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| COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT DIVISION OF WORKERS' COMPENSATION**Division Independent Medical Examination (DIME) Report Template** |
| **Use the following template when writing DIME reports; all topics are required.** |
| **Claimant Name: DIME Physician: WC #: Date of Appointment: Date of Injury:**  |
| **A. Scope of Exam**(Discuss the parameters of the exam and what has been accepted by all parties.) |
| **B. History of Injury and Current Occupational Status**(Description of the mechanism of injury, discussion of all body parts on claim, current occupation and work level with discussion of ADLs.) |
| **C. Pertinent Issues From Applicable Records**(Review of records specifically related to outcome of impairment and MMI. It is not necessary to discuss every record obtained in the medical record review packet.) |
| **D. Pertinent Medical Issues**(Discussion of related history not covered above.) |
| **E. Patient’s Interpretation – Subjective History**(Review of discussion with patient regarding injury, treatment and how it relates to their function.) |
| **F. Physical Examination**(Examine all body parts being treated under the claim, record applicable ROM measurements, discuss neurologic and palpation findings, highlight inconsistent findings.) |
| **G. Discussion of Diagnostic Testing**(Discuss the results of diagnostic tests that assist in the assignment of an impairment rating, or lack of impairment rating.) |
| **H. Psychological Evaluation (if applicable)**(If a psychological evaluation was completed, discuss how it relates to the case.) |
| **I. Clinical Diagnosis**(Discuss diagnoses which are pathologically related to the work related injury, preferably, using ICD-10 codes and discuss any diagnosis which are not work related.) |
| **J. Date and Discussion of MMI**(Establish final date of MMI which includes all areas under treatment; in addition to mental impairment if applicable. Address any differences in MMI date between providers. If patient is not at MMI, discuss any treatment as outlined in the appropriate Medical Treatment Guideline as required to reach MMI.)  |
| **K. Impairment Rating With Apportionment If Necessary**(Match each work related diagnosis to the related sections of the AMA Guides, 3rd Edition, revised. State pages and tables used when determining impairment. Include all applicable worksheets. Rate injuries at the extremity and whole person level. If apportioning, please provide the previous impairment rating and attach the apportionment calculation worksheet. Be sure to discuss all body parts listed on the DIME application. Refer to the Division's Impairment Rating Tips when applicable.) |
| **L. Rationale for Your Decision**(Closing statements to summarize case with analysis of clinical judgment/argument for or against impairment as it relates to the work related injury. Address any impairment rating differences between providers.) |
| **M. Work Restrictions**(If permanent work restrictions are necessary, provide specific details of the restriction as it relates to their ability to perform specific job duties such as hours worked, limits on lifting, overhead work, etc.) |
| **N. Maintenance Care**(Discuss treatment that is needed after MMI, if applicable, to sustain the patient’s functional status.) |
| **O. Signature and Date**Signature Date |