

# Independent Medical Examinations

When to order one, what to send, and how to read what comes back.

## AN OBJECTIVE SET OF EYES

The IME physician is a stranger to the case by design — no treatment relationship, no stake in the outcome.

That distance is the point. The claimant gets an honest clinical assessment; you get a report grounded strictly in medical evidence, not advocacy.



## Before the exam ever starts

✓ SEND ALL FOUR



### Full medical record

Prior history too — not only records tied to this injury.



### Accident report

Plus claimant statements, so the mechanism of injury is clear.



### Job description

Essential whenever return-to-work or capacity is in question.



### Relevant diagnostics

With any baseline tests taken before the injury.



**Confirm accepted conditions first.** Four injuries reported but only two accepted? Document that distinction before the exam — not after the report lands.

## Six signals a claim needs a second look

### 01 Questionable diagnosis

Doesn't align with the reported mechanism of injury.

### 02 Billing irregularities

Unusually high evaluation codes or excessive procedures.

### 03 New body parts

Imaging or treatment outside the original claim.

### 04 Disproportionate pain

Inconsistent with the injury and the time elapsed.

### 05 Relief without function

Opioids prescribed with no PT or home exercise plan.

### 06 Delayed return to work

Indemnity well beyond standard duration guidelines.

*No single sign proves a problem. Together, they're exactly what an IME is designed to clarify.*



## Inside the exam room

**Gait and movement**  
Observed before any formal testing begins.

**Palpation**  
Tenderness, guarding, unexpected pain response.

**Functional tests**  
Injury-specific: heel-to-toe walk, squat-and-rise.

**Range of motion**  
Goniometer or inclinometer — measured, not estimated.

### QUALITY FLAG

Suspiciously round measurements (45°, 90°) often signal a less rigorous exam.

### ALSO LISTENING FOR

Preexisting and comorbid conditions, medication history (especially opioids), psychosocial factors, and symptoms that contradict the record.

## How much weight the finding carries

### SUBJECTIVE

#### Examinee-reported

Pain, perceived range of motion.

### MIXED

#### Physician-assessed

Palpation, measured range of motion.

### MOST RELIABLE

#### Clinically objective

Imaging, blood tests, deep tendon reflexes.

IMEs aren't fraud investigations — the usual finding is a missed comorbidity or preexisting degeneration, not deception.

## Impairment vs. disability

### Impairment

Measurable loss of body structure or function — e.g. loss of a limb.

### Disability

The resulting activity limitation — e.g. can't climb stairs or do the job.

*A lost finger may not disable a delivery driver, but could end a concert pianist's career.*

## The four disability categories

### Temporary total

Fully prevents work, for a limited time.

### Temporary partial

Limits some duties, temporarily.

### Permanent total

Prevents any work, permanently.

### Permanent partial

Permanently limits, but doesn't eliminate, capacity.

## The standard path — and when to break from it

✓ ORDER AN IME AT ANY BREAK

### Initial visit

**Sporadic visits or no endpoint** — warrant a second opinion.

### Diagnostics

### Diagnosis

**Soft tissue: 3–4 weeks** — no improvement is a natural IME trigger.

### Treatment plan

**MMI** — no further significant functional change expected.

### RTW timeline