Whereas, An independent medical examination or IME (also known as a compulsory medical examination or CME) is an integral component used in civil litigation to resolve questions about a particular medical condition or care; and

Whereas, Recording, videotaping, or allowing the presence of a court reporter or opposing attorney during the IME can, simply by their presence, obstruct efforts to properly obtain medical information and can create an adversarial environment; and

Whereas, Courts are increasingly compelling physicians to agree to the above conditions as a condition to testifying; and

Whereas, No other professionals are compelled to agree to these conditions as a condition to testifying; and

Whereas, Any significant collateral medical issue discovered during the IME must be disclosed to the patient, and thus a partial patient-physician relationship actually does exist; and

Whereas, The recording of the IME is the property of the legal representative of the person being examined and can be used in future trials or venues as they see fit; therefore be it

RESOLVED, That our American Medical Association amend Policy H-365.981, “Workers’ Compensation,” by addition to read as follows:

Our AMA:
(1) will promote the development of practice parameters, when appropriate, for use in the treatment of injured workers and encourages those experienced in the care of injured workers to participate in such development.
(2) will investigate support for appropriate utilization review guidelines for referrals, appropriate procedures and tests, and ancillary services as a method of containing costs and curbing overutilization and fraud in the workers’ compensation system. Any such utilization review should be based on open and consistent review criteria that are acceptable to and have been developed in concert with the medical profession. Physicians with background appropriate to the care under review should have the ultimate responsibility for determining quality and necessity of care.
(3) encourages the use of the Guides to the Evaluation of Permanent Impairment. The correct use of the Guides can facilitate prompt dispute resolution by providing a single, scientifically developed, uniform, and objective means of evaluating medical impairment.
(4) encourages physicians to participate in the development of workplace health and safety programs. Physician input into healthy lifestyle programs (the risks associated with alcohol and drug use, nutrition information, the benefits of exercise, for example) could be particularly helpful and appropriate.

(5) encourages the use of uniform claim forms (CMS 1500, UB04), electronic billing (with appropriate mechanisms to protect the confidentiality of patient information), and familiar diagnostic coding guidelines (ICD-9-CM, CPT; ICD-10-CM, CPT), when appropriate, to facilitate prompt reporting and payment of workers' compensation claims.

(6) will evaluate the concept of Independent Medical Examinations (IME) and make recommendations concerning IME's (i) effectiveness; (ii) process for identifying and credentialing independent medical examiners; and (iii) requirements for continuing medical education for examiners.

(7) encourages state medical societies to support strong legislative efforts to prevent fraud in workers' compensation.

(8) will continue to monitor and evaluate state and federal health system reform proposals which propose some form of 24-hour coverage.

(9) will continue to evaluate these and other medical care aspects of workers' compensation and make timely recommendations as appropriate.

(10) will continue activities to develop a unified body of policy addressing the medical care issues associated with workers' compensation, disseminate information developed to date to the Federation and provide updates to the Federation as additional relevant information on workers' compensation becomes available.

(11) opposes the ability of courts to compel recording and videotaping of, or allow a court reporter or an opposing attorney to be present during, the independent medical examination, as a condition for the physician's medical opinions to be allowed in court.


Fiscal Note: Minimal - less than $1,000.

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