

— MORE JUDGMENT TIME, LESS MANUAL PREP

Give evaluators an exam-ready packet built for judgment, not a stack to reconstruct.

ATOM sorts, slices, and classifies the record set by document type, then rebuilds the packet into your preferred Table of Contents with a chronological, source-referenced summary for human review.

THE STANDARD THAT
CANNOT DROP

Faster prep cannot come at the cost of **accuracy** or **auditability**. Every key fact should trace back to its source, and medical judgment stays with the IME evaluator.

○ CURRENT PREP

The workflow moves, but the packet still has to be sorted, checked, summarized, and assembled before evaluator review.

- Records may arrive incomplete, duplicated, unclear, or inconsistently labeled
- Medical records may be handled by an internal team or third-party records vendor
- Missing records and usability issues still route back to the IME team for follow-up



● STRUCTURED PREP

The team starts from a cleaner evaluator packet, organized for human review and validation.

- ✓ Duplicates identified and record stack organized
- ✓ Table of Contents and chronology prepared
- ✓ Missing-document and review flags surfaced
- ✓ Coordinator or in-house operations validates packet content
- ✓ IME evaluator and QA retain final judgment

WHAT YOUR TEAM RECEIVES

● CLIENT OUTPUT

A structured evaluator packet with Table of Contents, chronology, summary, and source references intact.

The packet is prepared for human review. Medical judgment remains with the IME evaluator.

STRUCTURED PACKET SUMMARY

KEY DATES	Injury, treatment, surgery, work status, and exam-relevant milestones
PROVIDERS	Treating clinicians, facilities, specialists, and prior examiners
TREATMENT HISTORY	Imaging, therapy, procedures, surgery, restrictions, and follow-up
REVIEW FLAGS	Missing records, record-volume issues, duplicate records, and client-rule flags
REFERENCES	Every key fact traces back to the supporting source

Packet • Table of Contents

210 PP • 8 SECTIONS

01	Intake & Demographics	p. 1-4
02	Emergency Department Records	p. 5-22
03	Imaging & Diagnostics	p. 23-41
04	Treating Provider Notes	p. 42-118
05	Operative Reports	p. 119-140
06	Physical Therapy	p. 141-176
07	Prior IME Reports	p. 177-192
08	Correspondence	p. 193-210

Human oversight is preserved. Coordinators validate the packet, the IME evaluator applies medical judgment, and QA reviews the report for completeness, clarity, and required answers.

PROOF AND TRUST

98.5%

ACCURACY

Backed by an SLA. Not an average.

500+

DOCUMENT TYPES

Trained across the IME packet.

Zero

ZERO-DATA-RETENTION

ATOM retains no client documents.

SOC2 Type II

CERTIFIED

HIPAA-Compliant.

Talk to ATOM about your IME packet workflow

See where structured packet prep could reduce manual handoffs while preserving source traceability, auditability, and human judgment.

— WHERE CAPACITY GETS CONSUMED

The IME process works.

The manual handoffs are where capacity gets consumed.

A typical IME process moves through referral intake, evaluator selection, scheduling, medical record requests, packet preparation, examination, report QA, delivery, and billing. The question is where manual prep adds avoidable delay before the evaluator packet is ready.

WHERE THE DRAG LIVES

● BEFORE THE EXAM

When records are the bottleneck, the slowdown appears **before the evaluator packet is ready.**

Structured prep reduces the manual effort required to prepare the packet for review.

EXAM READINESS WINDOW

From records received to evaluator ready.

Prep effort accumulates here before the evaluator can review.

Records usability
checkSorting and duplicate
removalChronology and Table
of ContentsSummary and review
flags

Packet validation

EVALUATOR REVIEW

ELAPSED PREP TIME GROWS ACROSS EACH STEP →

The work gets done, but each handoff adds time before the evaluator can review.

WHAT GETS CLEANER

**Exam readiness improves**

The record set arrives sorted, indexed, and summarized. Review begins from a cleaner starting point.

**Follow-up gets clearer**

Missing or unusable records surface earlier, before they stall the packet.

**QA starts with context**

Questions, answers, source references, and review flags stay connected.

**Cleaner evaluator review**

The packet arrives organized, summarized, and ready for evaluation.

WHY THE STARTING POINT MATTERS

69%

of evaluators say most clerical tasks do not require a trained evaluator

Evaluator capacity is too valuable to spend on packet reconstruction.

IME evaluators are there to apply medical judgment. **When the packet starts structured**, they can spend more time on review, analysis, and defensible conclusions, and less time navigating the record stack.

WHERE THE WORKFLOW IMPROVES, WITHOUT SACRIFICING ACCURACY OR AUDITABILITY

AFTER STRUCTURED PREP

**Cleaner starting points,
fewer avoidable handoffs**

Faster packet readiness

Records move from received to evaluator packet ready with less manual preparation.

Fewer coordinator touches

Missing records, packet issues, and follow-up needs surface earlier.

Cleaner QA validation

Questions, answers, and source references stay connected for review.

To map your IME packet workflow, contact your ATOM representative or visit atomadvantage.ai