

California Orthopaedic Association
2014 QME Course
Test Questions

Disclaimer: The answers to these questions are found in the audio recording and in the course handouts represent the opinion of the speaker and do not necessarily represent COA's opinion or policy on the issue.

- ___ 1. Providers are encouraged to use the DWC-adopted MTUS treatment guidelines when requesting medical services. MTUS is presumed correct, so if your requests are based on MTUS, you should have a better chance that the carrier will approve the service requested.
True False
- ___ 2. It is generally accepted that any guideline that is over 5 years old is considered outdated.
True False
- ___ 3. A recommended course of drug therapy does not need to be included in a providers' treatment plan and they do not need to receive approval before prescribing the medications.
True False
- ___ 4. The short term use for opioids should be in the range of 1-3 months and in accordance with the CURES program.
True False
- ___ 5. If opioids are used in the long term, you need to have an opioid contract or agreement with the injured worker, perform urine drug screen, document a measurement of clinically meaningful improvement in function and pain, and be in accordance with the CURES program.
True False
- ___ 6. MEEAC is the DWC's Medical Evidence Evaluation Advisory Committee that reviews the latest medical evidence and advises DWC about incorporating new evidence-based guidelines into the MTUS.
True False
- ___ 7. The treating physician should continue to treat an injured worker for chronic pain patient even after the expected perioperative care period especially if they have not achieved the desired pain relief.
True False
- ___ 8. The Labor Code requires that the decisions of the Independent Medical Review (IMR) are to be made within 30 days of the case being assigned to them.
True False
- ___ 9. Physicians cannot assist injured workers in completing the IMR appeal.
True False

- ___10. In 2013, 84% of the IMR decisions upheld the payors' denials.
 True False
- ___11. Which is the most common surgical request considered by IMR?
 A. Forearm/wrist/hand C. Knee
 B. Spine D. Shoulder
- ___12. If a condition is not in the MTUS, you can go to the best available medical evidence treatment guidelines or peer reviewed published studies that are nationally recognized by the medical community to justify the medical necessity of a procedure.
 True False
- ___13. Providers in California's Workers' Compensation system are NOT required to provide evidence-based medical treatment.
 True False
- ___14. Level 1 evidence-based medical research is the highest level of research and should be utilized whenever possible to justify medical treatment requests.
 True False
- ___15. As of 1/1/14, consultation reports are bundled in the Evaluation and Management service and not separately payable unless requested by an AME/QME, by the WCAB, or Administrative Director. In order to be paid for this service, providers must negotiate the arrangement with the payors on a case-by-case basis or globally in a contract.
 True False
- ___16. The DWC regulations prohibit AMEs or QMEs from discussing medical treatment disputes with the injured worker.
 True False
- ___17. There are five steps to a successful medical treatment request.
 Step 1: Request must be submitted by treating physician
 Step 2: Doctor must submit a "complete" a DWC Request for Authorization (RFA)" form
 Step 3: Document the RFA request and when it was transmitted
 Step 4: "Connect the Dots" in your request - establish why the treatment is necessary to cure the injury
 Step 5: Provide adequate substantiation of why the service is medically necessary.
 True False
- ___18. The DWC regulatory deadlines for Utilization Review don't start until the RFA request is complete.

True

False

___19. The claims administrator is required to respond to the RFA request within 5 days, rendering a decision on the request. If the RFA is returned to you because it is not complete, the claims administrator does not have to specify what you are missing.

True

False

___20. A nurse or claims administrator can approve a medical treatment request, but only a licensed physician can deny a request.

True

False

___21. A concurrent review must be sent within 24 hours to the doctor, injured worker, and attorney (if injured worker is represented) so it is important that you keep the fax transmission that shows the time received.

True

False

___22. When a doctor explains that he/she needs to treat a non-industrial condition in order to treat the industrial condition, it is one of the ways to justify needed medical treatment under the Workers' Compensation system.

True

False

___23. If you are the AME and the applicant attorney calls to change the date of the deposition you should:

- a. Hang up the phone without saying a word
- b. Have a long discussion with him about your opinion of the case
- c. Restrict your conversation to the procedural issue of setting the date of deposition

___24. If you are an agreed panel QME, you are entitled to be paid at the same rate as an AME for medical-legal evaluation and medical testimony.

True

False

___25. If the cause of the injured worker's injury = 1% industrial, injured worker doesn't get 100% medical treatment needed to cure or relieve the injury.

True

False

___26. In order for a Medical-Legal Report to be rateable, the evaluator MUST apportion the percentage of the injured worker's disability caused by non-industrial factors and a percentage of the injured worker's disability caused by industrial factors.

True

False

