


The Independent Medical Examination

Dr. George Balazs, MD, MPA
Orthopaedic Surgery & Sports Medicine
Norfolk, VA

What I am

- Board-certified Orthopaedic Surgeon
Subspecialty certified in Sports Medicine
- Chair of Orthopaedic Surgery
Naval Medical Center Portsmouth, Virginia
- Associate Professor of Surgery, USUHS
- Associate Editor, Arthroscopy Journal
- Heavily involved with academic community



What I'm Not

- Attorney
- Claim's Adjustor
- Expert on New York Worker's Compensation



IMEs are different than clinical medicine

Clinical Medicine

Patients choose to come to me

Patients incentivized to tell the truth

Rarely outside influence on decisions

Therapeutic alliance

IME

Patients forced to come to me

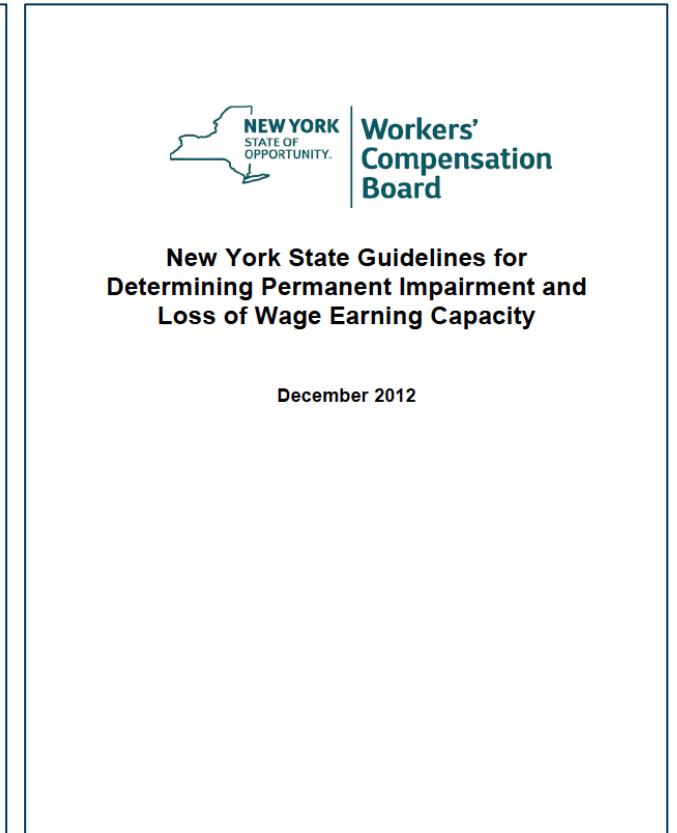
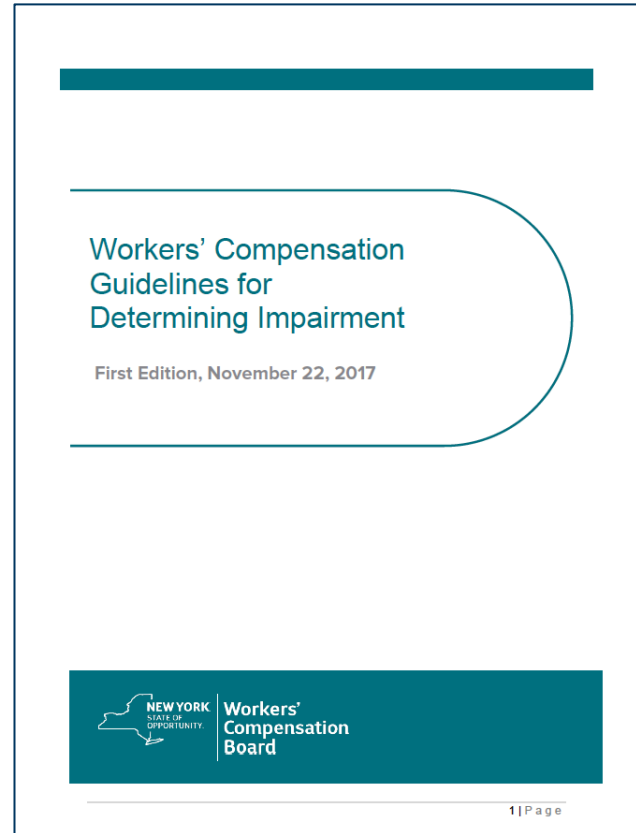
Patients incentivized to exaggerate/lie

Multiple outside influences on decisions

Adversarial relationship

My IME Goals

- (Try to) understand the claimant and the injury (or lack of injury)
- Answer your questions
- Follow the Guidelines (NYS Medical Treatment & Impairment)
- Always tell the truth



Preparation

Employee Claim C-3
 State of New York - Workers' Compensation Board
 Fill out this form to apply for workers' compensation benefits because of a work injury or work-related illness. Type or print neatly. This form may also be filed out on-line at www.wcb.state.ny.us.

WCB Case Number (if you know it): 03115447

A. YOUR INFORMATION (Employee)

1. Name: [redacted] 2. Date of Birth: [redacted]
 3. Mailing address: [redacted]
 4. Social Security Number: [redacted] 5. Phone Number: [redacted] 6. Gender: Male Female

7. Will you need a translator if you have to attend a Board hearing? Yes No If yes, for what language? _____

B. YOUR EMPLOYER(S)

1. Employer when injured: [redacted] 2. Phone Number: [redacted]
 3. Your work address: [redacted]
 4. Date you were hired: [redacted] 5. Your supervisor's name: [redacted]
 6. List names/addresses of any other employer(s) at the time of your injury/illness: _____

7. Did you lose time from work at the other employment(s) as a result of your injury/illness? Yes No

C. YOUR JOB on the date of the injury or illness

1. What was your job title or description? [redacted]
 2. What types of activities did you normally perform at work? [redacted]
 3. Was your job? (check one) Full Time Part Time Seasonal Volunteer Other _____
 4. What was your gross pay (before taxes) per pay period? 3000.00 5. How often were you paid? Weekly
 6. Did you receive lodging or tips in addition to your pay? Yes No If yes, describe: _____

D. YOUR INJURY OR ILLNESS

1. Date of injury or date of onset of illness: [redacted] 2. Time of injury: approx 2:50 AM PM
 3. Where did the injury/illness happen? (e.g., 1 Main Street, Pottersville, at the front door)
 East Meadow, NY
 4. Was this your usual work location? Yes No If no, why were you at this location? _____
 5. What were you doing when you were injured or became ill? (e.g., unloading a truck, typing a report)
 sat on the chair and reached over to get something from printer.
 6. How did the injury/illness happen? (e.g., I tripped over a pipe and fell on the floor)
 The chair flipped backwards causing me to fall onto the floor.
 7. Explain fully the nature of your injury/illness. list body parts affected (e.g., twisted left ankle and cut to forehead):
 Head, Back, Right Shoulder, Right Hand, Left Knee, THUMB

C-3 (1-11) Page 1 of 2 www.wcb.state.ny.us

Working Diagnoses:

1. Possible disc injury in the cervical spine
2. Possible disc injury in the lumbar spine
3. Clinical evidence of a cervical and lumbar radiculopathy
4. Post-traumatic cervical, thoracic, and lumbar sprain/strain
5. Post-traumatic cephalgia
6. Post-traumatic myospasm and myofascitis
7. Myofascial pain syndrome (trigger points)
8. Subluxation complex syndrome of the cervical, thoracic, and lumbar spine
9. Possible injury to the bilateral shoulder joints
10. Post-traumatic bilateral shoulder sprain/strain

Treatment Plan: We are referring this patient back to the treating provider for them to make the appropriate referrals to other specialists related to the complaints that she has sustained. Further neurological and diagnostic testing will be ordered if symptoms persist to rule out radiculopathy vs. peripheral neuropathy to clarify treatment protocol and referral if necessary. We recommend a follow up evaluation to be performed in 4 weeks to further evaluate and assess the patient's impairment status.

Cover Letter

What am I examining?
 What do you want to know?

Documentation

C3 form
 Treater's exams/assessments
 PT ROM measures
 Diagnostic studies

EXAM: MRI RIGHT SHOULDER WITHOUT CONTRAST

HISTORY: Shoulder pain. Status post fall 12/5/2022.

TECHNIQUE: Multiplanar, multi-sequence MRI of the right shoulder was obtained on a 1.5T scanner according to standard protocol.

COMPARISON: None.

FINDINGS:
 BONE MARROW: Mild cystic changes in the greater tuberosity. No fracture or avascular necrosis.
 ACROMIOCLAVICULAR JOINT: Mild osteoarthritis with small joint effusion.
 BURSTITIS: Mild bursitis.
 ROTATOR CUFF TENDONS: Rotator cuff tendinosis. There is a low-grade concealed interstitial delaminating partial-thickness tear at the junction of the supraspinatus and infraspinatus tendons series 7 image 13. Subscapularis tendon is intact without tears.
 BICEPS: Tenosynovitis. No visualized tear. No subluxation or dislocation at the bicipital pulley.
 GLENOHUMERAL JOINT: Trace joint effusion. No focal cartilage lesion. No intra-articular bodies.
 LABRAL LIGAMENOUS COMPLEX: Superior labral fraying.
 ROTATOR INTERVAL: Unremarkable.
 CORACOACROMIAL AND CORACOCALVICULAR LIGAMENTS: Intact. No visualized tears.
 MUSCLES: Normal signal characteristics and bulk without edema or atrophy.
 QUADRILATERAL SPACE: Normal without masses.

IMPRESSION:
 Low-grade concealed interstitial delaminating partial-thickness tear at the junction of the supraspinatus and infraspinatus tendons at the footplate.
 Mild AC joint osteoarthritis and mild bursitis.
 Superior labral fraying.
 Biceps tenosynovitis without tear.



Preparation

Patient:
Body Parts: Neck, back, bilat shoulders (head)
DOI: 12/5/21
PERM

Requested Issues:

- (1) DoD with percentage
- (2) Capable of return to work?
- (3) Work restrictions
- (4) Is further treatment warranted?
- (5) Treatment recs
- (6) When is MMI?
- (7) Prognosis
- (8) Diagnosis
- (9) Detailed history of prior conditions/treatment to any site

Initial C3 (4) – Admission Officer 1, NUMC. Hired 7/11/05. I sat on the chair and reached over to get something from printer. The chair flipped backwards causing me to fall onto the floor. Head, back, neck, right shoulder, right hand, left knee. First treatment 12/7/21 at NUMC.

First eval I have is 1/31/22 (10)

Chiro

Most recent note 10/23/23.

R SA CSI 11/28/22 (113)

MR R shoulder 7/14/22 (120) – low grade interstitial partial tear of supra/infra at junction, mild AC OA, superior labral fraying, biceps tenosynovitis

Arthroscopy requested (93) but nobody knows alleged MRI results

Patient:
Body Parts: Neck, back, bilat shoulders (head)
DOI: 12/5/21
PERM

Requested Issues:

- (1) DoD with percentage
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History of current injury:

Current Symptoms

Employer at time of injury and job description:

Prior Employer and job descriptions:

Level of Education (if asked):

Daily Activities:

Lives with –

How spends day –

Hobbies –

Drive –

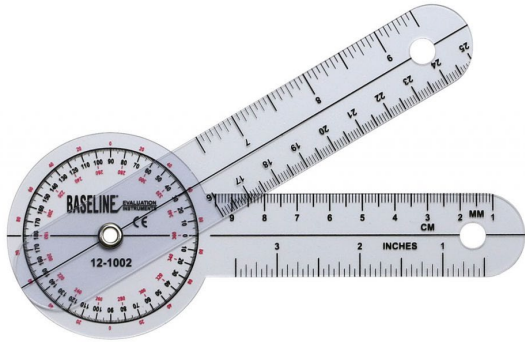
Past Medical History

Previous Injuries:

Allergies:

Current Medications:

Equipment



Goniometer
- ROM



Tape Measure
- Limb circumference



Reflex hammer
- reflexes



Dynamometer
- Grip strength
- Rarely helpful

Day of the Exam

Structure

- **Interview**

- History of Injury/Treatment
- Current Complaints
- Employment History/Status
- Living Situation/ADLs/Activities
- Medical/Surgical History
- Medications

- **Physical Examination**

- Demographics/General Observations
- Body Part-Specific Examination
 - Inspection
 - Palpation
 - Stability
 - Neurologic Status
 - Special Testing

Goals of the Interview

- Professional but friendly environment
- Establish rapport (when possible)
- Try to understand claimant, their job, and their life
- Try to understand claimant's function
- Clarify discrepancies in records
- Convince claimant I'm not "the insurance company doctor"
(because I'm not)

”This visit is different than regular doctor visits. Your insurance company hires doctors like me to see people like you who’ve been hurt on the job. We’ll talk about your injury, the treatment you’ve had, and how you’re doing now. I’ve been asked to to examine certain parts of you, which are <insert body parts here>. After this, I write everything up into one long report. In two weeks, my report gets sent to you, your insurance company, your attorney, and all your doctors. Under state law, I’m not allowed to prescribe you medicine, and I’m not allowed to recommend treatment to you, because you have your own doctors who take care of you. Any questions about any of this?”

- Me at every IME visit

Physical Examination – The Walk-Up

- How do they walk/move?
- How do they act?
- Braces/canes?
- How do they sit down and stand up?
- Can they get on the table?



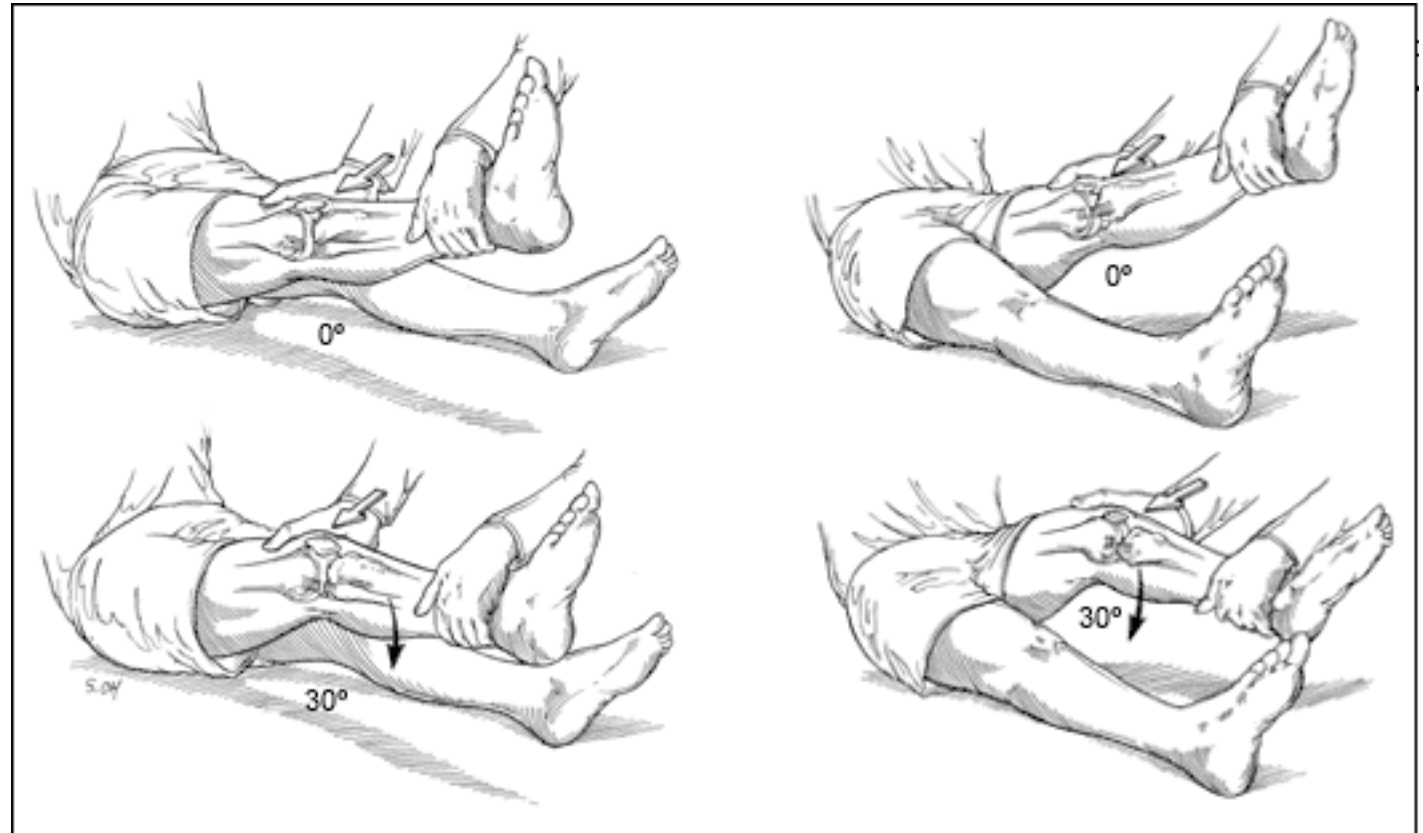
Physical Examination – Shoulder

- Muscular tenderness
- Rotator cuff
- Impingement
- Biceps/labrum
- Instability (sometimes)
- Range of Motion



Physical Examination – Knee

- Muscular tenderness
- Bone/Joint tenderness
- Kneecap
- Ligaments
- Meniscus
- Range of Motion



Physical Examination – Back

- Muscular tenderness
- Bone tenderness
- Range of Motion
- Neurologic status
 - Reflexes
 - Strength
 - Sensation
 - Tension signs

ASIA INTERNATIONAL STANDARDS FOR NEUROLOGICAL CLASSIFICATION OF SPINAL CORD INJURY (ISNCSCI) **ISCS**

Patient Name _____ Date/Time of Exam _____
Examiner Name _____ Signature _____

RIGHT

Motor
Key Muscles

Upper Extremity Right (UER)

Elbow flexors C5

Wrist extensors C6

Elbow extensors C7

Finger flexors C8

Finger abductors (5th finger) T1

Lower Extremity Right (LER)

Hip flexors L2

Knee extensors L3

Ankle dorsiflexors L4

Long toe extensors L5

Ankle plantar flexors S1

(VAC) Voluntary Anal Contraction (Yes/No)

RIGHT TOTALS (MAXIMUM)

Motor Subscores: UER + UEL = UEMS TOTAL (25)
LER + LEL = LEMS TOTAL (25)

● Key Sensory Points

Sensory
Key Sensory Points

Light Touch (LTR) Pin Prick (PPR)

C2

C3

C4

T2

T3

T4

T5

T6

T7

T8

T9

T10

T11

T12

L1

S2

S3

S4-5

RIGHT TOTALS (MAXIMUM)

Sensory Subscores: LTR + LTL = LT TOTAL (56)
PPR + PPL = PP TOTAL (56)

LEFT

Motor
Key Muscles

Upper Extremity Left (UEL)

Elbow flexors C5

Wrist extensors C6

Elbow extensors C7

Finger flexors C8

Finger abductors (5th finger) T1

Lower Extremity Left (LEL)

Hip flexors L2

Knee extensors L3

Ankle dorsiflexors L4

Long toe extensors L5

Ankle plantar flexors S1

(DAP) Deep Anal Pressure (Yes/No)

LEFT TOTALS (MAXIMUM)

MOTOR (SCORING ON REVERSE SIDE)

0 = total paralysis
1 = palpable or visible contraction
2 = active movement, gravity eliminated
3 = active movement, against gravity
4 = active movement, against some resistance
5 = active movement, against full resistance
5* = normal corrected for pain/fatigue
NT = not testable

SENSORY (SCORING ON REVERSE SIDE)

0 = absent 2 = normal
1 = altered NT = not testable

NEUROLOGICAL LEVELS
Step 1-5 for classification as on reverse

1. SENSORY R L

2. MOTOR R L

3. NEUROLOGICAL LEVEL OF INJURY (NLI)

4. COMPLETE OR INCOMPLETE?
Incomplete = Any sensory or motor function in S4-5

5. ASIA IMPAIRMENT SCALE (AIS)

(On complete injuries only)
ZONE OF PARTIAL PRESERVATION
Most caudal level with any innervation

SENSORY R L
MOTOR R L

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Summary

- The primary goals of the IME is to understand the claimant, answer the questions in the cover letter, and produce an understandable/accurate report.
- Everything is systematic and scripted to produce a consistent product
- The accuracy of an IME depends on the cooperativeness of the claimant

Questions?

gcbalazs@gmail.com

NavySportsOrtho@gmail.com