



WorkCover WA Guidance Notes for Approved Medical Specialists

**Procedures for the permanent
impairment assessment**

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WorkCover WA

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About WorkCover WA

WorkCover WA is the government agency responsible for overseeing the workers' compensation and injury management system in Western Australia.

This includes monitoring compliance with the *Workers' Compensation and Injury Management Act 1981*, informing and educating workers, employers and others about workers' compensation and injury management and providing an independent dispute resolution system.

Disclaimer

This publication contains information regarding workers' compensation. It includes some of your obligations under the workers' compensation legislation that WorkCover WA administers. To ensure you comply with your legal obligations you must refer to the appropriate legislation.

This publication may refer to WorkCover WA administered legislation that has been amended or repealed. When reading this publication you should always refer to the latest laws. Information on the latest laws can be checked at www.workcover.wa.gov.au or www.slp.wa.gov.au or contact (08) 9388 5555 or 1300 794 744.

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Foreword

The WorkCover WA Guidance Notes are based on the provisions of the *Workers' Compensation and Injury Management Act 1981* (the Act) and *Workers' Compensation and Injury Management Regulations 1982* (the Regulations). They provide practical information on the impairment assessment process.

When a worker sustains an injury which results in a permanent impairment, an Approved Medical Specialist (AMS) may be requested to evaluate the worker's level of permanent impairment in order to determine whether the worker can access common law, Schedule 2 lump sum payments, exceptional circumstances medical payments and/or a specialised retraining program.

The WorkCover WA Guidance Notes complement the WorkCover WA Guidelines for the Evaluation of Permanent Impairment, fourth Edition (WorkCover WA Guidelines) developed for evaluating the degree of permanent impairment.

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Section 1: Introduction

1.1 Purpose and content

The Guidance Notes have been developed to assist Approved Medical Specialists (AMS) who have been asked to assess an injured worker's degree of permanent impairment.

The Guidance Notes provide administrative and procedural information for AMS to consider and apply when conducting impairment assessments in accordance with the WorkCover WA Guidelines.

The Guidance Notes:

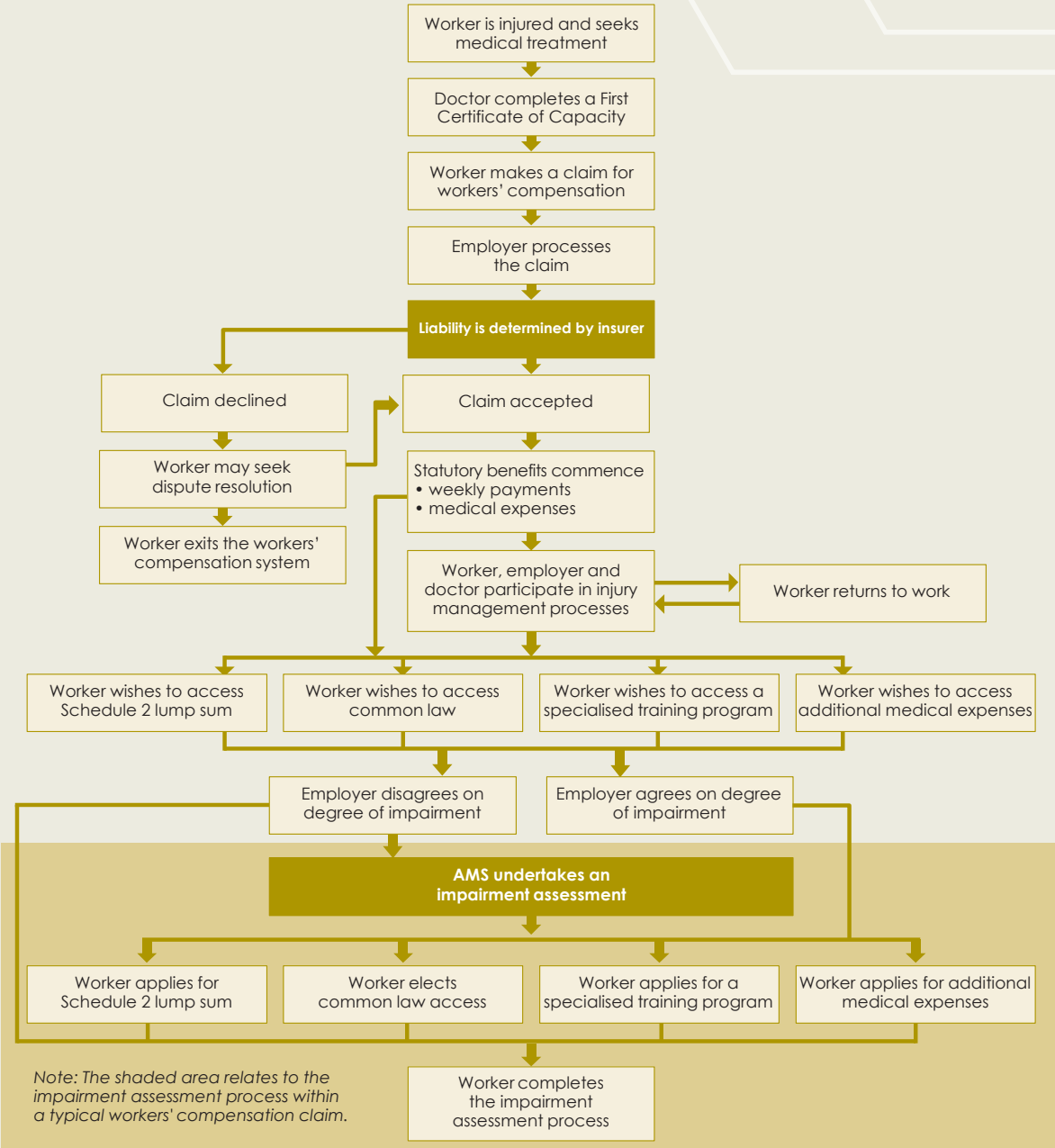
- provide a step-by-step guide to procedures for assessing impairment; and
- outline the role and responsibilities of an AMS in managing the impairment assessment process.

Section 2: Impairment assessment within the workers' compensation system

The information in this section provides the context in which impairment assessments are undertaken in the workers' compensation system.

2.1 Impairment assessments in the workers' compensation system

This flowchart provides an overview of how a claim may progress in the workers' compensation system and when impairment assessments may be required.



2.2 When is an impairment assessment required?

An impairment assessment is required whenever there is a need to establish the degree of permanent impairment from a work-related injury, so as to determine an injured worker's access to:

1. pursuing damages at common law (Part IV, Division 2, Subdivision 3 of the Act);
2. Schedule 2 lump sum payment for specified injuries (Part III, Division 2A of the Act);
3. a specialised retraining program (Part IXA of the Act);
4. payment of additional medical and related expenses (ie exceptional circumstances) (clause 18A(2a)(a) of Schedule 1 of the Act).

2.2.1 Common law access

Access to common law is determined on the basis of an injured worker's whole person impairment (WPI).

Workers seeking to pursue a common law claim for damages against their employer must have a permanent WPI of at least 15%.

When an assessment is required, the outcome must be provided to the Director, Conciliation prior to the 'termination day'. In normal circumstances, the termination day is 12 months from the date that a claim for weekly payments of compensation was made.

The employer cannot disagree with the assessment at this stage, nor stop the worker electing to pursue common law. Any dispute as to the level of WPI may be raised in the course of proceedings before the District Court.

In order for workers to access common law, secondary conditions (psychological, psychiatric and sexual) are not considered in the impairment assessment, but they may be included in a court's assessment of damages.

An AMS may decide that a worker's condition has not stabilised sufficiently for the impairment assessment to be undertaken (i.e. the worker has not reached 'maximum medical improvement' (MMI)). The AMS must give the worker a certificate stating that the condition has not stabilised to the extent required and the worker may lodge an application with the Director, Conciliation for an extension to the termination day.

For common law purposes, a worker may request a 'special evaluation', where an AMS has found that their injury has not stabilised sufficiently for a normal evaluation to be undertaken. However, a special evaluation cannot be undertaken until six months after the date of the original termination day.

A worker who requests an AMS to make this special evaluation must do so no later than eight weeks before the extended termination day. A copy of the original AMS's certificate (stating that the worker's condition has not stabilised) must accompany the worker's request for the special evaluation.

2.2.2 Schedule 2 lump sum payments

In addition to weekly compensation payments, a worker may be entitled to a lump sum payment where the injury results in permanent impairment of a part of the body mentioned in the 'Table of compensation payable' (Schedule 2 of the Act).

A worker's entitlement to a Schedule 2 lump sum payment is determined initially on the basis of WPI or regional impairment and then converted to a degree of permanent impairment of the body part or faculty.¹¹

¹¹ An Approved Medical Specialist is not required to certify or assess the level of impairment for a worker certified with AIDS, as compensation is paid at 100% of the prescribed amount.

The amount of the lump sum payment is based on the degree of impairment. The amount payable is calculated in accordance with the percentage ratio of the prescribed amount in Schedule 2 of the Act.

2.2.3 Specialised retraining program

Access to a specialised retraining program depends, in part, on the level of the worker's WPI.

A specialised retraining program is available to injured workers who are unable to return to work and who have a WPI of at least 10% but less than 15%. These workers must also meet strict retraining criteria.

2.2.4 Exceptional circumstances medical payments

Part of the criteria for a worker's access to 'exceptional circumstances medical payments' is determined on the basis of WPI.

Workers seeking an assessment for exceptional circumstances medical payments are unlikely to have achieved maximum medical improvement. In this situation, the Act allows for the assessment to be undertaken as a special evaluation.

If a worker meets the criteria to seek exceptional circumstances medical payments and has a WPI of 15% or more, they may apply for an additional sum for medical and related expenses. This sum is capped.

2.3 Who can perform an impairment assessment?

Only medical practitioners designated by WorkCover WA as AMS can undertake an assessment of a worker's degree of permanent impairment for the purposes of the Act.

2.4 What is the process to become an AMS?

Medical practitioners wishing to be designated as AMS should apply to WorkCover WA. They must satisfy the following criteria:

1. be registered as a medical practitioner with no current notations, conditions or reprimands for disciplinary purposes recorded against their registration for medical practice; and
2. provide evidence of current clinical practice and/or expertise in assessment; and
3. have undertaken training in the WorkCover WA Module, which includes training in the WorkCover WA Guidelines, and;
 - i) have undertaken training in the use of the American Medical Association Guides to the Evaluation of Permanent Impairment upon which the current WorkCover WA Guides are based; or
 - ii) have current accreditation as a "Certified Independent Medical Examiner" with the American Board of Independent Medical Examiners (ABIME); or
 - iii) have undertaken other training in impairment assessment approved by WorkCover WA; and
4. have qualifications as a specialist; or be able to demonstrate competency levels acceptable to WorkCover WA.

Non-specialist medical practitioners

Other (non-specialist) medical practitioners should note that in order to demonstrate the competency required, WorkCover WA will take into consideration an applicant's relevant skills, experience and qualifications.

As a guide, WorkCover WA will review the extent to which a medical practitioner has:

- significant work in a medical practice with consistent management and assessment of injured workers;
- experience in undertaking medical assessments of injured workers; and
- relevant qualifications, for example, ABIME exam certification, or other similar qualifications related to medico-legal assessments or disability assessments.

Applications in this category will be considered on a case-by-case basis.

Section 3: Impairment assessment procedures

The summary flow chart (see page 12), provides an overview of the forms to be completed, reports and other specific requirements relating to impairment assessment.

To determine a worker's degree of permanent impairment, the AMS must first decide whether or not MMI has been achieved (as defined in the WorkCover WA Guidelines). The concept of MMI should be understood prior to conducting an impairment assessment.

In limited circumstances a special evaluation can be carried out for workers requesting an assessment of impairment in order to make an election by the termination day to pursue common law damages (section 93N), or for a further additional sum for medical and other expenses under clause 18A(2aa)(a) of Schedule 1 (exceptional circumstances medical payments) of the Act.

A 'special evaluation' allows for an evaluation to be done even if the condition has not stabilised. This overrides the American Medical Association's Guides to the Evaluation of Permanent Impairment, 5th Edition (AMA5) and the WorkCover WA Guidelines, which require the condition to have reached MMI.

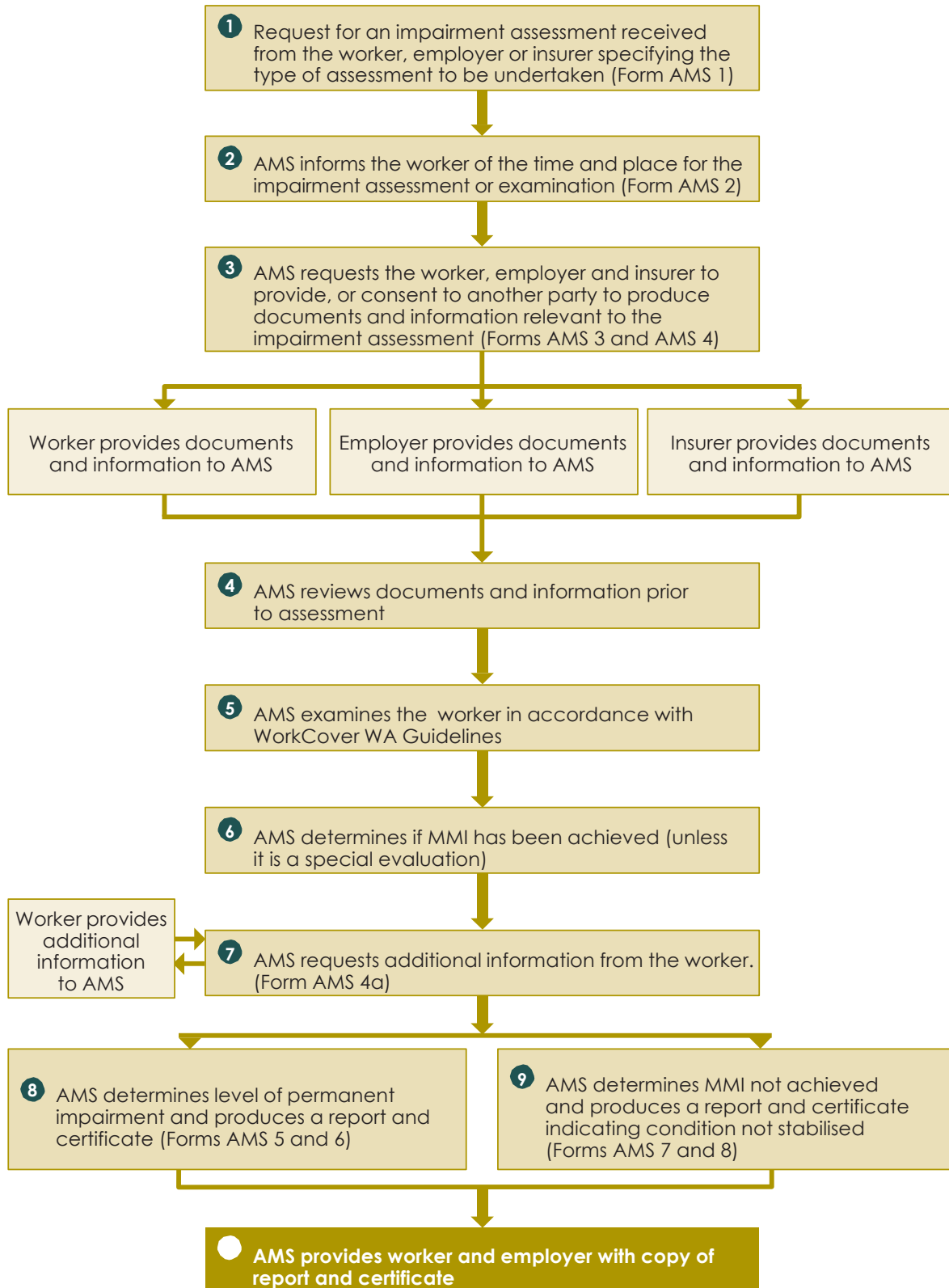
AMS are required to undertake an impairment assessment and provide written impairment reports and certificates to the injured worker and employer within six weeks of receiving a request for an impairment assessment for the purpose of pursuing common law damages.

If this is not possible, the AMS must:

- notify the injured worker of the reasons why this timeframe cannot be met; and
- advise the worker of an estimated time by which the AMS can perform an assessment and produce an impairment report and certificate.

3.1 Procedures for an impairment assessment

The flowchart below outlines the referral, conduct and reporting procedures for permanent impairment assessments. Each step is numbered and comments are provided which explain what an AMS does during this part of the impairment assessment process.



3.2 Step 1: Request for an impairment assessment received from the worker, employer or insurer specifying the type of assessment to be undertaken (Form AMS 1)

3.2.1 Who can make a request for an assessment of a worker's degree of permanent impairment?

The worker, employer or employer's insurer can initiate a request for an impairment assessment.

3.2.2 Process for an assessment of a worker's degree of impairment

The person requesting an AMS to undertake an impairment assessment must complete a Request for Assessment by Approved Medical Specialist of a Workers' Degree of Permanent Impairment (Form AMS 1) specifying the relevant parties' details and the purpose of the assessment.

The form should be completed in as much detail as possible. It is not the responsibility of the AMS to determine the purpose of the assessment.

Form AMS 1 sets out the details required. It identifies the worker, the injury and the purpose of the assessment.

In practice, prior to receiving the completed Form AMS 1, the person requesting the assessment should contact the AMS to ensure they will undertake the assessment and that the AMS specialty is suitable for assessing the particular impairment. An AMS may decline to undertake an assessment.

Refer to the next page for an example of Form AMS 1 (available from the WorkCover WA website at www.workcover.wa.gov.au).

Workers' Compensation and Injury Management Act 1981

**REQUEST FOR EVALUATION BY APPROVED MEDICAL
SPECIALIST OF A WORKER'S DEGREE OF PERMANENT
IMPAIRMENT**
[section 146A(3)]

To

Name of the Approved Medical Specialist

Address _____

Postcode

Worker's details

Surname _____ Other names _____

Date of birth _____
/ /

Address _____

Postcode

Date of injury _____
/ /

Description of Injury _____

Contact telephone number _____ Email address _____

Employer's details

Name of organisation _____

Contact person _____

Address _____

Postcode

Contact telephone number _____ Email address _____

Name of Insurer _____ Insurer claim number _____

Workers' Compensation and Injury Management Act 1981

Purpose(s) of the Assessment

- Schedule 2: Lump Sum Payments**
Assessment for the purpose of Part III Division 2A
- Common Law**
Assessment for the purpose of Part IV Division 2 Subdivision 3
- Specialised Retraining Programs**
Assessment for the purpose of Part IXA
- Payment of Additional Medical Expenses: Exceptional Circumstances**
Assessment for the purpose of clause 18A of Schedule 1

Details of the Person Requesting the Assessment

Surname Other names

Company name (if applicable)

Address

Postcode

Contact telephone number Email address

Please make the necessary arrangement to perform an evaluation of the worker's degree of permanent impairment.

Signed: _____

signed by the person making the request

Date

3.3 Step2: AMS informs the worker of the time and place for the impairment assessment or examination (Form AMS 2)

3.3.1 Who is responsible for advising the worker that they need to attend an impairment assessment or examination?

On being requested and agreeing to assess a worker's degree of permanent impairment, the AMS may require the worker to attend at a place specified by the AMS.

A Requirement for Worker to Attend Before an Approved Medical Specialist (Form AMS 2) should be completed, specifying the requirement to attend and the purpose of the assessment. The request must be sent to the worker's address specified in the request for assessment (Form AMS 1).

3.3.2 What if the worker doesn't submit to an examination?

Form AMS 2, which is seen as a confirmation to the worker of the appointment, is particularly important as the employer or employer's insurer may have requested the assessment.

Refer to the next page for an example of Form AMS 2 (available from the WorkCover WA website at www.workcover.wa.gov.au).

REQUIREMENT FOR WORKER TO ATTEND BEFORE AN APPROVED MEDICAL SPECIALIST

[section 146G(1)(a)]

To

Name of the worker required to attend.

Address

Postcode

Date of birth

/ /

Date of injury

/ /

Description of injury

Contact telephone number

Email address

Employer's details

Name of organisation

Contact person

Address

Postcode

Contact telephone number

Email address

Name of Insurer

Insurer claim number

You are required to attend before

Name of the Approved Medical Specialist

Address

Postcode

Telephone number

Email address

at am/pm on/...../..... 20.....

(insert time)

(insert date)

Workers' Compensation and Injury Management Act 1981

This evaluation was requested by

Surname	Other names
<input type="text"/>	<input type="text"/>
Company name (if applicable)	
<input type="text"/>	
Address	
<input type="text"/>	
Postcode	
Contact telephone number	Email address
<input type="text"/>	<input type="text"/>

Purpose(s) of the Assessment

- Schedule 2: Lump Sum Payments**
Assessment for the purpose of Part III Division 2A
- Common Law**
Assessment for the purpose of Part IV Division 2 Subdivision 3
- Specialised Retraining Programs**
Assessment for the purpose of Part IXA
- Payment of Additional Medical Expenses: Exceptional Circumstances**
Assessment for the purpose of clause 18A of Schedule 1

Signed: _____
 Approved Medical Specialist Date

PLEASE NOTE: Failure to comply with this requirement could result in a fine of up to \$2,000.

3.4 **Step 3: AMS requests the worker, employer or insurer to provide, or consent to another party to produce, documents and information relevant to the impairment assessment (Forms AMS 3 and AMS 4)**

3.4.1 **What documents or information could the AMS be provided with for an impairment assessment?**

The Act empowers an AMS to:

- require the worker to answer any questions about the injury;
- require the worker, the employer or the employer's insurer to produce, or to consent to another party producing, any relevant documents or information for use in dealing with the request to assess a worker's degree of permanent impairment.

3.4.2 **Requirement to Produce Relevant Documents or Information (Form AMS 3)**

The Requirement to Produce Relevant Documents or Information for an Impairment Assessment (Form AMS 3) enables the AMS to specify the person (worker, employer or employer's insurer) from whom further information is required and the types of documents and information (e.g. medical or specialist report, scan or x-ray) required before undertaking the assessment. An example of Form AMS 3 (available from WorkCover WA), is provided on the next page.

3.4.3 **Requirement to Consent to Another Party to Produce Relevant Documents or Information for an Impairment Assessment (Form AMS 4)**

To obtain the worker's, employer's or insurer's consent to another party producing relevant documents or information for the impairment assessment, the AMS should complete the Requirement to Consent to Another Party to Produce Relevant Documents or Information for an Impairment Assessment (Form AMS 4). An example of Form AMS 4 (available from WorkCover WA) is provided on the following pages.

This may be relevant when, for example, a worker has requested an examination by a specialist but has not yet received the report. An AMS can require the worker's consent for the specialist's report to be provided to the AMS.

An AMS may also seek information from WorkCover WA in relation to the worker. WorkCover WA may, with the consent of the worker, disclose to the AMS any information it may have in relation to the worker that may be relevant to the impairment assessment.

Workers' Compensation and Injury Management Act 1981

REQUIREMENT TO PRODUCE RELEVANT DOCUMENTS OR INFORMATION FOR AN IMPAIRMENT ASSESSMENT

[section 146G(1)(c)(i)]

To

Name of the worker, employer or employer's insurer.
Address
Postcode

Under section 146G(1)(c)(i) of the Workers' Compensation and Injury Management Act 1981, you are required to provide relevant documents and information for an impairment assessment in accordance with the following:

Worker's details

Surname Other names
Date of birth
Address Postcode
Date of injury
Description of injury
Contact telephone number Email address

Employer's details

Name of organisation
Contact person
Address Postcode
Contact telephone number Email address
Name of Insurer Insurer claim number

Workers' Compensation and Injury Management Act 1981

The following documents and/or information are required:

[Empty box for required documents and/or information]

Purpose(s) of the Assessment

- Schedule 2: Lump Sum Payments**
Assessment for the purpose of Part III Division 2A
- Common Law**
Assessment for the purpose of Part IV Division 2 Subdivision 3
- Specialised Retraining Programs**
Assessment for the purpose of Part IXA
- Payment of Additional Medical Expenses: Exceptional Circumstances**
Assessment for the purpose of clause 18A of Schedule 1

Signed: _____
 signed by the Approved Medical Specialist Date

Please forward the document/s and information required to the address below:

Name of Approved Medical Specialist

Address

Postcode

Telephone number Email address

PLEASE NOTE: You have seven days to comply with this requirement.

A person who fails to comply commits an offence and is liable to a maximum penalty of \$2,000.

Workers' Compensation and Injury Management Act 1981

REQUIREMENT TO CONSENT TO ANOTHER PARTY TO PRODUCE RELEVANT DOCUMENTS OR INFORMATION FOR AN IMPAIRMENT ASSESSMENT [section 146G(1)(c)(ii)]

To

Name of the worker, employer or employer's insurer.

Address

Postcode

Under section 146G(1)(c)(ii) of the Workers' Compensation and Injury Management Act 1981 you are required, to consent to:

Name of person who has the relevant documents or information

[Empty text box for name of person]

Address of person who has the relevant documents or information

[Empty text box for address and postcode]

providing the documents and information listed below pertaining to the assessment of the degree of permanent impairment for:

Worker's details

Surname

[Empty text box for surname]

Other names

[Empty text box for other names]

Date of birth

[Empty date box with slashes]

Address

[Empty text box for address and postcode]

Date of injury

[Empty date box with slashes]

Description of injury

[Empty text box for injury description]

Contact telephone number

[Empty text box for telephone number]

Email address

[Empty text box for email address]

Employer's details

Name of organisation

[Empty text box for organisation name]

Contact person

[Empty text box for contact person]

Workers' Compensation and Injury Management Act 1981

Address

Postcode

Contact telephone number Email address

Name of Insurer Insurer claim number

The following documents and/or information are required by the Approved Medical Specialist:

Purpose(s) of the Assessment

- Schedule 2: Lump Sum Payments**
Assessment for the purpose of Part III Division 2A
- Common Law**
Assessment for the purpose of Part IV Division 2 Subdivision 3
- Specialised Retraining Programs**
Assessment for the purpose of Part IXA
- Payment of Additional Medical Expenses: Exceptional Circumstances**
Assessment for the purpose of clause 18A of Schedule 1

Signed: _____

signed by the Approved Medical Specialist Date

Please forward the document/s and information required to the address below:

Name of Approved Medical Specialist

Address

Postcode

Telephone number Email address

PLEASE NOTE: You have seven days to comply with this requirement.

A person who fails to comply commits an offence and is liable to a maximum penalty of \$2,000.

3.5 Step 4: AMS reviews documents and information prior to assessment

If the timeframe to comply with a requirement to produce relevant documents and information and give consent is not specified, the worker or the person to whom the requirement is addressed, has seven days (from the day on which they received the request) to comply.

If documents or information are not supplied within the seven days, sanctions may apply to the worker or person who failed to produce them. If this happens, the AMS may contact WorkCover WA for advice on what action to take.

The AMS should review the relevant background documents and information before undertaking the assessment of a worker's degree of permanent impairment.

3.6 Step 5: AMS examines the worker in accordance with WorkCover WA Guidelines

3.6.1 How to access the WorkCover WA Guidelines

The Act requires a worker's degree of permanent impairment to be evaluated as a percentage, in accordance with the WorkCover WA Guidelines.

The WorkCover WA Guidelines provide step-by-step instructions for an evaluation of a worker's degree of permanent impairment.

In addition to the WorkCover WA Guidelines, the AMS will require access to the American Medical Association's Guides to the Evaluation of Permanent Impairment, Fifth Edition (AMA5) as the WorkCover WA Guidelines refer to assessment methodology in the AMA5.

Copies of the WorkCover WA Guidelines can be obtained from the WorkCover WA website at www.workcover.wa.gov.au.

Telephone: (08) 9388 5555
WA regional callers: 1300 794 744

3.7 Step 6: AMS determines if maximum medical improvement has been achieved (unless it is a special evaluation)

3.7.1 Maximum medical improvement (MMI)

An assessment of a worker's degree of permanent impairment is to be conducted only when the AMS considers the worker's condition has stabilised to the extent required for an evaluation of permanent impairment. This occurs when the worker's condition is unlikely to change substantially within 12 months with or without further medical treatment (ie further recovery or deterioration is not anticipated). At this stage the worker is considered to have reached MMI.

The only exception to this principle is in the limited circumstances which provide for a special evaluation. Although the worker's condition has not stabilised, a special evaluation allows for an impairment assessment to be made for the purposes of:

- pursuing common law damages; or
- exceptional circumstances medical payments.

The following section entitled 'What is a special evaluation?' and the WorkCover WA Guidelines provide further information on special evaluations and when they are permitted.

3.7.2 What is a special evaluation?

In certain circumstances, a special evaluation may be conducted where a worker's condition has not stabilised, or reached MMI, to the extent otherwise normally required

for an evaluation to be made in accordance with the WorkCover WA Guidelines. In these circumstances the AMS assesses the degree of impairment as if the worker's condition has reached MMI.

There are two circumstances where special evaluations are permitted:

- for access to common law; and
- exceptional circumstances medical payments.

The details of these limited circumstances are outlined below:

3.7.2.1 Common law access

A worker wanting to pursue their right to seek damages at common law must undergo an evaluation of their degree of WPI, as the threshold for access requires an injured worker to have a permanent WPI of 15% or greater. As there are time constraints (i.e. the termination day) on proceeding with a common law claim, a special evaluation can be conducted in cases where:

- i) the worker has already obtained an extension to the termination day on the basis that his or her condition has not stabilised;
- ii) at least 18 months has passed since the day the worker's claim for compensation by way of weekly payments was made; and
- iii) the worker's medical condition is still yet to be stabilised to the extent required for a normal evaluation of the worker's degree of WPI, that is, MMI has not been reached.

In the case of special evaluations, the AMS must first consider whether the worker's condition has stabilised. Once it is established that MMI has not been reached, the AMS needs to complete a Report on Worker's Condition Not Stabilised (Form AMS 7) and Certificate Where Worker's Condition Not Stabilised (Form AMS 8).

Once the special evaluation is complete, the AMS needs to prepare a Report on Evaluation of the Degree of Permanent Impairment (Form AMS 5) and a Certificate of Degree of Permanent Impairment (Form AMS 6). An AMS must make it clear on the documentation that the worker's degree of permanent impairment was assessed for the purpose of a special evaluation.

3.7.2.2 Clause 18A(2aa)(a) Exceptional circumstances medical payments

A special evaluation must also be done if a worker is applying for a further additional sum for medical and other expenses (in exceptional circumstances).

This allows for cases where a worker has sustained a significant injury and incurs medical and related expenses that exceed the prescribed amount. The worker must have also used the additional sum of \$50,000 and still requires further medical treatment.

An arbitrator may allow for the payment of a further additional sum to cover medical and related expenses if an injured worker has exhausted their entitlement. An arbitrator can only do this if the parties agree or the worker provides a Certificate of Degree of Permanent Impairment (Form AMS 6) from an AMS that certifies that the worker's degree of permanent WPI. An evaluation will be necessary for this purpose as one of the eligibility criteria is that the worker has a least 15 per cent WPI.

The evaluation of the worker's degree of WPI may be made even if the worker's

condition has not reached MMI. In this case, a special evaluation may be conducted.

The WorkCover WA Guidelines state that a special evaluation is to be conducted by assessing the degree of impairment as if the worker's condition has reached MMI.

3.8 Step 7: AMS requests additional information from the worker (Form AMS 4a)

3.8.1 What if the AMS needs additional information for an impairment assessment?

If, after examining the worker, the AMS requires additional information, the Requirement to Produce Information for an Impairment Assessment (Form AMS 4a) is used to require the worker to provide any relevant information.

This may be necessary if the AMS becomes aware of information regarding the worker's claim, such as a pre-existing symptomatic injury to the same location as the injury being assessed. The AMS has the right to seek information from the worker that may help determine if there should be a reduction in the assessment to account for a pre-existing symptomatic disease.

Please note: For guidance on where a deduction for a pre-existing injury applies, refer to the WorkCover WA Guidelines.

REQUIREMENT TO PRODUCE INFORMATION FOR AN IMPAIRMENT ASSESSMENT
[section 146G(2)]

To

	Name of the worker.
Address	_____
	Postcode

Under section 146G(2) of the *Workers' Compensation and Injury Management Act 1981*, you are required to provide the relevant information detailed below for an impairment assessment as follows:

Worker's date of birth

Date of injury

Description of injury

Contact telephone number	Email address
<input style="width: 280px;" type="text"/>	<input style="width: 250px;" type="text"/>

Employer's details

Name of organisation

Contact person

Address

	Postcode
Contact telephone number	Email address
<input style="width: 280px;" type="text"/>	<input style="width: 250px;" type="text"/>
Name of Insurer	Insurer claim number
<input style="width: 280px;" type="text"/>	<input style="width: 250px;" type="text"/>

Workers' Compensation and Injury Management Act 1981

The following information is required:

Purpose(s) of the Assessment

Schedule 2: Lump Sum Payments

Assessment for the purpose of Part III Division 2A

Common Law

Assessment for the purpose of Part IV Division 2 Subdivision 3

Specialised Retraining Programs

Assessment for the purpose of Part IXA

Payment of Additional Medical Expenses: Exceptional Circumstances

Assessment for the purpose of clause 18A of Schedule 1

Signed: _____

signed by the Approved Medical Specialist

/ /

Date

Please forward the information required to the address below:

Name of Approved Medical Specialist

Address

Postcode

Telephone number

Email address

PLEASE NOTE: You have seven days to comply with this requirement.

A person who fails to comply commits an offence and is liable to a maximum penalty of \$2,000.

3.9 **Step 8: AMS determines level of permanent impairment and produces a report and certificate (Forms AMS 5 and 6)**

3.9.1 **How to record the outcome of an impairment assessment**

Where the AMS considers the condition has stabilised (by reaching MMI) or in the case of a special evaluation, the Act requires both:

- a report on the worker's degree of permanent impairment – the Report on Evaluation of the Degree of Permanent Impairment (Form AMS 5); and
- a certificate of the degree of impairment – the Certificate of Degree of Permanent Impairment (Form AMS 6).

Examples of these forms are shown on subsequent pages.

3.9.2 **Report on evaluation of the degree of permanent impairment (Form AMS 5)**

An example of the Report on Evaluation of the Degree of Permanent Impairment (Form AMS 5) follows.

This form includes the impairment rating and brief reasons for the findings that have been made. A more detailed explanation of references to specific parts of Form AMS 5 and a worked example report can be found in the Appendix.

REPORT ON EVALUATION OF THE DEGREE OF PERMANENT IMPAIRMENT
[section 146H(1)]

For

 Name of the worker.

Address _____

 Postcode

Date of birth

Date of injury

Description of injury

Contact telephone number

Email address

Employer's details

Organisation name

Contact person

Address

Postcode

Telephone number

Email address

Name of Insurer

Insurer claim number

Purpose(s) of the assessment

Schedule 2: Lump Sum Payments

Assessment for the purpose of Part III Division 2A

Common Law

Assessment for the purpose of Part IV Division 2 Subdivision 3

Specialised Retraining Programs

Assessment for the purpose of Part IXA

Payment of Additional Medical Expenses: Exceptional Circumstances

Assessment for the purpose of clause 18A of Schedule 1

Date of the examination

/ /

Examination location

Postcode

Reports and documents provided (list of documents and information provided)

A narrative history (as provided by the worker on history of injury, occupational history, past medical history)

Physical examination

Diagnostic studies

Diagnosis and impairments

The proportion of permanent impairment due to any previous injury that was not asymptomatic

Workers' Compensation and Injury Management Act 1981

Impairment rating and rationale (detail the relevant references used in assessing the percentage of permanent impairment as per the WorkCover Guides)

Body part or system.	Chapter number	Table/Figure number.	% of permanent impairment.

The calculation of the worker's degree of permanent impairment (show how the degree of permanent impairment was calculated, detail if any combination of body part or systems)

Statement as to the reasons for arriving at the calculation of the worker's degree of permanent impairment

Signed: _____ Date / /

signed by the Approved Medical Specialist

Approved Medical Specialist name

Address

Postcode

Telephone number Email address

Note: Copies of this report are to be provided to both the worker and employer.

PIRS rating form

In the case of assessing psychiatric impairment, the AMS should also complete the Psychiatric Impairment Rating Scale (PIRS) rating form in Table 11.8 on page 66 of the WorkCover WA Guidelines. An example of the PIRS rating form (available from WorkCover WA) is shown below.

Name		Claim reference number	
D.O.B.		Age at time of injury	
Date of injury		Occupation before injury	
Date of assessment		Marital status before injury	
Psychiatric diagnoses	1.		2.
	3.		4.
Psychiatric treatment			
Is impairment permanent?	Yes	No	(Circle one)
PIRS category	Class	Reason for decision	
Self care and personal hygiene			
Social and recreational activities			
Travel			
Social functioning			
Concentration, persistence and pace			
Employability			

Score						Median Class
						=

Aggregate Score Impairment						=	Total	%
+	+	+	+	+				

3.9.3 Certificate of degree of permanent impairment

The certificate allows for a statement certifying the worker's degree of impairment.

When providing an assessment for the purpose of Schedule 2 lump sum payments, the AMS needs to ensure that the degree of permanent impairment relates to the item number and the impairment description as per Part 2 of Schedule 2 of the Act.

Example 1

I certify that having assessed the above worker on .../.../...,

Insert date of examination

in accordance with the Workers' Compensation and Injury Management Act 1981,

the degree of permanent impairment for the injury detailed above is:

14% of item 52 'Impairment of the arm below the elbow' as per Part 2 of Schedule 2.

Example 2

For certificates for the purpose of 'common law access, specialised retraining program or exceptional circumstances medical payments', the degree of permanent impairment is expressed as per the following example:

I certify that having assessed the above worker on .../.../...,

Insert date of examination

in accordance with the Workers' Compensation and Injury Management Act 1981, the degree of permanent impairment for the injury detailed above is:

8% whole person impairment (WPI).

An example of the Certificate of Degree of Permanent Impairment (Form AMS 6) follows.

CERTIFICATE OF DEGREE OF PERMANENT IMPAIRMENT
[section 146H(1)]

For

Name of the worker.

Address _____
Postcode _____

Date of birth
/ /

Date of injury
/ /

Description of injury

Contact telephone number _____ Email address _____

Employer's details

Name of organisation

Contact person

Address _____
Postcode _____

Contact telephone number _____ Email address _____

Name of Insurer _____ Insurer claim number _____

This certificate is for the purpose(s) of:

Schedule 2: Lump Sum Payments
Assessment for the purpose of Part III Division 2A

Common Law
Assessment for the purpose of Part IV Division 2 Subdivision 3

Specialised Retraining Programs
Assessment for the purpose of Part IXA

Payment of Additional Medical Expenses: Exceptional Circumstances
Assessment for the purpose of clause 18A of Schedule 1

Workers' Compensation and Injury Management Act 1981

I certify that having assessed the above worker on
...../...../.....,
Insert date of examination
in accordance with the *Workers' Compensation Injury Management Act 1981*, the degree of permanent impairment for the injury detailed above is:

Please state the degree of permanent impairment as a percentage. Also note for Schedule 2 lump sum payments [Part III Division 2A] please specify the item number and the impairment description as per Part 2 of Schedule 2)

Signed: _____ Date

	/		/	
--	---	--	---	--

signed by the Approved Medical Specialist

Approved Medical Specialist name

Address

Postcode

Telephone number.

 Email address

Note: Copies of this certificate are to be provided to both the worker and employer.

3.10 Step 9: AMS determines MMI not achieved and produces a report and certificate indicating condition not stabilised (Forms AMS 7 and 8)

3.10.1 What if the worker's condition has not stabilised?

With the exception of special evaluations, it is a legal requirement that an assessment of permanent impairment can be performed only when a worker's condition has reached MMI.

If the AMS considers the worker's condition has not stabilised to the extent required to evaluate the degree of permanent impairment, the AMS is required to issue a report and certificate detailing that finding.

To report the findings that the worker's condition has not stabilised, the AMS completes the Report on Worker's Condition not Stabilised (Form AMS 7), as opposed to Form AMS 5 (which applies when MMI is achieved).

To certify the findings that the worker's condition has not stabilised, the AMS also completes the Certificate Where Worker's Condition not Stabilised (Form AMS 8), as opposed to Form AMS 6 (which applies when MMI is achieved).

Examples of these forms are shown on subsequent pages.

Workers' Compensation and Injury Management Act 1981

REPORT ON WORKER'S CONDITION NOT STABILISED [section 146H(2)(c)]

For

Name of the worker
Address
Postcode

Date of birth
/ /

Date of injury
/ /

Description of injury

Contact telephone number
Email address

Employer's details

Organisation name

Contact person

Address
Postcode

Telephone number
Email address

Name of Insurer
Insurer claim number

Purpose(s) of the assessment

Schedule 2: Lump Sum Payments Assessment for the purpose of Part III Division 2A

Common Law Assessment for the purpose of Part IV Division 2 Subdivision 3

Specialised Retraining Programs Assessment for the purpose of Part IXA

Workers' Compensation and Injury Management Act 1981

Date of the examination

/ /

Examination location

Postcode

Narrative history, findings on examination and any relevant reports and diagnostic studies

Reasons justifying the finding that the worker's condition has not stabilised to the extent required to evaluate the degree of permanent impairment

Signed:

signed by the Approved Medical Specialist / /
Date

Approved Medical Specialist name

Address

Postcode

Telephone number.

Email address

Note: Copies of this certificate are to be provided to both the worker and employer.

Workers' Compensation and Injury Management Act 1981

CERTIFICATE WHERE WORKER'S CONDITION NOT STABILISED
[section 146H(2)]

For

 Name of the worker.

Address _____

 Postcode

Date of birth
 [/ /]

Date of injury
 [/ /]

Description of injury

Contact telephone number [] Email address []

Employer's details

Organisation name

Contact person

Address _____

 Postcode

Telephone number [] Email address []

Name of Insurer [] Insurer claim number []

This certificate is for the purpose(s) of:

Schedule 2: Lump Sum Payments []
 Assessment for the purpose of Part III Division 2A

Common Law []
 Assessment for the purpose of Part IV Division 2 Subdivision 3

Specialised Retraining Programs []
 Assessment for the purpose of Part IXA

Workers' Compensation and Injury Management Act 1981

I certify that having assessed the above worker on/...../....., *Insert date of examination* in accordance with the *Workers' Compensation Injury Management Act 1981*, the worker's condition has not stabilised to the extent required for an evaluation to be made for the above purpose (has not reach maximum medical improvement as required in the WorkCover Guides).

Common law assessments only

For the purpose of section 93M(4)(a)(ii) of the Act, in my opinion, the Termination Date should be extended to:

/ /

Date

Signed: _____

signed by the Approved Medical Specialist

/ /

Date

Approved Medical Specialist name

Address

Postcode

Telephone number.

Email address

Note: Copies of this certificate is to be provided to both the worker and employer.

3.11 Step 10: AMS provides worker and employer with copy of report and certificate

3.11.1 What needs to be done after the report and certificate are produced?

The Act requires an AMS to provide both the worker and employer, regardless of who requested the evaluation, with a report of the worker's degree of permanent impairment and a certificate specifying the worker's degree of permanent impairment. Alternatively, if the worker's condition has not stabilised, the AMS must provide a report and certificate to that effect.

Section 4: Fees and protection for AMS

4.1 What fees are payable for an impairment assessment?

The maximum rates payable for undertaking impairment assessments are those set in the *Workers' Compensation and Injury Management (Scale of Fees) Regulations 1998*. The following is an extract of this regulation:

Scale of maximum fees — Approved Medical Specialists

- (1) Under section 292(3) of the Act, the scale of maximum fees set out in Schedule 6 is prescribed as the scale of maximum fees to be paid to Approved Medical Specialists for making or attempting to make assessments referred to in Part VII Division 2 of the Act.

The fee schedules are indexed annually and available via the WorkCover WA website. The maximum fees payable are set exclusive of GST.

4.2 Who is responsible for payment of an impairment assessment of a worker?

The person (i.e. the worker, employer or the employer's insurer) requesting the impairment assessment is responsible for payment of the maximum fee.

If the worker requests the impairment assessment for the initial impairment assessment for common law purposes, the worker is entitled to be reimbursed by their employer for the fees payable. This initial assessment includes any attempts to undertake an assessment, which may have resulted in certification that the worker's condition had not stabilised.

In the case of an impairment assessment initiated by the worker (except for the first common law assessment), it is good practice for the AMS to:

- advise the worker of the fees payable;
- ensure the worker understands they are responsible for the fees payable; and
- ensure the worker understands they are not entitled to be reimbursed by their employer for the fees payable.

4.3 Protection for AMSs from liability regarding an impairment assessment

Section 304(2) of the Act provides the following protection to AMS:

"An action in tort does not lie against a person to whom this section applies for anything that the person does or omits to do in good faith in the performance of a function under this Act."

Section 5: Release of information

5.1 AMS obligations

5.1.1 Impairment reports and certificates

The AMS is required to give both the worker and the employer a copy of the report and relevant certificate regarding the worker's degree of permanent impairment, regardless of who requested the assessment. The report and certificate may also be provided to the employer's insurer (although this is not mandatory under the Act).

The AMS should not release the report or certificate to a third party unless the worker's consent has been obtained.

5.1.2 Other documents and information

The worker or a third party, such as the employer, employer's insurer or their representatives, may ask for additional information from the AMS, including comments on aspects of the worker's injury other than their degree of permanent impairment.

Prior to responding to requests for information for any other purpose, the AMS should:

- establish that the worker's consent has been obtained for the release of additional information;
- determine for what purpose the additional information will be used (this will help decide what information is relevant); and
- determine in what form the additional information is required (ie report, consultation, verbal communication).

5.1.3 Information for review by WorkCover WA

WorkCover WA may require an AMS to provide information on impairment assessments they have undertaken in order to monitor consistency of the assessments and compliance with the Act.

Section 6: Resolving permanent impairment assessment disputes

6.1 What happens if there is a dispute?

A worker may apply to WorkCover WA's Conciliation and Arbitration Services for assistance if the worker and employer cannot agree on the worker's degree of permanent impairment for the purposes of accessing:

- Schedule 2 lump sum payments;
- a specialised retraining program;
- exceptional circumstances medical payment.

Disputes regarding the degree of permanent impairment for common law access is determined by the District Court.

6.2 What happens if the worker or employer complains about the way the impairment assessment was undertaken?

A complaint received from a stakeholder about an impairment assessment should be directed to WorkCover WA.

Any complaint that falls within the jurisdiction of the Medical Board of Western Australia, such as misconduct, will be referred to the Medical Board for resolution.

Section 7: Further information

WorkCover WA

WorkCover WA is the trading name of the WorkCover WA Authority, the statutory authority responsible for the administration of the workers' compensation and injury management system in Western Australia.

2 Bedbrook Place Shenton Park WA 6008

Telephone: (08) 9388 5555

Advisory services: 1300 794 744

Facsimile: (08) 9388 5550

TTY (for the hearing impaired): (08) 9388 5537

Website: www.workcover.wa.gov.au

Other relevant material and resources are available from WorkCover WA, including:

- the WorkCover WA Guidelines for the Evaluation of Permanent Impairment;
- administrative forms;
- register of AMS;
- fee schedule for AMS.

Appendix: Checklist and sample report on evaluation of impairment

Checklist

The step-by-step checklist and worked sample report shown below will assist AMS to complete the Report on Evaluation of the Degree of Permanent Impairment (Form AMS 5).

The checklist contains references to specific parts of Form AMS 5. The numbers in the checklist of steps correspond to the numbers in the worked sample report on the following pages.

The WorkCover WA Guidelines provide directions for evaluating the degree of permanent impairment.

STEPS	COMMENTS
1. List any relevant reports and documents	<ul style="list-style-type: none"> • Include a detailed list of any document or information (eg prior evaluations) requested and received from the worker, employer or the employer’s insurer.
2. Include a narrative history	<ul style="list-style-type: none"> • Include a narrative history of medical conditions including: <ul style="list-style-type: none"> - chief complaints - history of the injury - occupational history - past medical history - family history - social history - review of systems - any other relevant history. • Points to consider: <ul style="list-style-type: none"> - onset (include information that may be relevant to onset, such as an occupational exposure or injury) and course of conditions - symptoms - findings on previous examination - treatments - responses to treatment (include adverse effects).
3. Undertake physical examination	Undertake a physical medical examination of the patient to establish a possible diagnosis of the injury.

STEPS	COMMENTS
4. List diagnostic these study results	<ul style="list-style-type: none"> • List diagnostic study results. For example, may include: <ul style="list-style-type: none"> - laboratory tests - electrocardiograms - exercise stress studies - radiographic and other imaging studies - rehabilitation evaluations - mental status examinations - other tests or diagnostic procedures.
5. Discuss diagnosis and impairments	<ul style="list-style-type: none"> • Detail the diagnosis of the injury. • At this point no deduction should be made to take into account a recurrence, aggravation, or acceleration of any previous injury or pre-existing disease or abnormality that was to any extent asymptomatic prior to the work injury. Refer to the WorkCover WA Guidelines for more detailed information. • In evaluating the degree of impairment of a worker for the purposes of common law access, a specialised retraining program and exceptional circumstances medical payments, disregard any secondary condition, whether psychological, psychiatric, or sexual, that arises as a secondary or less direct, consequence of that injury or injuries. Refer to the WorkCover WA Guidelines for more detailed information.
6. Discuss proportion of impairment due to previous injury	<ul style="list-style-type: none"> • For any condition that was symptomatic prior to the work injury, there may be a 'deductible proportion' in the degree of impairment. Discuss the 'deductible proportion' in the degree of impairment according to the WorkCover WA Guidelines.
7. Use WorkCover WA Guidelines to calculate impairment rating	<ul style="list-style-type: none"> • Compare the medical findings with the impairment criteria listed within the WorkCover WA Guidelines and calculate the appropriate impairment rating for each impairment.
8. Calculate and discuss impairment rating	<ul style="list-style-type: none"> • Calculate the total degree of impairment – combine multiple impairments for a WPI. • Include an explanation of each impairment value with reference to the applicable criteria of the WorkCover WA Guidelines. • Discuss how specific findings relate to, and compare with, the criteria described in the applicable WorkCover WA Guidelines chapter. • Refer to and explain the absence of any pertinent data and how the AMS determined the impairment rating with limited data.
9. Provide rationale for impairment rating and state findings	<ul style="list-style-type: none"> • Discuss rationale of impairment rating and any possible inconsistencies in the examination.

Sample Report

Options for various paragraphs have been marked with asterisk (ie *).

Report On Evaluation Of The Degree Of Permanent Impairment

[section 146H(1)]

For Sandra Citizen
Name of the worker

Address 11 Worker Drive
Perth WA Postcode 6000

Date of birth 01/01/1988

Date of injury 30/01/2005 Insurer claim number AB 11111111

Description of Injury Lower back

Contact telephone number 041 000000000 Email address _____

WorkCover WA claim number WCCN WCCN: 12345678

Employer's details

Organisation name Employer Industries

Contact person George Employer

Address 2 Employer Drive
Perth WA Postcode 6000

Telephone number 9111 1111 Email address employer@work.net

Name of Insurer Approved

Insurer WorkCover WA number (if known) WC 12345678

This certificate was for the purposes of:

Schedule 2: Lump Sum Payments
Assessment for the purpose of Part III Division 2A

Common Law Access
Assessment for the purpose of Part IV Division 2 Subdivision 3

Specialised Retraining Program
Assessment for the purpose of Part IXA

Exceptional Circumstances Medical Payments
Assessment for the purpose of clause 18A of Schedule 1

Sample report (continued)

Date of the examination

xx/xx/2010

Examination location Lake Street

Perth

Postcode 6000

Reports and documents provided (list of documents and information provided)

1 At the time of my review on xx xxx 201x I had been supplied with the following documents to assist me with the assessment:

- a) Dr Small's referral note xx/xx/201x
- b) Mr Smith's report xx/xx/201x
- c) Copy of X-ray report xx/xx/201x
- d) Copy of CT report xx/xx/201x.

In addition, at the time of my review I viewed:

- e) X-rays taken at two hospitals xx/xx/201x
- f) MRI taken by Dr Jones xx/xx/201x.

I have requested documents from the workers' employer and insurer and have been supplied with the following:

- g) accident report date xx/xx/201x and witness statements
- h) photographs of the workplace and site of the accident
- i) investigator's film, apparently taken between xx 201x and xx 201x, in which Ms Citizen is clearly identified.

A narrative history (as provided by the worker on history of injury, occupational history, past medical history)

2 History

Ms Citizen told me that on 14/11/05 she was bending over to pick up a box of photocopying paper when she felt a sudden pain in her lower back. She said the box was full, and probably weighed about 20 kg (*Note: get weights of objects, etc if possible*). She told me that this event occurred at about 10.30 am (*Note: get exact time of events if possible*) and that, as she was about to have morning tea she decided to stop work and rest for a while. She did not tell her workmates immediately about the incident, but returned to her workstation about a half hour later. By 2.30 pm, the pain in her back had increased and she reported the incident to her supervisor. The pain became so severe by 4.00 pm that she left work early to see her general practitioner, Dr Small.

Ms Citizen showed me where the pain started. She pointed to the spinous processes of her back at the belt level.

Treatment

Ms Citizen said that her general practitioner prescribed (*Note: insert the precise description of drugs, if necessary*) and after these medications gave no relief, she was referred for physiotherapy for three weeks (*Note: obtain periods of treatment*). She initially had some relief from this treatment but ceased the treatment when progress slowed. X-rays were taken on 30/12/2005. The X-ray report of 'Z Hospital' reads:

(Note: Quote report where relevant)

I have viewed the X-rays. In addition, a CT scan was carried out, 25/01/2006. I have read the CT report (*Note: Quote relevant portion*).

(Note: As patients often have numerous X-rays, CT scans, etc it is important to refer to them by date)

Ms Citizen has done some swimming and other exercise with limited relief to her back pain. She was referred to (colleague) Mr Smith in January 2006 and I have read his report (*Note: Quote relevant portion*).

Present treatment

Ms Citizen presently takes (*Note: insert the precise description of drugs, if necessary*) for her back pain and (*Note: insert the precise description of drugs, if necessary*) to assist her sleep.

Work history

Ms Citizen is employed as a webpage designer. Her description of her duties prior to the lifting accident was:

- a) (*Note: insert the precise description of duties*)
- b) ...

This description does/does not accord with the formal duty statement provided by Ms Citizen's employer.

After the lifting accident on 14/11/2005 she was absent from work for three weeks. Ms Citizen returned to modified duties after three weeks. The modified duties consisted of:

- a) (*Note: insert the precise description of the modified duties*)
- b) ...

This work differed from Ms Citizen's normal duties in that it (*Note: discuss whether the duties were lighter/heavier/radically different etc*). After three months of this regime of modified duties, Ms Citizen found the lower back pain was increasing and again consulted her general practitioner, Dr Small. Dr Small referred her for further physiotherapy. Ms Citizen has not returned to work since (*Note: insert dates*).

Current Complaints

Ms Citizen stated that her back pain was severe for three weeks after the accident in November 2005. When she returned to work after three weeks, the pain had reduced. However, she stated that after about two months on what she described as 'light duties' the pain increased until, after about three months, she could no longer work.

Ms Citizen currently complains of significant pain in the lower back, and she says *(Note: use the patient's own language)* "this pain spreads to either side of my back and towards my coccyx." She indicated that sometimes she gets pain in her right leg down to her knee. The pain in her right leg occurs about twice a month and lasts for a few hours *(Note: careful non-suggestive questioning is needed to understand the patient's own appreciation of the symptoms)*. "The general lower back discomfort at the time of my examination was mild and static."

Ms Citizen stated that the pain is worse if she sits for longer than 30 minutes or when lifting anything heavier than her groceries. She can walk for 20 minutes without discomfort but longer walks require her to rest. She reported that she previously played hockey and tennis but has ceased these sports since the accident.

General Health

Ms Citizen told me she did not currently have any other medical problems/did have the following: *(Note: Insert details)*

(Note: if there are other medical conditions, the medical practitioner should comment on any relationship with the pathology that is the subject of the report)

Past History

Ms Citizen indicated that she did not previously suffer any back injuries or pain.

3 Physical examination

Ms Citizen stated that she had travelled to my rooms by car. Her friend had driven her. She felt a little stiff this morning, but otherwise said she was having a reasonable day.

Ms Citizen could stand erect without any list and demonstrated a reasonable range of lower back movement. Her fingertips reached to within 15cm of the floor on flexion before she showed any sign of discomfort. The straight-leg raising reached 75 degrees and nerve tension signs were negative. Reflexes were presented equal and bilateral. There was no other neurological deficit found. There was tenderness elicited to palpation to the lower three of the lumbar sections. Ms Citizen complained of some pain, this was more marked at the lumbo-sacral level.

(Note: all other tests performed on examination should be noted)

I performed the following tests and could/could not reproduce any consistent measurement.

4 Diagnostic studies

(Note: Review of X-rays/CT/MRI scan and any other tests of diagnostic studies)

X-rays and MRI scans referred to previously were reviewed. I noted from the X-ray, evidence of *(Note: Insert details of observations)*. This was confirmed in the CT/MRI scan.

5 Diagnosis and impairments

Ms Citizen has *(Note: Insert condition)*. I have formed this view from *(Note: Refer to supporting evidence in detail, ie X-rays/examinations/subjective complaints)*. This is also evidence of *(Note: State additional preliminary diagnoses)* – this could be confirmed by *(Note: Indicate what further tests might be required)*. At present I would be confident that it is *(Note: Insert condition)*.

This condition is/is not consistent with the history obtained/diagnosis of Mr Smith (*Note: If there is a difference of professional opinion state clearly why this has been reached with direct reference to medical reports*). My opinion is that after reviewing Ms Citizen, and seeing the investigator's film(s) of (*Note: Insert date*), that the subjective complaints and objective test are/are not consistent.

On the investigator's film I saw the following activities being performed by Ms Citizen:

- a) ...
- b) ...
- c) ...

These activities are/are not consistent with the complaints described to me. They are not/are consistent because:

- a) ...
- b) ...
- c) ...

(Note: If there is a conflict between any of the medical reports or certificates then an analysis of the reports, etc should be noted and a statement of which reports are preferred and why this is so)

6 The proportion of permanent impairment due to any previous injury that was not asymptomatic

N/A as Ms Citizen indicated that she did not previously suffer any back injuries or pain.

7 Impairment rating and rationale (detail the relevant references used in assessing the percentage of permanent impairment as per the WorkCover WA Guides)

I have assessed the impairment as follows;

Body part or system	Chapter number	Table/Figure number	% of permanent impairment

8 The calculation of the worker's degree of permanent impairment (show how the degree of permanent impairment was calculated, detail if any combination of body part or systems)

(Note: This part should include a discussion of the WPI, including any rounding up, combined assessments and/or conversions required and should include a statement to the following effects)

'I certify that the worker has XX% whole body impairment.'
(Note: Reasons for arriving at the calculation of the worker's degree of permanent impairment)

9 Impairment rating criteria

As a consequence of my examination and consideration of the diagnostic tests and taking into account the worker's history my opinion is that the worker suffers permanent impairment to:

- a) ...
- b) ...
- c) ...

and I consider that at the time of examination the worker had reached maximum medical improvement and that the impairment is permanent (*Note: The Supreme Court has considered that permanent means "more likely than not, to persist into the foreseeable future"*) because ...

... the limitations of activities of daily living

... my prognosis is based on ...

and I have noted the current treatment received by the worker (*Note: any medication/physiotherapy, etc*) and taken this into account. (*Note: It may be appropriate to supply more detail as to how this is taken into account.*)

Signed _____ Date ____ / ____ / ____

signed by the Approved Medical Specialist

Name of Approved Medical Specialist _____

Address _____

_____ Postcode _____

Telephone number _____ Email address _____

Note: [This form has been completed using the example report provided by Dr Rob Guthrie of the School of Business Law, Curtin University of Technology paper *Practice and Procedure for Approved Medical Specialists Under the Worker's Compensation and Injury Management Act 1981 (WA)*, which was adapted for the new AMS report format].





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