

School: ATEC – Medical Management
Course: Independent Medical Examinations (IME) Best Practices – Before, During & After the IME
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Summary

This comprehensive course presents a full lifecycle approach to independent medical examinations (IMEs) in the workers' compensation system, guiding participants through best practices **before, during, and after the IME**. Drawing on decades of clinical and IME experience, Dr. Jeffrey Westpheling emphasizes that the effectiveness of an IME is not determined at a single point in time, but rather through a continuum of preparation, execution, and application.

The course begins by establishing the foundational principles of IMEs, defining them as independent, objective medical-legal evaluations grounded in evidence rather than advocacy. Proper preparation is critical, including selecting a qualified examiner, ensuring comprehensive record collection, and crafting a clear, neutral cover letter that defines the scope and questions. Participants learn that the quality of the IME outcome is directly tied to the quality of these inputs, reinforcing the principle of "garbage in, garbage out."

During the IME, the focus shifts to the evaluation process itself. Establishing expectations with the claimant is essential to maintain appropriate boundaries and reinforce that the interaction is not a treatment relationship. The physician evaluates consistency across reported history, medical records, observed behavior, and physical findings. Key distinctions—such as symptom magnification versus malingering—are explored to ensure fair and accurate interpretation of claimant presentation. Observational skills, objective testing, and detailed history-taking all contribute to forming defensible medical opinions while maintaining professionalism, neutrality, and respect.

The final phase addresses what happens after the IME, where the physician's report becomes the central deliverable. Reports must clearly answer all questions, be supported by evidence, and align with the legal standard of "reasonable degree of medical certainty," typically meaning "more likely than not." Clarity of communication is essential, as reports are relied upon by non-medical stakeholders including attorneys, claims professionals, and judges. Participants learn to identify strengths and weaknesses in IME reports, including red flags such as hedging language, overstatement, or internal inconsistencies.

The course also explores post-report considerations, including appropriate use of supplemental questions, when a new IME is warranted, and how IME findings withstand legal scrutiny such as depositions. Finally, it connects IME outcomes to broader claim management strategy, demonstrating how IMEs influence compensability decisions, treatment direction, return-to-work planning, and settlement valuation.

Overall, this course positions the IME as a critical bridge between clinical evaluation and legal decision-making, requiring careful preparation, objective execution, and clear, defensible communication to drive effective outcomes.

Before the IME

Learning Objectives

1. Understand the definition, purpose, and components of an independent medical evaluation (IME) in the workers' compensation context.
2. Identify appropriate timing and strategic considerations for when an IME should be requested.
3. Evaluate the key factors in selecting a qualified, credible, and jurisdictionally appropriate IME provider.
4. Recognize the critical role of comprehensive record review in forming defensible medical opinions.
5. Apply best practices for preparing an IME, including documentation, scheduling logistics, and effective cover letter development.

Primary Takeaways

1. **Independence and objectivity are foundational.** An IME must be non-biased, based solely on medical evidence, and clearly separated from any treating relationship to maintain credibility.
2. **Timing significantly impacts value and risk.** Ordering an IME too early limits usefulness, while waiting too long can lead to unnecessary costs and prolonged ineffective treatment.
3. **The quality of the IME depends heavily on preparation.** Comprehensive records—including non-traditional sources like EMS reports, job descriptions, and therapy notes—are essential to forming accurate opinions.
4. **Choosing the right examiner is critical to defensibility.** Specialty alignment, workers' compensation experience, jurisdictional knowledge, and communication clarity directly impact the credibility of the IME.

5. **Clear, neutral, and focused communication drives better outcomes.** Well-crafted cover letters with precise, unbiased questions ensure the IME addresses the right issues without introducing bias or ambiguity.

During the IME

Learning Objectives

1. Understand how to properly establish expectations and boundaries with the claimant at the start of an IME.
2. Differentiate between symptom magnification, malingering, and legitimate variability in presentation.
3. Identify key observational and examination techniques used to assess consistency and credibility during an IME.
4. Analyze how history-taking, mechanism of injury, and treatment response inform medical opinions.
5. Apply professional, neutral, and respectful communication strategies to maintain defensibility and credibility.

Primary Takeaways

1. **Setting expectations upfront shapes the entire IME.** Claimants must understand this is not treatment but an independent evaluation, which helps avoid confusion and protects the integrity of the process.
2. **Consistency is the central lens of evaluation.** Everything—from reported history to physical findings to observed behavior—is assessed for consistency across records, presentation, and function.
3. **Not all exaggeration is intentional deception.** Distinguishing between symptom magnification (often unconscious) and malingering (intentional) is critical to fair and accurate assessment.
4. **Observation extends beyond the exam room.** Nonverbal cues, gait, behavior in the parking lot, and comparison to surveillance or functional activity provide valuable context.
5. **Professional demeanor directly impacts defensibility.** Neutral, respectful, and non-adversarial interactions preserve credibility and strengthen the admissibility of the IME findings.

After the IME

Learning Objectives

1. Understand the required components, structure, and distribution protocols of a defensible IME report.

2. Apply the concept of “reasonable degree of medical certainty” and its alignment with legal standards.
3. Evaluate how evidence-based medicine and complete documentation strengthen IME conclusions.
4. Distinguish between appropriate clarification requests and situations requiring a new IME.
5. Analyze how IME findings influence claim strategy, litigation outcomes, and case resolution.

Primary Takeaways

1. **The IME report is the primary deliverable and must be defensible.** Reports should clearly answer all questions, include supporting rationale, and rely on documented evidence to withstand scrutiny.
2. **“More likely than not” is the governing standard—not certainty.** IME opinions are based on probability (typically $\geq 51\%$), not absolute certainty, aligning medical conclusions with legal thresholds.
3. **Clarity and consistency determine credibility.** Avoid hedging language (“possible”) and overstatement (“clearly”), and ensure opinions align with the record to prevent challenges.
4. **Neutrality must be preserved after the IME.** Attempts to influence or “reengineer” opinions post-report damage credibility and can undermine the entire evaluation.
5. **IME results directly impact claim decisions and outcomes.** Findings influence compensability, treatment direction, work restrictions, and ultimately settlement value and case closure.

Course Outline

- 1) Foundations of Independent Medical Examinations
 - a) Definition and Purpose
 - i) Independent, non-biased medical-legal evaluation
 - ii) Distinction from treating relationship
 - iii) Role within the workers’ compensation system
 - b) Core Principles
 - i) Objectivity and evidence-based conclusions
 - ii) Importance of neutrality and credibility
 - iii) Legal and clinical integration
- 2) Preparation Before the IME
 - a) Determining the Need for an IME

- i) Causation, diagnosis, treatment appropriateness
 - ii) MMI, impairment, and work capacity
 - iii) Timing considerations and alternatives
 - b) Selecting the Right IME Provider
 - i) Specialty alignment and experience
 - ii) Jurisdictional knowledge
 - iii) Communication and report quality
 - c) Record Review and Case Preparation
 - i) Comprehensive medical and non-medical records
 - ii) Identifying inconsistencies and prior conditions
 - iii) Importance of complete and unbiased documentation
 - d) Developing the Cover Letter
 - i) Defining scope and key questions
 - ii) Neutral tone and clarity
 - iii) Jurisdiction-specific considerations
- 3) Conducting the IME
 - a) Establishing Expectations and Boundaries
 - i) Non-treatment relationship
 - ii) Communication of process and limitations
 - b) Evaluating Claimant Presentation
 - i) Symptom magnification vs. malingering
 - ii) Variability in pain perception
 - iii) Importance of neutrality
 - c) Observational and Physical Assessment
 - i) Behavioral and nonverbal observations
 - ii) Objective testing and validity measures
 - iii) Identifying consistency and red flags
 - d) History and Causation Analysis
 - i) Mechanism of injury and symptom correlation
 - ii) Temporal relationships and treatment response
 - iii) Gaps in care and diagnostic implications
- 4) Report Development and Defensibility
 - a) Structure and Content of the IME Report
 - i) Answering all questions clearly
 - ii) Supporting opinions with evidence
 - iii) Avoiding checkbox-only formats
 - b) Legal and Medical Standards
 - i) "Reasonable degree of medical certainty"
 - ii) Probability vs. possibility

- iii) Use of evidence-based medicine
- c) Communication and Clarity
 - i) Writing for non-medical audiences
 - ii) Avoiding technical ambiguity
 - iii) Ensuring internal consistency
- 5) Post-IME Application and Claim Impact
 - a) Supplemental Questions and Clarifications
 - i) Appropriate follow-up vs. opinion manipulation
 - ii) Incorporating new information
 - b) When to Obtain a New IME
 - i) Passage of time
 - ii) Significant new medical evidence
 - iii) Changes in clinical status
 - c) Legal Considerations
 - i) Deposition preparation and testimony
 - ii) Defending opinions under scrutiny
 - iii) Avoiding credibility pitfalls
 - d) Claim Management and Resolution
 - i) Compensability and treatment decisions
 - ii) Return-to-work and restrictions
 - iii) Settlement valuation and case closure

NOTE: Artificial Intelligence was used in the creation of this document.