IMPAIRMENT INSIDER

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Return to WorkSA

Welcome to the second edition of the Impairment Assessor Insider in a brand new format.

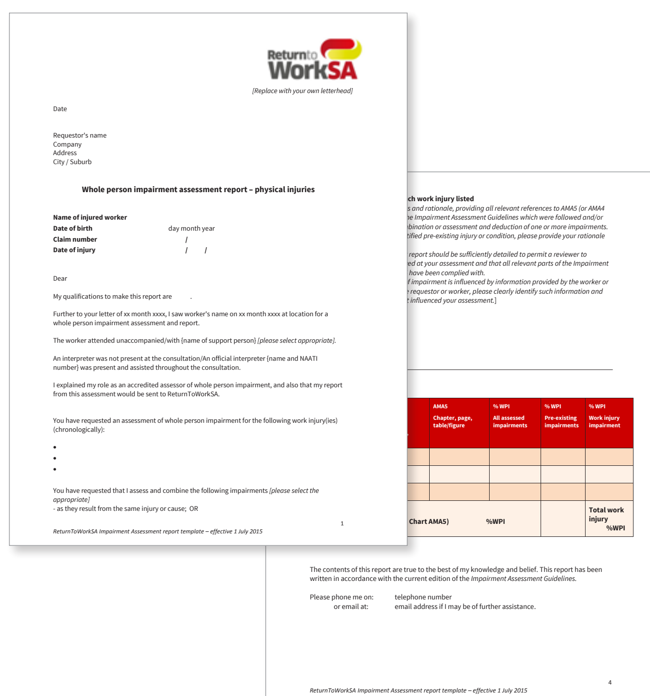
In this issue and future issues we will clarify how the previous Permanent impairment assessment newsletter articles and instructions issued under the WorkCover scheme apply, or don't apply in the Return to Work scheme. It should not be assumed that the previous articles still apply. In each edition we will re-visit one or two previous articles and update them for the Scheme, based on the changes to the Impairment Assessment Guidelines (Guidelines) and emerging case law. In the meantime, if there are areas in the new scheme that you would like clarified please email wpi@rtwsa.com suggesting an answer or article.

We have an updated assessment report template ready for you to use, developed based on some excellent feedback from assessors, which sets things out a little more clearly. The use of this template is compulsory, as stated in the Guidelines.

Transitional issues relating to the move from the WorkCover scheme to the Return to Work scheme remain current and it will be some time before these wash through the system so we have provided some extra guidance around some of those issues.

We are also launching the first of a series of Assessor Forums, where we hope you will share your issues and ideas so we can work together to provide consistent, compliant and equitable assessments for everyone in the scheme. We look forward to seeing you there.

Trish Bowe
Manager
Impairment Assessment Services



Return to WorkSA

[Replace with your own letterhead]

Date

Requestor's name
Company
Address
City / Suburb

Whole person impairment assessment report – physical injuries

Name of injured worker
Date of birth day month year
Claim number /
Date of injury / /

Dear

My qualifications to make this report are .

Further to your letter of xx month xxxx, I saw worker's name on xx month xxxx at location for a whole person impairment assessment and report.

The worker attended unaccompanied/with {name of support person} *[please select appropriate].*

An interpreter was not present at the consultation/An official interpreter {name and NAATI number} was present and assisted throughout the consultation.

I explained my role as an accredited assessor of whole person impairment, and also that my report from this assessment would be sent to ReturnToWorkSA.

You have requested an assessment of whole person impairment for the following work injury(ies) (chronologically):

-
-
-

You have requested that I assess and combine the following impairments *[please select the appropriate]*
- as they result from the same injury or cause; OR

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ReturnToWorkSA Impairment Assessment report template – effective 1 July 2015

ch work injury listed
s and rationale, providing all relevant references to AMA5 (or AMA4 he Impairment Assessment Guidelines which were followed and/or bination or assessment and deduction of one or more impairments. tified pre-existing injury or condition, please provide your rationale

report should be sufficiently detailed to permit a reviewer to ed at your assessment and that all relevant parts of the Impairment have been complied with. f impairment is influenced by information provided by the worker or requestor or worker, please clearly identify such information and t influenced your assessment.]

	AMA5 Chapter, page, table/figure	% WPI All assessed impairments	% WPI Pre-existing impairments	% WPI Work injury impairment
Chart AMA5)	%WPI			Total work injury %WPI

The contents of this report are true to the best of my knowledge and belief. This report has been written in accordance with the current edition of the *Impairment Assessment Guidelines.*

Please phone me on: telephone number
or email at: email address if I may be of further assistance.

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ReturnToWorkSA Impairment Assessment report template – effective 1 July 2015

Updated compulsory report assessment template

Identifying other conditions in a world of one assessment

The Impairment Assessment Guidelines (Guidelines) (1.7, p4) outline what should be done if you identify an impairment caused by a medical condition not identified in the request for assessment. The requirement in the *Return to Work Act 2014* for only one impairment assessment of a worker from one or more injuries (including any consequential injuries) arising from the same trauma creates an issue with this instruction. If you go ahead and do not rate this condition, the worker may not be able to have this condition assessed at a later date (if it is determined that it is compensable) and may be disadvantaged.

Accordingly, if you are faced with this situation, we recommend that you contact the requestor to establish whether they had prior knowledge of this condition and whether compensability has been determined. If compensability has been determined and the requestor wishes for it to be assessed (i.e. it was left out inadvertently), then they should provide an updated request incorporating that condition.

If compensability has not been determined or it is a previously unknown condition, it may be that you need to stop the assessment so that the worker has an opportunity to ensure all conditions can be assessed, where appropriate, and when all conditions have reached maximum medical improvement (MMI). In this instance, you would provide a report including the history of injuries and a comment as to the link of the newly identified conditions with the compensable injuries. A further comment should be made that the assessment was not proceeded with to allow for the compensability determination of the new conditions. Normal whole person impairment (WPI) report charges apply.

We will reconsider this section when we next review the Guidelines.

Revised Impairment Assessment report template

We have used some feedback from assessors to update the report templates. The new physical injuries and psychiatric injuries templates are available on our new impairment assessment news and resources page. Using a template provides clarity and consistency, helps to identify key points and ensures you provide all the required information.

While the requestor will provide a history and details of the injury, it is incumbent on you to take a history and provide those details in the report (1.44, p10, Guidelines).

Please ensure that you are using the relevant template in accordance with 1.46 of the Guidelines.

Returnto WorkSA

To combine or not to combine?

When is the surgery considered to constitute part of the original work injury and therefore impairments related to the surgery will not be requested separately?

You may have been receiving assessment requests which include a direction to provide separate impairment assessments for the original work injury and the surgery or surgeries. This is due to case law relating to the previous Act which determined that surgery is considered a new 'trauma' and therefore is a new injury sustained on a separate date. The *Return to Work Act 2014* specifically addresses this issue for new injuries, so this approach only applies to injuries sustained pre 1 July 2015 and where the surgery was undertaken was also pre 1 July 2015 (although we have a number of matters before the South Australian Employment Tribunal which may produce a different outcome).

Section 7(6) of the *Return to Work Act 2014* states: -

"Any injury attributable to surgery or other treatment or service performed with due care and skill by a person professing to have particular skills and undertaken or provided while attending at a place referred to in subsection (5)(e) will be taken to constitute part of the original work injury."

Subsection (5)(e) – includes attendance at a place to receive a medical service or to obtain a medical report…".

As the injuries sustained on or after 1 July 2015 stabilise, you will soon begin to receive report requests that ask for any impairments caused by surgery to be considered part of the original injury. One assessment of the impairment as currently presented is all that is required, without the need to separate the assessments by original injury and surgery, as has been the case in recent times.

Please find below a guide to assist you in identifying whether the surgery is considered to constitute part of the original injury or not, based on legal opinion and current case law.

Injury date pre 1 July 2015	**Injury date pre 1 July 2015**	**Injury date post 30 June 2015**
Surgery date pre 1 July 2015	**Surgery date post 30 June 2015**	**Surgery date post 30 June 2015**
Surgery is considered a new 'trauma' and therefore you will be requested to provide separate assessments for the original injury and each surgery.	Surgery is considered part of the original work injury and therefore you will not be requested to provide separate assessments.	Surgery is considered part of the original work injury and therefore you will not be requested to provide separate assessments.

Do you know your obligations?

The Impairment Assessor Accreditation scheme provides conditions and service standards for accreditation. These include the use of the required template, provision of appointments and reports within set timeframes, maintenance of professional standards and development, confidentiality and impartiality. For example:

a) you must not accept a request for an assessment if you are unable to see the worker within 6 weeks of the appointment being requested, and

b) examination of a worker should be performed as soon as possible, generally within 3 weeks after the request for an appointment is made, unless otherwise agreed and documented between the requestor and the assessor.

These requirements are important to ensure there is no undue delay in workers having their impairments assessed and entitlements to compensation for non-economic loss and economic loss, if any, determined - particularly in circumstances where their entitlement to income support is due to cease.

The required rate of compliance with the Guidelines is 85% within the prior 6 month period or in the last 10 assessment reports provided. While we recognise that there has been some complexity around transitional claims, our compliance focus is on the methodological process, calculations and rationale. Report review helps guide us in what we need to deliver to you in information and education. Our goal is to provide as much support as possible to ensure the highest quality assessments. The Return to Work scheme has now been in place for over 12 months and we are starting to see an increase in the overall compliance rate, which indicates that assessors are becoming more familiar with new processes and Guidelines.

The Impairment Assessment Services team continues to monitor assessor obligations on behalf of the Minister and we plan to provide individual performance reports for assessors undertaking higher numbers of assessments in the New Year.

Please ensure you are familiar with the requirements of the Accreditation Scheme and contact us if you are having any difficulty in any areas or have any questions.

Return to WorkSA

Trail of reasoning

Impairment assessment reports have many readers, including workers, workers' representatives, reviewers, case managers, conciliators and judges. In order to understand the process you have undertaken and ensure the assessment complies with the Guidelines, it is important that readers are able to follow your reasoning from examination and measurement, to the use of methods and tables, individual ratings and your arrival at the final whole person impairment destination.

As described in the Guidelines (1.43 to 1.51, p 10) the report should provide a rationale consistent with the methodology and content of the Guidelines and include a comparison of the key findings with the impairment criteria.

For example, you are required to provide detailed reasons for:

- placing a worker's injury in a particular class or category
- selecting a percentage within a percentage range
- how activities of daily living (ADLs) have been included and why
- how other additional ratings have been arrived at. For example ratings for continuing radiculopathy after surgery in the spine chapter or rating scarring using the TEMSKI.

Assessors who do not provide a clear trail of reasoning in their reports will usually be asked by ReturnToWorkSA to amend their reports to clarify how they arrived at the final assessment for each impairment.

Although the assessor makes the final decision about whether to amend the report or provide clarification, the claims agent is unable to use a whole person impairment report that does not accurately reflect the requirements of the Guidelines (i.e. not compliant) when determining a worker's entitlements under the *Return to Work Act 2014*.

Don't forget arthritis and scarring

Sometimes it is difficult to identify if the assessor has considered arthritis or scarring in the assessment from the information included in the report. Don't forget to consider and assess these, where relevant, and advise in the report if you were/were not able to rate them, with clear reasoning.

A number of reports are seen with 0% in the pre-existing column of the summary table. This implies that the assessor has undertaken an assessment of a pre-existing condition and determined the impairment rating as 0% whole person impairment. Please only assign a 0% where you have made an assessment and found that there is no impairment. If there is insufficient information to use to provide an impairment rating, it is more appropriate for you to comment 'not rateable' in the summary table and/or explain within the body of the report.

Update your contact details

If you change your address, practice arrangements or alter what referrals you wish to accept, please email us wpi@rtwsa.com so we can update our records and assessor listing. Don't forget to provide your certificate of public liability insurance for any new location.

Lead Assessor billing

Please note that, in accordance with the Medical Fee Schedule, the Lead Assessor for impairment assessment can only bill for one report, usually a complex report, as will be requested by the written request. There is no separate fee for summarising the other reports in the Lead Assessor report and providing the total percent of whole person impairment. The 'sub-report(s)' will be reviewed by Impairment Assessment Services before being sent to the Lead Assessor and the Lead Assessor's report is reviewed only once at the end of the process.

If the requestor requires any additional information or clarification they will request a supplementary report. If you receive a Lead Assessor request and have any concerns, please contact the requestor.

Defined diagnoses

Some reports are being submitted in which the opinion/diagnosis reflects a symptom or clinical finding without addressing the pathology either indicated or clinically judged to be responsible, or how that may be caused by or connected in a relevant way to the compensable injury.

For the upper extremity, the Guidelines require that the injured person will have a defined diagnosis that can be confirmed by clinical evaluation (2.3, p15). Therefore, if a diagnosis simply states that the worker has a painful condition, or has lost movement, without provision of an opinion on the cause of the condition or the pathology present, then this section of the report is likely to be queried upon review, with reference to paragraph 2.3.

Similarly, for assessment of the spine, using DRE methodology, the pathology responsible for the condition should be identified or opined, rather than using statements such as 'trauma from a fall' or 'lumbar pain and spasm'. AMA5 (p379) states that the DRE method is used to evaluate an individual who has a distinct injury, and tables 15-3 to 15-5 instruct that history and examination findings must be compatible with a specific injury in order to rate DRE II or higher. However, a non-specific opinion such as 'minor lumbar strain' or 'aggravation of spondylosis' still provides adequate medical rationale for the condition.

Assessment of psychiatric disorders (16.4, p97) also requires a psychiatric diagnosis based on DSM-5, made by the treating psychiatrist, prior to the assessment.

In the Digestive Chapter of AMA5, assessors are using Table 6-4, Criteria for Rating Permanent Impairment Due to Colonic and Rectal Disorders, to rate constipation resulting from the use of medication. To assess as Class 1, the criteria includes signs and symptoms and colonic or rectal disease. As constipation is a symptom, not a sign, you must provide the appropriate diagnosis of the colonic or rectal disorder.

For all body systems, pain (as a subjective condition) should not be a 'stand-alone' diagnosis.

Invitation

Assessor Discussion Forum

Date: Thursday 1 December 2016

Place: ReturnToWorkSA
Ground floor
400 King William Street
Adelaide

Time: 5:30 to 7:00pm

Topic: To deduct or not to deduct?

RSVP: By 25 November 2016
Email wpi@rtwsa.com or call 8238 5727

Bring along examples or issues for discussion with your fellow assessors.

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