

Managing workplace injuries in Tasmania:

*A handbook for primary
treating medical practitioners*



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Introduction

This handbook is for medical practitioners involved in managing a patient with a workplace injury or illness.

It aims to:

- give you a holistic and practical understanding of the injury management process and its philosophies
- highlight your role and responsibilities, and those of others involved in the injury management process
- explain WorkSafe Tasmania's expectations of your role in managing workers with a workplace injury or illness.

By increasing your knowledge in these areas, you will be able to positively influence the behaviours and attitudes of those involved in the injury management process, and contribute to positive outcomes for everyone — especially for your injured worker.

Terms

In this handbook, the term 'workplace injury' also covers work-related illness. The term 'injured worker' also covers a worker suffering a work-related illness.

Legislation

This handbook should be read in conjunction with the Workers Rehabilitation and Compensation Act 1988, the Workers Rehabilitation and Compensation Regulations 2011 and other relevant legislation. To find these laws, go to www.worksafe.tas.gov.au

This handbook does not provide comment on, or reference to, every provision in the legislation. It has no legal force and is not to be taken as an expression of the law.

This handbook was produced by WorkSafe Tasmania.
We welcome your feedback: wstinfo@justice.tas.gov.au

Workers compensation and rehabilitation in Tasmania

Workers compensation is compensation payable to a worker who suffers an injury or illness arising out of or in the course of their employment.

An injury includes a disease and the recurrence, aggravation, acceleration, exacerbation or deterioration of any pre-existing Injury or disease where the worker's employment is the major or most significant contributing factor.

In the case of a disease, the worker's employment has contributed to a substantial degree only if it is the major or most significant factor.

A worker may be entitled to compensation for:

- weekly payments while incapacitated for work
- medical and other expenses
- rehabilitation expenses
- permanent impairment.

The main legislation setting out the laws about workers compensation in Tasmania is the Workers Rehabilitation and Compensation Act 1988. This Act has two main purposes:

- to return an injured worker to work as quickly and safely as possible
- to ensure an injured worker is compensated for lost wages, medical and other expenses while they are unable to work, and that the dependants of a deceased worker receive compensation.

In some circumstances, a worker may also be able to make a common law damages claim.

Preparing for the consultation

Definition

Injury management is the process of managing an injured worker to improve their chance of recovery and to provide them with a timely, safe and long-lasting return to work.

It encompasses all the activities that directly affect an injured worker's recovery, including medical treatment, rehabilitation, the return to work process and the relationships between those involved.

Key principles

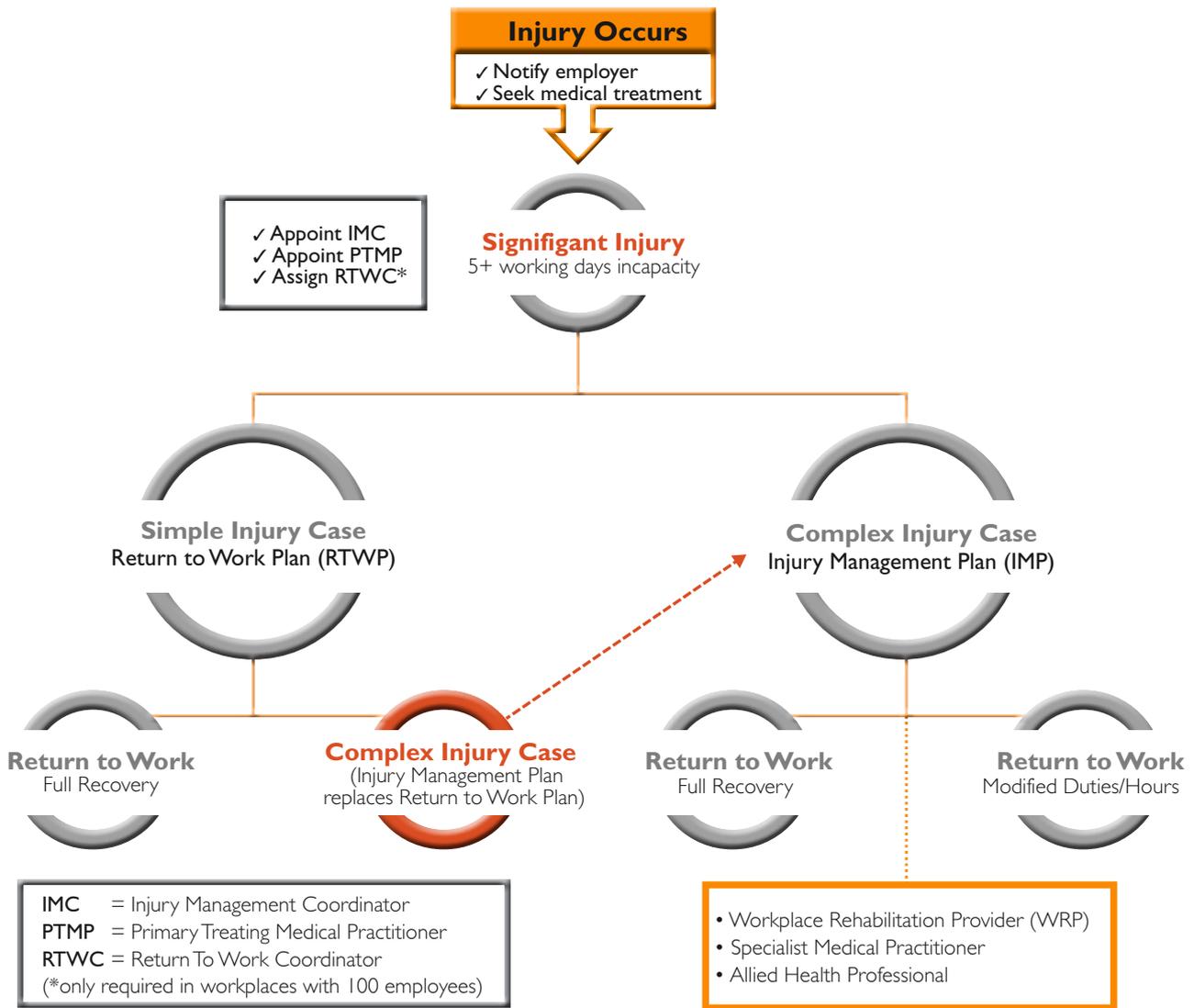
- The aim of everyone involved in injury management is to help the worker recover and return to work. The process should begin as soon as possible after a worker is injured.
- Wherever possible, the injured worker should continue to be employed by their employer.
- The dignity and integrity of the injured worker should be preserved at all times. The injured worker should be an active participant in the process.
- Injury management should be transparent, effective and cost-efficient.
- All stakeholders should co-operate, collaborate and consult together.
- Any issues that arise throughout the process should be resolved as soon as practicable, with any assistance necessary to ensure effective injury management.
- All decisions about injury management should be made in the best interests of the injured worker.
- Everyone involved in the injury management process should have access to information and assistance about their roles, rights and responsibilities.

Process

Effective injury management is a planned and efficient process. Its success is dependent on the collaboration and co-operation between everyone involved, from the employer and worker, to the rehabilitation and medical providers.

It's important that each person involved understands their role in the process, including having access to information about their rights and responsibilities.

The diagram (right) outlines the injury management process.

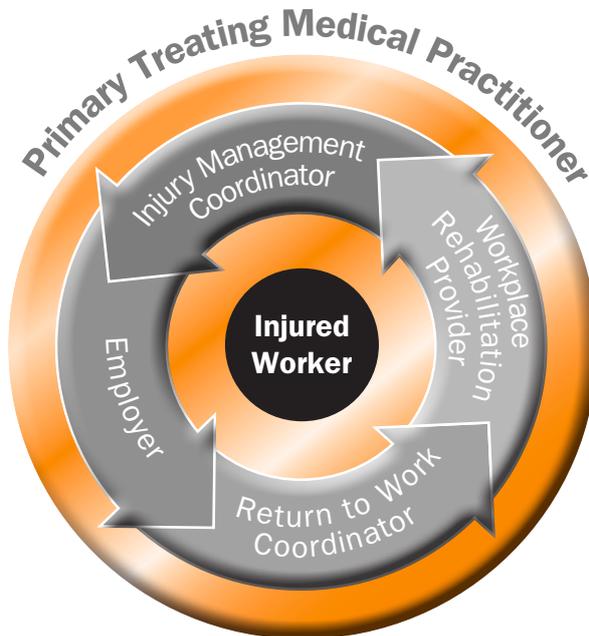


People involved in the injury management process

Besides the primary treating medical practitioner, there are several people involved in the process of managing an injured worker's return to work, including:

- the injured worker
- the employer
- the insurer
- the injury management coordinator
- the workplace rehabilitation provider
- the return to work coordinator.

The primary treating medical practitioner



As the primary treating medical practitioner, you have an important role in the primary care, recovery and medical management of the injured worker.

Chosen by the worker, the primary treating medical practitioner is usually the worker's own general practitioner (as opposed to a specialist).

A worker has the right to select their own primary treating medical practitioner.

Your role is to:

- provide primary medical care to the injured worker
- diagnose the nature of the injury or illness
- refer the injured worker to specialist care, or provide the injury management coordinator with information for them to coordinate care
- provide workers compensation medical certificates
- inform the employer about any specific work restrictions applying to the injured worker
- monitor, review and advise on the worker's condition, progress, work capacity and treatment
- take part in developing return to work plans and injury management plans.

A 'medical practitioner' means someone registered under the Health Practitioners Regulation National Law in the medical profession; or someone authorised under another country's laws to carry out functions that, if carried out in Australia, would be required to be registered under the Health Practitioner Regulation National Law.

For more information about accreditation, go to www.workcover.tas.gov.au

Allocating time

Ensuring adequate time is available can be challenging. However, allowing sufficient time for planning and communication will prevent problems that may take more time to resolve down the track.

It is important that you allow time for private discussions with the worker in a one on one consultation, in addition to time with the worker and the rehabilitation provider/return to work coordinator to discuss detailed return to work planning.

These discussions may include:

- explaining the injury and its effects
- setting out the expected recovery pathway and timeframes
- explaining the reasons for the treatments you're recommending, and what the treatment can and can't achieve
- answering any questions and addressing any barriers they identify to returning to work, such as a fear of re-injury or believing they need to stay at home to recover
- discussing return to work options and providing input into the development of return to work plans.

Consent

The injured worker may provide their consent to share their information by signing the relevant section on the workers compensation medical certificate. This will allow you to discuss the case with other parties involved in the injury management process, including the employer, injury management coordinator, workplace rehabilitation provider and return to work coordinator.

By communicating with these people, you'll help the employer and the injured worker make informed decisions and ensure an efficient injury management process, and help the injured worker return to normal life as soon as possible.

Note that the injured worker can withdraw their consent at any time.

The injured worker

As the central figure in the whole process, the injured worker must actively participate in the injury management and return to work process.

They are responsible for providing you with information relevant to their diagnosis or treatment. This enables you to make an accurate diagnosis and appropriate decisions about treatment and injury management.

The injured worker can change their primary treating medical practitioner at any time. To do this, they must authorise their previous primary treating medical practitioner to release relevant medical records to their new primary treating medical practitioner.

The employer

The employer is responsible for:

- being involved in developing return to work and injury management plans
- providing suitable alternative duties for the injured worker
- providing you with specific information about their workplace's tasks, equipment and environment, so you can advise on treatment and return to work options
- supporting the injured worker by treating them with care, concern and respect as they return to work.

They can also foster a workplace culture where managers, supervisors and co-workers are supportive of the injured worker and their recovery.

The insurer

The insurer is a company that holds a licence to carry out workers compensation insurance business within the state. The insurer writes a policy of insurance to indemnify an employer.

The insurer employs case managers. These are the dedicated claim contact, and they manage the day-to-day claim activities. Their tasks also involve:

- determining liability
- ensuring the worker is appropriately compensated for wages lost due to the injury. This includes the approval and payment of reasonable and necessary medical expenses
- engaging external parties (such as workplace rehabilitation providers) where their help is required to achieve the best claim outcome.

The injury management coordinator

Where an injured worker is likely to be incapacitated for more than five working days, the insurer or employer will appoint an injury management coordinator to them.

The injury management coordinator is responsible for:

- coordinating and planning the injury management process
- developing a return to work plan or injury management plan (they may delegate this to someone else, such as the workplace rehabilitation provider)
- coordinating others who can help the injured worker return to work.

Their role may be entirely or partially outsourced; for example, in complex cases; where specialist services are required (such as a workplace rehabilitation provider); or where the injury management coordinator (when an insurer's case manager) has a heavy workload.

The workplace rehabilitation provider

In consultation with the injured worker, the employer, insurer or injury management coordinator may appoint a workplace rehabilitation provider.

The workplace rehabilitation provider is an organisation or an individual who provides the worker with expert advice and professional rehabilitation services, particularly in more complex and difficult cases. These services include advice about job modification or re-training, and rehabilitation counselling.

They should contact you for information as necessary.

The return to work coordinator

In addition to the injury management coordinator, a return to work coordinator is assigned when an injured worker is likely to be incapacitated for more than five days.

A return to work coordinator is typically workplace-based and is only required in workplaces with more than 100 workers. They will have a good understanding of all facets of the workplace, and can provide the injured worker with workplace-based support through the injury management process.

They can also provide you with specific information about the workplace, including tasks, equipment and the environment, so you can advise on treatment and return to work options. They may contact you for information.

Effective communication and teamwork are critical

Returning an injured worker to work is a team effort. Everyone involved should work together and be committed to achieving common goals — the over-riding goal being the fullest possible recovery for the injured worker with the least disruption to their life and work. The aim is to reduce delays in the process and to achieve a positive outcome.

Everyone should be actively involved in the process, rather than taking a 'wait and see' approach.

Everyone is responsible for:

- responding promptly to phone calls and requests for information
- maintaining regular contact
- collaboratively identifying options and solutions.

Any communication between you and the other parties should, where possible, involve the injured worker; for example, by ensuring they are present at meetings or by copying them in to correspondence. This will foster trust with the injured worker and keep them informed.

If you believe anyone is not working together for the best outcomes of the injured worker (for example, where the employer is unable to provide suitable duties and you believe that they are not co-operating in the spirit of injury management principles), you should notify the insurer in writing by making a note on the medical certificate or attaching a letter.

Returning to work: the healthiest option

An injured worker doesn't have to be fully recovered or to have finished treatment before they can return to work. In fact:

- a complete recovery is not usually achieved before an injured worker returns to work
- waiting for full recovery before returning to work has been shown to delay overall recovery
- the longer an injured worker is away from work, the less chance they have of ever returning to work.

The benefits of being at work

Returning to work is an important part of treatment and rehabilitation. It can aid recovery by providing the injured worker with social contact and support, and preventing physical deconditioning. As long as it is managed and supported correctly, appropriately addressing any difficulties or discomfort for the injured worker, there is a low risk of further harm.

The injured worker's health outcomes are improved if they can remain at work during their recovery; or if time off is required, if they return to work as soon as possible.

The risks of being off work

Research shows that being out of work long term can often have a negative effect on an injured worker's health.

It can lead to adverse physical, psychological, social and financial effects, including:

- being equivalent to smoking 10 packs of cigarettes a day
- greater incidence of social isolation, depression, anxiety and other mental wellbeing issues
- increasing the rate of suicide. In general the rate of suicide increases by six times; for young men out of work for six months or more, the rate of suicide increases 40 times
- being a greater health risk than most dangerous jobs
- increased smoking, drinking and drug-taking, both prescription and illicit drugs
- weight gain
- poor sleep
- reduced physical activity and exercise.

Many people are not aware of these long-term consequences of being away from work. You are well placed to communicate these — and it is important that you do so.

For more information about the health benefits of returning to work, go to www.workcover.tas.gov.au

During the consultation

Clinical framework principles of injury management

The following principles are based on WorkSafe Victoria's Clinical Framework for the Delivery of Health Services. This framework reflects a contemporary approach to the treatment of injured workers, demonstrating recent developments in evidence-based practice and using objective outcome measurement in clinical practice.

The five principles outline factors to consider when identifying treatment, rehabilitation and return to work strategies.

The principles are:

- Principle 1: Measure and demonstrate the effectiveness of treatment
- Principle 2: A psychosocial approach is essential for the rehabilitation of the injured worker
- Principle 3: Treatment must focus on empowering the worker to manage their injury
- Principle 4: Goals must be focussed on improving function and return to work
- Principle 5: Treatment must be based on the best evidence available

For more information on the framework, go to www.workcover.tas.gov.au

Principle 1: Measure and demonstrate the effectiveness of treatment

By regularly monitoring and measuring the injured worker's progress, you can:

- chart the rate and direction of the injured worker's recovery
- justify the decisions you make on continuing, changing or ending treatment, or referring the injured worker to another health professional.

By measuring the progress of your injured worker, you will be able to better identify when outcomes are achieved that meet the objectives of the return to work strategies. An 'outcome' is a change in the status of your injured worker's health as a result of intervention. For example, a change in the injured worker's:

- level of impairment, such as their range of motion
- limits in activity, such as any difficulty performing activities
- restrictions to participating in returning to work.

MDGuidelines, an online reference source, can help you identify treatment options and ways to measure the effectiveness of treatment. The MDGuidelines database offers up-to-date, evidence-based information.

When applying the MDGuidelines, it is important that you use your clinical judgement about what treatment is appropriate, taking into account what the evidence base says, your clinical experience, specialist advice, and the specifics of your injured worker.

To access MDGuidelines, go to www.workcover.tas.gov.au

Principle 2: A psychosocial approach is essential for the rehabilitation of the injured worker

There are many factors, beyond physical and medical factors, that influence an injured worker's recovery and their own assessment of their ability to return to work.

Psychosocial factors are related to personal, environmental, financial and social aspects of the injured worker's life. They may include job dissatisfaction, fear of re-injury if they work, believing they need to stay at home to recover, or conflict in the workplace. Having time off work for psychosocial reasons is more likely to hinder than help the injured worker's recovery from their physical injury.

You are in a strong position to address these factors, challenge assumptions about returning to work, and encourage a positive outlook.

Psychosocial factors are best tackled where the injured worker trusts you and you have adequate time to identify, explore and focus on the worker's concerns.

A psychosocial approach to treatment identifies, acknowledges and creates targeted and practical interventions to address these factors. It's the best way to maximise the injured worker's recovery.

By identifying, acknowledging and addressing these barriers as soon as possible in the injured worker's treatment, you can:

- determine the most effective treatment approach
- prevent delays in the injured worker's recovery
- achieve a durable return to work.

Psychosocial factors can be classified according to the flags model, which sets out the factors that can impede recovery. These are set out in the table below.

Biological Factors	Red Flags	Serious pathology Other serious medical conditions Failure of treatment
Mental Health Factors	Orange Flags	Mental health disorders Personality disorders
Psychological Factors	Yellow Flags	Unhelpful beliefs about injury Poor coping strategies Passive role in recovery
Social Factors	Blue Flags	Low social support Unpleasant work Low job satisfaction Excessive work demands Non-English speaking Sense of injustice Problems outside of work
Other Factors	Black Flags	Threats to financial security Litigation Compensation thresholds

Flags can be identified using standardised risk assessment tools or by taking a comprehensive history during your assessment of the injured worker. To ensure flags are addressed early, you can ask questions such as:

- What factors are becoming a barrier and preventing the injured worker from improving their function or participating at home, work or in the community?
- How can these barriers be addressed?
- Is the current treatment having the desired effect?
- Would the injured worker's recovery benefit from other healthcare professionals, health services or evidence-based treatments?

Developing a treatment plan to address and monitor these flags and to shape behaviour is critical.

Specific treatment actions you can take include:

- prescribing a structured and functional exercise program with clearly identified goals
- setting appropriate expectations about changes in pain and function
- explaining that return to work activities may be useful rather than harmful, and that returning to work is the healthiest option
- challenging counter-productive beliefs about the injury, appropriateness of different treatment types, and the importance of return to work
- reinforcing wellness behaviours and promoting self-management strategies
- setting an end point for treatment when recovery occurs; or discharging or referring the injured worker when treatment effects plateau.

Principle 3: Treatment must focus on empowering the worker to manage their injury

Empowering your injured worker is a key injury management strategy. You should promote this in all phases of the process.

An empowered worker is one who:

- has been educated about the nature of the injury, the appropriate management strategies and the prognosis
- has appropriate and effective self-management strategies
- manages their condition as independently as possible.

Set positive expectations

The injured worker's confidence, expectations and attitude greatly influence their recovery. The more an injured worker believes they will recover, the more likely they will. An injured worker with low or negative expectations is less likely to make a full and successful recovery.

From the first consultation, and throughout the injury management process, you can encourage a positive attitude by:

- emphasising that returning to work is the primary goal of their injury management, and can contribute to their recovery
- promoting the importance and benefits of remaining active and maintaining their normal life as much as possible
- focussing on functional recovery, rather than just pain relief
- focussing on what your injured worker can do — not what they can't do.

You must also watch for and address any emotional anxiety, fear or distress the injured worker may have about their injury and recovery. Be empathetic to their concerns, but address them in practical and direct ways to ensure these factors don't delay or threaten their recovery.

Promote self-management

An injured worker will do better when they can participate in decision-making and be active in how their injury is managed.

You can help this by providing the injured worker with realistic and accurate information about:

- the injury and its effects
- the expected recovery pathway and timeframes
- the reasons for the treatments you're recommending, and what the treatment can and can't achieve
- specific, measurable and achievable treatment goals.

Specific and practical self-management strategies the injured worker could use include:

- having a regular exercise program that covers flexibility, strength and endurance
- eating a healthy, nutritious diet
- learning how to manage any medication they take
- using pain relief options other than medication (such as heat or ice)
- establishing a healthy and consistent sleep routine
- learning relaxation techniques
- adopting pacing strategies to ensure life and work activities can be done without exacerbating their injury.

The injured worker should also be encouraged to access support from:

- others in the injury management process (such as the injury management coordinator and the return to work coordinator)
- their family, friends and co-workers
- relevant government services or not-for-profit support groups.

Unhelpful and counter-productive self-management strategies — such as relying on alcohol, tobacco, marijuana or other drugs for relief of anxiety and stress — should be discouraged.

Discuss progress

Regularly discuss the treatment with the injured worker to monitor their progress and address any concerns they may have. Your discussions should include asking questions to explore psychosocial factors that may arise during treatment and recovery; for example, ask how things are at home, and with their employer, supervisor/manager and co-workers.

Principle 4: Goals must be focused on improving function and return to work

Treatment goals must focus on increasing the injured worker's activity, restoring their function, and returning them to work. Discussing the injured worker's treatment and recovery should always be positive, focusing on what they can do instead of what their limitations are.

The health benefits and improved outcomes for an injured worker returning to work are well documented. The longer someone is away from work due to injury or illness, the more they are at risk of suffering a range of adverse health effects.

Goals must focus on measurable improvements in activity so progress can be easily and clearly evaluated.

For more information, see *Returning to Work: the Healthiest Option and Resources* in this handbook.

Principle 5: Treatment must be based on the best evidence available

The best way to make the most appropriate decisions about the injured worker's treatment and return to work is to support these decisions with evidence-based information.

Evidence-based practices can mean offering treatment that has the best chance of success, and avoiding treatment that is likely to be ineffective.

Resources such as the online reference source MDGuidelines capture information from real injury management experiences from around the world. This real-life information can help you make more accurate predictions about recovery periods for specific injuries or illnesses, and how much time off work may be medically necessary and therefore certified. This resource can also provide advice on how to effectively measure the injured worker's treatment and progress.

To access MDGuidelines, go to www.workcover.tas.gov.au

Purple – Insurer’s copy
Brown – Worker’s copy
Green – Doctor’s copy

INITIAL Workers Compensation Medical Certificate

Section 34(1)(b) of the Workers Rehabilitation and Compensation Act 1988



PLEASE PRINT

1. Initial Medical Certificate Completion

This form is to be completed for INITIAL consultations only
If it is NOT the patient’s first consultation a CONTINUING/FINAL
Workers Compensation Medical Certificate must be completed
All sections of this form must be completed unless stated otherwise

2. Worker’s Name

3. Employer’s Name

4. Medical Assessment

I examined the above worker on

Presenting Symptoms:

Diagnosis: Provisional Final

Details (do not restate symptoms):

5. Stated Cause

The abovenamed worker stated the condition to be caused by:

- an incident which occurred on
- a disease, symptoms of which became evident on

The worker stated that the injury or disease occurred under the following circumstances:

The injury or disease is:

- consistent with the stated cause
- inconsistent with the stated cause Give reasons:

- of uncertain cause Give reasons:

If known, the injury or disease is: (Refer to explanatory notes on cover for definitions)

- a recurrence of a previously compensable condition
- an aggravation of an existing condition
- a new condition

Past history of similar injury or comments relevant to condition:

6. Workplace Contact

Has the workplace/employer been contacted to discuss management and/or restrictions?

- YES
- NO

1 January 2018

7. Capacity to Work

Prior to determining work capacity it is recommended that the worker’s employer/workplace is contacted (refer previous)

Note: Capacity is determined by the medical practitioner’s assessment not by the availability of work in the workplace

I consider the worker:

- Has not been incapacitated for work and is fit for pre-injury duties (proceed to 9)
- Requires treatment but is fit for pre-injury duties (proceed to 8)
- Is fit for suitable duties (Refer to explanatory notes on cover for definition) from to

Please indicate any restrictions that should apply: (eg: transport restrictions, restriction of hours, need for rest breaks, limb and mobility restrictions)

- Will be incapacitated for any work from to

If greater than 28 days give reasons together with an appointed review date at Section 8:

- Will cease to be incapacitated for work on

8. Medical Management

Has the worker consulted any other health professionals regarding these symptoms?

- YES Details:
- NO

Treatment/medication/investigations:

I have referred the worker to: (usual GP/other health professionals)

Name of provider:

Details:

I wish to review the worker

- YES On
- NO Injury is minor and no further intervention is required (first and final consultation)

9. Signatures

Worker’s consent to contact and discuss matters in this certificate with employer, including any agent of the employer:

Signature:

Medical Practitioner

Signature:

10. Medical Practitioner Details

Name:

Address:

Phone: Fax:

GP/Specialty: Provider No:

Once all sections have been completed please ensure that the worker’s and insurer’s copy is placed inside the envelope provided by WorkCover Tasmania

Signatures

Worker’s consent to contact and discuss matters in this certificate with employer, including any agent of the employer:

Signature:

Medical Practitioner

Signature:

Workers compensation medical certificates

The role of the medical certificate

The workers compensation medical certificate is the single most important administrative matter in the return to work process.

The certificate is required as part of the injured worker's claim for workers compensation. A workers compensation claim is not valid until an initial workers compensation medical certificate has been issued by a medical practitioner.

The certificate also provides an initial indication of the worker's capacity for work and conveys information, including medical restrictions, that form the basis of return to work plans and suitable alternative duties.

It is therefore critical that you take the time to properly complete the medical certificate.

Accurately completing the medical certificate

If you do not complete the medical certificate in a detailed, accurate, clear and legible way:

- the injured worker's claim can be rejected or deferred, which may cause considerable financial and emotional hardship to the worker
- there is an increased risk of re-injury or delayed recovery for the worker as suitable alternative duties may not be provided for them
- the insurer or employer may ask you for medical reports or further information
- employers may be unable to plan for staff absences which may impact on their business.

Types of medical certificates

There are two types of medical certificates, the initial certificate and the continuing/final certificate.

The initial certificate:

- validates a new workers compensation claim
- should only be completed upon the worker's first consultation with you
- may be used as a clearance certificate when the worker's injury is minor and no further intervention is required.

The continuing/final certificate:

- supports an ongoing entitlement to workers compensation
- should only be completed upon visits subsequent to the worker's initial consultation.

Where a continuing certificate is issued and the worker is certified fit for pre-injury duties with ongoing maintenance treatment or ongoing suitable duties, it is often appropriate to provide additional information concerning the worker's ongoing arrangements to supplement the certificate. This may also have the added benefit of minimising the need to provide ongoing certification of incapacity in order for the worker to access benefits or compensation.

A final certificate is issued where medical treatment has ended and no further intervention is required. A final certificate implies that the worker is recovered and fully fit for pre-injury work and typically results in the closure of the worker's claim and end of benefits or compensation.

Whether or not to issue a final certificate is a medical decision that can only be made by you, and should not be issued at the request of any other party unless supported by medical evidence.

For detailed guidance on correctly filling in workers compensation medical certificates, see Resources in this handbook.

Suitable alternative duties

The medical certificate provides the employer with a way of identifying suitable alternative duties if the injured worker cannot return to their pre-injury job.

You must provide information about what the injured worker is able to do, without jeopardising their recovery.

When advising on the injured worker's current capacity or suggesting alternative duties, it is important to be specific. Writing 'light' or 'restricted' duties are vague descriptions that can result in the injured worker being unduly limited in the work options presented to them or being offered unsuitable duties.

Certifying the injured worker's work capacity should focus on what they can do, what they can't do and what they shouldn't do. That is, their functional capacity, their functional limitations and any medically-based restrictions.

Seeking information

It is important that you seek out information so you can make the best possible recommendations for treatment and return to work, and bring about positive outcomes for the injured worker.

The importance of being in contact with the injured worker's employer cannot be emphasised enough.

Talk to the injured worker's employer (or manager or supervisor) to understand the worker's role, work demands and suitable alternative duties if they are required.

The attendance of the employer at a consultation is a reasonable and potentially beneficial step in seeking further information, provided the injured worker has had the opportunity to have private discussions with you.

If necessary, arrange a visit to the workplace to see first hand the physical environment, the tasks in action, and the possible alternative duties available to the injured worker. For example, you may observe:

- physical demands such as postural requirements, movements and manual handling
- the frequency and duration that tasks are performed
- the equipment and aids available to do tasks
- the hours of work and provision of rest breaks.

Some workplaces, particularly larger workplaces, may have an onsite occupational health service or office that can give you information.

If a workplace visit is not possible, work with others (such as the injury management coordinator and return to work coordinator) for information to help you understand the specific work environment.

Occupational physicians (discussed later in this handbook) may also help assess the workplace and provide you and/or the injury management coordinator with advice.

Certify time off work only when medically necessary

Medically necessary time off work means the injured worker is totally incapacitated and requires hospitalisation or strict bed rest. It may also mean that work (or travelling to work) is medically not advisable.

For most workplace injuries, time off work is not medically necessary — and, as shown in this handbook, returning to work is the most desirable and healthiest option.

More severe injuries can result in reduced functional capacity (functional capacity is how capable someone is of performing the tasks that are necessary or desirable in their lives). However, it is uncommon that an injured worker could be deemed to have absolutely no functional capacity.

To determine if an injured worker has work capacity:

- ask the injured worker: ‘What would you be doing at home?’. If they are able to walk around safely, sit, make breakfast or coffee, then they have some capacity and more than likely, could do some form of work if it is available
- ask the employer: ‘What are the activities likely to be undertaken in the workplace?’.

Rather than certifying an injured worker as unfit for any work, a suitable option may be a gradual increase in activity, setting a timeline for their return to work. If properly implemented, a program of increasing activity can improve the injured worker’s sense of wellbeing and confidence in their recovery and independence, and will increase the likelihood that they will adhere to the program.

To ensure the worker’s injury is regularly reviewed and return to work options can be put into place, you should not certify total incapacity for more than 28 days, unless you provide reasons for the longer period and nominate a review date on the certificate.

In some circumstances, you may conclude the injured worker is unlikely to be able to return to their pre-injury hours or duties for a specified period, or ever. Your opinion, and the reasons for it, is required by legislation to be specified on the medical certificate. Failure to do so could result in an invalid claim, and delays in processing while the validity is verified.

When not to certify time off

It’s important that time off work is not certified for reasons that are not medical, such as:

- no suitable alternative duties are identified at the workplace
- suitable alternative duties are not very productive
- there is no transport available
- it’s difficult to coordinate an early return to work.

These are issues that need to be addressed by the employer.

An injured worker may be given time off work by an employer who is unable or unwilling to address these issues. However, from your point of view, the worker is medically fit to work. Therefore you should complete the injured worker’s medical certificate to reflect this.

For detailed guidance, see Resources in this handbook.

Backdating medical certificates

Medical certificates are essential to the worker’s compensation process, and it is important that the period of the injury is documented in the certificate.

While you must accurately sign the certificate with the date the certificate was issued, you can backdate the certificate to refer to a prior period. Examples of when you may need to backdate a medical certificate include:

- if the injured worker delays seeing a medical practitioner for a week or two (or even months) because they didn’t think medical treatment was necessary
- if you have been regularly consulting with a worker and issuing non-workers compensation certificates, but need to reissue those certificates at a later date as workers compensation medical certificates.

Backdating medical certificates is at your discretion, taking into account the individual circumstances of each case.

While backdating medical certificates is discretionary, timely and appropriate certification should occur wherever possible to facilitate early and informed decisions about the injured worker’s treatment and return to work.

Assessing the injured worker

As well as diagnosing and treating an injury or illness, the purpose of the consultation is to assess the injured worker's capacity to perform the work tasks required, effectively and safely.

- Will the injured worker's condition or treatment limit or prevent them from doing certain tasks effectively? Assess the injured worker's physical skills and capacity and mental skills and capacity.
- Will their condition be made worse by a certain task or the work environment they will be in?
- Will their condition make work unsafe for them?
- Will they pose a health or safety risk to others in the workplace, or the wider community?

You should make a medical judgement on whether the injured worker is physically and mentally capable of performing their work:

- without any side effects
- without reduced efficiency and effectiveness
- without adverse effects to their health
- without unacceptable health and safety risks to themselves and others.

Factors to consider

In answering the questions above, you should assess:

- physical skill and capacity, including mobility, coordination, balance and stamina
- mental skill and capacity, including alertness and reaction times
- communication and speech skills
- motivation and attitudes towards their recovery and returning to work.

Other individual characteristics such as age, fitness, diet, sleep patterns, body size and gender may also affect your medical decisions.

You should also consider the treatment they are undergoing or medication they are on, and the effect these may have. Any aids the injured worker requires (such as crutches) also need to be considered.

Consider the job and the work environment:

- What are the physical work demands? What are the safety risk factors?
- What are the organisational and social aspects of the job? Will the injured worker be working in groups or alone? Is there shift work involved, early starts or late finishes?
- What are the mental pressures and pace of the work?
- What travel is involved in the job?
- What are the ergonomic features of the worker's immediate work space (for example, their desk or bench, the equipment they use) and the workplace as a whole (for example, a multi-storey building, the distance to reach toilets)?

7. Capacity to Work

Prior to determining work capacity it is recommended that the worker's employer/workplace is contacted (refer previous)

Note: Capacity is determined by the medical practitioner's assessment not by the availability of work in the workplace

I consider the worker:

Has not been incapacitated for work and is fit for pre-injury duties **(proceed to 9)**

Requires treatment but is fit for pre-injury duties **(proceed to 8)**

Is fit for suitable duties (Refer to explanatory notes on cover for definition)

from to

Please indicate any restrictions that should apply: (eg: transport restrictions, restriction of hours, need for rest breaks, limb and mobility restrictions)

.....

.....

Providing further medical information and consent

If you wish to give more information than is provided for on the workers compensation medical certificate, you may attach pages to supplement the information on the forms.

You may also be asked by others (such as the injury management coordinator, the insurer or the workplace rehabilitation provider) for more information than the medical certificate contains.

Any such requests should be accompanied by a photocopy of the compensation claim form, signed and dated by the injured worker with their written consent for you to provide this information.

Where a review of an ongoing claim is necessary, the injury management coordinator may need to obtain a new written consent. You may ask your injured worker to provide their written consent again; however, be aware that obtaining a new written consent may delay a decision on the acceptance of a claim until the injury management coordinator can get the necessary information.

After the consultation

Planning the worker's treatment and return to work

Successful injury management requires a coordinated approach to develop a plan for managing the worker's treatment and return to work. A plan is required even if the injured worker's claim for compensation is disputed.

Types of plans

There are two types of plans for managing workplace injuries: return to work plans and injury management plans.

- a return to work plan is a simple plan, which could be prepared by the injury management coordinator using information from the initial medical certificate
- an injury management plan is more comprehensive and usually applies to more complex cases.

The table below sets out the key differences between the two plans.

	Return to work plan	Injury management plan
Goal	To return the injured worker to their pre-injury duties and employer.	To return the injured worker to a functioning lifestyle, which may or may not include returning them to work.
Primary focus	Typically, treatment and rehabilitation is straightforward, so the primary focus is on return to work.	The primary focus is on treatment, followed by rehabilitation and return to work.
Outcomes	This plan sets out arrangements for how the injured worker will be assisted in their return to work.	This plan sets out three key strategies for returning the injured worker to a functioning lifestyle.
Medical practitioner participation	Your involvement is small and decreases with time.	Your involvement is initially large but decreases with time.
Employer participation	The employer's involvement is large and increases with time.	The employer's involvement is initially small but increases with time.
Timeframes	Return to work plans are required to be developed and implemented in accordance with time frames outlined in employer/insurer injury management programs * approved by the WorkCover Tasmania Board.	Injury management plans are required to be developed and implemented in accordance with time frames outlined in employer/insurer injury management programs * approved by the WorkCover Tasmania Board.

*An injury management program is a program approved by the Board which outlines the method an insurer will apply to manage claims.

Who is involved in developing plans

The following people will be involved in developing the plan:

- the injury management coordinator
- the workplace rehabilitation provider (in more complex cases)
- the injured worker
- the employer
- you, the primary treating medical practitioner
- the insurer.

Everyone will regularly review the plan to ensure it continues to support the injured worker's return to work.

The role of the injury management coordinator

The injury management coordinator is responsible for managing the overall development of the plan and facilitating input. They will contact you as soon as practicable after the worker has been assigned to them to discuss work capacity, specific options for alternative duties, and staged return to work.

The injury management coordinator may delegate developing the plan to the workplace rehabilitation provider, particularly in more complex cases.

Approving the plan

The injured worker and the employer must consent to the plan for it to become effective.

While you're not required to give your approval to the final plan, it's good practice to do so.

If you're asked to approve the plan but you haven't been involved in its development, ask the injury management coordinator for a copy and discuss its recommendations and any components it includes, such as progress reports.

Other health care professionals

Allied health professionals

Allied health professionals:

- are drawn into the injured worker's treatment and return to work by the injury management coordinator, typically upon your advice
- provide appropriate treatment to the injured worker. They may liaise with you to discuss treatment as necessary
- report to you regularly, particularly for cases where there is no progress.

Workplace rehabilitation providers and allied health professionals may have the same qualifications. However, these roles are not interchangeable; the two services cannot be provided by the same person. Unlike workplace rehabilitation providers, allied health professionals end their involvement once the injured worker no longer needs their services for recovery and return to work.

Specialists

Specialists:

- guide you and the injured worker toward the best course of medical management
- can offer input into diagnostic tests, the diagnosis treatment (including surgery, medication and allied health care recommendations), physical and non-physical delays to recovery, and the prognosis. The specialist should provide you with this information in writing as soon as possible after their consultation with the injured worker
- must not make referrals (including allied health and medical) without consulting you first
- end their involvement once the injured worker no longer needs their services for recovery and return to work.

Where a specialist is providing a workers compensation medical certificate, they should limit the certification to the period immediately following their consultation or surgery. They should then direct you to provide ongoing certification.

Occupational physicians

The same general principles apply to occupational physicians as for specialists.

Occupational physicians provide services relating to the health of workers and employers. They investigate and diagnose work-related health problems and can provide a comprehensive approach to the management and prevention of illness.

Occupational medicine focuses on the inter-relationships between workers, their workplaces and their work practices. Occupational physicians consider medical issues within the wider context of their psychosocial, industrial and motivational frameworks.

Occupational physicians can:

- where referred by you (and in consultation with the injured worker) act as a treating specialist to advise on treatment and medical management, assess the workplace, and provide specialist input into the injury management process
- where requested by you, temporarily take on your role as the primary treating medical practitioner during the intensive phase of treatment and rehabilitation management
- act as advisors to employers and insurers to have input into injury management plans
- act as medical advisors and mentors, or as a member of a medical panel (detailed later in this handbook).

Medical practitioners accredited to assess permanent Impairment

These are medical practitioners accredited by the WorkCover Tasmania Board to assess the degree of permanent impairment in an injured worker.

For more information about accreditation, go to www.workcover.tas.gov.au

Other injury management issues

Fees

Billing should start at the time you issue the first workers compensation medical certificate.

The WorkCover Tasmania Board does not have a prescribed schedule of fees for medical practitioners in Tasmania. However, the same principles apply for determining charges for consultations as apply under the Medicare Benefits Schedule and the item numbers it contains. You must not charge your workers compensation patients any more than you would a normal patient for the same medical services.

As a guide, many insurers regard the AMA Schedule of Fees as the maximum fees payable.

When the injured worker receives an account for a medical expense, they should forward this to their employer within seven days. The employer then must forward it to their insurer within seven days.

If an employer/insurer disputes payment of an expense It must serve the worker with a notice In writing advising the reasons why the expense Is disputed and advise the worker that they have 28 days to refer the dispute to the Workers Rehabilitation and Compensation Tribunal. The employer/insurer must also serve the person who rendered the account with a written notice outlining the reasons the expense Is disputed.

Preventing and resolving disputes

The following information provides only a general introduction to disputes, and largely covers your role only.

You will find detailed guidance in A Guide to Workers Rehabilitation and Compensation in Tasmania: For injuries occurring on or after 1 July 2010. For details, see Resources in this handbook.

Disputes about injury management

Disputes may arise about issues such as suitable alternative duties, return to work plans or injury management plans. The injury management coordinator must be informed as soon as possible about any disputes. It is their responsibility to try to resolve the dispute using informal mediation and discussing the issue with each person individually.

If the injury management coordinator can't resolve the dispute this way, then anyone involved in the dispute may notify the Workers Compensation Tribunal. The Tribunal will nominate a person, usually the Registrar or Deputy Registrar, to attempt to assist the parties with as little formality as possible to resolve the matter.

The Workers Rehabilitation and Compensation Tribunal

The Workers Rehabilitation and Compensation Tribunal is an independent body primarily responsible for determining disputes about workers rehabilitation and compensation. The types of disputes the Tribunal deals with include:

- liability for a claim: for example, whether an injury was work-related
- payment for medical expenses
- issues relating to injury management.

Disputes can only be referred to the Tribunal by the worker, the employer or the insurer. You are not able to refer a dispute to the Tribunal.

The Tribunal initially deals with most cases through a conciliation process (using a conciliator). If the dispute cannot be resolved this way, the Tribunal holds an arbitrated hearing to resolve the matter.

The Tribunal can also refer any medical question to a medical panel.

Medical panels

The Tribunal may refer a medical question to a medical panel, where:

- there is conflicting medical opinion on the issue; or
- one of the parties wishes to continue with proceedings.

Questions the medical panel may consider include:

- the existence, nature or extent of an injury
- whether an injury is (or is likely to be) permanent or temporary
- a worker's capacity for work or specific work duties
- the assessment of the degree of permanent impairment, including whether the impairment is permanent
- a medical service provided (or to be provided) to a worker for an injury, including the adequacy, appropriateness or frequency of that service.

The medical panel has the power to:

- examine a worker
- require a worker to answer questions
- require a worker to produce or consent to the production of relevant documents, such as medical reports or records.

There can be two or three medical practitioners on the medical panel. Members of the panel:

- are chosen from a register of willing medical practitioners
- include at least one general practitioner and at least one specialist with expertise relating to the worker's injury
- must be completely independent of the case: that is, have not treated, examined or provided advice to the injured worker about their claim.

Independent medical review

An independent medical review may be instigated to:

- ensure that the appropriate medical strategy is being applied
- provide a different medical approach that may help resolve a claim.

It reviews the worker's injury, and is done by a medical practitioner with expertise relating to the worker's injury (who is not chosen by the worker and is not you). The review can include one or more examinations of the injured worker and a review of any diagnostic test results or medical records of the injured worker.

Where a different treatment strategy is proposed, you are encouraged to discuss the content of the report with the injured worker and the medical practitioner who performed the examination, with a view to seeking an agreed way forward.

Examinations can be stressful for the injured worker, particularly in the second case, so it is important for you to mitigate this by preparing them by explaining the process and telling them what to expect will happen.

What will happen at the review?

The examiner will ask the injured worker questions about their injury, such as:

- the medical history of the injury: for example, what treatment they received and the results of that treatment
- their work history: for example, their duties at the time of the injury, whether they have returned to work, or their capacity for work
- treatment they have received or are receiving
- their current symptoms
- any relevant personal or social history
- their daily activities and interests.

The review process

The review is held at the instigation of the employer and their insurer, but only after the employer and their insurer discuss their reasons for wanting the review with you.

The employer must tell the injured worker the reasons for the review in writing.

Any worker who must submit to an independent medical review is considered to have consented to the release of all relevant medical reports and records to the independent medical review.

After the review

The employer or insurer first gets the report from the independent medical reviewer; they must then, within seven days, forward a copy to you and the injury management coordinator.

You are then required to provide the injured worker with a copy of this report. This is because you will understand the content of the report, can discuss sensitive issues or medical terms, and may decide if a further report is needed.

(For workers whose injuries occurred before 1 July 2010, the employer or the insurer was required to provide a copy to you only; and not the injury management coordinator nor the injured worker.)

Disputes about independent medical reviews

Disputes may arise about the independent medical review. For example, the injured worker may:

- refuse, without a reasonable excuse, to submit to the review or examination
- obstruct the review or examination
- refuse to submit to or undertake any required treatment.

Disputes can also occur where there may be disagreement among those involved in the injury management process about:

- whether the worker's incapacity is due to the worker's work-related injury, or to what extent it is; or
- the injured worker's condition or fitness for work.

For example, if you were to receive a medical evaluation report that is inconsistent with your findings you should raise your concerns with the insurer.

In all of these cases, the matter can be referred to the Tribunal. However, resolving these issues through the Tribunal is often very slow, and in the meantime, the dispute can be very destructive to the worker's medical treatment and rehabilitation.

Inappropriate or unprofessional conduct by other parties

As a medical practitioner, your first priority is the safety, health and wellbeing of your injured worker.

If you have concerns that others involved in the injured worker's recovery and return to work do not share this priority, first consider that there has not been miscommunication about the issue involved, as sometimes there are differing perspectives on managing an injured worker.

You should also consider your legal obligations to mandatory reporting, in line with Section 140 of the National Law, which applies to all registered health practitioners.

Payments where a claim is disputed

Once the employer receives the injured worker's claim for compensation, the employer:

- must start making weekly payments of compensation if the worker has been certified as totally or partially incapacitated for work
- start paying for medical and associated payments up to \$5000, unless they think these expenses are unreasonable or unnecessary.

These payments must start regardless of whether the employer disputes liability for the claim.

The employer can dispute liability, and must do so within 84 days. The matter is then referred to the Tribunal.

Accounts for disputed claims

If their claim for workers compensation is declined, the injured worker is responsible for the cost of consultations. It may be necessary to issue a new invoice so the injured worker can seek reimbursement from Medicare.

Legal issues

Legal involvement

An injured worker has a right to seek their own legal advice at any time. However, legal involvement has the potential to alter the focus of a worker; or, the involvement of a legal practitioner may reflect that the worker's focus has already changed to legal issues.

A request for legal involvement may reflect lack of progress or perceptions about the way the case is being handled by the employer, insurer, medical practitioner or rehabilitation provider.

Where an injured worker raises a matter with you that is outside the expertise or role of a medical practitioner, consider advising them about all the avenues of advice available, not just that from a legal practitioner. For example:

- the employer and workplace rehabilitation provider may be able to deal with most workplace issues through dispute resolution processes
- the insurer may provide information about entitlements
- their union, the Worker Assist service or WorkSafe Tasmania may be able to help with disagreements (for details, see Resources in this handbook).

Where the injured worker has engaged a legal practitioner, it is important to respond promptly to their requests for information and reports.

Suspected fraud

If you have concerns about the authenticity of your injured worker (for example, you feel you are being deliberately misled about the injury, need for treatment or incapacity — as distinct from psychosocial factors that may impact on recovery), consider raising your concern directly with the worker and asking for an explanation of the matters you are concerned about.

You should also consider reporting your concerns to the insurer, who will consider the best approach in conjunction with the employer.

Investigation and surveillance

Insurers may adopt various procedures to gather information to decide liability and ongoing claims management. You may be asked about this by your injured worker.

In the early stages of a claim, an investigator may interview the worker to establish the facts of the case. It is a normal process to help an insurer to consider a claim. In the unusual event that you have concerns about a worker's fitness to participate in an investigation interview (for example, due to their psychological state), discuss your concerns with the insurer.

An insurer may request video surveillance of an injured worker, as part of the process of assessing liability for a claim. The injured worker may become aware of this surveillance, and become distressed by it. If they raise their concerns with you, refer them to the injury management coordinator or the Worker Assist service (for details, see Resources in this handbook).

Where you are unsure about an appropriate course of action, consult with an experienced medical colleague. On rare occasions where an appropriate course of action remains unclear, you may need to seek your own independent legal advice.

Resources

Find these at www.workcover.tas.gov.au:

A Guide to Workers Rehabilitation and Compensation in Tasmania: For injuries occurring on or after 1 July 2010 (search for GB260)

- medical certificates and certification online information: search for 'medical certificates'
- Clinical Framework for the Delivery of Health Services: search for 'clinical framework'
- MDGuidelines online information: search for 'MDGuidelines'
- The benefits of returning to work: search for IS083
- The role of the injury management coordinator: search for GB194
- The role of the return to work coordinator: search for GB229
- The role of the workplace rehabilitation provider: search for GB256.

WorkCover Tasmania Board: 1300 366 322 or wstinfo@justice.tas.gov.au

WorkSafe Tasmania: 1300 366 322 or wstinfo@justice.tas.gov.au

Worker Assist service: 1300 027 747 or workerassist@unionstas.com.au

1300 366 322
www.workcover.tas.gov.au

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