# Qualified Medical Evaluator Forum Comments

**Sara Widener-Brightwell, General Counsel** February 25, 2022

California Workers’ Compensation Institute

**Section 31.3:**

The Institute supports the extension of time to schedule an appointment from sixty (60) days to ninety (90) days and ninety (90) days to one hundred twenty (120) days. The proposed time periods better reflect the scheduling reality for many QMEs and will reduce the number of replacements issued. We also support the addition of “subsequent” evaluations to this section.

**Section 46.3(a)(1)(B):**

We recommend changing “telehealth” to “remote health” for consistency.

**Section 46.3(a)(2):**

Definitions are generally placed at the beginning of a regulation for clarity. We recommend moving the definition of “remote health” to Section 46.3(a)(1) and renumbering Section 46.3(a)(1) to Section 46.3(a)(2).

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**Diane Worley, Esq., Executive Director** February 25, 2022

California Applicants’ Attorneys Association

31.3 (e) – the proposed revision providing an additional 30 days will harm injured workers, especially as regards the denied claim.  It may be 5-6 months before we get a comprehensive report, during which time EDD benefits (if they have them) are exhausted. This will delay benefits and destroy some people’s lives. The change from 90 days to 120 days is an un- reasonable change. If a case is on delay or denial the applicant is at a severe disadvantage to move forward with their claim.

34 (b) - “Reasonable geographic distance” should be defined. 30 miles may be reasonable but any greater than that is probably not convenient or reasonable. It would also be appropriate to outline if the Qualified Medical Examiner is unable to schedule at the medical office listed on the Panel and the parties cannot agree on an alternative office, then a Replacement Panel can be requested.

34(e) – the proposed 60 day rescheduling timeframe is an unnecessary delay. It should remain a 30 day timeframe.

46.3(a)(1)(B)-All language regarding the ability to file a DOR for unreasonable denial of telehealth/remote health evaluations has been stricken.  Removing this language may be construed as the inability to raise this issue with the board if a party unreasonably refuses a telehealth/remote evaluation. Therefore, we believe none of the language in this section should be stricken.

 46.3(a)(1) (B)-this section still says “telehealth”, so should be changed to “remote health”. If all parties agree and the doctor attests it is appropriate and an in person physical exam is not required, then remote evaluations should be allowed.

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**Louis Rosen, DO, QME** February 25, 2022

I support the thoughtful newly proposed QME regulations and I applaud the current wording on these issues. I’m especially in favor of the Remote Health option for QME evaluations.

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**Roger Nacouzi, MD** February 25, 2022

I think that the proposed changes to the regulations pertaining to scheduling and cancelling QME appointments are helpful.

I ask that the regulations clearly state that any records received after the date of the evaluation are billed as a ML 203 supplemental report. The regulation 8 CCR § 35(i) can be arguably interpreted to mean that, if the medical records are received within 10 days of the evaluation, the physician will have to provide the records review as part of the initial evaluation and just charge for the ML-PRR over 200 pages instead of charging for a ML 203 supplemental report.

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**Anonymous MD, QME** February 25, 2022

As a psychiatric QME, I appreciate being able to evaluate applicants via telemedicine. Remote evaluation makes it easier to accommodate the parties' request to quickly set up an appointment and hence move the applicant's case forward. Applicants have voiced their appreciation over the past two years regarding the benefits of this type of evaluation, such as the convenience (especially if they have chronic back pain and the driving (especially in downtown L.A. area). Remote evaluations do not take away from the process. In fact, I believe it is the opposite. During this pandemic when I've had to evaluate an applicant in person, wearing a mask makes it harder to hear clearly sometimes what the other person is saying. It is hard to see details of facial expressions when someone is wearing a mask. Wearing a mask for a psychiatric evaluation (which can lasts hours) is very uncomfortable for the applicant and when he/she gets antsy, it can be hard to tell if it is because of the mask or because a touchy subject has been brought up. In their own home they are more relax and more willing to open up and discuss details of their case. One suggestion I have is to bypass the require authorizations required by multiple parties as this adds to the administrative workload. It would be more efficient if upon making the appointment that parties receive written notice the appointment will be telemedicine and unless they object in writing, it will proceed as such without the necessary authorization for the telemedicine modality. Some offices are very difficult to get a hold of to obtain signatures.

Also, electronic means of delivering the report is so much more efficient and it would be nice to make this a standard option. It makes delivering the report quicker so the parties can proceed with their case.

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**Rob Stone, MD, DC** February 25, 2022

After reviewing and considering the proposed regulations I want to thank the DWC for addressing legitimate concerns and issues that we as evaluators have had, and I think these proposed regulations will be effective in helping those of us who perform evaluations.  As a chiropractor and a CSIMS member who has been performing QME examinations for more than 20 years I think this effort is welcome as we attempt together to address issues of all the parties involved including the patients, evaluators and employers/insurance companies.  The increased complications of these reports over the last 15 years has been difficult to navigate and the increase in reimbursements passed last year have been appreciated.  I applaud the DWC's effort with these proposed regulations and hope that they are passed.

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**Kenneth H. Geiger, MD, Neurologist** February 25, 2022

I agree that the proposed changes are in the best interest of all parties. Thank you!!

If the physician wishes to change the location of the QME/AME evaluation, it should be up to the injured worker and the evaluating physician. I had a situation where I was using the office of an acupuncturist in West Los Angeles. She didn't show up to open her office so the QME appt had to be rescheduled. I therefore decided to stop using her office. I asked the attorneys if i could reschedule the appt at my primary Hawthorne office. The injured worker would have had to drive one more mile to my Hawthorne office than he drove to the West Los Angeles office. One of the attorneys refused. That was unreasonable. The decision should be between the injured worker and the evaluating physician.

Since there are deadlines for QMEs to submit their reports, there should be deadlines for attys to provide the QME physicians with the appropriate medical records BEFORE the scheduled appt. Ever week we receive medical records after the QME eval has been performed. It's unfair to the injured worker as well as the physician for the physician not to have the records in advance of the appointment. We are typically dealing with blue collar workers who typically don't know the names or specialties of the physicians they have seen to date. They don't know the names of the medications they are taking and they don't know what diagnostic studies have been performed or the result of those studies. When a physician evaluates a private patient, it's typically for a medical problem of recent onset. With Comp, we're typically doing evals years after an injury and often for more than one injury plus a C.T. injury.

Because we typically are not provided with medical records in time to summarize those records prior to the date of evaluation, I propose that QMEs be given 60 days to submit a report. Also, unless it's an emergency situation to determine if a treatment is necessary, the QME appt shouldn't be scheduled if the attys can't provide a copy of the med records prior to the QME appt, assuming the medical records can be obtained.

When an injured worker is not fluent in English, the 10% additional fee is inadequate. Each question is asked twice, once in English and then repeated in a second language; the answer is said in a second language and then translated to English. If an evaluation can be completed in English in 1 hour, it takes 2 hours to complete when an interpreter is involved.

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**Ira B. Fishman, MD** February 25, 2022

Nice work by the DWC to tidy up some administrative rules. Much appreciated.

Only comment is a request for the DWC to add explicit legalese such that any proposed telemedicine evaluation cannot be blocked by an unreasonable attorney or insurance adjuster objection.

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**Diane Weiss, MD** February 25, 2022

Thank you for being sensitive and concerned about the welfare of the applicants, but also taking into consideration the needs of the PQMEs. I really appreciate the thoughtfulness in the proposed changes.

A psychiatrist does not need to see a patient in person to perform a thorough and comprehensive examination. Often, the applicant has great hardships to go to a certain location, and it is much easier if they could just do the examination from home. It does not limit the ability to get the right information and to evaluate appropriately in psychiatry.

I would ask that you change this mechanism for remote health medical-legal evaluations to be limited to what would be the preference of the applicant and the PQME. Input from the defense in this context would have absolutely no meaning, but would allow the defense to potentially make it harder for both the applicant and the PQME.

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**Alexandra Clarfield, Ph.D., QME** February 25, 2022

Licensed Psychologist

Please consider this an expression of my support and appreciation for the proposed changes in regulations guiding QME's.

Greater flexibility in scheduling would be helpful.  During the recent covid surge I have experienced many no-shows and late cancellations. These then become difficult to re-schedule.  Psychological evaluations require quite a bit of time and if my schedule is full already, it becomes difficult to manage.

I am personally less invested in providing evaluations by televideo as I prefer meeting face to face with the applicant. That said, most psychological evaluators prefer the televideo option for a variety of reasons, and some claimants also prefer this format.  It appears this will benefit the injured worker by increasing the available options for providing and completing the evaluations in a timely fashion.

Thank you for considering the feedback from providers for the past couple of years.  This feels like a positive step, particularly in terms of establishing a more collaborative relationship where a variety of concerns can be raised and addressed.

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**Anonymous** February 24, 2022

I want to thank the DWC for proposing these regulations. This is finally a breath of fresh air after a very dark period for QMEs. These regulations are good in that it helps QMEs with greater flexibility as QMEs have a significantly difficult job and the work is becoming increasingly complex.

There are a few suggestions that the DWC may wish to consider.

1. The DWC should consider continuing having the deadline for QME reports be 45 days. This really allows flexibility and quality of life for the QME. Also, the QMEs delivered around the time of deadlines tend to be significantly complex QMEs. Please remember these evaluations are getting more complex with longer continuous traumas and lack of adequate treatment. The “easy” QMEs are likely delivered much before this deadline. Also, the DWC should not worry about laziness being a factor for the extended deadline as it is not good from a financial or reputational perspective to deliver reports later. Again, this is to help the more or most complicated evaluations to have adequate thought and consideration. This also does not delay and resolution to cases. No one in this system resolves a very complex case faster because the report was 15 days later. The emergency regulations proved that 45 days works and makes the life of QME better and therefore improves the system.
2. If the DWC continues with 30 days as the deadline, if the deadline falls on a Saturday or Sunday, can the regulations allow the report to be delivered on Monday, so that the QMEs don’t have to worry about mailing in reports on the weekends? It is hard enough to find a post office to mail reports on a Sunday and hours or shorter on Saturday. Also, this will help QMEs have more time for themselves and their families or to do other work on the weekends rather than go to a post office. The same can be for supplemental reports.
3. There are times attorney claim to have sent records or supplemental requests that do not arrive at the office of QMEs. Can one regulation be that attorney’s offices are required to leave voice messages or talk to QME office staff to let them know that something has been sent and when it was mailed? Sometimes attorneys will send out supplemental request that have dates that are two months prior to them sending this. Sometimes these requests go out to the wrong office and the QME only finds out about this later, even though the appointment notification form clearly states where to send records. Obviously, this is increases the risk to be problematic. You can improve the system this way with better communication.
4. Can the DWC help to eliminate paperwork? For example, on QME renewals, is it really necessary to send a copy of board certifications every time? Do QMEs need to pay a fee every year or can one fee be done once every two years? The Employee’s Disability Questionnaire is useless.
5. Can the DWC ban credit card payments? QMEs lose money processing these. Do insurance companies get points or other perks on this? This seems to be a way to lower the fees of the fee schedule.
6. Can the DWC make sure that psych testing is paid? The insurance companies like to deny this testing and it is a hassle to try to collect.

The last thing is the DWC needs follow up on the fee schedule. As described previously, QMEs are coming out of a very dark period. The new fee schedule is severely imbalanced. For example, those doing less work are getting paid the most. For psychs, many report just keeping up with the old fee schedule or making significantly less. Also, there are those in other specialties making significantly less as the do more complicated evaluations.

As you become more experienced in this system, the evaluations referred often become more complicated. So they require more time and effort and the fee schedule simply is not covering 6 hour interviews. The fee schedule was based on the false assumption that records can be reviewed at 100 pages an hour. Because parties cull records of more complicated cases, this makes it harder to give more definitive opinions and it also makes it impossible to review records at 100 pages and hour as these are dense records.

The worst paid evaluations are re-evaluations of persons whose condition have significantly worsened and come with dense or fewer records. It is possible to get paid just over 2000 dollars for almost a 100 page report. Some people report decades of relevant harassment and if there are no records with very dense records.

The DWC is not speaking to these QMEs and needs to make an effort to help this deep systemic problem. Some solutions would be the following:

1. Put less weight on less complicated QMEs and more weight on complicated QMEs. This would help make sure that QMEs don’t get paid 2000 dollars for a 100 page report on a re-evaluation. This would also help overly high payments for less complicated reports.
2. Make sure labor code 5307.6 is recognized by the insurance companies so that QMEs can state the reasons why the fee schedule is grossly underpaying them for the report and be able to bill adequately.

Also, psychiatrists do not want to come into the system. It is rare to find a psychiatric treater and it is also getting hard to have training programs prepare psychiatrists to become QMEs because of the systemic problems. There is a recognized shortage of QMEs and psychiatrists would benefit from a higher multiplier to retain the relatively few psychiatrists in the system and attract more.

Again, thank you for the new proposed regulations. Please seriously look at the concerns regarding the complicated reports and psychiatrists. There is currently no adequate representation for these concerns.

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**Marjorie Cohn, Ph.D.** February 24, 2022

Clinical Psychologist

I support the newly proposed changes and appreciate the thought that has gone into these considerations on the part of the DWC.  From what I can see, if these changes are approved, their implementation will assist with overall system efficiency.  Applicants will receive more convenient and conducive evaluations which will help in moving their cases forward.  Electronic service of reports will also help by getting reports to the parties more promptly.

Thank you.

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**Gangaw Zaw, Ph.D.** February 24, 2022

Forensic Psychologist

I appreciate the new regulation proposals. Thank you very much. I was wondering if the 15 day extension for report submission could also be reconsidered.

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**Manijeh Ryan, MD** February 24, 2022

Thank you for all your hard work.

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**Joshua Kirz, PhD** February 24, 2022

I am in support of the proposed changes. Thanks to the DWC for their efforts in improving the system!

I particularly appreciate the proposal to continue remote health evaluations. For specialties like mine (mental health), everyone wins. I will not belabor the long list of advantages.

I agree with others that electronic submission of reports would be helpful. When factoring in all the copies needed for the parties (including for bill review because the adjuster doesn't send them the report), I often print 200 pages per case. What a terrible waste of trees. I understand the Division is already working on this, so thank you for that as well.

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**Andrea Guzman, Claims Regulatory Director** February 24, 2022

State Compensation Insurance Fund

**I. § 34. Appointment Notification and Cancellation**

**Discussion**:

The DWC proposes deleting the reference to “Agreed Panel QME” throughout Section 34. This change conflicts with other regulations under this Article and the Labor Code, which presently continue to reference Agreed Panel QMEs along with specific requirements related to this type of evaluator.

Here, the lack of consistency may lead to different interpretations of what an Agreed Panel QME should now be deemed as applied in other regulations and the Labor Code. Uniformity with use of this term in the Labor Code and regulations is needed to avert conflict.

**Recommendation:**

For the reasons indicated above, State Fund requests clarity and consistency on how to apply the change.

**Discussion:**

In subsection (h), the DWC’s proposed amendment allowing for the electronic service of a cancellation includes defining the cancellation date as from the date of the “electronic proof of service”. However, the use of this term “proof of service” adds a level of formal service that may not have been intended. Clarity on the requirement for documentation of proof of electronic transmission and/or delivery is needed.

*(h) ~~(i)~~ The date of cancellation shall be determined from the date of postmark, if mailed, or from the electronic proof of service, if electronically served or facsimile receipt date as shown on the recipient’s fax copy*.

**Recommendation:**

State Fund requests clarity on what the “Electronic Proof of Service” entails.

**II. § 46.3 Emergency Regulation Regarding Remote Health Medical-Legal Evaluations in Response to continued COVID-19 Pandemic**

**Discussion:**

For section 46.3, the DWC proposes to rename “telehealth” evaluations as “remote health” evaluations. It is noted that the term “telehealth” is widely used and understood for the purposes of a workers’ compensation medical evaluation. A change in terminology may create issue as it relates to other codes that use the term “telehealth” (e.g. Business and Professions Code, Health and Safety Code, or the Insurance Code).

**Recommendations:**

State Fund requests clarification on the change in terminology from “telehealth” to “remote health” and ask that the DWC consider how the term is used across the various codes.

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**Anonymous, PhD, QME** February 24, 2022

I would like to express my appreciation for the regulations implemented during the pandemic that allowed physicians to continue working and applicants to continue to be evaluated. I support the proposed regulations and believe they will be beneficial to the Workers’ Compensation system in general and applicants in particular.  Because of the ability to evaluate applicants remotely over the past 2 years, I have had zero no shows and no late cancellations due to applicant issues. I have been able to schedule QMEs more quickly than prior to 2020.  Applicants who have been seen remotely have repeatedly expressed their appreciation to be seen remotely.  Many applicants comment that the commute to a QME appointment is challenging for them (i.e., due to their chronic pain or other health issues, lack of transportation, a move out of state, etc.).  Psychology QMEs often lasts all day and not having the added stress of a commute helps with applicant fatigue that often comes from a long appointment.  Based on my experience over the past two years, the option for remote evaluations has had a positive effect on the QME process. Thank you for considering the continuation of remote evaluations.

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**Michael Amster, MD** February 23, 2022

Interventional Pain Specialist

Santa Cruz Community Health Centers

Thank you DWC for your excellent revisions.  This will be helpful and decrease friction when it comes to rescheduling canceled evaluations.  I think it is important to include in this regulation an update with the option of electronic service for all reports.  More and more commonly, the parties ask for reports to be emailed as a PDF. I think this should be included in your next draft.

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**Lynne McGolrick** February 23, 2022

* I find the proposed emergency QME regulations for the most part a welcomed addition to the regs. Allowing evaluations to be performed at any of the listed offices with the DWC with the parties agreement will increase scheduling flexibility, such that the examiners can get IW in for evaluations more quickly. Good for the IW.
* Regarding extension of the time frames, this also helps the IW by allowing examiners more time to provide complete and accurate reports when there are complexities that require more time, and in those instances may also reduce the need for a supplemental report or re-evaluation. Good for All.
* The only change I do not think is helpful is placing a time limit on scheduling QME/AME re-evaluations, because if the examiner is unable to do so within the time frame and the parties cannot agree to allow more time, obtaining a new panel and starting over will cause more delays for the IW, and additional effort and expense by the parties, including having to reproduce the medical file for the new examiner. In the current work comp environment, many examiners including myself are finding it difficult to squeeze in reevaluations into an already overloaded calendar within the proposed 90 day time period, and it appears this new regulation would provide an out for any party that doesn't like an examiners previous opinions by simply requesting a new panel.

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**Sarah Pattison, Office Manager** February 23, 2022

Thomas S. Pattison, MD

I am office manager for a QME.  Thank you for proposing regulations which will ease some of our requirements.

I am writing to request that you reinstate Regulation 36.7 which allowed electronic service of medical-legal reports.  When the pandemic hit we purchased email programs which ensured that our messages were secure and HIPAA compliant.  Since rule 36.7 went into effect we have been emailing reports to all attorneys who consented in writing.  We have a list of over 130 attorneys and firms who have consented to email service.  Four firms declined.

Email service gets the doctor's report to the parties quicker.  It saves the QME staff the time it takes to print out a report, which can be quite voluminous, typically 30 pages but often many more.  It also saves the cost of paper, envelopes, printing and postage.   It also saves staff time for the receiving party as undoubtedly the first thing they do when they get a paper report is scan it into their system.  That is what we do.

We are going to switch to faxing, which is still HIPAA compliant, but it can be cumbersome for some recipients who are unable to receive such large faxes.  Some applicant attorneys who are setting up offices recently do not even have fax numbers.

Would you please reinstate electronic service of reports as soon as possible?

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**Debbie Ortega, Business Manager** February 23, 2022

Adelberg Associates Medical Group

1. Extending the timeframe to schedule will allow for Injured Workers to be offered appointments that would not otherwise be available as the Doctors only have so many dates. It does not mean that sooner dates won’t be available, it only means there is the option to schedule beyond 90 days should a Doctor on the panel not have dates available sooner.
2. Flexibility to go to different locations helps to schedule the Injured Worker sooner as some locations are in more of a demand than others. This will facilitate sooner appointment availability.  Requiring Parties  to agree in writing will not be feasible for the Medical Offices and  again will delay getting appointment scheduled.[Notification of appt must be made in 5 days limiting ability to get agreement and documents in time to process].  Appointments need to be offered when first contact is made, not after a delayed process of getting documents signed. [as is clear with the obstacles faced by many offices in getting Declarations and Attestations of records].The staff hours required to get written documents to parties, signed and returned would negate any benefit in offering the location - delaying the appointment process.
3. The party setting the appointment should notify the QME and all parties that an Interpreter is needed and be responsible to set up the Interpreter. The QME office is not aware of the need for an interpreter [unless advised by the scheduling party] or the approved vendors for any given insurance. The party paying for the Interpreter should set it up.
4. Electronic service of Medical Legal reports will expedite all parties obtaining the report, however, if it is tied to a written authorization to be able to serve it electronically, that will negate the time savings. All service of documents should be treated in the same manner. If the parties are allowed to serve records and cover letters electronically, without written permission, then the QME/AME should be able to serve the completed Medical Legal report without written authorization/permission as well. **There should not be a double standard.**
5. QME offices should not be burdened by extra duties to facilitate service, scheduling or other tasks as they are already required to process additional rules based on the recent regulations for records, obtaining declarations and attestations and service of additional documents with the completed reports [that the parties should already have]. More work/regulations in setting appointments will not facilitate faster or more availability of appointments.

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**Ali R. Berenji, MD** February 22, 2022

First of all thank you for your efforts in trying to help QMEs by new rules. Secondly I attended webinar tonight given by CSIMS (Ca Society for industrial Medicine and Surgery), in their discussions they agree with new rules being considered. I agree with the following:

1. Despite few locations listed parties can agree on one particular location.

2. Extended appointment date from 90 to 120 days.

3. Remote evaluations based on agreement between (claimant, QME, Ins.).

4. Rescheduling within 30-60 days.

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**Jesse R. Salazar, Esq.** February 11, 2022

31.3 (e) – increasing the timeframe in which to set an appointment by 30 days prejudices all parties involved in this case as it causes even more of a delay. With the current timeframes (60/90 days), it takes a minimum of four months from commencement of this process, i.e. issuance of the Panel, until the parties receive the Qualified Medical Examiner’s Report. It is usually closer to 5 to 6 month mark for a lot of cases. With this proposal, this would delay this process another month. We had been operating under these proposed timelines when the Emergency Regulations were in place and it caused the delays I am concerned about.

31.3 (f) – this is much needed addition to the Regulation. Some Qualified Medical Examiners only offer to schedule Re-Evaluation appointments beyond the 60/90 timeframe. This Regulation will assist the parties in securing a more reasonable date for their Re-Evaluation appointments.

34(b) – it would be helpful if the Regulation defined “a reasonable geographic distance” for subsequent evaluations. It would also be appropriate to outline if the Qualified Medical Examiner is unable to schedule at the medical office listed on the Panel and the parties cannot agree on an alternative office, then a Replacement Panel can be requested.

34(e) – the proposed 60 day rescheduling timeframe is an unnecessary delay. It should remain a 30 day timeframe.

46.3 – it appropriate that this Emergency Regulation is being proposed as a permanent Regulation. The changes made to the Emergency Regulation appear appropriate. Remote health (or telehealth) should be embraced in cases where a physical examination is not required.

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**Lawrence Richman, MD** February 10, 2022

I believe in order to receive a high quality medical legal report that addresses all medical and legal matters requested by the parties, to include medical records that at times can be copious, other times minimal, the threshold as regards the timeline for reporting should be more generous as in forty-five days. Anything less, will ultimately back up the system, cost more in reports either generated by advocacy letters or additional records submitted and more importantly for depositions which require undue costs to the carrier for the deposing attorney’s preparation fees and to a lesser degree, the fees due to the deposed. Although any of the above may occur regardless of the time allowed for submitting a report, as a probability, it is much more likely to occur in an unnecessary expedited report that may inadvertently omit an area of medical-legal analysis and importance or development of a matter or may not be fully explanatory for all parties including most importantly the Trier of Fact. The arbitrary decades old mandate of four weeks, given some of the complexities of the Guides now inserted into the system, and new en banc and non-banc decisions makes comprehensive and high quality reporting substantially more difficult. Times have changed and in my most humble opinion, the report requirements as relates deadlines should change as well. I believe the overwhelming majority of medical examiners have nothing to gain by submitting a delayed report. It impacts both income and reputation on relatively simple matters, while office overhead remains or now is increasing due to inflation. The benefit of additional time can only benefit the entire community when more complex cases present themselves. One size doesn’t always fit all.

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## **Steven B. Schulman, Esq**. February 10, 2022

31.3 (e) I don't believe the change from 90 days to 120 days is a reasonable change. It has been taking an unreasonable amount of time to get a replacement panel. If you wait 120 days then before you know it will be 6 months before the exam takes place and then you still have to wait for the report.

If a case is on delay or denial the applicant is at a severe disadvantage to move forward with their claim.

34(b) I believe it would be appropriate to define a reasonable geographic distance when having a subsequent evaluation.

34(c) I think it would be appropriate to have the doctor’s office schedule the interpreter. They know exactly when the exam is to take place why not put this on their office.

34(d) If a QME cancels an appointment the parties should have the right to choose a new QME

34(e) If a QME / AME cancels an appointment they should not have the right to an additional 60 days. This is unreasonable. They should have no more than 30 days.

34(g) This is an onerous system. I believe either side should have the right to cancel and not have to provide the cancellation in writing. More paper work. Not fair to have this requirement