



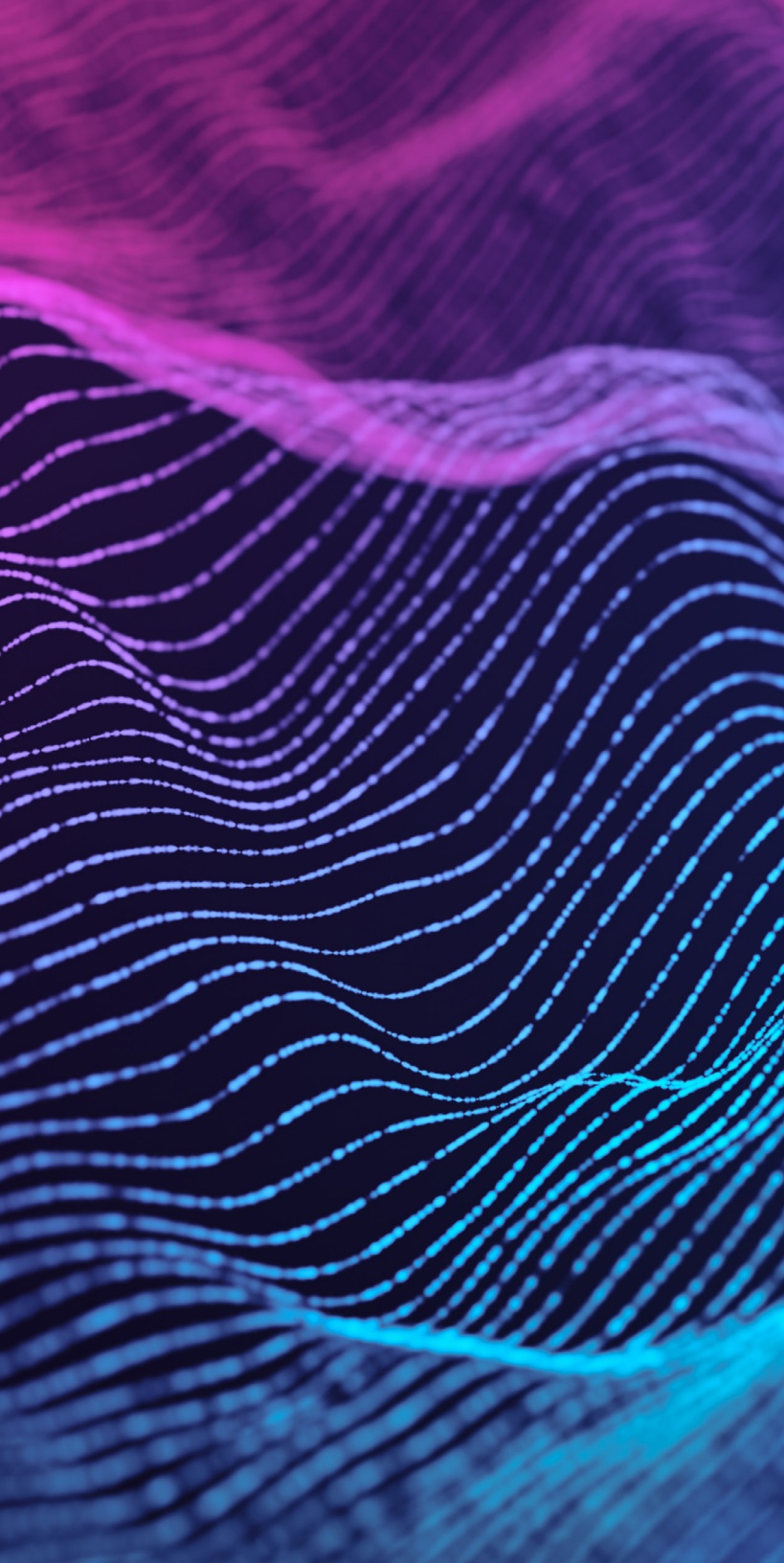
WHITEPAPER

# The Quality Divide: Are You a Leader or a Laggard in Quality IME Practices?

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Today, as workers' compensation professionals deal with increasing complex claims, they may become uncertain about specific medical determinations on a case. For example, they may wonder about the true cause of a claimant's condition. They may be unsure of the best course of treatment. They may wonder if a degree of malingering or injury exaggeration may exist. In other situations, the case can be complicated by other medical issues — such as diabetes, hypertension or depression — which can hinder the injured worker's recovery.

Due to these types of challenges, adjusters may want to request an independent medical examination (IME) to help determine the next step in the claim and injury management process. In general, there are four areas where an IME can provide useful information:

- **Causation.** Adjusters may want to determine if the condition, pain or other symptoms experienced are in fact caused by the work-related injury or another medical issue.
- **Treatment.** Claims staff may want to determine if a suggested treatment plan falls within occupational disability guidelines (ODG). For instance, they may want to get a second opinion on whether a certain procedure or surgery should be performed.
- **Disability.** Depending on the jurisdiction and the relevant nomenclature, adjusters may want to ascertain if the injured worker has reached maximum medical improvement (MMI) or permanent or partial disability exists and, if so, what is the impairment rating?
- **Return-to-Work (RTW).** They may want an estimate on when the injured worker will recover and return to work or determine if there might be work restrictions. For example, can the injured worker return to light, modified or full duty?

In these situations, an IME serves as an outstanding tool to help claims staff make difficult decisions, while also providing significant benefits to both the employer and injured worker.

## Parties Responsible for a Quality IME Process

### CLAIMS STAFF

Quality Approach in  
Requesting IMEs

### IME VENDOR

Championing  
New Standards for  
IME Quality

### IME PHYSICIAN

Thorough Exam,  
Expert Opinion, Based  
on Medical Evidence

## IME Quality Overrides IME Controversy

With complex cases, claimants may seek legal representation. In these situations, opposing sides may obtain IMEs to substantiate their respective opinions. As a result, a certain amount of contention and suspicion has come to surround the IME process, with some WC professionals feeling the exams further complicate case closure. Rather than bringing about clarification, some say decisions get bogged down and stalled, and injured workers get caught in the middle — not receiving the care they need in a timely manner.

Due to these issues, the WC market has begun to demand an increased level of quality in the IME process to ensure the original intent of these exams — which is to obtain an impartial, expert medical opinion that will help determine the next step in the case.

In this paper, we review best practices that must be followed to ensure a quality IME result. Currently, a quality divide exists in the industry. On one side of this divide — the “leading” side — are organizations striving to establish and consistently adhere to quality standards. On the other side — the “lagging” side — are those unaware that such standards exist and, as a result, unknowingly end up with less than optimal IME results. To bridge this divide, we need greater awareness, understanding and support of the key factors contributing to quality.

## Three Sides to a Quality IME Process

Currently, there are three stakeholders that play an integral role in producing a quality IME. Whether these parties are leaders or laggards is largely dependent on whether they acknowledge and support the quality criteria under their control.

1. **Claims staff** — observe a quality approach to requesting IMEs
2. **IME vendor** — envision, put forth and champion new standards of IME quality
3. **IME physician** — perform a thorough exam, provide an expert opinion based on evidence, and clearly address the stated IME objective and questions

We'll examine the criteria for quality from all three sides of the IME process. You can use this information to assess the track that you're on — leading or lagging — and pinpoint areas where you can enhance your IME process.

## The Claims Perspective: Ensuring the Right Stuff

In workers' compensation, injured workers may often receive or have an opinion about their condition, treatment or ability to return to work. This opinion may not be supported by existing medical evidence. In other words, it's called into question or at least needs to be confirmed. The opinion could be based solely on the injured worker's perception, or it could be supported by a treating physician and/or an attorney representing the case.

Employers, payers and claims staff strive to fairly cover the injured worker's medical care and time away from work, but they also want to guard against conditions they're not liable for, inappropriate treatment and potential abuse of the system.

When opinions are in question, adjusters seek an IME to provide a third-party perspective from an objective physician who's an expert in the relevant field. Key criteria the claims staff should consider include:

1. **Quality Providers.** Adjusters should be careful about requesting IMEs directly, based solely on their own knowledge of the physician community. If a claim is litigated, it's vital that the IME is performed by a credible expert. Many times, claims staff may not have all the information necessary to select the right doctor. For example, do they know if certain physicians have sanctions against them, or if they're board certified? If a vital component is left out in the provider selection process, the resulting IME could lose credibility. A simple way to avoid this problem is to use a quality IME vendor — which we'll discuss in the next section.
2. **Timeliness.** As soon as an opinion is in question, the request should be made as promptly as possible to clarify issues early on. For example, perhaps an adjuster is unsure about the cause of the injured worker's pain. There have been situations where a claimant received WC benefits for years, but causation was never officially confirmed. If this step was taken, the claim might not have been accepted in the first place. Once a case has started down a certain path, it's difficult to make a significant change in direction. So, if an adjuster suspects treatment is deviating from normal guidelines, he or she should request an IME before the plan proceeds too far to be able to make changes.

3. **Clear Objective.** To obtain a useful IME result, it's imperative to provide the examining physician with a clear objective and any specific questions that should be addressed in the final report. This allows IME physicians to understand what they're being asked to evaluate. Is the exam to determine if further care is needed, the level of permanent disability or another concern? At the same time, it's also important to limit these inquiries so the IME physician can focus on evaluating just a few items during the examination.
4. **Comprehensive Background.** An IME physician should receive all relevant background, including a complete medical record, diagnostic test results, job descriptions and claimant statements — all well in advance of the exam. The records should provide a clear chronology and history, so the IME physician can accurately assess what's going on. Is the condition improving? Is the patient fixed and stable? Does permanent disability exist? Also, it should be clear what conditions, if any, have already been medically accepted. For example, if there are four injuries, but only two have been accepted, this should be clearly indicated in the file.

QUALITY IME FACTORS FOR CLAIMS STAFF	
QUALITY PROVIDER	To avoid an IME being performed by a less than optimal provider, use a quality IME vendor.
TIMELINESS OF REQUEST	Make the IME request as soon as an issue arises that needs clarification. Otherwise, a delay could cause the claim to go down an irreversible path.
CLEAR OBJECTIVE	Enables IME physicians to clearly understand what they're being asked to evaluate.
COMPREHENSIVE BACKGROUND	Providing all relevant background info allows the IME physician to better assess what's going on.

A quality IME vendor identifies an expert qualified to evaluate the case, and since the vendor has no “skin in the game,” they have no bias in the outcome.

## The Vendor Perspective: Driving Toward Excellence

The demand for quality has given rise to an IME service industry aimed at connecting the best, most qualified physicians to the organizations requesting these exams and to the claimants who undergo the evaluations.

Although the basic functions of the IME have remained the same, the nature of the industry has changed tremendously to meet demands for a greater level of service and clinical excellence. In fact, WC insurers have moved from using many small mom-and-pop shops to establishing a preferred list of best-in-class IME companies that have an extensive geographic reach, a team of medical experts, clinical coordination, quality assurance processes, efficient workflow, and an advanced technology platform.

As sophisticated IME companies — like Genex Services — have emerged, they strive to structure their enterprises to facilitate quality IMEs. Criteria for enabling a quality IME include the following:

- **Objectivity.** When requesting an IME, objectivity is crucial. When employers or insurers request an IME directly from a physician, there’s a perception that the doctor is being recruited or paid to provide a specific medical opinion. Whereas, with a third-party IME vendor, impartiality is built into the process. This vendor identifies an expert qualified to evaluate the case, and since the IME vendor has no “skin in the game,” they have no bias in the outcome. They simply recruit the most qualified expert to provide an independent, impartial opinion.
- **Quality Providers.** A quality IME company has fostered relationships with a broad pool of medical experts. It evaluates physicians to make sure they are skilled at performing IMEs, don’t have sanctions filed against them and have active treating practices. The IME company is familiar with these physicians’ areas of specialty, board certifications and expertise on body parts, such as orthopedic surgeons who are specialized in hands vs. knees. IME vendors also work with physicians to help them become more skilled in the IME process.



As the bar for service continues to rise, sophisticated IME companies, like Genex Services, have obtained URAC accreditation to validate its use of best practices.

- **Clinical Coordination.** When an IME is ordered, trained clinical coordinators help to organize medical records, highlight critical pieces of the file, and identify items physicians should specifically review and consider in relation to the IME objective. For example, if the purpose is to assess causality, the coordinator will ensure all diagnostic test results are included and available for the physician to review.
- **Quality Assurance.** The final IME report is carefully vetted through a clinically focused process to ensure a quality end result. Obviously, the medical opinion is solely that of the examining physician. However, the IME company will review the report to ensure a clear medical opinion is expressed and all the questions posed are addressed.
- **Jurisdictional Expertise.** The IME company has in-depth knowledge of various jurisdiction requirements, such as when, why and how often IMEs can be requested. Each jurisdiction may use different evaluation guidelines, language and notifications. If state rules are not followed (for example, if the claimant is not given sufficient notice), an IME may be disallowed.
- **Efficiencies.** A sophisticated IME company has set up consistent, efficient processes across a national marketplace. It streamlines workflows around scheduling, intake, coordination, quality assurance and report delivery — all of which minimizes delays and improves communication throughout the process. The vendor has fostered strong relationships with these providers, so it can promptly schedule an exam and obtain a quick response.
- **Accreditation.** As the bar for service continues to rise, sophisticated IME companies have obtained external accreditation. Through organizations such as URAC, an IME company can validate its use of best practices regarding data security, quality business processes, and HIPAA standards. For insurers looking to create a short list of IME vendors, URAC accreditation offers a stamp of approval that the IME company meets high quality standards. Currently, a select few IME companies are URAC certified.
- **Digitization of the IME process.** A sophisticated IME company has made strategic investments in infrastructure. It has built systems and processes to work more efficiently with claims and provider communities. Digital portals have been established to securely and electronically transfer medical records between claims staff and IME physicians. These portals significantly streamline workflow, as the process of copying and shipping medical records is eliminated.

## 8 STANDARDS OF IME VENDOR EXCELLENCE

OBJECTIVITY	Ensures objectivity is built into the process, with the most qualified expert recruited to provide an independent, impartial opinion.
QUALITY PROVIDERS	Must have a broad pool of well-vetted medical experts and be knowledgeable about their areas of expertise.
CLINICAL COORDINATION	Trained clinical coordinators help organize medical records and get complete information to the IME physician.
QUALITY ASSURANCE	The final report is carefully vetted through a clinically focused process to ensure quality.
JURISDICTIONAL EXPERTISE	In-depth knowledge of various jurisdictional requirements.
EFFICIENCIES	Efficient processes and streamlined workflows around scheduling, intake, and report delivery which minimize delays.
ACCREDITATION	URAC accreditation offers stamp of approval that vendor meets high quality standards and best practices.
DIGITIZATION OF THE IME PROCESS	Strategic investments in IT infrastructure, including digital portals that securely and electronically transfer medical records.



**"For me, preparing for an IME starts three or four days before the actual exam. I start by reviewing medical records. In some cases, these files can be on the order of up to several thousand pages. It's a good opportunity to familiarize myself with the particular claim and to potentially catch items that may be missing from the file."**

Amir Reza Moinfar, MD  
Elite Orthopaedic & Musculoskeletal Center

## The Physician Perspective: Expert Opinions based on Reasonable Medical Certainty

Clearly, the most important part of a quality IME is the physician. If the two parties above — claims staff and IME vendors — carry out their roles effectively, the claimant will be sent to the right physician who is highly qualified and skilled at performing these exams.

When claimants arrive for an exam, the IME physicians explain the purpose of the exam and that it was requested by the insurance company (or payer). They inform the claimants they've spent significant time reviewing the medical file, that they're going to perform an exam and provide the findings to the requesting company. If claimants want a copy of the results, they can request it from the insurer.

Although IME physicians are not facilitating treatment, a quality IME can still provide significant benefits to the injured workers. In many cases, the IME physicians may uncover medical issues previously overlooked, or they may connect the dots to figure out underlying issues or even solve a previously unexplained medical mystery. As a result, an IME can lead to the injured worker getting the treatment they need sooner, which is a significant benefit to their well-being.

Two premier IME physicians offered their thoughts on what constitutes a quality IME process from their perspective.

"For me, preparing for an IME starts three or four days before the actual exam," said Amir Reza Moinfar, MD, of Elite Orthopaedic & Musculoskeletal Center. "I start by reviewing medical records. In some cases, these files can be on the order of up to several thousand pages. It's a good opportunity to familiarize myself with the particular claim and to potentially catch items that may be missing from the file. For example, if I'm going to assess whether a claimant can return to full duty, I need the job description. If a claimant has had surgery, I need to most certainly have access to the operative note. There's still time to request any missing information in advance of the exam. This helps to make the process, in my opinion, more seamless, thorough and efficient."

"When an IME physician gives an opinion, it needs to be based on medical evidence and based within a reasonable degree of medical certainty. There are legal ramifications that help hold an IME to a high standard," explained Moinfar.

**"I'm an occupational medicine physician so performing IMEs is my specialty. I'm trained to determine work-relatedness. I don't always conclude that a condition is not related to work. In fact, most of time I conclude that it is work-related. With those cases, the insurer can proceed in providing the claimant with treatment. I'm helping the insurance company make a decision, and I'm helping the claimant, who may have been struggling for months or even years to get the care they need."**

Ghazala Kazi, MD, MPH

"There's a certain skill set that's required in performing these exams," he added. "Much of it comes with experience, but a lot of it comes from proactively going out of your way to learn and become as proficient as possible in performing these exams. I chose not to perform IMEs straight out of training. First, I wanted to feel confident in my ability to treat patients and formulate decisions with their care. There are also legal terms an IME physician must become familiar with, such as causation, disability, impairment and apportionment. These things aren't taught in medical school, but a physician can take courses and study on the practice of performing quality IMEs. Also, I feel that a lot of the skills associated with performing IMEs come with experience."

We also spoke with Ghazala Kazi, MD, MPH. "I'm an occupational medicine physician so performing IMEs is my specialty," she explained. "I'm trained to determine work-relatedness. I don't always conclude that a condition is not related to work. In fact, most of time I conclude that it is work-related. With those cases, the insurer can proceed in providing the claimant with treatment. I'm helping the insurance company make a decision, and I'm helping the claimant, who may have been struggling for months or even years to get the care they need."

She also discussed the importance of having a complete claimant medical record in order to determine causation: "The file should include the accident report and all relevant diagnostic tests, such as any MRI or CT scan reports. If I'm evaluating a claimant's respiratory system, it's critical to have the pulmonary function test reports. If there are tests conducted prior to the injury, it's important to receive those reports as well. Let's say I'm asked to determine if a person's hearing loss is work-related. In that case, if a baseline test was performed at the time of employment, I need the results of that test to make the determination."

"Sometimes, if someone is injured, the mechanism of injury is obvious," noted Kazi. "However, there are complex cases, where I have to review studies to determine if there is a causal relationship between the condition and the work environment. An IME physician who has the knowledge and training in epidemiology understands the methods to draw this conclusion and is trained to read such studies. Only a physician with the right expertise can perform this type of analysis."

The method that Dr. Kazi is referring to is the Hills Criteria for Causation, a set of nine criteria that provide epidemiological evidence of the relationship between a presumed cause (e.g. a work-related accident) and the observed effect (the worker's injury).

## Bridging the Quality Divide

At the beginning of this paper, we discussed the quality divide in IME best practices. While some organizations lead the march toward excellence, others lag behind.

Claims staff, IME companies and physicians must be aware of the key criteria leading to a quality IME result. Adhering to these best practices must be established as a priority. Otherwise, complex claims have a greater risk of becoming prolonged, complicated and costly — and injured workers would be in jeopardy of not receiving the care they need to recover and return to work.

The IME practices outlined in this paper will enable organizations to start to bridge the divide and join other leaders who are striving to consistently achieve quality IME results and to garner the benefits therein.

When looking for a place to initiate quality changes, it's essential to start at the beginning by refining processes by which claims staff request IMEs. Are they making requests at the optimal time? Are they clearly outlining the objective of the IME? And are they providing all the necessary background information to the physician?

Then we should ensure the IME vendor has built processes that deliver not only savings, but also superior service and credible IMEs that withstand scrutiny by state commissions, WC boards and court systems. These vendors have also begun to implement digital strategies to significantly streamline the overall IME process.

Quality vendors are the conduit to getting injured workers matched to the best, most qualified IME physicians — resulting in an IME that drives informed decisions and moves claims closer toward closure.



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