

COA 2018 *Kite* and Legal Update: Test

1. The ***Kite*** case most closely stands for the proposition that:
 - (A) Apportionment to asymptomatic degenerative changes can be proper if supported by substantial medical evidence.
 - (B) The AMA Guides 6th Edition may be utilized by a QME, instead of the 5th Edition, if deemed more applicable to address the subject impairment.
 - (C) The time limits to issue the initial AME/QME report can be relaxed for an evaluator who spends the majority of his/her time treating patients.
 - (D) An AME/QME may rightfully opine that disabilities be combined by simple addition, rather than by use of the CVC, if that would more accurately reflect the adverse synergistic effect of those disabilities.

2. The ***Hikida*** case most closely stands for the proposition that:
 - (A) The lack of a certified interpreter at an AME/QME does not nullify the report so long as the interpreter is otherwise knowledgeable, experienced and there were no actual translation issues at the examination.
 - (B) Any apportionment may be improper if the permanent disability is 100% caused by unsuccessful medical treatment for the underlying injury, where apportionment might have otherwise been appropriate absent the treatment.
 - (C) Apportionment to genetic factors is disfavored absent clear and convincing supporting medical evidence.
 - (D) The time spent with an applicant during an AME/QME must be sufficient to obtain the relevant history and conduct a thorough physical examination.

3. The ***City of Jackson – Rice*** case most closely stands for the proposition that:
 - (A) Apportionment to genetic factors may be permissible if supported by substantial medical evidence, such as accepted relevant medical studies, discussed and incorporated by the AME/QME.
 - (B) An order for an Independent Medical Examiner was proper where the QME's opinion finding traumatically induced spina bifida was not supported by current reputable opinion within the medical community.
 - (C) Parking enforcement workers do not enjoy the same presumptions of industrial causation of injury as public safety officers.
 - (D) Legal limits on the number of examination offices for a QME are unconstitutional.

4. The ***Borela*** case most closely stands for the proposition that:
 - (A) A trial Judge should consult the ACOEM Practice Guidelines to determine whether multiple disabilities should be added or combined per the CVC.
 - (B) After the initial AME/QME evaluation and report, that evaluator may, at the joint request of the parties, assume the role of the Utilization Reviewer.
 - (C) Absent stipulation between the parties, no documents or writings may be sent to the AME/QME other than actual medical treatment records for the subject injury.
 - (D) It is not the role of the Judge to decide to add, rather than combine (CVC), multiple disabilities where there is not supporting substantial medical evidence from the AME/QMEs recommending the addition method of combining.

5. A common theme of ***Kite***, ***Hikida*** and ***City of Jackson – Rice*** is that:
 - (A) Demonstrated bias on the part of the AME/QME will lead to replacement of that evaluator.
 - (B) Difficult determinations on issues of causation, permanent disability or apportionment may be deferred to the Judge.
 - (C) Opinions by the AME/QME should be supported by detailed accurate medically based explanations amounting to substantial medical evidence.
 - (D) Attempts to avoid the mandatory use of the Combined Values Chart (CVC) are prohibited.