MARVIX AI

INDEPENDENT MEDICAL EVALUATION TEMPLATE

ORTHOPEDICS

Questions? Visit us at
www.marvix.ai

1 PATIENT INFORMATION

PATIENT NAME

DATE OF EVALUATION

DOB

DATE OF INJURY, IF APPLICABLE

AGE / SEX

EMPLOYER, IF APPLICABLE

MRN / CLAIM ID

INSURANCE / CARRIER

ADJUSTER / CASE MANAGER

ATTORNEY / LEGAL REPRESENTATIVE, IF APPLICABLE

2 EXAMINER INFORMATION

EXAMINER NAME

PHONE

CREDENTIALS

FAX

SPECIALTY

PRACTICE / FACILITY NAME

ADDRESS

3 REFERRAL INFORMATION

Requesting Party:

Reason for Evaluation:

Questions to Be Addressed:

TYPE OF EVALUATION

RECORDS PROVIDED

4 MECHANISM OF INJURY / INCIDENT HISTORY

Reported Injury Event:

BODY PART(S) INVOLVED

IMMEDIATE SYMPTOMS

Initial Treatment:

5 CURRENT COMPLAINTS

PAIN LOCATION

PAIN SEVERITY

PAIN QUALITY

RADIATION

Associated Symptoms:

Functional Limitations:

Work Limitations:

6 PAST MEDICAL HISTORY

RELEVANT MEDICAL CONDITIONS

PRIOR SURGERIES

PRIOR ORTHOPEDIC CONDITIONS

MEDICATION HISTORY

PRIOR INJURIES

ALLERGIES

7 OCCUPATIONAL HISTORY

JOB TITLE

CURRENT WORK STATUS

JOB DUTIES

MODIFIED DUTY STATUS

PHYSICAL DEMANDS

TIME MISSED FROM WORK

8 RECORDS REVIEWED

MEDICAL RECORDS

WORK STATUS NOTES

IMAGING REPORTS

PRIOR IME REPORTS

OPERATIVE REPORTS

CLAIM DOCUMENTS

THERAPY NOTES

OTHER RECORDS

9 PHYSICAL EXAMINATION

GENERAL APPEARANCE

STRENGTH

GAIT / AMBULATION

SENSATION

INSPECTION

REFLEXES

PALPATION

SPECIAL TESTS

RANGE OF MOTION

NEUROVASCULAR STATUS

FUNCTIONAL TESTING

10 IMAGING AND DIAGNOSTIC STUDIES

X-RAY

EMG / NCS

MRI

LABORATORY STUDIES

CT

OTHER DIAGNOSTIC STUDIES

ULTRASOUND

11 DIAGNOSIS / IMPRESSION

Primary Orthopedic Diagnosis:

Secondary Diagnosis:

Pre-Existing Condition, if applicable:

Aggravation / Exacerbation, if applicable:

Differential Diagnoses:

12 CAUSATION ANALYSIS

Relationship of the current condition to the reported injury, degree of medical probability (more likely than not), pre-existing factors, contributing factors, and apportionment where applicable...

13 TREATMENT REVIEW

Treatment Rendered to Date:

Response to Treatment:

Appropriateness of Treatment:

Additional Treatment Recommended:

Treatment Not Medically Necessary, if applicable:

14 MAXIMUM MEDICAL IMPROVEMENT

MMI STATUS

DATE OF MMI, IF REACHED

Rationale:

Future Care Needs:

15 IMPAIRMENT RATING

IMPAIRMENT METHODOLOGY (E.G., AMA GUIDES 6TH ED.)

BODY PART / REGION RATED

WHOLE PERSON IMPAIRMENT

PERMANENT PARTIAL IMPAIRMENT

Rating Rationale:

16 WORK CAPACITY / RESTRICTIONS

CURRENT WORK ABILITY

RETURN-TO-WORK RECOMMENDATION

LIFTING / CARRYING LIMITS

STANDING / WALKING LIMITS

SITTING LIMITS

PUSHING / PULLING LIMITS

REPETITIVE MOTION LIMITS

OVERHEAD ACTIVITY LIMITS

Temporary Restrictions:

Permanent Restrictions:

17 PROGNOSIS

Expected Recovery:

Functional Outlook:

Barriers to Recovery:

Long-Term Limitations:

18 RESPONSES TO REFERRAL QUESTIONS

Question 1:

Response:

Question 2:

Response:

Question 3:

Response:

Question 4:

Response:

19 SUMMARY AND CONCLUSIONS

Overall Orthopedic Opinion:

Causation Opinion:

Treatment Opinion:

MMI / Impairment Opinion:

Work Capacity Opinion:

SO SIGNATURE

EXAMINER NAME	CREDENTIALS	SPECIALTY	SIGNATURE	DATE	TIME