

Independent Medical Examiner Service Standards

1. General

1.1 The relationship between an independent medical examiner (IME) and a person undergoing an independent medical examination differs from that in a usual practitioner/patient relationship. Notwithstanding this difference, it is expected that recognised professional standards and the applicable law will be adhered to at all times.

2. Appointments

- 2.1 Appointments must be available as soon as practicable after receiving a request for an appointment.
- 2.2 The person to be examined must not be kept waiting for the examination for an unreasonable time. IMEs should aim to see people within 30 minutes of the appointment time.
- 2.3 IMEs should notify the referring case manager of any appointments that they need to cancel as soon as is practical after they become aware of the need for the cancellation.
- 2.4 IMEs should not accept referrals, or undertake an examination, if they are not qualified and experienced in the specialty for which the examination has been arranged. IMEs should notify the referring party as soon as is practical after they become aware of an inappropriate referral.

3. Examinations

3.1 Referrals:

IMEs should read all the documents (eg medical reports, x-rays and investigation reports) sent with the referral and, if necessary, request the referring case manager to send additional material the IME considers necessary to ensure that the findings, opinions and recommendations from the independent medical examination are sound and complete. The reasons why the additional material is required must be articulated.

3.2 Accessibility:

It is expected that all IME rooms are accessible to people with mobility issues (eg. wheel chairs). If there are any access limitations, IMEs must notify the referring case manager as soon as possible.

3.3 If a person is unable to attend an IME's rooms, either due to access limitations or the person's medical condition, an IME may be asked to conduct an examination at another suitable location. This is subject to the IME's consent and subject to reaching agreement with either the referring case manager about the suitable location and travel arrangements.

3.4 Interpreters:

The referring case manager will arrange for a qualified interpreter to attend at the examination if this is required. It is preferred that family (including children under the age of 18 years) and friends do not act as interpreters. If difficulties arise with the interpreting arrangements during

an examination, IMEs should immediately notify the referring case manager. Examiners are requested to be sensitive to the presence of an interpreter if the person to be examined is to be undressed and to ask the person being examined about the appropriateness of the interpreter being in the room during this time.

3.5 Third party attendance:

If a person insists on the presence of a family member or friend for moral support during the examination, this may be acceptable provided that the IME considers this appropriate in the circumstance. The third person should not be allowed to disrupt the examination. There should be no objection to the third person assisting in clarifying aspects of a person's medical and injury history but they should not be permitted to interfere with the normal interchange between the IME and the person.

The person being examined or the IME may consider that it would be appropriate for a third party to be an observer to the examination, or to provide assistance during the examination.

TAC clients/injured workers attending a psychiatric examination will normally be seen without family members or friends because of the personal and private nature of the questions asked.

3.6 Length of appointment:

IMEs must allocate sufficient time to allow for a fair and comprehensive examination to be carried out. Extra time may be required if an interpreter is being used.

3.7 Conduct during examination:

It is expected that an IME will treat people undergoing independent medical examinations with the same professional standards of care, consideration and courtesy that a private patient would expect.

A gown or other covering should always be offered if a person is asked to undress and an IME should excuse themselves or move out of the person's line of sight while the person is undressing.

3.8 Expectation setting

At the commencement of the examination, IMEs should explain:

- (a) the purpose of the examination;
- (b) their role as an IME;
- (c) that their findings, opinions and recommendations will be contained in a report which will be sent to the referring case manager;
- (d) that they are impartial, and reassure the person that the IME report will record their objective clinical diagnosis and that it is not the IME's task to decide the claims issue;
- (e) the specialty in which they practise and its relevance to the examination.

IMEs should not make value judgements or personal comments, advise the person of the findings, opinions or recommendations to be made in the report, or recommend treatment.

IMEs should clearly answer a person's questions about the purpose or relevance of any questions, procedures or other aspects of the examination.

IMEs should forewarn people if an examination, test or procedure is required which may be considered or interpreted as intrusive, or cause some discomfort or pain. IMEs should explain why the examination, test or procedure is necessary and reassure the person that it will not worsen their condition.

3.9 Tests

Non-invasive tests and imaging may be undertaken with the TAC client's / injured worker's permission when required to answer a question being asked of the IME by the referring case manager.

IMEs should not carry out tests of an invasive nature other than imaging. If IMEs consider tests of this kind are required, this should be included as a recommendation in the examination report. As a general rule tests of this kind will only be permitted where the findings of the independent medical examination would otherwise be unreliable.

3.10 Personal attendance

IMEs must personally conduct any independent medical examination and write IME reports.

4. **Conflicts of interest**

4.1 IMEs must not accept a referral or undertake an examination if a conflict of interest might arise, or be perceived to arise unless the IME has notified the referring case manager and agreed, in writing, on a process to manage the conflict. It is not possible to give an exhaustive list of situations where a conflict of interest might arise, but some examples are:

- (a) if the IME has provided treatment or services to the person previously (other than in their role as an IME); and
- (b) the IME has a financial relationship or other involvement with the person's employer.

4.2 The TAC and WorkSafe consider it is a conflict of interest for an IME to provide treatment or services to a person after they have had an independent medical examination by that IME.

5. **Contact with treating healthcare practitioners**

5.1 An IME should not contact a person's treating healthcare practitioner without the person's written consent. Written consent is not needed if the IME has an overarching legal, ethical or professional obligation. IMEs are encouraged to obtain consent and to contact treating healthcare practitioners if it will assist the IME to provide a sound, evidence-based opinion.

- 5.2 If IMEs contact treating healthcare practitioners, the discussion should be documented in detail in the IME report.

6. Reports

6.1 Templates

IME report templates are available on the TAC and WorkSafe websites. IMEs should conform, as far as possible, to the template.

6.2 Content and structure

IMEs should consider the potential readership when preparing reports. Reports are mainly used by TAC and WorkSafe Agent claims staff, but reports may also be provided to the person who was the subject of the examination, lawyers and treating healthcare professionals. Reports may also be subject to requests made under the *Freedom of Information Act 1982*.

IMEs must comprehensively address all the points raised or questions asked in the letter of referral. It is recommended that the questions and answers are included in the report so that the report can be read as a stand-alone document.

The report should:

- a) be limited to matters of professional opinion and not contain comments about what decision the IME considers the TAC or WorkSafe Agent should make unless there is a specific question;
- b) be in plain English and avoid the use of jargon or language that is too technical. Where technical language is the only option, a brief explanation of what any technical terms or phrases mean must be provided;
- c) provide an accurate diagnosis based on references to a detailed and accurate history and an appropriate and thorough clinical examination;
- d) contain clear and unambiguous professional opinions and, where required, recommendations based in science and with reference to best practice medicine or best clinical practice;
- e) present an evidence-based approach to evaluating symptoms and clinical findings, as far as practicable;
- f) note if there is insufficient clinical information to make a diagnosis;
- g) contain reasons for all opinions expressed;
- h) be consistent in that opinions should accord with examination findings;
- i) be independent and impartial, and not contain any value judgements or personal comments;
- j) contain only relevant information and not disclose personal information to the extent it is relevant to the findings, opinions or recommendations;
- k) not contain descriptions of a person's appearance or demeanour during the examination or as otherwise observed except to the extent that it is relevant to the findings, opinions or recommendations made (eg as part of a mental state examination) and only where the relevance is articulated;
- l) be free of advocacy and/or bias for any party.

6.3 Time for completion

- a) 90% of reports are to be completed and sent to the referring case manager within 10 working days of the examination unless otherwise agreed.
- b) 100% of reports are to be sent to the referring case manager within 15 working days of the examination unless otherwise agreed.

7. Fees

7.1. The TAC and WorkSafe Agents can pay the reasonable costs of independent medical examination services in line with the relevant policies and the TAC/WorkSafe Schedule of Medico Legal Fees, unless otherwise agreed with the TAC or WorkSafe in writing.

7.2. In the event, that an IME has concerns about unpaid or returned invoices, it is recommended that the IME contact the TAC Customer Service Centre or the referring WorkSafe Agent. If there is a significant concern or trend in the payment of invoices, then this should be raised with the Manager IMEs.

8. Court and Tribunal attendance

8.1. IMEs must be available to attend and give evidence in the Victorian Civil and Administrative Tribunal and in court proceedings. Some proceedings may be held in regional areas. This obligation continues beyond an IME's term as an IME.

8.2. IMEs must be familiar with their obligations as expert witnesses.

9. Notification and registration

9.1. IMEs must notify the TAC/WorkSafe immediately of any formal complaint made about them in a professional capacity, about any hearing or other proceeding in relation to the formal complaint and the outcome including the details of any disciplinary action taken in relation to them including (but not limited to):

- a) under the *Health Insurance Act 1973* (Cth)
- b) by a hospital regarding clinical competence or professional conduct
- c) by a professional body (eg a college)
- d) by the Medical Board of Australia
- e) by the Health Services Commissioner
- f) by the Australian Health Practitioner Regulation Agency

9.2. IMEs must notify the TAC/WorkSafe in writing within 14 days of any changes affecting their service delivery as an IME or eligibility to be an IME including (but not limited to):

- a) the professional discipline in which they practise
- b) the services which they offer
- c) their practising location
- d) anything which affects their ability to continuously meet the selection criteria to be an IME, including any change to weekly hours of practice.

9.3. IMEs must notify the TAC/ WorkSafe immediately of:

- a) any conditions, limitations or restrictions on their registration; or
- b) the suspension or cancellation of their registration.