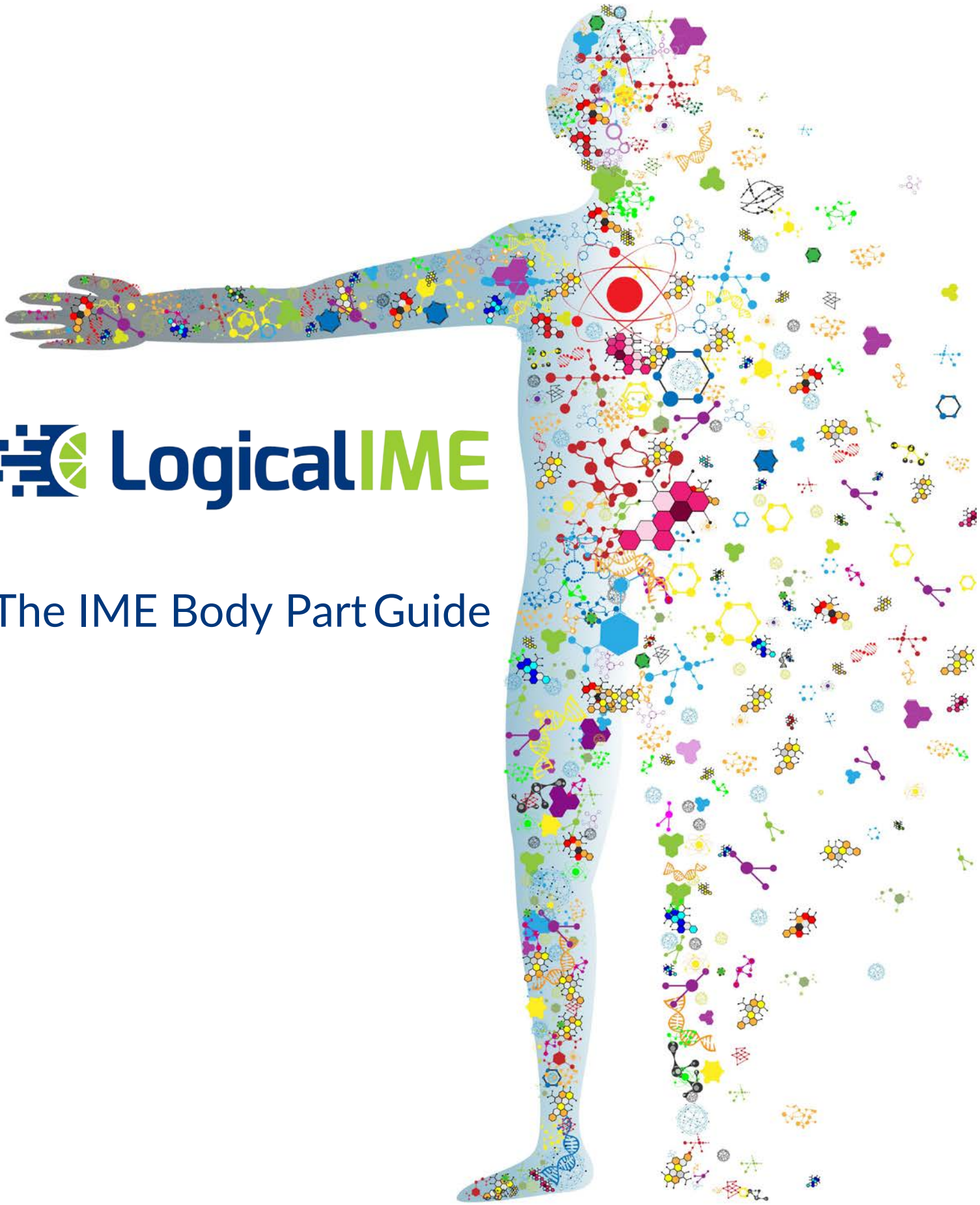

LogicalIME

The IME Body Part Guide

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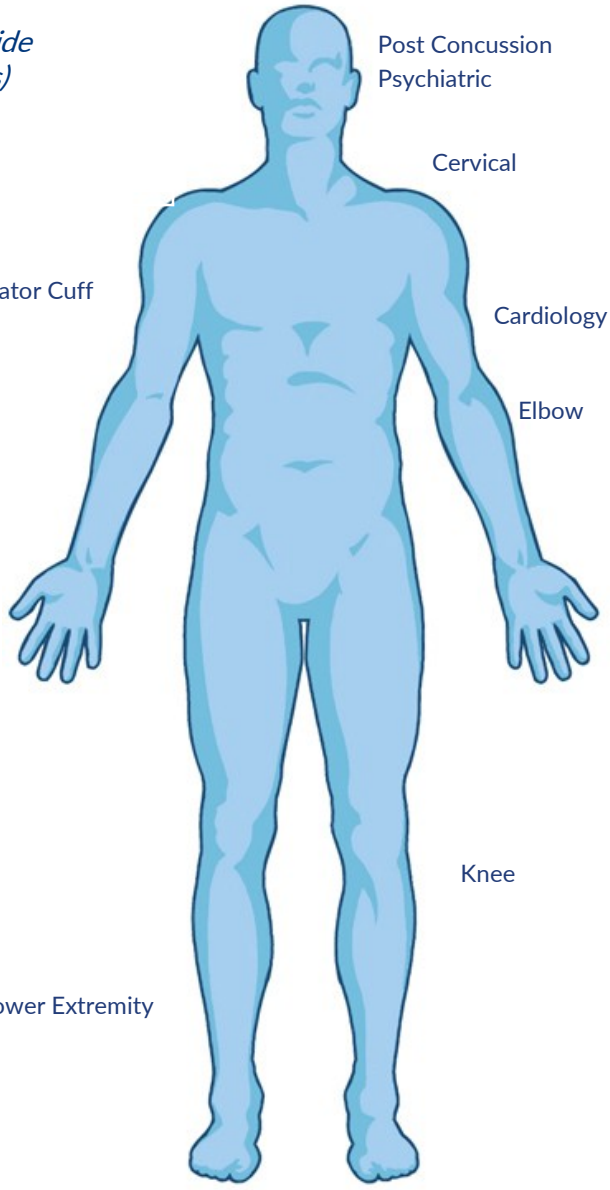
The IME Body Part Guide

Please use our interactive guide by clicking on the body part(s) most relevant to your needs



Helpful Hints

•The general purpose of an Independent Medical Evaluation (IME) is to overcome a treating physician barrier whether it is a determination of end point, return to work, or causation. IME's can be over-utilized in circumstances where psychosocial barriers surrounding employment are already present. If your employer has said "no" to return to work, consider alternative tools to overcome this challenge prior to scheduling an IME.

•Leading a physician to conclusion can be detrimental to the desired outcome of an IME which is an objective analysis of your presenting barrier. Having said that, your questions play a major role in articulating what the presenting barrier is and the sequence of those questions should be considered carefully.

•Issues related to trauma tend to be concerning for electrical abnormalities of the heart.

•Some medications that people take chronically have effects on the heart function.

•Loss of consciousness indicates much more significant blow to the head.

•Recovery time varies; some patients will have latent symptoms.

•A diagnosis of CRPS requires the presence of regional pain and sensory changes following a noxious event. The pain is of a severity greater than that expected from the inciting injury and is often associated with such findings as abnormal skin color, temperature change, abnormal sudomotor activity, or edema.

•Two types of CRPS have been recognized Type I: Corresponds with patients with CRPS without a definable nerve lesion and represents about 90 percent of clinical presentations. Type II: was formerly termed causalgia and refers to cases in which a definable nerve lesion is present.

•Several non-pharmacological therapies may be employed such as behavioral medicine, biofeedback, TENS, PT and manipulation therapy.

•Currently available treatment modalities on average result in only about a 30 percent decrease in pain.

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Sample IME Questions

1. What is the claimant's current diagnosis as it relates to the injury described?
2. What future medical treatment, if any, is reasonably, necessary, and causally related to this workers' compensation claim?
3. Is there a prior history of the injury described or any pre-existing injury or condition that may impact the injured worker's recovery?
4. Does the claimant exhibit any Waddell signs or other inconsistent findings during the examination?
5. What are the claimant's work capacities/restrictions and limitations? If the injured worker cannot return to work at this time please project when you expect the worker would be capable of working and in what capacity.
6. If the injured worker is capable of returning to work with restrictions, please project when you would expect said worker to reach maximum capabilities and what those will be (please be sure to specify the rationale for any current restrictions).
7. Is there any ongoing objective evidence of an injury or disability at this time?
8. Is there objective evidence of a work related anatomical alteration present or did the patient simply feel worse at work?
9. Do you believe, on a more probable than not basis, that the claimant's diagnosis is related to the mechanism of the claim in question?
10. Are there any non-physiological findings present on examination? Please explain the rationale for your conclusions?
11. Has the injured worker or when will the injured worker reach MMI. If not yet at MMI please project the timeframe in which you would expect MMI. Do you expect any restrictions or limitations upon MMI?
12. What are your additional treatment recommendations, if any?

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Post Concussion Syndrome

Note: In many of the situations with a post-concussion diagnosis, there is almost always a prior history of depression or anxiety or both. When this is present, it always impacts recovery.

1. Are all symptoms related to diagnosis?
2. Are there pre-existing conditions contributing to ongoing symptoms?
3. Has treatment been reasonable and necessary?
4. What additional treatment is recommended and for how long?
5. Has the patient reached MMI? When do you anticipate this patient will reach MMI?
6. What is the current work capacity? How long will restrictions remain in effect and will this patient ever RTW?
7. Please confirm if you are in agreement with the claimant's current diagnosis of post-concussive syndrome, and if so, please specifically identify if the claimant has had or will need regular and consistent neurocognitive screenings?
8. Please identify if in relation to the current diagnosis of post-concussive syndrome if the claimant exhibits any response / reaction time issues, postural issues, or balance/vestibular issues that need to be addressed post-accident and if so, please specify timeframes for recovery.
9. Any history of prior head trauma, concussion?
10. Any loss of consciousness with compensable injury?

Psychiatric

1. Does this claimant exhibit any criteria from the DSM (The Diagnostic and Statistical Manual of Mental Disorders) is the standard of classifications of mental disorders used by mental health professionals in the United States)?
2. Does the injured worker display any deficits in cognitive, motor, behavioral, linguistic or executive functioning?
3. Which part(s) of the brain are affected or these changes to be expressed?
4. Is a neuropsychological evaluation indicated?
5. If deficits are displayed, what is the best treatment path to follow?
6. Are these deficits, if any, pre-existing?
7. What is the timeframe for recovery to pre-injury function?
8. Is a physical rehabilitation or reconditioning program indicated?
9. How does the worker describe his or her personality before their injury, How does their injury affect their job, what are their ambitions regarding employment?

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Cervical Strain

1. Is there evidence of pre-existing degeneration disk disease or spondylosis? Is the current disability a result of the work injury, or are there pre-existing issues?
2. If the person has pre-existing diabetic neuropathy- I would ask if the current radicular symptoms are a result of pre-existing diabetic neuropathy?

Rotator Cuff

1. Regarding the right/left shoulder films that have been provided for your review, please interpret the films and determine if there is any significant difference between his/her pre work-related condition and post work-related condition. Please explain in detail.
2. In your expert opinion, has the claimant engaged in any other outside recreational / personal activity that could have contributed to the current diagnosis in regards to his/her shoulder injury (i.e. sports, house maintenance)?
3. Since the date of injury, has it been determined if the claimant has engaged in activity, personal or work that would have contributed to a further decline in condition in relation to the shoulder (i.e. extensive reaching, lifting) against physician recommendation?
4. Are there any findings that would report pre-existing conditions? If so, please provide your professional opinion.
5. Please identify if any further diagnostics are required to more accurately assess the claimant's current diagnosis in regards to the shoulder?

Cardiology

1. What is their history of heart disease, when and how was it treated in the past? What was the actual reason for any cardiac related hospitalizations?
2. In regards to the claimant's current diagnosis, do you believe a cardiac event occurred due to trauma sustained or is there a documented history of cardiovascular disease including but not limited to, family history, history of cardiac work-up, use of cardiovascular medication, hypertension, obesity, smoking, or other cardiac related disease?
3. If the claimant's alleged work injury did impose current cardiac symptoms, please specifically advise on a course of treatment that would be reasonable and necessary for this particular injury in question. Please document if on-going medication and/or diagnostics will be required in the future, and if so a timeframe.
4. What cardiovascular risk factors does the injured worker have?
5. What if any prior cardiac history does the injured worker have?

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Elbow

1. In your professional opinion, and in reviewing the claimant's medical history and prescription drug usage, has the claimant been actively taking any medication that could have contributed to overall muscle atrophy, resulting in a diagnosis of epicondylitis?
2. Per interview of the claimant, have any personal activities been identified that could have caused or exacerbated the current diagnosis in relation to the affected elbow?
3. In your expert opinion, has the claimant undergone all means of conservative treatment for the elbow/ulnar nerve pain to include medication management, vitamin supplementation, splinting, and physical therapy and rehabilitation?
4. If the claimant is a surgical candidate for epicondyle repair (or ulnar nerve transposition), please specify post-operative treatment timeframes for a return to functional use/return to work in regards to the rehabilitation process?

Carpal Tunnel

1. Recently, there are studies which demonstrated the CTS is caused by certain genetic predispositions and some life style choices, not necessarily just by the work environment. Which of these factors are attributing to the current injury?
2. Is a cortisone injection into the CT indicated?
3. No definitive evidence exists that workplace factors play a role in the development of carpal tunnel syndrome. Is it possible that the current symptoms of carpal tunnel could be related to obesity, female gender, pregnancy, diabetes, rheumatoid arthritis, connective tissue disease, a genetic predisposition, or a preexisting median mononeuropathy? Please explain the reasoning.

Lumbar Strain

1. Is there evidence of pre-existing degeneration disk disease or spondylosis? Is the current disability a result of the work injury, or are there pre-existing issues?
2. If the person has pre-existing diabetic neuropathy are the current radicular symptoms a result of pre-existing diabetic neuropathy?

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Knee

1. What are the claimant's current subjective complaints regarding the injured knee? Do these complaints differ from your professional objective findings? If so, please explain.
2. In reviewing the films and in considering both objective findings and current subjective symptoms reported by the claimant, do you believe there are pre-existing contributing factors for the claimant's current diagnosis in relation to the injured knee such as weight control, prior injury, or personal health related conditions?

Lower Extremities

1. Is there any long term deficit expected due to this injury?

CRPS / RSD

1. Please clearly define if you believe the claimant has been appropriately diagnosed with CRPS or RSD, if so, please document want objective information and testing has been provided to adequately diagnose this claimant?
2. Please specify any diagnostics or on-going treatment that would be reasonable and necessary for the claimant's rehabilitation, additionally noting if tests such as bone scan and thermography have been completed and/or are warranted at this time?
3. Please confirm specifically what on-going treatment modalities are necessary for this claimant to remain active and maintain functional ability in the future.
4. Has a bone scan been done to help make diagnosis, is it reasonable to get such testing?
5. Could the presenting symptoms that have been diagnosed as CRPS be related to peripheral vascular disease, thoracic outlet syndrome, other peripheral neuropathy, rheumatoid arthritis, or deep vein thrombosis?
6. Are there pre-existing conditions contributing to ongoing symptoms?
7. Has treatment been reasonable and necessary?
8. What additional treatment is recommended and for how long?
9. Has the patient reached MMI? When do you anticipate this patient will reach MMI?

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Chronic Pain

1. In regards to the claimant's subjective chronic pain complaints, are the objective findings consistent with the level of pain expressed?
2. If narcotic therapy has not produced a decrease in pain complaints over a period of time, would you recommend any type of alternative therapy that is more viable that lifetime narcotic usage such as massage, acupuncture, or other non-traditional medicine?
3. Have there been any repeated aberrant drug-related behaviors that are not demonstrating progress toward therapeutic goals?
4. Do you feel a 10% narcotic taper is appropriate due to poor effects of narcotics?

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