Following is the downloadable/ printable package for Independent Medical Exams.

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Dear Prospective Client:

Thank you for your interest in JurisSolutions, Inc. We are pleased to offer our IME and Expert Witness Services to you. With many years of experience in this field, there is no better place to turn than JurisSolutions, Inc. for complete IME services and scientific and technical experts.

You will benefit from our IME services by expanding your list of Board Certified and Licensed Physicians who are pre-screened by our staff, receiving quality services with experienced attorneys, and keeping claims handling expenses low with our competitive fees.

We have thousands Scientific and Technical Experts in addition to over 5,000 Medical Experts currently on our Nation-Wide Panel of Experts, most of which can be searched right at our website, www.JurisSolutions.com. While there, you will also find many useful and interesting articles and features of interest to the litigation defense community.

Please find enclosed:

1. IME Request Forms, which can be faxed or mailed. Requests can also be made at our website or by telephone.
2. More information on our company including an “About Us” and “FAQs.”
3. An article about IMEs, printed in The Insurance Advocate.
4. Copy of our Guidelines that are sent to physicians who want to get involved in IMEs.
5. Sample Patient Questionnaire and IME Report.
6. Partial client list.

We look forward to hearing from you and are available to give personal assistance on your cases. If you would like to arrange for a meeting in person or need further information, please contact us at 516-935-8747 or by email at legalstaff@jurissolutions.com. We hope to work with you in the near future.

Sincerely,

Joseph F. Gangi, Esq. & Elyssa Burack, Esq.
Co-Founding Partners
Why JurisSolutions for IMEs?

Most Attorneys and Claims Professionals today simply don't have the time and resources to spend researching the proper physicians and scheduling Independent Medical Examinations (IMEs). With your demanding workload, why not let other attorneys who have years of experience in the IME and expert witness fields handle this burden for you?

Welcome to JurisSolutions, Inc., the most professional and personal IME Company in the field of medical-legal expert witness consulting. We concentrate on liability cases and, as attorneys, we embrace your IME referrals with a thorough understanding of the role of a defense-requested IME.

We have thousands of IME physicians nationwide and beyond, who are practicing, Board Certified, in good standing, and with excellent credentials that have been cross-referenced with the State Boards of Education. This goes far beyond JurisSolutions’ searchable database of experts, allowing us to avoid overuse and credibility issues. Many experts have subspecialties, prestigious affiliations including teaching appointments, and have been published. Some have served as chief residents, and others are credited with the leading articles in their field. All perform comprehensive exams with integrity.

The level of service provided to our clients is outstanding and the fees associated with the IME are often lower than what you would expect to pay for the physician directly. Each case is treated individually and with an understanding of the complexities and issues presented; whether they involve venue restrictions, deadlines or credentials of experts. We also offer copy/drop off service for our clients within the NY tri-state area and can provide seminars with renowned speakers at your request.

In a Liability case, you get one chance, so the IME report has to be precise from the beginning. You can rely on JurisSolutions’ staff to use our legal expertise when proofreading your reports against the Bill of Particulars or Complaint.

Our IME Reports are distinguished by the following:

- Reports are generated by the physicians and typed on the Physician's Letterhead.
- When requested, reports are addressed directly to your firm.
- Reports contain a narrative history section as stated by the plaintiff/claimant.
- Reports contain a detailed file review of all pertinent medical and legal records.
- Reports contain a comprehensive objective exam upon which the physician’s conclusions are based.
- Reports state a diagnosis relative to the physicians’ specialty and the alleged injuries upon which the case is based.
- The conclusion section answers and verifies The Bill of Particulars/Complaint and any Supplementals.
- The conclusion covers ability to perform activities of daily living / work, and gives a prognosis.
- A perjury statement is included above the doctor’s signature.
- Reports are signed by the IME physician.

Our physician’s reports are concise and address only the questions posed. Careful attention is given to verifying the nature and severity of the injury. We make sure our physicians evaluate the mechanics of injury, the quality of the history, as well as test for symptom magnification, malingering, or embellishment. If there exists evidence of a prior or subsequent condition or injury that bears on causality, this will be discussed.

"Whether your goal is to free up your time, obtain a variety of specialists or simply get the best services from an outside source, JurisSolutions is the answer. Put your expert needs in our expert hands."
IME REQUEST FORM

Date: __________________________       Plaintiff/Claimant:  ________________________
Claim No.: _____________________        Address:  ________________________________
Date of Injury:  __________                       ____________________Phone:  _____________
Insured/Defendant:  ______________        Plaintiff’s Attorney: _______________________
Type of Case:    (Tort)(BI)(FFD)(DIS)       Address:  ________________________________
(COMP)(No-Fault)        ________________________________________
Testing to date:__________________        Phone:  ______________  Fax:  ______________
________________________________              Contact Plaintiff Directly                          Attorney Only
Venue: __________________________________
Prior/Subsequent conditions/injuries:  ____________________________________________
MEDICAL SPECIALTY:                      Treating Physician:____________________
Orthopedist                      PM&R                           Dentist                           ENT
Neurologist                      Internist                          TMJ                              Radiologist
Psychiatrist                      Chiropractor                   Plastic Surgeon       Other___________
*Please supply background medical records and Bill of Particulars/Complaint.
□ Physician is authorized to perform x-rays or other testing in conjunction with this exam?
Specify:  _______________________________
ISSUES TO BE ADDRESSED:
□ Causal Relationship         □ Return to Work/ ADL  □ Schedule Loss Eval. (Comp.)
□ Degree of Disability □ Permanence       □ Apportionment (Comp.)
□ Need for Treatment/Testing  □ Need for Surgery   □ M&S Issues (Comp.)
Specific Issues to Address and Instructions:  ____________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Client Name: _____________________     Billing Address if Different: ______________
_________________________________     ______________________________________
Address: _________________________      ______________________________________
_________________________________     ______________________________________
Contact:__________________________      Contact: _______________________________
Phone: __________ Fax: ____________      Phone: _________________ Fax: ___________
Attorney: _________________________
Phone: __________ Fax: ____________     *Note: Unless otherwise specified, the report will be addressed to JurisSolutions

JurisSolutions appreciates your referral and respectfully requests that payment be remitted within 30 days of invoice.

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About Us  (last updated 8/01)

The Company:

JurisSolutions is a superior hybrid of the traditional IME Company combined with an Expert Witness Consulting Firm, Expert Witness Directory, and Online Searchable Database of thousands of Experts in every specialty located in every state and abroad.

As attorneys with personal litigation experience, it is often said that we are experts on experts since our business-to-business consulting services center around experts, expert witnesses, and the expert industry in general. If you have used JurisSolutions’ services in the past, you know there will never be a need to look anywhere else for experts. Our specialized comprehensive service means that you can call and speak to an attorney who will make sure we locate an appropriate expert for you. There is no other company or website that offers this level of personal, professional service. Whether the case calls for an expert who represents the plaintiff or defense, we are solely concerned with providing our clients with the right expert and will stop at no ends to achieve this goal quickly and professionally.

Our Services:

Our consulting division is actively involved in two major areas:

1- Providing Excellent Full Service Independent Medical Evaluations (IMEs)
As attorneys, we specialize in liability cases. We understand the complexities of the issues and parties involved in the IME process and embrace each referral with a thorough understanding of the meaning of a defense-requested IME. Through the entire process, from dealing with plaintiff’s counsel to having the final report proofed by an attorney, you will find we are very capable, efficient, and professional. With thousands of pre-credentialed medical experts located all over the country, as well as other countries, we are readily able to conduct IMEs virtually anywhere. We are experienced in personal injury (liability/tort), short– and long-term disability, workers’ compensation, no-fault/ PIP, return to work, and fit for duty IMEs, as well as peer and independent radiology reviews. More information on our IME services can be found here, or request an IME online now.

2-Locating Qualified Medical, Scientific, and Technical Experts
Our Scientific and Technical Experts, such as Bio-Mechanics and Accident Reconstruction experts have saved our clients millions of dollars of claims costs. In addition to conducting IMEs, other ancillary services include testimony, reviews for merit, damage calculations, loss of earnings, assessments, opinions, case management, surveillance, transportation, and interpretation, etc. We draw on our own professional experience to impartially provide both plaintiff and defense experts to save our clients time, money, and resources.

Our Website:
With experience, education and leadership as major driving forces, our website is the natural result of what we feel best represents our industry on the Internet. The reason for this is not simply because it holds the most comprehensive searchable database of experts, but because it’s content is designed to be useful for professionals in our industry. This distinguishes us from other online-only databases that list thousands of categories with no experts in them. Further, our website’s content compliments our consulting services as an excellent resource of experts, and information related to Expert Witness Consulting, Litigation and Independent Medical Exams.

Our website was launched with the idea that an informational and educational forum will allow the legal, medical and insurance professions to work more efficiently together. Providing a nexus for these professionals to meet and exchange ideas and services across professional and geographic boundaries is still our number one goal today.

As we have continued to grow, our website now has many exciting and useful resources available, such as:

- **Search**: Thousands of experts in our nationwide online database.
- **Current Legal News**: Updated daily, legal news articles from various sources are available right on our homepage.
- **Legal Articles**: Updated legal magazine articles from various publications are assembled on our Articles and Information page.
- **Research**: A collection of Medical-Legal research and search tools.
- **Helpful Forms**: IME Forms, Retainer Agreements, etc.
- **Links of Interest**: An abundance of useful legal, medical and professional links.
- **Litigation Support Services Directory**: Locate key litigation support services companies.
- **Articles and Information**: Browse through our featured articles relevant to expert witness consulting.
- **Lectures and Seminars**: Find out what seminars are currently being offered in our industry.

**In Summary:**

JurisSolutions is currently the most innovative and professional expert witness consulting firm and legal services company. Our purpose is to service the legal, medical and insurance professions by providing superior IME and expert witness consulting services. In the future, we will strive to establish creative new ways to support the legal industry and further business-to-business contact between attorneys, physicians and insurance professionals, and at the same time, provide useful information and content on our website.

I would like to print out an:

1. **IME Sales Package** (this package)
2. **Expert Membership Information Package**
Contacting JurisSolutions:

Our offices are located at:

33 Queens St., Ste. 201
Syosset, NY 11791

Phone: 516.93.JURIS (516.935.8747)
Toll Free at 877.935.8750
Fax: 516.935.8748

General email: legalstaff@jurissolutions.com
IME email: ime@jurissolutions.com
Site Related email: webmaster@jurissolutions.com
Advertising/Business Development: bizdev@jurissolutions.com

To reach our co-founders:
Elyssa Burack, Esq.: eburack@jurissolutions.com
Joseph F. Gangi, Esq.: jgangi@jurissolutions.com
FAQs for Independent Medical Evaluations

What sets JurisSolutions apart from other IME companies?
JurisSolutions, Inc. was founded by licensed NY State attorneys who have years of litigation and expert witness experience and who understand the dynamics of the parties involved in litigation and the complexities presented during the IME process and in IME reports. Every case is supervised, and each report is proofed by an attorney. This level of service provided to our clients is second to none, and each report reflects our professionalism, experience and knowledge. We also provide much more than IME services, including scientific and technical experts in any specialty across the nation. Furthermore, we are the only IME company with a nationally recognized website that actually lets you search our database of select experts, provides articles and info, including current daily legal news, lets you perform medical-legal research, sells useful products, and provides so much more. Click here for more info. on Independent Medical Examinations.

How do I request an Independent Medical Exam?
There are a few ways to request an IME to be scheduled through JurisSolutions. Online referrals will get electronically submitted to us instantly, or you can fax, call or mail in your request. If you need our preprinted IME referrals, please click here and let us know your address to mail them to you.

Do you have IME Physicians Nationwide?
Yes, we have over 5,000 medical experts in our expert database located in every state and beyond. We schedule IMEs with Board-Certified, Licensed, Practicing Physicians in any specialty or sub-specialty in all 50 states, US territories, and other countries.

How do you screen your Independent Medical Evaluation physicians?
We check Board Certification with the American Board of Medical Specialties (ABMS), Licensure with the particular State’s Department of Health or Education, and standing with the Office of Professional Medical Conduct. CV’s, copies of license registration certificates and proof of insurance are kept in our files for each of our experts.
5. **Who notifies Plaintiff’s counsel of the medical examination?**
All correspondence with plaintiff’s counsel concerning the IME is handled through our offices. We will select a mutually agreed upon time and place, advise counsel’s office by telephone and fax and mail the IME appointment letter. As our client, you will also receive a copy of the appointment letter for your files. Special contact requests such as email, or certified US mail can be arranged.

6. **How soon will you schedule the IME after I make the request?**
We will begin scheduling the IME as soon as we receive your request. If you require special dates and times, we will accommodate each specific need. We have scheduled and conducted exams within 24 - 48 hrs. In most instances, Liability IMEs will be scheduled 3 weeks from the time your request is made. No-Fault and Worker’s Compensation IMEs will be scheduled for 10-14 days, unless other standing instructions are provided. One or two days prior to the appointment, a telephone call is made to plaintiff’s attorney confirming the appointment.

7. **What about testimony? Are your doctors available to testify if my case reaches trial?**
We are experts at providing experts. The majority of our IMEs are for Liability cases where there is a good likelihood that it could reach trial. Therefore, we notify the physicians of the type of IME prior to scheduling the IME and request their testifying fees for the future. Our office will stay involved in your case up to trial and coordinate with our physician’s schedules for trial and deposition.

8. **Where are you located?**
Our offices are at: 33 Queens St., Ste. 201, Syosset, NY 11791, but our physicians and experts are located throughout the country and beyond.

9. **Do you conduct seminars?**
Yes. We are happy to arrange for speakers in different specialties to do presentations at your firm or company and we will invite you to seminars conducted in auditoriums that can accommodate groups. If you are interested in getting on our email list, please click here.

10. **Can I request certain physicians to be used for my IMEs?**
Yes, you may request an expert by name, and we are happy to provide a choice of credentials, or utilize experts with certain qualifications. If necessary, we will recruit, credential, and add particular experts to our panel on request. We also have enough resources that we can avoid certain experts if requested.
How to perform an IME

1. I HAVE BEEN HIRED AS AN INDEPENDENT MEDICAL EXPERT, HOW SHOULD I PREPARE FOR THE EXAM?
The first thing you should do before you ever see the patient for an IME is to review the medical records provided to you as well as any testing, studies and legal records which outline the patient's alleged injuries as a result of their accident. This review will provide the basis for your evaluation, highlighting the issues, and targeting your examination.

2. HOW LONG SHOULD I SCHEDULE FOR EACH APPOINTMENT?
As this is not a comprehensive exam, but directed to the areas in question, there is no set time frame which is considered appropriate for an Independent Medical Exam. It depends on which part of the body is allegedly injured and the patient's complaints. A history should be discussed with each examinee that covers the mechanics of the accident, treatment, tests, medications, past history, employment history and present complaints. This is also known as the subjective history portion of the IME. If the examinee or their attorney refuses to answer questions about the history, as long as the examinee complies with exam instructions, you must proceed, noting that he or she refused to answer questions. A typical exam can take as little as 15 minutes or more than an hour depending on the injuries, your specialty, and the records provided to you.

3. WHAT FORMAT SHOULD I USE FOR MY REPORT?
Your report should be addressed to the referring law firm, insurance carrier, or IME Company. A cover letter will usually accompany the initial medical records indicating to whom the report should be addressed and any specific questions/issues that need to be addressed in your report. For a sample report, go to www.JurisSolutions.com /sample report. In your IME report, the subjective history section should always be put in the narrative form, for example: "The patient reports…" or "The patient alleges…" or "The patient states…" etc.

4. DOES A DOCTOR-PATIENT PRIVILEGE EXIST?
There is no doctor-patient privilege for IMEs. You are hired solely as a consultant to render a second-opinion. All of your findings should be contained in your IME Report. You should never discuss your findings or recommendations with the patient, family members, treating physicians or opposing counsel. If you need to discuss a certain aspect of the case, it should be done with the firm who hired you. You can also address your concerns in your report or in a separate confidential memo. Your role is as a consultant, thus no physician-patient privilege exists.

5. CAN I PERFORM DIAGNOSTIC TESTS DURING MY EXAM?
You are not automatically authorized to take x-rays or other testing that will cost more than your fee for the IME. You should call for approval for extra fees that were not previously agreed upon. Most companies will approve tests that are necessary to clarify your opinion, but in order to receive reimbursement; you should always call for pre-approval. The examinee or their attorney may decline tests, which should be noted in the report.

6. CAN THE PATIENT VIDEOTAPE OR RECORD MY EXAM?
It has been found to be within the patient's rights to videotape and record the IME. As the IME...
physician, you must allow a videotape or recorder into your examination room. Failure to do so could result in an aborted IME and could cost the defense the chance to have the claimant examined. If you feel intimidated by this action, you should not delay the exam, but remain professional and calm, and go about your exam, as you would do under normal circumstances. Any taping or form of intimidation can be noted in your report. Conversely, as an IME physician, you can also videotape the IME. In NY Workers’ Compensation cases, you must check off your intent to videotape on the IME appointment letter of you will not be permitted to do so during the examination.

7. HOW LONG SHOULD MY REPORT BE?

Your report should follow this general format. A typical report includes a Subjective History Section, which includes the circumstances of the injury, the areas initially injured, and initial hospitalization or emergency room care. It should include the names of any treating physicians, the type and frequency of the treatment received. Follow-up care should be documented as well as any other testing and/or surgery that may be related to the accident. Be sure to also include a past and subsequent medical history section including other accidents, injuries and surgeries.

Following, your report should have an Employment History Section which states the patient's occupation at the time of the injury, whether the patient returned to work after the accident, and if the patient is currently working and in what capacity.

Next, a Document Review is necessary to chronologically list each document provided for your review including all medical records, statements, accident reports, hospital records, operative reports and the Complaint or Bill of Particulars. Give a brief explanation of each document, including diagnosis and impression on same.

Following, your report should list the Patient's Chief Complaints that pertain to the accident. You should check them against the Bill of Particulars or cover sheet to the medical information so that you know what parts of the body are in contention. Also, the complaints should be specific to your area of specialty.

Next comes your Objective Examination, which should center on the parts of the body that are named in the case. If the patient has complaints to areas not mentioned as part of this case, there is no need to examine these areas. Range of motion testing should be objectively measured, as with a goniometer, and the report should specify the actual measured ROMs as well as the normal ROMs and what source they are taken from, eg. The AMA Guidelines. Other objective tests in your area of specialty should be used so that you can support your conclusions later.

Your Conclusion Section should contain answers only to the issues raised. Be honest and remain objective. When addressing causation, it should be based on three things: the subjective complaints, review of documents and your objective examination. You can preface this section by saying, "Based on the history as reported to me by the patient, a review of medicals and my objective examination, I find the injuries causally related to the accident in question." You should not simply take the examinee’s statements at face value. Any evidence in the records of a prior or subsequent condition or injury that affects causality should be noted. Your final
conclusion should address specifically any other questions asked, such as: return to work, permanency, and disability status and possibly the need for further treatment/surgery.

8. WHAT ARE THE DISTINCTIONS IN NEW YORK, NO-FAULT AND WORKERS COMPENSTAION AND TORTS CASES?
In No-Fault cases, the insurance carrier is primarily concerned with treatment. Specifically, is the treatment necessary and beneficial for the claimant or has the patient achieved all they can from their treatment plan. Pursuant to a recent change in New York State No-Fault law, if the independent medical examiner finds that no further treatment is necessary, the wording ”No further treatment is necessary in my field of specialty, and any further treatment would be considered medically excessive" would be appropriate. The often-used term of "Maximum Medical Improvement has been reached" (MMI) is no longer appropriate. If further treatment is warranted, a frequency and duration should be indicated to facilitate rescheduling.
See http://www.ins.state.ny.us/.

Reports must be submitted in a timely fashion, so as soon as the IME takes place, a report should be generated, proofed and mailed, faxed or e-mailed immediately. Many times, the carrier may also ask you to fax or call in verbal information so that authorizations or denials can be expedited. If this is the case, testing or further treatment is pending your opinion, so a response within 24 hours is important. Peer Reviews may be requested to determine whether medical treatment is indicated and should be authorized. A Peer Review should give a brief explanation of the history of the case, review of the treatment, document review, the proposed treatment plan including diagnostic testing, and finally, your opinion if the treatment is medically indicated. In other words, the insurance carrier is looking for your advice as to whether you agree with the treating physician's treatment plan. Answers to these questions are usually required within a week.

In Workers Compensation cases the medical expert should pay particular attention the ANCR section of the cover sheet to the medical information. ANCR stands for Accident, Notice, and Causal Relationship, meaning, an accident occurred during the injured worker's employment, notice was given to the employer of the accident and causal relationship has been established to the body parts specified. The ANCR establishes the parameters of the exam in the same way the pleadings do in a tort case.

The most important aspects of your Workers’ Compensation report should concern work abilities, need for treatment (frequency and duration), causal relationship (of injuries to accident) and degree of disability. If the issue is disability, use: mild, moderate, marked and total, not percentages to determine the degree of disability, in accordance with the New York State Workers Compensation Guidelines. Disability relates to an employee’s ability to do their job, so pay careful attention to whether they are performing their usual work with no restrictions. Reports must be submitted to multiple parties in a timely fashion, since benefits are contingent on your report. Physical capability forms and specific questions for authorizations for certain testing, percentages of impairment, or schedule loss of use evaluation, and section 15-8 issues such as possible apportionment and material and substantial issues may be asked and should be answered in an expedited manner.
In NY Workers Compensation cases, under your signature, you should give your WCB rating code and WCB authorization number. You should also give your availability for testimony. (See our article on recent changes to the NY Workers compensation system here.) A Liability case or Tort is a case that has been filed and is an actual lawsuit, not simply a claim against a carrier. There is almost always an attorney involved on both sides of the case, and the patient is also a plaintiff. The plaintiff’s representative or attorney may accompany him/her to the exam and you should allow them to stay with the patient during the entire exam process if this is the case. If you feel intimidated or this causes any disruption to your objective exam, you should note this in your report. The plaintiff’s attorney may make the process seem adversarial. While they may direct their client not to answer certain questions, their involvement should not rise to the level of obstructing you from performing a fair and complete evaluation. In this rare instance, it is appropriate to contact us and you will need to issue a sworn written statement as to the circumstances.

In personal injury cases, on the cover sheet, there may be specific questions for you to address and you should pay close attention. Many times, causal relationship is considered a legal question, not a medical question so the defense does not want this addressed. The referring firm may or may not want degree of disability addressed, need for further treatment or permanency addressed in the report. The best approach to doing a Liability IME is to remember that you are an impartial physician hired by the defense to give your opinion on the merits of the injuries alleged by the plaintiff.

9. WHAT IS AN ATTESTATION?
After you have concluded your report, and above your ink signature, a perjury statement should appear. It states that you have read your report, understand the contents therein and swear to your conclusions. All IME reports should contain an attestation. Following are several variations:

I state that I am a Board Certified physician in the State of (state) and hereby affirm that the contents of this report are true to the best of my knowledge under the penalties of perjury.
Dated______________________ Signed__________________________

Or

I state that I am a physician authorized by law to practice in the State of (state), am not a party to this proceeding, am the physician who subscribed to the above report, have read the same and know the contents thereof; that the same is true to my knowledge, except as to the matters stated to be on information and belief, and as to those matters I believe to be true.

The undersigned, hereby affirms that the foregoing statements are true under the penalties of perjury.
Dated______________________ Signed__________________________

OR

Consideration should be given to local law, for instance, in NY liability cases, use:
I, Doctor ________________________, being a physician duly licensed to practice in the State of New York, pursuant to New York CPLR Section 2106, hereby affirm under the penalties of perjury that the statements contained herein are true and accurate.

10. IF THE INJURIES ARE OUT OF MY FIELD OF SPECIALTY, WHAT SHOULD I DO? Stick to your area of expertise; in other words, do not comment or address issues outside your area of specialty. Similarly, you should not make referrals to specific doctors or other specialties, unless of course you are asked. Bottom line; answer the questions that are being asked of you only.
Patient Questionnaire

To be filled out by Patient at time of IME

(Fill in or circle the appropriate answers)

Doctor’s Name:_________________
Specialty:_________________
Location of Exam:____________
Date of Exam:______________

Patient’s Name______________________________
Birth Date:____________            Sex: Male / Female
Height:________________            Weight:___________________
Eye Color:____________           Are You: R / L Handed
Hair Color:________________     Date Of Accident:__________

For identification purposes, are you:   Caucasian / Black / Hispanic / Asian / Indian / Other

1. Date of Accident:___________________
2. Type of Accident: Workers Compensation/Motor Vehicle/Other _____________________
3. Were you seat belted? Yes / No
   A. Were you the Driver / Passenger?  B. Were you Front seat / Back Seat?

4. Describe in detail how the accident/injuries occurred: ______________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

5. What was injured?
   ____________________________________________________________________________
   ____________________________________________________________________________

6. Did you experience a loss of consciousness?  Yes/No     For How Long? ______________
7. Did you sustain any bruises?   Yes/No            Where?
   Any lacerations / cuts?    Yes/No            Where?
   If yes, did you require stitches?  Yes/No Where and how many?
8. Did you go to the emergency room?  Yes/No
   Where and When?
   A. If so, did you go by ambulance?  Yes/No
   B. Were x-rays taken there?  Yes/No
   C. If so, what was x-rayed and what were the results?
   D. What type of treatment did you receive in the emergency room?
   E. Were you admitted to the hospital? Yes/No     For How Long?____________
9. Have you been re-hospitalized for these injuries? Yes/No
   A. If so, where, when, and why?

10. Has any further testing been done? Yes/No
    A. What were the dates and results?

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purposes as informational, promotional, and marketing materials for the sole benefit of JurisSolutions, Inc.
11. What, if any, studies have you brought with you to today’s exam?__________________

12. What other doctors have you treated with as a result of the injuries sustained?
   A. Dr.__________________________ Specialty _____________________________
      Date of first visit__________________ Date of last visit____________________
      How often did you see this doctor?__________________________ Currently?___
      Type of treatment?__________________________________________
      Are you still seeing this doctor? Yes/No

   B. Dr.__________________________ Specialty _____________________________
      Date of first visit__________________ Date of last visit____________________
      How often did you see this doctor?__________________________ Currently?___
      Type of treatment?__________________________________________
      Are you still seeing this doctor? Yes/No

   C. Dr.__________________________ Specialty _____________________________
      Date of first visit__________________ Date of last visit____________________
      How often did you see this doctor?__________________________ Currently?___
      Type of treatment?__________________________________________
      Are you still seeing this doctor? Yes/No

13. Are you currently receiving any type of treatment? Yes/No
   A. If so, what type? (Circle One) Physical Therapy / Chiropractic / Medication /
      Ultrasound / Massage / Whirlpool / Ice / Heat / Acupuncture / Exercises
   B. If other please explain: ____________________________________________
      ________________________________________________________________

   C. How Often? ____________________________________________________
      ________________________________________________________________

14. What are your current symptoms / complaints?________________________________
     ___________________________________________________________________

15. Do you have any serious illnesses? Yes/No
   A. If so, what? ______________________________________________________
     ___________________________________________________________________

16. Do you take any medication? Yes/No
   A. If so, what and what for? __________________________________________
     ___________________________________________________________________

17. Have you ever had surgery? Yes/No
   A. If so, what and when? _____________________________________________
     ___________________________________________________________________

18. Have you ever had a prior or subsequent similar injury, condition, or accident? Yes/No
   A. If so, what and when? _____________________________________________
     ___________________________________________________________________
19. At the time of injury were you employed? Yes/No
   Employer’s Name _____________________________________________________
   A. Full-time or part-time? _____________________________________________

20. Did you lose time from work? Yes/No
   A. If so, for how long? ________________________________________________

21. Have you worked in any capacity since your injury? Yes / No
   A. If yes, doing what? _______________________________________________

22. Are you currently working? Yes / No
   A. Full-time or part-time? _____________________________________________
   B. Same job / New job (Circle One)
   C. Doing what? _______________________________________________________

23. What type of daily activities do you engage in? _________________________
    ___________________________________________________________________

24. What do you do on a daily basis? ________________________________
    ___________________________________________________________________

I affirm that above information provided is true and correct to the best of my knowledge.

Patient’s Signature: __________________________________ Date: ________________
Sample Orthopedic Report

Paul C., M.D., Orthopedic Surgery
XYZ Third Avenue, Ste. 3D
New York, New York 1000
212-555-8000

Disclaimer: This sample form is not a template. Our IME physicians are required to produce
their own reports, on their own letterhead, reviewed and signed to affirm that it is their medical
opinion. Format, procedures, tests, and of course findings and style will vary based on the
individual case and physician.

(To see how this report would differ for other specialties or exam types, see our website, for
Articles, Forms, and Information, including important changes in NY Workers Comp. law.)

Date, 2001

Provided by: JurisSolutions, Inc.
www.jurissolutions.com
33 Queens St., Ste. 201
Syosset, NY 11791
516.93.JURIS

Patient: Saul Rosenberg
Claim #: 123456-(1)
DOA: 12-5-98

At your request, the patient was examined today at my XYZ Third Avenue, New York, New
York office for the purposes of an Independent Medical Examination. Mr. Rosenberg
presented with valid photo identification which was copied and is included. My report is as
follows:

HISTORY OF ACCIDENT:

According to the patient, he was a passenger, not wearing his seat belt, when he was involved
in an automobile accident with a bus. He states that the vehicle he was in was struck in the
front driver's side. He denies a loss of consciousness, fractures or lacerations. Following the
accident, he went by ambulance to Lenox Hill Hospital where he was evaluated, given x-rays
and released that day.

Subsequently, he went to XYZ Orthopedics for treatment of neck pain, lower back pain and
left leg pain. He began physical therapy three times per week. He reports that the treatment was
not helping and he stopped receiving the treatment about 3 months ago.

He states that he has not been re-hospitalized for any injuries related to this accident. He
reports he has not treated with any other doctors.
Re: Rosenberg, Saul
Claim # 123456-(1)

PRESENT COMPLAINTS:

The patient reports that he has present complaints of pain associated with his lower back.

PAST MEDICAL HISTORY:

He denies any previous serious conditions or surgery. He also denies any prior motor vehicle accidents or injuries. He takes no medication other than Advil for headaches not associated with this accident.

OCCUPATIONAL HISTORY AND CURRENT JOB STATUS:

At the time of this accident, the patient claims to have worked in sales part-time. He returned to work initially, and is now retired. He states he spends most of his time gardening, reading and relaxing at home with his family.

ORTHOPEDIC EXAMINATION:

Age: 65, Height: 5'10'', Weight: 180lbs., Eyes: Green, Hair: Black, right hand dominant male.

On physical exam today, I found the patient to be alert, cooperative and well oriented to person, place and time. His communication skills, recent and remote memory, insight and judgment, affect and mood are well within normal limits. He is able to follow commands and cooperate with the examination. Where noted, ranges of motion were objectively measured by goniometer and the AMA Guidelines were utilized. My objective findings as related to his injuries are as follows:

Cervical Spine:

Examination of the cervical spine reveals a normal lordosis. The cervical paraspinal region was palpated using light touch and no paraspinal muscle spasm was noted. Cervical compression testing is negative. Valsava's maneuver is negative. Range of motion testing of the cervical spine revealed: flexion to 45 degrees (45 degrees normal), extension to 45 degrees (45 degrees normal), right rotation to 70 degrees (70 degrees normal), left rotation 70 degrees (70 degrees normal), right lateral flexion to 45 degrees (45 degrees normal), left lateral flexion to 45 degrees (45 degrees normal).
Neurological examination reveals muscle strength graded at 5/5 in the biceps, triceps, wrist flexors and extensors bilaterally 5/5 normal). Deep tendon brachioradialis, biceps and triceps reflexes are present and active bilaterally at 2+ (2+ normal). Grasping power is firm in both hands. There is normal proprioception and vibration sensation with no sensory deficit on light touch and pinprick. There is no radiation of pain and paresthesia.

Lumbar Spine:

The lordotic curve is normal. There are no spasms or tenderness noted over the paraspinal musculature on palpation. Sitting Laseague testing is negative to 80 degrees.Straight leg raising is negative to 75 degrees in both the seated and spine positions. Hoover, Trendelenburg, Milgram, Patrick and Valsava testing are all negative. Range of motion of the lumbar spine reveals forward flexion to 90 degrees (90 degrees normal), extension to 30 degrees (30 degrees normal), right lateral flexion to 45 degrees (45 degrees normal), and left lateral flexion to 45 degrees (45 degrees normal).

Lower Extremities:

There is no atrophy noted in the muscles of the lower extremities. Muscle strength is graded +5 bilaterally. Proprioception and vibration sensation are normal with no sensory deficit on light touch and pinprick. Femoral nerve stress test of hip abduction and extension provokes no pain. Patrick's test is negative. Knee flexion and active leg raising are performed without difficulty.

REVIEW OF MEDICAL RECORDS:

- Bill of Particulars was reviewed.
- Ambulance Report dated 12-5-98.
- X-rays taken at Lenox Hill Hospital of the cervical spine taken on 12-5-98 were reviewed. Straightening and degenerative changes with narrowing at C5-6, otherwise, normal study.
- X-rays of the lumbar spine taken on 12-5-98 were reviewed. Normal study.
- Treatment notes dated 12-98 through 5-99 from XYZ Orthopedics were reviewed.
- A Narrative report dated 3-7-99 from Dr. B.
Re: Rosenberg, Saul
Claim # 123456-(1)

DIAGNOSIS:

Resolved sprain/strain of the cervical spine. Resolved Sprain/strain of the lumbar spine.

DISABILITY AND TREATMENT:

The patient has no disability. He has since retired from his employment in sales and is certainly able to continue his activities of daily living without restriction. There is no permanency and no need for treatment or testing as a result of this accident. There is no need for medication.

If I can provide any further assistance in the future, please feel free to contact my office.

The above-captioned claimant was examined in accordance with the restrictive rules concerning an independent medical examination. It is therefore understood that no doctor-patient relationship exists or is implied by this examination.

I, Paul C. M.D., being a Diplomate of the American Board of Orthopedic Surgeons, am duly licensed to practice medicine in the State of New York pursuant to CPLR, section 2106 and hereby affirm under the penalties of perjury the foregoing is true to the best of my knowledge except as to those matters stated on information and belief, and as to those matters I believe to be true.

Yours truly,

(Signature)

(Testimony Availability)

Paul C., M.D., Lic. #:

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