

IME Quality Checklist

Patient name: _____ Today's date: _____

Name of IME (independent medical examiner): _____ MD, DO, DC, _____

Time arrived at office: _____ Time you left the office: _____

Time consult/exam began (when Dr. entered exam room): _____

Time consult/exam ended: _____

Total time in consult/exam: _____

Questions to ask IME:

1. Did you receive a copy of my file, including the x-rays, MRI, etc? Yes or No
2. How do you know you have the entire file? Yes or No
3. Are you aware of the improvement in my condition since receiving chiropractic care? Yes or No
4. Are you aware that the laws in the state of Ohio related to work comp ALLOW for ongoing care, even after a plateau in the condition has been reached? Yes or No
5. Are you aware that the medical director of work comp issued a memo stating that you are not permitted to deny care based on causality? Yes or No
6. Are you aware that the medical director of work comp issued a memo stating that as an IME you are not to deny care based upon "no lasting therapeutic benefit"? Yes or No
7. Have you personally ever referred a patient to a doctor of chiropractic? Yes or No
8. Do you have any preconceived bias against doctors of chiropractic? Yes or No
9. Do you acknowledge that work comp allows for apportionment (in other words if any portion of my pain/condition is caused by the original injury, then the system allows for payment)? Yes or No
10. Does more than 50% of your income come from performing IMEs versus private practice? Yes or No.

Comments:

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Post IME Report

1. Did the IME doc do a thorough **consultation/history** in your opinion? Yes or No

2. Did the IME doctor do a thorough **examination** in your opinion? Yes or No

3. Did he review the x-ray or MRI? Yes or No

4. Did the IME doctor ask you about your improvement with chiropractic care? Yes or No

5. Did the IME doctor ask you about your permanent impairment/injury (if you have one)?
Yes or No

6. Did the IME doctor make any negative comments about this office or your care? Yes or No

7. Did the IME doctor make any recommendations to you regarding your condition? Yes or No

If so, what was his recommendation? _____

8. Did the IME doctor attempt to solicit you as a patient? Yes or No

9. Where there any other patients in the clinic? Yes or No

10. Was the IME doctor's clinic clean? Yes or No

11. How far did you have to drive to attend the IME? _____

12. In general, rate your satisfaction with the IME (1 = poor, 5 = excellent) 1 2 3 4 5

Printed Signature: _____ Date: _____

Patient Signature: _____

(office use only) Results of IME:

- IME recommended a denial of care/treatment.
- IME recommended continuing care as recommended by DC.
- IME recommended modification of treatment plan.