

Independent Medical Evaluation and Impairment Rating Report Checklist

Section 1: Case Specifics

- ☐ Case/File Number listed
 - ☐ Evaluator identified
 - ☐ Specialty of the evaluator included
 - ☐ Qualifications of evaluator to perform evaluation (e.g., Certified Impairment Rater)
 - ☐ Type of report (e.g., IME, AME, QME, PTP) clearly indicated
 - ☐ Requesting party identified (defense, plaintiff, employer, insurer)
 - ☐ Date of injury specified
 - ☐ Date of report stated
 - ☐ Interval from injury to report calculated (in months)
 - ☐ Report length noted (pages or word count)
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Section 2: Narrative Critique

1. Structure and Presentation

- ☐ Logical organization and clear headings/subheadings
- ☐ Professional formatting, spelling, and grammar
- ☐ Tone is objective and professional
- ☐ Language is readable for non-medical stakeholders

2. Comprehensiveness

- ☐ All key report components included (history, medical documents, exam, analysis references)
- ☐ Level of detail appropriate to case complexity

3. Introduction

- ☐ Purpose of the report clearly stated
- ☐ Referring the source and scope of evaluation defined
- ☐ Historian identified and corroborated with medical records

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4. Medical History

- ☐ Full injury history, including onset, symptoms, mechanism, and context
- ☐ Chronological clinical timeline provided
- ☐ Pre-existing and comorbid conditions noted
- ☐ Complete medical background:
 - Past Medical History
 - Review of Systems
 - Family History
 - Personal, Social and Occupational History

5. Medical Record Review

- ☐ Process: Human, Artificial Intelligence, or both
- ☐ Adequate volume and relevancy of reviewed records
- ☐ Key findings integrated into the narrative
- ☐ Inconsistencies, gaps, or missing records identified

6. Physical Examination

- ☐ Exam appropriate to body part and diagnosis
- ☐ Objective measurements provided
- ☐ Distinction made between subjective and objective findings
- ☐ Assessment of non-physiologic findings (e.g., Waddell signs) included

7. Conclusions and Medical Opinions

- ☐ Diagnoses:
 - ICD-10 codes provided
 - Justified and consistent with facts and evidence-based medicine
- ☐ Clinical/Case Analysis:
 - Logical reasoning supported by facts and evidence-based medicine
- ☐ Causation:
 - Consistent with *AMA Guides to Evaluation of Disease and Injury Causation* (www.causation.com) and other evidence-based medical resources.
 - Transparent, reasoned opinion

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- ☐ Maximum Medical Improvement (MMI):
 - Clearly defined and justified
- ☐ Impairment Rating:
 - Correct AMA Guides edition used
 - Accurate methodology with citations to tables/figures
 - All steps documented
- ☐ Work Ability/Restrictions:
 - Functional limitations consistent with findings
 - Based on AMA Guides to Work Ability

8. Disclosures and Attestations

- ☐ Disclosure of professional relationships or conflicts of interest
 - ☐ Attestation of objectivity and adherence to evaluation standards
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Section 4: Bias and Tone Assessment

- ☐ Language is neutral and professional
 - ☐ No signs of implicit or explicit bias
 - ☐ No disrespectful tone toward the claimant or legal parties
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Section 5: Recommendations for Further Action

- ☐ AI Report Critique (Cbrigham.com/report-screening)
- ☐ Analysis by a board-certified impairment expert (Cbrigham.com/referral)
- ☐ Suggested training or re-education noted (e.g., amaguides.com)

References

¹ Brigham CR, Drenfeld LK, Feinberg S, Kertay L, Talmage JB. Independent Medical Evaluation Best Practices. Guides Newsletter, 22(5):3-18, September – October 2017.
<https://doi.org/10.1001/amaguidesnewsletters.2017.SepOct01>

¹ Brigham CR, Feinberg S, Buttar WA. Comprehensive Medical History Interview: Practical Guidance. Guides Newsletter, 28(6):20-45, November-December 2023.
<https://doi.org/10.1001/amaguidesnewsletters.2023.NovDec04>