



**You may lose important rights if you do not take certain actions within 10 days.
Read this letter and any enclosed fact sheets very carefully.**

11-5-09

Tiffany Anderson

1516 Sylvan Way #205
Lodi, CA 95242

Employer: San Joaquin Mosquito
and Vector Control District
Date of Injury: 3-26-09
Claim No: VE090000018

**NOTICE REGARDING
DENIAL OF WORKERS COMPENSATION BENEFIT**

Dear Ms. Anderson:

Acclamation Insurance Management Services, (AIMS) is handling your workers' compensation claim on behalf of San Joaquin Mosquito and Vector Control District. This notice is to advise you of the status of disability benefits for your workers' compensation injury on the date shown above.

After careful consideration of all available information, we are denying liability for your claim of injury. Workers' compensation benefits are being denied based on lack of medical and legal documentation to support an industrial injury. All reasonable treatment relating to your right knee will continue to be addressed under your previously admitted claim with date of injury 6-19-08. Enclosed for your review with this notice is an informative fact sheet addressing questions about qualified medical evaluators and agreed medical evaluators (QME/AME).

For claims reported on or after April 19, 2004 regardless of the date of injury, if you submitted a claim form to your employer or claims administrator, Labor Code section 5402(c) provides that within one working day after you file the claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating until the claim administrator accepts or denies liability for the claim. Until the date the claim is accepted or rejected, liability for medical treatment under this Labor Code section shall be limited to a maximum of ten thousand dollars (\$10,000.00).

Unless you have already done so, please send me all medical treatment bills for consideration of payment.

P.O. Box 269120
Sacramento, CA 95826
916/563-1900
Fax: 916/563-1919
www.aims4claims.com
CAL. LIC. 2G17034



The State of California requires that you be given the following information:

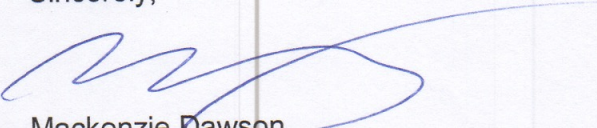
You have a right to disagree with decisions affecting your claim. If you have any questions regarding the information provided to you in this notice, please call **(Mackenzie Dawson at 916-563-1900 X 242)**. However, if you are represented by an attorney, you should call your attorney, not the claims adjuster. If you want further information on your rights to benefits or disagree with our decision, you may contact your local Information and Assistance Officer of the Division of Workers' Compensation by calling (209-948-7650).

For recorded information and a list of offices, call (800) 736-7401. You may also visit the DWC website at: http://www.dir.ca.gov/DWC/dwc_home_page.htm.

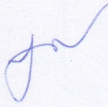
You also have a right to consult an attorney of your choice. Should you decide to be represented by an attorney, you may or may not receive a larger award, but, unless you are determined to be ineligible for an award, the attorney's fee will be deducted from any award you might receive for disability benefits. The decision to be represented by an attorney is yours to make, but it is voluntary and may not be necessary for you to receive your benefits.

To resolve a dispute, you may apply to the Workers' Compensation Appeals Board.

Sincerely,



Mackenzie Dawson
Claims Examiner



Cc: Ronald Stein, Esq
4521 Quail Lakes Dr
Stockton, CA 95807

Eric Hephrey, Esq
1545 River Park Dr, Ste 330
Sacramento, CA 95815

Encl: **As required by specific regulations.**

- DWC fact sheet E – QME/AME (rev 12/05)
- QME Form 106 (rev 2/09)
- Attachment to QME Form 106 (rev2/09)

Division of Workers' Compensation fact sheet E

Answers to your questions about qualified medical evaluators and agreed medical evaluators

This fact sheet will help you understand your rights and responsibilities when requesting a qualified medical evaluator (QME) or agreed medical evaluator (AME) exam. QMEs are independent physicians certified by the state Division of Workers' Compensation (DWC) Medical Unit to do medical evaluations. QMEs and AMEs examine injured workers to determine the benefits they will receive.

Q: Do I need to fill out the claim form (DWC 1) my employer gave me?

A: Yes, if you want to make sure you qualify for all benefits. Your employer must give you a DWC 1 claim form within one day of knowing you were injured. Filling out the claim form opens your workers' comp case. State law also lays out benefits beyond the basics you may qualify for once you file the claim form with your employer. Those benefits include, but are not limited to:

- o A presumption that your injury or illness was caused by work if your claim is not accepted or denied within 90 days of giving the completed claim form to your employer
- o Up to \$10,000 in treatment under medical treatment guidelines while the claims administrator considers your claim
- o An increase in your disability payments if they're late
- o A way to resolve any disagreements that might come up between you and the claims administrator over whether your injury or illness happened on the job, the medical treatment you receive and whether you will receive permanent disability benefits.

If you do not file the claim form within a year of your injury you may not be able get benefits.

Q: What if my employer didn't give me the DWC 1 claim form?

A: Ask your employer for the form or call the claims administrator to get it. The claims administrator is the person or entity handling your employer's claims. The name, address and phone number of this person should be posted at your workplace in the same area where other workplace information, like the minimum wage, is posted. You can also get the form from the DWC Web site at www.dir.ca.gov/dwc/. Click on "forms."

Q: I've been to the doctor. Why do I need to see a QME?

A: You and/or the claims administrator might disagree with what the doctor says. There could be other disagreements over medical issues in your claim. A doctor has to address those disagreements. You might disagree over:

- Whether or not your injury was caused by your work
- Whether or not you need treatment for your injury
- What type of treatment is appropriate
- Whether or not you need to stay home from work to recover
- A permanent disability rating

Q: What qualifications do QMEs have?

A: The DWC Medical Unit certifies QMEs in different medical specialties. A QME must be a physician licensed to practice in California. QMEs can be medical doctors, doctors of osteopathy, chiropractors, psychologists or acupuncturists.

Q: Who makes the decision about going to a QME?

A: Either you or your attorney (if you have one) or the claims administrator can request a QME exam. You might request a QME exam if:

1. **Your claim is delayed or denied and you need a medical exam to find out if the claim is payable**
2. **You need to find out if you are permanently disabled in some way or if you'll need future medical treatment**
3. **You disagree with what your doctor says about your medical condition**
4. **If you disagree with the results of utilization review.**

The DWC Medical Unit will provide whoever makes the request with a list (called a panel) of three QMEs. One physician from the list is chosen to examine you and make a report on your condition. Each QME panel is randomly generated and the physicians listed are specialists of the type requested. Once a QME is chosen for your claim, all medical disputes must go to that QME.

Q: What's the difference between a QME and an AME?

A: If you have an attorney, your attorney and the claims administrator may agree on a doctor without going through the state system used to pick a QME. The doctor your attorney and the claims administrator agree on is called an agreed medical evaluator (AME). A QME is picked from a list of state-certified doctors issued by the DWC Medical Unit. QME lists are generated randomly.

Q: How do I request a QME exam?

A: Complete the "Request for Qualified Medical Evaluator" form and submit it to the DWC Medical Unit. See Information & Assistance (I&A) guide 2 for help with this form.

NOTE: If your employer says there's a problem with your claim and sends you a "Request for Qualified Medical Evaluator" form, you have 10 days from when you get the form to complete and submit the form to the DWC Medical Unit. If you do not submit the form within 10 days, the claims administrator will do it for you and will get to choose the kind of doctor you'll see.

Q: What difference does it make who submits the form to request the QME?

A: Whoever submits the request form picks the specialty of the doctor that does the exam. The DWC Medical Unit will issue a panel of three doctors in that specialty. The doctors are selected randomly and will be as close as possible to your home address. See I&A guide 2 for more information. When you receive the panel, you will also receive a letter that explains how to set up the QME appointment and how to provide the QME with important information about yourself.

Q: Is there anything I can do if I disagree with what the QME says?

A: Yes, but you have a limited amount of time to decide if you agree with the QME's report or if you need more information. When you receive the report, read it right away and decide if you think it is accurate. If not, and you have an attorney, you should talk to him or her about your options.

If you don't have an attorney, first call the claims administrator. If that doesn't help, contact an I&A officer at your local Workers' Compensation Appeals Board office. The I&A officer can help you figure out what's best in your case. See below for contact information.

If you are in a union, you may be able to see an ombudsperson or mediator under the terms of your collective bargaining agreement or labor-management agreement.

Q: I'm in a medical provider network (MPN). Does this process apply to me?

A: There are two tracks for resolving a medical dispute if you're in an MPN, depending on the situation. If your MPN doctor requests treatment that you agree with and that treatment gets denied under utilization review (UR), you have the right to be evaluated by a QME. The claims administrator must advise you of this right. However, if you disagree with your MPN doctor about your diagnosis or treatment, you do NOT go to a QME – you have other options. First, you can change to another physician on the MPN list. You can also ask for a 2nd and 3rd opinion from a different MPN doctor. If you still disagree, you can have an independent medical review (IMR) to resolve the dispute. See the information on your MPN provided by your employer.

Q: I still have questions. Who do I contact?

A: If you have questions about requesting a QME panel, contact the DWC Medical Unit. Reach them by phone at 1-800-794-6900 or by writing to:
Division of Workers' Compensation Medical Unit
P O Box 71010
Oakland CA 94612

If you need an Information & Assistance (I&A) guide or other help, call an I&A office or attend a workshop for injured workers. The local I&A phone numbers are attached to this fact sheet. You can also get information on local workshops and download the guides from the Web at www.dir.ca.gov/dwc/.

The information contained in this fact sheet is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those presented here.

HOW TO REQUEST A QUALIFIED MEDICAL EVALUATOR
IN A REPRESENTED CASE
(Attachment to Form 106)

Use QME Form 106 only in cases in which the injured employee is represented by an attorney. To request a panel of three QMEs in a represented case, the parties first must have attempted to agree on an Agreed Medical Evaluator to resolve a disputed issue as provided by Labor Code Section 4062.2. Once ten (10) days have passed from the date of the first written proposal to use an AME that names one or more physicians, either party may request a panel on QME Form 106. Complete form 106, specify the specialty requested, attach a copy of the first written AME proposal, and send your request by first class U.S. mail to the DWC – Medical Unit address on the bottom of the form. You must serve a copy of your panel request on the other party. If the panel request form is not fully completed, it will be returned.

Completing the form:

“Request Date”: Write the date you sign this form.

“Requesting Party”: Check the box that describes the person or party with the legal right to request a panel who is signing the form at the bottom.

Answer the questions, about whether any part of the claim has been accepted, whether the claim has been denied; and about attaching a copy of the earliest written AME offer that identifies a disputed issue and names one or more physicians to be the AME.

Selecting the reason for requesting a QME panel:

Select “§ 4060 (compensability exam)” if the claims administrator advises within ninety (90) days of receipt of the claim form that a QME report is needed to determine whether to accept the claim; or if there is a dispute over the treating physician’s opinion that the claimed injury was not caused by work. If the claims administrator has accepted any part of the claim, such as accepting one body part or injury, select a different reason (Lab. Code § 4060(a).) If the ninety (90) day period has passed since the claim form was received, a request from a claims administrator or employer for a QME panel for this reason will not be filled until the conditions in section 30(d)(4) of Title 8 of the California Code of Regulations have been satisfied.

Select “§ 4061 (permanent impairment or disability dispute)” if there is a dispute about temporary or permanent impairment or disability, or you disagree over the amount or percentage of permanent impairment or permanent disability.

Select “§ 4062 (injured employee only - medical treatment or UR dispute or other 4062 reason)” if treatment has been denied, delayed or modified by a utilization review physician or the claims administrator; or if there is a dispute over the amount or frequency or type of treatment that the injured employee needs now or will need in the future. Select this reason also if the dispute is about ‘permanent and stationary’ status. The claims administrator may not select this after treatment has been denied, delayed or modified in utilization review.

Select “§ 4062 (claims administrator only – other non-treatment, non-UR reason under § 4062)” whenever the claims administrator, or if none the employer, objects to some other medical determination or issue under Labor Code § 4062. The requesting claims administrator must state the reason on the line provided. Examples may include medical determinations on new and further disability, medical eligibility for vocational rehabilitation, the permanent and stationary date, MPN continuity of care or transfer of care, that a new body part needing treatment is causally connected to the claimed injury.

If the injured employee is covered for medical treatment by an MPN and the parties disagree over the MPN physician's diagnosis or treatment, you do not need a QME. The parties must follow the MPN second opinion process set out in Labor Code section 4614.3 and section 9767.7 of Title 8 of the California Code of Regulations.

Select "**§§ 4061 and 4062**" if currently there are disputes about both permanent disability and medical determinations.

Selecting the medical specialty:

Enter the 3 letter code from the reverse side of QME Form 106 for the medical specialty requested. If known, also state the medical specialty of the treating physician and the specialty preferred by the opposing party. If you are requesting a specialty that is different than the medical specialty of the primary treating physician, it is strongly recommended that you submit additional, relevant medical documentation in support of the requested specialty and an explanation of the reasons you believe the specialty being selected is more appropriate for review by the Medical Director of DWC. Such additional medical documentation may include, but is not limited to, copies of the most recent primary treating physician's progress report (DWC Form PR-2), the Doctor's First Report of Occupational Injury or Illness (Form DLSR 5021), a consulting physician's report, etc. . It is not necessary to send copies of all medical records in the case. (See sections 31.1 and 31.5 of Title 8 of the California Code of Regulations.)

The DWC-MU uses a random selection program to assign three QMEs to the panel. If there are too few QMEs of the specialty requested in the geographic area of the injured worker's residence, the system will pick QMEs from other geographic areas and the employer is responsible for paying for necessary travel costs incurred. The non-requesting party will receive a copy of the panel letter when it is issued. If the Medical Unit does not issue a panel within thirty (30) calendar days of receiving the request in a represented case, either party may seek an order from a Workers' Compensation Administrative Law Judge to obtain a QME panel.

The AME or QME selection process in represented cases:

Upon receipt of the QME panel list, the parties in a represented case are required to confer and attempt to agree on an Agreed Panel QME from the panel list provided. (See, Labor Code section 4062.2(c).) If the parties have not agreed on an Agreed Panel QME by the 10th day after the panel is issued, each party may then strike one name from the panel. The remaining QME shall serve as the medical evaluator. If a represented party fails to exercise the right to strike a name from the panel within three business days of gaining the right to do so, the other party may select any QME who remains on the panel to serve as the medical evaluator. (Labor Code §4062.2(c)).

Requests returned for additional information and replacement evaluators:

If a QME panel was previously issued for this injured worker and there is insufficient information on the form 106 to process the request, the request will be returned by the Medical Unit with a request for necessary information. The time periods for selecting an Agreed Panel QME and for striking QME names are tolled during this period. (See, 8 Cal. Code Regs. §§ 30(c), 31.5)

Scheduling the evaluation appointment:

The represented employee is responsible for arranging the appointment for the examination. Upon his or her failure to inform the employer/insurer of the appointment within 10 business days after the medical evaluator has been selected, the employer/insurer may arrange the appointment and notify the employee of the arrangements.

How long will it take to have the examination and to get the QME's report?

If the QME selected is unable to schedule the exam within 60 calendar days of the initial call, the party with the legal right to schedule may either waive the 60 day limit, as long as an appointment within 90 days of the initial scheduling call is

available, or request a replacement QME. If no appointment is available within 90 days of the initial request, either party may request a replacement QME or QME panel. You are entitled to an evaluation report within 30 calendar days of the commencement of the exam by an Agreed Panel QME or QME. At times, an AME or QME may request the Medical Director to extend the deadline for completing the report (for example if the evaluator has not received test results or a consulting physician's report or for legal 'good cause'). The evaluator must notify the DWC-Medical Unit and you of the request for approval of an extension of time to complete the report. You will be notified of the decision. If the evaluator selected cannot complete the report within 30 days or the extension of time approved by the Medical Director, the parties may agree in writing (on QME Form 113 or 116) to wait until the physician can complete the report, or either party may request a replacement panel of QMEs. If this occurs, you must go through the selection process again.

Obtaining a QME in a different specialty:

As provided in section 31.7(b) of Title 8 of the California Code of Regulations, parties in a represented case may obtain an additional QME panel in a different specialty under certain circumstances. All such requests for an additional QME panel must be written and submitted with supporting information or documentation showing how the conditions in § 31.7 are being met.

Other questions?

For questions about the QME process, please call the DWC-MU at 1-800-794-6900. For questions about the workers' compensation claim dispute resolution process, call an Information and Assistance officer at the Division of Workers' Compensation office listed in your phone book, or look on our website at <http://www.dir.ca.gov/dwc>.

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): _____ Date of Injury (Required): _____ Specialty Requested (3 letter code required): _____ Claim Number (Required): _____

Specialty of treating physician: _____ Opposing party's specialty preference: _____ **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)

If the claims administrator is requesting a 4062 panel explain the reason for the request below:

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 _____

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

Employee Information

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address : _____

City: _____ State: _____ Zip Code: _____ Daytime Phone No: _____

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

First Name Last Name Firm Number

Law Firm Name

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

City State Zip Code Phone No

Employer: _____

Claims Administrator Name: _____

Adjustor name: _____

Street Address or P.O. Box: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Defendant's Attorney

First Name Last Name Firm Number

Law Firm Name

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

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: _____ Body parts: _____ Date of Exam: _____

Panel Number (if known): _____ 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: _____

Print Name of Requestor: _____ 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.

For Use with the QME Panel Request Form 106

MD/DO SPECIALTY CODES

MAI	Allergy and Immunology
MDE	Dermatology
MEM	Emergency Medicine
MFP	Family Practice
MPM	General Preventive Medicine
MHH	Hand
MMM	Internal Medicine
MMV	Internal Medicine- Cardiovascular Disease
MME	Internal Medicine- Endocrinology Diabetes and Metabolism
MMG	Internal Medicine- Gastroenterology
MMH	Internal Medicine- Hematology
MMI	Internal Medicine- Infectious Disease
MMN	Internal Medicine- Nephrology
MMP	Internal Medicine- Pulmonary Disease
MMR	Internal Medicine- Rheumatology
MNB	Spine
MPN	Neurology
MNS	Neurological Surgery (<i>other than Spine</i>)
MOG	Obstetrics and Gynecology
MPO	Occupational Medicine
MMO	Oncology – Orthopaedic Surgery Internal Medicine or Radiology
MOP	Ophthalmology
MOS	Orthopaedic Surgery (<i>other than Spine or Hand</i>)
MTO	Otolaryngology
MPA	Pain Medicine
MHA	Pathology
MPR	Physical Medicine & Rehabilitation
MPS	Plastic Surgery (<i>other than Hand</i>)
MPD	Psychiatry (<i>other than Pain Medicine</i>)
MSY	Surgery (<i>other than Spine or Hand</i>)
MSG	Surgery - General Vascular
MTS	Thoracic Surgery
MTT	Toxicology
MUU	Urology

NON -MD/DO SPECIALTY CODES

ACA	Acupuncture
DCH	Chiropractic
DEN	Dentistry
OPT	Optometry
POD	Podiatry
PSY	Psychology
PSN	Psychology - Clinical Neuropsychology