

State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT

REQUEST FOR QME PANEL UNDER LABOR CODE § 4062.1

UNREPRESENTED

(Please Complete Form/Type or Print)

Request Date: _____ The Party Making the Panel Request (*Check one*)
 Unrepresented injured employee
 Employer/Claims Administrator

Please specify the reason for your request for a medical/legal examination by a QME.
(See attachment on How to Request a Qualified Medical Evaluator for help in completing this section.)

(Check one)

- § 4060 (causation exam)
 § 4061 (permanent disability dispute)
 § 4062 (medical treatment dispute)
 Check this box if your claim was denied altogether by the employer or insurer

EMPLOYEE INFORMATION

Date of injury: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Day time phone No.: (____) _____
If currently residing out of state, city and zip code at the time of injury: _____
Representative (if any): _____ Phone: (____) _____
Address: _____ City: _____ State: _____ Zip: _____

NOTE: If you are currently residing out of state, the panel will be issued using the California city and zip code where you were residing at the time of the injury. The claims administrator and injured worker may agree to another city and zip code instead of the city where you were residing in California. However, the DWC-Medical Unit needs a copy of your agreement with signatures from each (the injured employee and the employer/insurer). The city and zip code agreed upon must be in California.

EMPLOYER/INSURER or CLAIMS ADMINSTRATOR INFORMATION

Employer Name: _____
W.C. Insurer/TPA: _____ Claim No.: _____
Address: _____ City: _____ State: _____ Zip: _____
Claims Adjuster (*if known*): _____ Phone: (____) _____
Attorney/Representative: _____ Phone: (____) _____
Address: _____ City: _____ State: _____ Zip: _____

MEDICAL SPECIALITY REQUESTED

Please list ONLY ONE (insert three letter code from the list on the back of this page)

Specialty Requested: _____ Signature of Requestor: _____
Requestor name (*print*): _____

(Note: Any employer/claims administrator using this form to request a QME panel must attach a copy of correspondence sent to the injured employee furnishing the form and advising the employee how to request a QME.)

Send the completed form to:
Division of Workers' Compensation – Medical Unit
P.O. Box 71010, Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

For Use with the QME Panel Request Form 105

MD/DO SPECIALTY CODES

MAI	Allergy and Immunology
MDE	Dermatology
MEM	Emergency Medicine
MTT	Emergency Medicine - Toxicology
MFP	Family Practice
MPM	General Preventive Medicine
MHH	Hand – Orthopaedic Surgery
MMM	Internal Medicine
MMV	Internal Medicine - Cardiovascular Disease
MME	Internal Medicine – Endocrinology Diabetes and Metabolism
MMG	Internal Medicine - Gastroenterology
MMH	Internal Medicine - Hematology
MMI	Internal Medicine - Infectious Disease
MMN	Internal Medicine - Nephrology
MMP	Internal Medicine - Pulmonary Disease
MMR	Internal Medicine - Rheumatology
MNB	Spine – Orthopaedic Surgery and Neurological Surgery
MPN	Neurology
MNS	Neurological Surgery
MOG	Obstetrics and Gynecology
MPO	Occupational Medicine
MMO	Orthopaedic Surgery – Oncology, Internal Medicine – Oncology, Radiology - Oncology
MOP	Ophthalmology
MOS	Orthopaedic Surgery
MTO	Otolaryngology
MPA	Pain Medicine
MHA	Pathology
MEP	Pediatrics
MPR	Physical Medicine & Rehabilitation
MPS	Plastic Surgery
MPD	Psychiatry
MSY	Surgery
MHH	Surgery - Hand
MSG	Surgery - General Vascular
MTS	Thoracic Surgery
MUU	Urology

NON-MD/DO SPECIALTY CODES

ACA	Acupuncture
DCH	Chiropractic
DEN	Dentistry
OPT	Optometry
POD	Podiatry
PSY	Psychology
PSN	Psychology - Clinical Neuropsychology

STATE OF CALIFORNIA

DEPARTMENT OF INDUSTRIAL RELATIONS

DIVISION OF WORKERS' COMPENSATION

MEDICAL UNIT

MAILING ADDRESS:

P.O. Box 71010

Oakland, CA 94612

(510) 286-3700 or (800) 794-6900

HOW TO REQUEST A QUALIFIED MEDICAL EVALUATOR
IF YOU DO NOT HAVE AN ATTORNEY
(Attachment to Form 105)

Since you do not have an attorney and there is a disagreement over some of the opinions of your treating physician, you need to complete QME Form 105 to obtain a panel of three Qualified Medical Evaluators (QMEs). The purpose of the QME examination is to obtain a second medical opinion to help resolve the disputed medical issues in your workers' compensation claim(s). The QME report must discuss all of the disputed and unresolved issues in your claim that need a medical opinion.

You, the injured worker, have the first opportunity to choose the type of physician to perform the exam. Complete this form to request a QME panel, write the medical specialty you prefer for the QME and return it to the DWC Medical Unit. Send a copy of your completed form to the employer/insurer as well. **If you do not request a panel within ten (10) days of being asked to do so by the employer/insurer, then the employer/insurer has the right to request the panel and choose the medical specialty.** The employer/insurer may not submit this form until ten (10) days have passed after the form was given to the injured worker with the instruction to send the completed form to the DWC Medical Unit.

After you receive the panel list of three QME names, you must select a doctor and make an appointment. If you do not select a QME from the panel, schedule an appointment with the QME and inform the employer/insurer of your choice **within 10 days of the date the Medical Unit issued the panel**, you may lose the right to choose the QME and the exam date. You must tell the employer/insurer the time and date of your appointment.

If the Medical Unit does not issue a panel within fifteen (15) working days of its receipt of a request for a QME panel in an unrepresented case, the employee may select any QME of his or her choice to do the evaluation.

Selecting the reason for your request for a QME panel:

Select § 4060 if your claim is "on delay" or if the insurance company disputes that your injury was caused by work (i.e. compensability) or denies your claim or if you disagree with the treating physician's opinion that work was not a medical cause of your claimed injury or illness. If the employer/insurer has accepted any body part as compensable for this date of injury, this reason may not apply. The QME evaluation will be used to determine whether the employer is liable for this injury.

Select § 4061 if permanent disability is in dispute. The dispute may be about the amount or percentage of permanent disability or whether there is any permanent disability. Either party may request the QME panel.

Select § 4062 if medical treatment is in dispute. The dispute may be over whether any treatment is needed, whether further treatment is needed, the form or type of treatment or the frequency of treatment recommended by the treating physician. Either party may request the panel.

Selecting the medical specialty:

If necessary, request help from your treating physician in choosing the appropriate medical specialty for the QME. Use the list on the back of the panel request form to select a specialty. Enter the 3 letter code for the medical specialty you select on the front of the form.

Where will the QMEs be located?

Over...

The DWC-Medical Unit uses a random selection program to name three QMEs to the panel. If there are too few QMEs of the specialty you request in your geographic area, then the system will pick QMEs from other geographic areas and the employer shall pay all reasonable and necessary travel expenses.

What if I pick the wrong medical specialty and wish to change the medical specialty?

You may request a change of medical specialty if you have not had the QME evaluation yet. When requesting the change in medical specialty, the injured worker and claims administrator must agree in writing to the change of medical specialty. Please refer to the QME panel number if you request another medical specialty.

Insufficient information or incomplete form:

- If the panel request form is not fully completed then it will be returned to you.
- If we do not have sufficient QMEs in the medical specialty you chose, then the request will be returned to you asking that you pick a different medical specialty.
- If a QME panel was previously issued for this injured worker, then the new panel request will be returned by the Medical Unit with a request that you provide us with more information about the status of the claim for which the earlier QME panel was issued.

How long will it take to have the examination and to get the QME's report?

QMEs must be able to schedule and do your exam within 60 days of your call for an appointment. If a QME on the panel cannot, you are entitled to a replacement QME. You are entitled to the written QME report within 30 days of the date the QME starts the physical exam. At times, the QME may request the Medical Unit to extend the time for writing the report. The QME must notify you, the employer/insurer and the Medical Unit in order to get an extension approval. You will be notified of the Medical Unit's decision.

If the QME selected does not complete the evaluation report within 30 days of starting the examination or within the extension of time approved by the Medical Director, you have a choice. You may request that the Medical Unit replace the QME and start over, or instead you may agree in writing to wait until the QME report is completed, by using QME form 113 or 116. Even if you are willing to wait, if the employer or insurer chooses not to wait, a new QME or QME panel may be issued. In that case a QME or QME panel in the same specialty will be issued.

What if there is a need for another QME report in a different specialty?

Under very limited circumstances, there may be a need for an additional examination and report by a QME in a different specialty. Generally this will only occur if a Workers' Compensation Judge orders the additional report, if the QME states in the report that an examination by a physician in another specialty is necessary or when the parties meet with an Information and Assistance Officer who determines the conditions for obtaining an additional report under section 31.5(b)(4) of Title 8 of the California Code of Regulations are met.

Other questions?

If you have any other questions about the QME process, please call the Division of Workers' Compensation Medical Unit at 1-800-794-6900. If you have other general questions about your workers' compensation claim, please call the Information and Assistance officer at the Division of Workers' Compensation listed in your phone book, or look on our website at <http://www.dir.ca.gov/dwc>.