Reset Form | Print Form

State of California
Department of Industrial Relations
Division of Workers' Compensation
Request for Factual Correction of an Unrepresented Panel QME Report

Person Requesting Correction *(Required)* _____

Employee Date of Birth (MM/DD/YYYY) *(Required)* _____

Date of Injury (MM/DD/YYYY) *(Required)* _____

QME, Case and Report information *(Required)*

_____
QME Name (Please leave blank spaces between numbers, names or words)

_____
QME Street Address (Please leave blank spaces between numbers, names or words)

_____ _____ _____ _____ _____
QME City | State | Zip Code | Panel Number | Date Report served (MM/DD/YYYY)

Employee Information *(Required)*

_____ _____ _____
Employee First Name: | MI | Employee Last Name:

_____
Employee Street Address/PO Box (Please leave blank spaces between numbers, names or words)

_____ _____ _____
Employee City (Please leave blank spaces between numbers, names or words) | State | Employee Zip Code

Employer and Claims Administrator Information *(Required)*

_____
Employer Name (Please leave blank spaces between numbers, names or words)

_____
Claims Administrator Company Name (Please leave blank spaces between numbers, names or words)

_____
Claims Administrator Street Address/PO Box (Please leave blank spaces between numbers, names or words)

_____ _____ _____
Claims Administrator City | State | Administrator Zip Code

Indicate the factual information that you believe is incorrect. ***Do not attach any additional medical information to this form.*** *You may attach additional pages to point out the factual issues you believe need correction.*

_____ _____
Date: (MM/DD/YYYY) | Signature

Declaration of Service

I declare that I am a resident of or employed in the county where the mailing took place. I am over the age of eighteen years and I am not a party to this case, my business or residence address is:

On _____ , I served this Request for Factual Correction of an Unrepresented Panel QME Report, the original, or a true and correct copy of the original, which is attached, on each of the persons or firms named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

A	depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
B	placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
C	placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
D	placing the sealed envelope for pick up by a professional messenger service for service. *(Messenger must return to you a completed declaration of personal service.)*
E	personally delivering the sealed envelope to the person or firm named below at the address shown below.

Method of Service _____ Person or firm served _____ Street Address _____

City _____ State _____ Zip Code _____

Method of Service _____ Person or firm served _____ Street Address _____

City _____ State _____ Zip Code _____

Method of Service _____ Person or firm served _____ Street Address _____

City _____ State _____ Zip Code _____

Method of Service _____ Person or firm served _____ Street Address _____

City _____ State _____ Zip Code _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____ at _____ , California.

Type or print name _____

Signature _____

HOW TO REQUEST A FACTUAL CORRECTION OF AN UNREPRESENTED PANEL QME REPORT

An unrepresented injured worker or a claims administrator, including the administrator's representative, may request a panel Qualified Medical Evaluator (panel QME) to review a medical evaluation to correct factual errors in the report before the report is rated by the Disability Evaluation Unit (DEU). A request for a factual correction means a change to a statement or assertion of fact contained in the QME evaluation that can be verified from the written records submitted to the panel QME.

When and how should the request for factual correction be made?

An unrepresented employee or the claims administrator may request the factual correction of a comprehensive medical-legal report within 30 days of the receipt of a comprehensive medical report from a panel QME finding the existence of permanent disability. A request for factual correction must use the form in section 37(f) of title 8 of the California Code of Regulations. When completed, the form must be served on (1) the panel QME who examined the injured worker, (2) the party who did not file the request, and (3) the DEU office where the comprehensive medical-legal report was served. Instructions for completing the factual correction form are discussed in the table below.

Field	*Instruction*	*Required or not*
Person requesting correction	Indicate if you are the injured worker or a claims examiner or their representative.	Required
Employee Date of Birth	Use MM/DD/YYYY for the date.	Required
Date of Injury	Insert the date the injury occurred. If this is cumulative trauma injury, insert the last date of exposure of or the last date of work. Use MM/DD/YYYY for the date.	Required
QME, case and report information	This section requests the name and address of the QME who examined the employee as well as the panel number that the QME was chosen from and the date the QME's medical report was filed.	Required
Employee information	This section requests the name and address of the injured worker who was examined.	Required
Employer and claims administrator information	This section asks for the name of the employer and the name and address of the claims administrator(insurance company or third-party administrator, for example.)	Required
Indicate the factual information you believe is incorrect	Relate the facts you believe the QME has either omitted or gotten wrong in the medical report. You may add as many additional pages as necessary to point out the corrections or the factual additions to the report that should be made. However, you may not attach any additional medical information to this form for the QME's consideration.	Required
Date, name of the requestor and signature	Insert the date the form is completed. Use the MM/MM/YYYY format. Print the name of the person requesting the QME panel. The requestor must sign the request where indicated.	Required
Declaration of Service	Attached to the form is a declaration of service which must be served along with the form. The purpose of the declaration of service is to show the people served with the form. Fill out the declaration of service, sign where indicated, and mail to the parties along with the form.	Required

Do not file these instructions with your form!

What happens after a factual correction is filed?

If the injured worker served the request for factual correction, the parties to the case simply wait for the panel QME to respond. If the claims administrator served the request for factual correction, the injured worker shall have five (5) days after the service of the request for factual correction to respond to the requested corrections. The injured worker's response is required to be served on the panel QME and the claims administrator. (Cal. Code of Regs., tit. 8, § 37(c).)

What does the QME do after the factual correction request is filed?

The panel QME has ten days after service of the request to review the corrections requested in the form and determine if factual corrections are necessary to ensure the factual accuracy of the comprehensive medical-legal report. If a request for factual correction is filed by the claims administrator or by both parties, the time to review the request for correction shall be extended to 15 days after the service of the request for correction.

At the end of the period for the panel QME to review the request for factual correction, the panel QME must file a supplemental report with the DEU office where the original comprehensive medical-legal report was filed indicating whether the factual correction of the comprehensive medical-legal report is necessary to ensure the factual accuracy of the report and, where factual corrections are necessary, if the factual changes change the opinions of the panel QME stated in the report.

What happens if I want the QME to talk about other records or other issues?

While this procedure is limited the parties can always submitted additional records to the QME and request a supplemental report or ask the panel QME to comment on issues that were not discussed before, like apportionment, and request a supplemental report from the QME.

If you have any questions about completing this, please contact the Information and Assistance Officer at your local Division of Workers' Compensation office.

Do not file these instructions with your form!