

### What we do with the findings:

The committee's review is included in an annual report to the Executive Medical Director and the Administrative Director in accordance with Labor Code section 139.2.

- In 2021 reviewed 101 reports with an average rating of 6.2.
- Nov 2020 – Nov 2021: DWC identified 81 reports that were rejected by WCAB.
- Reviewed timeliness of reports (through replacement panel process and through random selection of reports received).

### **Issues:**

#### History:

- Relies on records not on interview of injured worker.
- Not clear on work history and periods of disability.
- Mechanism of injury not clearly stated.
- No medical records received so deferred all findings until receipt of medical records.
- History of injury was weaved into review of records – needs separate sections.
- If no records are received then physician should state that.
- Limited knowledge of treatment and whether the treatment received was helpful.
- Record summary was brief, would have liked more detail

#### Examination:

- ROM Rating not included – states normal.
- ROM Unclear
- Grip strength and motor strength not done correctly.
- Does not state: if did warm up exercises, how many measurements were done, how the measurements were done.

- Diagnosis is not consistent with exam/history: (6 body parts diagnosed which appears excessive for type of injury – no explanation as to why).
- Diagnosis not provided.
- Diagnosis is not explained.

### Causation

- Causation is not clearly stated
- Combined with apportionment.
- When more than one date of injury the report is not clear on MMI status for the DOI and resulting disability for each DOI.
- *Rolda* analysis – lacking detail that could help the parties. Provides percentages that are not unreasonable but additional detail would be beneficial.
  - Did not completely address work related stressors and the specific percentage of those contributed to causation of injury.
- Physician does not mention the specific body parts in the causation section nor the job duties in order to connect the injury to the job.

### Disability Status:

- Not consistent with findings (requested MRI but found IW MMI – what if the MRI shows severe stenosis)
- Apportionment and Causation were intertwined
- Did not provide work restrictions.
- Did not even mention TD periods.
- Apportionment: Did not explain why there was no apportionment to degenerative changes.
- Not MMI – but report felt purposely incomplete.
  - Be clear on disability period – if not MMI then why not TD?
  - If not MMI then provide projected rating.
  - If not MMI providing work restrictions would be helpful.
  - MMI status was delayed until additional trials of treatment; however, given treatment history and time of TD finding IW MMI

would appear reasonable. Poor analysis on impairment determination.

#### Rating:

- AMA Rating: Not substantial evidence. No basis for the rating or rationale as to rating.
- Almaraz Guzman: Not used.
- Finding not consistent with the record – no disability but treatment records and ROM findings is not consistent with no disability.
- No Impairment Rating but gave an apportionment determination.
- No citation to the Guides – almost like they picked the rating out of thin air.

#### Rationale/Discussion of Findings:

- Missing how and why.
- Apportionment is conclusionary – physician should point to the medical entries and diagnostics that support the apportionment determination not simply stated 25% to pre-existing degenerative changes.
- Physicians conclusions were reasonable but no connecting of the dots (no rationale or explanation)
- Did not address all alleged injuries from the cover letters.
- Deferred EVERYTHING
- Rambling
- Don't explain why the person has a problem with a particular activity – why is the ADL reduced – Causation?
- Multiple dates of injury are not always properly addressed; takes a history of two dates of injury then by the end of the report only discussing one date of injury but never resolved the other date.

#### Bias:

- Obesity
- Age (30 years old - degenerative changes that were not consistent with age)

## Report:

- Would benefit from having clear sections (Headings)
- Instead of referring back to prior reports, the QME should include the findings in this report.
- Did not address all body parts requested in cover letter – state why not addressing if appropriate.
- Excessive record review.
  - Record review in an organized and chronological listing would be helpful.
- Template format – seems like a long report that could be much shorter.
  - Form language (credibility of physician, discussion of what is an injury and a CT) this language makes the report unnecessarily long and difficult to find the relevant information.
- Supplemental Reports were required because the physician was not clear and made confusing statements.
- Grammatical Errors (page numbers off)
- Only addressed issues presented – did not go through CCR 10682 issues which makes the report incomplete.
- In consistencies – subjective complaints and ADLS.
- Research section appeared excessive.
- Did not discuss cover letters and provides a history but reader not told what records were reviewed – no list.
- Does not state location of examination (LC4628 violation)

**No statement under regulation 40**

**2021 QME Complaints Received**  
(total 329)

<b>Complaint</b>	<b>Number</b>
EE Not Treated Professionally/Rude Treatment	42
Did not like Report/QME Bias	31
Ghostwriting	1
Financial Conflict	1
Billing Issues	17
Late Report	16
Did not follow Evaluation Guidelines	4
Unratable Report Referred by DEU	5
Discrimination	6
Other Violations	77
Appt Notification Form 110 Violation	4
Waiting Time Violation	5
Unnecessary Exam or Procedure	2
Ex-Parte Communication	3
Face-to-Face time Infraction	18
Alleged Physician Hard, False Imprisonment	6
Untrue Statements in Report	28
Sexual Misconduct	7
Location Switch	5
Criminal Acts (Forgery, Larceny, Fraud)	7
Solicitation, Treatment, Referral For Treatment	5
Late Supplemental Report	20
Violation of Ethical Requirements	3
Lic Bd Citation/Enforcement Agreement/Stipulation	4
QME Failed to notify DWC of unavailability	2
Fail to Display QME certificate	2
Refuse to evaluate	8

## Status of Regulations:

Website: [State of California Division of Workers' Compensation forums](#)

Education and other process regulations: Public Hearing coming.

## Emergency Regulations:

- 36.7 Electronic Service – Permanent Regulation.
- Emergency Regulation 46.3 Remote Health, Office Flexibility with initial evaluation, timeframe for scheduling evaluations 60/90 days to 90/120 days. Expires July 17, 2022 (extension?)
  - Permanent? Currently under review at DIR – there will be a public hearing.
    - Why are we considering to make these permanent:
      - Favorable feedback from community
      - Reduce delays in WC claims: Reduction in panel replacements:
        - 2019: 100,431
        - 2021: 57,986
- No time frame extensions on issuing a report (expired on January 10, 2022 and we will not see that with any pending packages).

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