

# **How to get to AME Status**

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**What does it mean to be an AME?**

**Do you have to be a QME  
to be selected as an AME?**

**Can you designate yourself an AME?**

**Why do QMEs or AMEs at all?**

# QME & AME Educational Materials

**What educational materials are available that will help physicians be chosen as a QME or AME?**

- [DWC Physician's Guide to Medical Practice in the California Workers' Compensation System](#)

- [DWC Physician Education](#)

**QME Medical Evaluators**

**Medical Treatment Utilization Schedule (MTUS)**

**Competency Examination Study Guide**

<https://www.dir.ca.gov/dwc/MedicalUnit/QMEStudyGuide.pdf>

# Logistical Issues

- The QME Process

- Qualified medical evaluator process

[https://www.dir.ca.gov/dwc/MedicalUnit/QME\\_page.html](https://www.dir.ca.gov/dwc/MedicalUnit/QME_page.html)

- QME exam

- Exam Packet

<https://www.dir.ca.gov/dwc/MedicalUnit/ExamPacket.pdf>

- Exam application

<https://www.dir.ca.gov/dwc/FORMS/QMEForms/QMEForm100.pdf>

- DWC generates random list of three QMEs

# Logistical Issues

- Administrative Rules Governing QMEs
  - Opening and closing office
  - Scheduling QME appointments (within 60 days)
  - Issuing timely reports
  - Comprehensive Medical Legal Evaluation (within 30 days)
  - Supplemental Medical Legal Evaluation (within 60 days)
  - Placing QME status as unavailable/inactive
  - QME continuing education requirements



**Are AMEs subject to the same rules  
as QMEs?**

# Complaints, Noncompliance & Discipline

- **Common reasons complaint filed**
  - **Injured worker not treated professionally**
  - **Billing issues**
  - **Discrimination**
  - **Waiting time**
- **QME Discipline:**  
<https://www.dir.ca.gov/dwc/MedicalUnit/discipline.html>
- **Results of noncompliance & discipline**

**What are the reasons why an insurance carrier, a defense attorney or an applicant attorney will opt to use or not use an AME?**

# **What are the components of a “complete/quality” QME or AME report? What is unique about this report as compared to a treating report?**

**The date of the examination**

**The history of the injury**

**The patient’s complaints**

**The patient’s medical history**

**Findings on examination**

**A diagnosis**

**A listing of all information received**

**Opinions on nature, extent, and duration of disability and work limitations, if any**

**Cause of injury & cause of disability**

**Treatment indicated**

**If Permanent & Stationary; opinions (+ reasons) on**

**Permanent Disability**

**Apportionment**

**Future Medical Care needs**

**Impairment rating per the AMA Guides 5<sup>th</sup> Edition**

# **What are the elements of medical legal reporting such that the physician will be sought out as an AME?**

- **Clarity in reporting**
- **Issues addressed**
- **Complete (versus significant omissions)**
- **Supportable conclusions**
- **Timeliness in responding/reporting**
- **Treating the IW with dignity and respect**
- **Appropriate P&S date**
- **Level of disability fits injury and findings**
- **Proper Causation & Apportionment**
- **Correct standard AMA Guides Rating**
- **Reasonable Almaraz Guzman Rating**
  - **(i.e., the most accurate impairment rating)**
- **Appropriate use of the Kite Case for adding versus combined using the CVC Table**
- **Explaining the rationale for the opinions in a non-biased, non-insulting way to both sides**

# **What are the elements of medical legal reporting such that the physician will NOT be sought out as an AME?**

- **Inadequate, vague or erroneous history of injury and past medical history**
- **Pertinent medical records missed or not reported accurately**
- **Relying on erroneous medical reports**
- **Reliance on ghost written review of records**
- **Erroneous/inadequate physical examination**
  - **Inadequate exam, not examined or non-quantified physical examination**
  - **Body part examined improperly (not AMA Guides compliant) or not at all**
  - **Proper tools not utilized or not correctly**
- **Confusing IW credibility with reporting “quality”**
  - **Low IQ or educational level**
  - **Language barrier issues**
  - **Chronic pain behavior (versus malingering)**

# **What are the elements of medical legal reporting such that the physician will NOT be sought out as an AME?**

- **Physician bias & disrespect re: injured worker**
  - **Age**
  - **Gender**
  - **Race**
  - **Educational level**
  - **Body habitus**
  - **Personal hygiene**
- **Physician lack of WC QME skills**
- **Reputation for high volume, outrageous, biased & low-quality reports**
- **Physician unknown to the concerned parties**

# **What are other elements that increase the chances of being chosen as an AME?**

- **History of quality & timely reporting/responding**
- **Physician well-known to the concerned parties**
- **Billing integrity**
- **More offices = more referrals**
- **List in more than one specialty**
  - **i.e., PMR & Pain**
  - **i.e., IM & Subspecialty**



# **What are other elements that increase the chances of being chosen as an AME?**

- **Physician and Medical Office Etiquette**
  - **Polite and responsive office staff**
  - **Timely appointments and response to letters**
  - **Timely report writing/sending report**
  - **Physician communication/interaction style**
    - **Avoid nasty verbiage in response to letters**
    - **Are you perceived as a problem solver?**
    - **Do your reports get cases settled?**
    - **Social and other interactions**

# **What are some critical concepts in quality AME reporting?**

- **Report should meet the threshold of Substantial Medical Evidence**
- **Understand the difference between COE and AOE**
- **P&S / MMI date should be provided**
- **Understanding the difference between causation of injury and causation of disability (apportionment)**
- **Understand current apportionment concepts and pitfalls**
- **Avoid addressing disputed medical care needs (unless asked) but do discuss Future Medical Care**
- **Provide a standard AMA Guides Impairment Rating but also address whether you have provided the most accurate impairment rating (Almaraz Guzman)**

# • **How to get AME designated/picked?**

- **History of quality & timely reporting**
- **Special expertise in the area of concern**
- **Trusted by both applicant and defense**
- **Reputation for “telling it like it is”**
- **Change opinion with new information**

# ● **Additional Important Points**

- **The QME and especially the AME should be a physician and not a lawyer or judge when authoring reports.**
- **Avoid using causation terms such as this is “industrial.”**
- **Avoid referencing to case law and statutes etc.**