

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[Insurance Company Name]  
[Attn: Appeals Department]  
[Address]  
[City, State, Zip Code]

**RE: External Review Appeal of Independent Medical Examination (IME) Results**

Claim Number: [Your Claim Number]  
Date of Injury: [Date of Injury]  
Subject: Appeal of Adverse Determination dated [Date of Denial Letter]

To Whom It May Concern,

I am writing to formally appeal the decision made regarding my workers' compensation claim based on the Independent Medical Examination (IME) report conducted by Dr. [Doctor's Name] on [Date of Exam]. I am requesting a formal External Review of this determination.

I disagree with the findings of the IME for the following reasons:

- **Inaccuracy of History:** The IME report does not accurately reflect my medical history or the specific circumstances of the workplace injury.
- **Conflicting Medical Evidence:** The conclusions of the IME physician directly contradict the findings and treatment plans provided by my primary treating physician, Dr. [Treating Physician's Name].
- **Insufficient Examination:** The physical examination conducted during the IME was brief and did not adequately address the functional limitations caused by my injury.
- **Medical Records Oversight:** It appears that critical medical records, specifically [List specific tests/reports, e.g., MRI results from Date], were not properly reviewed or considered by the IME physician.

Attached to this letter, please find supporting documentation, including a rebuttal statement from my treating physician and additional medical records that support my need for [continued treatment/disability benefits/surgery].

I request that an independent third-party reviewer evaluate my file to ensure a fair and objective assessment of my medical condition and ability to work.

Thank you for your immediate attention to this appeal. I look forward to your response within the timeframe required by state law.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures: [List attached documents]