



QME COMPETENCY EXAMINATION

INFORMATION BOOKLET

Prepared for the Division of Workers' Compensation

Medical Unit

BY

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CODE OF ETHICAL CONDUCT

The standards presented below are intended to guide Qualified Medical Evaluators in their relationships with the individuals they serve: injured workers; employers; claims administrators and workers' representatives; colleagues in the health professions; the public; and all levels of government, including the judiciary. They are listed here for reference purposes because of the importance of ethical conduct in all aspects of the workers' compensation system.

In the delivery of QME services, one should:

1. Accord the highest priority to the health and safety of individuals in both the workplace and the environment;
2. Practice on a scientific basis with integrity and strive to acquire and maintain adequate knowledge and expertise upon which to render professional service;
3. Relate honestly and ethically in all professional relationships;
4. Keep confidential all individual medical information, releasing such information only when required by law or overriding public health considerations, or to other physicians according to accepted medical practice, or to others at the request of the individual;
5. Recognize that employers may be entitled to counsel about an individual's medical work fitness, but not to diagnoses or specific details, except in compliance with laws and regulations. *In the case of a workers' compensation claim in California the employer is entitled to the diagnosis of the mental or physical condition for which workers' compensation is claimed and the treatment for this condition, as well as medical information necessary for the employer to modify the employee's work duties (Lab. Code § 3762(c));*
6. Communicate to individuals and/or groups any significant observations and recommendations concerning their health or safety.

PURPOSE OF THE INFORMATION BOOKLET

The purpose of this booklet is to help candidates prepare for the State of California Certification Examination prior to appointment as a Qualified Medical Evaluator (QME). Adequate preparation for the examination can increase your mastery of the QME test objectives and the probability of passing. Included in this manual is a description of test objectives and the tasks performed by a QME. Also included are sample questions from the four QME competency areas and a list of essential terms. It is intended that this Information Booklet and the list of required references will assist you in your study for the examination.

Background

The primary purpose of this examination is to demonstrate the competence of a physician in evaluating medical issues in the workers' compensation system and to evaluate competency with respect to current California Workers' Compensation System terminology, laws, rules, regulations, and medical-legal procedures. The examination is designed to ensure that there is a commonly understood body of knowledge and common language for QMEs which will increase the probability of ratable and impartial medical/legal evaluations of injured workers in California.



OVERVIEW OF THE QME OCCUPATIONAL ANALYSIS SURVEY

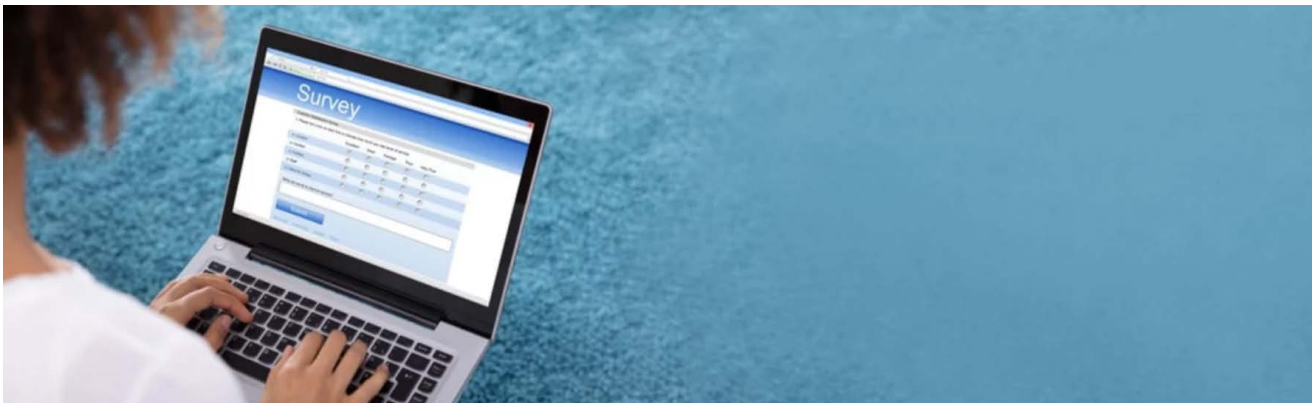
In order to ensure that the QME examination is relevant to the actual tasks of a QME, CPS HR¹ staff worked with California QME subject matter experts (SMEs) in 2022 and 2023 to determine and define the major responsibility areas, related tasks, and relevant knowledge and skills relating to the work of QMEs.

Based on the findings, the test questions are organized into four categories:

- I. Clinical Assessment/Evaluation and Medical Treatment**
- II. Disability and Impairment Issues/Vouchers/MMI & P&S**
- III. Causation and Apportionment**
- IV. Basic Laws and Regulations/Report Writing Elements**

These four areas are further described in Tables I-IV.

The QME results indicated all four competency areas as important and expected at the time of appointment or certification. Some test questions may cover more than one of these competency areas.



¹ CPS HR is a State of California Joint Powers Agency headquartered in Sacramento. CPS HR provides occupational test development and administration, as well as a full range of integrated HR solutions, to federal, state, and local governments, public safety, special districts, and non-profit organizations.

Table I. Clinical Assessment/Evaluation and Medical Treatment

Tasks	
1.	Obtains history of work-related injury/illness by reviewing medical records and conducting an injured worker interview.
2.	Obtains general medical history that is injury/illness specific by reviewing medical records and conducting an injured worker interview.
3.	Obtains and documents comprehensive occupational history.
4.	Obtains and reviews description of job duties/activities.
5.	Performs the appropriate clinical examination (e.g., observation, inspection, palpation, range of motion) in order to establish current level of pathology.
6.	Performs or refers the injured worker for further relevant diagnostic testing (e.g., x-rays, lab work, pulmonary function test) when it is incidental to the production of a medical-legal report.
7.	Reviews medical records, treatment guidelines, medical history, and physical examination findings to determine diagnoses, future medical care, and/or MMI.
8.	Assesses the injured worker's residual functional capacity and ability to perform activities of daily living.
9.	Formulates and confirms injury, condition, or diagnosis for purposes of establishing MMI.
10.	Documents history of prior or subsequent injuries, illnesses, conditions, or medical treatment in addition to the current work-related injury.
11.	Documents appropriate personal history (e.g., social history, non-industrial) based upon the related occupational injury.
12.	Documents clinical examinations to ensure accurate record keeping.
13.	Identifies and documents the injured worker's present complaints or symptoms.
14.	Evaluates the role of each physician and non-physician in providing treatment.
15.	Obtains additional data (e.g., co-worker statements, personnel records, family interviews) to determine whether there is a workplace causation for psychiatric injuries.
Knowledge and Skills	
1.	Knowledge of how to access and utilize the appropriate clinical examination and relevant diagnostic testing.
2.	Knowledge of the reasonable and necessary treatment to cure or relieve the effects of the injury or illness.
3.	Knowledge of reasonable and necessary treatment of non-industrial underlying conditions required to treat the industrial injury or illness.
4.	Knowledge of physician and non-physician health provider's appropriate scope of practice and the definition of a "physician" in the Labor Code.
5.	Knowledge of how to obtain, interpret, and review the medical records and medical history to determine diagnoses.

Table I. Clinical Assessment/Evaluation and Medical Treatment

6.	Knowledge of how to interview the injured worker to obtain their medical history.
7.	Knowledge of how to perform a physical examination.
8.	Knowledge of how to interpret the findings of a physical examination.
9.	Knowledge of what to observe during a physical examination.
10.	Knowledge of how/what/where to palpate during a physical examination.
11.	Knowledge of how to determine if pre-existing conditions have been aggravated or exacerbated because of the workers compensation injuries.
12.	Knowledge of pathophysiology of injuries, medical conditions, and diagnoses of relevant body parts.
13.	Knowledge of how to measure range of motion during physical examination.
14.	Knowledge that impairment must always be addressed and where there is no impairment, the QME should state that there is no impairment under the applicable section of the AMA Guides.
15.	Knowledge how to address functional capacity when it comes to addressing employability in the open labor market and when that determination comes from the QME and when it needs to be obtained from a vocational counsellor.
16.	Knowledge of when to obtain the evaluation of another specialty to assess the impairment/injury of an injured worker.
17.	Skill in formulating and confirming a diagnosis.
18.	Skill in obtaining a complete medical history.
19.	Skill in obtaining the history of the mechanics of injury and/or exposure that caused the impairment or need for medical treatment.
20.	Skill in obtaining and developing a chronology/timeline of incident/injury.
21.	Skill in reviewing and integrating relevant records.
22.	Skill in obtaining current and prior employment history.
23.	Skill in obtaining information from the patient about their daily living activities to determine if the workplace injury impacts quality of daily life.
24.	Skill in performing medical research to obtain additional relevant information as it relates to the injured worker's case.
25.	Skill to rely on evidence based medical principles and review, analyze, and cite appropriate peer reviewed medical literature to determine causation to a reasonable degree of medical probability.
26.	Skill to identify and interpret a non-physiologic physical examination and behavior.
27.	Skill to correlate medical records with reported history (augmentation, veracity, etc.)
28.	Skill to find and state the medical facts while performing all aspects of the evaluation (record and review patient history, physical examination, providing opinions)
29.	Skill in determining what records are pertinent in the case, and what information may be in records not forwarded that would be helpful in making an objective evaluation.

Table II. Disability and Impairment Issues/ Vouchers/ MMI & P&S

Tasks	
1.	Determines the nature and duration of temporary disability.
2.	Reviews and interprets job descriptions to determine physical/psychological limitations of the injured worker in order to recommend alternate or modified work assignments.
3.	Uses Combined Values Chart and conversion charts in the AMA Guides to correctly rate impairment.
4.	Determines and describes the injured worker's impairment in accordance with the AMA Guides and DWC rules.
5.	Uses the AMA Guides to correctly apply the 3% rating for pain to the WPI rating.
6.	Reviews relevant medical records to determine if the injured worker has reached MMI.
7.	Describes work limitations and restrictions to inform employers about the injured worker's ability to return to work.
8.	Determines when a worker's injury or injuries became MMI.
9.	Determines the physical limitations for an alternate or modified work.
10.	Makes apportionment determination by finding what approximate percentage of the permanent disability was caused by the direct result of injury arising out of and occurring in the course of employment and what approximate percentage of the permanent disability was caused by other factors both before and subsequent to the industrial injury.
Knowledge and Skills	
1.	Knowledge of the definition and application of MMI/P&S.
2.	Knowledge of the difference between temporary and permanent, total and partial disability.
3.	Knowledge of the difference between impairment and disability.
4.	Knowledge of when the AMA (American Medical Association) Guides are applicable.
5.	Knowledge of the general principles of the AMA (American Medical Association) Guides.
6.	Knowledge of the combining rule for impairment rating in the January 2005 rating schedule.
7.	Knowledge of when to add rather than combine impairment ratings.
8.	Knowledge of when to add up to an additional 3% rating for pain using the AMA (American Medical Association) Guides.
9.	Knowledge of how to review and interpret medical records and medical history to determine the date of MMI.
10.	Knowledge of when and how to obtain additional testing and/or referrals to determine MMI.

Table II. Disability and Impairment Issues/ Vouchers/ MMI & P&S

11. Skill in recognizing, evaluating, and reporting relevant objective findings.
12. Skill in determining when the injured worker has reached MMI status with respect to each injury.
13. Skill in medically analyzing and translating the patient's symptoms and physical findings into ratable factors of impairment.
14. Skill in articulating reasoning process in reaching conclusions.
15. Skill in correlating factors of impairment with clinical assessment in order to ensure internal consistency of report.
16. Skill to determine what approximate percentage of the permanent disability was caused by the direct result of injury arising out of and occurring in the course of employment and what approximate percentage of the permanent disability was caused by other factors both before and subsequent to the industrial injury.
17. Skill to determine congruency between subjective and objective findings (e.g., malingering).

Table III. Causation and Apportionment

Tasks
1. Determines whether the injured worker's permanent/temporary disability or need for medical treatment was caused, aggravated, or accelerated by an incident or conditions related to their employment.
2. Identifies statutorily presumptive injuries for workers in specific categories of employment (e.g., heart disease in police officers).
3. Evaluates injured workers to determine whether a specific or cumulative injury is involved.
4. Determines what portion of an injured worker's present disability, if any, is due to a pre-existing or subsequent injury or condition.
5. Determines what portion of an injured worker's present disability, if any, is due to the natural progression of disease in absence of injury.
6. Reviews history, medical records, medical-legal reports, sub rosa films, and prior testimony to evaluate causation and apportionment.
7. Reviews prior disability awards or legal judgments (e.g., workers' compensation, veterans, social security).
Knowledge and Skills
1. Knowledge of the difference between an aggravation and an exacerbation.
2. Knowledge of non-industrial and industrial risk factors and their relationship to cumulative/repetitive injury.

Table III. Causation and Apportionment

3.	Knowledge of the risks of employment and the concept of injury arising out of and occurring in course of employment (AOE/COE).
4.	Knowledge of Labor Code sections 4663 and 4664 regarding the principles governing apportionment.
5.	Knowledge of apportionment under current case law.
6.	Knowledge of the concept of natural progression of disease according to Labor Code section 4663.
7.	Knowledge of how to apportion disability when relying on current (AMA Guides) or previous (PDRS) guidelines for rating purposes.
8.	Knowledge of statutorily presumptive injuries for workers in specific categories of employment.
9.	Skill in determining if there was one or more injuries by obtaining a complete history and reviewing reports.
10.	Skill to keep current on case law and how to apply the current case law to apportionment.
11.	Skill in determining if the mechanism of injury is consistent with the diagnosis.
12.	Skill in determining if the mechanism of injury and/or exposure caused the disability or need for medical treatment.
13.	Skill in identifying specific references in medical records to justify apportionment.
14.	Skill to describe apportionment of disability in detail providing the exact nature of the disability and how and why the disability is apportioned.

Table VI. Basic Laws and Regulations/ Report Writing Elements

Tasks	
1.	Complies with DWC ethics regulations, including, but not limited to office cleanliness, appointment scheduling, and report content.
2.	Complies with DWC medical-legal evaluation protocols contained in the AMA Guides to the Evaluation of Permanent Impairment and the January 1, 2005, permanent disability rating schedule.
3.	Complies with face-to-face time requirements of an evaluation according to DWC regulations to perform such tasks as taking a history, performing a physical examination, or explaining or answering injured worker's questions regarding the QME evaluation process.
4.	Complies with applicable regulations and statutes relating to the medical-legal process.
5.	Complies with timeframe guidelines for service of reports per Cal. Code Regs., Tit. 8, Â§38.

Table VI. Basic Laws and Regulations/ Report Writing Elements

6. Complies with regulations related to additional medical evaluations for Unrepresented Injured Workers and Represented Injured Workers.
7. Complies with ex parte communication laws and regulations.
8. Ensures all requirements of Labor Code sections 4620-4628 and 139.3 (e.g., responsibilities of physicians signing medical-legal reports) are met.
9. Retains copies of all medical-legal reports for a period of five years from the date of each evaluation report.
10. Determines when and which QME forms are to be filed and served in connection with the scheduling of a QME appointment.
11. Understands the role of the treating physician including their reporting requirements and the report's impact on the medical-legal process.
12. Understands the QME selection process for Unrepresented Injured Workers and Represented Injured Workers.
13. Identifies all information received and reviewed in preparation of report writing.
14. Writes medical-legal reports that constitute substantial medical evidence in Workers' Compensation cases to resolve disputes about medical issues.

Knowledge and Skills

1. Knowledge of the topics that the QME must address in the report (e.g., causation, apportionment, diagnosis).
2. Knowledge of the topics that the QME may need to address in the report (e.g., future medical care, credibility, periods of total temporary disability).
3. Knowledge that the standard of proof for medical opinions in workers compensation system is reasonable medical probability.
4. Knowledge of required elements of Labor Code sections 139.3 and 4628 and the associated recording requirements, including that the physician must write the report under penalty of perjury.
5. Knowledge of how to prepare various forms (e.g., DWC forms, return to work voucher report, QME 110 & 111).
6. Knowledge of the rules and regulations that govern the work of a QME.
7. Knowledge of the role of the primary treating physician.
8. Knowledge of acceptable behavior of QMEs in conducting the examination.
9. Knowledge of actions that may constitute potential conflicts of interest.
10. Knowledge of the panel QME process.
11. Knowledge of DWC requirements and process for QME training, testing, certification, and/or recertification.
12. Knowledge of QME roles and responsibilities.
13. Knowledge of the appropriate time frames for different activities (e.g., deadline to issue a supplemental report or to make oneself available for a deposition).
14. Knowledge of the reasons QMEs can be removed from the DWC's QME list.

Table VI. Basic Laws and Regulations and Report Writing Elements

15. Knowledge of DWC QME administrative violations.
16. Knowledge of responsibilities related to handling medical records.
17. Knowledge of the types of questions (e.g., medical treatment disputes) QME's are not allowed to address regarding issues under the California Workers Compensation system.
18. Skill in discussing in medical-legal report all applicable items for producing substantial medical evidence under CCR 10682 (e.g., history, patient's complaints, reasons for opinion).
19. Skill to describe when the employee knew or should have known of the existence of the injury.
20. Knowledge of the requirements of the QME appointment sheet (e.g., presence of an interpreter).
21. Skill to review attorney cover letters and address the issues stated.
22. Knowledge of the Medical-Legal Fee Schedule (MLFS) to bill appropriately.

Note: QME candidates must learn regulations that are time specific. Some questions may look the same but have different "best answers" because of different time specifications relevant to the date of injury.

TYPES OF TEST ITEMS

The items may be one of three basic formats: the direct question, the internal blank, and the incomplete sentence.

Direct Question Format

The employee who has designated a personal physician may change personal physicians how often prior to an injury?

- a. never
- b. at any time**
- c. within 30 days
- d. within 45 days

Internal Blank Format

All QMEs are required to take _____ of QME continuing education courses in order to be re-appointed as a QME.

- a. 10 hours per year
- b. 16 hours every two years
- c. 12 hours within the previous two years**
- d. 24 hours per year

Incomplete Sentence Format

A medical-legal cost is defined as a cost for

- a. medical care rendered in an uncontested case.
- b. services provided to the employer for documentation and review.
- c. services provided by the adjudication unit for medical-legal expenses.
- d. specified services incurred to prove or disprove a contested case.**

Some items may assess the ability to understand a complex provision of the Labor Code or other document, or to correctly identify or complete important QME forms, which are included in Appendix C of this information booklet. Other items may assess the ability to read and understand a case history or scenario, the basis for which might be drawn in general terms from any medical specialty (e.g., psychology or podiatry). However, specialty knowledge will not be needed to provide the best answer to a test question. All questions will measure general workers' compensation concepts rather than knowledge of a particular medical specialty.

Test item writers were also trained to write test questions at three basic cognitive levels:

I. Items that require Recalling, Recognizing, Identifying

These items may ask for nomenclature, facts, procedures, or principles and are either "what" or "how" type of items.

II. Items that require Defining, Comparing, Associating or Classifying

These items may ask for operating principles or analysis and are "why" type of items.

III. Items that require Explaining, Predicting, Interpreting

These items may ask for prediction, complete theory or evaluation and are "what will happen" or "evaluation" items.

There is a suggested reference list in Appendix B of this information booklet. The trained QME test item writers are instructed to write questions about California Workers' Compensation System's terminology, laws, and regulations. In addition, they are asked to write general questions about disability evaluation, medical opinion, and medical-legal reports that are not specific to any one physician group. Questions on the test are specific to the State of California and may include content on new regulations that are on the reference list.

Item writers are cautioned to avoid writing questions that measure trivial knowledge and skills (e.g., questions that require that candidates memorize Labor Code section numbers, QME Form numbers).

Example of item measuring trivial Knowledge and Skills

1. The definition of a medical-legal cost is found in which California Labor Code section?
 - a. 139
 - b. 3208.3
 - c. 4061
 - d. 4622



Example of item measuring important or critical Knowledge and Skills

1. The Labor Code defines a medical-legal cost as a cost for
 - a. medical care rendered in an uncontested case.
 - b. services provided to the employer for documentation and review.
 - c. services provided by the adjudication unit for medical-legal expenses.
 - d. specified services incurred to prove or disprove a contested case.



QME EXAMINATION CONTENT

The QME Certification Examination measures the four QME competency areas previously mentioned and shown below in Table I.

Table I.

QME EXAMINATION COMPETENCY AREAS

Competency Area
I. Clinical Assessment/Evaluation and Medical Treatment
II. Disability and Impairment Issues/Vouchers/MMI & P&S
III. Causation and Apportionment
IV. Basic Laws and Regulations/ Report Writing Elements

Due to the need for strict security, multiple forms of the QME competency test contain different sets of test questions. Although the test questions may vary, they are written to match the test specifications in this booklet.

QME EXAMINATION REVIEW PROCEDURES

Pre-Test Review Process

A panel of QME Subject Matter Experts reviews possible test questions to eliminate those that are trivial, overly specialized, or at an improper difficulty level. After the pre-test review panel meets, CPS HR consultants assemble the acceptable test items into an examination.

Post-Test Review Process

Testing specialists review the statistical performance of each test item to ensure it is functioning within appropriate psychometric standards. A panel of testing specialists and subject matter experts review any questionable items as well as any candidate comments received by the time of the panel meetings.

Setting the Pass Rate for Exams

The level of difficulty of each question is rated by panels of subject matter experts using the Angoff method. In this process, subject matter experts provide a rating of what percentage of minimally competent test takers would answer each test item correctly. Ratings are averaged across raters to determine an average Angoff rating for each item to be included on the test. The passing score is the average Angoff value of all items on the test.

SPECIFIC STRATEGIES FOR QME EXAMINATION PREPARATION

Following are suggestions to help you study for your California QME Competency Examination.

- Understand the test specifications.**
Review the four QME competency areas listed in Table I. These areas form the basis for questions from the *Physician's Guide* and/or any other listed reference material.
- Read the reference material.**
Candidates should review the other relevant reference material listed in Appendix B of this booklet. Physicians should refer to these references in the list, in addition to this manual, to prepare for the test. It is recommended that the physician spend some time studying the material, especially new material that has evolved from the 2004 and 2012 workers' compensation reforms. Read and understand the *Physician's Guide*, relevant sections of which will be covered in the test. Although you will need to master other chapters to write QME reports, pay particular attention to chapters 1, 2, and 18 of the AMA Guides when studying for the test.
- Do not memorize trivial information.**
QME item writers have been asked not to write trivial questions from the sources (such as dates, Labor Code section numbers, or QME form numbers). A list of common acronyms and form numbers and names is available during the exam.
- Understand workers' compensation terminology and concepts that are both general and California-specific.**
Candidates should assess their understanding of relevant terms found in the glossary in the *Physician's Guide*. Also, refer to the QME test specifications to identify important workers' compensation terminology.

- ☑ **QME tests do not measure specialty practice knowledge.**
Candidates will not be asked any questions that assess specific knowledge of medical treatment (e.g., psychology, orthopedics). However, candidates should be familiar with the existence of the DWC evaluation guidelines and AMA Guides.
- ☑ **Understand relevant California Labor Code sections and regulations that are listed in this booklet.**
The laws and regulations listed in Appendix A, page 31, and relevant information from the *Physician's Guide* or recently enacted legislation.
- ☑ **Focus on learning basic concepts rather than on trying to memorize test questions someone has guessed may be on the test.**
It is not a good strategy to spend time memorizing large groups of test questions; test items will be drawn from a computerized item bank of over 1,300 questions (enabling CPS HR to generate different test forms for each test). Time will be best spent mastering the relevant Labor Code sections, regulations and other concepts in the general workers' compensation field.
- ☑ **Consider whether a review course will be of help.**
Most courses will help a candidate gain more knowledge of the medical-legal report process, and workers' compensation terminology, new laws, and regulations. Courses that are designed for continuing education credit and approved by the DWC may or may not specifically assist candidates to prepare for this examination, depending on how closely an instructor focuses on the body of knowledge in the QME test specifications derived from the validation survey. Candidates should be cautious of any courses that imply coverage of the content of any QME written test (other than what is included in this booklet), or which guarantee students will pass the test. CPS HR will not use subject matter experts who teach review courses or training courses in the test item writing or review process.
- ☑ **Some examinees are anxious about taking tests and may benefit from simulating the test-taking situation with a practice examination.**
Candidates for whom this is true should focus on gaining practice in test taking under timed conditions rather than on memorizing questions and answers. After practice, candidates should assess their level of knowledge and list the principles and/or information of which additional review is needed to assure mastery of the relevant knowledge, skills, and terms.

GENERAL HINTS FOR TAKING THE WRITTEN TEST

Remember, the basic format for this test is the *multiple-choice with four distinct alternatives, using the "best of the four answers"* approach. Test item writers and pre- and post-test reviewers are instructed that there should be one best answer that is clearly correct based upon the assigned references.



- **The questions are not designed to be trick questions and only one answer will be scored as correct.**

CPS HR and the DWC go to great lengths to ensure the quality of the exam. However, the post-test review of test item statistics and candidate comments might suggest that there could be two correct responses for a test item. If the post-test review panel concurs, both of the indicated answers would be scored correctly, or the item may be deleted from scoring.

- **Candidate scores on this test will be based only on the number of items answered correctly.**

It is a good idea to guess on answers to questions when unsure of the correct answer because there is **no additional penalty for guessing**. If you are unsure of a test item during the exam, click the "Flag for Review" button on the screen to return to it later if time permits. Do not get distracted during the test itself so that valuable time is not lost.

- **Read each question carefully, making sure that you understand it before answering it.**

Interpret words according to their generally accepted meanings.

- **Watch the time carefully during the test. The total test time will not exceed three hours.**

The time is set so that the majority of candidates will finish the test. Establish time markers (e.g., you need to finish 1/4 of the test items in 1/4 of the time). You can monitor the time remaining during the exam on the exam screen. Mobile phones, stopwatches, smart watches, watches with audible timers, desk timers, and desk clocks are not permitted for any purposes.

INFORMATION ABOUT THE TEST ADMINISTRATION PROCESS

Ask questions if there is something you do not understand about the process, but be aware that the proctor cannot answer questions about test content or interpret words. **You may not bring an interpreter to the test.**

The examination is administered by CPS HR's partner, *Pearson VUE*, at one of their several convenient test centers. After candidates submit a completed original Application for Appointment as Qualified Medical Evaluator (QME Form 100) and a completed Registration Form (QME Form 102), candidates will be eligible to schedule themselves for their exam via the Internet. Candidates will receive an ***Authorization to Test*** notification via email from Pearson VUE on behalf of CPS HR that includes instructions for scheduling an exam appointment. Candidates will be instructed to create an online account and select a preferred date, time, and location to test. After scheduling the examination, candidates will receive a confirmation email with appointment details.

Once an exam reservation has been confirmed by Pearson VUE, candidates may cancel or reschedule until **48 hours in advance** of their exam date and time. Candidates who are not present for their scheduled time or do not cancel or reschedule **at least 48 hours** prior to their exam date and time will be considered No Shows and will forfeit their exam fee. Please note that candidates may use the automated system 24 hours a day to cancel and reschedule their appointment.

Candidates will be asked to read and acknowledge the DWC's Exam Security Agreement during the registration process. Candidates must agree to the security requirements to be allowed to test. During the check-in process at the test site, candidates will also be required to review and acknowledge Pearson VUE's Candidate Rules Agreement.

Note: Candidates requiring a special accommodation **MUST** make the request during the application process.

Click [here](#) to watch a video on what to expect in a Pearson VUE test center.

CPS HR EXAM PROTOCOL FOR QUALIFIED MEDICAL EVALUATORS

The examination will be given by computer at a Pearson VUE testing center. You do not need any computer experience or typing skills to take your examination. Before you start the examination, you will receive an introduction to the testing system.

Candidates should plan to arrive 30 minutes prior to their scheduled appointment time. This will give candidates the adequate time to complete the necessary sign-in process. If candidates arrive more than 30 minutes late to the appointment, candidates may be refused admission and exam fees may be forfeited.

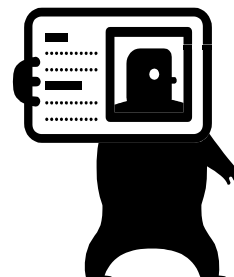
Personal items are not allowed in the testing room. Candidates must store all personal items in the lockers at the testing center or return them to their vehicles. A candidate who refuses to store personal items will be unable to test and lose their exam fee. All electronic devices must be turned off before storing them in the designated secure area. Below is a general list of personal items **NOT** allowed in the testing room.

- Mobile phones, hand-held computers, watches, or other electronic devices
- Wallets, purses, briefcases, or bags
- Hats (and other non-religious head coverings), coats, jackets, scarves, or eyeglass cases
- Pens or pencils
- Firearms or other weapons

Only comfort aids that do not require pre-approval will be allowed in the testing room after visual inspection by the Test Center staff. Click [here](#) to review the list of pre-approved comfort aids allowed in the testing room.

Candidates are required to present two forms of original (no photocopies), valid (unexpired) IDs; one form as a primary ID (government-issued with name, photo, and signature) and one form as a secondary ID (with at least name and name and signature, or name and recent recognizable photo). The first and last name used to register **must match exactly** the first and last name on the ID that is presented on test day. All required IDs must be issued by the country in which candidates are testing. If candidates do not have a qualifying primary ID issued from the country they are testing in, an International Travel Passport from their country of citizenship is required, along with a secondary ID.

Don't forget your ID



EXAMINATION PROTEST AND APPEAL PROCESS

Informal Item Protests

Do not get bogged down during the test process for a problem with one test item. If you feel that an item is problematic, type a comment in the indicated area of the exam screen stating your concern.

CPS HR uses extensive quality control measures to ensure a reliable test, including pre-and post-test panel reviews by subject matter experts in your field, in addition to state-of-the-art computerized scoring and item analysis techniques. Submitted comments will be reviewed by CPS HR during the post-test review. When there are multiple complaints on an item or a single complaint seems significant or corroborated with various test item statistics, this information is specifically called to the attention of the experts during the post-test review panel. This panel has the authority to take action before the scoring key is finalized and notices sent to candidates. On occasion, a review panel may find it necessary to double key or delete a small portion of test items on even the most reliable test. Typically, no more than 3-5 percent of the test items are considered problematic enough for deletions.

Formal Appeal Process

Per State regulations, formal appeals will only be accepted immediately after a candidate has completed the examination and until 10 calendar days after the date of the examination results letter. Appeals will only be accepted for the current examination period. Grounds for appeal are:

- A. Significant procedural error in the examination process
- B. Discrimination
- C. Bias or Fraud

Any appeals should be submitted in writing to the Administrative Director of the DWC-MU and should state the reason for the appeal. Appeals received by the DWC-MU will be logged and referred to the DWC Appeals Committee in order to respond to the appellant within 30 days from receipt. If the appeal is not granted, DWC will assist the candidate in getting on the next test schedule.



QME CERTIFICATION SAMPLE TEST QUESTIONS

Sample questions in this section are intended only as examples of the various item types and difficulty levels that may be included for the seven competency areas.

1. Which information is not essential to determine industrial aggravation of a chronic pre-existing medical condition?
 - a. An understanding of the natural history of the condition.
 - b. An understanding of industrial risk factors for the condition.
 - c. A chronological listing of all diagnostic data.
 - d. A chronological history of symptoms and functional limitations.

2. When reviewing medical records, the QME should
 - a. assume the information in the record is correct.
 - b. review and summarize all medical information present.
 - c. review and summarize only information regarding the specific injury.
 - d. review all the records and summarize all information relevant to disputed issues.

3. A worker is injured on June 24, 2008. His vocational rehabilitation benefits
 - a. are capped at \$16,000 for the injury.
 - b. are not dependent upon a physician's determination that he is medically qualified.
 - c. can be settled for a maximum of \$10,000.
 - d. are replaced by a supplemental job displacement benefit.

4. The Labor Code allows a QME to perform which action?
 - a. advertise one's services in a legal journal
 - b. establish a referral service for injured workers
 - c. refer to an outside diagnostic center and accept part of the fee
 - d. offer tickets to sporting events to an attorney for referral of patients

5. In a cumulative injury or occupational illness, the DOI is the date that the employee
 - a. first started the activity that lead to the injury.
 - b. first noticed pain.
 - c. first realized that there was a work related disability.
 - d. submitted the claim form.

6. The employer must pay for medical treatment of any non-industrial condition that prevents
 - a. full evaluation of disability and impairment factors.
 - b. full implementation of necessary medical care for the industrial injury.
 - c. the injured worker from career advancement opportunities.
 - d. the injured worker from qualifying for vocational rehabilitation.

7. Prophylactic work restrictions are designed to
 - a. enhance productivity.
 - b. decrease a permanent disability.
 - c. protect fellow workers from sustaining a similar injury.
 - d. protect the injured worker from sustaining any further injury.

8. When reporting the cause of a disability in the med-legal report,
 - a. be as direct and definite as possible.
 - b. it is helpful to use the term "possibly."
 - c. it is preferable to use the term "maybe."
 - d. attribute the entire cause of the injury to work activities.

9. When taking the history of the injury, the QME should ask
 - a. how the patient gets to work.
 - b. how much the employee has lost in wages.
 - c. the employee's family members' work history.
 - d. what occurred immediately following the injury.

10. Under the Labor Code, which situation listed would be defined as a compensable injury?
 - a. intentionally self-inflicted wounds
 - b. an injury during a carjacking on the way to work
 - c. any work-related aggravation of a pre-existing physical or mental condition
 - d. any fight or altercation in which the employee is the "initial physical aggressor"

11. In a medical-legal evaluation written in November of 2004, laboratory and diagnostic tests results or findings are best described as _____ factors.
 - a. ratable
 - b. objective
 - c. subjective
 - d. irrefutable

12. A QME evaluates a person who injured his neck and has persistent pain. If the QME uses the AMA Guidelines as the basis for the report, when would it be appropriate to add an extra 3% for the pain?
 - a. In any case that involves pain because the impairment rating does not account for this subjective factor.
 - b. In any case that involves excessive pain that is not already included in the impairment rating.
 - c. In no cases because the AMA impairment rating does not include an allowance for the subjective factor of pain.
 - d. In no cases because the AMA impairment rating already accounts for pain.

13. In which areas has the State established protocols that must be followed in QME evaluations written in 2004?
 - a. hematology, endocrine, immunology, and urology
 - b. psychiatry, allergy, infectious disease, and rheumatology
 - c. psychiatry, pulmonary, cardiac, neuromusculoskeletal, and immunological
 - d. geriatrics, immunology, pharmacology, nephrology, and neuromusculoskeletal

14. Face to face time includes the time the
 - a. patient spends with the historian.
 - b. patient spends in filling out the pre-evaluation report.
 - c. physician spends in performing blood tests and taking x-rays.
 - d. physician spends in taking the history and performing the physical examination.

15. Medical-legal report writing should include
 - a. a specific or differential diagnosis.
 - b. a summary of all non-industrial symptoms.
 - c. a theory on the pathogenesis of the illness or injury.
 - d. the factors that rule out the cause of the illness or injury.

16. It is mandatory to include in your report
 - a. a declaration of at least one page.
 - b. an abbreviation of the declaration.
 - c. the declaration in its entirety.
 - d. the important portions of the declaration.

17. A QME or an AME evaluation is performed if the employer or the employee
 - a. accepts the cost of all prior evaluations.
 - b. accepts the treating physician's disability evaluation.
 - c. disagrees on the projected cost of medical treatment.
 - d. disagrees with the treating physician's disability evaluation.



Answer Key to Sample Questions

1. b	6. b	11. b	16. c
2. d	7. d	12. b	17. d
3. d	8. a	13. c	
4. a	9. d	14. d	
5. c	10. c	15. a	

LIST OF APPENDICES

Appendix

- (A) California Labor Code and Regulation References
- (B) Suggested References for QME Competency Examination
- (C) Forms Commonly Used by Physicians in Workers' Compensation

APPENDIX A

CALIFORNIA LABOR CODE AND REGULATION REFERENCES

What You Need to Know about the California Labor Codes and other QME Regulations

Labor Code sections relevant to QMEs (Labor Code §§ 139.2, 139.3, 139.31, 4060 – 4068, 4600, 4610.5, 4628)

Labor Code sections described in the Physician's Guide

Time frames for disability evaluations depending upon when the injury occurred and when the first report was written.

Knowledge of the following current laws and regulations is required:

- Regulations related to QME Advertising (8 Cal. Code of Regs. §§ 150-159)
- Use of Self-referrals (Labor Code §§ 139.3, 139.31, 8 Cal. Code of Regs. § 29)
- Use of QME ethical standards (8 Cal. Code of Regs. §§ 40 - 41.7)
- Use of regulations concerning the timely service and retention of Reports (8 Cal. Code of Regs. §§ 36-38, 39.5)
- Laws and regulations concerning QME availability and QME reports (Labor Code §§ 4620, 4628, 8 Cal. Code of Regs. §§ 31-35)
- Laws and regulations concerning Permanent Disability, Temporary Disability, Voucher, Apportionment and use of AMA Guides (Labor Code § 4656-4657, 4658.1, 4658.5, 4658.6, 4660, 4663-4664, 8 Cal. Code of Regs. § 35.5)
- Use of pertinent treatment guidelines (MTUS) (8 Cal. Code of Regs. §§ 9792.20 – 9792.26)
- Laws and regulations concerning QME appointment and reappointment (Labor Code § 139.2, 8 Cal. Code of Regs. §§ 10-19, 50-57)
- Minimum Time Guidelines 8 Cal. Code of Regs. §§ 49-49.9

What You Do NOT Need to Know about the California Labor Codes and Regulations

You do not need to memorize California Labor Code section numbers. Information about the Labor Codes will not be included unless related to test specifications or discussed in the *Physician's Guide*.

The following regulations will not be covered in your QME examination:

Contents of QME Specialty Evaluation Guidelines (e.g., psychiatric, neuromusculo-skeletal, cardiology, pulmonary and immunologic testing)

New regulations recently released by the State unless they are listed on the reference list or included with the version of Matthew Bender on the reference list.

APPENDIX B

SUGGESTED LIST OF REFERENCES

Workers' Compensation Laws of California. 2013 Edition. Matthew Bender & Co., Inc. (To place an order: 1-800-223-1940 or www.lexisnexis.com/store; approximately \$86.00, product # 840). Especially sections: 139.2, 139.3, 139.31, 4060, 4061, 4062, 4600, 4628 or any referenced previously in Appendix A.

Information is available through the DWC's website: www.dwc.ca.gov, click "Laws and Regulations".

Workers' Compensation Laws are also available through DWC's website available at no charge online at:

http://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml?tocCode=LAB&division=4.&title=&part=&chapter=&article=

QME Regulations effective January 2013

Title 8 of the California Code of Regulations, Sections 1 through 159. Available at no charge online at: <http://www.dir.ca.gov/samples/search/querydwc.htm>

Medical Treatment Utilization Schedule (MTUS)

Title 8 of the California Code of Regulations, Sections 9792.20 – 9792.26, (including the appendices for chronic pain medical treatment guidelines, postsurgical treatment guidelines) Available at no charge online at: http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html

AMA Guides to the Evaluation of Permanent Impairment

Fifth Ed. AMA Press

American Medical Association

515 N. State Street

Chicago, IL 60610

1-800-621-8335

California Department of Industrial Relations, Division of Workers' Compensation
Physician's Guide to Medical Practice in the California Workers' Compensation System
Fourth Edition, 2016. <http://www.dir.ca.gov/dwc/MedicalUnit/toc.pdf>

Occupational Medicine Practice Guidelines

Second Ed. OEM Press

American College of Occupational and Environmental Medicine

8 West Street

Beverly Farms, Massachusetts 01915

1-800-533-8046

1-978-921-7300

www.oempress.com

APPENDIX C

Forms Commonly Used by Physicians in Workers' Compensation

DIRECTIONS: The following forms are listed for your reference.

QME FORMS (revised as of February 2009)

Application for Appointment as Qualified Medical Evaluator (DWC Form 100)

Registration for QME Competency Examination (Form 102)

Denial of Time Extension (DWC Form 113)

Injured Worker Information (DWC Form 12203A)

Notice of Late QME Report – No Extension Required (DWC Form 116)

QME Notice of Unavailability (DWC Form 109)

QME Appointment Notification Form (DWC Form 110)

Qualified Medical Evaluator's Findings Summary (DWC Form 111)

QME and AME Time Frame Extension Request (DWC Form 112)

QME Fee Assessment (DWC Form 103)

Request for Qualified Medical Evaluator Unrepresented (DWC Form 105)

Request for Qualified Medical Evaluator Represented (DWC Form 106)

DWC FORMS

Employee's Claim for Workers' Compensation Benefits (DWC Form 1)

Employer's Report of Occupational Injury or Illness (DWC Form 5020)

Employee's Permanent Disability Questionnaire (DEU Form 100)

Doctor's First Report of Occupational Injury or Illness (DWC Form 5021)

Request for Summary Rating Determination (DEU Form 101)

Treating Physician's Report of Disability Status (DWC Form RU-90)

WCAB FORMS

Proof of Service

Declaration of Readiness (DOR)



This information booklet is periodically revised by CPS HR through a contract between the California Division of Workers' Compensation and CPS HR.

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Please acknowledge CPS HR and the Division of Workers' Compensation.

Send test appeals to:

Attn: Administrative Director
Division of Workers' Compensation-Medical Unit
P.O. Box 71010
Oakland, CA 94612

Applications for the QME test are processed by:

DWC Medical Unit
State of California
Division of Workers' Compensation
P.O. BOX 71010
Oakland, CA 94612
Phone: (800) 794-6900