



Worker's Compensation Board of Indiana Gateway User Guide

38911 Response (IME & IME Preserve Submissions)

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1. IME Submissions

Action:

Select the IME checkbox and submit. The system only allows submission when the checkbox selections are valid. This may be done when the attorney first responds to 38911 or later, if the attorney chose to Preserve right to IME.

Home Screen:

The screenshot shows the home screen of the Worker's Compensation Board of Indiana Gateway. The header is green and contains the WCB logo on the left, the text "Worker's Compensation Board of Indiana Gateway" in the center, and "THIS IS QA/TEST SYSTEM" below it. On the right side of the header, there is a "Welcome" message and a "View Full Size" link. Below the header, there is a navigation menu with items: "My Cases", "38911" (with a dropdown arrow), "Attorney List", "Appearance", "Suspension of Benefits", and "Adjustment of Claim" (with a dropdown arrow). The "38911" dropdown menu is open, showing "Dashboard" and "38911 Response". In the bottom right corner of the header, there are links for "My Profile", "Help", and "Logout". The main content area is mostly blank, with a large, faded WCB logo watermark in the center. At the bottom of the page, there is a green footer bar with the text "Copyright © 2021 Worker's Compensation Board of Indiana. All Rights Reserved."



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Search Screen:

[View Full Size](#)

Worker's Compensation Board of Indiana
THIS IS Q&A TEST SYSTEM

38911 Response Dashboard <<Back User Name: [redacted] Role: Attorney Email: [redacted] Logout

38911 Response Search

Jurisdiction Claim No: [input]
 Date of Injury: [input]
 Last Name: [input]
 First Name: [input]

Case Details

Jurisdiction Claim No	Disputed No	Date of Injury	Full Name	
[redacted]	[redacted]	02/28/2025	[redacted]	<input type="button" value="Respond"/>

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Response Submission Screen:

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Worker's Compensation Board of Indiana
THIS IS Q&A TEST SYSTEM

38911 Response Dashboard <<Back User Name: [redacted] Role: Attorney Email: [redacted] Logout

38911 Response

Jurisdiction Claim No: [input] Last Name: [input] First Name: [input]

Please select at least two applicable statements, including one related to the Independent Medical Examination (IME) *

Employee disagrees with the termination of benefits and/or
 Employee requires further medical care and one of the following:
 Employee believes an independent medical examination (IME) may be helpful to resolve this dispute and requests that WCB schedule this now
 or
 Employee is filing this to preserve rights under IC 22-3-3-7(e) and will request an IME in the future if necessary

Add a comment ...

Characters Remaining: 500 of 500

38911 Received Date* 01/23/2026
 File Date 1/26/2026
 Representing* [dropdown]

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1. An email with subject “**38911 Response**” will be sent to the claim representative who filed the 38911/FROI and the attorney who filed the response.
2. The email includes a link to the **38911 Questionnaire** (login required).

[View Full Size](#)

QA - 38911 Response : M- [REDACTED]

 rmail@wcb.in.gov
To [REDACTED].com; [REDACTED].com

Jan 26 2026

[REDACTED].com has filed a 38911 response and was assigned to cause number, M-[REDACTED]. The following information was provided.

Employee disagrees with the termination of benefits.
Employee requires further medical care.
Employee believes an independent medical examination (IME) may be helpful to resolve this dispute and requests that WCB schedule this now.

Filing Attorney must answer IME questionnaire [here](#) to initiate the scheduling process. A case coordinator will inform you of appointment place and time.

YOU MUST SERVE THIS DOCUMENT ON THE CLAIM ADJUSTER AND/OR EMPLOYER. THE WCB CAN ONLY SEND IT TO THE EMAIL ADDRESS FOUND BELOW.

Please note that the carrier is [REDACTED] and the adjuster is [REDACTED].

[REDACTED] : PLAINTIFF
[REDACTED] : DEFENDANT
[REDACTED] : INS CARRIER
[REDACTED] : PLAINTIFF ATTORNEY
ESIS : CLAIM ADMIN

Thank you.
IN WCB

2. IME Preserve Submissions

Action:

If the 38911 Response is being filed to preserve the right to an IME before the time to do so expires, but it is too early to get an IME because the employee is attempting to work, still treating or settlement negotiations are ongoing, select the IME Preserve checkbox and submit. The system only allows submission when the checkbox selections are valid.



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[View Full Size](#)

Worker's Compensation Board of Indiana
THIS IS QATEST SYSTEM

38911 Response Dashboard <<Back User Name: Role: Attorney Email: Logout

38911 Response
Jurisdiction Claim No: | Disputed No: | Last Name: | First Name: x

Please select at least two applicable statements, including one related to the Independent Medical Examination (IME) *

Employee disagrees with the termination of benefits
and/or

Employee requires further medical care
and one of the following:

Employee believes an independent medical examination (IME) may be helpful to resolve this dispute and requests that WCB schedule this now
or

Employee is filing this to preserve rights under IC 22-3-3-7(e) and will request an IME in the future if necessary

IME Preserve

38911 Received Date* 01/26/2026 Characters Remaining: 488 of 500

File Date 1/26/2026

Submit Clear

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1. An email with subject “**38911 Preserve**” is sent to the claim representative who filed the 38911/FROI and the attorney.
2. The **38911 Questionnaire** will not be linked to IME Preserve submissions.

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QA - 38911 Preserve : M- rmail@wcb.in.gov Mon 1/26/2026 2:34 PM

To: ,com; ,com

Jan 26 2026

has filed an objection to the termination of benefits as set out in SF38911 filed in Cause Number, M- . The following information was provided.

Employee disagrees with the termination of benefits.
Employee requires further medical care.
Employee is filing this to preserve rights under IC 22-3-3-7(e) and will request an IME in the future if necessary.

YOU MUST SERVE THIS DOCUMENT ON THE CLAIM ADJUSTER AND/OR EMPLOYER. THE WCB CAN ONLY SEND IT TO THE EMAIL ADDRESS FOUND BELOW.

Please note that the carrier is and the adjuster is .

: PLAINTIFF
: DEFENDANT
: INS CARRIER
: PLAINTIFF ATTORNEY
ESIS : CLAIM ADMIN

Thank you.
IN WCB



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- 3. All IME Preserve submissions appear on the **Dashboard**. Attorneys may later choose “Set IME Now” or “Dismiss Objection.” Once “Dismiss Objection” is submitted, the case will disappear from the Dashboard.

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- 4. Attorneys can also see the Preserve details in the My Cases IME/Preserve column. By clicking on the Preserve button, the user will be redirected to the Preserve dashboard shown above.

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3. Set IME Now (from Dashboard)

Action:

Choose **“Set IME Now”** to convert the IME Preserve to a request for IME. Then submit with the IME checkbox selected.

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Dashboard 38911 Response <<Back User Name: Role: Attorney Email: Logout

38911 Schedule

Jurisdiction Claim No: Disputed No: Last Name: First Name:

Please select at least two applicable statements, including one related to the Independent Medical Examination (IME) *

Employee disagrees with the termination of benefits
and/or
 Employee requires further medical care
and one of the following:
 Employee believes an independent medical examination (IME) may be helpful to resolve this dispute and requests that WCB schedule this now
or
 Employee is filing this to preserve rights under IC 22-3-3-7(e) and will request an IME in the future if necessary

Most recent comment:
IME Preserve
Add a comment...

Characters Remaining: 500 of 500

38911 Received Date* 01/23/2026
File Date* 01/26/2026 Set IME Now Dismiss Objection
Representing*

Submit Reset

Showing 1 to 2 of 2 entries

File Date	Action
1/26/2026	Respond
1/22/2026	Respond

Previous 1 Next

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Dashboard 38911 Response <<Back User Name: Role: Attorney Email: Logout

38911 Schedule

Jurisdiction Claim No: Disputed No: Last Name: First Name:

Please select at least two applicable statements, including one related to the Independent Medical Examination (IME) *

Employee disagrees with the termination of benefits
and/or
 Employee requires further medical care
and one of the following:
 Employee believes an independent medical examination (IME) may be helpful to resolve this dispute and requests that WCB schedule this now
or
 Employee is filing this to preserve rights under IC 22-3-3-7(e) and will request an IME in the future if necessary

Most recent comment:
IME Preserve
Add a comment...

Characters Remaining: 500 of 500

38911 Received Date* 01/23/2026
File Date* 01/26/2026 Set IME Now Dismiss Objection
Representing*

Submit Reset

Showing 1 to 2 of 2 entries

File Date	Action
1/26/2026	Respond
1/22/2026	Respond

Previous 1 Next

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1. An email with subject “**38911 Response**” is sent regarding the decision.
2. The email includes a link to the **38911 Questionnaire** (login required).

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QA - 38911 Response : M- [redacted]

rmail@wcb.in.gov
To: [redacted].com; [redacted].com

Jan 26 2026

[redacted].com has filed a 38911 response and was assigned to cause number, M-[redacted]. The following information was provided.

Employee disagrees with the termination of benefits.
Employee requires further medical care.
Employee believes an independent medical examination (IME) may be helpful to resolve this dispute and requests that WCB schedule this now.

Filing Attorney must answer IME questionnaire [here](#) to initiate the scheduling process. A case coordinator will inform you of appointment place and time.

YOU MUST SERVE THIS DOCUMENT ON THE CLAIM ADJUSTER AND/OR EMPLOYER. THE WCB CAN ONLY SEND IT TO THE EMAIL ADDRESS FOUND BELOW.

Please note that the carrier is [redacted] and the adjuster is [redacted].

[redacted] : PLAINTIFF
[redacted] : DEFENDANT
[redacted] : INS CARRIER
[redacted] : PLAINTIFF ATTORNEY
ESIS : CLAIM ADMIN

Thank you.
IN WCB

3. The IME Preserve case disappears from the Dashboard after submission.

[View Full Size](#)

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THIS IS QA/TEST SYSTEM

Dashboard 38911 Response <<Back User Name: [redacted] Role: [redacted] Email: [redacted] Logout

38911 Preserve

Show 10 entries Search: [input]

Jurisdiction Claim No	Disputed No	Date of Injury	Employee First Name	Employee Last Name	38911 Received Date	File Date	Action
[redacted]	[redacted]	5/26/2025	[redacted]	[redacted]	1/1/2026	1/22/2026	Respond

Showing 1 to 1 of 1 entries Previous 1 Next

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4. Dismiss Objection (from Dashboard)

Action:

Choose “Dismiss Objection” and submit. No other changes are required.

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1. An email with subject “38911 Dismiss” is sent regarding the decision.
2. The **38911 Questionnaire** link will not appear for dismissed IME Preserve cases.

[View Full Size](#)



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3. The IME Preserve case disappears from the Dashboard after submission.

[View Full Size](#)

The screenshot shows the '38911 Preserve' dashboard. At the top, there is a navigation bar with 'Dashboard', '38911 Response', and '<<Back'. Below this, a table displays one entry:

Jurisdiction Claim No	Disputed No	Date of Injury	Employee First Name	Employee Last Name	38911 Received Date	File Date	Action
		5/26/2025			1/1/2026	1/22/2026	Respond

Below the table, it says 'Showing 1 to 1 of 1 entries'. There are 'Previous' and 'Next' navigation buttons. A large, semi-transparent WCB logo is overlaid on the center of the page.

5. IME Submission Rules for Multiple Submissions

- Multiple IME submissions are allowed for the same JCN–Disputed No.
- The same attorney may submit multiple IME filings and requests throughout the life of a claim.
- When a different attorney submits an IME filing or request, the system shows a **caution alert**. Click YES to continue or NO to cancel.

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The screenshot shows the '38911 Response Search' page. A dialog box titled 'Important Message' is overlaid on the page. The message reads: 'An IME request has been filed by a different attorney. Please contact the WCB for more details. Would you like to continue?' Below the message are 'Yes' and 'No' buttons. A 'Respond' button is also visible in the background. A large, semi-transparent WCB logo is overlaid on the center of the page.



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- If a new IME filing is submitted on top of an existing IME filing, the original IME filing is overridden by the new one. If a 38911 Questionnaire was sent and not submitted, it will be replaced with a new one.

[View Full Size](#)

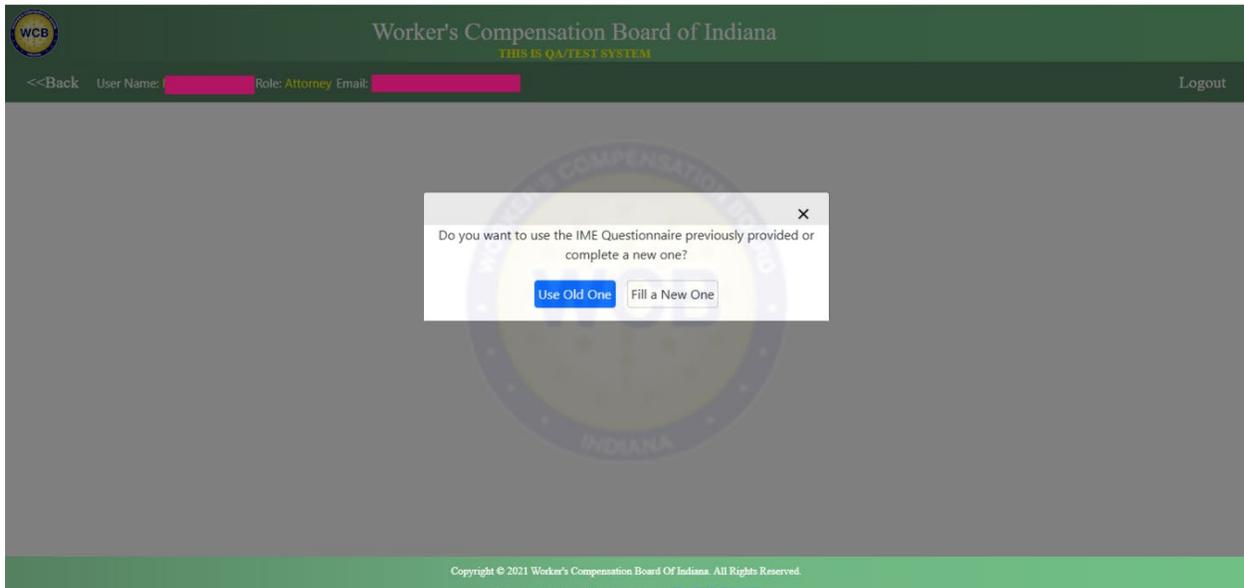


This IME Questionnaire has expired. Please use the new IME Questionnaire from the latest email.

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If you have any questions, please contact: IT@WCB.IN.GOV

- If a new IME Questionnaire is sent after the original questionnaire is submitted then, you will have option to use the original questionnaire or fill in a new IME questionnaire.

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6. IME Preserve Submission Rules for Multiple Submissions

Case 1: Same Attorney

- If the same attorney tries to submit a new 38911 response after submitting an IME Preserve, the attorney will need to dismiss the Preserve before filing a second 38911 Response. The system will block the second 38911 Response until the Preserve is dismissed.

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THIS IS QA/TEST SYSTEM

38911 Response Search

Jurisdiction Claim No: []
Date of Injury: 02/28/2025 CAROLYN SINCLAIR

Important Message
There is already a pending IME Preserve and another response submission is not allowed.

OK Respond

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Case 2: Different Attorneys

- When an IME or IME Preserve already exists from another attorney, the system displays a warning message before allowing the new submission.

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38911 Response Search

Jurisdiction Claim No: []
Date of Injury: []

Important Message
An IME Preserve request has been filed by a different attorney.
Please contact the WCB for more details.
Would you like to continue?

Yes No Respond

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7. 38911 Response Submissions (for Closed Cases)

- 38911 Response submissions are not allowed for cases with type **Dispute (C)** or **Occupational Disease (O)** that are in **Closed** status.

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38911 Response Search

Jurisdiction Claim No:
Date of Injury:

Important Message

This dispute is closed.
A 38911 response cannot be submitted for dispute types C or O.
Please contact WCB for assistance.

OK Respond

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8. 38911 Questionnaire

There are 2 ways to access the 38911 IME Questionnaire

1. Attorney can access the 38911 IME Questionnaire from Attorney Portal login -> My Cases -> IME Link (IME/Preserve column)

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My Cases << Back User Name: Role: Email:

Case Search

Show 25 entries Search:

Disputed No	Parties	Judge	Hearing County	Hearing Type	Hearing Date	Status	IME/Preserve	Action
						Open	IME/Preserve	IME Link Record Request

Showing 1 to 1 of 1 entries (filtered from 4 total entries)

Previous 1 Next

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- 2. Attorney can use the “IME questionnaire here” link from 38911 Response Email, they are redirected to the login page.

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If attorney does not have access to the IME questionnaire, the message below will be shown.

[View Full Size](#)



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After successful log in, the 38911 Questionnaire screen appears. This screen displays all case details and the list of questions that must be completed.

[View Full Size](#)

The screenshot shows the '38911 Questionnaire' page. At the top, there is a green header with the WCB logo, the text 'Worker's Compensation Board of Indiana', and 'THIS IS QA/TEST SYSTEM'. Below the header, there is a navigation bar with '<<Back', 'User Name: [redacted]', 'Role: Attorney', 'Email: [redacted]', and 'Logout'. The main content area is titled '38911 Questionnaire' and displays the date 'February 02 2026'. Below the date, there are several fields for case details: 'RE: Medical Examination (IME) Request for [redacted]', 'Cause Number: [redacted]', 'Admin Claim Number: [redacted]', and 'Date of Injury: [redacted]'. A large, faint WCB logo is overlaid on the page. Below the case details, there is a paragraph: 'In an effort to resolve this dispute, or appoint an Independent Medical Exam, I am requesting the following information:'. This is followed by two numbered questions: '1. What is the nature and current medical status of the relevant workplace injury? *' and '2. Is the employee still under the care of the employer/insurance carrier's physician, or have they been fully released from treatment by the treating physician? *'. A text input field is provided for question 1, with a 'characters remaining : 500 of 500' indicator. At the bottom of the page, there is a green footer with the text 'Copyright © 2021 Worker's Compensation Board Of Indiana. All Rights Reserved. If you have any questions, please contact: IT@WCB.IN.GOV'.

Fill in all mandatory fields and click “Submit”. A confirmation popup will appear.

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The screenshot shows the '38911 Questionnaire' page with a confirmation popup. The popup is a white box with a close button (X) in the top right corner. It contains the text 'Are you sure, you want to submit the IME 38911 Questionnaire?' and two buttons: 'Save and Send Email' and 'No'. The background of the page is dimmed. The page content is the same as in the previous screenshot, but with a few additional details: '5. Please include employee's current contact information if available.' is visible, followed by fields for 'First Name *', 'Street Address *', 'City *', 'State *', 'Zip Code *', 'Phone Number *', 'Date of Birth *', and 'Email Address'. Below these fields, there is a paragraph: 'Your failure to respond timely will result in the delay of the IME appointment, or the IME may not be appointed. This delay will affect any potential TTD benefits reinstatement, as well as additional medical benefits that may apply to this claim. Please be advised that unless I receive a written response from you within Ten (10) days from the date of this letter, I will assume that you do not wish to pursue this remedy and the Ombudsman Division will take no further action on this claim. If you have any questions, please contact [redacted] at [redacted] by email [redacted] or fax at [redacted]. CC: [redacted]'. At the bottom of the page, there are 'Submit' and 'Clear' buttons. At the bottom of the page, there is a green footer with the text 'Copyright © 2021 Worker's Compensation Board Of Indiana. All Rights Reserved. If you have any questions, please contact: IT@WCB.IN.GOV'.



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After clicking “Save and Send Email,” the page reloads and displays the submitted questionnaire along with submission details.

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Once the questionnaire is successfully submitted, an email is sent to the appropriate recipients. This email includes a PDF copy of the complete questionnaire.

[View Full Size](#)

QA - QA - IME 38911 Questionnaire submitted for [redacted]



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The PDF attachment contains all information entered in the questionnaire.

[View Full Size](#)



STATE OF INDIANA

Mike Braun, Governor

Linda Peterson Hamilton, Chairman

WORKER'S COMPENSATION BOARD

402 West Washington Street, Room W196

Indianapolis, Indiana 46204-2753

Telephone: (317) 232-3808

<https://www.in.gov/wcb>

This Questionnaire was submitted by [REDACTED] ([REDACTED]) on 02/02/2026 11:33 AM.

February 02 2026

RE: Medical Examination (IME) Request for [REDACTED]

Cause Number: [REDACTED]

Admin Claim Number: [REDACTED]

Date of Injury: [REDACTED]

In an effort to resolve this dispute, or appoint an Independent Medical Exam, I am requesting the following information:

1. What is the nature and current medical status of the relevant workplace injury?
[REDACTED]
2. Is the employee still under the care of the employer/insurance carrier's physician, or have they been fully released from treatment by the treating physician?
[REDACTED]
3. Which physicians have treated the on-the-job injury?
[REDACTED]
4. Has the employee returned to any work?
A. [REDACTED]
- B. If yes, has employee returned to their previous job, a light duty position, or a new job?
[REDACTED]
- C. Did employee make the decision to return to work, or were they released by a doctor? If released, by whose doctor?
[REDACTED]
5. Please include employee's current complete address, telephone number, date of birth and email address, if available.
Name: [REDACTED]



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STATE OF INDIANA

Mike Braun, Governor

Linda Peterson Hamilton, Chairman

WORKER'S COMPENSATION BOARD

402 West Washington Street, Room W196

Indianapolis, Indiana 46204-2753

Telephone: (317) 232-3808

<https://www.in.gov/wcb>

Address: [REDACTED]

Phone No: [REDACTED]

DOB: [REDACTED]

Email: [REDACTED]

Your failure to respond timely will result in the delay of the IME appointment, or the IME may not be appointed. This delay will affect any potential TDI benefits reinstatement, as well as additional medical benefits that may apply to this claim.

Please be advised that unless I receive a written response from you within Ten (10) days from the date of this letter, I will assume that you do not wish to pursue this remedy and the Ombudsman Division will take no further action on this claim.

If you have any questions, please contact [REDACTED] at [REDACTED] by email
[REDACTED] or fax at [REDACTED]

CC: [REDACTED]