



WHAT IS AN INDEPENDENT MEDICAL EVALUATION?

Independent Medical Evaluations (IMEs) are performed by a licensed physician (examiner) who is not otherwise involved in an individual's (examinee) care in order to determine the nature, severity, and cause of an injury, illness, or occupational disease. IMEs are a component of workers' compensation statutes, although the specifics vary by state (Title 50, Chapter 16, Part 5: Montana Uniform Health Care Information Act). REOH physicians have expertise in evaluating physical, chemical, biological, and ergonomic workplace and community hazards. REOH physicians do not represent the injured worker or the party requesting the appointment.

What is the purpose of an IME?

IMEs are unbiased, impartial, and vary in complexity dependent upon the specifics of the case and issues involved. After the IME, the examiner completes an organized and comprehensive report to address questions raised by the party who requested the evaluation. The IME report is sent to the requesting party and that same party reimburses the examiner. Payment for the report is not contingent upon any specific conclusion resulting from the examiner.

How is an IME different than other doctor's appointments?

The examiner conducting the IME does not assume the role of the treating physician and does not provide any recommendations regarding future care directly to the examinee. By utilizing medical knowledge and skills to appropriately evaluate the available medical records and physical examination findings, the examiner is able to render specific answers to questions provided by the party who requested the IME.

What takes place during an IME?

IMEs involve the essential elements of a medical assessment including history, physical examination, review of applicable medical records and diagnostic studies.

How many follow-up appointments will I have after the IME?

Although an IME involves an examiner and examinee, no treating (doctor/patient) relationship is established; therefore, no follow-up appointments will take place with the IME physician who examines you.

I, the undersigned, have reviewed and understand the statements above.

Signature of Evaluatee or Guardian

Date

Relationship to Evaluatee if unable to sign: _____

Updated 1/14/16