



QME COMPETENCY EXAMINATION

INFORMATION BOOKLET

**Prepared for the Division of Workers' Compensation
California Department of Industrial Relations**

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' 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;
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.

From 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 for 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."** One of the amendments of Section 139.2 of the California Labor Code enacted by the 1993 Legislature is the requirement that the Industrial Medical Council develop and administer an examination for Qualified Medical Evaluators (QMEs) on or before July 1, 1994. The Division of Workers' Compensation assumed the responsibilities of the IMC on January 1, 2004.

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 reform. 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.

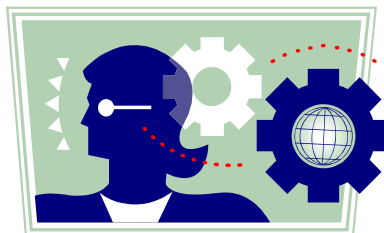
OVERVIEW OF THE QME OCCUPATIONAL ANALYSIS SURVEY

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.

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**

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.



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 (ACOEM Guidelines and other pertinent treatment guidelines under the utilization schedule)
15. Determine need for present medical treatment, including parameters of treatment and justification (ACOEM Guidelines and other pertinent treatment guidelines under the utilization schedule)
16. Determine appropriateness of past medical treatment, including parameters of treatment and justification (ACOEM Guidelines and other pertinent treatment guidelines under the utilization schedule)
17. Evaluate role of physician and non-physician in providing treatment

Knowledge and Skills

1. Knowledge of the appropriate clinical examination and relevant diagnostic testing (e.g., 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
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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 practice and the definition of 'physician' in the labor code
11. Knowledge of Administrative Director's Guidelines and utilization schedule (e.g., ACOEM Guidelines and other pertinent guidelines) and utilization review process

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

Tasks

1. Describe work restrictions and loss of pre-injury work capacity (e.g., injuries under the 1997 schedule)
2. List objective factors of disability
3. Determine when the injury or injuries became P & S
4. Compare and correlate factors of disability with clinical assessment in order to ensure internal consistency of report
5. Characterize subjective factors of disability
6. Determine appropriate periods of temporary disability
7. Determine if an injured worker is eligible for vocational rehabilitation (e.g., worker is a Qualified Injured Worker determined by date of injury)
8. Determine the physical limitations for an alternate or modified work assignment (e.g., injuries under the 2005 schedule)
9. Evaluate multiple injuries
10. Review and interpret the job description or job analysis
11. Appropriately use combining and conversion charts in the AMA Guides for rating impairment
12. Appropriately use the AMA Guides to describe impairment
13. Appropriately apply the 3% rating for pain using the AMA Guides

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 recognizing, evaluating, and reporting relevant objective findings and objective factors of disability
4. Skill in determining when the injured worker has reached P & S status with respect to each injury
5. Skill in medically analyzing and translating the patient's symptoms into subjective factors of disability using ratable medical-legal terminology
6. Knowledge of the difference between impairment and disability
7. Knowledge of when the AMA Guides are applicable

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8. Knowledge of the general principles of the AMA (American Medical Association) Guides
 9. Knowledge of vocational rehabilitation legislation and regulations, job displacement vouchers, and appropriate timeframes
 10. Knowledge of the combining rule for impairment rating in the January 2005 rating schedule
 11. Knowledge of when to add up to an additional 3% rating for pain using the AMA Guides
 12. Skill in articulating reasoning process in reaching conclusions
 13. Skill in correlating factors of disability with clinical assessment in order to ensure internal consistency of report
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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
4. Determine presence or absence of apportionment
5. Determine what portion of a patient's present disability, if any, is due to a pre-existing or subsequent injury or condition
6. Determine what portion of a patient's present disability, if any, is due to the natural progression of disease in absence of injury
7. Review history, medical records, sub rosa films, and prior testimony to evaluate apportionment
8. Review prior disability awards or legal judgments (e.g., workers' compensation, veterans, social security)

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)

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7. Knowledge of Labor Code 4663 and 4664 regarding the principles governing apportionment (e.g., doesn't cover medical treatment, or temporary disability; does cover retroactive prophylactic work restrictions, prior and subsequent injuries)
 8. Knowledge that apportionment can be based on pathology
 9. Skill in identifying specific references in medical records to justify apportionment
 10. Knowledge of the concept of natural progression of disease (Labor Code Section 4663)
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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 in workers' compensation cases is a reasonable medical probability
3. Basic knowledge of the California Workers' Compensation system and procedures
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

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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.

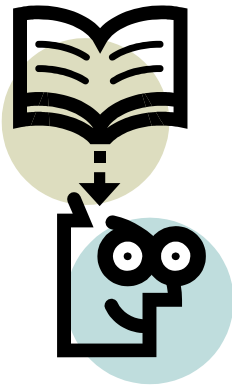
Item writers are cautioned to avoid writing questions that measure trivial knowledge and skills (e.g., questions that require that candidates memorize Labor Code Section numbers, QME Form numbers, etc.).

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.



GENERAL HINTS FOR TAKING THE WRITTEN TEST

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

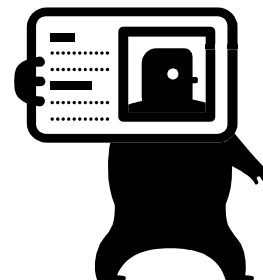
Candidates are asked to leave personal items in their cars or at home. All examination materials needed, including pencils, will be provided. The only items candidates should bring are:

- 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 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.

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

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 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

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

7. 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.

8. The process of deciding which liens are justified medical-legal expenses is a
 - a. WCAB determination.
 - b. medical determination.
 - c. decision made by the Disability Evaluation Unit.
 - d. decision made by the insurance company.

9. Prophylactic work restrictions are designed to
 - a. enhance productivity.
 - b. decrease a permanent disability.
 - c. protect fellow workers from sustaining a similar injury.
 - d. protect the injured worker from sustaining any further injury.

10. For an injury that occurred in 2001, when reporting the cause of a disability in the med-legal report,
 - a. be as direct and definite as possible.
 - b. it is helpful to use the term "possibly."
 - c. it is preferable to use the term "maybe."
 - d. attribute the entire cause of the injury to work activities.

11. 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.

12. 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"

13. In a medical-legal evaluation written in November of 2004, laboratory and diagnostic tests results or findings are best described as _____ factors.
 - a. ratable
 - b. objective
 - c. subjective
 - d. irrefutable

14. 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.

15. A QME evaluates a person who injured his neck and has persistent pain. If the QME uses the AMA Guidelines as the basis for the report, when would it be appropriate to add an extra 3% for the pain?
 - a. In any case that involves pain because the impairment rating does not account for this subjective factor.
 - b. In any case that involves excessive pain that is not already included in the impairment rating.
 - c. In no cases because the AMA impairment rating does not include an allowance for the subjective factor of pain.
 - d. In no cases because the AMA impairment rating already accounts for pain.

16. In which areas has the State established protocols that must be followed in QME evaluations written in 2004?
 - a. hematology, endocrine, immunology, and urology
 - b. psychiatry, allergy, infectious disease, and rheumatology
 - c. psychiatry, pulmonary, cardiac, neuromusculoskeletal, and immunological
 - d. geriatrics, immunology, pharmacology, nephrology, and neuromusculoskeletal

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.

20. A QME or an AME evaluation is performed if the employer or the employee
 - a. Accepts the cost of all prior evaluations.
 - b. Accepts the treating physician's disability evaluation.
 - c. Disagrees on the projected cost of medical treatment.
 - d. Disagrees with the treating physician's disability evaluation.

Answer Key to Sample Questions

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

QME COMPETENCY EXAMINATION
FOR
QUALIFIED MEDICAL EVALUATOR

I hereby certify that:

- I will not remove examination materials or copies thereof from the examination.
- During the examination, I will not assist or receive assistance from anyone other than the examination administration officials. I will not use any materials not allowed by test regulations.
- I will not transmit test questions in any form to any other person or entity 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 License #
(if available)

**DO NOT OPEN THIS TEST BOOKLET UNTIL
INSTRUCTED TO DO SO**

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 (ACOEM)

*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:

Contents of 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 Manual Order
P.O. Box 420603
San Francisco, CA 94142
1-800-794-6900

Workers' Compensation Laws of California,
2004/2005 Ed. Matthew Bender & Co., Inc.
2101 Webster St
Oakland, CA 94612
To place an order: 1-800-223-1940

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

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

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CPS ADDRESS

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CPS Human Resource Services
241 Lathrop Way
Sacramento, CA 95815
Fax (916) 263-3613*

Send written or fax item protests and formal test appeals to



Applications for the QME test are processed by:

DWC Medical Unit
State of California
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612
Phone: (510) 286-3700