

QME Basics for Chiropractors

Presented by: Dr. Glenn Crafts, DC, QME

Online Only

Objectives:

- To have a clear understanding of the terms and definitions that shapes a QME report.
- To introduce the PCP on the QME process and how to read QME reports.
- To layout a step by step process on how to become and get selected to become a QME.
- To identify areas of deficiency in Med-Legal Reports

Outline Hourly Breakdown

1. The History of QME
This section summarized the history of QME's. AME's, IDE's. Which laws have shaped the QME process and report writing.
2. Definitions – “learning a new language”
This section will discuss Apportionment, Duplication, Overlap, Substantial Evidence, Proximate Cause, SB 899, Section 4663, Section 4664, Labor Code 4750, Labor Code 4750.5, California Evidence Code Section 140, Title 8, California Code of Regulations, section 10606, , (2006), Labor Code 4604.5, Labor Code Section 4610 and Labor Code Section 4061.
3. Pros and Cons of Being a Chiropractic QME
Record review, research, report writing, preparation for examinations and depositions, follow up process on referrals, billing, Applicant and Defense Attorneys.
4. How to become a QME and how to be selected as the QME.
How to become a QME, Testing and CE. Selection process for represented and non-represented patients.
5. AMA Guidelines
Use of the AMA Impairment Rating System for spinal, UE, LE and Pain and other less common areas. This is valuable information for treating Doctor as well as current and future QME's to understanding percentages of disability.
6. Reports and Depositions
Case studies such as Kleeman v. WCAB, Escobedo v. Marshalls, Key v. WCAB, Pasquotto v. Hayward Lumbar, Sanchez v. County of LA (2005), Strong v. City and County of San Francisco (2005), E.L Yeager Constr'n v WCAB (Gatten) showing the most common types of QME reports, Cumulative Trauma reports, Supplemental reports and Depositions.