



# Occupational Physicians:

What you wanted to know but didn't want to ask.

DR JOSH MUNN

MB, BS, FAFOEM, MSCTECH (OCCMED), FRACGP

#### Overview

- ► Who we are/n't
- Services that can be provided
  - ▶ Difference between Treating Dr and Independent
- Common Pitfalls/Frustrations
- ▶ Recommendations
- Questions

#### Who/What we are/n't

- ▶ We are not occupational therapists
- Medical degree and post graduate training
- ► Specialist faculty of the RACP
- ► Often a second specialty

# Occupational Physician Services

- Highly varied between practitioners
  - ▶ 'Company Doctor'
  - ► Corporate group
  - ► Referral-based treating
  - ►IME/PI

#### What do I want?

▶ Biggest and most important question.

If you don't know you probably won't get it.

# Treating Dr referrals

- ▶ Time
- Knowledge of workplaces
  - ▶ Past experience and site visits.
- Usually better at 'hard' conversations.
- Used to negotiation, organisation and practical skills in RTW.
- ▶ Wide range of medical experience

## Treating vs Independent opinion

- ▶ A treating Dr is not independent.
- ► TD has probably spent a lot more time with the IW and likely has a better appreciation of them and their condition... but
  - Has to maintain a working relationship
  - May believe the quickest way to get treatment is to have an active claim
  - Are usually not used to 'tough love', which may well be needed

#### Independent Medical Examinations

- ► Fresh eyes
  - Compensability but also diagnostic, treatment recommendations
- Objectivity
- Medicolegal opinions (ie ones that may go to court) have clearly defined areas of expertise

# Short summary

- Don't ask treating Drs for an IME-type opinion
  - ▶ TD report are very valuable for guidance about treatment plans, prognosis, barriers, recommendations etc but you'll almost always get a response saying it is a compensable condition.
- ► IMEs are not likely to be able to provide a medicolegal opinion on all of the conditions dealt with as treating doctors.
- ▶ If wanting something in-between fresh eyes, treatment-focussed independent opinion but not needing comment on causality/liability, consider Second Opinion Medicine Review.

# Common frustrations (probably)

#### Treating Dr

- Lack of certification
- ► Lack of rapid progress

#### IME

- "I asked for % attribution"
- "You didn't answer my implied question"
- "We gave you a statement from the co-worker/supervisor etc that said it was all made up... why did you ignore that?"

### Referral RFI – Treating Dr

#### **Treating**

- ▶ Waiting too long to refer
- ► Marginalising the treating GP
- Case discussions

#### Referral RFI - IME

#### IME

- ► Still waiting on info: can you please delay the report?
- ► Contact treating Dr
- Asking about work-relatedness in an already accepted claim

# Questions