



**WORKABILITY
SYSTEMS**

Transitional Work Program Independent Medical Exam Referral

Date: _____

To: _____ **Phone:** _____

Company: _____ **Fax:** _____

From: _____ **Phone:** _____

Company: _____ **Fax:** _____

Billing Address: _____

City/State/Zip: _____

RE: _____ **Claim #** _____ **Date of Injury:** _____

Allowed Conditions _____

Please regard this letter as authorization to proceed with an Independent Medical Exam or File Review regarding the above claimant. We understand this is a special evaluation and that we are responsible for prompt payment of all related expenses by service providers. We also understand that there may be charges for file review services or cancellation fee in the event that the appointment is cancelled on short notice or claimant fails to appear for the scheduled examination. Please submit the invoice for services to the above billing address.

We would like to obtain an Independent Medical Evaluation (IME) to address the following issues:

- ☐ Appropriateness of requested health conditions and impact of pre-existing conditions.
- ☐ Appropriateness of the following medical services requested by Physician of Record (POR):

- ☐ Contact Physician Of Record (POR) to facilitate the employee's release to Return To Work with Restrictions as specified on a MEDCO 14 (Physician's Report of Workability) or similar form. We will make every reasonable effort to accommodate medically-prescribed restrictions during recovery.
- ☐ Appropriateness of disability benefits - Type: _____
- ☐ Medical Recovery Status and Prognosis (Maximal Medical Improvement reached?)
- ☐ C-9 Exam of Permanent Partial Impairment
- ☐ Comprehensive Functional Capacities Evaluation (FCE) at a neutral clinic facility by a Certified Workability Therapist to objectively evaluate safe workabilities and rehabilitation potential.
- ☐ Ergonomic Accommodation Study with workability testing of claimant at the job-site by a Certified Workability Therapist to evaluate worker restrictions, job demands and accommodation options.
- ☐ Other issue(s): _____