

STATE OF RHODE ISLAND
WORKERS' COMPENSATION COURT
MEDICAL ADVISORY BOARD
IMPARTIAL MEDICAL EXAMINER
COMPREHENSIVE HEALTH CARE REVIEW TEAMS
RULES FOR APPLICATION AND SELECTION PROCEDURES

The following rules for selection of physicians for positions of Impartial Medical Examiners and for participation in Comprehensive Health Care Review Teams have been identified by the Medical Advisory Board.

- 1) The applicant/physician/health care provider must complete a form (copy enclosed) detailing a record of prior achievements, hospital staff appointments (where applicable), special attention to disciplinary action of various types, and current curriculum vitae (CV).
- 2) The applicant/physician will be Board Certified. Board qualified physicians can have a provisional appointment that will last for a period of five years after completion of training.
- 3) The applicant/physician/health care provider who seeks appointment as an impartial medical examiner must be willing in general to see patients within approximately three weeks of the request and render a report within 14 days of examination. The insurer will provide a complete file of previous examinations, records of prior care, reports, and at times, the actual films to the impartial medical examiner at least 24 to 48 hours prior to the appointment.
- 4) Reports should be issued in the format and including the information indicated in Form MAB05, a copy of which is attached hereto and made a part hereof.
- 5) Each health care provider approved by the Medical Advisory Board as an impartial medical examiner will apply for renewal every two years on a form supplied by the Medical Advisory Board. A current CV will also be submitted with the renewal application.
- 6) The Board may limit the number of impartial medical examiners in each specialty.
- 7) Upon approval, each impartial medical examiner will be sworn in by the Chief Judge of the Workers' Compensation Court or the Chief Judge's designee.
- 8) Billing for impartial medical examinations scheduled by the Court or the Medical Advisory Board will be in accordance with the fee level established by the Medical Advisory Board.
- 9) Applications should be mailed to the Medical Advisory Board, Workers' Compensation Court, One Dorrance Plaza, Providence, RI 02903.

REPORT OF INDEPENDENT HEALTH CARE REVIEWER/REVIEW TEAM

History of present illness

Job description

Past medical history

Physical examination

Review of X-ray and/or other testing

Diagnosis

Causal relationship

Records reviewed

Comparison or records reviewed with your findings

DISABILITY – Please comment on disability only if requested to do so in the Judge’s correspondence.

(No disability) Able to return to former job without restrictions.

(Partial disability) Able to return to modified job with the following restrictions.

(Total disability) Unable to return to any work at this time.

MAXIMUM MEDICAL IMPROVEMENT (MMI) - Please comment on MMI only if requested to do so in the Judge’s correspondence.

Has MMI been reached – yes or no?

If no...

treatment recommendations to reach MMI

and

date expected to reach MMI.

If yes...

degree of functional impairment according to the latest AMA guidelines

Rhode Island Workers' Compensation Court
Impartial Medical Examiner/Health Care Review Team Participant
Application/Renewal

Please complete, sign, and return to Medical Advisory Board, Workers' Compensation Court,
One Dorrance Plaza, Providence, R.I. 02903.

APPLICATIONS NOT FULLY COMPLETED WILL BE RETURNED!!!

Please Type or Print: Name: _____
 Business Address: _____

 Mailing Address: _____

 Telephone: _____
 Email Address: _____

1. Degree: _____ 2. DOH License Number: _____
3. Current practice status: Active _____ Inactive _____
4. Malpractice insurance current: Yes _____ No _____ N/A (Retired) _____
 Insurer: _____ Amount of Insurance: _____
5. Board Certification recognized by American Board of Medical Specialties?
 Yes _____ No _____ Not Applicable _____

- OR Board Qualified? Yes _____ No _____ Not Applicable _____
6. Primary Specialty: _____
7. Current staff appointment at accredited organization? Yes _____ No _____
 List Organization(s): _____
8. Have you evaluated workers' compensation claimants as an IME during the past 12 months?
 Yes _____ No _____
9. Have you had any disciplinary/malpractice actions, past or present, filed against you. Attach
 a separate sheet if necessary. Yes _____ None _____

10. Have you ever been convicted of a felony? Yes _____ No _____
 If yes, please explain: _____

11. Are you under contract with or regularly employed or regularly retained by a compensation
 insurer or self-insured employer? Yes _____ No _____
 If yes, please list the insurer(s) or self-insured employer(s): _____

Applicant, before signing below please read through the RULES FOR APPLICATION AND
SELECTION PROCEDURES. *By signing, you are indicating that you will follow these.*

Signature

Date

Impartial Medical Examiner/Health Care Review Team
Fees

<u>Health Care Provider</u>	<u>Fee</u>
Medical Doctor	\$950.00
Chiropractor	\$500.00
Psychologist	\$500.00
PT/OT	\$350.00
Voc. Rehab	\$475.00

No-show fee will be \$250.00.

WORKERS' COMPENSATION COURT
MEDICAL ADVISORY BOARD

IMPARTIAL MEDICAL EXAMINER
AND
COMPREHENSIVE HEALTH CARE REVIEW TEAM GUIDELINES

INTRODUCTION

In order to maintain the integrity of the IME evaluation process, the Medical Advisory Board establishes these guidelines. The Medical Advisory Board has received a number of complaints from physicians and other health care providers concerning the IME evaluation process. The complaints specifically regarding Impartial Medical Examiners are:

1. Some IME evaluators have interfered with the treatment process at the time of evaluation, including untimely and at times critical comments concerning prior treatment.
2. Some IME evaluators have suggested alternate forms of treatment and on occasion have attempted to take over management of the injured workers' care.

The following will serve as a guideline for the proper handling of the Impartial Medical Examination process for evaluations ordered by the Medical Advisory Board or the Workers' Compensation Court. This guideline will serve as an aide to other parties (insurers/self-insureds/third party administrators/adjusters) whose compliance with this guideline is sought.

GUIDELINES

The Impartial Medical Examiner will:

1. Inform the referred patient as to his/her role as an evaluator;
2. Advise the patient that he/she cannot discuss the ongoing and/or prior care being provided by another physician;
3. Not discuss the results of his/her evaluation;
4. Advise the patient that he/she will be provided information in accordance with the Rhode Island Workers' Compensation Law;
5. Provide his/her evaluation results in the format of the MAB05 form.

Non-compliance with these guidelines may result in removal of the IME from the approved listing after the performance review in accordance with R.I.G.L. 28-30-22(b)(6).

Tax Identification Number Information

In accordance with an Administrative Order entered by the Workers' Compensation Court on July 17, 2009, effective July 20, 2009, matters referred to the Medical Advisory Board for the appointment of an Impartial Medical Examiner shall be accompanied by a check from the employer or insurer in the appropriate amount, payable to the Impartial Medical Examiner.

In order to streamline the process, please return this completed form as soon as possible.

Should you have any questions, please feel free to contact this office. Thank you.

Health Care Provider's Name – **Printed or Typed**

Health Care Provider's Tax Identification Number

NOTE: The Tax ID number provided will be utilized to produce checks for impartial medical examinations.

If the Tax ID number provided is for a medical group, the check will be made payable to that medical group.

If the provider wishes that the check be made payable to his/her name, then a separate Tax ID number or a Social Security Number should be provided.

Thank you.