

Qualified Medical Evaluator (QME) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Don't worry about getting everything right, your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations, and take breaks to retain information better.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning.

7. Use Other Tools

Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly — adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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- 1. When is a claim for temporary disability resolved by a QME?**
 - A. During the initial evaluation**
 - B. As part of the permanence evaluation**
 - C. When the claim reaches the appeals board**
 - D. As part of the standard dispute resolution process**

- 2. What causes the termination of temporary disability?**
 - A. Change in job status**
 - B. Finding of permanent and stationary or maximum medical improvement**
 - C. Employer's request for a re-evaluation**
 - D. Employee's refusal to attend therapy**

- 3. During a QME evaluation, what is the best strategy for documenting findings?**
 - A. Combining subjective opinions with facts**
 - B. Writing detailed, objective, and fact-based reports following established protocols**
 - C. Documenting only the most favorable findings for the patient**
 - D. Limiting details to essential points and conclusions**

- 4. What is the focus of the medical evaluation in the context of work-related injuries?**
 - A. Duration of leave from work**
 - B. Assessment of impairment and disability**
 - C. Evaluation of medical costs**
 - D. Monitoring of employee attendance**

- 5. Which of the following should never be sent to the selected QME?**
 - A. Medical reports accepted by both parties**
 - B. Evaluation reports deemed admissible by a WCALJ**
 - C. Rejected medical/legal reports as untimely**
 - D. Any normal medical record**

6. What is the time frame for a QME to complete a supplemental report after receiving a written request?

- A. 30 days
- B. 45 days
- C. 60 days
- D. 90 days

7. Which statement aligns with the principle of "taking employees as you find them"?

- A. The employer is liable only if the employee had no previous conditions
- B. The employer cannot escape liability based on the employee's prior health state
- C. The employer can limit claims if the employee had a preexisting injury
- D. The employer is responsible for any injury unrelated to work

8. What triggers the sending of medical records to the QME?

- A. Final decision by the employer
- B. Completion of a treatment plan
- C. Receipt of the QME Appointment Notification Form
- D. Submission of a worker's claim

9. Which of the following correctly describes a flare-up of a previous industrial injury?

- A. It's considered a new injury under workers' compensation.
- B. It does not constitute a new injury.
- C. It automatically qualifies for additional compensation.
- D. It must be treated as a workplace injury.

10. What is the primary definition of "substantial evidence" in medical reports?

- A. A concept by which medical reports are measured
- B. A method for evaluating the financial interest
- C. An evaluation technique used by insurance companies
- D. A type of standard for patient care quality

Answers

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1. D
2. B
3. B
4. B
5. C
6. C
7. B
8. C
9. B
10. A

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Explanations

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1. When is a claim for temporary disability resolved by a QME?

- A. During the initial evaluation**
- B. As part of the permanence evaluation**
- C. When the claim reaches the appeals board**
- D. As part of the standard dispute resolution process**

A claim for temporary disability is resolved by a QME as part of the standard dispute resolution process. This process ensures that all aspects of a worker's compensation claim, including temporary disability benefits, are evaluated and adjudicated appropriately. The QME plays a crucial role in assessing the medical condition of the injured worker and determining if temporary disability benefits are warranted based on the medical evidence and findings. The standard dispute resolution process incorporates various steps that allow for a thorough review of the claim, including the analysis of the worker's ability to work, the nature of the underlying medical condition, and the impact of the injury on the worker's life. By engaging a QME, parties involved in a workers' compensation case can obtain an unbiased medical opinion that aids in resolving disputes regarding temporary disability. In contrast, resolving claims during the initial evaluation typically focuses on establishing the basic medical findings without delving into specific benefit entitlements. Evaluating permanence occurs later, and while appeals may be a part of the process for other disputes, they are not inherently tied to the resolution of temporary disability claims. Therefore, identifying the resolution of temporary disability as part of the standard dispute resolution process is accurate.

2. What causes the termination of temporary disability?

- A. Change in job status**
- B. Finding of permanent and stationary or maximum medical improvement**
- C. Employer's request for a re-evaluation**
- D. Employee's refusal to attend therapy**

The termination of temporary disability benefits is primarily linked to a finding of permanent and stationary status or maximum medical improvement. This means that the injured worker's condition has stabilized to a point where they are no longer expected to improve significantly with further medical treatment. At this stage, the focus shifts from providing support for temporary disability to evaluating the potential for permanent disability and developing long-term treatment or return-to-work plans. When an individual reaches this status, it indicates they are ready for a different type of evaluation or treatment plan, which no longer justifies the continuation of temporary disability payments. Understanding this process is crucial for both employees and employers as it marks a significant transition in the handling of a worker's compensation claim.

3. During a QME evaluation, what is the best strategy for documenting findings?

- A. Combining subjective opinions with facts**
- B. Writing detailed, objective, and fact-based reports following established protocols**
- C. Documenting only the most favorable findings for the patient**
- D. Limiting details to essential points and conclusions**

The best strategy for documenting findings during a QME evaluation is to write detailed, objective, and fact-based reports following established protocols. This approach ensures that the documentation is thorough, accurate, and adheres to the standards set for medical evaluations. In a QME context, detailed reports provide a complete account of the evaluation, including the patient's history, clinical findings, and any diagnostic tests performed. Objective documentation is crucial as it minimizes bias and ensures that the evaluator's observations and conclusions are based on facts rather than personal opinions or assumptions. Following established protocols is important because it promotes consistency and reliability in QME evaluations. These protocols may include specific guidelines on how to conduct an assessment, how to interpret findings, and how to present results in a way that supports the decision-making process in workers' compensation cases. This comprehensive approach not only enhances the credibility of the evaluation but also protects the interests of all parties involved by providing a clear and transparent record of the findings. It ensures that decisions made based on the evaluation are well-supported by the documented evidence, thereby facilitating fair and accurate outcomes.

4. What is the focus of the medical evaluation in the context of work-related injuries?

- A. Duration of leave from work**
- B. Assessment of impairment and disability**
- C. Evaluation of medical costs**
- D. Monitoring of employee attendance**

The focus of the medical evaluation in the context of work-related injuries is primarily on the assessment of impairment and disability. This assessment aims to identify how an injury affects an individual's functional capabilities, which is crucial for determining the extent of their disability and the ability to return to work. In this context, impairment refers to the specific limitations or loss of bodily functions resulting from the injury, while disability encompasses a broader view of how these impairments affect the individual's daily life and work activities. By evaluating both, the medical evaluator can provide crucial insights that inform the treatment plan, possible modifications at the workplace, and the need for rehabilitation services. Assessing impairment and disability is also foundational for workers' compensation claims, as it helps in establishing eligibility for benefits and guiding the progression of recovery for the injured worker. This evaluation can influence decisions on vocational rehabilitation, further treatment options, and potentially the resolution of claims. The other choices, while relevant to workplace issues, do not encompass the primary focus of the medical evaluation in these cases. Duration of leave relates to time management rather than medical assessment, evaluating medical costs concentrates on financial aspects, and monitoring employee attendance is about job performance rather than health-related evaluations. Hence, the accurate choice aligns directly with the core objective of medical

5. Which of the following should never be sent to the selected QME?

- A. Medical reports accepted by both parties**
- B. Evaluation reports deemed admissible by a WCALJ**
- C. Rejected medical/legal reports as untimely**
- D. Any normal medical record**

The correct answer identifies that rejected medical/legal reports as untimely should never be sent to the selected Qualified Medical Evaluator (QME). This is because the purpose of sending information to the QME is to facilitate an accurate and relevant evaluation of the case at hand. When reports are deemed untimely, they are considered irrelevant for the evaluation process and may lead to unnecessary confusion or misinterpretation of the case details. Timeliness in submitting reports is critical in maintaining the integrity of the evaluation process. Reports that have been rejected due to being submitted past the allowed time frame do not reflect the current status of the claimant's medical condition or the applicable legal context surrounding the case. Therefore, including such reports would provide the QME with inaccurate information, potentially skewing their assessment and recommendations. In contrast, medical reports accepted by both parties and evaluation reports deemed admissible by a Workers' Compensation Administrative Law Judge (WCALJ) are relevant and necessary for the QME to perform a comprehensive assessment. These documents contribute to creating a clearer picture of the claimant's medical history and legal considerations, enhancing the quality of the QME's evaluation. The inclusion of normal medical records can also be useful, as they provide a baseline for understanding the individual's overall health

6. What is the time frame for a QME to complete a supplemental report after receiving a written request?

- A. 30 days**
- B. 45 days**
- C. 60 days**
- D. 90 days**

The correct answer reflects the requirement set by California's workers' compensation regulations, which state that a Qualified Medical Evaluator (QME) must complete a supplemental report within a specific time frame after receiving a written request. In this context, the regulation governs the timely completion and submission of the supplemental report to ensure that all parties involved in a workers' compensation case receive the necessary medical evaluations and updates in a reasonable time. A supplemental report is typically used to provide additional information or clarification about the original findings or to address questions raised after the initial report. By mandating a 60-day period, the regulations aim to balance the need for thoroughness in medical evaluations with the necessity for expediency in the claims process. This timeframe allows the QME sufficient opportunity to review the request, gather any additional data, and prepare a comprehensive response, ultimately facilitating a fair resolution of the case while maintaining the efficiency expected within the workers' compensation system.

7. Which statement aligns with the principle of "taking employees as you find them"?

- A. The employer is liable only if the employee had no previous conditions**
- B. The employer cannot escape liability based on the employee's prior health state**
- C. The employer can limit claims if the employee had a preexisting injury**
- D. The employer is responsible for any injury unrelated to work**

The principle of "taking employees as you find them" supports the idea that an employer must adjust their actions or responses based on the employee's current health status, regardless of any preexisting conditions. This means that if an employee is injured or becomes ill in the course of employment, employers cannot dismiss liability simply because the employee had previous health issues. This principle acknowledges that an employer is responsible for the work environment and how it affects employees, irrespective of individual health histories. By recognizing that an employer cannot escape liability due to the employee's prior health state, this aligns with the foundational goal of ensuring that employees are protected while they are on the job. It emphasizes the responsibility of employers to maintain safe working conditions and provide necessary support, considering the worker's current fitness for the job role.

8. What triggers the sending of medical records to the QME?

- A. Final decision by the employer**
- B. Completion of a treatment plan**
- C. Receipt of the QME Appointment Notification Form**
- D. Submission of a worker's claim**

The transmission of medical records to the Qualified Medical Evaluator (QME) is initiated when the QME Appointment Notification Form is received. This form is crucial as it signals that the process of evaluation has commenced and outlines the specifics of the appointment, including the medical issues that need to be reviewed. Having this form allows the medical professionals involved to understand the nature of the evaluation these records pertain to, ensuring that all relevant information is compiled and sent efficiently. It establishes the official request for documentation needed for the QME to make an informed assessment. Without receiving this notification, the process to gather and send the necessary medical records would not be triggered, as the appointment itself has not been formally established. Other responses may imply potential events in the context of a worker's compensation case, such as employer decisions or claim submissions, but they do not initiate the specific action of sending medical records needed for the QME's evaluation.

9. Which of the following correctly describes a flare-up of a previous industrial injury?

- A. It's considered a new injury under workers' compensation.**
- B. It does not constitute a new injury.**
- C. It automatically qualifies for additional compensation.**
- D. It must be treated as a workplace injury.**

A flare-up of a previous industrial injury is considered part of the ongoing effects of the initial injury rather than a new injury. This understanding is crucial within the workers' compensation framework, which emphasizes continuity of care and the treatment of pre-existing conditions. In this context, a flare-up would involve a recurrence of symptoms associated with the first injury, indicating that the injury has not fully healed or may have been aggravated rather than resulting in an entirely new medical condition. Consequently, the management of the flare-up would be directed according to the original injury's records and treatment plan, rather than initiating a new claim or considering it a distinct injury. This explanation showcases the continuity in the treatment and claims process, helping recognize that flare-ups are typically a part of the patient's previous experience rather than a separate incident warranting a completely new evaluation or compensation arrangement.

10. What is the primary definition of "substantial evidence" in medical reports?

- A. A concept by which medical reports are measured**
- B. A method for evaluating the financial interest**
- C. An evaluation technique used by insurance companies**
- D. A type of standard for patient care quality**

The primary definition of "substantial evidence" in medical reports pertains to the concept by which these reports are measured. This term is crucial in the evaluation of medical opinions and findings, as it refers to the level of evidence that supports the conclusions drawn within these reports. Substantial evidence is considered adequate when there is a reasonable basis for the conclusions based on the medical history, examination findings, and diagnostic tests, allowing for informed decision-making in personal injury cases, workers' compensation, and other related fields. In this context, "substantial evidence" serves as a benchmark for assessing the credibility and reliability of the medical assessments provided by evaluators. It is essential in ensuring that the opinions rendered in medical reports reflect a thorough understanding of the patient's condition, supported by adequate documentation and reasoning. This measurement ensures that the opinions have weight in legal and insurance scenarios, which often rely heavily on the quality and substantiation of medical documentation. The other options, while related to aspects of the medical and insurance fields, do not capture the essence of "substantial evidence." For instance, evaluating financial interests or patient care quality represents separate frameworks that do not specifically define the concept of substantial evidence within medical reports.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://qualifiedmedicaleval.examzify.com>

We wish you the very best on your exam journey. You've got this!

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