

## INDEPENDENT MEDICAL EXAMINATION USING THE REPORT TEMPLATE

### 1. WORKER DETAILS

- Specific information about the injured worker may be provided by the requestor but should be recorded in your report to ensure accurate matching.
- Provide information about any unusual circumstances of the examination including detail of any unusual event or occurrence which could be of relevance including difficulties encountered, hostility, lack of cooperation, reluctance to be examined etc.

### 2. OTHER ATTENDEES

- Include the name of the attendee and the relationship to the worker.
- Indicate if interpreter needed but not provided or if present any concerns/limitations about responses.

### 3. SERVICE STANDARDS

Before the examination begins it is essential that the worker is put at ease by the provision of a full explanation of the purpose and conduct of the examination and the role and background of the examiner.

### 4. SUMMARY OF REASON FOR REFERRAL

- State the identity of the requestor and the reason for the examination.

### 5. HISTORY RELEVANT TO INJURY

Include a summary of the history of the accident, incident or precipitating factors that resulted in the worker's condition. This concise history should be included in each report whether initial or subsequent to set the scene for the report and should include:

- Occupational history should include brief job description at time of injury,
- Summary of relevant tasks involved in the duties of the job at the time of the incident,
- Events leading up to and causing or contributing to the reported injury,
- The injury itself – description of what actually happened, mechanism of injury, nature, severity, etc, and
- Initial and subsequent medical attention, investigations, management, surgical or other procedures, complications, etc.

## 6. SUBSEQUENT WORKER HISTORY

Outline any work history subsequent to the original injury including:

- Effects of the injury/ies on capacity for work (current functional status), including current work status and post injury work capacity. If this information is not available or only partly available note should be made of limitations,
- extent of return to work, and
- type and extent of work e.g.: light duties restricted hours etc.

If worker unable to work, detail the reasons given by the worker:

- continuing incapacity, describe limitations.
- pain, describe type, timing.
- no work available.

## 7. CURRENT COMPLAINTS/SYMPTOMS

Detail specific complaints or symptoms currently described by the worker that the worker attributes to the original injury.

## 8. DETAILS OF DIAGNOSTIC INVESTIGATIONS

Detail relevant investigations undertaken to date and whether you accessed the actual investigations of diagnostic imaging or just the reports. If diagnostic imaging had been undertaken but neither imaging nor reports were available for your review, record this together with any limitation this might place on your subsequent opinion or response to questions.

## 9. TREATMENT AND MEDICATIONS

Outline treatment and medications that have been provided to date in the management of the injury and the responses experienced by the worker. Record any concurrent treatment for other conditions.

## 10. OTHER RELEVANT MEDICAL AND OCCUPATIONAL HISTORY

Include additional relevant history for example:

- Other pre-injury employment.
- Handedness (particularly for limb or shoulder girdle injuries).
- Level of education, other training, previous work history that might impact on return to any work.
- Pre- and post-injury personal, work or medical factors which might have had an impact on the injury and/or on the consequences of the injury.
- Impact that the present condition affects the worker's activities of daily living and capacity for work.

## 11. PERSONAL AND SOCIAL HISTORY

Include relevant social, family and personal history including marital history; use of alcohol and non medication drugs including recreational drugs and any evidence of drug abuse. Record any non-compensable conditions or disabilities that might affect the worker's capacity for work or ability to return to work.

## 12. LIMITATIONS ON ACTIVITIES

Any limitations experienced, including restrictions on daily activities and interests as well as ability to travel by public transport/ motor vehicle to and from work or appointments attributed to injury.

## 13. PAST HISTORY

- Describe worker's general health.
- Record any previous or subsequent injuries, abnormalities and conditions that might relate to the current work-related injury or illness.
- Include any non-compensable conditions and treatments that might affect capacity for work or return to work.

## 14. DETAILS OF THE EXAMINATION

Your physical examination should be conducted and reported in accordance with recognised professional standards and applicable laws. Your report should enable you to make an evidence based fair and comprehensive assessment in answering questions asked by the report requestor and be recorded in a manner that would enable another reader of similar qualifications to understand the basis for your opinion. The nature and extent of the physical examination performed should be reported concisely, relevant to the problem being addressed, recording findings, both positive and negative, from your physical (and/or mental state) examination, particularly:

- any evidence of abnormal, inappropriate or excessive pain, or other relevant behaviour observed during the course of the encounter
- assessment of functional capacity and the nature and magnitude of any impairment/disability.
- information obtained from examination that corroborates or raises questions about, the accuracy and/or completeness of the information provided in the history.
- whether your findings included the presence of any other medical conditions and indicate how such conditions might relate to the injury/impairment/disability.

## 15. RESPONSES TO SPECIFIC QUESTIONS

The reasons for the request for this examination should be reflected in the Agent's questions. These questions should be considered before the examination to ensure that the information required is obtained.

- All questions as listed in Attachment 1 of the Agent's letter of request should be addressed in some form.
- List each question as detailed in the request and provide an answer or provide a reason for not responding to a specific question (including "not relevant" or "duplication of question number X").
- If the question is not relevant or duplicated, state your reason for not responding or discuss with the agent directly.

## 16. CONCLUSIONS

- Provide a summary of the worker's condition. This will include your diagnosis and the basis on which it is made. If you are unable to make a specific diagnosis, the reasons must be clearly stated.
- State the evidence you have drawn from your assessment that supports your medical opinion.
- Comment on the current management plan being followed for the worker's work-related injury or illness (if provided).
- This comment should either support proposed management or justify any recommendations for change (including evidence from your findings to justify any changes, limitations or restrictions to current management). This should be justified by reference to the evidence as detailed in your report).
- Indicate worker's ability and capacity to return to work. If you propose restrictions to hours or function, provide evidence from your report to support your recommendation. e.g. if recommending limitation to lifting a specific weight, raising arms above a certain level or to hours of work per week, explain basis for your opinion, indicate to evidence from your report and the anticipated period of limitation.
- Any duplication of effort in responding to a specific question and a template topic is to be avoided. Please provide one response by answering the specific question only.

## 17. SIGNATURE

- Your personal signature also verifies that you have read and checked your report and certify its veracity. Ensure your report is internally consistent and that your opinions are supported by the evidence you have provided in the report.
- You must also sign and attach the 'Schedule of Attached Reports and Other Material' (Attachment 2 of the Agent's letter of request for an independent medical examination).
- Acknowledging the list of all materials sighted by you in preparing your report confirms your opportunity to access the documents, enabling anyone reading your report to recognise the information other than your findings used in reaching your conclusions.