



Donna Bradshaw: 5 Things You Should Know about IMEs and COVID-19

By Donna Bradshaw, Vice President, IME Services, Genex Services

Though the COVID-19 pandemic has presented many challenges, workers' compensation (WC) programs have continued to push claims forward – often with the assistance of independent medical examinations (IMEs) to help make determinations on claims, medical, and return-to-work (RTW) concerns.



The objectives of an IME have remained the same, but delivery has had to adapt to COVID conditions. As a result, insurers and claims professionals have turned to best-in-class IME service providers to ensure that safe conditions for these exams exist, and to receive continued service and clinical excellence during these difficult times.

With that in mind, this article covers five things you should know about IMEs and COVID-19, including how IMEs may be needed to help make determinations on COVID-19 claims and knowing when to use in-person versus telemedicine IMEs.

1. IME physicians are following COVID-19 safety protocols.

IME physicians are striving to keep patients, claimants, staff, and themselves safe from COVID-19. With guidance from the CDC, public health departments, and infectious disease specialists, they've implemented COVID-19 safety protocols, such as wearing masks, social distancing, washing hands, as well as cleaning and disinfecting areas.

Claimants coming in for IMEs are also required to follow safety guidelines. Wearing masks in IME physician offices is mandatory, as well as staying at least six feet away from others. To prevent people who have COVID-19 symptoms from inadvertently entering their facilities, many IME providers have set up wellness screenings upon entry.

To better support social distancing, IME physician offices are setting appointments at more spacious increments. This translates into fewer people in offices and allows for cleaning exam rooms between appointments. Some have closed waiting rooms entirely. Claimants may be required to check-in, then wait outside or in their car until the time of their appointment.

2. In almost all states, injured employees are no longer allowed to bring observers to IMEs.

During pre-COVID times, injured employees were allowed to bring observers, such as friends or family to provide emotional support. Since the outbreak, many physician offices and health care facilities won't allow visitors to accompany patients. This practice helps minimize the number of people in small examining rooms, where it would be difficult to maintain social-distancing requirements. Of course, translators are still allowed to attend in order to help injured employees communicate with IME physicians.

There are exceptions to this "no observer" practice. For example, the state of Washington issued a statement of policy, saying observers are allowed. The state believes injured employees have the right to bring a friend or family member—except in the case of mental health examinations—to provide comfort and reassurance.

As a result, in the state of Washington, IME vendors are expected to accommodate employee requests to have an observer, during any non-mental health IME. It is up to the IME company to ensure the ability to comply with COVID-19 safety requirements for six feet of social distancing. IME service providers must know in advance whether an employee plans to bring an observer to the IME and take steps to ensure an appropriately sized exam room. In the event that the firm is unable to accommodate the employee's IME with an observer, the IME can be postponed to another time.

This difference in policy demonstrates how important it is to use an IME company with in-depth knowledge of varying jurisdictional requirements.

3. IME provider networks have been affected by COVID-19.

COVID-19 has caused many physicians to retire early or leave the profession. A [study conducted in July by the Physicians Foundation](#), a nonprofit group, found that among the more than 3,500 doctors surveyed 8% had closed their offices. In addition to financial hardships, many left because they were at risk of the virus due to age or other medical conditions. The exodus compounds the existing physician shortage.

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. In addition, 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 companies have also been recruiting IME physicians to fill in the gaps created by those who retired or left the industry. As a result, WC programs will continue to have access to the right physicians and specialists to perform their IMEs.

4. IMEs may be needed to help make determinations on COVID-19 claims.

Many states have passed legislation providing health care workers and first responders with [coverage for COVID-19 claims](#). Other states also grant coverage to other essential workers. The state of [Florida](#) has seen a high incidence of COVID-19 claims, paying out approximately \$55.4 million on more than 29,000 COVID-19 medical and indemnity claims in 2020.

With the high cost of COVID-19 claims, insurers and claims adjusters may request IMEs to help make determinations on these cases. For example, an IME may be needed to confirm causation, e.g., COVID-19 was contracted during the course of someone's employment, or an IME may be needed to determine the best course of COVID-19 treatment.

Sophisticated IME companies have the requisite specialists to handle COVID-19 claims, such as experts in infectious disease, pulmonology, cardiology, and hepatology, as well as university-based physicians, who have access to the latest research and studies.

IME firms also ensure physicians have COVID-19 education and training. For example, both American College of Occupational and Environment Medicine (ACOEM) and Official Disability Guidelines (ODG) have published guidelines for COVID-19. Many IME physicians have undergone special training, obtained continuing education (CE) credits, and attended virtual conferences on the COVID-19 condition, its symptoms, screening to assess the severity of the infection, as well as advancements in treatment. Many also have experience in treating COVID patients. Some have attended or given grand rounds and/or completed compliance modules on COVID-19 treatment, as required by their place of employment.

COVID-19 is such a new condition, that even with the right training and experience listed on a physician's background, quality IME vendors will go the extra mile when coordinating an IME for a COVID-19 claim. For example, they will often contact the physician, who they'd like to perform the IME, to review the particulars of a case and verbally confirm the physician has the expertise to make the specific IME determinations. In this way, the physician will be able to deliver an IME report with a credible, definitive opinion.

5. Knowing when to use an in-person versus telemedicine IME.

When the pandemic first began, many physician practices went from in-person to telemedicine appointments—but this scenario doesn't completely work for IMEs, especially when a physical examination is needed. For example, an in-person exam is important when a musculoskeletal disorder or neurological damage needs to be assessed. But a psychological IME could easily be conducted virtually, as long as it's done via a HIPAA-compliant web platform.

Here again, WC jurisdictions will have different rules and regulations in regard to using telemedicine IMEs. Some jurisdictions may not permit them and prefer to delay case progress until it is safe to perform an in-person exam.

When jurisdictions do allow them, it's still up to the insurer to make the final decision. It's important to remember that telemedicine IMEs are very limited in terms of what can be evaluated, and the fact that the physician was not physically present could result in doubts in the reliability of the opinion.

In addition, nuanced signs could be missed. For example, many IME physicians say an exam begins the moment they lay eyes on an injured employee, in terms of observing how the individual walks into the office, or if the person looks pale or fatigued.

In physical exams, IME physicians measure range of motion, using an inclinometer or goniometer. They may perform specific tests to understand if a physiological response indicates nerve, muscle, or soft tissue injury. They will look, touch and feel affected areas. They may touch the muscles and the surface of the skin to see what kind of response the examinee has. Is there pain on palpitation? Does the examinee report tenderness? Do they feel muscle guarding or splinting? Does the examinee wince or pull away? Does the examinee seem to have an exaggerated response?

A quality IME vendor stays abreast of jurisdictional requirements and helps advise on whether an in-person or virtual IME is appropriate.

Continued Adaptation

With COVID-19 vaccines now being rolled out, the WC industry has high hopes that things will return to a semblance of normalcy. At the same time, we're seeing variants pop up, which could create complications. But no matter the situation, advanced IME vendors will continue to monitor conditions and adapt to deliver safe, quality IME services.

About Donna Bradshaw

Donna Bradshaw is vice president of IME Operations at Genex Services. With more than 25 years of experience, Donna has been responsible for writing operational plans to meet various state regulatory requirements, as well as securing and maintaining URAC Core V3 Accreditation. In her current position, Donna is responsible for overseeing Genex's IME branch offices where she develops and implements policies and procedures to increase operational efficiencies and effectiveness. She also serves on Genex's IME division executive leadership team which is charged with establishing and applying strategy for the division.