

Number of Attended IME Appointments

IME Consultant Name	2021-22 (From Feb 2022)	2022-23	2023-24
Dr Vic Du Plessis	0	0	0
Dr Doron Samuell	0	0	0
Dr Deepinder Miller	0	0	0
Dr Antonella Ventura	0	6	5
Dr Frank Varghese	0	0	0

Total Invoice Cost of Attended IME Appointments

IME Consultant Name	2021-22 (From Feb 2022)	2022-23	2023-24
Dr Vic Du Plessis	\$0.00	\$0.00	\$0.00
Dr Doron Samuell	\$0.00	\$0.00	\$0.00
Dr Deepinder Miller	\$0.00	\$0.00	\$0.00
Dr Antonella Ventura	\$0.00	s 47	s 47
Dr Frank Varghese	\$0.00	\$0.00	\$0.00



Australian Government
Comcare

Comcare Independent Medical Examination (IME) Report Requirements

This document is intended to guide report structure, it is not designed to be completed or 'filled in'. A separate schedule of questions will be sent for each request.

Part 1 of this document outlines report sections / headings required. **Part 2** provides more detailed information on what to include under each heading.

The timely provision of high-quality IME reports assists Comcare to provide a high level of service. The agreed timeframes for Comcare to receive reports are: **7 business days** from the employee's examination for routine reviews and **2 business days** for reviews marked urgent.

Part 1: Summary of IME Report Requirements

1. EMPLOYEE DETAILS
2. OTHER ATTENDEES
3. EXPECTATION SETTING / SERVICE STANDARDS / QUALIFICATIONS AND SUTABILITY
4. SUMMARY OF REASON FOR REFERRAL
5. SUMMARY OF ALL DOCUMENTS SIGHTED AND CONSIDERED
6. HISTORY RELEVANT TO INJURY
7. SUBSEQUENT EMPLOYEE HISTORY
8. CURRENT COMPLAINTS/SYMPTOMS
9. DETAILS OF DIAGNOSTIC INVESTIGATIONS
10. MEDICAL HISTORY
11. OTHER RELEVANT MEDICAL AND OCCUPATIONAL HISTORY
12. PERSONAL AND SOCIAL HISTORY
13. FUNCTIONAL LIMITATIONS CAUSED BY THE WORK INJURY
14. DETAILS OF THE EXAMINATION
15. WORK CAPACITY
16. RESPONSES TO SPECIFIC QUESTIONS
17. SUMMARY CONCLUSIONS

18. SIGNATURE**Part 2: Detail of the information needed within the IME Report****1. EMPLOYEE DETAILS**

Name:

Claim Number/s:

Employer:

Occupation:

Date of birth:

Date of injury:

Date symptoms first noticed:

Date first accessed medical treatment:

Claimed Condition(s):

Date, place, and time of examination (commencement and finalisation): Face-to-face appointment: YES / NO

Unusual circumstances:

Interpreter provided: YES / NO

Note:

- Specific information about the injured employee may be provided by the requestor but should be recorded in your report to ensure accurate matching
- Provide information about any unusual circumstances of the examination including detail of any unusual event or occurrence which could be of relevance including difficulties encountered, hostility, lack of cooperation, reluctance to be examined etc
- Provide detail around face-to-face or telehealth setting and any limitations this presented.

2. OTHER ATTENDEES

List any other attendees at the examination (including family members, friends).

- Include the name of the attendee and the relationship to the employee
- Indicate if interpreter used and name of interpreter, or if needed but not provided
- Note any concerns/limitations about responses due to other attendees.

3. EXPECTATION SETTING / SERVICE STANDARDS / QUALIFICATIONS AND SUTABILITY

Before the examination begins it is essential that the employee is put at ease by the provision of a full explanation of the purpose and conduct of the examination and the role and background of the examiner.

Explain to the employee at the commencement of the examination:

- The purpose of the examination ☐
- Your role as an IME ☐
- Your specialty and its relevance to the examination ☐
- How the employee will be examined ☐

Did you answer all the employee's questions? YES / NO

Clearly state your qualifications, clinical experience, and any subspeciality or special interest areas and provide a brief statement outlining your suitability to conduct the assessment.

Comcare expects IME Consultants to demonstrate a high ethical standard including compliance with the [AMA Ethical Guidelines on Independent Medical Assessments 2010. Revised 2015.pdf](#). A statement confirming awareness of and compliance with these guidelines should be included in the report.

As an IME Consultant you may be asked to appear as a witness and give evidence in relation to your IME report and related matters for Comcare in an AAT or Court hearing. Indicating awareness and willingness to hold yourself to the [Guideline-Persons-Giving-Expert-and-Opinion-Evidence.pdf \(aat.gov.au\)](#) assist with the quality and completeness of your report. Note if Comcare was to require these services additional payment for appearance as a witness will be discussed.

4. SUMMARY OF REASON FOR REFERRAL

- State the identity of the requestor and the reason for the examination
- This section of the report must specifically state the main purpose/s: i.e. initial liability decision, ongoing liability decision, rehabilitation or treatment decision, supplementary report, Permanent Impairment and Non-Economic Loss decision, reconsideration decision, and potentially other.

5. SUMMARY OF ALL DOCUMENTS SIGHTED AND CONSIDERED

- List all the documents sighted for this report, and
- Summarise those documents which have been relied upon in forming your opinion

Acknowledging the list of all materials considered by you in preparing your report confirms your opportunity to access the documents, enabling anyone reading your report to recognise the information other than the history you obtained during the assessment and your clinical examination / findings used in reaching your conclusions.

6. HISTORY RELEVANT TO INJURY

Include a summary of the history of the accident, incident or precipitating factors relevant to diagnosis and causation of the employee's injury/ies. This concise history should be included in each report whether initial or subsequent to provide context for the report and should include:

- occupational history, including brief job description at time of injury

- summary of relevant tasks involved in the duties of the job at the time of the incident
- events leading up to and causing or contributing to the reported injury
- the injury itself – description of what actually happened, mechanism of injury, nature, severity, etc
- initial and subsequent medical attention, investigations, management, surgical or other procedures, complications, etc.

7. SUBSEQUENT EMPLOYEE HISTORY

Outline any work history subsequent to the original injury, including:

- effects of the injury/ies on capacity for work (current functional status), including current work status and post injury work capacity. If this information is not available or only partly available note should be made of limitations
- extent of return to work
- type and extent of work e.g.: light duties restricted hours etc.

If employee is unable to work, detail the reasons given by the employee including:

- continuing incapacity - describe limitations
- pain, describe type, timing
- no work available.

8. CURRENT COMPLAINTS/SYMPTOMS

Detail specific complaints or symptoms currently described by the employee.

9. DETAILS OF DIAGNOSTIC INVESTIGATIONS

Detail relevant investigations undertaken to date and whether you accessed the actual investigations of diagnostic imaging or just the reports. If diagnostic imaging has been undertaken but neither imaging nor reports were available for your review, record this together with any limitation this might place on your subsequent opinion or response to questions.

In respect to psychiatric /psychological examinations outline the results of any testing performed / administered or considered.

10. MEDICAL HISTORY

- Describe employee's general health.
- Record any previous or subsequent injuries, abnormalities and conditions that might relate to the current work-related injury or illness.
- Include any non-compensable conditions and treatments that might affect capacity for work or return to work, and future medical treatment options.
- Outline treatment and medications that have been, or are presently being, provided in the management of the injury and the responses experienced by the employee. Record any concurrent treatment for other conditions.

11. OTHER RELEVANT MEDICAL AND OCCUPATIONAL HISTORY

Include additional relevant history for example:

- other pre-injury employment
- handedness (particularly for limb or shoulder girdle injuries)
- level of education, other training, previous work history that might impact on return to any work
- pre- and post-injury personal, work or medical factors which might have had an impact on the injury and/or on the consequences of the injury
- impact that the present condition affects the employee's day-to-day activities and capacity for work.

12. PERSONAL AND SOCIAL HISTORY

Include relevant personal, social and family history that may impact on functional capacity.

This may include marital or relationship history; use of alcohol and non-medication drugs including recreational drugs and any evidence of drug abuse. Record any non-compensable conditions or disabilities that might affect the employee's capacity for work or ability to return to work.

13. FUNCTIONAL LIMITATIONS CAUSED BY THE WORK INJURY

Any functional limitations experienced, including restrictions on daily activities and interests as well as ability to travel by public transport/ motor vehicle to and from work or appointments attributed to injury. Specify the causal relationship of the functional limitations with the work injury.

14. DETAILS OF THE EXAMINATION

Clearly state your clinical examination or mental state examination (for psychologists/psychiatrists) findings.

Your examination should be conducted and reported in accordance with recognised professional standards and applicable laws. Your report should enable you to make an evidence based fair and comprehensive assessment in answering questions asked by the report requestor and be recorded in a manner that would enable another reader of similar qualifications to understand the basis for your opinion. The nature and extent of the examination performed should be reported concisely, relevant to the problem being addressed, recording findings in response to clinical testing, from your physical and/or mental state examination, including:

- assessment of functional capacity and the nature and magnitude of any injury/impairment/disability
- information obtained from examination that corroborates or raises questions about, the accuracy and/or completeness of the information provided in the history
- whether your findings included the presence of any other medical conditions and indicate how such conditions might relate to the injury/impairment/disability
- any evidence of abnormal, inappropriate or excessive pain, or other relevant behaviour observed during the course of your time with the employee.

List of all work-related injuries or illnesses assessed in examination. When reviewing the circumstances of an injury please consider:

- if and how work caused or contributed to the injury (or aggravation of injury)?

- if the symptoms of the injury are the result of an underlying or pre-existing condition (whether symptoms are experienced at work or not)?

15. WORK CAPACITY

Please describe the employee's:

- Pre-injury duties
- Current status of employment
- Current fitness and detail of specific suitable duties, including hours, days and duration
- Capacity to return to work, including recommended date/s and plan. Functional

capacity with evidence supporting recommendations for any restrictions.

16. RESPONSES TO SPECIFIC QUESTIONS

The reasons for the request for the examination should be reflected in Comcare's request and will include a separate schedule of questions. These questions should be considered before the examination to ensure that the information required is obtained.

- All questions in Comcare's request should be addressed in some form.
- List each question as detailed in the request and provide an answer or provide a reason for not responding to a specific question (including "not relevant" or "duplication of question number X").
- If the question is not relevant or duplicated, state your reason for not responding or discuss with Comcare directly.
- Opinions should be provided on the balance of probabilities, as opposed to possibilities. This means 'more probable than not', with opinions to not be founded on conjecture or mere speculation.

Any duplication of effort in responding to a specific question and a template topic is to be avoided. If you feel there is a duplication of effort, please provide one response by answering the specific question only.

17. SUMMARY CONCLUSIONS

- Provide a summary of the employee's condition. This must include your diagnosis and the basis on which it is made. If you are unable to make a specific diagnosis, the reasons must be clearly stated.
- State the evidence you have drawn from your assessment that supports your medical opinion. When citing evidence, it is important that there is consideration of the nature of the injury, illness, or disease and evidence is also relevant to the nature of the occupation undertaken by the employee. Please make sure that cited research findings, literature etc are relevant to the employee's occupational context.
- Provide a clear, concise and evidence-based opinion on the relationship between the employee's condition and their employment. Provide specific details of incident/s and/or contributing factors including a clinical explanation to support your opinion
- You may be asked to comment on the current management plan being followed for the employee's work-related injury or illness (if provided). If that is required, specific questions will direct you to the current management plan as part of Comcare's schedule of questions.
- This comment on the current management plan should either support proposed

management or justify any recommendations for change (including evidence from your findings to justify any changes, limitations or restrictions to current management). This should be justified by reference to the evidence as detailed in your report).

- Indicate employee's ability and capacity to return to work. If you propose restrictions to hours or function, provide evidence from your report to support your recommendation. e.g. if recommending limitation to particular duties, lifting a specific weight, raising arms above a certain level or to hours of work per week, explain basis for your opinion, indicate to evidence from your report and the anticipated period of limitation.
- If you are of the opinion there is **no capacity for work** please provide an explanation as to why, for how long you anticipate this to be the case, what needs to occur for employee to achieve a capacity for work, and what duties could they perform and when.
- Indicate your recommendations for **treatment**, including modality, frequency, dosage, duration etc. What improvements would you expect to see in relation to the employee's condition and function as a result of that treatment?
- If assessment is for Permanent Impairment and Non-Economic Loss state the which Table/s of Comcare's approved Guide (edition 2.1) used, and the Whole Person Impairment and non-economic loss ratings that best represents the employee. Indicate if Whole Person Impairments have resulted from a single injury, or from separate injuries.

18. SIGNATURE

Your personal signature also verifies that you have read and checked your report and certify its veracity. Ensure your report is internally consistent and that your opinions are supported by the evidence you have provided in the report.