

HOW TO SERVE YOUR REPORT ON DEU AND BE EAMS COMPLIANT

Instructions for Panel QMEs to be used in Unrepresented Cases where you have found Permanent Impairment

The Division of Workers' Compensation (DWC) is moving the California worker's compensation system toward becoming a paperless system. That system is called EAMS (Electronic Adjudication Management System). Currently, DWC is scanning documents into the EAMS system using optical character readers (OCR). The system requires specific forms to be used to identify what is being filed and to store the scanned information in the correct locations so that all users (parties, DEU, Information and Assistance officers, Workers' Compensation Judges) can find the documents.

Forms you need to submit to DEU:

Form Number	Form Name	Where you get it
DWC-AD 100	Employee's Permanent Disability Questionnaire	Employee should bring to exam. If not, download from Forms page
DWC-AD 101	Request for Summary Rating Determination	Sent with Medical Records from Claims Administrator
DWC-CA 10232.1	EAMS Cover Sheet	Download from Forms page
DWC-CA 10232.2	EAMS Separator Sheets	Download from Forms page
QME Form 111	Qualified Medical Evaluator's Findings Summary form (unrepresented cases only)	Download from Forms page
For Use in Psych Evals. Only		
QME Form 120	Voluntary Directive for Alternate Service of Medical-Legal Evaluation Report (if applicable)	Download from Forms page
QME Form 121	Declaration Regarding Protection of Mental Health Record (if applicable)	Download from Forms page

Prior to the QME examination appointment: Verify that your office has received the completed DWC-AD 101 (Request for Summary Rating Determination) from the Claims Administrator with the medical records provided for your review. If you did not receive the form, your office staff must contact the Claims Administrator to inquire about it. Since the DWC-AD 101 form is required to make up a case in EAMS, packages not containing the DWC-AD 101 form will be returned to sender.

On the appointment date: If the Injured Employee fails to bring the DWC-AD 100 (Employee's Disability Questionnaire) or if the employee arrives with a form that is folded, stained or illegible, print out the form from the DWC website and **have the employee complete and sign the form before leaving your office.** Ask the employee to block letter answers on the form. The form is on the DWC website at:

<http://www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/DEU/DEU100.pdf>

If the Injured Employee **refuses** to fill out form DWC-AD 100, you **must** attach a blank copy with the words **"Refused to Fill Out"** written on it to serve on DEU with your report.

Steps for filing in EAMS:

Only file your report with the Disability Evaluation Unit (DEU) through EAMS **when the injured employee is not represented by an attorney.** It must be mailed **to the correct DEU office** with an EAMS **Document Cover Sheet** and with **Document Separator Sheets** between specified documents, in order for those documents to be scanned electronically into the system. To determine the correct DEU office, look at the first page of the AD-DWC 101 form sent to you by the Claims Administrator. If the AD-DWC Form 101 does not specify a DEU office, select the DEU office closest to the Injured Employee's home address. If the employee's address is out of state, select the DEU office closest to the Claim's Administrator address. The DEU address list is printed below.

The information you enter on the EAMS forms must be letters, numbers and spaces **only**; **NO** punctuation marks such as apostrophes, periods, commas, etc. Also, documents mailed to DEU for filing in EAMS must **NOT** be folded, stapled or hole-punched. Mail the documents in a 9" X 12" or larger envelope.

Do NOT send the original signed documents to DEU for filing! Once documents are scanned into EAMS, they are destroyed. Serve the original signed evaluation report and QME form 111 on the Claims Administrator.

HOW TO FILL OUT THE FORMS:

Document cover sheet (DWC-CA form 10232.1)

Document cover sheets tell the EAMS system whether the records being filed relate to a new case or an existing case and other basic identifying information about the case.

If the Document Cover sheet has not been provided to you by the Claims Administrator, locate this fillable form document on the DWC website at:

http://www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCCA_10232_1.pdf

This form can be filled out on-line, printed, then copied, but you will **NOT** be able to save a copy after filling it out on-line. You only need to print the pages that you have actually filled out. When the print box appears on your screen tell it to print either the current page only, or if you need more than just the first page, the page numbers of the pages you want to print. You only need more than the first page if there are three or more cases associated with the evaluation. Generally, each separate date of injury is treated as a separate case. For example, if there is both a specific injury and a cumulative trauma claim, it would count as two cases. Do a separate cover sheet for each date of injury.

Answer the following questions:

1. **Is this a new case for DEU?**
Select yes unless the Claims Administrator or the injured employee has given you a DEU case number. If you have been provided a DEU case number (**not an ADJ or claim number**), select No and enter the DEU case number you have been given in the box provided.
2. **Companion cases exist?** Ignore unless you have multiple DEU case numbers. If you have multiple DEU case numbers, check the box. (This will be rare.)
3. **Walkthrough?** Ignore.
4. **More than 15 companion cases?** Ignore unless you know the answer.
5. **Date:** Enter the date you are **servicing** the form on DEU and the parties.
6. **SSN:** Enter the injured employee's social security number. Find it on page 1 of the DWC-AD 100 (Employee's Disability Questionnaire) or page 2 of the DWC-AD 101 (Request for Summary Rating Determination).

7. **Case Number 1:** Ignore unless you have been given the DEU case number.
8. **Identify the type of injury:**
 - a. **Specific Injury:** Check the box and enter the date of the specific injury on the line for 'Start Date'. If there are other injuries, such as a cumulative injury to the same body part or other specific injuries from other dates, you will enter that information on a separate Document Cover Sheet.
 - b. **Cumulative Injury:** Check the box and enter the start date and the end date for a cumulative injury if there is no specific injury.
9. **Body Part:** Ignore.
10. **Unit to be filed on:** Check DEU.
11. **Companion Cases (only if you have multiple DEU case numbers):**
If you have more than one DEU case number, enter the additional numbers as Case Number 2, Case Number 3 and so on until all are listed. No other information needs to be provided for these companion cases.
12. **For Multiple Dates of Injury:** Make a separate Document Cover Sheet for each date of injury.

Document Separator Sheet (DWC-CA form 10232.2)

Document Separator sheets tell the EAMS system what kind of record is being filed.

Complete three to five Document Separator sheets – one to identify the AD-DWC 100 (Employee's Disability Questionnaire); one to identify the AD-DWC 101 (Request for Summary Rating Determination); and one to identify the "bundle" containing the QME Form 111 (QME Summary Findings), your medical-legal evaluation report or supplemental report, and any attachments you are required to serve with your report such as consulting physician reports or QME forms 120 or 121. This "bundle" is treated as one document with multiple pages by the EAMS system. If you receive a copy of a wage statement or a job description along with the DWC-AD 101 (Request for Summary Rating Determination) you will need to complete a Document Separator sheet for each of these documents.

If the Document Separator sheet has not been provided to you by the Claims Administrator, locate this fillable form document on the DWC website at:

http://www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCCAform10232_2.pdf

This form can be filled out on-line, printed, then copied, but you will **NOT** be able to save a copy after filling it out on-line.

Separator Sheet in front of the AD-DWC 100 (DEU) Employee's Disability Questionnaire:

1. **Product Delivery Unit:** Select **DEU**.
2. **Document Type:** Select **DEU FORMS**.
3. **Document Title:** Select **EMPLOYEE'S PERMANENT DISABILITY QUESTIONNAIRE**.
4. **Document Date:** Select **date the employee signed the form**.
5. **Author:** Enter the employee's last name.

Separator Sheet in front of the AD-DWC 101 (DEU) Request for Summary Rating Determination:

1. **Product Delivery Unit:** Select **DEU**.
2. **Document Type:** Select **DEU FORM**.
3. **Document Title:** Select **REQUEST FOR SUMMARY RATING DETERMINATION - QME REPORT**.
4. **Document Date:** Select **date the Claims Administrator signed the form**.
5. **Author:** Enter the Claims Administrator's name **exactly** as it is entered on the top line of page 2 of the Request for Summary Rating Determination form. Claims Administrators have been assigned specific names by EAMS so misspelling or different wording will cause the filing to be rejected.

Separator Sheet in front of the "bundle" including the QME Form 111 and the evaluation report:

1. **Product Delivery Unit:** Select **DEU**.
2. **Document Type:** Select **MEDICAL REPORTS**.
3. **Document Title:** Select **PANEL QME (NON-REPRESENTED ALL DOI)**.
4. **Document Date:** Enter the date on the **first page** of the report, **NOT** the date the report is served on DEU and the parties.
5. **Author:** Enter the evaluating QME's last name.

Note: If you obtained a consulting physician's report as part of your evaluation, you must attach the consulting physician's report to your evaluation report when it is being served. Also, if this case involves injury to the psyche and you are serving it with either the QME Form 120 (Voluntary Directive for Alternate Service of Medical-Legal Evaluation Report) or QME Form 121 (Declaration regarding Protection of Mental

Health Record), the form must be attached to the report and included as part of the “bundle” filed with DEU.

Separator Sheet in front of the Wage Statement, if provided:

1. **Product Delivery Unit:** Select DEU.
2. **Document Type:** Select DEU DOCS – OTHER.
3. **Document Title:** Select EARNINGS INFORMATION.
4. **Document Date:** Date on the document provided.
5. **Author:** Ignore

Separator Sheet in front of the Job Description, if provided:

1. **Product Delivery Unit:** Select DEU.
2. **Document Type:** Select DEU DOCS – OTHER.
3. **Document Title:** Select JOB DESCRIPTION.
4. **Document Date:** Date on the document provided.
5. **Author:** Ignore.

Order of documents:

Documents being sent to DEU:

Document cover sheet; separator sheet; DEU form (DWC-AD 100); separator sheet; DEU form (DWC-AD 101); separator sheet; QME form 111 [fully completed including declaration of proof of service] and copy of medical-legal evaluation report; AND if provided, separator sheet; Wage Statement; separator sheet, Job Description or Job Analysis.

If the Claims Administrator failed to send you a completed AD-DWC 101 (Request for Summary Rating Determination) and the QME must serve the report to meet QME deadlines, serve the medical-legal report with the completed EAMS forms and call the Claims Administrator’s office and tell them to complete the AD-DWC 101 (Request for Summary Rating Determination) form and file it on DEU.

Documents being sent to Claims Administrator and the injured worker:

You may send an exact duplicate of what you sent to DEU, **OR** you may serve the Claims Administrator and the injured employee only with QME Form 111 and the evaluation report.

Serve the original signed version of your medical-legal evaluation report on the Claims Administrator.

DEU Offices Addresses:

Anaheim

1065 N. Pacific Center Drive
Anaheim, CA 92806

Oakland

1515 Clay Street,
6th floor
Oakland, CA 94612

San Diego

7575 Metropolitan Drive,
Suite 202
San Diego, CA 92108

Bakersfield

1800 30th Street,
Suite 100
Bakersfield, CA 93301-1929

Oxnard

1901 N. Rice Avenue,
Suite 200
Oxnard, CA 93030

San Francisco

455 Golden Gate Avenue,
2nd floor
P.O. Box 420603
San Francisco, CA 94142

Eureka

Ratings to be sent to
Redding

Pomona

732 Corporate Center Drive
Pomona, CA 91768

San Jose

100 Paseo de San Antonio,
Room 223
San Jose, CA 95113

Fresno

2550 Mariposa Mall,
Room 2005
Fresno, CA 93721-2280

Redding

2115 Civic Center Drive,
Room 8D
Redding, CA 96001-2796

San Luis Obispo

4740 Allene Way,
Suite 100
San Luis Obispo, CA 93401

Goleta

Ratings to be sent to
San Luis Obispo

Riverside

3737 Main Street,
3rd floor
Riverside, CA 92501

Santa Ana

605 W Santa Ana Blvd, Bldg 28,
Room 451
Santa Ana, CA 92701

Long Beach

300 Ocean Gate Street,
Room 325
Long Beach, CA 90802-4460

Sacramento

160 Promenade Circle,
Suite 300
Sacramento, CA 95834

Santa Rosa

50 "D" Street,
Suite 420
Santa Rosa, CA 95404

Los Angeles

320 W. 4th Street,
9th floor
Los Angeles, CA 90013

Salinas

1880 North Main Street,
Suites 100/200
Salinas, CA 93906-2204

Stockton

31 East Channel Street,
Room 417
Stockton, CA 95202-2314

Marina del Rey

4720 Lincoln Blvd,
2nd floor
Marina del Rey, CA 90292

San Bernardino

464 W. Fourth Street,
Suite 260
San Bernardino, CA 92401

Van Nuys

6150 Van Nuys Blvd.,
Room 200
Van Nuys, CA 91401-3373

Other resources:

For fillable EAMS forms: http://www.dir.ca.gov/dwc/DWC_form_instructions.html

“How to” book - EAMS Handbook on filing paper (OCR) forms:

http://www.dir.ca.gov/dwc/EAMS/SampleFiles/EAMS_OCR%20handbook.pdf

When EAMS forms won't work: eams@dir.ca.gov

When documents filed are returned: EAMSHelpDesk@dir.ca.gov

QMEs questions: DWC Medical Unit at 1-800-794-6900.