QME Report Quality Checklist

Report Name: Example: AAA

Please complete this checklist for every medical-legal report received. Please return the checklist to the DWC at QMEquality@dir.ca.gov.

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| **Included** | **Yes** | **No** | **Comment** |
| Was history of injury taken |   |   |   |
| Were the disclosure requirements met per Regulation § 40  |   |   |   |
| Does it contain a history of injury as described in medical records |   |   |   |
| Does it contain a history of injury as described by injured worker |   |   |   |
| Does it set forth the medical history (including injuries and conditions and residuals thereof) |   |   |   |
| Does it state the job duties and occupational history |  |  |  |
| Does it summarize all medical records reviewed per Regulation § 41(c)(2) |   |   |   |
| Does it appropriately describe the examination |   |   |   |
| Was the diagnostic testing appropriate |   |   |   |
| Did physician provide a diagnosis |   |   |   |
| Does the diagnosis appear consistent with examination and medical history |   |   |   |
| Were periods of temporary disability addressed |   |   |   |
| Does it contain a statement about causation of injury |   |   | Mechanism of injury is consistent with injury |
| Did the physician comment on future medical treatment |   |   |   |
| Was there a finding of MMI |   |   |   |
| If no finding of MMI, does this finding appear reasonable |   |   |   |
| Was there a finding of permanent disability |   |   |   |
| Does the report appear ratable under the AMA Guides |   |   | If not, what are the problems with the disability finding.  |
| Did the report provide an alternative rating under Almaraz Guzman Analysis? |   |   |   |
| Is causation of disability addressed (apportionment determination per LC §§ 4663 & 4664) |   |   |   |
| Did the physician address ADLs |   |   |   |
| Did the physician address work restrictions |   |   |   |
| Did the physician provide a "Physician's Return to Work Report"  |   |   |   |
| Did physician appropriately describe how and why they came to their determination |   |   |   |
| Did physician use medical research |   |   |   |
| Did the physician do other research |   |   | Why |
| Was the research reasonable |   |   |   |
| Did anyone help the physician with the examination (other than an interpreter) |   |   |   |
| Did anyone help in the preparation of the medical-legal report |   |   |   |
| Was there any sign of bias in the report |   |   | Explain - what type of bias |
| Were Cover Letters from parties received prior to evaluation?  |   |   |   |
| Were all questions in Cover Letter(s) answered in the report per CCR 35.5 |   |   |   |
| Overall rating of Report 1-10 (1 being very poor report - not substantial medical evidence, and 10 being report is substantial medical evidence, well-reasoned and should be used as an example in training QMEs) |   |   |   |

Additional feedback:

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