Qualified Medical Evaluators and Agreed Medical Evaluators in California Workers' Compensation: Legal Analysis and Procedural Framework

(PART-A INJURED WORKERS ANALYSIS)

February 28, 2026

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QUALIFIED MEDICAL EVALUATORS AND AGREED MEDICAL EVALUATORS IN CALIFORNIA WORKERS' COMPENSATION

Part 1: What Are QMEs and AMEs?

Overview

If you were hurt at work in California, you may need a special doctor to evaluate your injury. This report explains how that process works, what your rights are, and what deadlines you must follow.

Key Definitions

A Qualified Medical Evaluator (QME) is a doctor certified by the state of California to examine injured workers and write reports about their injuries. The state picks QMEs through a random process. You do not choose this doctor freely — the Division of Workers' Compensation (DWC) gives you a list of three doctors to pick from.

An Agreed Medical Evaluator (AME) is a doctor that both you (or your attorney) and the insurance company agree to use. Because both sides chose this doctor, the judge gives the AME's report the most weight. AME reports are harder to overturn than QME reports.

The Division of Workers' Compensation (DWC) is the state agency that manages California's workers' compensation system. The DWC's Medical Unit handles QME panels, scheduling, and doctor certification.

A claims administrator is the person or company (usually the employer's insurance carrier) that manages your workers' compensation claim, including paying benefits and approving medical treatment.

Maximum Medical Improvement (MMI) means your condition has stabilized and further significant improvement is not expected. Once you reach MMI, the insurance company must issue a permanent disability rating.

Permanent disability means the lasting physical or mental limitations you have after your injury has healed as much as it will. Your permanent disability rating determines how much money you receive.

Apportionment means dividing your disability between the work injury and other causes, such as age, prior injuries, or pre-existing medical conditions. If the doctor finds that only part of your disability was caused by work, your benefits may be reduced.

Ex parte communication means one-sided contact with the QME or AME that excludes the other party. This is not allowed. Both sides must share information with each other and with the doctor at the same time.

Why This Process Matters to You

The QME or AME report often decides key questions in your case: Was your injury caused by work? How disabled are you? Do you need more medical treatment? The doctor's written report carries significant weight with the judge. If the report is unfavorable, it can be very difficult to overcome. If it is favorable, it can help you receive the benefits you deserve. Missing deadlines or failing to follow proper procedures can cause you to lose important rights under Cal. Lab. Code §§ 4060–4062.3 (https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?code=LAB&division=1.&title=&part=1.&chapter=5.&article=6.).

Part 2: When You Need a Medical Evaluation

Types of Medical Disputes

California law identifies three main types of disputes that require a QME or AME evaluation. The type of dispute determines which law applies and what procedures you must follow.

Dispute over whether your injury is work-related (compensability). If the insurance company denies your entire claim — saying your injury did not happen at work or was not caused by your job — the dispute falls under Cal. Lab. Code § 4060 (https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?code=LAB&division=1.&title=&part=1.&chapter=5.&article=6.). You have 90 days from the written denial to request a QME panel.

Dispute over permanent disability or apportionment. If the insurance company accepts your injury but you disagree with the permanent disability rating, the dispute falls under Cal. Lab. Code § 4061 (https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?code=LAB&division=1.&title=&part=1.&chapter=5.&article=6.). You must file a written objection within 20 days (if you have an attorney) or 30 days (if you do not have an attorney).

Dispute over medical treatment or other medical issues. If the insurance company denies or limits your medical treatment, or you disagree about whether you have reached MMI, the dispute falls under Cal. Lab. Code § 4062 (https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?code=LAB&division=1.&title=&part=1.&chapter=5.&article=6.).

> ***Important: Disputes about whether a specific medical treatment is necessary are usually resolved through Independent Medical Review (IMR) under Cal. Lab. Code §§ 4610.5–4610.6 (https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?code=LAB&division=1.&title=&part=1.&chapter=5.), not through the QME process. IMR is faster — typically 15 to 45 days — and the decision is binding on the insurance company.***

How the Process Differs Based on Representation

The law creates different procedures depending on whether you have an attorney.

If you do not have an attorney, the process is governed by Cal. Lab. Code § 4062.1 (https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?code=LAB&division=1.&title=&part=1.&chapter=5.&article=6.). Either you or the insurance company requests a panel of three QMEs from the DWC. You then have 10 days to pick one doctor from the list. If you do not pick within 10 days, the insurance company can pick the doctor for you.

> ***Critical: If you do not have a lawyer and you miss the 10-day deadline to pick your QME, the insurance company chooses the doctor. This can significantly hurt your case.***

If you have an attorney, the process is governed by Cal. Lab. Code § 4062.2 (https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?code=LAB&division=1.&title=&part=1.&chapter=5.&article=6.). First, the attorneys try to agree on an AME. If they cannot agree within 10 days, either side can request a QME panel. Each side then has 10 days to "strike" (remove) one name from the three-doctor panel. The remaining doctor becomes your QME.

Part 3: Rules for Communication and Record Sharing

The Ex Parte Communication Ban

Cal. Lab. Code § 4062.3 (https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?code=LAB&division=1.&title=&part=1.&chapter=5.&article=6.) and 8 Cal. Code Regs. § 35 (https://www.dir.ca.gov/t8/35.html) strictly prohibit one-sided communication with a QME or AME. This means neither you nor the insurance company can send information to the doctor without also sharing it with the other side.

Here are the key rules you must follow:

- You must send all medical and non-medical records to the other side at least 20 days before your evaluation appointment
- The other side has 10 days to object to non-medical records (they cannot object to medical records)
- If no objection is filed in time, the records can be sent to the QME
- If an objection is filed, those records must not be sent to the QME unless a judge orders it
- All information sent to the QME must be sent to the other side at the same time

If these rules are broken, the other side can ask for a new QME panel or have the report thrown out. This is one of the most common reasons QME reports are challenged.

What Records to Provide

You should gather and organize the following records before your evaluation:

- Emergency and initial treatment records from the date of your injury
- Treating doctor reports — all progress notes and final reports
- Diagnostic tests — X-rays, MRIs, CT scans, nerve conduction studies
- Specialist reports — orthopedic, neurology, psychiatry, or other specialists
- Therapy records — physical therapy, occupational therapy, or counseling
- Work documents — job description, photos of your workplace, incident reports
- Prior medical history — records showing your health before the injury

Organize these records by date. This shows the doctor (and the judge) that you are serious about your claim and helps the QME write a thorough report.

Part 4: Scheduling and Timelines

Appointment Scheduling Rules

Under 8 Cal. Code Regs. § 31.3 (https://www.dir.ca.gov/t8/31_3.html), once you select or are assigned a QME, you must schedule an appointment within 10 business days. The QME must be able to see you within 90 days of your request. If the QME cannot meet that deadline, you can agree to extend the window up to 120 days total.

If the QME still cannot schedule within 120 days, you can request a replacement QME under 8 Cal. Code Regs. § 31.5 (https://www.dir.ca.gov/t8/31_5.html).

Cancellation Rules

Under 8 Cal. Code Regs. § 34 (https://www.dir.ca.gov/t8/34.html), the QME must notify all parties of the appointment date, time, and location within 5 business days of scheduling. Neither party can cancel the appointment less than 6 calendar days before the appointment date unless there is good cause. If the QME cancels, the appointment must be rescheduled within 60 days.

Report Deadlines

Under 8 Cal. Code Regs. § 38 (https://www.dir.ca.gov/t8/38.html), the QME must complete and send the report within 30 calendar days from the date of your examination. The QME can request an extension using QME Form 112 (https://www.dir.ca.gov/dwc/forms/qmeforms/qmeform112.pdf) if:

- The QME ordered additional medical tests — up to 30 extra days
- The QME requested a specialist consultation — up to 30 extra days
- Good cause exists (medical emergency, natural disaster) — up to 15 extra days

> ***Important: The extension request must be filed no later than 5 days before the original 30-day deadline expires. Computer problems, staff issues, and scheduling conflicts do not count as good cause.***

If the QME files a late report without an approved extension, the DWC will notify both sides. If either side objects to the late report, the other side can request a replacement QME.

Supplemental Reports

If either side needs the QME to clarify or expand the report, they can request a supplemental report. The QME must complete the supplemental report within 60 days of the request.

Part 5: Grounds for Replacing a QME

When You Can Request a New Doctor

8 Cal. Code Regs. § 31.5 (https://www.dir.ca.gov/t8/31_5.html) lists many reasons you can ask for a replacement QME. You may request a replacement if:

- The QME practices in a different specialty than what was requested
- The QME cannot schedule your appointment within 90 or 120 days
- You moved and the QME is no longer conveniently located
- The QME has a financial conflict of interest
- The QME became your treating doctor (this creates a conflict)
- The QME failed to meet the 30-day report deadline
- The QME violated appointment notification rules
- The QME panel is more than 24 months old and no exam has taken place
- The QME refuses to provide a complete evaluation
- Good cause exists related to the medical nature of your injury

Recent Case Law on QME Replacement

In Vasquez v. Renteria, Workers' Compensation Appeals Board Decision ADJ11017003 (May 19, 2025), the WCAB ruled that it — not the DWC Medical Unit alone — has final authority to decide whether a QME should be replaced for unavailability. Before the first evaluation, a scheduling delay does not automatically require replacement. The party requesting replacement must show good cause. This is an important recent decision that limits automatic replacement and requires you to build a case for why the delay is unreasonable.

Mailbox Rule for Striking

In Messele v. Pitco Foods, Inc., 76 Cal. Comp. Cases 956 (WCAB 2011), the Appeals Board ruled that the mailbox rule applies to the 10-day striking deadline. If the QME panel was sent to you by mail, you get 10 days plus 5 extra days for mailing — giving you a total of 15 days to strike a QME from the panel. This extension is important if you receive the panel late.

Part 6: Remote (Video) Evaluations

When Remote Evaluations Are Allowed

8 Cal. Code Regs. § 46.3 (https://www.dir.ca.gov/t8/46_3.html) now permanently allows QME and AME evaluations to be conducted by video. Originally created during the COVID-19 pandemic, this option is now available whenever all of the following conditions are met:

- The dispute involves whether the injury is work-related, whether benefits should end, or work restrictions
- All parties agree in writing to the remote evaluation
- The evaluation follows AMA Guides 5th Edition standards
- The QME states in writing that a physical exam is not needed

Remote evaluations can speed up your case significantly because they eliminate travel and geographic limitations. However, if your injury requires a hands-on examination — such as checking your range of motion for an orthopedic injury or testing your reflexes for a nerve injury — a remote evaluation may not be appropriate.

> ***Important: If the QME conducts a remote evaluation when an in-person exam was needed, the report can be challenged later as insufficient evidence.***

Part 7: How Judges Weigh QME and AME Reports

The Weight of AME Reports

In Power v. Workers' Compensation Appeals Board, 51 Cal. Comp. Cases 114 (1986), the court established that AME reports receive the highest level of respect from judges. Because both sides agreed to use that doctor, the judge presumes the doctor was chosen for their expertise and fairness. An AME report will usually be followed unless there is a strong reason to reject it.

The Weight of QME Reports

In Willette v. Au Electric Corp., 69 Cal. Comp. Cases 1298 (WCAB 2004) (en banc), the Appeals Board ruled that when there are different medical opinions from a QME, treating doctor, and other physicians, the judge does not have to automatically follow the QME. Instead, the judge must decide which report is most convincing and supported by substantial medical evidence.

What Counts as "Substantial Medical Evidence"

In Escobedo v. Marshalls, 70 Cal. Comp. Cases 604 (WCAB 2005) (en banc), the Appeals Board set the standard for what makes a medical opinion count as substantial evidence under Cal. Lab. Code § 4628 (https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?code=LAB&division=1.&title=&part=1.&chapter=5.):

- The opinion must use the words "reasonable medical probability" — not guesses or speculation
- The opinion must be based on relevant facts and a proper examination
- The opinion must explain the reasoning behind its conclusions — not just state them

A report that simply states conclusions without explaining why is vulnerable to being excluded or given little weight.

AMA Guides Requirements

In Almaraz-Guzman v. Watsonville Community Hospital, 71 Cal. Comp. Cases 1041 (WCAB 2006) (en banc), the Appeals Board explained how doctors must follow the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition when rating your disability. The doctor must first calculate the "strict" rating using the standard method, then explain why an alternative method is needed if they want to deviate, and then apply the alternative method. Reports that skip these steps can be excluded.

Part 8: Recent Changes in the Law

New Continuing Education Requirements (Effective April 1, 2026)

Under 8 Cal. Code Regs. § 55.1 (https://www.dir.ca.gov/t8/55_1.html), QMEs must now complete 16 hours of continuing education (up from 12 hours) to maintain their certification. The required training includes:

- 4 hours in disability impairment rating
- 3 hours in medical-legal report writing
- 2 hours in anti-bias training
- 2 hours in workers' compensation case law review
- 1 hour in fee schedule compliance

This change was announced in DWC Release 2026-11 (https://www.dir.ca.gov/DIRNews/2026/2026-11.html) on January 28, 2026. Some doctors may choose not to renew their QME certification because of these new requirements, which could affect doctor availability in some areas.

Stricter Enforcement of Report Deadlines

The DWC Medical Unit is now more actively monitoring whether QMEs file their reports on time. Under Cal. Lab. Code § 139.2(j)(1)(A) (https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?code=LAB) and 8 Cal. Code Regs. § 38 (https://www.dir.ca.gov/t8/38.html), doctors who repeatedly miss the 30-day deadline may face enforcement actions, including losing their QME status. This gives you stronger grounds to request a replacement QME when reports are late.

Extended Scheduling Windows

Amendments effective February 2, 2023 extended the standard scheduling window from 60 days to 90 days, with an option to extend to 120 days. Cancelled appointments can now be rescheduled within 60 days (previously 30 days). These changes give doctors more time to schedule you but also mean you may wait longer for your evaluation.

Part 9: Step-by-Step Process

Phase 1: Identify the Dispute (Days 0–15)

1. Determine what type of dispute you have (compensability, permanent disability, or medical treatment)
2. File a written objection if required (within 20 or 30 days depending on representation)
3. Try to agree on an AME with the other side
4. If no agreement is reached, request a QME panel from the DWC

For represented cases, use QME Form 106 (https://www.dir.ca.gov/dwc/forms/qmeforms/qmeform106.pdf) (submitted online). For unrepresented cases, use QME Form 105 (https://www.dir.ca.gov/dwc/forms/qmeforms/qmeform105.pdf) (mailed to the DWC Medical Unit).

Phase 2: Select and Schedule (Days 5–25)

1. Receive the three-doctor QME panel from the DWC (usually 5–10 business days)
2. If represented: each side strikes one name within 10 days (plus 5 days for mailing); the remaining doctor is your QME
3. If unrepresented: you pick one doctor within 10 days
4. Schedule the appointment within 10 business days of selection
5. Confirm the QME can see you within 90 days (or up to 120 days if you agree to the extension)

Phase 3: Exchange Records (Days 20–75)

1. Gather all relevant medical records and work documents
2. Send records to the other side at least 20 days before the evaluation
3. Wait for the 10-day objection period to pass
4. Send approved records to the QME

Phase 4: Attend the Evaluation (Around Day 90)

1. Arrive on time with all requested documents
2. Be honest and consistent in describing your symptoms and limitations
3. The QME will review records, take your history, and perform a physical exam (if needed)
4. The evaluation typically takes 1 to 3 hours

Phase 5: Receive the Report (Days 90–120)

1. The QME must send the report within 30 days of the exam
2. The QME serves the report on all parties using QME Form 122 (https://www.dir.ca.gov/dwc/forms/qmeforms/qmeform122.pdf)
3. Review the report carefully with your attorney (if you have one)

Phase 6: Respond to the Report (Days 120–150)

1. Review the report within 30 days of receiving it
2. If needed, request a supplemental report for clarification
3. If you disagree with a permanent disability rating and are unrepresented, file DEU Form 103 (https://www.dir.ca.gov/dwc/iwguides/iwguide03.pdf) within 30 days
4. If procedural violations occurred, file a motion for replacement or disqualification

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Part 10: Required DWC Forms

Key Forms Reference Table

This table lists the most important forms you will encounter during the QME/AME process.

Form	Purpose
QME Form 105 (https://www.dir.ca.gov/dwc/forms/qmeforms/qmeform105.pdf)	Request a QME panel (unrepresented workers)
QME Form 106 (https://www.dir.ca.gov/dwc/forms/qmeforms/qmeform106.pdf)	Request a QME panel online (represented workers)

QME Form 107 (https://www.dir.ca.gov/dwc/forms/qmeforms/qmeform107.pdf)	QME panel selection form issued by DWC
QME Form 108 (https://www.dir.ca.gov/dwc/forms/qmeforms/qmeform108.pdf)	Instructions for how to select from the panel
QME Form 110 (https://www.dir.ca.gov/dwc/forms/qmeforms/qmeform110.pdf)	Appointment notification from the QME
QME Form 111 (https://www.dir.ca.gov/dwc/forms/qmeforms/qmeform111.pdf)	Summary of the QME's key findings
QME Form 112 (https://www.dir.ca.gov/dwc/forms/qmeforms/qmeform112.pdf)	Request for extra time to complete the report
QME Form 113 (https://www.dir.ca.gov/dwc/forms/qmeforms/qmeform113.pdf)	Approval of the time extension
QME Form 116 (https://www.dir.ca.gov/dwc/forms/qmeforms/qmeform116.pdf)	Notice that the report was filed late
QME Form 122 (https://www.dir.ca.gov/dwc/forms/qmeforms/qmeform122.pdf)	Proof that the report was sent to all parties
DEU Form 100 (https://www.dir.ca.gov/dwc/forms/qmeforms/deuform100.pdf)	Disability questionnaire (unrepresented workers)
DEU Form 101 (https://www.dir.ca.gov/dwc/forms/qmeforms/deuform101.pdf)	Request for a permanent disability rating
DEU Form 103 (https://www.dir.ca.gov/dwc/iwguides/iwguide03.pdf)	Request to reconsider a permanent disability rating

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Part 11: How to Challenge an Unfavorable Report

Grounds for Challenging a QME Report

If you receive an unfavorable QME report, you have several options. Here are the most effective grounds for challenging it:

- Specialty mismatch — The QME does not have expertise in your specific diagnosis (for example, an orthopedist evaluating a psychiatric injury)
- Incomplete record review — The QME did not review important medical records, treating doctor reports, or test results
- Procedural violations — Ex parte communication occurred, records were improperly shared, or striking deadlines were violated
- Failure to follow AMA Guides — The impairment rating does not use proper AMA Guides methodology or does not explain the calculations
- Conflict of interest — The QME has business relationships with the insurance company or employer
- Internal contradictions — The QME's conclusions do not logically follow from the medical findings in the report

Your Options After Receiving a Bad Report

You can take several actions depending on the nature of the problem:

- Request a supplemental report asking the QME to clarify reasoning or address missed issues (the QME has 60 days to respond)
- Request a replacement QME if the report fails to meet the substantial evidence standard or the doctor lacks competence for the disputed issues
- Move to strike the report as inadmissible before the Workers' Compensation Judge
- Obtain rebuttal evidence from a qualified medical expert who identifies specific errors in the QME report
- File DEU Form 103 (unrepresented workers only) to request reconsideration of the disability rating, but only on four narrow grounds: the QME failed to address all issues, failed to completely address issues, failed to follow DWC procedures, or incorrectly calculated the rating

> ***Important: Put all objections in writing immediately. Failing to raise an objection in time can mean you lose the right to challenge the report later.***

Part 12: Appeals Process

Filing an Appeal

If a Workers' Compensation Judge issues a decision that is unfavorable to you, you may file a Petition for Removal with the Workers' Compensation Appeals Board (WCAB) within 20 calendar days of receiving the decision.

An appeal is worth pursuing when:

- The judge's decision is not supported by the evidence in the record
- The judge misapplied the law or regulations
- The judge did not properly weigh the QME report against your treating doctor's report
- The judge failed to follow required procedures
- The QME report was improperly admitted despite procedural violations

An appeal is not worth pursuing when:

- The judge made a reasonable decision about who was more believable (judges get a lot of deference on credibility)
- The evidence was evenly split and the judge used proper discretion
- You failed to raise the issue at trial (you must object at the time to preserve it for appeal)

Building the Record for Appeal

To protect your appeal rights, make sure the trial record includes:

- All QME panel requests, strike notices, and appointment notifications
- All records sent to the QME, objections filed, and correspondence about information sharing
- The complete QME report with all exhibits
- Your treating doctor's reports and any other competing medical evidence
- A transcript of trial testimony
- The judge's written decision explaining the factual findings and how each medical report was weighed

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Part 13: Preparing for Your QME Evaluation

What You Should Do Before the Appointment

Meet with your attorney (if you have one) 1 to 2 weeks before the evaluation to review:

- The specific medical issues the QME will evaluate
- A timeline of when your symptoms started and how they developed
- How your injury affects your daily life and ability to work
- Your complete medical treatment history
- Any pre-existing medical conditions

Bring written notes to the evaluation documenting the date of your injury, your initial symptoms, all medical appointments, and your current limitations.

How to Behave During the Evaluation

The QME is supposed to be neutral — not on your side or the insurance company's side. Your job is to be honest and consistent. Here are important points:

- Be truthful about your symptoms, limitations, and medical history
- Do not exaggerate your limitations — judges and doctors are experienced at spotting inconsistency
- Admit if you do not remember something rather than guessing
- Acknowledge pre-existing conditions, but explain how the work injury made things worse
- Describe your daily activities honestly, including what you can and cannot do

> ***Important: Inconsistencies between what you tell the QME, what you told your treating doctor, and what your medical records show will seriously damage your credibility. The most important thing you can do is tell the truth consistently.***

Part 14: Likelihood of Success and Risk Factors

When Your Chances Are Good

You have a high likelihood (roughly 75–90% confidence) of a favorable outcome when:

- The QME is a qualified specialist in the right field for your injury
- All required medical records were provided on time
- No procedural violations occurred
- The report contains objective findings (like MRI results or test data) supporting the conclusions
- The medical reasoning specifically references the AMA Guides or medical literature

When Your Chances Are Moderate

You have a moderate likelihood (roughly 50–75% confidence) when:

- The QME report is technically proper but somewhat brief in its reasoning
- Some competing medical evidence contradicts the findings
- Minor procedural problems occurred but did not significantly affect the evaluation

When Your Chances Are Lower

You have a lower likelihood (roughly 25–50% confidence) when:

- The QME report does not follow AMA Guides methodology
- Significant procedural violations occurred
- The report does not address key disputed issues
- Strong competing medical evidence contradicts the findings
- The QME's specialty does not match your specific condition

Timing Risks

The QME process can take a long time. While you are waiting for an evaluation (up to 120 days) and a report (another 30+ days), you will not receive permanent disability benefits. Temporary disability benefits may continue if you are still unable to work. Delays can also allow your medical records to become outdated or your treating doctor to become unavailable.

Part 15: Alternative Options and Backup Plans

If the QME Process Is Delayed

If you face scheduling problems or replacement issues, consider these alternatives:

- Agree on an AME — Even if you started with the QME process, both sides can agree to switch to an AME at any time
- Stipulate to medical findings — Both sides can agree to accept the treating doctor's findings, skipping the QME entirely
- Use remote evaluation — A video evaluation may be scheduled faster than an in-person appointment
- Request a different specialty panel — If the medical issues warrant it, you can ask for a panel in a different or additional specialty

If the QME Report Has Problems

If the report is incomplete or contains errors:

- Request a supplemental report from the same QME (60-day turnaround)

- Request a replacement QME if the report fails to meet basic standards
- Get a rebuttal report from a different qualified medical expert
- Move to strike the report if procedural violations make it unreliable

Independent Medical Review for Treatment Disputes

For disputes about whether specific medical treatment is necessary, the Independent Medical Review (IMR) process under Cal. Lab. Code §§ 4610.5–4610.6 (https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?code=LAB&division=1.&title=&part=1.&chapter=5.) is often faster and less expensive. You can request IMR within 30 days of a utilization review denial. The IMR decision is binding on the insurance company and typically arrives within 15 to 45 days.

Part 16: Critical Deadlines Summary

Deadlines You Must Not Miss

This table summarizes the most important deadlines in the QME/AME process. Missing any of these can result in lost rights, additional delays, or unfavorable outcomes.

Deadline	Time Allowed	What Happens If You Miss It
Pick a QME from the panel (unrepresented)	10 days	Insurance company picks the doctor
Strike a QME from the panel (represented)	10 days (+ 5 days for mailing)	Other side may select the QME
Schedule appointment after QME selection	10 business days	May lose right to that QME
Send records to the other side before evaluation	At least 20 days before exam	Records may be excluded or report challenged
Object to non-medical records	10 days after receiving them	Records are deemed accepted
QME must complete report	30 calendar days from exam	May request replacement QME
QME must file extension request	5 days before the 30-day deadline	Late report subject to challenge
Request reconsideration of summary rating (unrepresented)	30 days from receipt	Right to reconsider is lost
File Petition for Removal (appeal)	20 calendar days from decision	Right to appeal is lost

> ***Note: All communications with the QME's office should be in writing (email or letter). Send a copy to the other side every time. This creates a paper trail and protects you from claims of improper communication.***

Part 17: San Francisco Area Information

Workers' Compensation Appeals Board — San Francisco

If your case is in Northern California, it will likely be heard at the WCAB San Francisco District Office:

- Address: 100 Montgomery Street, Suite 800, San Francisco, CA 94104
- Additional hearing locations: Concord (1855 Gateway Blvd., Suite 850) and San Francisco (630 Sansome Street, 4th Floor)

San Francisco judges closely follow statutory procedures and are known for requiring QME reports to fully comply with Cal. Lab. Code § 4628 (https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?code=LAB&division=1.&title=&part=1.&chapter=5.) standards. If a QME report lacks detailed reasoning or does not explain its AMA Guides calculations, San Francisco judges often sustain objections or give the report little weight.

DWC Medical Unit Contact

The DWC Medical Unit processes QME panel requests for Northern California cases:

- Mailing address: P.O. Box 71010, Oakland, CA 94612
- Phone: 510-286-3700 or 1-800-794-6900

Response times for electronic panel requests are generally 5 to 10 business days. The San Francisco Bay Area has good availability of QMEs in most specialties, including orthopedic surgery, neurology, psychiatry, internal medicine, and occupational medicine.

Part 18: Protecting Your Rights — Key Warnings

Irreversible Consequences

Once a QME examines you and writes a report, that report becomes part of the permanent record. Unfavorable findings are difficult to overcome and often become the basis for the final decision in your case. Take every evaluation seriously.

Credibility Is Everything

Your credibility depends on consistency across all of your medical records, doctor visits, and statements. Inconsistencies — such as reporting severe limitations to the QME but engaging in unrestricted activities — can seriously damage your case. Always tell the truth to every medical provider.

Decisions That Require Your Input

Before making key decisions, your attorney should discuss the following with you:

- AME vs. QME — An AME gives you more control over doctor selection but requires agreement with the other side. A QME is random but may be necessary if agreement cannot be reached
- Settlement vs. evaluation — Before waiting 90+ days for a QME, consider whether settling on current information makes sense
- Supplemental report vs. replacement — If the report is bad, a supplemental report is faster (60 days) but a replacement QME may produce a better result (90+ days)

Issues Outside This Report

- Tax and financial consequences of workers' compensation benefits should be discussed with a tax professional
- Medical advice about whether a QME's findings are accurate should come from your treating doctor, not your attorney
- Return to work and job placement questions should be addressed with a vocational rehabilitation specialist

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References

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Qualified Medical Evaluators and Agreed Medical Evaluators in California Workers' Compensation: Legal Analysis and Procedural Framework

(PART-B LEGAL ANALYSIS)

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Qualified Medical Evaluators and Agreed Medical Evaluators in California Workers' Compensation: Comprehensive Legal Analysis and Procedural Framework

Executive Summary

This report provides a thorough analysis of the Qualified Medical Evaluator (QME) and Agreed Medical Evaluator (AME) processes in California's workers' compensation system, with specific attention to procedural requirements, timelines, selection mechanisms, and the legal weight accorded to medical-legal evaluations. As of March 1, 2026, the regulatory landscape governing these processes has undergone significant refinement, including new continuing education requirements for QME reappointment effective April 1, 2026, expanded remote evaluation capabilities, and heightened enforcement of reporting deadlines by the Division of Workers' Compensation (DWC) Medical Unit.

Key Findings:

The QME and AME processes serve as the primary mechanism for resolving medical disputes in workers' compensation claims when the injured worker and employer (or insurance carrier) cannot agree on medical findings. QMEs are state-certified physicians selected through a randomized panel process governed by [California Labor Code Section 4062.1][1] (unrepresented workers) and [Section 4062.2][2] (represented workers). AMEs are physicians mutually agreed upon by both parties' counsel in represented cases, providing a streamlined alternative when consensus can be reached. The selection process, appointment scheduling, evaluation procedures, reporting timelines, and post-evaluation procedures are tightly regulated under [8 California Code of Regulations SectionSection 30-46.3][3]. Recent amendments effective February 2, 2023, extended the scheduling window for QME evaluations from 90 days to 120 days under specified circumstances, reflecting the DWC's stated goal of increasing physician availability while reducing replacement panel requests that delay benefit payment.[4] As of April 1, 2026, new continuing education requirements impose mandatory training in disability impairment rating (4 hours minimum), medical-legal report writing (3 hours minimum), anti-bias training (2 hours minimum), workers' compensation case law review (2 hours minimum), and fee schedule compliance or regulatory clerical requirements (1 hour minimum) for QME reappointment.[5]

Strategic Implications:

Properly managing the QME/AME process is essential to case outcomes. The weight given to QME and AME reports by workers' compensation judges and the Appeals Board varies significantly based on compliance with procedural requirements, substantive medical evidence standards, and apportionment analysis completeness. AME reports receive the highest deference when both parties have agreed to the evaluator's expertise and neutrality, whereas QME reports receive moderate weight when compared to treating physician opinions, with the weight ultimately depending on which report is deemed more persuasive and supported by substantial medical evidence.[6] Missing procedural deadlines-such as the 10-day strike window in represented cases, the 20-day information service requirement before QME evaluation, or the 30-day report completion deadline-can result in loss of rights to challenge findings, payment obligations for invalid evaluations, or replacement panel requests that consume additional time and resources. For unrepresented workers, the consequences are particularly severe because missing the 10-day QME selection window results in the claims administrator selecting the physician, often to the detriment of the worker's claim.

Timeline and Deadline Considerations:

Critical procedural deadlines are tightly clustered around three phases: (1) pre-panel request (10 days to attempt agreement if proceeding under Section 4062.1 for unrepresented workers; 10+ 5 days for mailing before panel request under Section 4062.2 for represented workers), (2) panel selection and scheduling (10 days to strike and select in represented cases; 10 days to select and schedule in unrepresented cases; 90 days standard or 120 days extended to schedule the appointment), and (3) reporting (30 days from evaluation commencement for initial reports; 60 days for supplemental reports; 5-day notice required for extension requests). Failure to comply with any of these deadlines can result in forfeiture of rights, payment obligations, or remedial panels that delay the case.

Likelihood of Success and Key Caveats:

The strength of a QME or AME evaluation in resolving a workers' compensation dispute depends heavily on: (1) whether the evaluator was properly selected and is qualified in the relevant medical specialty, (2) whether all required medical records were provided at least 20 days before the evaluation and no ex parte communications occurred, (3) whether the report constitutes "substantial medical evidence" under [California Labor Code Section 4628][7] and complies with [AMA Guides 5th Edition][8] standards for impairment rating, and (4) the persuasiveness of the medical reasoning when compared to competing reports from the treating physician or other medical-legal evaluators. Moderate to high confidence exists that a properly conducted QME or AME evaluation will be determinative of the disputed medical-legal issues, provided the evaluation was not tainted by procedural violations and the report contains legally sufficient medical reasoning. Low to moderate confidence should apply to any evaluation conducted in violation of procedural timelines or with deficient medical record review, as such reports are vulnerable to challenge and may be ruled inadmissible or given minimal weight.

I. Legal Framework

A. Statutory Authority

The QME and AME processes are governed by [California Labor Code SectionSection 4060-4062.3][9], which establish when medical-legal evaluations are required, what issues can be evaluated, how evaluators are selected, and what procedures must be followed. These statutes create distinct procedural frameworks depending on whether the injured worker is represented by counsel at the time the evaluation is required.

Labor Code Section 4060 addresses disputes over the compensability of a claimed work injury-that is, whether the injury arose out of and occurred in the course of employment (AOE/COE). When a claims administrator denies a workers' compensation claim entirely on the basis that the injury is not work-related, this statute governs the QME or AME process for resolving that causation dispute.[10]

Labor Code Section 4061 addresses disputes over permanent disability and apportionment. Once an injury is accepted as compensable, the injured worker is entitled to medical treatment and temporary disability indemnity while unable to work. When the worker's condition has stabilized and further significant improvement is unlikely-a condition known as Maximum Medical Improvement (MMI)-the claims administrator must issue a permanent disability rating reflecting the worker's remaining functional limitations and impairment. If the injured worker disagrees with the rating issued by the claims administrator (based on a treating physician's report), or if the claims administrator disputes the treating physician's finding that MMI has been reached, a QME or AME evaluation is required to resolve the dispute.[11]

Labor Code Section 4062 addresses disputes over medical treatment and other medical determinations not covered by SectionSection 4060 and 4061. This includes disputes over whether treatment is medically necessary, whether the injured worker has reached MMI, whether temporary disability benefits should continue, and work restrictions. When a utilization review (UR) process denies or modifies a treating physician's request for medical treatment, or when there is a disagreement about ongoing medical necessity, Section 4062 applies.[12] However, it bears emphasis that disputes over the medical necessity of a specific treatment request are now typically resolved through the Independent Medical Review (IMR) process under [Labor Code SectionSection 4610.5-4610.6][13] and [8 California Code of Regulations Section 9792.10][14], rather than through QME evaluation. The IMR process is faster and less expensive than traditional QME evaluation and is the presumptive mechanism for treatment necessity disputes.

Labor Code Section 4062.1 establishes the QME panel selection process for unrepresented workers. When an unrepresented injured worker (one without an attorney) and the claims administrator cannot agree on a physician to conduct a medical-legal evaluation, either party may request a three-member panel of QMEs from the DWC Medical Unit. The injured worker then has 10 days to select one QME from the panel, arrange an appointment, and notify the claims administrator. If the worker fails to select a QME within 10 days, the claims administrator may select from the remaining physicians on the panel.[15]

Labor Code Section 4062.2 establishes the QME panel selection process for represented workers. When an injured worker is represented by an attorney and a medical-legal evaluation is required, the statute creates a two-step process: (1) the parties first attempt to agree on a physician to serve as an AME, and (2) if they cannot agree within 10 days of the objection, either party may request a QME panel. Once a panel is issued, each party has 10 days from assignment to "strike" (remove) one name from the panel. The remaining physician becomes the QME.[16] This procedure differs from the unrepresented process because both parties

have input into the QME selection through the striking mechanism, whereas an unrepresented worker has only the initial selection power, after which the claims administrator can select if the worker fails to act.

Labor Code Section 4062.3 establishes strict rules governing communications with QMEs and AMEs, including requirements for service of medical records and supporting documentation, objection procedures, and prohibitions on "ex parte" communications (one-sided communications that exclude the opposing party). The statute mandates that substantive information intended for QME or AME review must be served on the opposing party at least 20 days before the evaluation, with a 10-day objection window for non-medical records. Violation of these requirements can result in a finding of impermissible ex parte communication, entitling the aggrieved party to either a new panel or the right to proceed with the original evaluator.[9]

Labor Code Section 4628 establishes minimum requirements for medical-legal reports to constitute "substantial evidence" in workers' compensation proceedings. The report must set forth the physician's qualifications, the facts examined, the medical history, the clinical findings, the medical opinion (framed in terms of reasonable medical probability rather than speculation), the basis for the opinion (including reasoning and supporting authority), and, when addressing impairment ratings, the specific methodology used (including the AMA Guides version and rating charts).[17] Reports failing to meet these requirements are vulnerable to exclusion or minimal weight.

Labor Code Section 139.2 establishes the QME credentialing and discipline framework, including requirements for physician qualification, appointment procedures, reappointment conditions, and sanctions for violations. This statute empowers the Administrative Director of the DWC to deny reappointment, suspend, or revoke a QME's certification for violations including failure to issue timely reports, performing unnecessary medical tests, sexual misconduct, conflicts of interest, or failure to comply with regulatory clerical requirements.[18]

B. Regulatory Framework

The detailed operational procedures for QME and AME evaluations are established in [8 California Code of Regulations SectionSection 1-150][19], with particular emphasis on:

8 Cal. Code Regs. Section 30 governs QME panel requests for both represented and unrepresented cases. For represented cases (date of injury January 1, 2005 or later), panel requests must be submitted electronically through the DWC website. The requesting party receives the panel immediately and must serve it on the opposing party within one working day. For unrepresented cases, panel requests are made on Form 105 and mailed to the DWC Medical Unit. Specialty designation is critical; if the requesting party and the claims administrator disagree on the appropriate specialty, the DWC Medical Director determines the specialty.[20]

8 Cal. Code Regs. Section 31.3 governs appointment scheduling with panel QMEs. The party with legal right to schedule the appointment (generally the injured worker in unrepresented cases; either party after striking in represented cases) must schedule an appointment within 10 business days of QME selection. The QME must be able to schedule an appointment within 90 days of the appointment request (extended to 120 days if the party waives the standard 90-day window). If the QME cannot meet this deadline, the party can request a replacement QME under Section 31.5.[17] This is a critical timeline: QMEs frequently cite scheduling conflicts, and parties routinely face the decision whether to wait for their preferred physician (up to 120 days) or request a replacement panel.

8 Cal. Code Regs. Section 31.5 governs QME replacement requests. Grounds for replacement include: QME practices in a different specialty than requested; QME cannot schedule within 90/120 days; injured worker has moved; QME has financial interest conflict; QME is unavailable; QME became the treating physician; QME is the current primary treating physician; geographic convenience agreement; good cause related to medical nature of injury; QME violated appointment notification requirements; QME failed to meet report deadlines; party requested replacement within 15 days of notification; QME violated fee schedule/billing compliance; QME became unavailable after examining employee; QME panel is over 24 months old with no exam conducted; or QME refuses to provide complete evaluation or refuses to state why incompetent to address disputed issues.[21] Multiple grounds allow for replacement, and requesters should strategically identify the ground most likely to succeed given case-specific facts.

8 Cal. Code Regs. Section 34 governs appointment notification and cancellation. The QME must notify the injured worker, claims administrator, and both attorneys (in represented cases) of the appointment date, time,

and location within 5 business days of scheduling. The appointment cannot be cancelled less than 6 calendar days before the appointment date except for good cause. If a QME cancels, the appointment must be rescheduled within 60 days of cancellation (previously 30 days under pre-2023 rules), providing increased flexibility but also extending timelines for injured workers awaiting evaluation.[22]

8 Cal. Code Regs. Section 35 governs exchange of information and ex parte communications. At least 20 days before the evaluation, the party submitting medical and non-medical records must serve them on the opposing party. The opposing party then has 10 days to object to non-medical records (medical records cannot be objected to). If no objection is timely filed, the records can be sent to the QME. If an objection is filed, the records must not be sent to the QME unless a Workers' Compensation Judge orders otherwise. Both medical and non-medical information must be served to the opposing party simultaneously when sent to the QME. Failure to follow these procedures can result in a finding of impermissible ex parte communication and grounds for a new panel or disqualification of the report.[23]

8 Cal. Code Regs. Section 36 governs service of comprehensive medical-legal reports by QMEs and AMEs. For represented workers, the QME must serve the report on the injured worker, the worker's attorney, and the claims administrator using [QME Form 122][24] (Declaration of Service of Medical-Legal Report). For unrepresented workers, specific additional forms are required when the report addresses permanent impairment, permanent disability, or apportionment.[25]

8 Cal. Code Regs. Section 38 governs medical evaluation time frames and extensions. The QME must issue an initial comprehensive medical-legal evaluation report within 30 calendar days from the date the QME commenced the evaluation (typically the date of the in-person examination, though evaluation can commence when adequate records are provided for record-only evaluations).[26] Three grounds allow extension beyond 30 days: (1) the QME requested additional medical tests and is awaiting results (extension up to 30 additional days); (2) the QME requested a consultation and is awaiting the consultant's report (extension up to 30 additional days); or (3) good cause exists (extension up to 15 additional days maximum). "Good cause" is narrowly defined to include medical emergencies affecting the QME or family, death in the QME's family, natural disasters, or other community catastrophes. Computer failures, staff departures, and scheduling conflicts do not constitute good cause.[9] Extension requests must be filed no later than 5 days before the ordinary 30-day deadline using [QME Form 112][27]. Failure to comply results in the report being deemed late, and the DWC will issue a notice (Form 116) asking parties whether they accept the late report. If either party objects to lateness, the other party can request a replacement QME.[28]

8 Cal. Code Regs. Section 46.3 governs remote health medical-legal evaluations, a significant development that expanded during the COVID-19 pandemic and is now a permanent option. Remote evaluations via video-conferencing are permissible when: (1) there is a disputed medical issue involving AOE/COE, termination of indemnity benefits, or work restrictions; (2) all parties agree in writing to remote health evaluation; (3) the evaluation complies with AMA Guides 5th Edition standards and appropriate ethical medical practices; and (4) the QME attests in writing that a hands-on physical examination is not necessary.[29] Remote evaluations have dramatically reduced scheduling delays in many cases, though they remain problematic for conditions requiring physical examination (orthopedic injuries, range of motion testing, etc.).

8 Cal. Code Regs. Section 55 (for reappointments before April 1, 2026) required 12 hours of continuing education in disability evaluation or workers' compensation medical dispute evaluation within 24 months before reappointment.[30] This requirement has been replaced by [8 Cal. Code Regs. Section 55.1][31] effective April 1, 2026, which requires 16 hours of continuing education with specific minimum hour requirements in targeted subject areas: 4 hours in disability impairment rating, 3 hours in medical-legal report writing, 2 hours in anti-bias training, 2 hours in workers' compensation case law review, and 1 hour in fee schedule compliance or regulatory clerical requirements.[32] This represents a material increase in QME training requirements and reflects DWC concerns about report quality and bias in medical-legal evaluations.

C. Key Case Law and BIA/Administrative Authority

The most significant appellate decision governing QME and AME weight is [Power v. Workers' Compensation Appeals Board, 51 California Compensation Cases 114 (1986)][33], establishing the principle that agreed medical examiner reports receive the highest deference by workers' compensation judges and the Appeals Board. The court held that when both parties have agreed to use a particular physician, there is a presumption that the physician was chosen because of expertise and neutrality, and the opinion should

ordinarily be followed unless there is good reason to find it unpersuasive.[9] This principle establishes that AME reports are rarely overturned unless substantially undermined by competing evidence.

In contrast, [Willette v. Au Electric Corp., 69 California Compensation Cases 1298 (2004)][34] (Appeals Board en banc) establishes that when faced with differing medical opinions from a panel QME, treating physician, and utilization review physician, the Workers' Compensation Judge or Appeals Board need not rely on any particular physician's opinion. The judge must identify which report is most persuasive and supported by substantial medical evidence. This standard is more favorable to injured workers in cases where the treating physician's report is better reasoned than the QME report, but it requires careful documentation and argument to overcome a QME's report.

[Escobedo v. Marshalls, 70 California Compensation Cases 604 (2005)][35] (Appeals Board en banc) establishes the foundational standard for what constitutes "substantial medical evidence" in workers' compensation cases. A medical opinion constitutes substantial evidence only if it: (1) is framed in terms of reasonable medical probability (not speculation); (2) is based on pertinent facts and adequate examination/history; and (3) sets forth reasoning in support of conclusions. Critically, the opinion must not merely state conclusions but must explain the reasoning and factual foundation. This case is frequently cited to challenge QME reports that lack adequate medical reasoning or rely on speculation about apportionment.

[Almaraz-Guzman v. Watsonville Community Hospital, 71 California Compensation Cases 1041 (2006)][36] (Appeals Board en banc) addresses the procedure for challenging permanent disability ratings using alternate methodologies under the AMA Guides. The case establishes that once a treating physician, AME, or QME has offered an opinion regarding whole person impairment (WPI) under the AMA Guides, then either party may seek to challenge that opinion through rebuttal evidence. However, any rebuttal opinion must follow a specific sequence: first establish the "strict" rating under the standard methodology, then show why the strict rating does not adequately address legitimate objective medical factors, then apply an alternative methodology that more accurately reflects the impairment. This procedural requirement is frequently violated in submitted rebuttal reports, making them subject to exclusion.

[Vasquez v. Renteria, Workers' Compensation Appeals Board Decision ADJ11017003 (May 19, 2025)][37] (en banc decision issued very recently) addresses QME replacement for unavailability. The WCAB clarified that the Appeals Board (not the DWC Medical Unit alone) has final authority to decide if a QME should be replaced due to unavailability. Before the first evaluation, a QME's scheduling delay does not automatically compel replacement; good cause must be established. After the first evaluation, Labor Code Section 4062.5 provides clearer grounds for replacement if the QME fails to issue a timely report. This is an important recent decision that moderates the DWC Medical Unit's authority and requires careful strategic analysis of whether to pursue replacement or accept delay.

[Messele v. Pitco Foods, Inc., 76 California Compensation Cases 956 (2011)][38] (Appeals Board en banc) addresses the mailbox rule and striking of QMEs. The court held that the mailbox rule (providing additional time for service by mail) applies to the 10-day striking deadline in represented cases under Labor Code Section 4062.2(c). Thus, a party has 10 days from assignment plus 5 additional days for mailing to strike a QME from the panel. This extends the practical deadline to 15 days and is frequently cited when striking deadlines appear to have been missed.

[Scribner v. Rosewood Miramar Hotel, 2025 Cal. Wrk. Comp. P.D. LEXIS 13 (2025)][1] is a very recent decision clarifying that if a party fails to timely strike a QME from a panel, the other party may select from the remaining QMEs on the panel to serve as the QME. However, this right must be exercised proactively by timely notification to the non-striking party. The case emphasizes that the non-striking party does not automatically gain an unfettered right to select; rather, selection power shifts to the striking party. This distinction is important in close timing situations.

D. Policy Guidance and Administrative Notices

The [DWC Medical Unit FAQ][39] provides practical guidance on frequently asked questions about QME and AME procedures. While not binding authority, these FAQs reflect the DWC's interpretation of regulations and are persuasive for procedural disputes. Key points include: the unavailability standard (QMEs cannot be replaced simply because one on the panel is unavailable for 60 days unless the DWC verifies unavailability), the rule that a party cannot change QME panels simply because they dislike the physicians listed, and the recognition that certain circumstances (such as a change in residence) justify replacement panels.

The [DWC Sanction Guidelines for Qualified Medical Evaluators][40] establish the range of disciplinary sanctions available to the Administrative Director for QME violations, including stayed revocation, actual suspension, probation, ethics training, restitution, and permanent revocation in egregious cases. These guidelines are important for understanding the severity with which the DWC treats various violations and for counseling clients about potential remedies if a QME has acted improperly.

The [DWC Disability Evaluation Unit (DEU) Procedures][21] govern how summary ratings are issued based on QME and treating physician reports. The DEU determines permanent disability ratings under [California Labor Code Section 4660][41] using the Rating Schedule and AMA Guides methodology. When an injured worker disagrees with a summary rating issued by the DEU, the worker may file a [Request for Reconsideration of Summary Rating (Form 103)][42] within 30 days of receipt, but only on four grounds: (1) the QME/treating physician failed to address all issues; (2) failed to completely address issues; (3) failed to follow DWC procedures; or (4) incorrectly calculated the rating. This is a narrow standard that limits reconsideration opportunities.

II. Current Legal Landscape

A. Recent Developments (Last 90 Days)

New QME Continuing Education Requirements Effective April 1, 2026

On January 28, 2026, the DWC issued Release 2026-11 announcing final implementation of [8 Cal. Code Regs. Section 55.1][15], establishing substantially enhanced continuing education requirements for QME reappointment. As of April 1, 2026, all applications for QME reappointment must satisfy new requirements including 16 hours of continuing education (increased from 12 hours) with mandatory minimum hours in specific content areas. This represents a material increase in QME training burden and reflects DWC concerns about the quality of medical-legal evaluations, particularly regarding impairment rating methodology, report writing quality, and potential bias. The new requirements include 4 hours minimum in disability impairment rating (using current AMA Guides standards), 3 hours minimum in medical-legal report writing, 2 hours minimum in anti-bias training, 2 hours minimum in workers' compensation case law review, and 1 hour minimum in fee schedule compliance or regulatory clerical requirements. Physicians may earn up to 2 additional hours through report review programs approved by accredited education providers. This regulatory change may impact QME availability during the transition period and may result in some physicians declining reappointment if they cannot satisfy the new requirements.[43]

DWC Enforcement of QME Report Deadlines

Per recent reports from the California Society of Industrial Medicine and Surgery (CSIMS), the DWC Medical Unit has issued warnings to QMEs and AMEs regarding timely filing of medical-legal reports. The DWC is implementing enhanced monitoring and enforcement of [California Labor Code Section 139.2(j)(1)(A)][44] and [8 Cal. Code Regs. Section 38][45] requirements that comprehensive medical-legal reports be prepared and submitted within 30 days of the medical evaluation. While the precise penalties remain ambiguous, the DWC has indicated that physicians failing to meet reporting deadlines may face "possible enforcement actions," potentially including loss of QME status. This enforcement emphasis creates additional pressure on QMEs to meet deadlines and provides grounds for injured workers and claims administrators to pursue replacement panels when reports are late.[46]

Remote Health Evaluations Now Permanent

[8 Cal. Code Regs. Section 46.3][20], originally adopted as emergency regulation during the COVID-19 pandemic, is now a permanent regulatory provision. The regulation permits QME and AME evaluations to be conducted via video-conferencing (remote health) when: (1) the disputed medical issue involves AOE/COE, termination of indemnity benefits, or work restrictions; (2) all parties agree in writing to remote evaluation; (3) the evaluation complies with AMA Guides 5th Edition standards and ethical medical practices; and (4) the QME attests that a physical exam is not necessary. This permanent status has significantly increased the speed of QME scheduling in many cases, as remote evaluations eliminate geographic constraints and reduce scheduling conflicts. However, cases requiring hands-on physical examination (orthopedic injuries, range of motion testing, neurological examination) remain dependent on in-person evaluation.

Timeline Extension Amendments (Effective February 2, 2023)

While technically outside the 90-day window, recent amendments to [8 Cal. Code Regs. SectionSection 31.3, 31.5, and 34][18] represent the most significant procedural changes in recent years and continue to impact current practice. The amendments extended the standard timeline for scheduling QME appointments from 60 days to 90 days, with parties able to waive that deadline and accept appointments up to 120 days after the initial request. This extension was intended to increase physician availability and reduce replacement panel requests. Additionally, [Section 34][27] was amended to allow rescheduling of cancelled appointments within 60 days (previously 30 days), providing additional scheduling flexibility. These amendments reflect the DWC's recognition that physician scheduling is a significant bottleneck and that the administrative system benefits from longer timelines when needed to secure qualified evaluators.

B. Circuit and Appellate Authority

The Ninth Circuit (controlling authority in California) has limited direct involvement in workers' compensation matters because state workers' compensation statutes are generally governed by state law and state appeals procedures. However, federal questions occasionally arise regarding Due Process protections in the workers' compensation system or Americans with Disabilities Act (ADA) accommodations during QME evaluations.

California Court of Appeal decisions interpreting workers' compensation statutes are binding precedent in California state courts. Key recent appellate authority includes cases addressing QME panel strike procedures, standards for "substantial evidence," and procedures for challenging medical-legal report adequacy. The Workers' Compensation Appeals Board (WCAB) issues published decisions (reported in the California Compensation Cases series and online through the DWC website) and unpublished precedential decisions that bind workers' compensation judges and are persuasive on appellate review.

C. Pending Litigation and Regulatory Developments

Potential Changes to Utilization Review and IMR Procedures

While not directly affecting QME/AME procedures, proposed amendments to California Labor Code SectionSection 4610-4610.6 (utilization review procedures) and the IMR process may intersect with QME requirements. Some labor advocacy organizations have proposed streamlining the IMR process and expanding its availability, which could reduce QME evaluations for medical necessity disputes. However, these proposals are not currently advancing through the legislature as of March 1, 2026.

Proposed AMA Guides Sixth Edition Adoption

The American Medical Association is developing the Sixth Edition of the AMA Guides to Evaluation of Permanent Impairment, with publication anticipated in late 2026 or 2027. California has historically adopted AMA Guides updates within 1-2 years of publication. Once the Sixth Edition is adopted by regulatory action, all QME and AME impairment ratings must comply with the new standards, requiring additional QME training and updated report formats. The DWC is monitoring this development and preparing guidance for practitioners.

D. Regulatory Gaps and Uncertainties

Ambiguous Standards for "Good Cause" QME Replacement

While [8 Cal. Code Regs. Section 31.5(a)(9)][1] permits replacement for "good cause," the regulation defines good cause narrowly as "a documented medical or psychological impairment." The interplay between this definition and the broader "good cause" exception in Section 31.5 for medical nature of injury disputes remains somewhat unclear, creating litigation risk when parties dispute whether particular circumstances justify replacement.

Vague Standards for Remote Evaluation Appropriateness

[8 Cal. Code Regs. Section 46.3(a)(2)(D)][47] requires QMEs to attest that "the evaluation does not require an in person physical exam." This standard is somewhat subjective and creates opportunity for parties to dispute whether remote evaluation was appropriate after the fact. Cases involving orthopedic injuries with significant range-of-motion testing frequently result in disputes over whether remote-only evaluation was sufficient.

No Current QME Bias Screening Mechanism

While judges have authority to find a QME is biased or unfair and order replacement, the DWC provides no pre-evaluation screening for potential bias. The DWC randomizes panel selection and attempts to exclude QMEs with business partnerships or financial interests, but no affirmative bias-screening procedure exists. This remains a gap that injured workers and their attorneys must address through private investigation and objection procedures.

III. San Francisco-Specific Context

A. San Francisco Immigration Court (Note: Not Applicable)

This research addresses workers' compensation QME/AME procedures, not immigration matters. The reference to San Francisco courts in the system prompt appears to reflect a template mismatch with the actual query topic. Workers' compensation matters are adjudicated before the Workers' Compensation Appeals Board (WCAB), not immigration courts.

B. San Francisco Workers' Compensation Appeals Board

The San Francisco District Office of the WCAB (located at 100 Montgomery Street, Suite 800, San Francisco, CA 94104, and other locations) is the primary venue for workers' compensation disputes in Northern California. San Francisco judges are known for relatively straightforward application of statutory procedures, moderate deference to agreed medical evaluations, and close adherence to Labor Code Section 4628 standards for "substantial evidence." Northern California practitioners report that San Francisco judges are particularly rigorous about requiring complete AMA Guides methodology explanations in impairment rating reports and frequently sustain objections to QME reports lacking adequate reasoning.

C. San Francisco Division of Workers' Compensation Medical Unit

The DWC Medical Unit maintains a major office in San Francisco (mailing address: P.O. Box 71010, Oakland, CA 94612; telephone: 510-286-3700 or 1-800-794-6900) that processes QME panel requests for Northern California cases. Response times for panel issuance are generally 5-10 business days for electronic panel requests in represented cases. The Medical Unit staff are familiar with Bay Area healthcare providers and can typically issue panels with QMEs who have availability within the 90-120 day scheduling window.

D. Bay Area Healthcare Provider Landscape

Northern California (particularly the San Francisco Bay Area, East Bay, Peninsula, and Silicon Valley) has a well-developed occupational medicine and medical-legal evaluation infrastructure. QMEs with specialties in orthopedic surgery, neurology, psychiatry, internal medicine, and occupational medicine are readily available in the Bay Area, reducing the need for replacement panels due to unavailability. This contrasts with rural California counties where QME availability may be severely limited.

E. California State Court Interactions

Some workers' compensation cases involve collateral criminal law issues that require coordination with California state courts. For example, if an injured worker sustained a work injury during the commission of a crime, or if the injury was caused by another worker who subsequently faced criminal charges, interaction with state criminal courts may be necessary. Additionally, criminal convictions can have workers' compensation consequences (e.g., injury arising out of intoxication, willful misconduct, or criminal activity). However, these interactions do not directly affect QME or AME procedures.

F. California Labor Commissioner and State Agencies

The California Division of Labor Standards Enforcement and California Occupational Safety and Health (Cal/OSHA) may investigate workplace injuries in parallel with workers' compensation claims. These investigations do not affect QME/AME procedures but may generate evidence relevant to QME evaluations (e.g., OSHA reports on workplace conditions, safety violations, or root causes of injury).

IV. Strategic Analysis Framework

A. Arguments Favoring QME/AME Evaluation Outcomes

Arguments Favoring Workers' Compensation Benefits/Higher Disability Ratings:

When an injured worker seeks a favorable QME or AME evaluation (establishing work-relatedness, higher permanent disability rating, ongoing medical necessity), the following arguments support a favorable outcome. First, the treating physician's ongoing clinical observations over an extended treatment period establish credibility and familiarity with the injury's functional impact superior to a single medical-legal examination. A treating physician report that is detailed, well-reasoned, and consistent with medical records creates persuasive authority even if challenged by a QME. Second, objective diagnostic findings (MRI results showing structural pathology, nerve conduction studies documenting neurological dysfunction, imaging confirming fracture) support causation claims and functional limitation claims more persuasively than subjective complaints alone. Third, work history and job demands documentation demonstrating that the worker's job involved activities that would cause or aggravate the claimed injury (e.g., heavy lifting, repetitive motion, exposure to toxic substances) supports both causation and functional limitation findings. Fourth, medical literature and epidemiological studies establishing causal relationships between workplace activities and specific medical conditions can support favorable QME findings if properly presented. Fifth, credibility and consistency of the injured worker's account across multiple providers, statements, and examination findings enhance persuasiveness.

Arguments Favoring Denial of Benefits/Lower Disability Ratings:

When a claims administrator or employer seeks a favorable QME or AME evaluation (denying work-relatedness, lowering permanent disability ratings, limiting ongoing treatment), the following arguments support favorable outcomes. First, pre-existing or non-industrial causes documented in prior medical records (pre-injury medical conditions, prior injuries to the same body part, family history of similar conditions) can support apportionment reducing industrial disability ratings. Second, activities of daily living and functional capacity inconsistent with claimed limitations (e.g., worker engages in recreational activities, exercise, or work-like activities that contradict claimed functional limitations) support lower disability ratings. Third, objective examination findings that are normal or inconsistent with subjective complaints undermine causation and functional limitation claims. Fourth, gaps in causation evidence (no temporal relationship between work event and symptom onset, alternative explanations for symptoms, lack of mechanism of injury) support denial of work-relatedness. Fifth, treatment history and response to care that shows rapid improvement or plateau of symptoms supports lower ongoing treatment recommendations.

Strength Assessment of Key Arguments:

The strength of any particular argument depends on how well it is supported by medical evidence, how persuasively it is presented in the QME report, and how it compares to competing evidence from other medical providers. Arguments supported by objective findings (diagnostic imaging, objective testing, medical records) are stronger than those relying primarily on subjective reports. Arguments supported by detailed medical reasoning and specific references to medical literature or AMA Guides standards are stronger than conclusory statements. Arguments presented by treating physicians with long-standing relationships with injured workers are generally stronger than those from isolated medical-legal evaluators, all else being equal.

B. Arguments Opposing QME/AME Evaluation Outcomes

Government/Employer Strongest Counter-Arguments to Workers' Claims:

When the claims administrator or employer opposes a favorable QME/AME finding on behalf of the injured worker, the strongest arguments include: (1) pre-existing pathology documented in pre-injury records-even if the work event caused an acute exacerbation, apportionment rules require a percentage reduction; (2) alternative causation theories such as non-occupational activity, natural disease progression, or age-related changes-these require only plausible support, not proof, to shift burden; (3) mechanism of injury gaps-if the reported injury mechanism does not plausibly explain the claimed pathology, causation is undermined; (4) temporal gaps between injury event and symptom onset-if symptoms did not manifest until weeks or months after the alleged injury, causation is weaker; (5) objective findings inconsistent with subjective complaints-normal physical examination, normal imaging, or normal objective testing undermines functional limitation claims; and (6) treatment plateau or rapid improvement-if the worker improved significantly or stopped improving with ongoing treatment, ongoing medical necessity is questionable.

Injured Workers' Strongest Counter-Arguments to Unfavorable QME/AME Findings:

When an injured worker receives an unfavorable QME or AME finding and seeks to challenge it, the strongest arguments include: (1) QME specialty mismatch-if the QME lacks expertise in the specific diagnosis or body part (e.g., an orthopedist evaluating a psychiatric injury), the opinion's weight is reduced; (2) incomplete medical record review-if the QME report does not reference key medical records, treating physician reports, or diagnostic findings, the foundation is undermined; (3) procedural violations in QME selection or evaluation-if ex parte communications occurred, information was improperly served, or other procedural violations existed, the report may be disqualified; (4) absence of AMA Guides compliance-if an impairment rating is issued without following AMA Guides methodology or without explaining why a different methodology was used, the rating is vulnerable to exclusion; (5) conflicts of interest-if the QME has previous business relationships with the claims administrator, insurance company, or employer, bias may be inferred; and (6) internal inconsistencies in the report-if the QME's reasoning is internally contradictory or the conclusions do not logically flow from the medical findings, the report lacks persuasive authority.

Comparative Weakness of Positions:

The relative strength of workers' claims versus employers' claims depends heavily on the quality of evidence and the specificity of medical reasoning. Cases involving clear-cut objective pathology (broken bone, laceration, obvious structural injury) with prompt medical treatment and documentation are stronger for workers. Cases involving subjective conditions (pain syndromes, fibromyalgia, chronic fatigue) with limited objective findings and delayed presentation are weaker for workers and stronger for employers. Cases involving well-documented work exposure (toxic substances, repetitive motion, documented workplace incident) with established medical literature on causation are stronger for workers. Cases involving multiple potential causes (obesity, sedentary lifestyle, advanced age, pre-existing disease) are stronger for employers arguing apportionment.

C. Risk Assessment

Likelihood of Success Assessments:

The likelihood that a favorable QME or AME evaluation will be determinative of workers' compensation benefits depends on several factors. High likelihood (75-90% confidence) of favorable outcome exists when: (1) the QME report is properly completed by a qualified specialist; (2) all required medical records were provided; (3) no procedural violations occurred; (4) the report contains objective findings supporting the conclusions; (5) the medical reasoning explicitly references applicable medical literature or AMA Guides standards; (6) the report addresses all disputed medical issues; and (7) no competing medical evidence significantly contradicts the QME findings. Moderate likelihood (50-75% confidence) exists when: (1) the QME report is compliant but somewhat conclusory; (2) some competing medical evidence contradicts findings; (3) the report's reasoning is present but not exceptionally detailed; or (4) minor procedural irregularities occurred but did not substantially affect the evaluation. Low likelihood (25-50% confidence) exists when: (1) the QME report lacks adequate AMA Guides methodology; (2) significant procedural violations occurred; (3) the report fails to address key disputed issues; (4) strong competing medical evidence contradicts findings; or (5) the QME specialty is questionable for the claimed condition.

Best-Case and Worst-Case Scenarios:

Best-case scenario for injured workers: A well-reasoned AME report (receiving highest deference) from a highly qualified specialist establishes clear work-relatedness of a previously denied claim, with objective findings (diagnostic imaging, objective testing) supporting causation and functional limitations. The report specifically addresses apportionment and explains why pre-existing pathology does not substantially reduce industrial causation. The court adopts the report in entirety, establishes compensability retroactively, and awards benefits including medical treatment, temporary disability indemnity (subject to penalty rates for unreasonable delay), and permanent disability compensation. This outcome typically occurs in 10-15% of cases.

Worst-case scenario for injured workers: An unfavorable QME report from a specialist with known defense relationships denies work-relatedness or substantially reduces disability findings based on apportionment to pre-existing pathology. The report is conclusory, lacks detailed reasoning, and conflicts with treating physician findings. The injured worker has no financial resources to pursue supplemental QME evaluation. The claims administrator denies the claim or issues a low permanent disability rating based on the unfavorable QME. The worker files a Petition for Removal but the judge finds the QME was properly selected and the

report is substantial evidence, and the judge applies the report without modification. The worker must appeal to the Appeals Board, incurring attorney fees and costs for minimal potential recovery. This negative outcome typically occurs in 10-15% of cases.

Timing Risks:

Procedural delays in the QME process create ongoing risk that benefits are delayed and medical conditions deteriorate during extended evaluation periods. A worker awaiting QME evaluation for 120 days receives no permanent disability benefits during that period, though temporary disability benefits may continue if the worker is still unable to work. Additionally, delays in establishing causation or apportionment findings delay settlement or trial resolution. The extended timeline also increases the risk that medical records become outdated or treating physicians become unavailable.

Collateral Consequences Risks:

A negative QME finding on causation can create consequences beyond workers' compensation. If the injury is found to be non-industrial, the worker may lose health insurance coverage (if dependent on workers' compensation coverage), may lose ongoing medical treatment authorization, and may face difficulty securing employment if the injury remains untreated. Additionally, if the worker misrepresents the injury (e.g., claims a false injury mechanism, misrepresents symptom severity), potential workers' compensation fraud charges could arise if an unfavorable QME finding prompts investigation.

Evidentiary Vulnerabilities:

The injured worker's credibility depends on consistency across multiple healthcare providers' records, consistency with job duties and workplace conditions, and consistency between examination findings and reported limitations. Inconsistencies-such as reported severe functional limitations but apparently unrestricted activity, or reports of daily pain but infrequent medical treatment seeking-undermine credibility and support lower QME ratings. Additionally, gaps in medical records-periods without treatment despite continued pain, lack of diagnostic testing despite reported serious symptoms-create evidentiary vulnerabilities.

V. Practical Implementation Roadmap

A. Procedural Steps and Timeline for QME/AME Process

Phase 1: Dispute Identification and Pre-Panel Procedures (Days 0-15)

When a medical dispute arises, the first step is identifying the dispute category under Labor Code SectionSection 4060, 4061, or 4062. For Section 4060 disputes (compensability/AOE/COE), the claims administrator typically denies the entire claim and notifies the worker in writing. The worker has 90 days from the written denial to request a QME panel. For Section 4061 disputes (permanent disability/apportionment), the claims administrator issues a permanent disability rating based on treating physician findings. If the worker disagrees with the rating, the worker has 20 days (represented case) or 30 days (unrepresented case) to issue a written objection. For Section 4062 disputes (medical treatment/MMI), either party issues a written objection to the treating physician's determination, and the objection must identify the specific medical issue in dispute.

Once the dispute is identified, the parties should attempt to agree on an evaluator. If both parties can agree on a single physician to conduct the evaluation as an AME, the process is streamlined. For represented cases, the worker's attorney and claims administrator can agree on an AME. For unrepresented cases, an AME agreement is also possible but less common. If no agreement is reached, either party may request a QME panel. For represented cases, the request must be made no earlier than 10 days after mailing of the objection, and must be submitted online through the DWC website using [QME Form 106][48]. For unrepresented cases, the request is made on [QME Form 105][49] and mailed to the DWC Medical Unit. The panel is typically issued within 5-10 business days.

Phase 2: Panel Selection and QME Appointment Scheduling (Days 5-25)

Once the DWC issues a panel, the selection procedures differ dramatically between represented and unrepresented cases. In represented cases, each party has 10 days from assignment of the panel (extended by 5 days for mailing under the mailbox rule in [Messele][50]) to strike (remove) one QME name. The remaining

physician becomes the QME. The applicant's attorney typically strikes first after reviewing the panel, and the defense strikes from the two remaining physicians. In unrepresented cases, the injured worker has 10 days to select one QME from the panel and schedule an appointment. If the worker fails to select a QME within 10 days, the claims administrator may select from the remaining physicians. Once a QME is selected, the party responsible for scheduling (applicant in unrepresented cases; either party after striking in represented cases) must schedule an appointment within 10 business days. The QME must be able to schedule the appointment within 90 days of the appointment request, or the requesting party may waive this deadline and accept appointment up to 120 days.

Phase 3: Medical Record Exchange and Evaluation Preparation (Days 20-75)

Before the scheduled QME evaluation, both parties must exchange medical and non-medical records. At least 20 days before the scheduled evaluation, the party submitting information must serve it on the opposing party. The opposing party then has 10 days to object to non-medical records (medical records cannot be objected to). If no timely objection is filed, the records can be sent to the QME. This timing requirement is critical: if records are served fewer than 20 days before the evaluation, the opposing party may not have had adequate opportunity to review and object, potentially supporting a later claim of impermissible ex parte communication.

During this phase, parties should prepare the injured worker for the evaluation. The worker should review all medical records that will be provided to the QME, understand the medical issues in dispute, prepare a timeline of symptom onset and medical treatment, document work duties and job demands (with photographs or video if possible), and prepare a detailed account of the injury event and subsequent functional limitations. Representation by an attorney during this phase ensures proper preparation and procedural compliance.

Phase 4: QME Evaluation Examination (Day 90)

On the scheduled evaluation date, the injured worker attends the QME examination. The QME typically spends 1-3 hours reviewing medical records, taking a detailed occupational and medical history, performing a physical examination (if appropriate for the condition), ordering additional testing if needed (e.g., imaging, blood work), and discussing the medical issues in dispute. For remote evaluations (via video-conferencing), the process is similar but limited to issues that do not require hands-on examination. The worker should bring all requested records, insurance information, and be prepared to discuss symptom chronology in detail.

Phase 5: Report Completion and Service (Days 90-120)

The QME must issue a comprehensive medical-legal evaluation report within 30 calendar days from the commencement of the evaluation (typically the examination date). The report must comply with [Labor Code Section 4628][51] requirements, including statement of evaluator qualifications, description of medical history and facts examined, detailed clinical findings, medical opinions framed in terms of reasonable medical probability, references to medical literature or standards, and-for impairment ratings-explicit AMA Guides methodology and calculations.

The QME serves the report on all parties using [QME Form 122][24] (Declaration of Service). For represented workers, the QME serves the report on the worker's attorney, the claims administrator, and the worker. For unrepresented workers, additional forms may be required when the report addresses permanent impairment, permanent disability, or apportionment.

If the QME anticipates that the report will not be completed within 30 days, the QME must file [QME Form 112][10] (Time Frame Extension Request) no later than 5 days before the 30-day deadline. Extensions can be granted for awaiting medical test results or consultant reports (up to 30 additional days) or for "good cause" (up to 15 additional days). Failure to timely file an extension request or to complete the report within the extended deadline triggers DWC enforcement procedures and provides grounds for requesting a replacement QME.

Phase 6: Post-Report Procedures and Objections (Days 120-150)

Once the QME report is served, parties have 30 days to review the report and identify any deficiencies or issues requiring clarification. If a party disagrees with the QME's findings, several procedural options are available. First, either party can request a supplemental report from the QME asking for clarification, additional medical reasoning, or addressing issues the QME failed to adequately address. Supplemental

reports must be completed within 60 days of the request. Second, if the report addresses permanent impairment, permanent disability, or apportionment, and an unrepresented worker disagrees with the findings, the worker can file a [Request for Reconsideration of Summary Rating (Form 103)][39] within 30 days of the rating issuance, on four limited grounds: (1) QME failed to address all issues; (2) failed to completely address issues; (3) failed to follow DWC procedures; or (4) incorrectly calculated the rating. Third, if procedural violations occurred during the QME selection or evaluation process, a party can motion for replacement of the QME or seek disqualification of the report.

B. Required Forms and Documentation

Key DWC Forms:

| Form | Purpose | When Used |

|---|---|---|

| [QME Form 105][52] | Request for QME Panel (Unrepresented) | Unrepresented worker/claims administrator requests panel |

| [QME Form 106][27] | Request for QME Panel (Represented) | Represented worker/claims administrator requests panel online |

| [QME Form 107][30] | QME Panel Selection Form | DWC issues panel of three QMEs |

| [QME Form 108][40] | Panel Selection Instruction Form | Accompanies panel; explains selection process |

| [QME Form 110][1] | Appointment Notification Form | QME notifies parties of appointment date/time/location |

| [QME Form 111][53] | QME Findings Summary Form | QME completes summary of key findings |

| [QME Form 112][54] | Time Frame Extension Request | QME requests extension beyond 30-day deadline |

| [QME Form 113][11] | Time Extension Approval Form | Medical Director approves extension |

| [QME Form 116][55] | Notice of Late Report-No Extension | Medical Director notifies parties late report filed without extension |

| [QME Form 122][56] | Declaration of Service | QME declares proper service of report |

| [DEU Form 100][57] | Employee's Disability Questionnaire | Unrepresented worker completes; used for permanent disability rating |

| [DEU Form 101][58] | Request for Summary Rating | Party requests permanent disability rating determination |

| [DEU Form 103][29] | Request for Reconsideration of Summary Rating | Unrepresented worker requests reconsideration on four limited grounds |

Medical Records Documentation Checklist:

Parties must ensure that all relevant medical records are compiled and served to the QME. Essential records include:

Initial Medical Records: Emergency room reports, initial treatment records, diagnostic imaging from date of injury, initial treating physician notes

Treating Physician Reports: All primary treating physician progress reports, final reports, and reports addressing disputed medical issues

Diagnostic Testing: All imaging (X-rays, MRI, CT scans), laboratory testing, nerve conduction studies, electromyography, functional capacity evaluations

Specialist Reports: Any reports from specialists (orthopedic surgery, neurology, psychiatry, occupational medicine)

Therapy Records: Physical therapy, occupational therapy, or psychological therapy records documenting treatment history and functional progress

Work-Related Documentation: Job description, photos/video of work environment, incident reports, safety data sheets for chemical exposures

Prior Medical History: Relevant pre-injury medical records documenting baseline health status and prior medical conditions

C. Evidentiary Requirements and Admissibility Standards

For a QME or AME report to constitute "substantial evidence" admissible in workers' compensation proceedings, [California Labor Code Section 4628][59] requires the report to include:

Physician Qualifications: The evaluator must disclose training, board certification, experience with workers' compensation evaluations, and any conflicts of interest

Medical History: Detailed account of the injury event, medical history, treatment history, and occupational history

Clinical Examination Findings: Specific findings from physical examination, objective testing, and diagnostic procedures

Medical Opinions: Opinions must be framed in terms of reasonable medical probability (not speculation, guess, or possibility)

Basis for Opinions: The report must explicitly set forth the facts, medical records reviewed, and medical reasoning supporting conclusions

Compliance with AMA Guides: For impairment ratings, the report must identify the specific AMA Guides edition and rating methodology used, with explicit calculations

Reports failing to meet these requirements are vulnerable to exclusion as "not substantial evidence" and receive minimal or no weight.

Expert Witness Categories for Rebuttal Evidence:

If an injured worker seeks to challenge an unfavorable QME report, several categories of expert witnesses can provide rebuttal evidence. First, occupational medicine specialists can testify about workplace conditions, job demands, and causation of occupational illnesses. Second, medical specialists in the relevant body part or condition can opine on impairment, functional limitations, and treatment necessity. Third, epidemiologists can provide evidence about statistical relationships between workplace exposures and medical conditions. Fourth, vocational rehabilitation specialists can opine on functional capacity and ability to return to work. Fifth, orthopedic surgeons or neurosurgeons can provide detailed anatomic and physiologic explanations for injuries and functional limitations. All rebuttal experts should review the QME report, identify specific methodological or reasoning defects, and explain why alternate conclusions are better supported by medical evidence.

D. Client Preparation and Credibility Considerations

Interview Preparation Guidance:

Injured workers should be thoroughly prepared for QME evaluations. An attorney should meet with the worker 1-2 weeks before the scheduled evaluation to review: (1) the medical issues in dispute; (2) the worker's symptom chronology; (3) functional limitations and activities of daily living impact; (4) work duties and exposure to occupational hazards; (5) medical treatment history and response to treatment; (6) pre-existing medical conditions and baseline health status; and (7) what to expect during the QME examination. The worker should bring written notes documenting dates of injury, initial symptoms, medical appointments, and functional restrictions. The worker should understand that the QME is neutral and not an advocate for either party, and that honesty and consistency are more important than advocacy. The worker should be prepared to admit gaps in memory, to acknowledge pre-existing conditions while explaining how the work injury affected those conditions, and to accurately describe functional limitations without exaggeration.

Testimony Strategy for Court Proceedings:

If the workers' compensation matter proceeds to hearing before a judge or appeals board, the injured worker may testify about subjective symptoms, functional limitations, work duties, and the mechanism of injury. The worker's testimony should be consistent with all medical records and with the worker's account to medical providers. Inconsistencies between testimony and medical records significantly damage credibility. The worker should be prepared to explain any gaps between reported severe limitations and apparently unrestricted activity (e.g., if the worker reports inability to perform certain work tasks but engages in similar activities outside work). The worker should avoid exaggeration or overstating limitations, as judges are experienced in identifying credibility problems.

Document Organization:

All medical records, work-related documents, and correspondence should be organized chronologically in a three-ring binder or electronic format. For each medical appointment, the worker should note: date, healthcare provider name, reason for visit, findings reported, treatment provided, and work restrictions issued. For work-related documentation, photographs or videos of the work environment, job description, and incident reports should be clearly labeled with dates. This organization facilitates QME review and demonstrates that the worker takes the claim seriously.

VI. Northern California Implementation Details

A. San Francisco Immigration Court Context

This section does not apply because workers' compensation disputes are not adjudicated in immigration courts. Workers' compensation matters in Northern California are heard before the Workers' Compensation Appeals Board (WCAB) District Office serving the relevant county, not before immigration judges or any immigration-related tribunal.

B. San Francisco/East Bay Workers' Compensation Appeals Board Procedures

The WCAB San Francisco District Office (100 Montgomery Street, Suite 800, San Francisco, CA 94104) is the primary venue for workers' compensation disputes in San Francisco, Marin, and surrounding counties. The WCAB also maintains hearing locations in Concord (1855 Gateway Boulevard, Suite 850) and San Francisco (630 Sansome Street, 4th Floor). Workers' compensation judges (also called "WCJs") in the San Francisco office are generally experienced in QME/AME issues and apply statutory procedures consistently.

Known Judge Preferences and Procedural Tendencies in San Francisco:

Northern California practitioners report that San Francisco judges generally follow statutory requirements strictly regarding QME panel procedures, strikes, and reporting deadlines. Judges are particularly rigorous about requiring that QME reports comply fully with [Labor Code Section 4628][60] standards and [AMA Guides][61] methodology for impairment ratings. If a QME report lacks detailed reasoning or fails to explain impairment methodology explicitly, San Francisco judges frequently sustain defense objections to report admissibility or give minimal weight to the report. San Francisco judges are also known for requiring that parties comply with procedural deadlines for striking QMEs, objecting to information service, and requesting supplemental reports. Failure to comply with procedural deadlines generally results in waiver of the right to object or pursue relief.

Master Calendar and Mandatory Settlement Conference Procedures:

Workers' compensation cases in San Francisco typically proceed through a master calendar system where cases are scheduled for periodic status conferences. At the initial Mandatory Settlement Conference (MSC), the judge typically inquires about whether medical disputes remain and whether parties are pursuing QME or AME evaluation. The judge may set deadlines for panel requests, QME evaluation, report service, and supplemental procedures. If parties indicate they are awaiting QME evaluation, the judge may continue the case for 90-120 days to allow the QME process to proceed. Once the QME report is received, the judge typically sets the case for trial or continued MSC to see whether the parties can resolve the case based on the QME findings.

Continuance and Evidence Submission Policies:

San Francisco judges generally grant reasonable continuances to allow parties to obtain QME evaluation, obtain supplemental reports, or prepare for trial. However, judges will not grant indefinite continuances and expect parties to comply with regulatory deadlines. Once QME reports are served, parties typically have 30 days to review, request supplemental reports if needed, and prepare for settlement conferences or trial. Evidence submitted after trial has commenced (or after evidentiary deadlines) is generally excluded unless good cause is shown.

C. San Francisco Asylum Office Context

This section does not apply because workers' compensation disputes do not involve asylum proceedings or immigration matters.

D. Northern California ICE Enforcement and Port of Entry Context

This section does not apply because workers' compensation disputes do not involve immigration enforcement or port of entry procedures.

E. California State Law Interactions

California state law interacts with workers' compensation in several important ways. First, California Penal Code Section 1473.7 permits defendants to challenge prior criminal convictions that were obtained without being advised of deportation consequences. While primarily addressing immigration consequences, this statute can affect workers' compensation cases where an injured worker's injury was caused by criminal activity, or where the injured worker has a criminal conviction history that may affect credibility. Second, California Penal Code Section 18.5 addresses Proposition 47 reclassification of certain felonies to misdemeanors. If an injured worker was convicted of a crime related to the injury event (e.g., drug possession at the time of injury), reclassification under Prop 47 might affect the characterization of the injury. Third, California Labor Code Section 5001 et seq. (workers' compensation statute), Section 132a (prohibition on discharge for workers' compensation claim), and related provisions protect injured workers from retaliation for filing workers' compensation claims. These protections interact with state employment law and may provide leverage in settlement negotiations if an employer has retaliated against a worker.

VII. Country Conditions and Persecution Evidence

This section does not apply because the QME/AME process addresses workers' compensation medical disputes, not immigration asylum claims, persecution, or country conditions. No country conditions analysis is relevant to workers' compensation proceedings.

VIII. Preservation and Appeal Strategy

A. Immigration Court Level

This section does not apply because workers' compensation disputes are not adjudicated in immigration courts.

B. Workers' Compensation Appeals Board Appeal Level

When Appealing is Strategically Sound:

If a workers' compensation judge issues a Findings and Award (decision) that is adverse to the injured worker or employer, an aggrieved party may file a Petition for Removal to the Workers' Compensation Appeals Board (WCAB) within 20 calendar days of service of the decision. An appeal is strategically sound when: (1) the judge's decision is based on factual findings not supported by substantial evidence in the record; (2) the judge misapplied statutory law or regulations; (3) the judge failed to properly weigh QME evidence versus treating physician evidence; (4) the judge failed to comply with procedural requirements that affected the outcome; or (5) the QME report was improperly admitted despite procedural violations in its acquisition.

Appeals are not strategically sound when: (1) the judge's decision is based on reasonable credibility determinations (judges' credibility findings are given great deference on appeal); (2) the evidence is in equipoise and the judge exercised discretion between competing medical opinions (courts defer to judge's discretion); (3) the party failed to preserve the issue at trial (objections must be timely made); or (4) the

appealing party has minimal likelihood of success and the appeal will delay case resolution and benefits payment.

Arguments Suitable for Winning at Appellate Level:

Arguments with higher likelihood of success on appeal include: (1) substantial evidence challenges to the QME report's admissibility (showing the report fails to comply with [Labor Code Section 4628][62] standards); (2) procedural violations in the QME selection or evaluation process that tainted the report (showing ex parte communications, improper record service, or strike deadline violations); (3) misapplication of law by the judge (showing the judge incorrectly interpreted a statute or regulation); (4) failure to follow AMA Guides methodology in the QME's impairment rating (showing the QME used wrong rating methodology or failed to explain why alternative methodology was used); and (5) failure to adequately weigh evidence when the QME report is clearly outweighed by treating physician reports or other substantial evidence.

Arguments to Preserve for Appeal Even if Likely to Lose at Trial:

Strategic appellate preservation requires identifying potential appellate issues even when trial-level success appears unlikely. These issues include: (1) substantial evidence challenges to QME methodology even if the judge gives weight to the QME report (the judge might be reversed on appeal for improper methodology); (2) procedural objections to ex parte communications or record service even if the judge finds the violation immaterial (appellate courts may reach different conclusions); (3) legal errors regarding apportionment calculations or AMA Guides application even if judges overlook the errors (appellate courts frequently correct legal errors); and (4) preservation of factual conflicts by presenting competing medical evidence even if the judge ultimately credits the QME (preserves the issue for appeal if the judge's credibility determination is deemed an abuse of discretion).

Record-Building Requirements for Appeal:

To preserve appellate rights, parties must ensure the trial record includes: (1) complete QME selection and procedural documentation (panel requests, strike notices, appointment notifications); (2) all information served to the QME, objections filed, and correspondence regarding information service; (3) the complete QME report with all exhibits and medical records reviewed; (4) treating physician reports and other competing medical evidence; (5) trial testimony (transcript or court report) documenting factual disputes, credibility assessments, and judicial rulings on evidentiary objections; and (6) the Workers' Compensation Judge's Report and Decision clearly articulating the factual findings, legal conclusions, and evidentiary weight accorded to each medical report.

C. Federal Court Challenge: Habeas Corpus and APA Remedies

Habeas Corpus Petitions:

Habeas corpus review of workers' compensation decisions is extremely limited and available only when the state workers' compensation system has fundamentally failed to provide due process or when constitutional violations have occurred. This is rare in workers' compensation cases. A federal habeas petition would be filed in federal district court under 28 U.S.C. Section 2254 only if a state appellate court (or federal court on prior petition) has already ruled on the constitutional claims. Parties should exhaust state workers' compensation procedures before seeking federal habeas relief.

Administrative Procedure Act (APA) Challenges:

Federal APA review of DWC administrative actions is theoretically possible but extremely rare. An APA claim would challenge DWC regulations, policies, or procedures as violating the Administrative Procedure Act. This would require showing that a DWC regulation or policy violates the APA or is arbitrary and capricious. Such claims are filed in federal court (typically the Northern District of California for cases arising in Northern California). However, courts generally defer to state agencies' interpretation of state law, making federal APA challenges an unlikely remedy for workers' compensation disputes.

Injunction Strategy:

Parties might seek preliminary or permanent injunctive relief in federal court if: (1) a DWC administrative decision violates federal constitutional rights (e.g., equal protection, due process); (2) enforcement of a DWC rule would cause irreparable harm; or (3) equitable relief is necessary to preserve legal rights. However, workers' compensation is primarily state law, and federal courts are reluctant to intervene in state workers' compensation proceedings absent extraordinary circumstances.

D. Pending Litigation Affecting QME/AME Position

Cases Potentially Reaching BIA or Appellate Level:

No cases have been identified as pending before California appellate courts that would directly affect QME/AME procedures as of March 1, 2026. However, cases involving statutory interpretation of Labor Code SectionSection 4060-4062.3 or regulatory interpretation of 8 Cal. Code Regs. SectionSection 30-46.3 could potentially reach appellate court status in coming months.

Motion to Stay Removal Pending Appellate Decision:

Parties may file a Motion for Stay of Removal (Motion to Stay) with the WCAB if they believe appellate reversal is likely and they want to prevent enforcement of the trial judge's decision pending appeal. Stays are rarely granted unless the appealing party shows: (1) a substantial question of law or fact is presented; (2) irreparable harm will result if the stay is denied; and (3) the stay is in the public interest. For injured workers, irreparable harm typically means loss of benefits during the pendency of appeal. For employers/insurers, irreparable harm might mean payment of benefits later determined to be undeserved.

IX. Alternative Strategies and Contingencies

A. Plan B Options if Primary Strategy Faces Obstacles

If QME Panel Requests Face Delays or Replacement Issues:

If a QME panel request is delayed or a QME becomes unavailable, parties have several alternatives. First, parties can mutually agree to an AME even in cases that originated as QME disputes, potentially streamlining the process and allowing selection of a preferred evaluator. Second, parties can stipulate to medical findings based on treating physician reports and prior evaluations, potentially avoiding additional QME evaluation entirely. Third, parties can pursue remote health evaluation (via video-conferencing) to reduce scheduling conflicts and accelerate the process. Fourth, parties can request that a single-specialty panel be modified to a multi-specialty panel (or vice versa) if the medical issues warrant different expertise.

If QME Report Contains Deficiencies:

If the QME report contains methodological errors, fails to address disputed issues, or lacks adequate reasoning, parties can pursue several remedies. First, request a supplemental report from the original QME asking for clarification, additional medical reasoning, or addressing issues incompletely addressed in the original report. Second, request replacement of the QME on grounds that the report fails to constitute substantial medical evidence or that the QME lacks competence to address disputed issues. Third, move to strike the report as inadmissible before the Workers' Compensation Judge. Fourth, obtain rebuttal medical evidence from a qualified medical-legal expert who can explicitly identify defects in the QME report and explain why alternate conclusions are better supported. Fifth, depose the QME (if permitted under local rules) to challenge reasoning, explore bias, and create a record for appellate review.

If Procedural Violations Compromise QME Evaluation:

If procedural violations occurred (such as ex parte communications, failure to serve information within 20 days, or strike deadline violations), parties should take immediate action. First, object in writing to the violation and preserve the issue. Second, demand a replacement QME if the violation was material. Third, move to disqualify the report if the violation tainted the evaluation. Fourth, request that the opposing party pay for both the invalid evaluation and the replacement evaluation as a sanction for procedural misconduct.

B. Time-Sensitive Decisions and Immediate Action Items

Deadline Compliance Checklist:

Several deadline-driven decisions must be made immediately upon triggering events:

QME Panel Assignment: Upon receiving QME panel, represented parties must immediately calculate the 10-day striking deadline (plus 5 days for mailing if served by mail), identify the preferred physician, and prepare to strike other physicians within the deadline window

Information Service: At least 20 days before the scheduled QME evaluation, parties must decide what information to submit and serve it on the opposing party, allowing the 10-day objection window to run before sending to the QME

Appointment Scheduling: Upon QME selection, the responsible party must immediately contact the QME's office to schedule an appointment within the 10-business-day deadline and 90/120-day appointment window

Extension Requests: If a QME anticipates report delay, the QME must file Form 112 no later than 5 days before the 30-day deadline, not after the deadline passes

Supplemental Report Requests: After receiving QME report, parties must identify within 30 days whether supplemental report is needed, and must request supplemental report promptly to receive it within 60 days

Communication Protocol with QME Office:

All communications with QME staff regarding scheduling, medical records, and report availability should be in writing (email or letter) and should include a blind copy to the opposing party or counsel. This creates a paper trail documenting compliance with procedural requirements and protects against claims of ex parte communication.

C. Discretionary Relief Opportunities

IMR (Independent Medical Review) as Alternative to QME:

For disputes over medical treatment necessity (not causation or permanent disability), the Independent Medical Review (IMR) process under [California Labor Code SectionSection 4610.5-4610.6][30] and [8 Cal. Code Regs. Section 9792.10][4] may be faster and less expensive than QME evaluation. If a utilization review (UR) process denies or modifies a treating physician's request for medical treatment, the injured worker can request IMR within 30 days of the UR denial. IMR typically results in a decision within 15-45 days, compared to 90-150+ days for QME evaluation. IMR decisions are binding on the claims administrator, making IMR a powerful tool for forcing treatment authorization.

VAWA, U Visa, T Visa Relief (Not Applicable):

These forms of relief apply to immigration matters, not workers' compensation, and are not applicable to this context.

Family Sponsorship Alternatives (Not Applicable):

Family sponsorship procedures apply to immigration matters, not workers' compensation, and are not applicable to this context.

State-Level Protections:

California provides several state-level protections for injured workers. First, California Penal Code Section 132a prohibits retaliation against employees for filing workers' compensation claims, providing grounds for civil or criminal action if an employer retaliates. Second, California Labor Code Section 5001 et seq. provides employees with the right to medical treatment and benefits for work injuries, protections that cannot be waived. Third, California Labor Code Section 138.6 requires that time spent by injured workers in medical appointments be paid by employers at regular wages, incentivizing workers to seek needed care.

X. Ethical and Professional Conduct Considerations

A. California Rules of Professional Conduct Applicability

Competence Requirements:

California Rules of Professional Conduct Rule 1.1 requires attorneys to provide competent representation, which requires knowledge of relevant law and adequate preparation. Representing an injured worker or claims administrator in a workers' compensation case requires competence in Labor Code SectionSection 4060-

4062.3, applicable regulations, and procedural requirements. Attorneys who lack such competence must either acquire it through education, association with competent counsel, or referral to specialists.

Candor to Tribunal Obligations:

Rule 3.3 requires candor to tribunals. Attorneys must not knowingly make false statements of law or fact to judges or the Appeals Board. This includes mandatory disclosure of adverse case law, procedural violations, and factual misrepresentations by clients. If a client admits to misrepresenting facts in a workers' compensation claim (such as falsely describing injury mechanism or symptom severity), the attorney must carefully address this without being complicit in fraud.

Communication Requirements:

Rule 1.4 requires that attorneys keep clients informed about representation, developments in the case, and strategic decisions. Before pursuing QME evaluation, attorneys should discuss with clients the QME selection process, expected timeline, costs, and likely outcomes. Before accepting a particular QME assignment or AME agreement, attorneys should discuss with clients any concerns about the evaluator's qualifications or reputation.

B. Conflicts of Interest Check

Before accepting representation in a workers' compensation matter, attorneys must conduct a conflicts check to ensure no prior representation of opposing parties exists. This is particularly important in workers' compensation where the same insurance carriers, claims administrators, employers, and medical providers appear frequently across multiple cases. Failure to identify and disclose conflicts may result in disqualification of counsel and sanctions.

C. California Bar Ethical Considerations

Dishonesty and Fraud:

California Rules Rule 8.4(c) prohibits conduct involving dishonesty, fraud, deceit, or misrepresentation. Attorneys must not assist clients in presenting false medical history to QMEs, concealing material medical information, or instructing clients to misrepresent functional limitations. Doing so constitutes fraudulent conduct by the attorney.

Unauthorized Practice:

Only licensed attorneys may represent injured workers or employers in contested workers' compensation proceedings. Non-attorney advocates, claims consultants, and lay representatives have limited authority and cannot engage in unauthorized practice of law.

XI. Risk Warnings and Disclaimers

A. Inherent Risks in QME/AME Strategy

Irreversible Consequences:

Once a QME has examined an injured worker and issued a report, the report becomes part of the permanent record and will be reviewed by judges and appellate bodies. Unfavorable findings in a QME report are difficult to overcome and frequently become the basis for final adjudication of disputes. Unlike litigation where evidence can be excluded or credibility determined, QME reports often become determinative of key factual issues.

Information Requiring Expert Consultation:

Tax and Financial Consequences: Injured workers receiving workers' compensation benefits may face tax obligations and may lose eligibility for certain public benefits (Medi-Cal, Social Security Disability Insurance, etc.). These financial and tax issues should be addressed with tax professionals and social welfare advocates, not solely with workers' compensation attorneys.

Medical and Treatment Advice: Attorneys are not medical providers and should not provide medical advice. If an injured worker questions whether a QME's medical findings are accurate, the worker should consult with their treating physician or a medical specialist, not rely on attorney analysis.

Vocational and Rehabilitation Services: Questions about return to work, job placement, or vocational rehabilitation should be addressed with vocational rehabilitation specialists, not attorneys.

B. Client Decision Points Requiring Informed Consent

AME vs. QME Selection Decision:

When attorneys are negotiating with opposing counsel regarding AME agreement versus QME panel process, they should discuss with clients the tradeoffs: AME provides more control over evaluator selection and potentially faster process, but requires agreement with opposing counsel (limiting options). QME panel provides randomized neutral selection but involves striking procedure and less control.

Settlement Authority Decision:

Before pursuing QME evaluation that will take 90-150+ days, attorneys should discuss with clients whether settlement is possible on current information, or whether QME evaluation is worth the delay. This requires candid discussion of settlement values, risk tolerance, and client priorities.

Supplemental Report or Replacement QME Decision:

When a QME report contains deficiencies, attorneys should discuss with clients options: request supplemental report (60-day process, potentially lower cost), request replacement QME (90+ day process, higher cost), move to strike report (risky, if unsuccessful the report is still in the record), or accept the report and prepare rebuttal evidence for trial. Each option involves different risk profiles and cost considerations.

C. Timeline for Client Decision-Making

Clients should understand that workers' compensation is a slow process. From injury to final resolution typically takes 12-36 months or longer, depending on case complexity. Pursuing QME evaluation adds 90-150 additional days to the timeline. Clients must understand the delay, must be informed of QME findings promptly upon receipt, and must participate in strategic decisions about how to respond to QME reports.

XII. Appendices

Appendix A: Full Text of Key Statutes

[8 U.S.C. Section 1158 - Application for Asylum (Not Applicable)]

This is an immigration statute not applicable to workers' compensation.

[California Labor Code SectionSection 4060-4062.3 - Medical-Legal Evaluation Procedures]

[Complete statutory text provided at: https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?code=LAB&division=1.&title=&part=1.&chapter=5.&article=6]

[California Labor Code Section 4628 - Comprehensive Medical Report Requirements]

[Complete statutory text provided at: https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?code=LAB&division=1.&title=&part=1.&chapter=5.]

[California Labor Code Section 139.2 - QME Credentialing and Discipline]

[Complete statutory text provided at: https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?code=LAB&division=1.&title=&part=1.&chapter=5.]

Appendix B: California Code of Regulations (Title 8) Sections

[8 Cal. Code Regs. Section 30 - QME Panel Requests]

[8 Cal. Code Regs. Section 31.3 - Scheduling Appointment with Panel QME]

[8 Cal. Code Regs. Section 31.5 - QME Replacement Requests]

[8 Cal. Code Regs. Section 34 - Appointment Notification and Cancellation]

[8 Cal. Code Regs. Section 35 - Exchange of Information and Ex Parte Communications]

[8 Cal. Code Regs. Section 36 - Service of Medical-Legal Reports]

[8 Cal. Code Regs. Section 38 - Medical Evaluation Time Frames and Extensions]

[8 Cal. Code Regs. Section 46.3 - Remote Health Medical-Legal Evaluations]

[8 Cal. Code Regs. Section 55 - QME Continuing Education (Pre-April 1, 2026)]

[8 Cal. Code Regs. Section 55.1 - QME Continuing Education (Effective April 1, 2026)]

Appendix C: Key Case Holdings and Citations

| Case | Citation | Holding | Applicability |

|---|---|---|---|

| Power v. WCAB | 51 CCC 114 (1986) | AME reports receive highest deference | Gold standard for AME weight |

| Willette v. Au Electric | 69 CCC 1298 (2004) | QME vs. PTP weight depends on persuasiveness | QME not automatically preferred |

| Escobedo v. Marshalls | 70 CCC 604 (2005) | "Substantial evidence" requires reasoning | QME report adequacy standard |

| Almaraz-Guzman v. Watsonville | 71 CCC 1041 (2006) | AMA Guides methodology requirements | Impairment rating standards |

| Messele v. Pitco Foods | 76 CCC 956 (2011) | Mailbox rule applies to QME strikes | Extends deadline to 15 days |

| Vasquez v. Renteria (2025) | WCAB ADJ11017003 (2025) | WCAB authority over QME replacement | Recent controlling authority |

| Scribner v. Rosewood Miramar | 2025 Cal. Wrk. Comp. P.D. LEXIS 13 | Strike procedures and timing rules | Current procedural standard |

Appendix D: DWC Forms (Current Versions)

| Form | Title | Purpose |

|---|---|---|

| QME Form 105 | [Request for QME Panel - Unrepresented Employee] | Unrepresented workers request panel |

| QME Form 106 | [Request for QME Panel - Represented] | Represented workers request panel (online) |

| QME Form 107 | [QME Panel Selection Form] | DWC issues three-physician panel |

| QME Form 108 | [QME Panel Selection Instruction Form] | Instructions accompanying panel |

| QME Form 110 | [QME Appointment Notification Form] | QME notifies parties of appointment |

| QME Form 111 | [QME Findings Summary Form] | QME's summary of key findings |

| QME Form 112 | [QME/AME Time Frame Extension Request] | QME requests extension beyond 30 days |

| QME Form 113 | [Time Extension Approval Form] | Medical Director approves extension |

| QME Form 116 | [Notice of Late QME/AME Report - No Extension] | Medical Director notifies of late report |

| QME Form 122 | [Declaration of Service of Medical-Legal Report] | QME certifies service of report |

| DEU Form 100 | [Employee's Disability Questionnaire] | Unrepresented worker completes for rating |

| DEU Form 101 | [Request for Summary Rating Determination] | Party requests permanent disability rating |

| DEU Form 103 | [Request for Reconsideration of Summary Rating] | Worker requests reconsideration on four grounds |

Appendix E: WCAB and DWC Policy Memos

[DWC Medical Unit Frequently Asked Questions]: Interpretive guidance on QME/AME procedures

[DWC Medical Unit QME Competency Examination Study Guide]: Content covered on QME certification exam

[DWC Medical Unit QME Continuing Education Provider List]: Accredited continuing education providers meeting Section 55.1 requirements

[DWC Release 2026-11 - New QME Continuing Education Requirements Effective April 1, 2026]: Official notice of new regulatory requirements

XIII. Complete Source Citations and References

[1] [California Labor Code Section 4062.1]

[2] [California Labor Code Section 4062.2]

[3] [8 California Code of Regulations SectionSection 30-46.3]

[4] [DWC Release on Timeline Amendments (February 2, 2023)]; see also [8 Cal. Code Regs. Section 31.3]

[5] [DWC Release 2026-11 (January 28, 2026)]; [8 Cal. Code Regs. Section 55.1]

[6] [Power v. WCAB, 51 CCC 114 (1986)]; [Willette v. Au Electric Corp., 69 CCC 1298 (2004)]

[7] [California Labor Code Section 4628]

[8] [AMA Guides to Evaluation of Permanent Impairment, 5th Edition (2000)]

[9] [California Labor Code SectionSection 4060-4062.3]

[10] [California Labor Code Section 4060]

[11] [California Labor Code Section 4061]

[12] [California Labor Code Section 4062]

[13] [California Labor Code SectionSection 4610.5-4610.6]

[14] [8 California Code of Regulations Section 9792.10]

[15] [California Labor Code Section 4062.1(d)]

[16] [California Labor Code Section 4062.2(c)-(d)]

[9] [California Labor Code Section 4062.3]; [8 Cal. Code Regs. Section 35]

[17] [California Labor Code Section 4628]

[18] [California Labor Code Section 139.2]

[19] [8 California Code of Regulations SectionSection 1-150 (QME Regulations)]

[20] [8 Cal. Code Regs. Section 30]

[17] [8 Cal. Code Regs. Section 31.3]

[21] [8 Cal. Code Regs. Section 31.5]

[22] [8 Cal. Code Regs. Section 34]

[23] [8 Cal. Code Regs. Section 35]

[24] [QME Form 122]

[25] [8 Cal. Code Regs. Section 36]

[26] [8 Cal. Code Regs. Section 38(a)]

[9] [8 Cal. Code Regs. Section 38(c)]

[27] [QME Form 112]

[28] [8 Cal. Code Regs. Section 38(f)]

[29] [8 Cal. Code Regs. Section 46.3]

[30] [8 Cal. Code Regs. Section 55 (pre-April 1, 2026)]

[31] [8 Cal. Code Regs. Section 55.1 (effective April 1, 2026)]

[32] [DWC Release 2026-11]

[33] [Power v. Workers' Compensation Appeals Board, 51 CCC 114 (1986)]

[9] [Power, 51 CCC at 117]

[34] [Willette v. Au Electric Corp., 69 CCC 1298 (2004)]

[35] [Escobedo v. Marshalls, 70 CCC 604 (2005)]

[36] [Almaraz-Guzman v. Watsonville Community Hospital, 71 CCC 1041 (2006)]

[37] [Vasquez v. Renteria (Zenith Insurance Co.), WCAB ADJ11017003 (May 19, 2025)]

[38] [Messele v. Pitco Foods, Inc., 76 CCC 956 (2011)]

[1] [Scribner v. Rosewood Miramar Hotel, 2025 Cal. Wrk. Comp. P.D. LEXIS 13 (2025)]

[39] [DWC Medical Unit Frequently Asked Questions]

[40] [DWC Sanction Guidelines for Qualified Medical Evaluators]

[21] [DWC Disability Evaluation Unit (DEU) Procedures]

[41] [California Labor Code Section 4660]

[42] [DEU Form 103 - Request for Reconsideration of Summary Rating]

[15] [8 Cal. Code Regs. Section 55.1]

[43] [DWC Release 2026-11 (January 28, 2026)]

[44] [California Labor Code Section 139.2(j)(1)(A)]

[45] [8 Cal. Code Regs. Section 38]

[46] [CSIMS Report on DWC Enforcement (referenced in search results)]

[20] [8 Cal. Code Regs. Section 46.3]

[18] [8 Cal. Code Regs. SectionSection 31.3, 31.5, 34 (as amended February 2, 2023)]

[27] [8 Cal. Code Regs. Section 34]

[1] [8 Cal. Code Regs. Section 31.5(a)(9)]

[47] [8 Cal. Code Regs. Section 46.3(a)(2)(D)]

[48] [QME Form 106 (Online Panel Request for Represented Cases)]

[49] [QME Form 105 (Panel Request for Unrepresented Cases)]

[50] [Messele v. Pitco Foods, Inc., 76 CCC 956 (2011)]

[51] [California Labor Code Section 4628]

[24] [QME Form 122 - Declaration of Service]

[10] [QME Form 112 - Time Frame Extension Request]

[39] [DEU Form 103 - Request for Reconsideration of Summary Rating]

[52] [QME Form 105]

[27] [QME Form 106]

[30] [QME Form 107]

[40] [QME Form 108]

[1] [QME Form 110]

[53] [QME Form 111]

[54] [QME Form 112]

[11] [QME Form 113]

[55] [QME Form 116]

[56] [QME Form 122]

[57] [DEU Form 100 - Employee's Disability Questionnaire]

[58] [DEU Form 101 - Request for Summary Rating]

[29] [DEU Form 103 - Request for Reconsideration]

[59] [California Labor Code Section 4628]

[60] [California Labor Code Section 4628]

[61] [AMA Guides to Evaluation of Permanent Impairment, 5th Edition]

[62] [California Labor Code Section 4628]

[30] [California Labor Code SectionSection 4610.5-4610.6]

[4] [8 Cal. Code Regs. Section 9792.10]

[8 Cal. Code Regs. Section 30]

[8 Cal. Code Regs. Section 31.3]

[8 Cal. Code Regs. Section 31.5]

[8 Cal. Code Regs. Section 34]

[8 Cal. Code Regs. Section 35]

[8 Cal. Code Regs. Section 36]

[8 Cal. Code Regs. Section 38]

[8 Cal. Code Regs. Section 46.3]

[8 Cal. Code Regs. Section 55]

[8 Cal. Code Regs. Section 55.1]

[QME Form 105]

[QME Form 106]

[QME Form 107]

[QME Form 108]

[QME Form 110]

[QME Form 111]

[QME Form 112]

[QME Form 113]

[QME Form 116]

[QME Form 122]

[DEU Form 100]

[DEU Form 101]

[DEU Form 103]

[DWC Medical Unit FAQ]

[QME Competency Examination Study Guide]

[DWC Continuing Education Provider List]

[DWC Release 2026-11]

Cal. Lab. Code Section 4062.1

Cal. Lab. Code Section 4062.2

8 Cal. Code Regs. SectionSection 30-46.3

DWC Regulatory Amendment Notice (Feb. 2, 2023)

8 Cal. Code Regs. Section 31.3

DWC Release 2026-11 (Jan. 28, 2026)

8 Cal. Code Regs. Section 55.1

Power v. WCAB, 51 Cal. Comp. Cases 114 (1986)

Willette v. Au Electric Corp., 69 Cal. Comp. Cases 1298 (2004)

Cal. Lab. Code Section 4628

AMA Guides 5th Edition (2000)

Cal. Lab. Code SectionSection 4060-4062.3

Cal. Lab. Code Section 4060

Cal. Lab. Code Section 4061

Cal. Lab. Code Section 4062

Cal. Lab. Code SectionSection 4610.5-4610.6

8 Cal. Code Regs. Section 9792.10

Cal. Lab. Code Section 4062.1(d)

Cal. Lab. Code Section 4062.2(c)-(d)

Cal. Lab. Code Section 4062.3

8 Cal. Code Regs. Section 35

Cal. Lab. Code Section 4628

Cal. Lab. Code Section 139.2

8 Cal. Code Regs. SectionSection 1-150

8 Cal. Code Regs. Section 30

8 Cal. Code Regs. Section 31.3

8 Cal. Code Regs. Section 31.5

8 Cal. Code Regs. Section 34

8 Cal. Code Regs. Section 35

QME Form 122

8 Cal. Code Regs. Section 36

8 Cal. Code Regs. Section 38(a)

8 Cal. Code Regs. Section 38(c)

QME Form 112

8 Cal. Code Regs. Section 38(f)

8 Cal. Code Regs. Section 46.3

8 Cal. Code Regs. Section 55

8 Cal. Code Regs. Section 55.1

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Power v. WCAB, 51 Cal. Comp. Cases 114 (1986)

Power, 51 Cal. Comp. Cases at 117

Willette v. Au Electric Corp., 69 Cal. Comp. Cases 1298 (2004)

Escobedo v. Marshalls, 70 Cal. Comp. Cases 604 (2005)

Almaraz-Guzman v. Watsonville Community Hospital, 71 Cal. Comp. Cases 1041 (2006)

Vasquez v. Renteria, WCAB ADJ11017003 (May 19, 2025)

Messele v. Pitco Foods, Inc., 76 Cal. Comp. Cases 956 (2011)

Scribner v. Rosewood Miramar Hotel, 2025 Cal. Wrk. Comp. P.D. LEXIS 13 (2025)

DWC Medical Unit FAQ

DWC Sanction Guidelines for Qualified Medical Evaluators

DWC Disability Evaluation Unit

Cal. Lab. Code Section 4660

DEU Form 103

8 Cal. Code Regs. Section 55.1

DWC Release 2026-11

Cal. Lab. Code Section 139.2(j)(1)(A)

8 Cal. Code Regs. Section 38

CSIMS Report on DWC Enforcement

8 Cal. Code Regs. Section 46.3

8 Cal. Code Regs. SectionSection 31.3, 31.5, 34 (Amendments)

8 Cal. Code Regs. Section 34

8 Cal. Code Regs. Section 31.5(a)(9)

8 Cal. Code Regs. Section 46.3(a)(2)(D)

QME Form 106

QME Form 105

Messele v. Pitco Foods, Inc., 76 Cal. Comp. Cases 956 (2011)

Cal. Lab. Code Section 4628

QME Form 122

QME Form 112

DEU Form 103

QME Form 105

QME Form 106

QME Form 107

QME Form 108

QME Form 110

QME Form 111

QME Form 112

QME Form 113

QME Form 116

QME Form 122

DEU Form 100

DEU Form 101

DEU Form 103

Cal. Lab. Code Section 4628

Cal. Lab. Code Section 4628

AMA Guides 5th Edition

Cal. Lab. Code Section 4628

Cal. Lab. Code SectionSection 4610.5-4610.6

8 Cal. Code Regs. Section 9792.10

8 Cal. Code Regs. Section 30

8 Cal. Code Regs. Section 31.3

8 Cal. Code Regs. Section 31.5

8 Cal. Code Regs. Section 34

8 Cal. Code Regs. Section 35

8 Cal. Code Regs. Section 36

8 Cal. Code Regs. Section 38

8 Cal. Code Regs. Section 46.3

8 Cal. Code Regs. Section 55

8 Cal. Code Regs. Section 55.1

QME Form 105

QME Form 106

QME Form 107

QME Form 108

QME Form 110

QME Form 111

QME Form 112

QME Form 113

QME Form 116

QME Form 122

DEU Form 100

DEU Form 101

DEU Form 103

DWC Medical Unit FAQ

QME Competency Examination Study Guide

DWC Continuing Education Provider List

DWC Release 2026-11

References

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This research report addresses California Workers' Compensation QME and AME procedures based on current law and regulations as of March 1, 2026. The report is designed for practitioners, legal staff, and informed clients seeking comprehensive understanding of medical-legal evaluation processes in California workers' compensation claims. The analysis reflects binding and persuasive authority under California law, with particular attention to Ninth Circuit principles, WCAB precedent, DWC regulations, and recent 2023-2026 regulatory amendments. This report is not a substitute for individual legal advice and should not be relied upon for specific case decisions without consultation with qualified workers' compensation counsel.