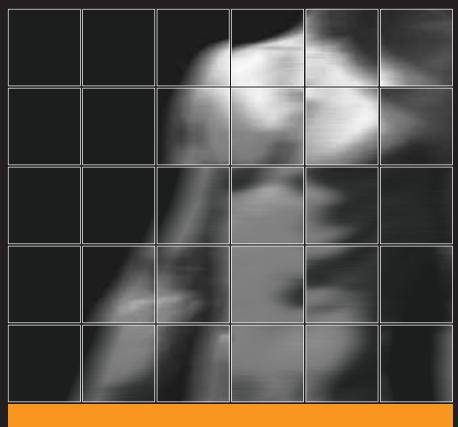
WorkCover Tasmania

Permanent Impairment Assessment Training Package



Core Module



WorkCover Tasmania Permanent Impairment Assessment Training Package Core module

Course description

This course is the core module of WorkCover Tasmania's series of training on the assessment of permanent impairment for workers compensation purposes. The course is delivered to participants by correspondence.

The course outlines key concepts, processes and methodologies for the assessment of permanent impairment and provides an overview of the interpretation and application of relevant reference materials to be utilised in an assessment. Successful completion of this course is required to gain accreditation to undertake permanent impairment assessments for workers compensation purposes in Tasmania.

Further correspondence courses on the assessment of permanent impairment for specific body systems are also provided by WorkCover.

Intended audience

This course is intended for medical practitioners seeking accreditation to undertake permanent impairment assessments for workers compensation purposes in Tasmania.

Scope

While successful completion of this training accredits you to undertake impairment assessments for workers compensation purposes in Tasmania, it does not imply accreditation to undertake assessments in any other state or territory in Australia.

Learning outcomes

After successfully completing this course, it is expected you will be able to accurately assess the level of permanent impairment for workers compensation purposes by applying your knowledge and understanding of the requirements of the relevant American Medical Association Guides to the Evaluation of Permanent Impairment (AMA4 or AMA5 in the case of respiratory assessments), as well as the WorkCover Tasmania Guidelines for the Assessment of Permanent Impairment (WorkCover Guidelines).

Assessment

Assessment is based on your response to the case studies and associated questions set out at the end of this training module and your demonstrated knowledge, understanding and application of the principles, processes and methodologies of impairment assessment.

Responsibilities of accreditation

By successfully completing this impairment assessment training, you will be accredited under section 77C of the Workers Rehabilitation and Compensation Act 1988 to assess the degree of a worker's impairment.

In applying to undertake this training program, you acknowledge that:

- the training provided by WorkCover Tasmania provides instruction in the appropriate methodologies and processes to be followed in the assessment of permanent impairment for each particular body system
- it is solely your responsibility to determine in each case that you are qualified and competent to undertake any particular assessment.

Completing this training package

This training package consists of a cover sheet, reading material and case studies. You are advised to work through the reading material in conjunction with AMA4 and the WorkCover Guidelines before attempting the case studies. A copy of these guidelines can be downloaded from WorkCover's website at www.workcover.tas.gov.au

Electronic and printed copies of the training package are available.

Following completion of the required case studies, you are to provide the training package with the signed cover sheet to WorkCover Tasmania for assessment.

By email: workcover@justice.tas.gov.au

By post: PO Box 56 Rosny Park Tas 7018

NOTE: Your application for accreditation and/or recognition of completed training modules will not proceed until you return the completed training package, including the signed cover sheet, to WorkCover Tasmania.

About this impairment assessment training package

This Impairment Assessment Training Package was produced in conjunction with:

Jim Stewart Consulting P/L, with the services of:

Prof Ian Cameron

Dr Dwight Dowda

Dr Cesar Uy

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The information in this training package is provided for guidance purposes only and is not to be taken as a comprehensive statement of the law. It should be read in conjunction with the Workers Rehabilitation and Compensation Act 1988. Copies of the legislation can be purchased from Print Applied Technology: call (03) 6233 3289 or freecall 1800 030 940. It is also available on the Internet at www.thelaw.tas.gov.au

Both the authors of the training package and WorkCover Tasmania accept no liability whatsoever, to any person for the information (or for the consequences of the use of such information or for any other purpose whatsoever) which is provided in this training package or incorporated into it by reference.

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We welcome your feedback on this training package. Send to workcover@justice.tas.gov.au

Impairment evaluation

Reading material

This information provides an introduction to assessing permanent impairment and is to be read prior to completing the questions and case studies.

Key concepts

Impairment and disability

- Impairment is 'a loss, loss of use, or derangement of any body part, organ system, or organ function' (AMA4 page 315). It is assessed by medical means
- Disability is 'an alternation of an individual's capacity to meet personal, social or occupational demands ... because of an impairment' (AMA4 page 2)

Activities of daily living (ADLs)

- Many tables in AMA4 determine the level of impairment by reference to the impact of the impairment on the patient's capacity to perform activities of daily living (ADLs)
- Thus a disability measure is used to assess the level of the underlying impairment

Stabilisation

- A condition is considered permanent and stable when it has been static for at least three months and is considered unlikely to change by more than 3% in the next 12 months, with or without further treatment
- Clinical judgment is important in determining that a condition is stable and permanent.
 It is open to a clinician to say a condition is not stable and permanent if a well-established, potentially helpful treatment has not been offered. In this case, do not provide a %WPI
- If all further treatment has been declined, this should not affect the assessment (a comment should be made in the report)

Impairment assessor's role to determine:

- What is the impairment?
- Is the impairment stable and permanent?
- What steps should be taken to determine the percentage whole person impairment?

WorkCover Guidelines and AMA4

- The WorkCover Guidelines are based on AMA4
- The WorkCover Guidelines are definitive in the areas they address
- Where the WorkCover Guidelines are silent on an issue. AMA4 should be followed

Combined values tables

- If there is more than one impairment, impairment percentages are usually combined, but some are added
- You need to carefully read instructions in both guides regarding when to combine or add percentages

Practical issues in assessment

- There sometimes are more valid ways than one to do an impairment evaluation
- If a valid way gives a higher value, then the higher value is chosen (benevolent interpretation)
- Sometimes an impairment is not classifiable from the guides. Analogy or comparative assessments might have to be done

Pre-existing impairment (apportionment)

 An estimate of pre-existing impairment should be documented and subtracted from an impairment assessment if there is sufficient information about the pre-existing condition

Other practical issues

- Pain note that no specific value is allowed for chronic pain. The tables in the Guides include an amount for associated pain
- Rounding up or down if a fractional value occurs (possible in some situations eg some nerve impairments) round to the nearest whole number eg. 14.4>14 but 14.5>15
- If uncertain about an aspect of an assessment, you can speak with a colleague

Other issues in performing an impairment assessment

- The patient should be assessed as they present (if a potentially helpful treatment is being declined, this should be commented on)
- Dealing with inconsistency of presentation
- No allowance should be included for possible later deterioration a comment should be made in the report if this is considered likely
- There may be cases where the effect of a treatment, if discontinued, would cause a reversion to an impaired state. For example, insulin treatment of diabetes. In such cases, you may combine 1–3% with the assessment
- Where possible, the assessment should be done after removing any prosthetic device (except spectacles for vision)
- You should not order additional investigations solely for the purposes of the assessment

Boundary issues in impairment evaluation

- Consider impairment evaluation for facial trauma: plastics, ENT, neurologist, neurosurgeon, ophthalmologist
- Consider impairment evaluation for spinal cord trauma: orthopaedic, neurologist, neurosurgeon

Example case study: Mr Douglas, age 57

Mr Douglas is working as a courier:

- hit left knee in car accident
- diagnosed with soft tissue injuries to knee and back
- assessed 12 months after injury
- has stiffness of the left knee, back pain resolved, no previous injuries
- no specific findings on examination, except pain and restricted range of movement in his knee

The steps in assessing Mr Douglas' permanent impairment

- 1. Establish the diagnosis/diagnoses soft tissue injury to left knee
- 2. Establish whether the condition is stable *injury 12 months previously, so can assume stable*
- 3. Check the relevant section(s) of the WorkCover Guidelines and AMA4, if appropriate in this case, *Chapter 3 of WorkCover Guidelines* no significant change for lower extremity. If spine condition had not resolved and required assessment, you would not use range of motion method
- 4. Define the impairment(s) abnormal motion of left knee
- 5. Rate each impairment and if more than one valid means of rating is available, use the most benevolent *knee restricted motion 4%WPI*
- 6. Apportion the current impairment between pre-existing impairment and that caused by the current injury (if necessary) this is not applicable here
- 7. Combine the ratings for each impairment this is not applicable here

Mr Douglas – the report

- Complete a clear and comprehensive report documenting the assessment of permanent impairment
- Report template is provided at the back of the WorkCover Guidelines
- Assessment and opinion: include tables, figures and so on used to come to the assessment
- The report is similar to a 'conventional report'
- It is structured to address issues relevant to the legislation
- Slightly different for mental and behavioural disorders

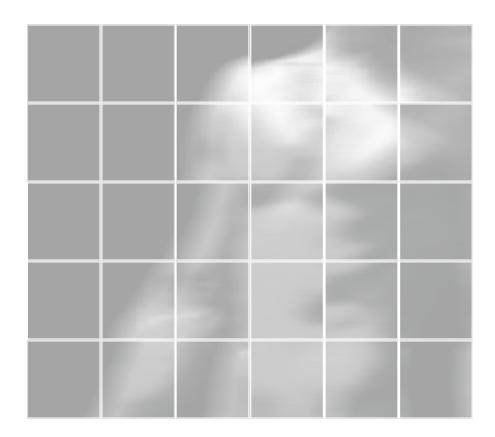
Reports – desired outcomes

- Accuracy of evaluation, ie valid and reliable
- Consistency in assessments by different assessors
- Clarity of reporting

Core module: questions and case studies

Please complete the questions listed below. Return your responses to WorkCover for assessment. Where deemed to satisfactorily meet the required standard, you will be issued with a certificate advising that you have successfully completed training in the core module.

Note: Although the cases may be framed in relation to a particular condition, the principles involved are generic.



Case 1 – Multiple Assessments

Ilias falls several metres from a platform at work. He has a number of severe injuries, which eventually stabilize. He is referred for a number of impairment assessments which are determined as:

- left arm 14%WPI
- back 12%WPI
- right leg 23%WPI
- closed head injury 31%WPI
- scarring 6%WPI.

OR

	• Scarring O/WFI.
Wh	at is Ilias' final WPI?
Caca	2 Look of Effort Lico of Clinical Judgament
	2 – Lack of Effort – Use of Clinical Judgement
Ans	swer one of the two options (either 2a or 2b).
2a.	John works in a spray painting workshop. He has suffered asthma, wheezing and shortness of breath for some years. He leaves work and lives on the dole for a year. After discussion with his former workmates and union representatives, he makes a worker's compensation claim for impaired respiratory function.
	At the assessment, the assessor happens to note John trotting up the stairs to his rooms. She undertakes respiratory function tests, but is concerned that John is not giving full effort.
	What steps are available to the assessor in this situation?

	2b.	Mary falls from a ladder at work and fractures her right shoulder. She recovers but after 18 months she claims to be left with reduced range of motion in all planes.
		On presenting for assessment, the assessor notices that she appears to have full shoulder movement when removing her coat, but has much reduced movement during formal testing.
		What steps are available to the assessor in this situation?
Ca	se 3	3 – Assessment of Chronic Pain
	frac mor repo	pert was struck on the leg by a swinging girder, suffering a tibial shaft fracture. The sture was surgically repaired, but at assessment for permanent impairment eighteen on the later the tibia is mal-aligned. Robert, who appears to be a straight forward historian orts severe chronic pain associated with the injury, sufficient to impact on his activities laily living and keep him awake at nights.
		permanent impairment assessment for the mal-aligned fracture is 8%WPI. Can an extra impairment value be given for the on-going issue of his chronic pain?
	(b)	Can the assessor refer the claimant to a pain clinic for treatment?

Case 4 – Non-Specific body location – Use of Analogy

Angelo suffered a severe blow to the shoulder region in an accident at work. He suffered a fracture to the clavicle, which was treated conservatively and has healed with a small displacement. He attends for permanent impairment assessment one year later and he is noted to have limitation of shoulder movement on the same side as the fractured clavicle (but no evidence of shoulder injury per se).

The assessor is unable to find any reference to this condition (fractured clavicle with

displacement) in the Tasmanian or AMA Guides.

What options for assessment are available to the assessor?

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

For more information contact

WorkCover Tasmania

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