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INTERNATIONAL ACADEMY
OF INDEPENDENT MEDICAL EVALUATORS

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IAIME PRESIDENT'S NOTE

The Board of Directors would like to take this opportunity to wish all readers of this newsletter safety and health to their families.

Our Virtual Mid-Year Meeting was a huge success. We provided two tracks to choose from: one for those new to MedicoLegal Evaluation and one for experienced practitioners seeking to enhance their skills. For the most part, we followed a reverse classroom format where videos and slides were reviewed by the registrants in advance of the meeting so that the meeting time could be used to highlight significant topics, dive deeper into the issues and to explore attendee questions. The feedback has been terrific. Charl Els, a new IAIME member and Addiction Psychiatrist from Edmonton, Canada said, "IAIME is setting the bar for virtual conferences".



Buoyed by the success of our Mid-Year Meeting and with concern for the safety of both our presenters and attendees given the current state of the Covid-19 pandemic, we are planning to offer a 100% virtual MedicoLegal Institute and Annual Scientific Session in January. Keep reading for more highlights of our Annual Meeting.

At our 2020 Annual Meeting, Dave Sosnow, Vice President – Product Management, AMA, shared the AMA's plans to update the AMA Guides. You can play a part. Keep reading....

Best regards,

Barry Gelin, MD, DC, FIAIME, CMLE
IAIME President

IAIME CME CALENDAR

January 13-16, 2021:

2021 IAIME MedicoLegal Institute and Annual Scientific Session and Business Meeting

The theme for our 100% virtual meeting is *Evaluating Validity in IMEs*

We all want to conduct high quality exams or records reviews. To do that, we need to effectively evaluate the validity of an examinee's performance on relevant measures, assess the credibility of their presentation and history, and draw reliable and valid conclusions that answer the key questions posed. This year's annual meeting features engaging speakers from a wide range of disciplines to help you do those tasks with skills backed up by state-of-the-art science. Whether you are a physician, psychologist, chiropractor, or allied health professional, if evaluating validity is something you want to know more about, this meeting is for you.

IAIME CME CALENDAR *continued*

Highlights:

- Presenters from medical disciplines, psychology and neuropsychology, and the legal profession
- A wide range of national and international speakers including those that are known to IAIME and others who are joining us for the first time
- Content specific to psychologists and neuropsychologists, as well as medical specialties
- A highly engaging flexible format for participating remotely

Program Agenda and Registration will be available soon.

VIRTUAL SAVE THE DATE

INTERNATIONAL ACADEMY OF INDEPENDENT MEDICAL EVALUATORS

MedicoLegal Institute and Annual Scientific Session

JANUARY 13-16 2021

IAIME

AMA GUIDES NEWS - FUNCTIONAL TOOL EVALUATION

The *AMA Guides® to the Evaluation of Permanent Impairment* are evolving and will be available online in late 2020. Last fall, the AMA Guides Editorial Panel was convened to transparently evaluate the AMA Guides and create timely enhancements to ensure delivery of fair and consistent impairment ratings based on the most current science and evidence-based medicine. Here's an update on the AMA's progress.

First AMA Guides® editorial change proposal approved by editorial panel

The [first proposed change](#) to the AMA Guides® to the Evaluation of Permanent Impairment, an evaluation of functional tools and update recommendations using evidenced-based science, was accepted by the AMA Guides Editorial Panel at its April 23 virtual meeting.

The editorial change proposal is spearheaded by Kathryn Mueller, MD, Daniel Burns, PsyD, and Stephen Gillaspay, PhD, who are affiliated with the American College of Occupational and Environmental Medicine and the American Psychological Association. The team will evaluate the existing tools used to capture functional patient reported outcome measures for validity and reliability and suggest the most accurate tools. The adoption of new functional tools in the AMA Guides is subject to future Editorial Panel approval.

Comment on a change proposal or submit a proposal

There will be future opportunities to review Editorial Change Proposals and provide comments for the AMA Guides Editorial Panel consideration. More information will become available regarding public comment periods as proposals progress towards the final acceptance stage, so watch your email for more information.

The AMA Guides Editorial Panel is soliciting [change proposals](#) that align with the current editorial priorities – traumatic brain injury, upper extremities and psychological evaluation. However, the Panel always accepts change proposals on all topics.

Telehealth guidance

New recommendations to assist independent medical evaluators in conducting consistent, high quality telehealth impairment ratings have been published in the May/June issue of the AMA Guides Newsletter. Performance of virtual permanent impairment evaluations, an issue for insurers, jurisdictions and the law, has been brought to the forefront as the demand for telehealth evaluations are driven by COVID-19 concerns.

Download "[Virtual medical and impairment assessments](#)" (PDF), by Christopher R. Brigham, MD, et al., from the May-June 2020 *AMA Guides® Newsletter*.

AMA GUIDES NEWS - FUNCTIONAL TOOL EVALUATION *continued*

Additional AMA COVID-19 resources

As we are all focused on the COVID-19 pandemic, the AMA has developed a number of resources that we believe may be relevant:

- [A new CPT® code](#) that streamlines reporting of services for testing for the novel coronavirus
- A [telemedicine quick guide](#) to support physicians working in this rapidly evolving environment
- Additional resources are available at the [AMA's COVID Resource Center for Physicians](#)

Upcoming AMA Guides Editorial Panel meetings

[Sign up](#) for invitations to virtually attend the AMA Guides Editorial Panel meetings.

- [Sept. 17, 2020](#)
- [Oct. 21, 2020](#)

More information on the AMA Guides

- [Visit the AMA Guides web page for details](#) about the initiative to modernize the Guides
- Read about the [AMA Guides Editorial Panel selection process](#)
- Learn how to [submit a change proposal](#)
- See the list of [members of the AMA Guides Editorial Panel](#)

PRACTICE TIP - AMA FOURTH/FIFTH EDITION EDITION GUIDES

Certain impairments are added rather than combined. These include:

1. Digital impairment of thumb is obtained by adding the values for various joint motion deficits.
2. Each digit impairment of the hand is added to obtain the total hand value.
3. Digital nerve impairments (radial, ulnar) are added in each finger.
4. Malposition of lower extremity arthrodesis is added to the baseline arthrodesis value (remember the baseline optimal arthrodesis impairment % is in the text (no table).

PRACTICE TIP - CAUSATION ANALYSIS, PART I

Michael Weiser, Esq.

Epidemiology is the study and analysis of the distribution and determinants of health and disease in defined populations. It shapes policy decisions. It utilizes evidence-based medicine to identify risk factors. Epidemiological studies can never prove causation – it cannot prove that a specific risk factor causes the pathology being studied; it can only show that a risk factor can be associated with a higher incidence of disease.

Evidence-based medicine (EBM) analysis alone does not constitute substantial evidence for a determination of causation of injury. The mechanism of injury also needs to be considered. Evidence-based medicine provides effective support in considering the etiology of injury/pathology and the direction of appropriate treatments.

Diagnostics, interviews, patient examination, and review of the medical records are and have been the source of evidence in drawing conclusions on a specific cause of injury in medical-legal cases. Evidence-based medicine is defined as conscientious, explicit, judicious, and reasonable use of modern best evidence in making decisions about the care of individual patients. EBM application necessitates the awareness and understanding of clinical research evidence. EBM encompasses creating implementation strategies to ensure that practice strategies are well grounded in best evidence research summaries. Appropriate utilization of EBM requires clinicians to understand how uncertainty about clinical research studies intersect with the patient's illness and preferences. EBM aims to produce a treatment plan that is specific to the patient and will provide the highest probability of success.

EBM is a process where research is conducted for a specific group: parameters may include age, gender, medical pathology and associated comorbid conditions, to assess the probability of success of a specific procedure or treatment protocol. This data is conducted over a specific period and a statistically relevant sample size is sought. Controls are imposed on the research such as double blinds and use of placebos. Confidence levels are derived from the data distinguishing and measuring the difference between the specific treatment groups and the controls. So, EBM is a systemic approach to identify, as accurately as possible, the probability of the success or failure of a specific procedure under consideration.

One needs to be cognizant that epidemiological research applies to a population group and does not constitute an individual assessment. General group information requires the use of assumptions in applying such information to an individual. In assessing work-related applicability, for each individual, there needs to be a complete history (including a review of medical records), physical examination, and review of relevant laboratory testing and imaging studies. In assessing the degree of work contribution to a medical condition, consider that an occupation exposure, although somewhat contributory, may not be the predominant etiology of the condition.

PRACTICE TIP - CAUSATION ANALYSIS, PART I *continued*

In analyzing a medical condition for an etiology association (causality) one should utilize the following steps:

1. Collect all relevant epidemiological literature studies.
2. Identify the design of each study.
3. Assess the methods and evaluate length of exposure, inherent biases, control of confounds, and the statistical methods used to address conclusions.
4. Ascertain what statistical significance is presented.
5. Assess the studies using updated Hill criteria which include temporal relationship, strength of association, dose- response relationship, consistency, coherence, specificity, plausibility, reversibility, prevention/elimination, experiment, analogy, and predictive performance.

CMLE FAQ — What You Need to Know

What is the CMLE Certification?

IAIME offers certification to all licensed professionals involved in the management, treatment, and evaluation of injured workers. The 100-question exam covers topics such as biostatistics and research, work ability and return to work principles, causation analysis principles, report writing, opioids and pharmacology, musculoskeletal anatomy and pathology, impairment ratings, and behavioral health.

How is CMLE Certification different than the old AADEP certification?

The old AADEP certifications were AMA Guides specific and the CMLE is an updated and more comprehensive certification with the option to obtain added qualifications in specific areas.

Why did IAIME create the CMLE Certification?

The Board of Directors recognized the need for an updated certification that was less focused on the AMA Guides and impairment ratings and more comprehensive in its scope.

Who created the CMLE test?

The CMLE exam was created by the IAIME Examination and Certification Committee made up of IAIME members with extensive independent medico-legal experience.

Does everyone get the same test?

The CMLE exam covers a broad range of clinical knowledge necessary for the evaluation of injured workers and claimants. In Q1 of 2021 we will be offering a version that specifically tests psychological aspects of ability evaluation.

Is the CMLE exam oriented to a single edition of the AMA Guides?

No. The CMLE covers a broad knowledge-base consisting of topics such as biostatistics and research, work ability and return to work principles, causation analysis principles, report writing, opioids and pharmacology, musculoskeletal anatomy and pathology, impairment ratings, and behavioral health.

CMLE FAQ — What You Need to Know *continued*

Once I am CMLE Certified, do I ever need to Re-certify?

Yes. We want to ensure that our CMLE Certified practitioners are keeping up with changes in medical practices and medical evaluation best-practices. As such, IAIME CMLE Certification needs to be re-certified every 5 years to remain active.

What does re-certification entail?

In Q4 of 2020, the 1st edition of the re-certification “exam” will be available. It will involve watching 3 videos and answering 2 questions about the video content. Exam re-takes will be provided. The cost of the exam will be nominal. The purpose of the re-certification process is to strengthen the quality of the CMLE Certification and maintain standards as other similar certifications.

I received the AADEP certification years ago. Is my AADEP certification still valid?

Everyone who received the AADEP has been automatically “grandfathered” as a CMLE holder. Certification of the grandfathered CMLE holders is valid until January 31, 2021. Grandfathered CMLE holders will need to take the re-certification exam to renew their CMLE Certification.

Is there a study guide for the CMLE Exam?

Yes. The study guide for CMLE Exam is available on the IAIME website.

Where can I register for the IAIME CMLE Exam or the CMLE Re-certification Exam?

<https://www.iaime.org/certification/>

I have more questions. Who can help me?

Our Membership Office can help you get your questions resolved. Contact us at (847) 752-5355 or iaime@iaime.org.