

Webinar questions answered by presenter Donna Bradshaw, VP IME Services

Can you send surveillance video to the IME provider?

- Yes, we see surveillance being sent to the IME provider in disc format as well as web links that can be emailed to the provider. Just a reminder, though, confirm that the selected provider will agree to review surveillance before performing the exam.

What are your thoughts on examiners charging “legal” fees versus Medical Aid Rules & Fee Schedule (MARFS) for an addendum request submitted by an attorney?

- The bottom line response is the addendum is likely the same. However, I think it's like a math test where the teacher insists you show all your work. Just having the right answer isn't good enough. When the question is asked by an attorney and the doctor knows his or her competence, credentials and motivation will all be questioned. There is greater pressure to show every step, possibly bringing in additional supporting material and apply some extra scrutiny to the language.

Does a neuro/psych IME have to be performed by an MD?

- Neuropsychological testing can only be performed by a neuropsychologist/psychologist (PhD/PsyD). It is intensive testing that needs to be scored and cannot be shared with anyone but another neuropsychologist. We do occasionally see employers/unions who will have the testing performed, but any opinions regarding return to work, impairment and functional ability are addressed by a psychiatrist (MD/DO) after reviewing the clinical documentation and examination of the individual.

How do you handle IMEs in states where it doesn't hold as much weight with claimant-oriented workers' comp commissions?

- We ensure our IME providers are performing complete physical examinations of the individual along with a full review of medical documentation submitted. The reports provided by the IME provider must be well-written, encompassing the physical exam findings. Review of medical documentation and opinions must be supported by evidence-based medicine.

If submitting surveillance records, should we request confirmation the physician will review before we confirm physician assignment?

- Absolutely. Some physicians do not feel reviewing surveillance is part of the IME process. It is important to confirm that the selected physician will review and consider the surveillance when rendering an opinion.

Are your doctors available for cross examinations? Are your doctors able to assist in preparing questions for deposing the applicant's doctors?

- We do have physicians who are available for those services. It is dependent on the physician. These physicians typically handle all aspects of a medical/legal referral.

Can you describe how QA identifies all diagnostics/key information to ensure it's addressed during the QA process?

- During the quality assurance (QA) process, the reader compares the report to the medical records to ensure the IME provider included discussion of all pertinent diagnostics and key information (such as operative reports, consults, treatment modalities).

If an IME report does not meet the seven "C's" of quality, can you return the report to the specialist and ask for specific content to be removed?

- During our two-tier QA process, if the physician's report does not meet our quality standards it is returned to the physician to make necessary correction(s) to ensure full compliance with quality measures as well as any jurisdictional or policy requirements.

Can the NPDB be searched by name? Or do you need the provider's NPI?

- Yes, the NPDB can be searched by physician name or NPI number.

Please expand on "Continuous Query" (health data base).

- Continuous Query is [a national practitioner data bank \(NPDB\)](#) operated by the U.S. Department of Health & Human Services. Continuous Query keeps IME networks informed about our providers. We receive email notifications within 24 hours of a report received by the NPDB. Continuous Query is only for querying providers, not health care organizations.

What do you suggest when an FCE results are invalid in one or several areas? What are the best next steps?

- When this occurs, you can always send the result of the FCE to the IME provider or the individual's attending physician for comment. I think it is always best to let the individual undergoing the FCE know there are measures in place to ensure full effort is being given to delivering the best results.

How do you handle psych IMEs? Are you seeing more of these?

- Yes, we have seen an increase in the request for mental health IMEs. Of interest is that this type of IME is the 2nd most commonly requested in the disability arena. The wars in Afghanistan and Iraq, terrorist attacks, and the ever-increasing mass shootings have dramatically increased the study of PTSD leading to better understanding of its impact on individuals and community as well as risk factors, assessment and treatment. I believe the current COVID-19 situation will also increase the need for these types of IMEs.

How often do you review your providers?

- Our providers are on a 2-year recertification cycle. Providers are required to submit materials requested to complete the credentialing process. Failure to do so may result in a delay in referrals being submitted to provider and/or a provider being declined from participation in the network panel. All providers utilized by Genex for IME and/or peer review services are added to the NPDB continuous query.

If the injured worker has had multiple prior cases with injuries to the same body parts or conditions, would this be a case to refer to IME to determine which treatment should be approved?

- Yes, the IME physician would review the medical records, perform a full physical examination and address the questions posed. If there are multiple dates of loss it would be appropriate to ask the IME physician to discuss causality for each date of loss with rationale provided. It is important to submit all medical documentation for all dates of loss to the IME provider.

Are IMEs admissible in California workers' comp?

- Our understanding is only quality medical evaluator (QME) and agreed medical evaluator (AME) reports are admissible in the CA Workers' Comp system. IMEs are not connected with the DWC and are primarily used in auto, disability and liability claims.

Can an IME be used to clarify an QME assessment on disability/functional ability on a litigated claim in California?

- No. An IME cannot be used for clarification of a QME assessment.

How much information is too much in the cover letter to the IME MD? Would it not be appropriate to include red flags from the adjuster and employer or any physical activities outside of work such as mountain biking?

- I am a firm believer in including red-flag information to the IME provider. The information should be objective information such as what's found on social media profiles. Frequently we see individuals who are out of work on workers' comp or disability and still posting a very active lifestyle on social media sites. The key is including only objective information.

How are physicians recruited/hired to be a part of the Genex network?

- Genex has a Provider Relations team that is responsible for recruiting and credentialing providers for our network. Provider Relations works with each of our IME branch offices to ensure we have most geographic locations covered with the needed medical specialties. The branches will identify areas in which we need to expand our panel. Provider Relations will then focus on those areas to increase the available provider panel.
- Prior to a provider being added to our panel, they are required to submit materials requested to complete the credentialing process. Any failure to do so may result in a delay in referrals being submitted to provider and/or provider being declined from participation in the network panel. The provider is required to contact Genex with any change to the status of his/her license (in each state he/she is licensed), board certification (where applicable), state certifications such as workers' compensation boards (where applicable), DEA or CDS licensure, malpractice insurance coverage, any judgements or settlements reported to the national practitioner databank (NPDB) or any other changes related to credentialing that may impact his/her ability to serve as a physician consultant.