



## QME Update

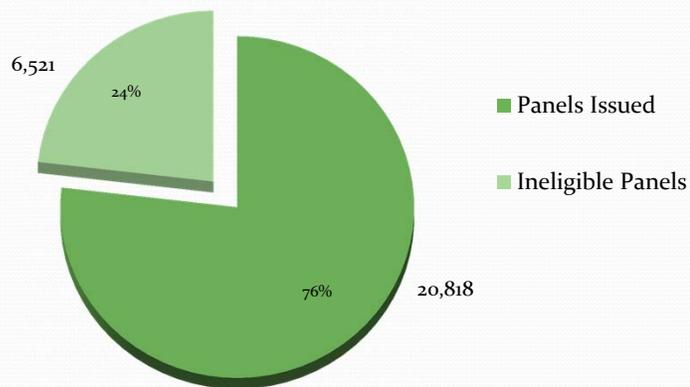
DWC 23<sup>rd</sup> Annual Conference  
February 25 & 26, 2016 – Los Angeles  
March 3 & 4, 2016 – Oakland

**Panel Members:**

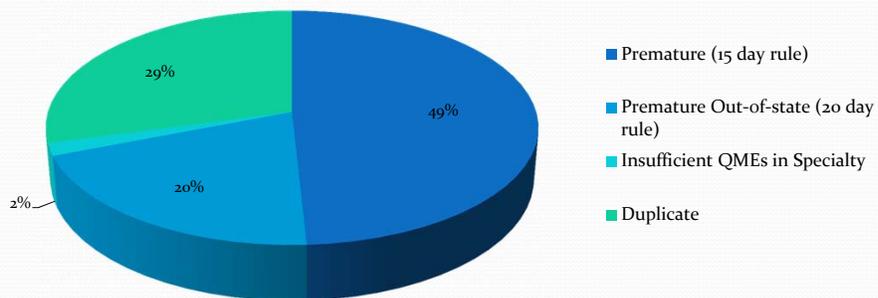
Melissa Hicks, DWC Medical Unit Manager  
Winslow West & Karen Pak, DWC Counsel  
Ray Meister, MD, MPH, DWC Associate Medical Director

## QME Online Form 106 Panel Request First Quarter

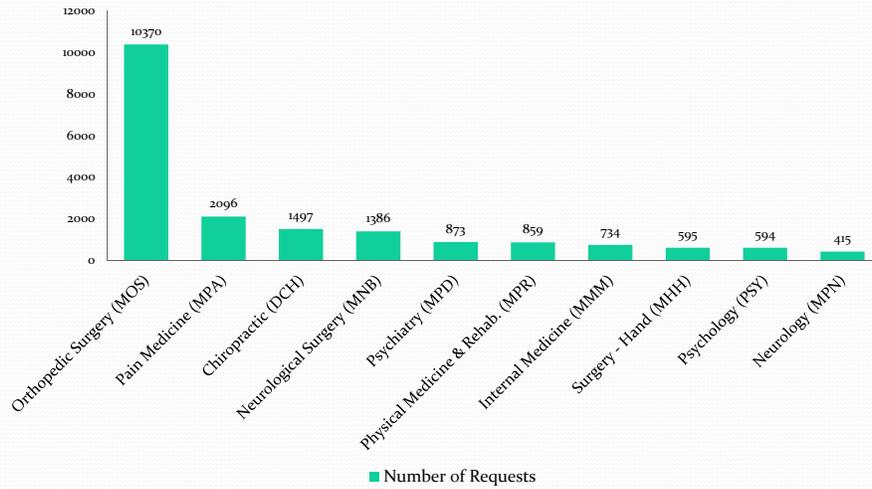
## Total Number of Online Initial Panel Requests Received



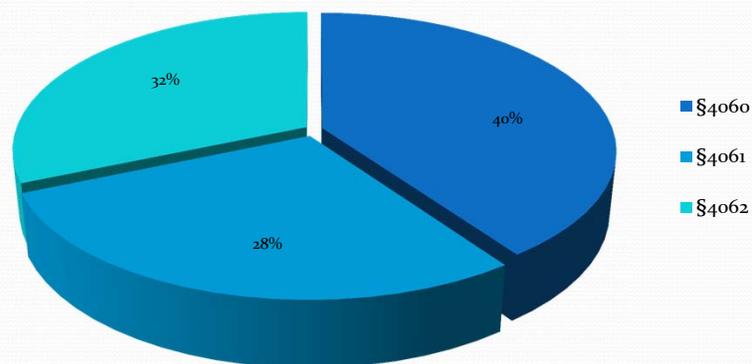
## QME Online Initial Panel Requests Breakdown by Ineligibility Type



## Top 10 Specialties Requested Online



## Online Request by Labor Code



# QME Online Form 106 Panel Request Guide

## Panel Request Information Page

**NOTE:**

- \* = mandatory field
- ? = tool tip

Online panel system is for dates of injury after 1/1/05. For DOIs prior to 1/1/05 in represented cases, each party may select any QME. They are not required to obtain a panel from the MU.

Requester should use "Unknown" for first and last name if the name of PTP is not known.

Not a mandatory field for Labor Code Section 4060. This field is mandatory for both 4061 and 4062.

Must include all hyphens if they appear in claim number sequence.

Dispute types by Labor Code Section:

- 4060 - Compensability dispute
- 4061 - Permanent disability Future medical treatment
- 4062 - Temporary disability Permanent and stationary status Work restriction Ability to return to work Apportionment Diagnosis Causation

For 4060 requests, you must enter the date of the request for a compensability exam (refer to denial or delay letter). This is not the online submission date.

Use "Other" if unknown.

Panel Request Information

Step 1 of 8

\*Claim Number: ST08040H

\*Date of Injury: 08/02/2010

\*Requesting Party: CLAIMS ADMINISTRATOR

\*First Name of Primary Treating Physician: MARK

\*Last Name of Primary Treating Physician: HOPKINS

\*Specialty of Treating Physician: PAN MEDICINE (MPA)

\*QME Specialty Requested: PAN MEDICINE (MPA)

\*Opposing Party's QME Specialty Preferred: SPINE (MRE)

\*Labor Code Section: 4060

\*Dispute Type: COMPENSABILITY DISPUTE

Date of report being objected to: 09/16/2010

\*Date of request for comprehensive exam: 09/16/2010

\* indicates a required field

## Panel Request Information Page (4062)

The screenshot shows the 'Panel Request Information Page (4062)' with the following fields and annotations:

- \*Claim Number:** S7138A0H
- \*Date of Injury:** 06/02/2010
- \*Requesting Party:** CLAIMS ADMINISTRATOR
- \*First Name of Primary Treating Physician:** BARK
- \*Last Name of Primary Treating Physician:** HOPKINS
- \*Specialty of Treating Physician:** PAN MEDICINE (MPA)
- \*GME Specialty Requested:** PAN MEDICINE (MPA)
- \*Opposing Party's GME Specialty Preferred:** SPINE (MBS)
- \*Labor Code Section:** 4062
- \*Dispute Type:** (empty)
- Date of report being objected to:** (empty)
- \*Date of objection communication:** (empty)
- \*Was written objection communicated within 20 days of your receipt of the report for which objections are being made?**  Yes  No
- \*Select reason 4062 objection was made more than 20 days from objected report receipt date:**
  - GOOD CAUSE
  - MUTUAL AGREEMENT

Annotations:

- A red arrow points from the text "Mutual agreement" satisfies the question. "Good cause" requires the requestor to elaborate on the reason." to the "GOOD CAUSE" radio button.
- A red arrow points from the text "Yes" satisfies the question. "No" requires the requestor to give a reason." to the "No" radio button.

## Employee Information Page

The screenshot shows the 'Employee Information Page' (Step 2 of 8) with the following fields and annotations:

- \*Employee First Name:** LARRY
- \*Middle Name:** (empty)
- \*Last Name:** BURRIS
- \*Mailing Address:** 421 HOPE STR
- \*City:** BOULDER CITY
- \*State:** NV - Nevada
- \*Zip Code:** 89005
- \*Is there an agreement between the parties as to the geographic area for this panel request?**  Yes  No
- \*Mailing Address:** (empty)
- \*City:** (empty)
- \*State:** CA
- \*Zip Code:** (empty)

Annotations:

- A red arrow points from the text "There may be more than one city available for a given zip code." to the "City" field.
- A red arrow points from the text "NOTE: This section should also be used if the requestor answers 'No' to the question and has a different mailing address other than the default Applicant Attorney UAN." to the "Mailing Address" field.
- A red arrow points from the text "If an out of state zip code is used." to the "Zip Code" field.
- A red arrow points from the text "If 'No' the system will default to the applicant attorney address. If 'Yes' the requestor must enter the mailing address agreed upon by the parties." to the "No" radio button.

# Applicant Attorney Information Page

An EAMS UAN must be used to complete the online QME Form 106. The requestor can go to the DWC website for information on how to obtain a UAN. New UANs or changes to existing UANs will take 72 hours to update.

Helpful email addresses:  
[cru@dir.ca.gov](mailto:cru@dir.ca.gov) OR  
[EAMSHelpDesk@dir.ca.gov](mailto:EAMSHelpDesk@dir.ca.gov)

NOTE: If the requestor enters a UAN with an out of state address, the system will notify them that they must either choose another UAN or return to the employee information page to enter a CA address for the employee or in the agreement section.

EAMS UAN Number and address will auto populate when an applicant attorney firm name is chosen.

# Employer and CA Information Page

An EAMS UAN must be used to complete the online QME Form 106. The requestor can go to the DWC website for information on how to obtain a UAN. New UANs or changes to existing UANs will take 72 hours to update.

Helpful email addresses:  
[cru@dir.ca.gov](mailto:cru@dir.ca.gov) OR  
[EAMSHelpDesk@dir.ca.gov](mailto:EAMSHelpDesk@dir.ca.gov)

Requester should use "Unknown" for first and last name if the name of claims adjuster is not known.

EAMS UAN Number and address will auto populate when a claims administrator name is chosen.

## Defense Attorney Information Page

An EAMS UAN must be used to complete the online QME Form 106. The requestor can go to the DWC website for information on how to obtain a UAN. New UANs or changes to existing UANs will take 72 hours to update.

Helpful email addresses:  
[cruc@dir.ca.gov](mailto:cruc@dir.ca.gov) OR  
[EAMSHelpDesk@dir.ca.gov](mailto:EAMSHelpDesk@dir.ca.gov)

This page is only mandatory if the requestor is the defense attorney.

EAMS UAN Number and address will auto populate when an defense attorney firm name is chosen.

## QME Form 106 Submission Declaration Confirmation Page

Both statements must be confirmed to continue with submission. If not, the system will not allow the requestor to proceed.

The requestor name should be the person filling out the form. This does not need to be the actual attorney or claims administrator name.

## Upload Document Page

The following applies to uploading supporting documentation:

- Only one document can be uploaded. The document may consist of multiple pages up to 10 MB.
- File must be either pdf or tiff format.

NOTE: Although the system does not check for the 30 (b) requirements, all elements should still be included in the letter of objection.

## Review and Submit Page

The top navigation bar allows the requestor to return to the individual pages of the form to make corrections and edits before hitting submit.

The requestor may also use the blue links next to the titles of the form pages to make corrections and edits before hitting submit.

PANEL REQUEST INFORMATION	
Claim Number	07135A01
Date of Injury	09/02/010
Requesting Party	CLAMS ADMINISTRATOR
Name of Primary Treating Physician	MARK HOPKINS
Specialty of Treating Physician	FAM MEDICINE (BFA)
Date of report being objected to	09/16/2010
Date of request for comprehensive exam	09/16/2010
QME Specialty Requested	FAM MEDICINE (BFA)
Opposing Party's QME Specialty Preferred	SPINE (ANR)
Labor Code	§ 4060
Dispute Type	COMPENSABILITY DISPUTE

EMPLOYEE INFORMATION	
Full Name	LARRY BURNS
Mailing Address	421 HOPE ST
City, State, Zip Code	BROADMOOR VLG, CA, 94015

APPLICANT ATTORNEY INFORMATION	
Full Name	BLU BORG
EMAS LAM Number	409660
Applicant Attorney Firm Name	DURAND MCKENZIE SAN MATEO
Address/PO Box	2015 PIONEER CT STE A
City, State, Zip Code	SAN MATEO, CA, 94002

# QME Online Panel

**Qualified Medical Examiner Online Form**

State of California      **DIVISION OF WORKERS' COMPENSATION**      Department of Industrial Relations  
Panel #: 732136

Date Request Received: 05/10/2015      Date Issued: 05/10/2015      No. of Request: 1

Claim No(s): 571386A04      Employer: ABC TRUCKS

Date(s) of Injury: 06/02/2010      Ins./Jd/J. Agency: GARY PETERS  
SCF INSURED PLEASANTON  
PO BOX 3171  
SUNSHINE CITY, CA 94585

Requesting Party: CLAIMS ADMINISTRATOR      Employee: LARRY BURNS

Applicant Attorney: SUE BORG  
DURARD MCKENNA SAN MATEO  
2015 PIONEER CT STE A  
SAN MATEO, CA 94403

Defense Attorney: FRANK HALL  
SAUL ALLWEISS TARZANA  
18321 VENTURA BLVD STE 500  
TARZANA, CA 91356

**Selected Qualified Medical Evaluator Panel:**

**Physician's Name:** GARY MARTINOVSKY, MD      **Tel No.:** (510) 758-7462  
**Address:** 2299 POST ST STE 211  
SAN FRANCISCO, CA 94115-3473  
**Specialty:** PAIN MEDICINE  
**In Practice Since:** 2001  
**Physician's Education:** STANFORD UNIVERSITY SCHOOL OF MEDICINE, STANFORD, CA  
**Physician's Training:** INTERNAL MEDICINE-Kaiser Permanente, OAKLAND, CA, 2000-2001  
ANESTHESIOLOGY-STANFORD MEDICAL CENTER, STANFORD, CA, 2001-2004

**Physician's Name:** TIMOTHY S LO, MD      **Tel No.:** (415) 563-2233  
**Address:** 2300 SUTTER ST STE 304  
SAN FRANCISCO, CA 94115-3029  
**Specialty:** PAIN MEDICINE  
**In Practice Since:** 2007  
**Physician's Education:** MOUNT SINAI SCHOOL OF MEDICINE, NEW YORK, NY  
**Physician's Training:** INTERNAL MEDICINE-CABOT MEDICAL CENTER, NEW YORK, NY, 2001-2002

# Declaration of Service

**Qualified Medical Examiner Online Form**

**Declaration of Service**

I declare I am a resident of or employed in the country where 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 QME eForm, and uploaded supporting file attachments, the originals, 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:

**Methods of Service Options**

- A. Depositing the sealed envelope with the United States Postal Service (USPS) with postage fully paid.
- B. Placing the sealed envelope for the collection and mailing following our ordinary business practices. I am really familiar with this business practice for collecting and processing correspondence for mailing. On the same day, the correspondence is placed for collection and mailing. It is deposited in the ordinary course of business with the USPS 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 named below.

**Method of Service**

Name: SUE BORG  
Street: 2015 PIONEER CT STE A  
City: SAN MATEO      State: CA      Zip: 94403

**Method of Service**

Name: FRANK HALL  
Street: 18321 VENTURA BLVD STE 500  
City: TARZANA      State: CA      Zip: 91356

**Method of Service**

**Notes:**

- Note: The use of the proof of service is optional. The requestor may use their own proof of service.
- Note: Any issues regarding declaration of service to the parties should be directed to the WCAB. This is not something the Medical Unit can address. Please take note and add to comments in Oracle.
- The system will auto populate the names and addresses. The requestor must select the method of service.

## QME Panel Document Print Package

Note: To avoid issues with printing, the requestor should disable the pop-up blocker on their browser.

These links will allow the requestor to either return to the beginning of a new online form or will be directed to the DWC Medical Unit main web page.

Clicking on the pdf icon will allow the requestor to open the document, print and/or save.

The requestor must print and serve all three items listed.

## Common Issues and Concerns

- Mistakes on the panel request form
  - incorrect data entered
  - incorrect documents uploaded
- Striking Process
- Rejection notice
- How do I submit a represented initial panel request for an uninsured employer (UEF) case?
- Out-of-state claims administrator, attorneys in state.

# Analysis of a Complete Report

## Maintaining QC in the QME Program

### Relevant Authority

- Labor Code §4628
  - 8 CCR §35.5
  - 8 CCR §9785
  - 8 CCR §9793
  - 8 CCR §10606
- 
- Labor Code §139.2
  - 8 CCR §10631

## Minimum Standard vs Substantial Medical Evidence

- Labor Code §139.2(d) (2)
- 8 CCR §10631
- 8 CCR §10606

## The Importance of Reporting

- Labor code §139.2(d) (2)
- 8 CCR § 54

## **Date and Location of Evaluation**

“It was a pleasure to evaluate injured worker on 00/00/2015 in my Oakland office located at 1515 Clay St., 18th floor, Oakland, CA 94612”

- Strict requirements of Labor Code § 4628 (b)

## **Take a Complete History (Labor Code § 4628 (a)(1))**

- Job Description
- History of the Injury
- Treatment Course
- Prior Injuries

## Review and Summarize Prior Medical Records (Labor Code § 4628 (a)(2))

- Date of Record
- Doctor
- Title of Record
- Summary

## Fee Disclosure (Labor Code §§ 4628 (d),(b); 8 CCR § 9765)

- Billing Code; Complexity Factors Claimed
  - ML 104 – 95 This is a complex qualified medical evaluation, as a result of meeting the requirements of for complexity factors which are listed below:
    - .50 hours of face-to-face time with the injured worker;
    - 3.50 hours of record review;
    - 1.50 hours of medical research;
    - 1.50 hours of report preparation time;
    - 4 hours or more of any combination of two complexity factors;
    - addressing the issue of causation;
    - addressing the issue of apportionment.
    - 3+ injuries to the SAME body system or region

## **Status of the Injured Worker at Time of Evaluation**

- Should include:
  - Current Work Status
  - Relevant Period of Temporary Disability
  - Current Physical Complaints
  - Activities of Daily Living

## **Examination (8 CCR §10606(a)6-8)**

- List all aspects of examination
- Tests performed
- Test results
- Diagnosis and/or impressions 8 CCR §10606(7)

## Discussion

- Recap history
- Listing of information received and relied upon in preparation of the report
- Cause of disability
- Address all contested issues
- How and why the opinions and conclusions were formulated

## Causation

- Labor code §4663
- 8 CCR §10606(9)
- 8 CCR §10606(13) [psyche]

## Permanent and Stationary

- 8 CCR §10606(11)
- 8 CCR §35.5(c) (2)

## Impairment Rating

- Labor Code §§4660 through 4664.
- 8 CCR §10606(11)
- 8 CCR §35.5(c) (2)

## Apportionment

- Labor code §§ 4663 4664
- 8 CCR §10606(13)
- Escobedo v Marshalls (2005) 70 CCC 604

## Work Status – Work Preclusions

- Optional category
- May be supplanted by Functional Capacity Evaluation

## Future Medical Treatment

- 8 CCR §10606(10)
- 8 CCR §35.5(g) evaluations performed currently  
- future medical treatment only
- 8 CCR §9785 (a) (7) Defines Future Medical Treatment

## Labor Code § 4628 Attestation

“I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.”

Date - Signature of Reporting Physician - County  
Where Signed



## **Annual Love Letter from the Medical Unit**

**Do you really need a panel?**



**QME CE Course  
Certification**

## QME CE Course Certification

- Review by multidisciplinary QME CE Committee
  - Current Citations
  - Up-to-date information
  - Appropriate course length and test materials

## QME Report Evaluation

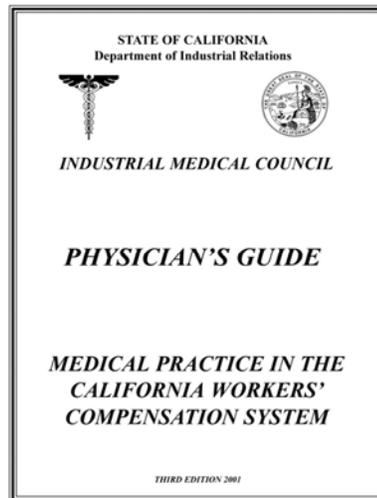
## QME Report Evaluation

- Ratability: DEU Ratings
- Timeliness: Submitted Timely
- Overall Quality: Face to face time, apportionment, exam date, mandatory declaration, financial interest regarding referrals, county & date of declaration.
- In Depth Reviews

## Physician's Guide to Medical Practice in the Workers' Compensation System

Fourth Edition 2016

## Physician's Guide



## Physician's Guide

- Last edition in 2001
- Includes updates to much of the material from the 2001 edition and also new chapters on:
  - Parties to the System
  - Benefits and Payments to Employees
  - Reports and Timelines in the System
  - Evidence-Based Medicine and the MTUS
  - Utilization Review and IMR
  - Physician Payment and the OMFS

## Physician's Guide

- Available online
- Plan to periodically update chapters as new information becomes available
- Historically used by QME candidates as one of the primary study guides for the QME Certification Exam

## Questions?

