

Worker-Requested Medical Examination Request Checklist

Worker: _____

Claim number: _____

Claim Status: **Deferred** **Accepted** **Denied** **Partial denial**

1. Submit a request for the exam to the director. At the same time, send a copy of the request to the insurer or self-insured employer.
2. Worker's name, address, and claim-identifying information.
3. Names and addresses of physicians who have provided medical services to the worker on this claim or who have provided medical services to the worker related to the claimed condition.
4. The date the worker requested a hearing and a copy of the hearing request.
5. A copy of the insurer's denial letter based in part on an independent medical exam (IME).
6. Document(s) that demonstrate that the attending physician does not concur with the IME report(s) on which the insurer based its denial.
7. Schedule the exam with the selected physician and notify the insurer and the Workers' Compensation Board of the scheduled exam within 14 days of the notification of the selected physician.
8. The worker is responsible for communicating questions related to the compensability denial in writing to the physician at least 14 days prior to the date of the exam.

For assistance, contact the Resolution Team, 800-452-0288.

This checklist is available at
www.oregonwcd.org/compliance/bcu/wrme_chklist.pdf