** The IME physician is compensated for the time spent in deposition or testimony.

⁹ **Oklahoma:** quite common

¹⁰ **Oklahoma:** All physicians being deposed are compensated.

¹¹ **South Dakota:** The provider is subject to the same discovery processes as any other physician.

¹² **South Dakota:** Using CPT 99075, the current maximum rate is \$500.15 an hour.

¹³ **Utah:** rarely done, but no rule or statute prohibiting this

¹⁴ **Virginia:** The deposition of any physician involved in a case may be taken by any party without leave of the Commission.

¹⁵ **Virginia:** Any physician who is deposed is entitled to be paid by the party requesting the deposition. The Commission will only become involved if there is a dispute about the fee for the deposition.

¹⁶ **Washington:** must agree to testify or they can be removed from the approved list

Appendix 5 – State by State Comparison (attached)

Detailed table comparing how IMEs are handled in all 50 States

State	Name of Exam	Qualified Physicians	How Providers are Paid	Defective Report Consequences	Time frame to Submit Report	Selection of Provider	Misc	Link to Statute	Additional Relevant Links
Alabama	Independent Medical Exam	Medical doctor, surgeon, and chiropractor	Paid by employer. If neutral IME appointed, cost is shared by all parties.			Selected by employer. Employee may also have own physician present at examination. Court may also appoint a neutral IME.	*Additionally, if before an ombudsman and there is a dispute, the ombudsman may select an IME from a list of at least 3 names provided by Board in medical specialty raised in the dispute. IME compensated at rate set by Board.	§ 25-5-77	
Alaska	Independent medical examination & Second Independent medical evaluation (SIME)	Board creates a list after asking for recommendations from those in various specialties. Attorneys who meet certain criteria may volunteer to serve on a panel to select physicians for inclusion on the board's list. Board chooses 2 employee and 2 employer attorneys to serve on the panel and vote on the original board list & any other suggested physicians. If a physician receives 3 affirmative votes they are sent an application and letter asking if they are interested in performing second IMEs. If they accept they'll be on list for 3 years.	Paid by employer	Physician may be removed from list. If report not timely, party may file petition requesting another physician be selected as SIME.	14 days after examination concluded	IME selected by employer. SIME appointed by Board from established list when dispute between treating physician and IME. Parties may stipulate that a physician not on board's list perform an evaluation. If parties do not stipulate to a physician not on board's list, then Board will select a physician to serve as SIME. If Board determines list doesn't include impartial physician appropriate for EE then Board will notify EE & ER that a physician not named will be selected. No later than 10 days after such notice the ER & EE may each submit the names/addresses/CVs of no more than 3 physicians. If both EE & ER recommend same physician that one will be selected. If not, Board will select and it need not be from recommendations by ER & EE.		§ 23.30.095	

State	Name of Exam	Qualified Physicians	How Providers are Paid	Defective Report Consequences	Time frame to Submit Report	Selection of Provider	Misc	Link to Statute	Additional Relevant Links
Arizona	Independent Medical Evaluation	Licensed physician or other licensed practitioner of the healing arts	Paid by employer. If claimant unreasonably fails to attend or promptly advise of inability to attend exam, the party requesting the exam may charge claimant or deduct from future awards any reasonable expense of the missed appointment.			Selected by employer. Employee may also have own physician present at examination.		§ 23-1026	Regulations
Arkansas	Independent Medical Examination	Qualified physician	Paid by party who requested. Billed using the IME procedure code and includes practitioner's time only. The office visit charge is included and may not be billed separately.			Selected by employee, employer or insurance carrier. May be directed by Commission.		§ 11-9-511	
California	Qualified Medical Evaluator (QME) or Agreed Medical Evaluator (AME) when parties agree on a doctor	Must meet educational and licensing requirements, pass a test, and participate in ongoing education on the WC evaluation process.	QMEs bill the insurance company according to the medical-legal fee schedule. Carrier only required to pay for one QME evaluation.	If report not timely, claimant or employer may request QME replacement & no liability for payment. Potential for QME's request for reappointment to be denied.	30 calendar days from the date of the commencement of the exam to issue the report.	Randomly generated list of QMEs in the specified specialty by Zip Code - panel of 3 to choose from.		§ 139.2	

State	Name of Exam	Qualified Physicians	How Providers are Paid	Defective Report Consequences	Time frame to Submit Report	Selection of Provider	Misc	Link to Statute	Additional Relevant Links
Colorado	Independent Medical Examination & Respondent Independent Medical Examination	Director to maintain list of physicians known as medical review panel. Director shall utilize public and private resources as are available and appropriate in determining standards and qualifications for the medical review panel members.	Paid by the party who requested the exam.			Party can obtain IME from physician not on medical review panel or obtain IME with physician selected by director through a revolving selection process from medical review panel.	*There is also an IME procedure (Called Division Independent Medical Exam [DIME]) for when there is a dispute regarding PPD schedule - see second link to statute. Medical fee schedule & paid by party that requested DIME. Physician has 20 days after exam to submit reports to Division and parties.	§ 8-43-502	§ 8-42-107.2
Connecticut	Independent Medical Examination	Reputable practicing physician or surgeon	Paid by employer		Within 30 days after the completion of the reports.	Selected by employer from approved list prepared by Commission. Employee may also have own physician at exam.		§ 31-294f	
Delaware	"Disinterested and duly qualified physician"	Physician legally authorized to practice the physician's profession under the laws of such place.	Paid by employer			Selected by employer. Employee may also have own physician present at examination.	If the examination is referred to as an "independent medical examination" or an "IME" in any document or proceeding, the Board may impose a \$500 fine.	§ 2343	

State	Name of Exam	Qualified Physicians	How Providers are Paid	Defective Report Consequences	Time frame to Submit Report	Selection of Provider	Misc	Link to Statute	Additional Relevant Links
Florida	Independent Medical Examination & Consensus Independent Medical Examination (CIME)	Licensed physician, osteopathic physician, chiropractic physician, podiatric physician, optometrist, or dentist.	Paid by party who requested. If employee prevails in dispute, then employer/carrier pays for IME. If employee doesn't show, physician may bill cancellation or no-show fee to carrier (employee must reimburse employer or carrier 50% of the fee). CIME paid by carrier.	Party selecting IME must identify examiner to all other parties within 15 days after date IME is to take place or else precluded from submitting the findings.		Selected by carrier or employee. Employer and employee entitled to one IME per accident. If parties agree may be a health care provider treating employee. CIME when medical dispute arises and parties mutually agree to refer employee to a physician for IME. CIME doesn't affect entitlement to one IME.		§ 440.13(5)	
Georgia	Independent Medical Examination	Duly qualified physician or surgeon	Paid by employer or Board. Physician may require prepayment pursuant to the fee schedule base amount for up to the first two hours (\$1200).			Selected by employer. Employee may also have own physician at exam.	*Employee also has right to one IME within 120 days of receipt of benefits	§ 34-9-202	
Hawaii	Medical Examination by Employer's Physician & Examination by Impartial Physician	Duly qualified physician or surgeon	Employee may be responsible for reasonable no-show fee not to exceed \$250 charged by physician. Fees for impartial examination paid from funds appropriated by legislature for the use of the Department.	Failure to provide copies may result in Director denying inclusion of the report in the Director's decision.	Within 15 calendar days after receipt and no later than 15 calendar days prior to the scheduled date of hearing, whichever is sooner.	Selected by employer and ordered by Director. Employee may also have a physician, surgeon, or chaperone present.	*Director may also appoint a duly qualified impartial physician to examine employee paid for out of funds appropriated by legislature	§ 386-79 & 386-80	Regulations
Idaho	Independent Medical Examination	Duly qualified physician or surgeon	Paid by Employer			Selected by employer or ordered by Commission. Employee may also have a physician or surgeon present.		§ 72-433	

State	Name of Exam	Qualified Physicians	How Providers are Paid	Defective Report Consequences	Time frame to Submit Report	Selection of Provider	Misc	Link to Statute	Additional Relevant Links
Illinois	Independent Medical Examination	Duly qualified medical practitioner or surgeon	Paid by employer	If surgeon doesn't furnish statement in writing to a party to the same extent it did to other party, then surgeon may not testify at hearing following the exam.	Copy furnished to employee or representative as soon as practicable but no later than 48 hours before the time the case is set for hearing.	Selected by employer. Employee may also have a duly qualified medical practitioner or surgeon present.	*Commission may also order impartial physician from member or members of a panel of physicians to examine employee when mental or physical condition is an issue. No cost to parties	§ 12	
Indiana	Independent Medical Examination	Disinterested duly qualified physician or surgeon	Fee fixed by Board and paid by State only on special order of the Board or a member thereof.			Board sets and schedules IME. Examiner selected by mutual agreement of the parties or appointed by the Board.	*When employee disagrees with the carrier's proposed termination of benefits. Indiana uses Case Coordinators to resolve other disputes	§ 22-3-4-11	
Iowa	Independent Medical Examination	Physician authorized to practice under the laws of this state or another state.	Paid by employer or potentially employee if requested by employee.			Selected by employer or employee may request IME and select physician by application to Commissioner.		§ 85.39	
Kansas	Medical Examination & Medical Examination by Neutral Health Care Provider	Reputable health care provider	Employer or Carrier	If report not properly furnished, then provider not permitted to give evidence of the condition for the employee	Entitled to report within a reasonable amount of time after examination.	Selected by employer. When there's a dispute, director may direct, or either party may request, examination by up to three neutral health care providers. If at least two medical opinions disagree as to percentage of functional impairment, then parties may agree on provider to review. If can't agree ALJ will select. Employee may have own health care provider present.		§ 44-515	

State	Name of Exam	Qualified Physicians	How Providers are Paid	Defective Report Consequences	Time frame to Submit Report	Selection of Provider	Misc	Link to Statute	Additional Relevant Links
Kentucky	Independent Medical Evaluation	The Board contracts with the University of Kentucky and the University of Louisville medical schools to evaluate workers for injuries or occupational hearing loss. For workers who have become affected by occupational diseases, the commissioner shall contract with the University of Kentucky and the University of Louisville medical schools, or other physicians otherwise duly qualified as "B" readers who are licensed in the Commonwealth and are board-certified pulmonary specialists.	ER carrier shall pay costs of the examination. If it is finally determined that the injury is not covered by workers comp, the carrier will be reimbursed by the special fund.		fifteen (15) days after such examination a written report.	Selected by Commissioner		§ 342.315	
Louisiana	Independent Medical Examination	Duly qualified medical practitioner	Paid by employer	Civil penalty of \$250 if employer doesn't provide employee with records/report from a requested exam within 30 days.		Selected by employer. May also be selected by Assistant Secretary upon application of any party when there is a dispute as to employee's condition or ability to work.		§ 23:1122	§ 23:1123

State	Name of Exam	Qualified Physicians	How Providers are Paid	Defective Report Consequences	Time frame to Submit Report	Selection of Provider	Misc	Link to Statute	Additional Relevant Links
Maine	Independent Medical Examiner	Licensed/certified by state, have an active treating practice or have had one within the 24- month period preceding appointment as an examiner on a case, be Board certified, and demonstrate experience in the treatment of work-related injuries.	Paid by employer. Maximum charge of \$300 per hour up to a maximum of 5 hours. Charge doesn't include necessary diagnostic testing. No show or cancellation within 48 hours, fee of up to \$200 and \$200 per hour for up to 3 hours of preparation time unless exam is conducted at a later date. Paid initially by employer/carrier that requested exam. Subject to reimbursement by employee if without good cause.		No later than 14 days after completion of examination. Board will distribute copies to the employer and employee.	If parties cannot agree on an examiner or if employee is unrepresented, then the Board will assign one from the list of (no more than 50) qualified examiners. Limited to one Board appointed IME per medical issue unless significant medical change can be shown.		§ 312	Regulations
Maryland	Independent Medical Examination	Physician, psychologist, or psychiatrist	Paid by Commission or by party requesting medical examination. Commission may order employee to pay \$125 for no show.			Commission orders exam and selects physician or party schedules exam and selects physician.		§ 9-720	Regulations

State	Name of Exam	Qualified Physicians	How Providers are Paid	Defective Report Consequences	Time frame to Submit Report	Selection of Provider	Misc	Link to Statute	Additional Relevant Links
Massachusetts	Impartial Medical Examiner & Independent Medical Examination	Roster of impartial medical examiners who are certified specialists in various medical fields.	Party who appeals pays fee or fee is divided if more than one party appeals to defray cost of exam. Amount paid by employee refunded by carrier if employee prevails at hearing. Fee for medical report paid by the Department. No show or cancellation of less than 48 hours notice fee of \$150.		Report at least one week prior to hearing.	When dispute over medical issues is subject of an appeal the parties shall agree upon an impartial medical examiner from the roster.	*Regular IME paid for by carrier and employee may have own physician present.	§ 11A	§ 45
Michigan	Independent Medical Examination	Physician or surgeon authorized to practice medicine in Michigan.	Reimbursement based on a contractual agreement between the provider and the party requesting the exam.	If a party fails to provide a medical report regarding an examination, that party shall be precluded from taking the medical testimony of that physician. The opposing party may, however, elect to take the deposition of that physician.	Furnish report within 15 days of a request for the report.	Requested and selected by carrier or employee. Any provider other than treating provider.		§ 418.385	

State	Name of Exam	Qualified Physicians	How Providers are Paid	Defective Report Consequences	Time frame to Submit Report	Selection of Provider	Misc	Link to Statute	Additional Relevant Links
Minnesota	Independent Medical Examination	Physician authorized by law to practice the medical profession within one of the United States and in good standing in the profession. Includes surgeon.	Fee schedule outlined here: https://www.revisor.mn.gov/rules/5219.0500/ Fee for no show or cancellation less than 3 business days before the exam is \$400. Paid as ordered by the Commissioner of labor and industry, compensation judge, or the WC Court of Appeals.			Selected by employer or in case of dispute. Neutral physician designated by compensation Judge or Workers' Compensation Court of Appeals.		§ 176.155	
Mississippi	Independent Medical Examination	Neutral physician	Fee may be set by Commission or Judge or negotiated by the payer and provider prior to setting the appointment. In the absence of agreement or order, provider shall bill using fee schedule. Commission has discretion to charge cost to employer or carrier.			Selected and ordered by Commission or ALJ.		§ 71-3-15	

State	Name of Exam	Qualified Physicians	How Providers are Paid	Defective Report Consequences	Time frame to Submit Report	Selection of Provider	Misc	Link to Statute	Additional Relevant Links
Missouri	Medical Examination	Duly qualified impartial physician	Fair and reasonable fee.	If any party fails or refuses to furnish the opposing party with the medical report of the treating or examining physician at least 7 days before such physician's deposition or testimony at the hearing, the physician shall not be permitted to testify.		When deemed necessary, commission, division or ALJ will appoint a duly qualified impartial physician.		§ 287.210	
Montana	Independent Medical Examination	Physician, psychologist, or panel (includes a practitioner having substantial experience in the field of medicine concerned with the matters presented by the dispute and whose licensure would qualify the practitioner to act as a treating physician).	Paid by carrier or requesting party in the event of a dispute.			Selected by carrier or Department or ordered by WCLJ. If a dispute, employee or carrier can request WCLJ require employee submit to IME. Employee may have physician present.		§ 39-71-605	

State	Name of Exam	Qualified Physicians	How Providers are Paid	Defective Report Consequences	Time frame to Submit Report	Selection of Provider	Misc	Link to Statute	Additional Relevant Links
Nebraska	Independent Medical Examination	To be eligible for appointment by the court to the list of qualified examiners, must be in good standing, highly experienced and competent in specific field of expertise and in the treatment of work-related injuries, and be knowledgeable of WC principles and WC system in Nebraska, as demonstrated by prior experience and/or education.	Paid by employer. Fee is examiner's usual fee or up to \$400 per hour up to a maximum of 4 hours, whichever is lower. In a complex case an additional fee of up to \$400 per hour for up to 2 additional hours may be allowed. If no-show or if cancelled within 48 hours of the scheduled time, the IME may charge up to \$400 paid initially by employer subject to possible reimbursement from employee.		If review of records only report must be submitted within 10 business days of receipt of all necessary records and information. If examination required report must be submitted within 10 business days of the completion of the exam.	If parties can't agree to IME (doesn't need to be on list) then Compensation Court assigns one from list of qualified examiners.		§ 48-134.01	Regulations
Nevada	Independent Medical Examination	Physicians and chiropractors who have demonstrated special competence and interest in industrial health to treat injured employees.	Paid by carrier. Fee schedule. No show fee of \$622.50 if employee is more than 30 minutes late or cancels less than 24 hours before scheduled.			Employee may request one IME per calendar year when there is a dispute. Selected from panel of physicians and chiropractors. May also be ordered by hearing officer or appeals officer and physician in that case does not need to be on panel unless referring for rating of PD.		§ 616C.145	
New Hampshire	Independent Medical Examination	Duly qualified health care provider. Certified by appropriate specialty board or has approval of the Commissioner for specialties not recognized by the board.	Paid by employer			Selected by Employer or ordered by Commissioner. Employee may have own health care provider present at exam. Employee may also have witness present. No more than 2 IMEs per year unless Commissioner deems more than 2 necessary.		§ 281-A:38	

State	Name of Exam	Qualified Physicians	How Providers are Paid	Defective Report Consequences	Time frame to Submit Report	Selection of Provider	Misc	Link to Statute	Additional Relevant Links
New Jersey	Independent Medical Examination	Physician authorized to practice under the laws of this state.	Paid by Uninsured Employers Fund (UEF)			Selected by UEF	*Only see info regarding IME with UEF likely because Employer selects treating doctor in NJ		Regulations § 12:235-7.4
New Mexico	Independent Medical Examiner	A health care provider, other than the EE's designated healthcare provider. HCP broadly defined, MD, DO, PT, DC, OT, DDS, NP, PA, OD. DOM.	Paid by carrier	No Specific Penalty but HCP who renders inappropriate services may be subject to: (1) forfeiture of right to payment; (2) fine >\$100 but <\$1000; (3) Temp. or Perm. Suspension of Right to provide care for WC claims.		If the parties cannot agree upon the use of a specific independent medical examiner, the WCLJ will designate a provider on an approved list of persons authorized.		§ 52-1-51	
New York	Independent Medical Evaluation	Authorized examiner is a physician, podiatrist, chiropractor, or psychologist who possesses a current, valid, and unrestricted professional license granted by the New York State Board of Regents.	Generally, party requesting IME shall be liable for all reasonable fees and costs associated with such examination.		within [10] ten business days after the independent medical examination except that in cases of persons examined outside the State, such reports shall be filed and furnished within [20] twenty business days after the independent medical examination.	Selected by Employer		§ 137	Regulations

State	Name of Exam	Qualified Physicians	How Providers are Paid	Defective Report Consequences	Time frame to Submit Report	Selection of Provider	Misc	Link to Statute	Additional Relevant Links
North Carolina	Independent Medical Examination	A duly qualified physician who is licensed and practicing in North Carolina and is designated and paid by the employer or the Industrial Commission.	Paid by Employer or Industrial Commission	No specific penalty found, however, "Failing or refusing to timely file required reports or records" willfully or intentionally carries a fine not to exceed one thousand dollars.	If examiner physically examined employee, the employer must produce the examiner's report to the employee within 10 business days of receipt by the employer.	Selected by the Employer or the Industrial Commission. Employee may have own physician present.		§ 97-27	
North Dakota	Independent Medical Examination	A duly qualified doctor licensed in the state in which the injured employee resides/ or duly qualified licensed physician in another state if not possible.	By Agency	Nothing specific regarding defective IMEs. Filing False Report/Report containing misrepresentations wilfully may either be felony or misdemeanor depending on value of service rendered. May have to also reimburse Agency.		Selected by Agency		§ 65-05-28	

State	Name of Exam	Qualified Physicians	How Providers are Paid	Defective Report Consequences	Time frame to Submit Report	Selection of Provider	Misc	Link to Statute	Additional Relevant Links
Ohio	Independent Medical Examination	Physician	The cost of any examination initiated by the employer shall be paid by the employer.	A provider's failure to create, maintain, and retain such records shall be sufficient cause for the bureau to deny payment for goods or services, to declare overpaid previous payments made to the provider, or to decertify the provider.		Selected by employer and considered by commission. Any requests after first examination must be made to the Commission.	*During Alternative Dispute Resolution process employee may be ordered to attend an ADR IME.	§ 4123.651	Manual with Info on ADR IME
Oklahoma	Independent Medical Examination	Must be appointed, licensed physician in good standing, highly experienced in field of expertise, knowledgeable about WC, have professional liability insurance, no felony conviction within 7 years of appointment, valid OK DEA/State Bureau Narcotics registration.	Paid by Respondent. Fee is physician's usual and customary rate not to exceed \$300 per hour not to exceed max reimbursement of \$1600. If no show or cancellation within 48 hours physician may charge up to \$200 to be paid initially by respondent subject to reimbursement by employee if no good cause.	Refusal or substantial failure to comply with rules, including rules for submission of reports, material misrepresentation on IME application or disclosure form may lead to removal from list of qualified IME physician list.		Appointed by Commission or ALJ		§ 85A-112	Regulations - §§ 41 - 45

State	Name of Exam	Qualified Physicians	How Providers are Paid	Defective Report Consequences	Time frame to Submit Report	Selection of Provider	Misc	Link to Statute	Additional Relevant Links
Oregon	Independent Medical Examination	Healthcare provider selected by Oregon Workers' Compensation Division.	Paid by carrier. \$100 fine for no-show claimant taken from future benefits.	If incorrect information is noticed in report, can write a letter to be included with file.		Selected from list of qualified physicians established by Director by carrier or Director of Department of Consumer and Business Services. No more than 3 IMEs unless authorized by Director. Employee may have unpaid observer at IME.	*There is also a Worker-requested Medical Exam when a carrier has issued a denial of compensability based on an IME. See link next to statute for fact sheet	§ 656.325	Worker-Requested Medical Exam
Pennsylvania	Independent Medical Examination	Physician legally authorized to practice under the laws of such place.	Paid by Employer or Commonwealth			Selected by Employer or Commonwealth. No more than 2 per 12 month period. Employee may have own physician present.		§ 314	
Rhode Island	Independent Medical Examination & Impartial Medical Examination	Impartial, competent physician designated by the workers' compensation court who is not under contract with or regularly employed or regularly retained by a compensation insurer or self-insured employer.	Paid by Employer		Impartial medical examiner's report is due within 14 days of examination.	Selected by Employer or Appointed by Judge		§ 28-33-34	§ 28-33-35
South Carolina	Independent Medical Examination	Qualified physician or surgeon	Paid by Employer or Commission			Selected by Employer or Commission		§ 42-15-80	
South Dakota	Compulsory Medical Examination	Duly qualified medical practitioner or surgeon	Paid by Carrier			Selected by Employer		§ 62-7-1	

State	Name of Exam	Qualified Physicians	How Providers are Paid	Defective Report Consequences	Time frame to Submit Report	Selection of Provider	Misc	Link to Statute	Additional Relevant Links
Tennessee	Independent Medical Evaluations	MD or DO, appointed to registry, completed course on evaluating impairment.	Paid by Employer. No show or cancellation notice not given at least 3 days prior to appointment, then physician is entitled to \$300 fee.	Failure to maintain requirements of the rules may result in removal from the registry.	No specific time frame. Statute allows agency to penalize. However, fee received for evaluation will vary depending on timeliness. 60+ days late report then no fee paid.	If parties cannot mutually agree on the selection of an IME, ER submits request to Agency who provides a list of 3 independent medical examiners chosen at random from registry. The employer may strike one name from the list, with the rejection made and communicated to the other party by facsimile or e-mail no later than the third business day after the date on which notification of the list is provided. The employee shall select a physician to perform the independent medical examination from the remaining physicians on the list.		§ 50-6-204	
Texas	Designated Doctor Examination	Certified by board, completes required training, may be DO, MD, DC, Podiatry, Dentistry, Optometry.	Paid by Carrier		Seven working days from the date of the examination of the injured employee.	Assigned by Division		§ 408-004	Regulations
Utah	Medical Evaluations	A medical panel appointed under this section shall consist of one or more physicians specializing in the treatment of the disease or condition involved in the claim.	The commission shall pay out of the Employers' Reinsurance Fund established in Section 34A-2-702.			Selected by the Division of Workers' Compensation (DWC) to resolve questions about an injured employee's medical condition or resolve a dispute about a work-related injury or illness.		§ 34A-2-602	

State	Name of Exam	Qualified Physicians	How Providers are Paid	Defective Report Consequences	Time frame to Submit Report	Selection of Provider	Misc	Link to Statute	Additional Relevant Links
Vermont	Independent Medical Examiner	Health care providers in pool submitted by representatives of management and labor from the Governor's Advisory Council on WC.	Commissioner determines fees to be paid by employer. If employee fails or refuses to go to IME without good cause, the Commissioner may assess all or part of the cost of the exam against the claimant or may suspend payment of compensation or both.			Selected by Commissioner from pool of IMEs or if pool insufficient Commissioner may select additional health care providers or request additional names.		§ 667	
Virginia	Medical Examination	Disinterested duly qualified physician or surgeon	Paid by the State			Selected by the Carrier		§ 65.2-607	
Washington	Independent Medical Examination	Must possess an active IME provider number, which is received after submitting an IME provider application and being approved by the department. Long list of qualifications, including continuing education: http://app.leg.wa.gov/WAC/default.aspx?cite=296-23-317 May also consider: http://app.leg.wa.gov/WAC/default.aspx?cite=296-23-327	Paid per the fee schedule by the Department.	Reports received after 14 calendar days may be paid at a lower rate per the fee schedule.	Send completed report to Department or self-insurer within 14 calendar days of the examination date or within 14 calendar days of receipt of the results of any special tests or studies.	Selected by Department or self-insurer. Employee can bring an adult friend or family member to the IME to provide comfort or reassurance. This person cannot be employee's attorney, paralegal, any other legal rep, or any other personnel employed by the employee's attorney or legal rep or the employee's attending doctor.		§ 51.32.110	Regulations - §§ 296-23-302 to 296-23-392

State	Name of Exam	Qualified Physicians	How Providers are Paid	Defective Report Consequences	Time frame to Submit Report	Selection of Provider	Misc	Link to Statute	Additional Relevant Links
West Virginia	Independent Medical Examination	Registered provider who has submitted and had approved an application to become an IME, Board certified by either the ABMS or the AOA.	Paid by requesting party		If only medical records are being paid, the provider shall provide the report within 30 days of the request to do so	Selected by Carrier or Agency		§ 23-4-8	Regulations - § 85-20-70
Wisconsin	Independent Medical Examination	Physician, chiropractor, psychologist, dentist, physician assistant, advanced nurse prescriber, or podiatrist.	Paid by employer or carrier			Employee may have physician, chiropractor, psychologist, dentist, physician assistant, advanced nurse prescriber, or podiatrist at examination. When there is a dispute, the Department or the Division may appoint a provider to render an opinion.		§ 102.13	
Wyoming	Independent Medical Examination	Impartial qualified health care provider, where "health care provider" means doctor of medicine, chiropractic or osteopathy, dentist, optometrist, podiatrist, psychologist or advanced practitioner of nursing, acting within the scope of his license, licensed to practice in this state or in good standing in his home state.	Provider can bill for no-show. Paper review paid at same rate as examination.			Requested by Division or Employer.	*Also in contested proceeding hearing examiner may appoint a duly qualified impartial health care provider to examine employee and give testimony.		§ 27-14-604

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