

## MCO Scheduled/BWC Reimbursed IME Policy

### I. Purpose

MCO scheduled IMEs may be reimbursed by BWC according to the following policy and guidelines:

#### A. ADR IME

The primary purpose of an ADR IME is to provide the BWC's ADR unit, the MCO and the MCO's ADR unit guidance in the use of an IME which may assist in the ADR process of an **Alpha, Beta or Gamma claim**. *The effective date of this policy is October 15, 1998.*

#### B. GAMMA Assessment

The primary purpose of the Gamma Assessment policy is to provide information to the MCO medical management team and the BWC regarding past treatment outcomes of the injured worker, current status and limitations of the injured worker, appropriateness and status of current allowed conditions, recommendations for future treatment and expectations. Gamma claims are to be considered those claims with Dates of Injury prior to October 20,1993. **This policy shall be considered an interim solution to the overall gamma management model currently under development by BWC.** *The effective date of this policy is October 15, 1998. Please note that Data will be reviewed in January of 1999 to evaluate the initial months of implementation. Depending upon the assessed success of this policy, it may be expanded to cover Beta Claims in January, 1999.*

The intention of this policy is not to limit treatment of injured workers, but rather to provide appropriate and cost effective care when needed.

### II. Indications:

#### A. ADR IME

Situations, which may require an ADR IME are to be limited to the following:

- a. When requested by either the MCO ADR Coordinator, MCO Medical Director, BWC ADR Coordinator or BWC Medical Advisor to assist in the resolution of a filed dispute.

## **B. GAMMA IME**

Primary indications for a Gamma assessment include:

- a. Requests for medical services in which there is limited or no current medical data in the Gamma claim file on which to make a medical determination of the appropriateness or necessity of care;
- b. Requests for medical services or procedures in which the requested services have questionable value or appropriateness in regard to the allowance of the claim using nationally accepted guidelines as expectations of the appropriateness of care;
- c. Claims in need of resolution of complex treatment issues and supportive care determination (Medical, Osteopathic, Psychiatric/Psychological or Chiropractic).
- d. Resistive cases extending beyond the usual course of injury treatment in terms of utilization and/or duration of care.
- e. To assist case managers in determining the appropriateness for vocational rehabilitation;

## **III. Procedures:**

### **A. Applies to both ADR IME or Gamma IME**

The MCO is responsible for scheduling the initial IME appointment.

**If necessary**, the MCO requests relevant medical documentation from the Customer Service Office.

- a. If the MCO learns that the CST is in the process of ordering an IME for Extent of Disability purposes, the MCO shall address its issues with the CST and request inclusion in the CST ordered IME;
- b. Based upon all information available, the MCO must clearly identify issues and develop questions that can be addressed through the IME process;
- c. The MCO shall forward immediately upon receipt, a copy of any Treatment/Narrative Report or IME, to the Injured Worker, his/her representative if known, the employer, its representative if known, and the CST.

If the injured worker does not attend the MCO scheduled IME, the CST will reschedule the Gamma or ADR IME as a BWC ordered exam.

**B. ADR IME:**

- a. Once an appeal has been filed as a dispute, the MCO may consider the necessity of ordering an ADR IME;
- b. The decision for an ADR IME can be made by the MCO ADR Coordinator, MCO Medical Director, BWC ADR Coordinator or BWC Medical Advisor.

**C. Gamma Review:**

a. **POR Summary of Medical Treatment/ Narrative Report**

The MCO Medical Director may request a POR Summary of Medical Treatment/ Narrative Report. After performing the Medical Summary, the POR should submit the report to the requesting MCO. The POR may then submit their bill to the MCO, for processing, using code Z1605. (*see Physician of Record Summary of Medical Treatment Report Policy for complete details*)

**OR**

b. **Gamma IME**

Alternatively, if an independent opinion is preferred, the MCO Medical Director may request a Gamma IME. After performing the IME, the reviewing IME physician should submit the report to the requesting MCO. The IME reviewing physician may then submit their bill to the MCO, for processing, using code Z1606.

**IV. Selection of the IME Evaluator:**

**A. Applies to both ADR IME or Gamma IME**

The IME evaluator will be selected by the requesting MCO. The MCO shall consider the following criteria:

- a. Prefer Board Specialist with Board Certification. If chiropractic IME, recommend "Diplomate Status". For example, if primary issue is rehabilitation or continuation of therapy, specialist such as Physical Medicine and Rehabilitation most likely appropriate. If primary issue is consideration of surgery, appropriate specialty surgeon would be appropriate;
- b. Reasonable proximity to the injured worker considering population density of the injured worker's residence;
- c. Timeliness of the appointment and report of the IME by the examiner at the time of scheduling;
- d. Thoroughness of the report in response to the issues to be addressed;

- e. Evaluator shall not be the POR or be a member or affiliate of the POR's group practice;
- f. Evaluator shall not have performed a prior examination or file review on the injured worker for the BWC, MCO, Industrial Commission, Third Party administrator, employer or another party to the claim;
- g. Evaluator shall not be the MCO Medical Director or a member of the MCO Medical Director's group practice managing the claim.
- h. The Evaluator or any facility in which the evaluator has a direct financial interest should not provide medical services to the injured worker at a later date.

## **V. Continuation of Medical Service:**

### **A. Applies to both ADR IME or Gamma IME**

Physical medicine procedures, physician of record (POR) or consultant evaluation and management services, on-going care, and medications are to be continued during the Gamma Assessment process until the receipt of the IME report. The MCO will make a determination of appropriateness of medical treatment based on all evidence in the claim.

## **VI. Issues to be Addressed by IME Evaluator:**

### **A. Applies to both ADR IME or Gamma IME**

The examination and the report may address a wide variety of issues with multiple questions for each evaluation. The issues to be addressed should be explicitly stated in a letter sent with the medical records to the examiner prior to the date of the examination *by the MCO. In a requested Gamma Assessment/ IME, the MCO shall not request the reviewing examining physician to address the issue of MMI.*

Issues to consider include, but are not limited, to the following:

- a. History of industrial injury or occupational disease;
- b. Causal relationship of symptoms to the allowed versus potentially non-allowed conditions of the claim;

- c. Current diagnosis(es) both allowed and non-allowed including non-allowed medical conditions which may impact medical management of the claim;
- d. Whether requested medical services or treatment plan including medication are medically appropriate, indicated, or justified;
- e. What other medical services or treatment plan would the examiner recommend including the duration of treatment and expected benefits of such treatment;
- f. Is vocational rehabilitation necessary and what would be the expected outcome of rehabilitation in the opinion of the examiner;
- g. Estimate of the current limitations or physical capacity of the injured worker based on the evaluator's clinical experience;
- h. Identify any claim allowances which may require more specific ICD-9 updating;
- i. Review and apply the Miller questions to each IME.

## **VII. Suggested Information for IME Evaluation:**

### **A. Applies to both ADR IME or Gamma IME**

Once the examiner has been selected, the appointment between the injured worker and the examiner must be arranged within a reasonable time period, generally 30 days. However, timeframes will be more aggressive for ADR IMEs due to requirements found in the ADR process.

Medical information which may be beneficial include, but is not limited to the following:

- a. Cover letter listing the name of the injured worker, all claim allowances, conditions specifically disallowed, date of injury, specific issues to be addressed, and to whom to send the report;
- b. Last 6-12 months of progress notes if available;
- c. Diagnostic reports including x-rays, MRIs, CT Scans, EMGs, or laboratory studies performed during the life of the claim;
- d. Operative reports and/or hospital discharge summaries performed during the life of the claim;
- e. Consultation reports and any testing or diagnostic studies performed during the life of the claim;

- f. Functional capacity evaluation reports or treatment summaries;
- g. Employment status;
- h. Prior Vocational Rehab results;
- i. Current compensation status: PTD, TT, PPI;
- j. Other pertinent information.

It is recommended to ask the injured worker to bring to the examination any x-rays or diagnostic studies they have had performed as well as any medications they are currently taking.

## **VIII. Content of the Report:**

### **A. Applies to both ADR IME or Gamma IME**

The content of report may vary depending on the issues to be addressed. In general, Appendix A, "IME Report" may be followed to provide a format for the report.

## **IX. Timeliness:**

### **A. Applies to both ADR IME or Gamma IME**

The goal is to obtain an objective, justifiable report reflecting the current status of the condition of the injured worker and addressing the issues in the inquiry. Optimally, the most expert and qualified examiner would provide the report in a timely manner. In general, the expected time-line of the program should be to schedule the examination within 30 calendar days (sooner, if possible) and the report should be received within 15 calendar days following completion of the examination. However, timeframes will be more aggressive for ADR IMEs due to requirements found in the ADR process.

## **X. Quality Assurance:**

### **A. Applies to both ADR IME or Gamma IME**

Occasionally, it may be necessary for the requesting party to contact the examiner to obtain clarification of issues in the report or the examiner's responses to questions. If the MCO Medical Management Team's issues are not addressed and if the MCO Medical Director has reviewed the report, the MCO Medical Management Team

should provide a copy of the report and their concerns regarding the report to the BWC Disability Evaluator Panel (DEP) Department for further review.

## **XI. Reimbursement:**

### **A. ADR IME:**

- a. Evaluation for ADR issues from **MCO are to be billed through CARE System** in the usual manner, just as any other MCO bill using **Z1600**, the fee is \$450.00.
- b. An administrative & letter fee may be billed for statement of injured worker being non-compliant using, **if MCO requested examination using, Z 1601**, the fee is \$50.00.
- c. Injured Worker travel reimbursement forms, if applicable, are to be sent directly to the CST. The CSS will coordinate with the MCO in providing forms to the injured worker.

### **B. GAMMA IME**

- a. **POR Summary of Medical Treatment/ Narrative Report use Z1605**, the fee is \$112.53. The report is to be on file before reimbursement is made. The bill is to be submitted to the MCO and the MCO will transmit to BWC in the usual electronic manner.
- b. **MCO Gamma IME examination use Z1606**, the fee is \$375.00. The report is to be on file before reimbursement is made. The bill is to be submitted to the MCO and the MCO will transmit to BWC in the usual electronic manner.
- c. Injured Worker travel reimbursement forms, if applicable, are to be sent directly to the CST. The CSS will coordinate with the MCO in providing forms to the injured worker.
- d. One form of Gamma Assessment may be performed one time per claim.

Note: IME fees differ due to the shortened timeframes mandated for the ADR process.

1. Injured Workers Name
2. Claim Number
3. Allowed Condition(s)/ Disallowed Condition(s)
4. Referral Source
5. Date of Examination
6. Medical Record Review and Summary:
  - operative reports
  - MRI/CT/EMG or other Diagnostic Reports
  - Consultation Reports
  - Functional Capacity Evaluation Reports if any
  - Last 12 months Progress Notes
7. History:
  - Brief Review of Case from Patient
  - Current Symptoms (Past 3-12 Months)
  - Current Capacities or Limitations from Patient
  - Impact on Activities of Daily Living and Work
8. Physical Examination:
  - General Physical Examination with Emphasis on the Allowed Conditions
  - Other Pathologic Conditions which may limit Rehabilitation.
9. Diagnostic Studies if performed: (Routine x-rays, Pain Diagrams, or Questionnaires)
10. Diagnoses:
  - Allowed Conditions
  - Other Medical Diagnoses Particularly Limiting Rehabilitation or
  - Affecting the Allowed Conditions
11. Recommendations/Conclusions:
  - Further Diagnostic Studies?
  - Any Consultations Needed?
  - Physical Rehabilitation Potential and Expected Outcome?
  - Maintenance and/or Supportive Care Recommended?
  - Estimate of Current Limitations or Physical Capacities?
  - Additional questions particular to the case from the referral source.
  - Miller Case Impacts?

*(This section includes expectations from the evaluator in terms of quality of life, occupational, and social limitation and potential for improvement with justification of that potential citing clinical experience. For questions regarding continuation of care or diagnostic procedure, the physician is recommended to cite nationally accepted treatment guidelines to support the decision.)*
12. Evaluator's Signature