
What constitutes a sound IME

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Today

1. The world of IMEs
2. What does a sound IME report look like?
3. Hx, Ex, Ix, Assessment and recommendations
4. Your role in decision making justice
5. Steps to get to a sound IME report
 - Consultation duration and location
 - System of work
 - Dealing with the difficult patient

The world of IME work

- Range of opinions from IMEs
- You will develop a reputation, what that will be determined by you
- Doctor shopping and the Victorian Ombudsman's report
- Who is commissioning the report? Many have a reputation as well.
- Fees
- Regulators increasing compliance activities – does this help?
 - PIs
 - IMEs

Why are IMEs requested

- Work contribution
- Advice on work capacity
- RTW influences
- Treatment recommendations
- Aids and services
- Permanent impairment
- Fitness for work
- RTW recommendations
- Workers comp – IMEs and IMCs
- Motor vehicle insurance
- Life insurance
- Public liability
- Other – ADLs, functional ability, loss of future earnings

The purpose of the assessment helps you focus on what is important

A sound report

- A good history is important – but
- Focus on the assessment and your opinion
- Have the questions been answered thoroughly?
- Is the language appropriate?
- Who are you speaking to?
- Are the opinions evidence based?
- Writing for the losing party?
- Is the diagnosis clearly indicated?
- Is treatment clearly articulated?
- Has the natural history / prognosis been outlined?
- Are the answers within the doctors speciality?
- **Has sufficient information been included to reach the relevant conclusions?**

The history

- We tend to accept the history as provided
- Prospective and retrospective studies say the history is of limited accuracy
- 50% of those with whiplash who reported an absence of prior neck symptoms had a history of neck pain when their records were reviewed
- The more questions one asks the more likely one is to get accurate info – eg have you ever seen a physio or chiropractor in the past?
- Consider questions about psychosocial factors – coping, confidence, perceptions of work, level of stress / ability to relax

Examination

- Objective findings
- Subjective findings
- Patients prefer the term 'functional' signs over non organic or Waddell signs
- Functional signs indicate non physical factors are playing a role – not possible to be specific about why

Equipment:

- Tape measure, reflex hammer, dynamometer, pinch grip tester, stethoscope, tools for testing sensation, scales, height measure, goniometer for impairment assessments

Video consultations

- Many advantages for workers – anxiety, hassle to get to apt, country residence, interstate / international
- Person may be less stressed for consult
- Option of an allied health practitioner in the consulting room
- Inability to do more than a cursory examination if patient seen independently

Formulation

IMEs are asked to provide their opinion based on all the available information, There is no 'right' or 'wrong' opinion, but the reader needs to understand what that opinion is based on.

- Nature of the condition
- Natural history of the condition
- Examination findings – organic and functional
- Psychosocial influences
- Radiology – including what is normal
- Evidence based medicine - epidemiology
- Reasonable boundaries of probability
- Understanding of the job/s
- System factors

Perceived injustice

- A review of decision making found that procedural justice was almost as important as the actual decision made.
- When the person received a favourable outcome, the impact of procedural justice was small; but
- When the person received an unfavourable outcome, procedural justice was of major importance.
- At the end of the day, if people received an unfavourable outcome but felt they had been treated fairly, the negative reaction from having an unfavourable outcome was substantially reduced.

Fairness and perceived injustice in IMEs

Perceived injustice is a risk factor for prolonged work disability

Various stages where good systems are important:

- Preceding the consultation
- At the rooms and in the consultation
- Listening
- Writing the report

Decision making justice – Procedural justice

Decision is perceived as fair and just

Is generally a positive experience for claimants regardless of the decision.

May be because the person has:

- Had a chance to have their say
- Their input has been taken into account
- The system has used accurate information
- Feel the system has treated them with respect
- Decision is conveyed in a timely manner and in a format they can understand.

In the consultation

- Courtesy
- Validation
- Eye contact
- Office environment
- Provide appropriate information, eg timing of report

Decision making justice – Distributive justice

The manner in which the outcome of the decision is applied:

- Distributive justice is seen as a
 - Balanced decision
 - That is fair
 - Based on all available information within the system
 - Whether it goes in the person's favour or not.

IME practice

- Credentials and reputation = credibility
 - Relevant training
 - Involvement in other activities
 - Treatment, teaching, associations
 - Your reasoning becomes more important for complex cases
- Reputation makes a difference in the medium to long term
 - Allow time for producing a professional report
 - Resist pressure to change conclusions unless there is a good reason to do so
 - Admit errors
 - The opinion can change with time/new information

Processes to produce sound reports

- Good booking system and staff
- Proforma that works for you – follow that proforma
- Complete dictation in a timely manner – within 24 hours is best
- Great typist who will do a good job of proof reading your reports

Dealing with challenging patients

- The over inclusive historian
- The frustrated patient
- The angry patient
- An intrusive support person
- The very vague or confused historian

