DISCLAIMER

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The materials are intended to be a reference tool only and are not meant to be relied upon as legal advice.
Paradigm Shift

I. Role of the Treating Physician

   MT Requests

II. Role of the Evaluating Physician

   AOE/COE
   PD/Apportionment
   FMT
Paradigm Shift

LC §4062.2.(f) – Parties can agree to AME anytime (“except as to issues subject to the IMR” per LC §4610.5.)

For the most part, AMEs and Panel QMEs will no longer be used to determine MT dispute issues…but may weigh in on causation of injury, need for future MT, permanent disability, apportionment, etc.
Paradigm Shift

Reg 35.5(g)(2): “For any evaluation performed on or after July 1, 2013, and regardless of the DOI, an AME or QME shall not provide an opinion on any disputed medical treatment issue, but shall provide an opinion about whether the injured worker will need future medical care to cure or relieve the effects of an industrial injury.”
I. Role of the Treating Physician – MT Requests

5 Steps for Successful MT Requests:

Step 1: Request must be submitted by treating physician

Step 2: Doctor must submit “complete” DWC Form RFA or request for MT

Step 3: Document MT Request & Transmission

Step 4: “Connect the Dots” - Establish Industrial Liability

Step 5: Provide Adequate Substantiation
Step 1 – Request by PTP

**QUERY:** May RFA be completed by “secondary physician”, as opposed to PTP?

**FINAL** Reg 9792.6.1 (t)(1)

(1)“A request for authorization must be set forth on a “Request for Authorization” (DWC Form RFA),” completed by a *treating physician*…”

(3) The **request for authorization** must be signed by the *treating physician* and may be mailed, faxed or e-mailed to the address, fax number, or e-mail address designated by the claims administrator for this purpose. By agreement of the parties, the treatment physician may submit the request for authorization with an electronic signature. ***
Step 1 – Request by PTP

PTP defined:
LC 4061.5 states: “The PTP is primarily responsible for managing the care of the IW or the physician designated by that treating physician shall, in accordance with rules promulgated by the AD, render opinions on all medical issues necessary to determine eligibility for compensation. In the event that there is more than one PTP, a single report shall be prepared by the physician primarily responsible for managing the injured workers’ care that incorporates the findings of the various treating physicians.”
Step 1 – Request by PTP


WCAB wrote, “At trial the physician did not submit substantial evidence supporting his contention that the treatment at issue (prescribed "medical foods") was reasonable and necessary to cure or relieve from the effects of applicant's injury.

Also, the physician submitted no evidence regarding whether authorization for the treatment at issue was properly requested by the primary treating physician (PTP).”
Step 2 – Complete Request for MT

Reg 9792.9.1 (a):
PTP should provide a complete DWC RFA Form found in 8 CCR 9785.5 to request MT.

The DWC Form RFA 2/2014 version may be found at:
http://www.dir.ca.gov/dwc/DWCPropRegs/IMR/IMRFormRFAClean.pdf
Step 2 – Complete Request for MT

**FINAL Reg 9792.9.1 (c)(2)(B)**

“The CS may accept a request for MT not on an RFA, if:

1. **“Request for Authorization”** is clearly written at the top of the first page of the document;
2. all requested medical services, goods, or items are listed on the first page; and
3. the request is accompanied by documentation substantiating the medical necessity for the requested treatment.”
Step 2 – Complete Request for MT

**FINAL Reg 9792.6.1 (t)(3)**

The *form request for authorization* must be signed by the *treating physician* and may be mailed, faxed or e-mailed *to the address, fax number, or e-mail address designated by the claims administrator for this purpose.*

By *agreement of the parties*, the *treatment physician* may submit the request for authorization with an *electronic signature.*

“*Form*” has been replaced by “*request for authorization.*”
Step 2 – Complete Request for MT

**FINAL Reg 9792.6.1 (t)(2)**

“Completed,” for the purpose of this section and for purposes of investigations and penalties, means that information specific to the request has been provided by the requesting treating physician for all fields indicated on the DWC Form RFA the form request for authorization must identify both the employee and the provider, identify with specificity a recommended treatment or treatments, and be accompanied by documentation substantiating the need for the requested treatment.

*Note need to substantiate request w/documentation…*
Step 2 – Complete Request for MT

What is CS’s obligation if MT request or RFA not complete?

**FINAL 8 CCR 9792.9.1(c)(2)(A):**

- Does not ID e’ee, provider or MT
- No substantiation for medical necessity of MT
- Not signed by PTP

**CS must either:**

1. Put through UR w/in specified time frame or
2. Return to PTP w/in 5 **business** days from receipt and specify reasons it is not “complete.”

**QUERY:** Are reasons not identified waived?

(***Prior reg - no mandate to explain why Form RFA was not complete.***)
Does CS have any additional “follow up” obligation other than to return Form RFA if not complete?

Reg 9792.9.1(g) Whenever a CS or its UR org issues a decision to deny a RFA based on the lack of medical information necessary to make a determination, the CS’s file must document the attempt by the CS or the UR reviewer to obtain the necessary medical information from the Dr either by FAX, email or mail.
Step 3: Document Request & Transmission

What if UR is invalid?
In general, non-compliance with regulations may result in determination that UR decision is invalid. A valid UR = prerequisite to IMR.
If UR invalid, determination made by WCAB.

NEW WCAB REG: 8 CCR 10451.2(c)(1): “Independent medical review (IMR) applies solely to disputes over the necessity of medical treatment where a defendant has conducted a timely and otherwise procedurally proper utilization review (UR).”
Step 3: Document Request & Transmission

Expedited Hearing appropriate venue to
determine validity of UR decision.

**WCAB 8 CCR 10451.2(c)(2)**

Medical treatment disputes not subject to
IMR and/or IBR shall be resolved as follows:

(A) if the dispute is between an employee
and a defendant, the procedures for
claims for ordinary benefits shall be
utilized, **including the procedures for
an expedited hearing**, if applicable;
Step 3: Document Request & Transmission

See recent WCAB en banc decision:

 Dubon v. World Restoration, Inc; SCIF, (2014) 79 CCC 313:

“Minor technical or immaterial defects” will not constitute a violation to invalidate a UR decision.

What constitutes a material defect?
Step 3: Document Request & Transmission

UR must be timely

**WCAB REG: 8 CCR 10451.2(c)(1)**

**LC 4610(g)(1) & 8 CCR 9792.9.1(c)(3):**
For prospective MT request - UR decision must issue no later than “5 **working days** from the receipt of the info reasonably necessary to make the determination, **but in no event more than 14 days from date of the MT recommendation by the Dr.**” (Portion in red has been deleted in the FINAL reg. but it’s still in the Labor Code.)
Step 3: Document Request & Transmission

How is date “received” defined?

Reg 9792.6.1(y):
“UR process begins when completed DWC Form RFA or valid MT request per 9792.9.1(c)(2) is first received by the CS…”

Reg 9792.9.1 (c)(1):
“The first day in counting any timeframe requirement is the day after the receipt of the DWC Form RFA…”
Step 3: Document Request & Transmission

B/P document was FAXed (RFA or UR decision)
Reg 9792.9.1 (a)(1):

- Electronic date stamp showing date and time rec’d; or

- Electronic date stamp showing date time and place of the transmission;
Step 3: Document Request & Transmission

Possible violations besides untimely UR:

- **Reg 9792.9.1(c)(2)(A):** Initial MT request was incomplete but CS failed to return the request to the PTP w/in 5 business day “specifying the reasons.”

- **Reg 9792.9.1(e)(5):** If UR delayed due to request for additional info, did the request “specify the information that is needed” as opposed to “Please provide more information regarding the specific details of your MT request.”

- **Reg 9792.9.1(e)(5)(D):** Was there a complete review of medical records?(UR reviewer must provide list.)
Step 3: Document Request & Transmission

See *Corona v. Los Aptos*, ADJ380850 (2011) 2011 CWC PD LEXIS 156 and subsequent decision issued on 9.5.2012.) Essential medical records were not provided to UR doctor in a timely fashion.
Step 3: Document Request & Transmission

Possible violations besides untimely UR:

- **LC 4610(e):** Did UR reviewer use correct standard of medical necessity?
- **LC 4610 (e):** Was UR reviewer specialty appropriate?
- **Reg 9792.9.1(e)(3):** Was UR decision communicated properly?
Step 3: Document Request & Transmission

Reg 9792.9.1(e)(3) CS to notify PTP w/in 24 hours, by phone, FAX or email.

CS must also mail decision to PTP, IW and IW’s attorney within:

- Concurrent review - 24 hours of the decision
- Prospective review – 2 business days of the decision
- Expedited review – 72 hours of receipt of MT request
Step 3: Document Request & Transmission

*Becerra v. Jack’s Bindery*, (9/11/12) 2012 Cal Wrk Comp PD LEXIS 451, Violation of Reg 9792.1(e)(3) – CS failed to timely send UR denial to PTP.
Step 3: Document Request & Transmission

Possible violations besides untimely UR:

• **Reg 9792.9.1(g):** If denial based on lack of medical info, did CS document attempts to obtain necessary medical info?

• **LC 4610:** Was MT request sent through UR? (Often applies regarding request for reimbursement of home health care services)

• **LC 4610(e):** Did someone other than licensed physician deny MT? (To be distinguished from a probable “technical” failure to sign the UR denial.)
Step 3: Document Request & Transmission

Academy of Arts College v. WCAB (Zedd), (2011) 76 CCC 352

UR denial **not signed by physician** so the decision was deemed invalid. A non-physician “reviewer” is not permitted to deny a MT request per LC 4610(e).

**ISSUE** is not who signed the UR decision, but who made the decision to deny, delay or modify.

FINAL 8 CCR 9792.9.1(e)(5) provides UR decision shall be signed by **either** CS or “reviewer.”
Step 3: Document Request & Transmission

LC 4610(e) provides:
(e) **No person other than a licensed physician** who is competent to evaluate the specific clinical issues involved in the medical treatment services, and where these services are within the scope of the physician's practice, requested by the physician **may modify, delay, or deny** requests for authorization of medical treatment….
Step 3: Document Request & Transmission

Regs 9792.9.1(f) (2) (A) & (3)(A) refer to both the **reviewer** and **non-physician reviewer**.

8 CCR 9792.6(s):

**“Reviewer”** means a medical doctor, doctor of osteopathy, psychologist, acupuncturist, optometrist, dentist, podiatrist, or chiropractic practitioner… competent to evaluate the specific clinical issues involved in MT services, where these services are within the scope of the reviewer's practice.
Step 3: Document Request & Transmission

8 CCR 9792.7(b)(2):
“Reviewer” may “delay, modify or deny requests for MT.”

8 CCR 9792.7(b)(3):
“Non-physician reviewer” (such as a CS) may approve requests for MT and may discuss applicable criteria with the Dr should the MT request appear to be inconsistent with the required criteria.
Step 3: Document Request & Transmission

IF UR denial deemed invalid, IW has burden of proof to show medical necessity:

8 CCR 10451.2(c)(1)(C)
Such non-IMR disputes shall include, but are not limited to “a dispute over whether UR was timely undertaken or was otherwise procedurally deficient; however, if the employee prevails in this assertion, the employee or provider still has the burden of showing entitlement to the recommended treatment.”
Step 4: Establish Industrial Liability

- Causation of **injury** affects **MT**
  If cause of IW’s injury = 1% industrial, IW gets 100% MT needed to treat injury. Involves AOE/COE analysis.

- Causation of **disability** affects **PD**
  If cause of IW’s disability = industrial, IW gets PD% payout, less % of apportionment to non-industrial factors
Step 4: Establish Industrial Liability

1. If MT is necessary to treat the industrial injury LC §4600. **(AOE/COE)**

2. Condition or injury is a **compensable consequence** of industrial injury.

3. If at least a portion of the cause for MT = industrial, the IW get 100% of MT needed to treat industrial injury. *(MT is not apportionable - Granado v. Wcab, (1968) 33 CCC 647.)*

4. Dr. explains that he needs to treat the non-industrial condition in order to treat industrial condition.

5. LC §4600 states that if the employer unreasonably refuses or neglects to provide MT, the IW can go out and self procure MT.
Step 4: Establish Industrial Liability

Elements of “substantial evidence”:
See Morfin v. White Memorial Medical Center,
2013 Cal. Wrk. Comp. PD LEXIS 504

WCAB writes, “Based on the totality of evidence in the record, we find that applicant did not meet his burden of proof that his hepatitis C is industrially caused.”
Step 4: Establish Industrial Liability

*Morfin v. White Memorial Medical Center*,

WCAB writes, “The WCJ was particularly impressed by the AME’s adamant belief that it was the needle stick that caused the hepatitis C despite the low statistical probability and despite evidence of other risk factors. We disagree with that finding because, despite its adamant nature, the AME's opinion is not well-reasoned, not based on an adequate examination and history, and not substantial.”
Step 4: Establish Industrial Liability

*Morfin v. White Memorial Medical Center,*

WCAB writes, “The AME acknowledged that the percentage of those who sustain a needle stick from a contaminated patient and go on to develop hepatitis C is approximately 1.8%.”
Step 4: Establish Industrial Liability

Morfin v. White Memorial Medical Center,

WCAB writes, “In this case, applicant's cocaine use alone poses a more probable source of infection than the needle stick. This is true even without considering the risk posed by his home-made tattoo (which the AME admitted was a more likely source of infection) and the risk posed by his time in prison.”
Step 4: Establish Industrial Liability

Morfin v. White Memorial Medical Center,

WCAB writes, “Two percipient witnesses testified that it was highly unlikely that the needle that stuck applicant in the operating room on May 11, 1992 had made contact with the operating room patient because patients are prepared for surgery outside of the operating room where an intravenous (IV) line is placed and because any needle used inside the operating room is only used to push medication through the IV line, not making contact with the patients' skin.”
Step 4: Establish Industrial Liability

EXAMPLES Compensable Consequences:
• Ulcer as a result of pain medication taken for industrial injury.
• Coumadin Use because of industrial heart disease causes blood disorder
• Opioid Use due to industrial back injury causes addiction problem.

For psych, sexual and sleep injuries post SB863 - May not be able to increase WPI, but may access MT.
Step 4: Establish Industrial Liability

Romano Trust v. Kroger Co DBA Ralph’s Grocery, Sedgwick, ADJ1372133, 2013 CWC PD LEXIS 125

IW sustained injury to “left shoulder and cervical spine with subsequent industrially related staph infection resulting in a compensable consequence injury to his neck, cardiovascular system, pulmonary system, thoracic spine with resulting paralysis.”
Step 4: Establish Industrial Liability

*Romano Trust v. Kroger Co DBA Ralph’s Grocery, Sedgwick, ADJ1372133, 2013 CWC PD LEXIS*

“We have rarely encountered a case in which a D has exhibited such blithe disregard for its legal and ethical obligation to provide MT to a critically IW. The claims specialist...has demonstrated a callous indifference to the catastrophic consequences of its delays, inaction and outright neglect.”
Step 4: Establish Industrial Liability

Doctor should clarify (and keep all parties in the loop on all MT issues):

- State MT is requested for industrial injury
- Date of industrial injury
- Body part being treated
- IF necessary, reason for MT on industrial basis. “MT for cardiovascular system is necessary to treat the IW’s staph infection which was a compensable consequence of the industrial injury to IW’s shoulder and spine.”
Step 5: Provide Adequate Substantiation

What is “Medical Necessity?”

Reg 9792.10.6(b)(1): For the purpose of IMR, “medically necessary” means MT that is reasonably required to cure or relieve the employee of the effects of their injury and based on the standards set forth in LC 4610.5(c)(2).
Step 5: Provide Adequate Substantiation

What is “Medical Necessity?”

LC 4610.5(c) (2) "Medically necessary" and "medical necessity" mean medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury and based on the following standards, which shall be applied in the order listed, allowing reliance on a lower ranked standard only if every higher ranked standard is inapplicable to the employee's medical condition:
Step 5: Provide Adequate Substantiation

(A) The guidelines adopted by the administrative director pursuant to Section 5307.27.
(B) Peer-reviewed scientific and medical evidence regarding the effectiveness of the disputed service.
(C) Nationally recognized professional standards.
(D) Expert opinion.
(E) Generally accepted standards of medical practice.
(F) Treatments that are likely to provide a benefit to a patient for conditions for which other treatments are not clinically efficacious.
Step 5: Provide Adequate Substantiation

LC §4600(h): Employer not liable for home health care services provided “more than 14 days prior to the date of the employer’s receipt of the physician’s prescription.”

LC §5307.8: “No fees shall be provided for…any services provided by a member of the employee's household, to the extent the services had been regularly performed in the same manner and to the same degree prior to the date of injury.”
Step 5: Provide Adequate Substantiation

*Mulford v. El Toro RV*, 2013 Cal Wrk Comp PD LEXIS 219

“We agree with the WCJ that this language ‘clearly indicates that** LC 4600(h) applies to all pending cases** prospectively from the date the statute became effective regardless of the date of injury."

… It was applicant's burden to prove that home health care services were ‘reasonably required to cure or relieve’ applicant's injury, and "**prescribed by a physician and surgeon.**"

Applicant has not done so.
Step 5: Provide Adequate Substantiation

Salguero v. Gemeiner Cabinets, 2013 Cal Wrk Comp PD LEXIS 450 – Citation to Chronic Pain MT Guidelines:

“Home Health Services- Recommended only for otherwise recommended MT for patients who are homebound, on a part-time or ‘intermittent’ basis, generally up to no more than 35 hours per week. MT does not include homemaker services like shopping, cleaning, laundry and personal care given by home health aides like bathing, dressing and using the bathroom when this is the only care needed. (CMS, 2004)”

http://www.dir.ca.gov/dwc/DWCPropReggs/MTUS_Regulations/MTUS_ChronicPainMedicalTreatmentGuidelines.pdf
II. Role of Evaluating Physician


For a complete list of final regs and statement of reasons as well as new QME forms see: http://www.dir.ca.gov/dwc/DWCRulemaking2013.html (Click on QME Regs & PD Determination)
A. Determination of Future MT

NEW Post SB863:

8 CCR 1(t) “Future medical care” means MT as defined in LC 4600 that is reasonably required to cure or relieve an IW of the effects of the industrial injury after an injured worker has reached MMI or P&S status including a description of the type of the MT which might be necessary in the future.

This opinion is not binding in any proceeding concerning an injured worker’s need for MT.
B. Rule 35.5 Invalid

*Navarro v. City of Montebello,*
(2014), 79 CCC – (en banc)

Labor Code requires IW return to the same QME “when a new medical issue arises out of a previously evaluated injury.”

Labor Code does not mandate that IW return to the same QME for an evaluation of a subsequent *new* claim of injury, even if the *body parts* and the *parties* are the same.
B. Rule 35.5 Invalid

*Navarro v. City of Montebello*, (2014), 79 CCC – (en banc)

Therefore, WCAB held 8 CCR §35.5(e) to be invalid: “In the event a *new* injury or illness is claimed involving the *same* type of body part or body system and the *parties are the same*… the parties shall utilize to the extent possible the same evaluator who reported previously.”
C. Date of M/L Report

QME Regs - Date of Report:

8 CCR 35.5(b): Each reporting evaluator shall state in the body of the comprehensive medical-legal report the date the examination was completed and the street address at which the examination was performed.

8 CCR 41(c)(6): Date the report on the date it is completed and ready for signature and service on the parties. No report shall be dated on the date of the evaluation examination unless the full written text of the report is completed and ready for signature and service on that same date.

A single date of report avoids confusion when entering a M/L report into evidence.
D. Post SB863 Rating String

POST SB863 - Rating string for a 40 year old pantry worker with stand alone rating for head pain:


- 13.01.00.99 = Impairment #
- 3 = WPI
- [1.4] = Pulled from LC 4660.1(b) = 40% increase
- 4 = Adjustment [3 x 1.4]
- 322 = occupational group
- G = occupational variant
- 5 = adjustment for occupation
- 5% = PD after adjustment for age
E. Occupational Variant

8 CCR 35.5 (2): “If the evaluator declares the IW P&S for all conditions and that the injury has caused PPD, the QME shall complete the Physician’s Return-to-Work & Voucher Report (DWC-AD Form 10133.36) and serve it on the claims administrator together with the medical report.”

The form can be found at:

http://www.dir.ca.gov/dwc/DWCPropRegs/SJDB_Regs/Form10133.36.pdf
Physician's Return-to-Work & Voucher Report
For injuries occurring on or after January 1, 2013

The Employee is P&S from all conditions and the injury has caused permanent partial disability

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Claims Administrator: ____________________________
Claims Representative: ____________________________

Employer Name: ____________________________
Employer Street Address: ____________________________

Employer City: ____________________________
State: ____________________________
Zip Code: ____________________________
Claim No.: ____________________________

The Employee can return to regular work
The Employee can work with restrictions: 1-2 hours 2-4 hours 4-6 hours 6-8 hours None

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Lift/Carry Restrictions: May not lift/carry at a height of ______ more than ______ lbs. for more than ______ hours per day.

Other Restrictions

If a Job Description has been provided, please complete. Job Description provided of: ☐ Regular ☐ Modified ☐ Alternative Work

Job Title: ____________________________
Work Location: ____________________________

Are the Work Duties compatible with the activity restrictions set forth in the provided job description? ☐ Yes ☐ No, explain below

Physician’s Name: ____________________________
Role of Doctor (PTP, QME, AME): ____________________________

Physician’s Signature: ____________________________
Date: ____________________________

DWC AD Form 10133.36 (Effective 1/13)
E. Occupational Variant

Completion of Physician’s Return-to-Work & Voucher Report (DWC-AD Form 10133.36) is critical to selecting occupational variant.

Job description should be reviewed to obtain substantial evidence as to the usual & customary aspects of IW’s occupation.
E. Occupational Variant

• *Alicia v. WCAB* (2008) 73 CCC 670 - Case involved selection of occupational group - sheet metal worker #380 v. ironworker #482.

• *Dalen v. WCAB*, (1972) 37 CCC 393 - Case involved whether IW was determined to be “house wrecker.” Cited in Almaraz.

F. Avoid Ex Parte Communication

8 CCR 35 – Ex Parte Communications

Reg 35 (b)(1) Except as expressly provided in LC section 4062.3 (f) concerning communications with an AME, all communications by the parties with the evaluator shall be in writing and sent simultaneously to the opposing party when sent to the AME…
F. Avoid Ex Parte Communication

8 CCR 35 – Ex Parte Communications

(b)(2) Represented parties who have selected an AME or and Agreed QME shall, as part of their agreement, agree on what information is to be provided to the AME or Agreed QME.

What if IW brings medical records to the exam?

Return the records to the IW to transfer to his attorney and disclose in the report that this occurred.
F. Avoid Ex Parte Communication

8 CCR 35 – Ex Parte Communications

Traperro v. WCAB, (2013) 78 CCC 183

“Here, in springing the VR report on defense counsel when the AME was about to be deposed, AA denied DA the opportunity to determine if this new “information” was something that he would agree to provide the AME.” If the “information” is not agreed to, the AME is not agreed to either.

Report was deemed admissible, but the depo was not. The matter was returned to the trial level to allow parties to agree to a new AME or obtain new QMEs in orthopedics.
F. Avoid Ex Parte Communication

Quiz re communications w/ Panel QMEs:

If you are the Panel QME and the defense atty calls to change the date of your deposition, you should:

(a) hang up the phone without saying a word,
(b) have a long discussion with her about your opinion of the case; or
(c) restrict your conversation the procedural issue of setting the date of deposition.

F. Avoid Ex Parte Communication

Quiz re communications w/ AMEs:

If you are the AME and the applicant atty calls to change the date of her deposition, you should:
(a) hang up the phone without saying a word,
(b) have a long discussion with him about your opinion of the case; or
(c) restrict your conversation the procedural issue of setting the date of deposition.
F. Avoid Ex Parte Communication

LC 4062.3(f) Change per SB863: (8 CCR 35(b)(1)):

“Oral or written communications with physician staff or, as applicable, with the AME, relative to nonsubstantial matters such as the scheduling of appointments, missed appointments, the furnishing of records and reports, and the availability of the report, do not constitute ex parte communication in violation of this section unless the appeals board has made a specific finding of an impermissible ex parte communication.”

(Emphasis added.)
“Agreed Panel QME” per 8 CCR § 1(c) means:
The QME selected by BOTH the IW & the D from the QME panel list.

Agreed Panel QME is NOT an AME BUT an Agreed Panel QME shall be entitled to be paid at the same rate as an AME per Reg 9795 for medical/legal evaluation procedures and medical testimony.
F. Avoid Ex Parte Communication

Quiz re communications w/ “regular physicians” appointed by a WCJ per LC 5701:

If you are a “regular physician” and the defense attorney calls to change the date of your deposition, you should:

(a) hang up the phone without saying a word,
(b) have a long discussion with her about your opinion of the case; or
(c) restrict your conversation the procedural issue of setting the date of deposition.

(See AD Rule 10718, and State Farm v. WCAB (Pearson) (2011) 76 Cal. Comp. Cases 69 (2nd DCA)}