

QME FALL ZOOMINAR SERIES

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UPCOMING SESSIONS



- 11/03/21 - **PROFIT LEAKS IN THE QME EVALUATION - NO CE CREDITS!!**
- 11/10/21 - TRUTH AND LIES IN THE FACE TO FACE EVALUATION
- 11/17/21 - HEADS AND TAILS ON PERMANENT IMPAIRMENT RATINGS
- 12/01/21 - THE “ANYTHING GOES” RULES OF APPORTIONMENT
- 12/08/21 - STATS/TRENDS/AND DISTURBING FACTS IN CA. WORK COMP
- 12/15/21 - YOUR FINAL REPORT IS TERRIBLE AND YOU SHOULD NOT SIGN IT
- **SPRING ZOOMINAR SERIES -**
 - 3 REPORTS REVIEWED
 - THE PULITZER PRIZE “DISCUSSION” SECTION
 - **QME EFFICIENCY SYSTEMS - NO CE CREDITS!!**
 - THE HOLY GRAIL OF SUBSTANTIAL MEDICAL EVIDENCE
 - **1X PER MONTH QME PRACTICE BUILDING SERIES -**

QME UPDATE 2021 - YOUR SECRETS TO SUCCESS

The QME's Clinical Rounds - Efficiency Procedures in the Face to Face Evaluation

- The New MLFS (CCR 9795) - April 01, 2021
- Efficiency in the Face to Face Evaluation
 - Establish the Scope of the Evaluation
 - **Review the Questions - CCR 35.5*****
 - Examine for the Impairments
 - Determine “What’s Objective”

QME UPDATE 2021 - YOUR SECRETS TO SUCCESS

- The History of the New MLFS (CCR 9795) - April 01, 2021
- QME Numbers are Dropping
- Reasons - **State Auditor's Report - p. 15**
- Low Reimbursement Rates for QMEs
- $\$250 \times 1.3$ (30% increase) = $\$325.00$ per hour

| Code | Procedure | Time Allocation |
|---------|---|------------------------------|
| ML 201 | Basic ML Exam (up to 200 pages) | \$2015/6 Hours = \$335.00 |
| ML 202 | Re-Evaluation (up to 200 pages) | \$1316.25/\$325 = 4.05 hours |
| ML 203 | Supplemental Report (up to 50 pages) | \$650/\$325 = 2.0 hours |
| ML 204* | Deposition*** | \$455/hour |
| ML 205* | Sub Rosa Videotaping | \$325/hour |

QME UPDATE 2021 - YOUR SECRETS TO SUCCESS

- What does the Fee Pay For:
- Admin: All Costs
- Doctor: All Costs
- 35% Missed Appointment Rate

QME UPDATE 2021 - YOUR SECRETS TO SUCCESS

The QME's Clinical Rounds - Efficiency Procedures in the Face to Face Evaluation

- Establish the Scope of the Evaluation - LC 4060/LC4061/LC4062
- **QME Forms 105/106*****
- Disputes Differ:
 - **LC 4060** - Compensability (AOE/COE - Industrial Causation)
 - **LC 4061** - Existence or extent of permanent impairment and limitations or the need for future medical care
 - **LC 4062** - Either party objects to a medical determination made by the treating physician concerning any medical issues not covered by Section 4060 or 4061 and not subject to Section 4610

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LC 4060 - Compensability (AOE/COE - Industrial Causation)

- What's Required?
 - History - links medical condition to the work place duties
 - Exam - identify a bona fide, symptomatic, diagnosable condition
 - Can possibly be done by telehealth - depending upon exam....

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LC 4061 - Permanent Disability Dispute/Need for Future Medical Care

- What's Required?
 - History:
 - Causation (AOE/COE) already established
 - Permanent Impairment:
 - Symptoms
 - **ADL's** (Helps to Determine Permanent Impairment)
 - Apportionment:
 - Relevant Medical History (Apportionment)
 - Mechanism of Injury
 - Exam:
 - Permanent Impairments:
 - **Concept: Know the Impairments and Examine for Them**

QME UPDATE 2021 - YOUR SECRETS TO SUCCESS

Examine for the Impairments:

- AMA Guides Chapters
- **Example** Chapter 16 - The Shoulder
 - Impairments:
 - Loss of ROM
 - Loss of Strength
 - **Instability**
 - Resection of the Distal Clavicle
- **Example** Chapter 17 - The Lower Extremities
 - 18 Different Impairments

Table 17-1 Methods Used to Evaluate Impairments of the Lower Extremities

| Assessment Type | Method | Section Number |
|----------------------|--|----------------|
| Anatomic (1-9) | 1. Limb length discrepancy | 17.2b |
| | 2. Muscle atrophy | 17.2d |
| | 3. Ankylosis | 17.2g |
| | 4. Amputation | 17.2i |
| | 5. Arthritis of joints | 17.2h |
| | 6. Skin loss | 17.2k |
| | 7. Peripheral nerve injury | 17.2l |
| | 8. Vascular | 17.2n |
| | 9. Causalgia/reflex sympathetic dystrophy (CRPS) | 17.2m |
| Functional (10-12) | 10. Range of motion | 17.2f |
| | 11. Gait derangement | 17.2c |
| | 12. Muscle strength (manual muscle testing) | 17.2e |
| Diagnosis based (13) | Fractures | 17.2j |
| | Ligament injuries | 17.2j |
| | Meniscectomies | 17.2j |
| | Foot deformities | 17.2j |
| | Hip and pelvic bursitis | 17.2j |
| | Lower extremity joint replacements | 17.2j |

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LC 4062 - Any Other Issue in Dispute: Temporary Disability/**P&S** Status/Work Restrictions/Ability to Return to Work/Appportionment/Diagnosis/Causation

| Issue | P&S | Not P&S |
|------------------------------|--------------------------------|--------------|
| Temporary Disability | Yes | Yes |
| Work Restrictions | Yes | Yes |
| Ability to Return to Work | Yes | Yes |
| Appportionment!! | Yes - if Impairment /No | No - not yet |
| Diagnosis - Rare | Yes | Yes |
| Causation - Other Body Parts | Yes | Yes |

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LC 4062 -

- History:
 - Not P&S: Causation for add'l body parts/work status
 - P&S: Impairment/ADL's/Appportionment Facts (Mechanism of Injury/Relevant Medical History/Response to Appropriate Medical Treatment)
- Exam:
 - Not P&S: Establish presence/absence of "condition"
 - P&S: Examine for the Impairments

QME UPDATE 2021 - YOUR SECRETS TO SUCCESS

The QME's Clinical Rounds - Efficiency Procedures in the Face to Face Evaluation

- Determine What's Objective:
- AMA Guides: p. 2 - "...the Guides emphasize objective assessment"
- Key Question "What's Objective Here?"

QME UPDATE 2021 - YOUR SECRETS TO SUCCESS

The QME's Clinical Rounds - Efficiency Procedures in the Face to Face Evaluation

- Pathognomonic Signs for Each Diagnosis/Impairment/ADL Deficits:
 - Non P&S Diagnosis: Carpal Tunnel Syndrome - Flick Sign
 - P&S Impairment: Radiculopathy vs. Non-Verifiable Radiculopathy
 - ADL Deficit: Each ADL limitation should be accompanied by objective findings

QME EFFICIENCY PROCEDURES IN THE FACE TO FACE EVALUATION



- Efficiency Step #1: Establish the Scope of the Evaluation
- Efficiency Step #2: Examine for the Impairments
- Efficiency Step #3: Determine What's Objective
- Efficiency Step #4: Review the Questions
- Get in, Get Out, Git “Er Done!