

State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT
REQUEST FOR QME PANEL UNDER LABOR CODE § 4062.2
REPRESENTED
(Please print or type)

Request date (Required): 03/26/2010 Date of Injury (Required): 06/19/2009 Specialty Requested (3 letter code required): MOS Claim Number (Required): VE0700184

Specialty of treating physician: Orthopaedic Surgeon Opposing party's specialty preference: Unknown Requesting party (Check one box only)
☐ Applicant's Attorney (or injured employee)
☒ Defense Attorney / Claims Administrator

Reason QME panel is being requested (Read attachment, 'How to Request a QME') (Check one box only):

- ☐ § 4060 (compensability exam)
☐ § 4061 (permanent impairment or disability dispute)
☐ § 4062 Injured employee only (medical treatment determination, UR dispute or other 4062 reason)
☐ § 4062 Claims administrator only (non treatment medical determination or non-UR reason under 4062)
☒ §§ 4061 and 4062 dispute (medical treatment and permanent impairment or disability dispute) (Labor Code Section 4060)

If the claims administrator is requesting a 4062 panel explain the reason for the request below:
including but not limited to permanent disability, apportionment, future medical treatment

You must attach a copy of your written proposal identifying a disputed issue and naming one or more physicians to be an AME.

Answer each question below:

Has this claim been denied? ☒ Yes ☐ No Has any body part in this claim been accepted? ☒ Yes ☐ No

If yes, indicate the date of the denial 11/5/2009

Does dispute involve an MPN : ☐ Continuity or Transfer of Care ☐ Permanent Disability, Future Medical, UR decision ☐ Diagnosis/Treatment ?

Employee Information

First Name: TIFFANY Middle Initial: Last Name: ANDERSON

Street Address : 1416 IRIS DRIVE APT 7

City: LODI State: CA Zip Code: 95242 Daytime Phone No: (209) 333-1037

If currently living outside of state, enter the California city and zip code on date of injury:

If never resided in state, enter the California city and zip code for evaluation:

Employee's Attorney

RONALD STEIN 4813094
First Name Last Name Firm Number

RONALD STEIN STOCKTON
Law Firm Name

4521 QUAIL LAKES DRIVE
Address/PO Box (Please leave blank spaces between numbers, names or words)

STOCKTON CA 95207 +1 (209) 957-9744
City State Zip Code Phone No

Claim Number: VE0700184

Employer and Claims Administrator Information

Employer: SAN JOAQUIN COUNTY MOSQUITO VECTOR CONTROL DISTRICT

Claims Administrator Name: AIMS INSURANCE

Adjustor name: MS MACKENZIE DAWSON

Street Address or P.O. Box: PO BOX 269120

City: SACRAMENTO State: CA Zip Code: 95826 Phone Number: +1 (916) 563-1900

Defendant's Attorney

ERIC HELPHREY 5185268
First Name Last Name Firm Number

STOCKWELL HARRIS SACRAMENTO
Law Firm Name

1545 RIVER PARK DRIVE SUITE 330
Address/PO Box (Please leave blank spaces between numbers, names or words)

SACRAMENTO CA 95815 +1 (916) 924-1862
City State Zip Code Phone Number

Prior QME Panel Information (Answer all that apply)

Has the employee ever received a QME panel before? ☒ Yes ☐ No ☐ Unknown

If yes, did the employee ever see any QME from that panel? ☐ Yes ☒ No ☐ Unknown

If yes, has that claim been settled or resolved? ☐ Yes ☒ No ☐ Unknown

If yes, name of QME seen: _____ Specialty: _____

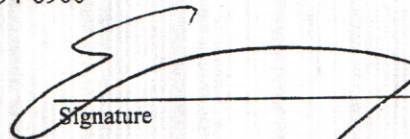
Date of Injury: 6/19/2008 Body parts: _____ Date of Exam: _____

Panel Number (If known): 948757 Is that QME available now: ☐ Yes ☐ No ☒ Unknown

The completed form must be mailed to:
Division of Workers' Compensation-Medical Unit
P.O. Box 71010, Oakland, Ca 94612
(510) 286-3700 or (800) 794-6900

Date: 03/26/2010

Print Name of Requestor: ERIC G. HELPHREY


Signature

Note: The party submitting this form must attach a copy of the written proposal identifying a disputed issue and naming one or more physicians to be a AME.

1 **Anderson, Tiffany (300141-040)**

2 **PROOF OF SERVICE**

3 STATE OF CALIFORNIA

4 COUNTY OF SACRAMENTO

5 I am in the County of Sacramento, State of California. I am over the age of 18 years
6 and not a party to the within action. My business address is 1545 River Park Drive, Suite 330,
7 Sacramento, California 95815-4616.

8 I served the foregoing document described as: **Request for QME Panel Under Labor**
9 **Code §4062.2 and Letter to Applicant's Attorney Offering Agreed Medical Examiner**
10 **dated March 16, 2010** on all interested parties in this action by placing a true copy thereof
11 enclosed in a sealed envelope with postage thereon fully prepaid in the United States mailed at
12 Sacramento, California, addressed as follows:

13 Industrial Medical Council
14 Attn: DWC - Medical Unit
15 Post Office Box 71010
16 Oakland, CA 94612

17 Ms. Mackenzie Dawson
18 AIMS Insurance
19 Post Office Box 269120
20 Sacramento, California 95826-9120

21 Mr. John Stroh
22 San Joaquin County Mosquito & Vector Control District
23 7759 S. Airport Way
24 Stockton, CA 95206

25 Mr. Ronald M. Stein
26 Ronald M. Stein Law Offices
27 4521 Quail Lakes Drive
28 Stockton, CA 95207

I certify, under penalty of perjury, that the foregoing is true and correct.

Executed on March 26, 2010, at Sacramento, California.

By: Kathi Stokes
Kathi Stokes