



QME COMPETENCY EXAMINATION FOR ACUPUNCTURISTS

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. Strive to expand and disseminate medical knowledge and participate in ethical research efforts as appropriate;
5. 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;
6. 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));*
7. Communicate to individuals and/or groups any significant observations and recommendations concerning their health or safety; and
8. Recognize those medical impairments in oneself and others, including chemical dependency and abusive personal practices, which interfere with one's ability to follow the above principles and take appropriate measures

With the exception of the text above shown in italics, the remaining text was taken from the Standards Adopted on October 25, 1993 by the Board of Directors of the American College of Occupational and Environmental Medicine.

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

In Assembly Bill 110, the California Legislature stated that all QMEs will be required to **"Pass an examination written and administered by the Industrial Medical Council for the purpose of demonstrating competence in evaluating medical issues in the workers' compensation system."** The Industrial Medical Council developed and administered the QME competency exam from 1994 through 2003. The Administrative Director of the Division of Workers' Compensation assumed the responsibilities of the IMC on January 1, 2004 upon passage of SB 228 and AB 227 in 2003.

Since 1994, the Department of Industrial Relations has contracted with CPS Human Resource Services (CPS) for the development of a test item bank of over 1,300 relevant examination questions. CPS is a joint-powers government agency headquartered in Sacramento. CPS has been providing occupational test development and administration, as well as personnel consulting services, to state and local government entities for more than sixty years.

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 stemming from the 1993 workers' compensation reforms from 1993 through 2009. 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

An occupational analysis is a requisite for ensuring the content validity of a test. In December 2001, CPS staff met with more than 45 California QME subject matter experts (SMEs) to determine and define the major responsibility areas, related tasks, and relevant knowledge and skills common to QME physician groups. The expert panels identified the knowledge and skills relating to the work of QMEs. Various physician specialties were included in the panels. On February 1, 2006, an update to the occupational analysis was performed by the Division of Workers' Compensation based on legislative changes in effect January 1, 2005.

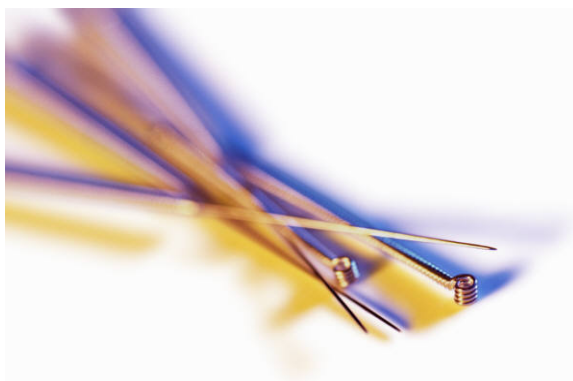
The purpose of the Acupuncturist QME certification program is to provide QMEs who are acupuncturists an equivalent and valid examination while recognizing the Labor Code limitations on providing disability evaluation opinions.

Both of these lists are now organized into four categories:

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

*Relevant to the practice of Acupuncturist QMEs

The QME survey results indicated all four competency areas are rated as important and expected at the time of appointment or certification. Many test questions cover more than one of these competency areas. For Acupuncturist QMEs it was determined that certain concepts under Disability Issues (Apportionment and Disability Evaluation of Permanent and Stationary (P&S) status) were inappropriate to measure and are excluded from the Acupuncture QME test.



I. Clinical Assessment/Evaluation and Medical Treatment

Tasks

1. Obtain history of injury/illness
2. Perform an appropriate clinical examination
3. Formulate/confirm diagnosis
4. Identify and document present subjective complaints or symptoms
5. Take history of previous and subsequent injuries and treatment
6. Take appropriate personal history based upon the type of injury
7. Assess activities of daily living
8. Obtain appropriate general medical history (injury/illness specific)
9. Perform relevant diagnostic testing when indicated
10. Take history of related medical treatment that may impact the occupational illness/injury
11. Obtain comprehensive occupational history
12. Obtain/review description of job duties/activities
13. Review medical records and other documents as necessary
14. Determine need for future medical treatment, including parameters of treatment and justification (Medical Treatment Utilization Schedule (MTUS) and other pertinent treatment guidelines under the utilization schedule)
15. Determine need for present medical treatment, including parameters of treatment and justification (Medical Treatment Utilization Schedule (MTUS) and other pertinent treatment guidelines under the utilization schedule)
16. Determine appropriateness of past medical treatment, including parameters of treatment and justification (Medical Treatment Utilization Schedule (MTUS) and other pertinent treatment guidelines under the utilization schedule)
17. Evaluate the role of each physician and non-physician in providing treatment

Knowledge and Skills

1. Knowledge of the appropriate clinical examination and relevant diagnostic testing (e.g., MTUS, AMA Guides, Packard Thurber); skill in formulating and confirming a diagnosis
2. Skill in obtaining a complete medical history
3. Skill in obtaining the history of the mechanics of injury and/or exposure that caused the disability or need for medical treatment
4. Skill in obtaining and developing a chronology/timeline of incident/injury
5. Skill in reviewing and integrating relevant records
6. Skill in obtaining current and prior employment history
7. Skill in obtaining the activities of daily living
8. Knowledge of the reasonable and necessary treatment to cure or relieve the effects of the injury or illness
9. Knowledge of reasonable and necessary treatment of non-industrial underlying conditions required to treat the industrial injury or illness
10. Knowledge of physician and non-physician health provider's appropriate scope of

I. Clinical Assessment/Evaluation and Medical Treatment

practice and the definition of 'physician' in the Labor Code

11. Knowledge of Administrative Director's Guidelines, the presumption applied to treatment consistent with the MTUS, and utilization schedule (e.g., MTUS and other pertinent guidelines) and the utilization review process

II. Disability Issues/QIW/Vocational Rehab/Vouchers/P & S

Tasks

1. Determine when the injury or injuries became P & S
2. Determine if an injured worker is eligible for vocational rehabilitation (e.g., worker is a Qualified Injured Worker determined by date of injury) or supplemental job displacement benefits
3. Determine the physical limitations for an alternate or modified work assignment (e.g., injuries under the 2005 schedule)
4. Evaluate multiple injuries
5. Review and interpret the job description or job analysis

Knowledge and Skills

1. Knowledge of the definition and application of P & S
2. Knowledge of the difference between temporary and permanent, total and partial disability
3. Skill in determining when the injured worker has reached P & S status with respect to each injury
4. Knowledge of the difference between impairment and disability
5. Knowledge of when the AMA Guides are applicable
6. Knowledge of the general principles of the AMA (American Medical Association) Guides
7. Knowledge of vocational rehabilitation legislation and regulations, job displacement vouchers, and appropriate timeframes
8. Skill in articulating reasoning process in reaching conclusions

III. Causation and Apportionment

Tasks

1. Determine whether the employee's permanent/temporary disability or need for medical treatment was caused, aggravated, or accelerated by an incident or conditions related to the employment
2. Identify statutorily presumptive injuries (e.g., heart disease in police officers)
3. Identify if there are specific or cumulative injuries

III. Causation and Apportionment

Knowledge and Skills

1. Skill in determining if there was one or more injuries by obtaining a complete history and reviewing reports
2. Skill in determining if the mechanism of injury is consistent with the diagnosis
3. Skill in determining if the mechanics of injury and/or exposure caused the disability or need for medical treatment
4. Knowledge of the difference between an aggravation and an exacerbation
5. Knowledge of non-industrial and industrial risk factors and their relationship to cumulative/repetitive injury
6. Knowledge of the risks of employment and the concept of injury arising out of and occurring in course of employment (AOE/COE)

VI. Basic Laws and Regulations and Report Writing Elements

Tasks

1. Produce medical-legal reports that constitute substantial evidence in Workers' Compensation cases
2. Comply with DWC ethics regulations
3. Comply with DWC medical-legal evaluation protocols or AMA Guides
4. Comply with face-to-face time requirements of a written report according to DWC regulations
5. Comply with applicable regulations and statutes relating to the medical-legal process
6. Comply with timeframe guidelines for service of report
7. Maintain medical-legal report records
8. Determine when and which QME forms are to be filed and served
9. Understand the role of the treating physician including their reporting requirements and the report's impact on the medical-legal process
10. Understand the QME selection process; comply with regulations related to additional medical evaluations
11. Comply with ex parte communication laws and regulations
12. Identify all information received and reviewed in preparation of report
13. Ensure all requirements of Labor Code section 4620-4628 and 139.3 (e.g., responsibilities of physicians signing medical-legal reports) are met

Knowledge and Skills

1. Knowledge of the issues the QME needs to address in the report (e.g., Rule 10606, request from parties)
2. Knowledge that the standard of proof for medical opinions in workers' compensation cases is a reasonable medical probability
3. Basic knowledge of the California Workers' Compensation system and procedures

VI. Basic Laws and Regulations and Report Writing Elements

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|-----|---|
| 4. | Knowledge of the role of the primary treating physician |
| 5. | Knowledge of acceptable behavior of QMEs in conducting the examination |
| 6. | Knowledge of actions that may constitute potential conflicts of interest |
| 7. | Knowledge of reporting requirements for treating physicians |
| 8. | Knowledge of the appropriate circumstances for requesting panel QMEs |
| 9. | Knowledge of how the parties acquire and determine qualified medical evaluations |
| 10. | Skill in discussing in medical-legal report all applicable items under CCR 10606 (e.g., history, patient's complaints, reasons for opinion) |
| 11. | Knowledge of required elements of Labor Code Section 139.3 and 4620-4628 and the associated recording requirements, including that the physician must write the report under penalty of perjury |

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 D of the *Physician's Guide*. 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. Any actual questions derived from these alternatives will be in one of the three formats listed above and 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 C of this manual. 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. Many questions on the test are California-specific and include test items 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, etc.).

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 four QME competency areas shown below in Table I.

Table I.

QME EXAMINATION COMPETENCY AREAS

Title
I. Clinical Assessment/Evaluation and Medical Treatment
II. Disability Issues/QIW/Vocational Rehab/Vouchers/P & S
III. Causation and Apportionment
IV. Basic Laws and Regulations and Report Writing Elements

Due to the need for strict security, multiple forms of the QME competency test contain different sets of test questions with the exception of a core of common items that are used for equating purposes. The test questions may vary, but 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 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 standards. A panel of experts reviews any questionable items as well as any candidate comments received by the time of the panel meetings.

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.

Read and understand the *Physician's Guide*, relevant sections of which will be thoroughly covered in the test. Also review the other relevant reference material listed in Appendix C 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 2003 and 2004 workers' compensation reform.) 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 requested not to ask trivial questions from the sources (such as dates, labor code numbers, or QME form numbers). CPS provides a list of common acronyms in the back of the test booklet as well as form numbers and names.

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 which 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 Codes as well as guidelines that are listed in this booklet.

All relevant information in the *Physician's Guide* or recently enacted legislation, as noted on page 29 of this pamphlet, may be covered in the tests.

- ☑ **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 to generate different test forms for each test). Time will be best spent mastering the relevant labor codes, rules, 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 manual), or which guarantee students will pass the test. CPS 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 and skills and terms.

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 general instructions that appear below are used in each section preceding multiple choice items.



DIRECTIONS: Darken the box corresponding to the single best answer for each of the following questions. The test book contains workers' compensation acronyms and forms, as well as guidelines for work capacity.

➤ **Understand how to correctly use the computer scannable answer sheet.**

(See Appendix A which shows the general CPS test directions that appear in all CPS tests and a sample copy of the actual computer scannable answer sheet.) Be careful to make clean erasures on the answer sheet and only mark one correct answer per test item. There are 200 questions on the exam, but there is space for more answers on the response sheet. Double-check your responses periodically to ensure you are filling in the response that corresponds to the item number.

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

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.

➤ **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**. Write a note in the test booklet next to questions you are unsure of, to review if time permits.

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

Interpret words according to their generally accepted meanings. CPS allows candidates to write in the test booklet, so rephrase or underline key words in difficult questions.

INFORMATION ABOUT THE TEST ADMINISTRATION PROCESS

The instructions the test proctor reads are very important so be sure to listen carefully. Helpful information is given during the proctor instructions. Ask questions if there is something you do not understand about the procedure, but be aware that the proctor cannot answer questions about test content or interpret words. **You may not bring an interpreter to the test.**

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, etc.). The proctor will periodically announce the remaining time.

Minimize distractions. (Beepers and telephones are not allowed.) If you have a problem with a test item, write it down and do not get distracted during the test itself so that valuable time will not be lost.

The examination protocol is reproduced in this manual. It describes the official photo-bearing identification candidates are required to bring to the test administration site. Please note that cameras, beepers, cellular telephones, PDAs or any type of communication device, purses, briefcases, fanny packs, and study materials will not be permitted in the testing rooms; CPS staff cannot be responsible for any such items. (These procedures are used to eliminate distractions to all candidates and to ensure that no one has an unfair advantage.)



CPS EXAM PROTOCOL FOR QUALIFIED MEDICAL EVALUATORS

CPS employs standard testing practices to ensure the security and fairness of this examination.

Admitting candidates into the testing room will take some time because of the large numbers of candidates scheduled at each site, so candidates should plan to arrive **15 minutes prior** to the registration time stated on the scheduling notice. CPS will work to make this as quick and efficient as possible. Candidate assistance in providing the approved identification and in limiting the items brought to the test site will greatly facilitate the check-in process.

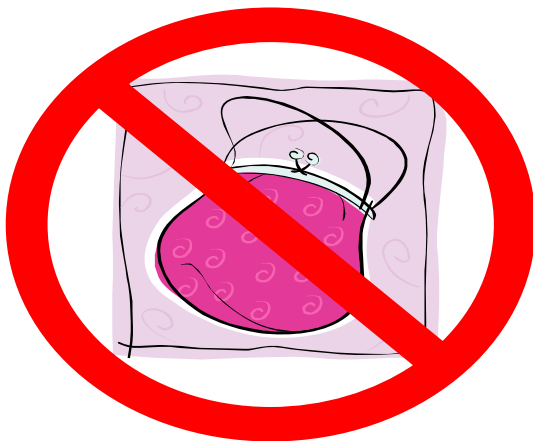
Candidates will be required to bring their examination notice and to present at least one official **PHOTO** bearing identification at the check-in desk. Only the following forms of identification will be accepted:

- a. current state issued driver's license or state-issued identification card
- b. current U.S. or foreign issued passport
- c. military identification card issued within the last five years

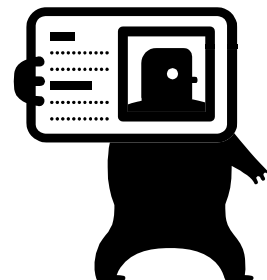
Candidates are asked to leave personal items in their cars or at home. All examination materials needed, including pencils, will be provided. The only items candidates should bring are:

- a. one of the above mentioned identification cards
- b. notice of registration letter (if you have lost your letter, you may reprint another one at <https://secure.cps.ca.gov/qme/index.asp>)
- c. your California Physician License number

Personal items, including cameras, purses, briefcases, backpacks, fanny packs, study materials, beepers, pagers, cellular telephones, PDAs, etc., **are not** permitted in the testing room. CPS will not monitor any personal items left outside the testing room. CPS **will not** be responsible for any items not permitted into the testing room.



Don't forget your ID



EXAMINATION PROTEST AND APPEAL PROCEDURES



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, write the question on the comment form stating your concern. Test publishers who review this information often find in many instances that the candidate has just missed the point of the item. (Proctors are not allowed to interpret any questions during the test process.)

CPS 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. Any items submitted to the proctor at the test will be carefully reviewed after the test administration if received by CPS Human Resource Services (Attn: QME Test Development Consultant) **within ten calendar days after the examination** so the post-test review panel can review them. 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 mailed 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. Such formal written appeals need to be sent directly to the CPS address on the back of this manual. 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*

Formal appeals are received by CPS/DWC and logged and referred to a DWC Appeals Committee in order to respond to the appellant within 30 days from receipt by CPS. If the appeal is not granted, DWC will assist the candidate in getting on the next test schedule.

ACUPUNCTURE QME CERTIFICATION SAMPLE TEST

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 industrial risk factors for the condition
 - b. An understanding of the natural history of 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, 2001. His vocational rehabilitation benefits
 - a. can be settled for a maximum of \$10,000.
 - b. are not dependent upon a physician's determination that he is medically qualified.
 - c. are replaced by a supplemental job displacement benefit.
 - d. are capped at \$16,000 for the injury.

4. In determining the appropriateness of prior and current medical care for an accepted industrial injury, the QME should
 - a. consider the expense of treatment.
 - b. consider the effectiveness of treatment and whether it is consistent with the ACOEM Guidelines.
 - c. be reflective of the QME's usual treatment plan for the injury.
 - d. identify a method of treatment that ensures the worker will be able to return to her pre-injury work capacity

5. 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.

6. 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

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

8. 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"

9. When examining an injured worker with a low back injury who was found to be permanent and stationary on October 12, 2004, the examination must include
 - a. ankle girth.
 - b. sensation with a pinwheel.
 - c. a test of maximal strength in lifting from floor to waist height.
 - d. the distance that the finger tips miss the floor on forward flexion.

10. For an injury that occurred in 2001, there is a cap or maximum limit on
 - a. employee claims.
 - b. employer liability.
 - c. vocational service costs and physician liability.
 - d. vocational rehabilitation service costs under any one plan.

11. If no extension has been requested, the QME has _____ days from the date of the QME examination, performed in the year 1999, to serve the report.
 - a. 15
 - b. 30
 - c. 45
 - d. 60

12. A QME examines an injured worker on April 15, 2005. The worker was found permanent and stationary by the treating physician on October 12, 2004. What reference should the QME use?
 - a. The AMA Guides as the QME is performing the evaluation after 1/1/05.
 - b. The AMA Guides as the treating physician declared the injured worker P & S before 1/1/05.
 - c. Packard Thurber as the treating physician declared the injured worker P & S before 1/1/05.
 - d. Packard Thurber as the QME is performing the evaluation after 1/1/05.

13. It is usually best to schedule a QME appointment 25 days from the date the injured worker contacts your office so that the
 - a. patient has time to fill out required forms prior to the appointment
 - b. employee has time to review the QME's credentials.
 - c. insurer has time to appeal for another QME.
 - d. time is sufficient to receive medical records.

14. All medical-legal reports submitted by a QME are required to contain
 - a. the physician's updated curriculum vitae.
 - b. photocopies of pertinent medical records.
 - c. workplace and job assessment of the patient.
 - d. a statement that the QME has not violated the Labor Code pertaining to an illegal referral.

15. To present your findings on a clinical examination for an injury in 2005, it is correct to use the
 - a. current medical insurance guidelines.
 - b. Washington Manual of Medical Therapeutics.
 - c. AMA Guidelines for the Evaluation of Permanent Impairment.
 - d. Evaluation of Industrial Disability by Packard Thurber.

16. The primary role of the QME is to provide
 - a. permanent disability ratings.
 - b. consultation with the treating physician.
 - c. medical opinions that are used to resolve work-related injury disputes.
 - d. current medical treatment for injured workers paid for by the employer.

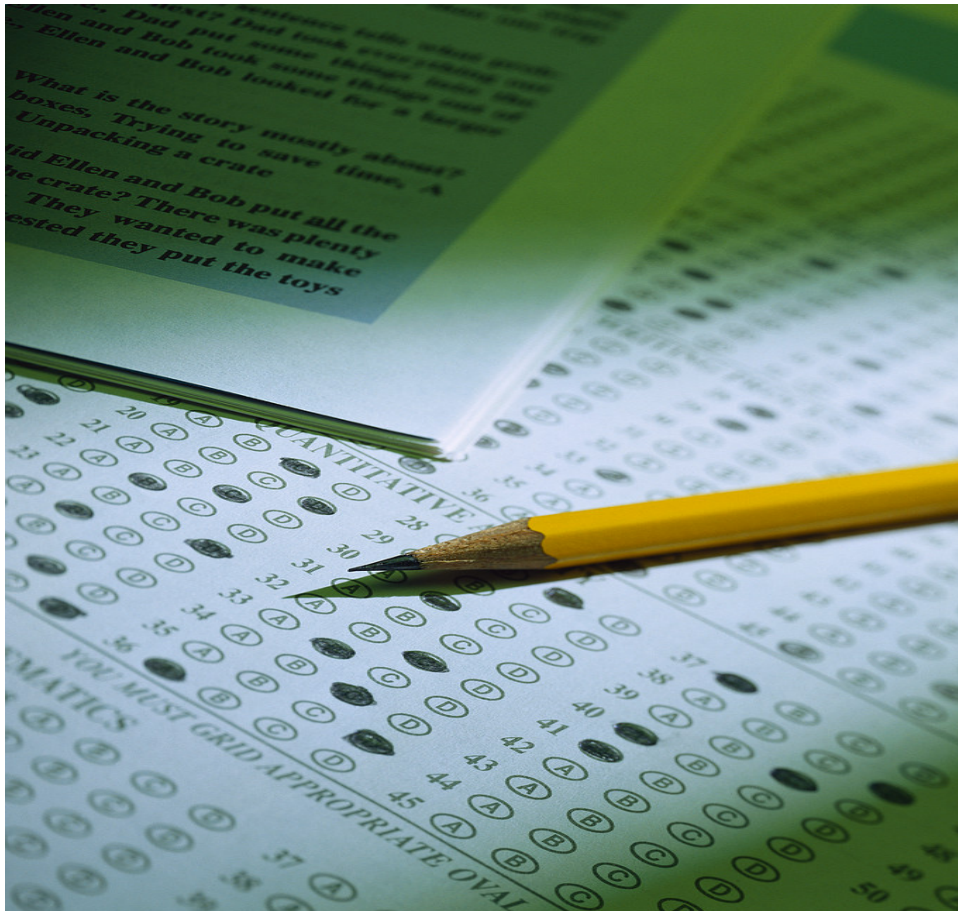
17. Face to face time includes the time the
 - a. patient spends with the historian.
 - b. patient spends in filling out the pre-evaluation report.
 - c. physician spends in performing blood tests and taking x-rays.
 - d. physician spends in taking the history and performing the physical examination.

18. 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.

19. 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.

A QME or an AME evaluation is performed if the employer or the employee

- e. Accepts the cost of all prior evaluations.
- f. Accepts the treating physician's disability evaluation.
- g. Disagrees on the projected cost of medical treatment.
- h. Disagrees with the treating physician's disability evaluation.



Answer Key to Sample Questions

1. c	6. a	11. b	16. c
2. d	7. c	12. c	17. d
3. d	8. c	13. d	18. a
4. b	9. d	14. d	19. c
5. b	10. d	15. c	20. d

LIST OF APPENDICES

Appendix

- (A) CPS Instructions to Candidates, Sample CPS Answer Sheet, and Test Booklet Cover to be signed
- (B) California Labor Code Regulation References
- (C) Suggested References for QME Competency Examination

APPENDIX A



State of California
Department of Industrial Relations
Division of Workers' Compensation - Medical Unit
QME COMPETENCY EXAMINATION
FOR
QUALIFIED MEDICAL EVALUATOR

I hereby certify that:

- ! I will not remove examination materials nor copies thereof from the examination.
- ! During the examination, I will not assist nor receive assistance from anyone other than the examination administration officials. I will not use any materials not allowed by test regulation.
- ! I will not transmit test questions in any form to any other person during or **AFTER** the examination.
- ! I will not reveal test question content in any public meeting.

Signature

Date

Printed Name/Professional Designation

QME # if available

Work Phone Number

Physician # if available

***DO NOT OPEN THIS TEST BOOK
UNTIL TOLD TO DO SO.***

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APPENDIX A

INSTRUCTIONS TO CANDIDATES

This test booklet, the items it contains, and other materials furnished to you are the copyrighted property of the State of California.

Do not destroy test materials.

Do not take the test materials from the examination room.

Do not make copies or notes of the test questions.

YOU MAY WRITE IN THE TEST BOOKLET.

EXAMINATION HINTS

Read carefully and follow the directions given in the booklet.

Read each question completely before answering it.

Do not spend too much time on any one question.

No question is meant to be a "trick" or catch question.

Interpret words according to their generally accepted meanings.

Attempt to answer every question. If you are not sure of the correct answer, mark the one which you think is best. There is no penalty for wrong answers. Your score is based on the number of correct answers.

Check carefully to be sure you have not skipped any pages. Be sure you have answered all the test items.

Plan your time so that you may complete the examination within the time allowance. You will be told when to start and stop. If you have extra time, check your work.

Relax and work steadily.

IT IS TO YOUR ADVANTAGE TO ANSWER ALL QUESTIONS EVEN IF YOU ARE NOT SURE.

APPENDIX B

CALIFORNIA LABOR CODE AND REGULATION REFERENCES

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

Codes relevant to current DWC regulations

Codes from recently enacted legislation (AB 749, SB 227, SB 228, and SB 899)

Codes or regulations described in the Physician's Manual

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

Knowledge of the following current guidelines is required:

Use of Codes related to QME Fraudulent or Misleading Advertising Guidelines

Use of Self-referrals Guidelines

Use of QME ethics standards

Use of Guidelines on Proper Routing (dispatch) of Reports

Use of Guidelines for QME reports (in *Physician's Guide* and new QME regulations)

Use of AMA Guides

Use of pertinent treatment guidelines (MTUS)

*NOTE: The questions that require your knowledge of timelines are preceded by one of the following two types of directions.

Direction 1

The following questions are to be answered based upon laws, rules or regulations that apply for injuries that occurred on or after January 1, 1994. Darken the box corresponding to the single best answer for each question.

Direction 2

The following questions are to be answered based upon laws, rules or regulations that apply to injuries that occurred between January 1, 1994 and December 31, 2002. Darken the box corresponding to the single best answer for each question.

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

You do not need to memorize California labor code 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:

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 C

SUGGESTED LIST OF REFERENCES

Physician's Guide to Clinical Practice in the California Workers' Compensation System

DWC Publication, 2001
Available from the DWC Medical Unit
P.O. Box 71010
Oakland, CA 94612
1-800-794-6900

Workers' Compensation Laws of California,
2008/2009 Ed. Matthew Bender & Co., Inc.
ISBN 978-1-4224-2743-9
To place an order: 1-800-223-1940

Evaluation of Industrial Disability, 2nd ed, Thurber, P. *
Oxford University Press, 1960.
(Available from: UCSF University Store)
500 Parnassus Avenue, San Francisco, CA.
To place an order: 1-800-846-2144

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

QME Regulations effective 2/17/09
Title 8 of the California Code of Regulations, Sections 1 through 159
Available at no charge online at:
http://www.dir.ca.gov/dwc/DWCPropRegs/qme_regulations/qme_regulations.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/dwc/dwcRulemaking.html>

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.oempres.com

*Information from this source is used to provide test questions to replace those on disability evaluation that are in the regular QME exam.

Since the California Labor Code currently places limits on acupuncturists with respect to actual disability evaluation, some material in the Physician's Guide and other references may not be relevant, especially information about apportionment, temporary and permanent disability, and objective and subjective factors of disability. Acupuncturists should understand basic terminology even for disability evaluation concepts and understand concepts about pain. Some relevant responsibilities will be measured dealing with Evaluating Permanent and Stationary Status, and Treatment and Future Medical Care with Justification.



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***Send written or faxed item protests and formal test
appeals to:***

Attn: QME Examination Development Consultant
CPS Human Resource Services
241 Lathrop Way
Sacramento, CA 95815
Fax (916) 561-7239

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