

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION

DIME Examiner's Summary Sheet

1. Claimant Name: _____ WC #: _____ Date of Injury: _____
2. DIME Physician: _____ Appointment Date: _____
Report Due Date: _____

3. **Is the claimant at MMI for this injury?**

- Yes**, the claimant reached MMI on _____ (date)
- No**, the claimant is not at MMI

4. **DIME Physician's Rating (Unapportioned Ratings)**

Spine _____ % WP	
Extremities	Right upper extremity _____ % UE Convert to WP → _____ % WP Left upper extremity _____ % UE Convert to WP → _____ % WP Right lower extremity _____ % LE Convert to WP → _____ % WP Left lower extremity _____ % LE Convert to WP → _____ % WP
Psychological _____ % WP	
Other _____ % _____ % WP	
Final Combined Unapportioned Impairment Rating _____ % WP	
Final Combined Apportioned Impairment Rating * _____ % WP (*Desk Aid #14, Apportionment Calculation Worksheet must be attached)	

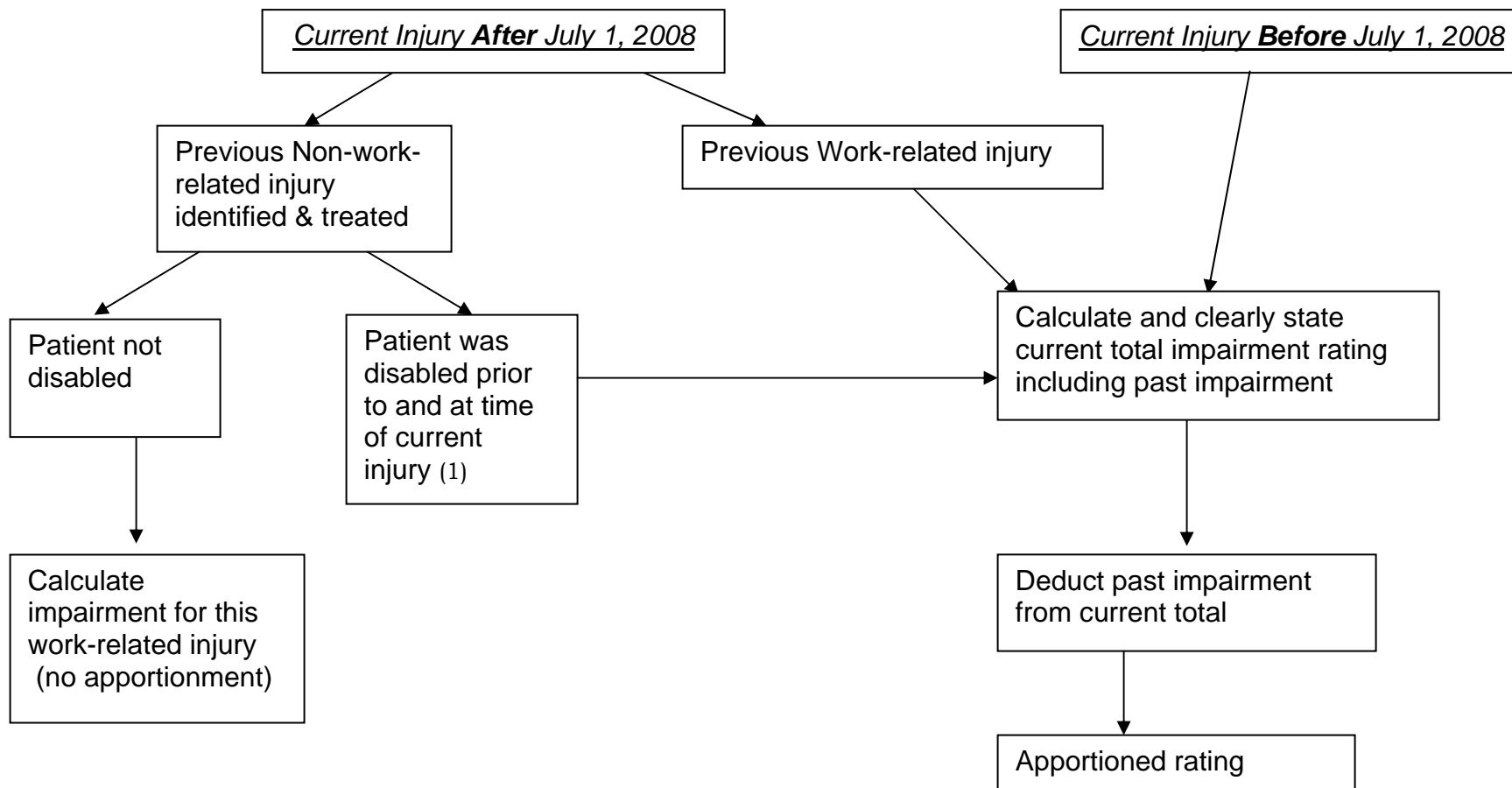
5. Signature _____ Date _____

REMEMBER TO ADDRESS ALL ISSUES ON THE DIME APPLICATION

This form, your narrative report, and applicable worksheets must be completed. Send the report to the Division with copies to both parties (or their attorneys) within 20 calendar days from the appointment date.

APPORTIONMENT OF IMPAIRMENT
Guideline for Accredited Physicians – Injuries pre-and post- 7/1/2008
Changes per Senate Bill 08-241 and Workers' Compensation Rule 12-3

MEDICAL RECORDS OR OTHER OBJECTIVE EVIDENCE SUBSTANTIATES PRE-EXISTING IMPAIRMENT



(1) 'Disabled' requires information that the prior injury was identified, treated, and independently disabling at the time of the current injury. 'Disability' is expected to include conditions which adversely impact the claimant's ability to perform his job, or limits the claimant's access to other jobs. Permanent work restrictions would generally fall in this category.