prIME
Assessments

The Things We Think And Do Not Say (About IMEs).

And, going forward, what we can do about it.

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Montreal, Canada

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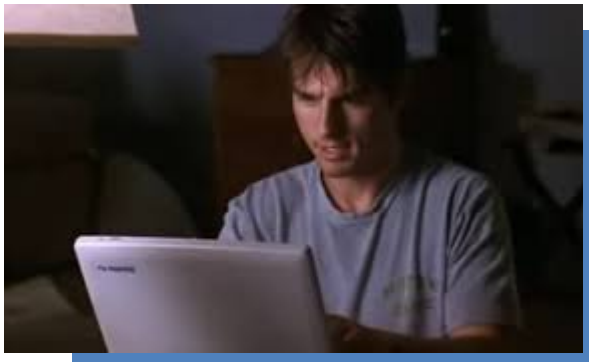
1 Executive Summary

The Independent Medical Evaluation (IME) has been a mainstay tool for the insurance industry, worker's compensation boards and litigation lawyers when dealing with injuries. It is overused due to the lack of alternatives. It has also been highly criticized. This paper looks at some of the issues of the IME process. Then explores some strategies to reduce the reliance on the IME and means to improve the IME process when they are necessary.

2 Introduction - My Story

In the 1996 classic film “Jerry Maguire”, the story leads off with the main character having a revelation and he writes a mission statement “The Things We Think And Do Not Say”. He goes on to discuss how the business he is in can do so much better. Well I have had a similar experience when thinking about the business of Medical Legal Reporting and the Independent Medical Examination (IME). In the movie, it was a burst of overnight inspiration where he explored over 28 pages. I am not as loquacious in both introspection and writing. My thoughts were percolating over a longer period of time and have now been realized into what I see regarding a business that has issues and needs to adapt.



I have worked as an orthopaedic surgeon for over two decades, and during that time I did my share of Independent Medical Examinations. During that time I often had questions and concerns about what I was accomplishing. Frequently asking if they were really necessary and if I was really the right person to perform these exams. I understood the basics and the guidelines to the process, but was I fully trained? I just carried on, learning as you go.

I then decided to understand things better and enrolled in a University Program in Insurance Medicine and Medico-Legal Expertise at the University of Montreal. During the very first lesson I took only one note regarding the IME; an IME is to answer a question, and we must think is the question relevant and can it be answered? From that point on I asked a lot of questions; about my practice, about the business, what I was being taught and the entire process and I strived to find answers and ways to ameliorate the system, with an attitude that things always need to be improved.

This paper discusses the obvious and not so obvious issues with the industry and the IME of today. Then examines where the IME industry has evolved to at present day, its growth, its complexity, its resistance to change, its inconsistencies and its criticisms. After this analysis it discusses how to retool the IME process to meet the ongoing challenges of both the present and the future.

3 The IME is a Mainstay of the Industry

The insurance company has a duty to compensate victims for loss. They also have a duty to remain viable by ensuring the appropriateness of settlements. The IME is a tool to address areas of loss for the insurance company, to help sift through legitimate complex claims and illegitimate claims. The IME however is often an overused go-to tool. With technological advancements in data handling, analysis and artificial intelligence alternative approaches are are on the horizon.

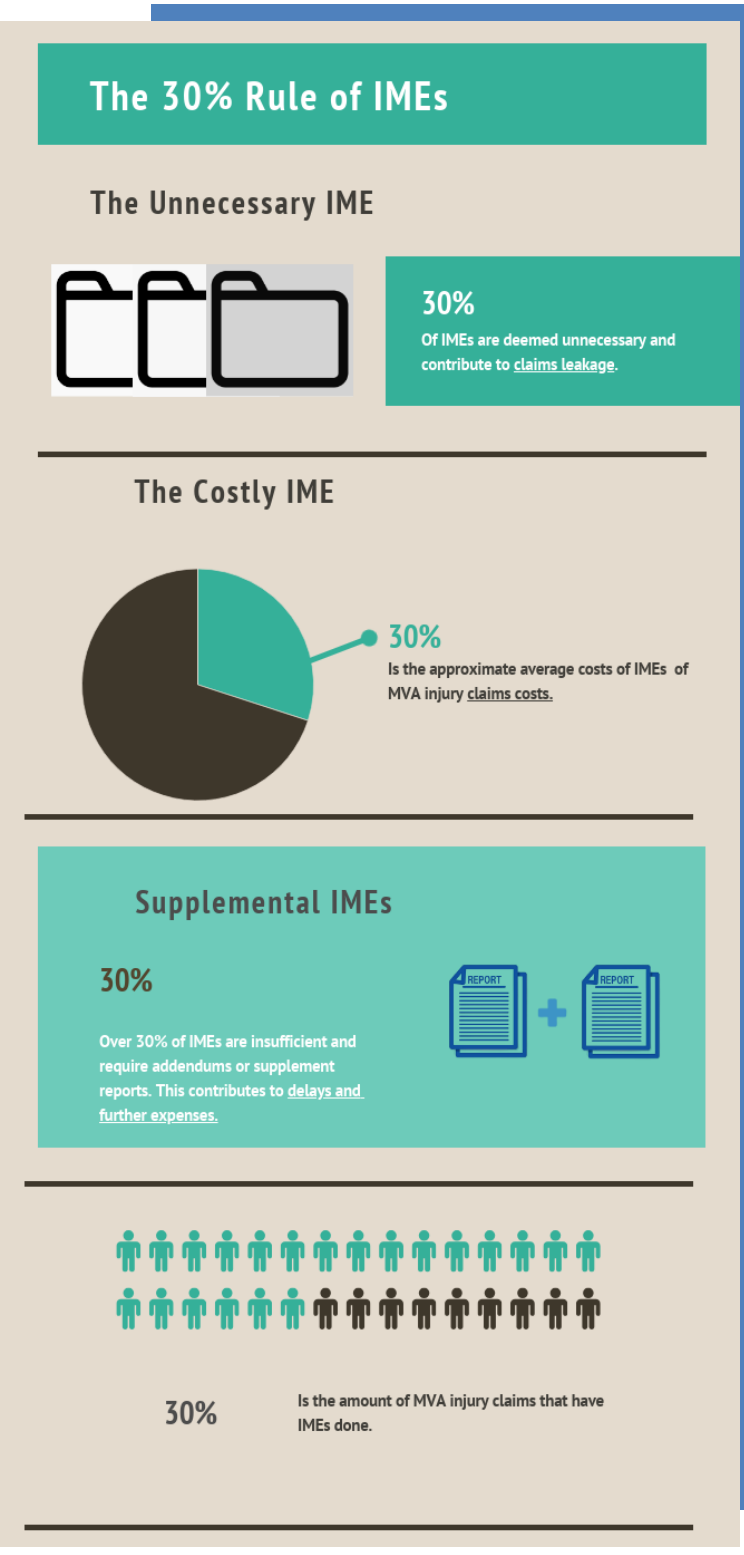
4 Current Issues With the IME

The IME process is fraught with criticism. Some issues are more obvious than others. The first that comes to mind is the ostensible term of independent. The independence of the examiner is meant in the sense that they are not a treating physician and hence do not adopt the role of advocacy for the patient, which has a concern of bias. This bias is not strictly as an advocate for the patient in such issues as disability, but also a treating physician as a reporter will have a tendency to justify their position for past decisions in the case such as diagnosis and treatments given. The selected examiner is independent from the patient, but has another conflict of interest, they are not financially independent from the requesting party, they are paid for their work. This is a frequent criticism of lawyers regarding the examiner. But the lawyer is in the same position; they also profit economically by participating in the disability process. It has been said that more that these players participate in disability matters, the less they help. The adage of Dr. A. Malleson: “There are two types of recovery: medical and legal; and one occurs at the cost of the other”, comes to mind.

Many of the examiners are in the twilight of their career and the IME Industry is a semi-retirement plan. They might not be as up to date as the active practicing colleagues. They often do not have any formal training in the process. The quality of reports is inconsistent and can often be rejected for lack of contribution to resolving the issue at hand, for not considering all the data available or for obvious bias. The opinions are often just that, opinions that they have construed by subjective reflex rather than by using data analysis and critical thinking to produce a well considered and rendered report.

Other issues with the industry come from other sources. There are IME brokers whose business is to increase the demand for the IME product and encourage quicker turnaround, often cutting corners. We have all heard the uncomplimentary term “IME Mills”.

The insurance companies also have a role to play. They often are quick to call on an IME without completing the process of data compilation and analysis. A report by Pricewaterhouse Coopers indicated these very issues is one of the greatest contributors to claims leakage. There is a greater trend these days of sending out unsorted, incomplete medical charts coming from various sources that challenge the examiner to sift through the data to find the appropriate information. In one example an examiner cited receiving 1600 pages, that included many duplications, administrative paperwork, including invoices, fax sheets, blank pages, scans of envelopes amongst other unnecessary items, and when pared down it was still a hefty 400 pages in length. In a hurry to get the process going the requestor often relies on a boilerplate set of questions regarding the injury, disability and prognosis, rather than clearly identifying the ongoing issue at hand.



The result is the examiner is overwhelmed with irrelevant information clouding the picture and often replies with boilerplate answers, avoiding questions, or rephrasing questions so they are easier to answer.

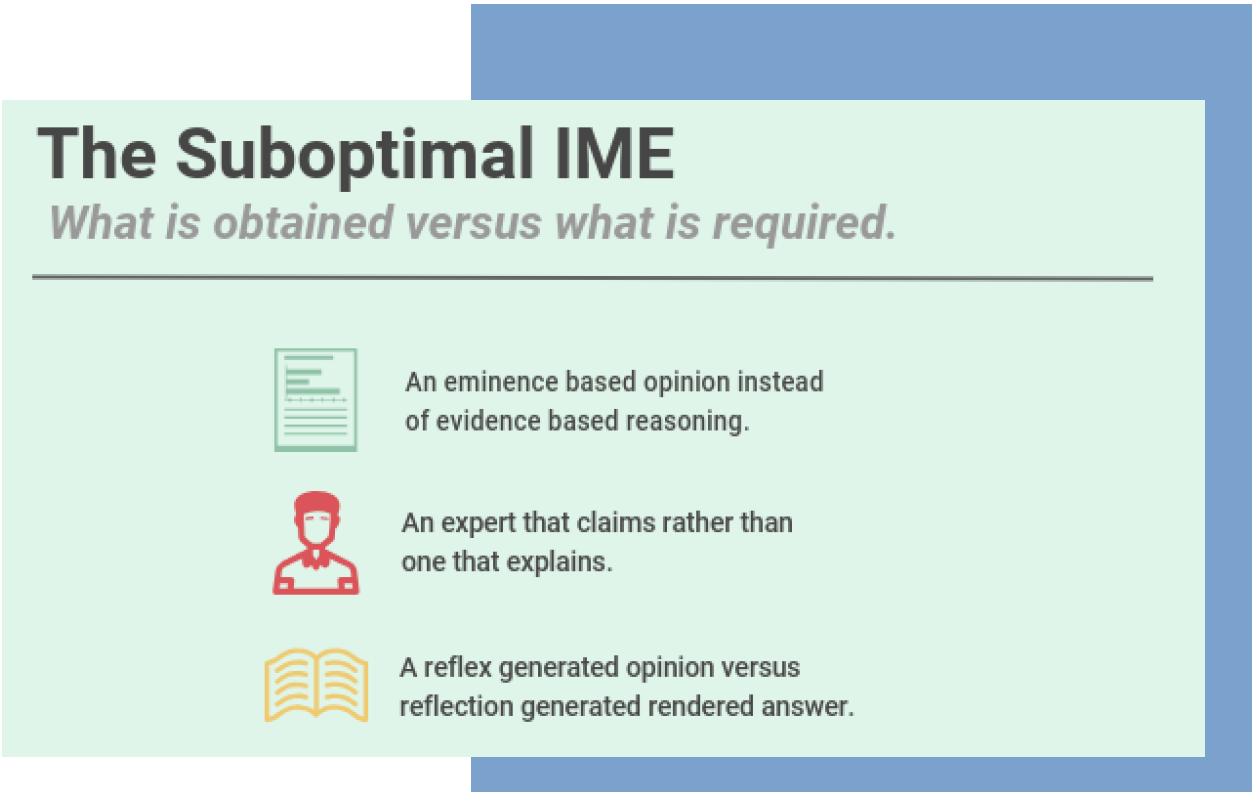
The IME process is at a minimum burdensome for all involved and can quickly escalate into an adversarial situation. With mounting conflict and delays, there are stress risers for the participants. This contributes to customer dissatisfaction and loss of customer retention.

Furthermore there is a risk of attorney engagement, which has inherent issues on it's own, including increased delays, increased consumption of medical services such as physiotherapy and diagnostic exams, and the risk of going to trial, where there is much greater costs, time delays and unpredictability of outcomes.

Digging deeper investigative studies demonstrate one of the greatest concerns with the IME report is the amount of inconsistency in the opinions and the outcome. One must question how two similarly trained and experienced experts provided with the same information come up with such opposing views. A landmark study looked into this , contrasting the opinions of the IME experts and specialists in Occupational Medicine for the same work injury cases. They found that although often the two groups concurred on some issues, notably the diagnosis and the work related causes, but disagreed sharply on the treatments (in particular regarding returning to work) and the degree of disability. In these cases the Occupational Medicine doctor often saw the patient much earlier on, possibly giving their opinion greater credence due to its proximity to the event.

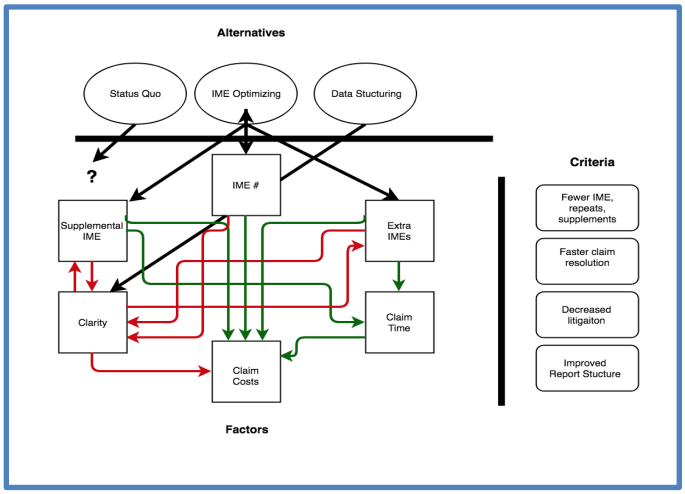
In a larger meta analysis of 23 studies, researches found great inter-rater variability in the assessment of disability. They went on to speculate the causes of this disparity, concluding that despite IME's common use and far reaching consequences for claiming disabling injury or illness, research on the reliability of medical evaluations of disability is limited and indicates high variation in judgments among assessing professionals. Standardizing the evaluation process could improve reliability. Development and testing of instruments and structured approaches to improve reliability in evaluation of disability are urgently needed.

A report by David Marshal for the Government of Ontario, Canada in 2017 entitled “Fair Benefits Fairly Delivered A Review of the Auto Insurance System in Ontario” stated that too much money is spent on legal issues instead of treatment and that the system needs to be more victim focused. He proposed mechanisms to have a single provider developing diagnosis and treatment plans that are binding to avoid the duelling assessments that are presently occurring.



5 The IME Process : A Complex Problem

Deft University of Technology is one of the leading engineering schools in Europe. They propose a method to help resolve complex issues. In particular there are many players dealing with a complex problem. In the case of the IME there is the insurer, the patient or client, the examiner, care givers, legal representatives for both sides and possibly judges. Each of these can see the problem in a different light and each has their own opinion on how to resolve it. The approach is to strip off the solutions, and identify each player's issues. Have them state goals as to what needs to be done and establish criteria on how these accomplishments are measured. Identify how these criteria affect one another. Then look at different scenarios to see which ones have the greatest positive impact via the criteria to reach the goals. In the case of the IME there were two goals that have the the greatest positive outcome: having fewer IMEs and having better IMEs.



This is pretty much stating the obvious. The great questions remain. How do you reduce the demand for IMEs and how do you optimize IMEs?

The first goal is exploring alternatives to the IME in certain situations, providing the claims manager with other possible tools. It is said that at least 90% of the medical chart is unstructured, by improving the dataset either manually, by leveraging technology, or a hybrid of both, the answer to the issue of hand may already be there.

The second goal of improving the IME has been discussed over the years. Solutions include proper training of the assessors, standardized reporting and means to ensure neutrality.

The two goals are linked by improving the data structure of the medical chart. In some instances it can avoid the IME altogether. And when an IME is deemed necessary it encourages focused questions and a more analytical approach resulting in quality reporting and defensible resolution of the issue at hand.

6 Conclusion

The Independent Medical Examination is an important tool but has limitations. It can be inherently biased, often relies on heuristic thinking rather than critical analysis and reporting and ends up being an opinion rather than a reasoned conclusion. There has been studies indicating that the IME is often unreliable with variations of conclusions regarding disability by providers with the same information set. Analysis of these issues using complex problem solving techniques indicate that improving data structure of the medical chart and a more focused engagement and utilization of the IME can yield more rendered and predictable outcomes.

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About prIME Assessments and IME360

prIME Assessments, established in Canada in 2016, is focused on leveraging technology to bring structure to the medical chart. By sequential algorithms prIME Assessment has developed methods to improve accessing data in the medical chart, which consists of records from multiple sources, inconsistent formatting, a collection of text, forms and handwritten entries, variable coding systems and lack of structured metadata. These improvements of the data permits deeper analysis of individual and groups of charts using new technologies such as machine learning and artificial intelligence in the fields of chart reviews for medico-legal, public health and research applications.

prIME Assessments has introduced IME360 to ameliorate the controversial present day mechanism that insurance companies use to assess health claims after accident injury by hiring an expert physician to assess the victim and formulate a report; the Independent Medical Evaluation (IME). With IME360, using algorithms, indexing and metadata, relying on technology and human expertise, the unstructured information in the medical chart is converted to more structured data. Furthermore, thorough analysis of the newly available information often can lead to resolution of the contested insurance claim without relying on the formal costly and time consuming IME.

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