

Your Independent Medical Exam

For employees of self-insured businesses



Answers to some commonly asked questions about independent medical exams (IMEs).

Why has a medical exam been scheduled for me?

A medical exam has been scheduled for you to ensure that you receive appropriate care for your workplace injury or occupational disease. Medical exams are required for any of the following reasons:

- Your doctor, employer or claim manager asked for an evaluation of your condition.
- We need to evaluate the extent of your impairment.
- There is a question about the type or duration of treatment you need.
- You asked to have your claim closed, reopened or allowed.
- You appealed a decision regarding your claim or are asking us to reconsider.

How will I be notified about the medical exam?

At least 14 days before the scheduled exam, your employer or their representative will send you a letter stating where and when it will take place. It is your responsibility to keep your appointment.

What if my exam needs to be rescheduled?

Your employer or their representative makes every attempt to schedule appointment(s) with

the necessary specialists at a location reasonably convenient for you. If you have concerns about the location or schedule, you must notify your employer or their representative at least five working days before the exam.

To reschedule, call your employer or their representative. If you have good reason for rescheduling your exam and you give your employer or their representative enough notice, your claim will not be affected.

Will I have to pay for the exam?

Your employer or their representative will pay any costs for the examination if you appear and cooperate. If you fail to attend the exam without good cause, your time-loss benefits may be reduced by the amount of the examination charge. You also might jeopardize other benefits.

Who will do the exam?

A doctor will examine you. In some cases, several doctors may conduct the exam or a series of exams.

May I bring a friend or relative to the exam?

Yes, but he or she cannot be paid or have expenses reimbursed. If you are scheduled for a psychiatric exam, your companion will not be allowed in the examination room.

You should not bring minor children to an IME exam.



Washington State Department of
Labor & Industries

Upon request, foreign language support and formats for persons with disabilities are available. Call 1-800-547-8367. TDD users, call 711. L&I is an equal opportunity employer.

What if I am asked to bring x-rays, MRIs or CT scans to the exam?

If you need help obtaining the x-rays, MRIs or CT scans, contact your doctor's office.

What will happen at the exam?

Usually, the examining doctor will check only the conditions that apply to your claim, ask you about your medical history, and review medical information in your claim file. He or she may suggest treatment for your personal doctor to try, but he or she will not be treating you.

Your examination may be brief. You should not expect a complete physical exam. However in some cases, a full exam, lab tests and x-rays may be needed. This will be the examining doctor's decision.

If I have to miss work, how do I get paid for lost wages?

If you have to take more than 30 minutes off work (without pay) to attend your independent medical examination set up by your employer or their representative, you may be compensated for the actual hours missed. You will be reimbursed for time lost from work based on your hourly wage at the time of the examination. Please see the attached form, IME Travel and Wage Reimbursement Request.

Who will pay my travel expenses?

If you need to travel for your IME, in most cases your employer or their representative will reimburse certain expenses. When necessary, meals, hotel expenses, taxi fare, parking costs, and ferry and bridge tolls will be paid at the current department rate. Please obtain receipts for these expenses.

If you need to travel to your examination by airplane, bus or train, contact your employer or their representative. Your employer or their representative will make necessary arrangements for your travel.

How do I get paid for travel expenses?

You must complete the attached reimbursement request form and submit it, along with your receipts, within one year of the exam to your employer or their representative. You must sign the form. (See Form Instructions.)

What if I have a physical or mental disability that limits how I can travel to a medical exam?

Contact your employer or their representative so arrangements can be made to assist you in traveling to the exam. The disability does not need to be related to your claim.

Form Instructions

Please fill out the form carefully. If you submit incomplete or incorrect information, your employer or their representative may have to return the form to you to correct. Send your completed form and receipts to your employer or their representative.

Here's how to get more help

- If you have questions about your scheduled exam, please contact your employer or their representative.
- Self-Insurance Ombudsman: Call 1-888-317-0493
- If you wish to send us comments about your exam experience, you may send them to us via email at imecomplaints@Lni.wa.gov, or you can call 360-902-6818.

 Visit the L&I website: www.Lni.wa.gov
(Also printed in Spanish. Request Publication F207-202-999)



Independent Medical Exam (IME) Travel and Wage Reimbursement Request

Read the instructions on the back before you start.

Worker Information

Name (Last, First, Middle initial)			Claim No.
Worker's home address (not PO Box)			Date of injury
City	State	Zip Code	Social Security No. (for ID only)
			Worker's phone number

Travel Information – see the instructions and example on the back.

	A. Date of each trip (mm-dd-yyyy)	B. Travel code (one per line – see back of form)	C. From (city)	D. To (city and person seen)	E. No. of miles (roundtrip)	F. Expense cost (one per line)
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$
6.						\$
7.						\$
8.						\$

Reimbursing Wages:

If you took more than 30 minutes of time off work **without** pay to attend your Independent Medical Exam (IME), your employer will reimburse you for the time you missed. You will be reimbursed the hourly wage you were making at the time of the IME. Please list the total time and wage below, then enter the information on the lines above using travel code 0411A.

Time missed from work to attend the IME: _____ hrs _____ min. Hourly wage at the time of the IME: \$_____

Employer's name			Employer's phone number		
Employer's address		City	State	Zip	

Worker's Signature – forms not signed will be returned.

These expense are related to attending the IME scheduled by my employer or their representative. I have not been reimbursed for these expenses. I understand it is a crime to submit information I know is false.

Worker's signature	Date
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Instructions for completing IME Travel Reimbursement Request:

Read the instructions before you complete this form. You can only be reimbursed if your form is complete, correct, and signed.

You must complete this form within one year from the date of your exam to be reimbursed.

Complete each column:

- **Column A:** Date you traveled (one date per line).
- **Column B:** Travel code. Find the correct code from the list below. Only one code per line.
- **Column C:** City you traveled from.
- **Column D:** City you traveled to.
- **Column E:** Total number of miles you traveled roundtrip. You will be paid at the current mileage rate according to the shortest direct route from your home.
- **Column F:** Dollar amount of each expense. One expense per line. You must attach copies of all receipts. All receipts must be itemized and legible. No credit card slips. Parking expenses under \$10 don't require a receipt.

Travel code:

Expense	Travel code
Unpaid time from work (hours x wage)	0411A
Private vehicle mileage	0412A
Parking	0402A
Bridge & ferry toll	0403A
Commercial transportation	0405A
Taxi	0414A
Lodging	0406A
Breakfast	0407A
Lunch	0408A
Dinner	0409A

Signature:

You must sign the form to receive reimbursement.

Example:

	A. Date of each trip (mm-dd-yyyy)	B. Travel code (one per line – see back of form)	C. From (city)	D. To (city and person seen)	E. No. of miles (roundtrip)	F. Expense cost (one per line)
1.	02/14/14	0412A	Olympia	Seattle; Dr. Smith	60	\$
2.	02/14/14	0408A				\$ 20.00

Mail completed forms to:

The self-insured employer or their representative who scheduled the IME. Their name and address will be on the IME notification letter you received.