

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF WORKERS' COMPENSATION
INDEPENDENT MEDICAL EXAMINATION PROGRAM

REQUEST/NOTIFICATION FOR FOLLOW-UP IME

Instructions: This form must be submitted when the claimant previously had a Division IME and was determined to be 'not at MMI,' and the insurer/respondent is now requesting a follow-up IME. Per Rule 11, to the extent possible the follow-up IME will be held with the original IME physician. If the original physician is unable to perform the follow-up, please notify the Division's IME Unit. The requesting party is responsible for payment, and also "shall pay any additional examination expense" as set forth in the Rule. If this follow-up is on a reopened claim, the facts of the specific case may determine the party responsible for requesting and paying for the exam. *Do not submit this form if the follow-up is for repeat range of motion only; please notify the Division of the date and time of the appointment.*

WC# _____ Date of original IME Appt: _____ / _____ / _____

1. Claimant Name _____ SSN: _____ Date of Injury _____ / _____ / _____

2. IME Physician _____ Follow-up Appt. Date (if known): _____ / _____ / _____
(Please notify the Division of any new or rescheduled appt. date)

3. MMI/Impairment Information

Name of treating physician: _____

New MMI Date (as provided by the treating physician): _____ / _____ / _____
Date

New Impairment Rating (as provided by treating physician): _____

4. The Respondent in this case wishes to request a follow-up IME:

Respondent Representative Name: _____

Address: _____

5. CERTIFICATE OF MAILING: A copy of this document was placed in the U.S. Mail or delivered to the following parties this _____ day of _____, 20_____.

List the names and address of all persons copied:

Claimant:

Claimant's Attorney:

Division of Workers' Compensation, IME Unit, 633-17th Street, Suite 400, Denver, CO 80202 Fax: 303.318.8659

By: _____
Signature

If you have questions about the IME process, contact the Division of Workers' Compensation IME Unit: 303.318.8655.