

Independent Medical Examiner  
Quality Assurance Program  
**Peer Reviewer Marking Sheet**



QAP Report:

Peer Reviewer:

Peer Reviewer is required to complete this Marking Sheet using the IME Service Standards

## QUALITY OF REFERRAL

Please select either YES or NO for the following

Was the referral warranted?	
Was the referral made to the most appropriate medical discipline?	
Was the purpose for the referral clearly stated?	
Were the questions relevant to generate a useable and detailed response?	

**Comments (if any) on quality of referral:**

Enter text here

## FORMAT

SCORE

**OVERVIEW (score either 0 not present or 1 all present)**

Is report logical? i.e. have a beginning, middle and end	
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**BEGINNING (Client/Worker Detail) (score either 0 not present or 1 present)**

Name	
Claim number	
Employer at time of injury	
Age or date of birth	
Sex	
Date of original injury/transport accident	
Date of examination	
Place of examination	
Others present	
Summary of reason for referral	

**MIDDLE (score either 0 not present or 1 present)**

History	
Examination	
Summarised results of investigations	

**END (score either 0 not present, 1 partially present or 2 fully present)**

Diagnosis	
Opinion	
Were all questions answered or reasons given for no answer?	
Were conclusions reached?	
Was a summary provided?	
Were headings used appropriately?	
Was the report easy to read?	
Was information provided acknowledged?	
Was the report signed or unsigned as indicated by the de-identifier?	
<b>FORMAT SCORE</b>	<b>0</b>

## CONTENT

SCORE

**HISTORY** (score either 0 not present, 1 partially present or 2 fully present)

History relevant to injury related by client/worker	
Diagnosis if known	
Subsequent client/worker history	
Progress to date including treatment and outcome	
Current complaints/symptoms/functional state including any RTW	
Limitations on activities	
Details of diagnostic investigations and conclusions drawn	
Details of treatment and medications relevant to injury	
Other medication, alcohol and drug history	
Other relevant medical; occupational and functional history	
Personal and social history including marital status and relevant family history	
Past medical history	
<b>CONTENT SCORE</b>	<b>0</b>

**EXAMINATION** (score 0 not present to 10 comprehensive and relevant)

Relevant physical examination recorded consistent with presenting condition <b>OR</b> Mental status examination recorded adequately including cognitive function (Psychiatry ONLY)	
<b>EXAMINATION SCORE</b>	<b>0</b>

## BIAS

SCORE

**ESSENTIAL COMPONENT** (score either 0 false or 2 true)

No evidence of advocacy	
No derogatory statements	
<b>BIAS SCORE</b>	<b>0</b>

## CLINICAL

SCORE

**ESSENTIAL COMPONENT** (score either 0 not present, 1 partially present or 2 fully present or not applicable)

Summary of client/worker's condition	
Definitive diagnosis or reason for no definitive diagnosis	
Considered other possible diagnoses	
Diagnosis internally consistent with evidence in report	
Opinions specific, sufficiently detailed, consistent with evidence based practice	
Significant psychosocial issues commented on	
Proposed management or changes detailed and justified	
Recommendations supported by evidence	
Client/worker's capacity to return to work	
Functional capacity supported by evidence	
<b>CLINICAL SCORE</b>	<b>0</b>

**TOTAL REVIEW SCORE 0**

- Scoring**    **76 +**                            =    *Category One, no further action required*
- 46 - 75**                            =    *Category Two, requires feedback & possible further review*
- 0 - 45**                                =    *Category Three, requires contact visit*  
*(or any Clinical deficiency or Bias issue)*

**To assist with ongoing quality assurance of this marking sheet, what is your overall assessment of this IME report? How does that compare to its Marking Sheet score?**

Enter text here

**Feedback comments:**  
*(Please include specific feedback to be provided to the IME, eg: examples of minor deficiencies and suggested remedies and positive features of the report)*

Enter text here