

Licensed Insurers and Self-Insurers

Guidelines for developing an

Injury Management Program

VERSION 3 – Effective 1 September 2019 and to apply to all injury management activities regardless of when the injury occurred.



Please note

This information is for guidance only and is not to be taken as an expression of the law. It should be read in conjunction with the Workers Rehabilitation and Compensation Act 1988, the Workers Rehabilitation and Compensation Regulations 2011 and any other relevant legislation. Legislation is available at www.thelaw.tas.gov.au

This guide was produced by staff from WorkSafe Tasmania.

We welcome your feedback on this guide. Send to: wstinfo@justice.tas.gov.au

Introduction

Injury management is a co-ordinated and managed process. It consists of activities and procedures intended to facilitate recovery in order to achieve the best results for a timely, safe and durable return to work for injured workers.

An injury management program is a series of documented policies and procedures that detail how the insurer will operate in order to achieve a co-ordinated and integrated process for injury management.

Licensed insurers and self-insurers are to develop and maintain an injury management program. The injury management program must be approved by the WorkCover Tasmania Board (the Board) and, following approval, form part of licence and permit conditions.

An injury management program must:

- be based on guidelines provided by the Board
- reinforce the objective of returning injured workers to a functioning lifestyle in line with the work health and safety aims of the workplace
- be a streamlined, transparent process for managing workplace injuries and claims for workers compensation
- be presented in a planned and organised manner
- be clearly identifiable and readily accessible
- be reviewed at defined intervals by management to ensure its continuing suitability and effectiveness in satisfying the organisation's needs
- be appropriately authorised prior to issue
- be audited by the Board/Insurer.

On 2 April 2019 the WorkCover Tasmania Board approved the third version (Version 3) of the guidelines effective 1 September 2019 and agreed that they apply to all injury management activities regardless of when the injury occurred.

The following guidelines are to be used by insurers as a guide to help develop injury management programs. They are to be read in conjunction with Part XI of the Workers Rehabilitation and Compensation Act 1988 (the Act). It is anticipated that additional policies and procedures may be included to better reflect the nature and scale of the organisation.

The guidelines have been prepared to promote and support the effective injury management of injured workers through the identification and facilitation of best practice approaches.

The Board reserves the right to request additional information as it determines necessary.

Definition of Terms

Key Elements: Encapsulates the key elements of an injury management program.

Criteria: Established criteria for inclusion in an injury management program pursuant to section 142(1) (a) of the Act and which detail the methodology and desired behaviours for achieving effective injury management practices.

Please note:

Key elements and criteria may not necessarily be presented in the form of a written document. However, evidence must be presented to demonstrate the existence of a system and its effective implementation.

Key Elements	Criteria	Explanation
1. Injury Management Policy	1.1 Statement of commitment and objectives including but not limited to the following: <ol style="list-style-type: none"> I. to promote behaviours and attitudes that underpin a positive workplace culture that supports injured workers II. to promote the health benefits of work III. to support the principles of the Clinical Framework for the Delivery of Health Services 1.2 Statement of roles and responsibilities of all parties 1.3 Policy to be appropriate to nature and scale of organisation 1.4 Consistent with relevant injury management legislation 1.5 Policy to be reviewed regularly	The policy should reflect the insurer's commitment to injury management and should form the basis upon which the injury management program is developed. The policy should be consistent with applicable legislation and guidelines and promote continuous improvement. The policy should address but not be limited to the following principles: <ul style="list-style-type: none"> • should be easily understood, and capable of being implemented in the workplace • should be consistent with the rehabilitation policy of the workplace • should be developed in consultation with all parties • should be supplemented by adequate written procedures that are readily available, and that identify key support roles and responsibilities for implementing the policy • should be readily available in the employer's workplace where the workers can readily refer to it • should be consistent with the provisions of the Workers Rehabilitation and Compensation Act 1988 and supporting legislation • should be reviewed regularly (annually).
2. Policy for the Management of Employer Injury Management Programs (LICENSED INSURERS ONLY)	The Insurer is to define how it will: <ol style="list-style-type: none"> 2.1 Assist employers to develop injury management programs 2.2 Ensure employers operate within injury management programs 2.3 Manage the assessment and approval of injury management programs 2.4 Ensure employers educate and promote injury management programs 2.5 Ensure employers regularly review and maintain injury management programs 	Employers may choose to have an injury management program in place, in which case it should be consistent with the insurer's injury management program. The insurer must develop procedures that define its arrangements for dealing with policy holders who choose to implement their own injury management program. These procedures should identify how the insurer will co-ordinate and manage the process and should include but not be limited to: <ul style="list-style-type: none"> • roles and responsibilities of key personnel • how the insurer will communicate with employers • how the insurer will manage information transfer and document exchange • how the insurer will monitor and review employers' injury management programs • review timeframes • how the insurer will address employer non-conformance with the process.
3. Information Management	The Insurer is to define how it will: <ol style="list-style-type: none"> 3.1 Ensure full disclosure of and access to accurate and consistent information, including the provision of information in other languages when necessary 3.2 Ensure accurate and consistent information 	Procedures should be developed that identify how information will be provided and managed. The focus should be on ensuring access to information and support in order for all parties to clearly understand their roles, rights and responsibilities at the level that is required and deemed appropriate, including provision of the information in a language and format that all employers and workers can understand. Responsibility for management of the information should be delegated to personnel with the appropriate level of authority to ensure that accurate and relevant information is available in a timely manner. A document control system should be established.

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<p>4. Communication Management</p>	<p>The Insurer is to define how it will:</p> <p>4.1 Communication</p> <ol style="list-style-type: none"> I. Promote open and honest communication II. Ensure the timeliness of communication III. Ensure the correct application of both oral and written communication IV. Ensure communication is clear and in 'plain English' V. Ensure communication is non-threatening VI. Ensure interpreting services are made available when necessary <p>4.2 Communication with key parties</p> <ol style="list-style-type: none"> I. Manage contact points and formal channels of communication between all parties II. Ensure that employee obligations are described and communicated effectively III. Ensure that roles, activities and/or services that are to be delivered by external providers are clearly identified and communicated to key parties 	<p>An effective injury management program relies upon the provision of timely and accurate information.</p> <p>All communication should be conducted in a non-threatening manner. Procedures should be developed that identify the mechanisms for communication, including how it will be both managed and facilitated. The procedures should include but not be limited to:</p> <ul style="list-style-type: none"> • identifying key contacts • specifying timeframes for establishing initial contact and ongoing contact • documenting recording requirements for all contacts • identifying methods for the provision of information including informing workers of all relevant organisational procedures relevant to the injury management and return to work processes • identifying and communicating the roles and responsibilities of all parties in the communication process • identifying an issue resolution process that sets out the means by which an injured worker can progress an issue or matter of concern • where appropriate, identifying the involvement of any external body if an issue cannot be resolved within the organisation • where an injured worker has difficulty understanding or reading English the information should be translated or directly explained to individuals in language and format that can be clearly understood. <p>The insurer should seek to regularly engage with injured workers and employers, in particular they should:</p> <ul style="list-style-type: none"> • encourage and foster good relationships between those involved in the injury management process • manage and change injured worker and employer perceptions for the better of key principles such as the health benefits of work • foster and encourage productive working relationship between key stakeholders involved in the injury management process • involve and seek feedback from injured workers and employers • seek buy-in from injured workers and employers to assist in decision making • ensure the early detection and resolution of potential barriers, issues and conflicts • encourage injured workers to take ownership of their recovery.

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<p>5. Role of the Injury Management Co-ordinator (IMC)</p>	<p>The Insurer is to define how it will:</p> <p>5.1 Manage the role, responsibilities and duties of an IMC (including quantity requirements and IMC activities that are overseen rather than performed)</p> <p>5.2 Manage the skill and knowledge requirements</p> <p>5.3 Ensure the identification and provision of training requirements</p> <p>5.4 Manage the appointment process</p> <p>5.5 Manage and monitor the IMC role or activities that are to be delivered by an external IMC including but not limited to clearly identifying and communicating the roles or activities that are to be delivered</p>	<p>The role of the IMC is to co-ordinate and oversee the entire injury management process. The insurer should identify the number of IMCs based on the need of the organisation. The IMC should be provided with adequate resources to enable them to effectively carry out their duties including performance and/or oversight of:</p> <ul style="list-style-type: none"> • making contact with the worker, the employer and the worker's primary treating medical practitioner, as soon as practicable after the worker is assigned to the IMC • developing, reviewed, modifying and implementing injury management plans and return to work plans, as agreed with the worker or determined by the Tribunal • regularly reviewing the work capacity of the worker and investigating and arranging options for the worker's retraining or redeployment • making arrangements for the rehabilitation of the worker so that the worker returns to work as soon as is possible and appropriate • involving the following persons in the management of the worker's injury and return to work: <ul style="list-style-type: none"> I. the worker, the worker's employer and the employer's insurer II. the primary treating medical practitioner and other treating medical practitioners; and III. if necessary or desirable, workplace rehabilitation providers, return to work co-ordinators, supervisors and line managers, allied health professionals • collating medical information • maintaining relevant documentation • making attempts to resolve disputes in relation to injury management in respect of the worker • providing information on injury management to the worker and the worker's employer • any other duties that are prescribed. <p>The insurer should have procedures in place that identify the IMC role within the injury management program. The key components of the IMC role should be formally identified, documented and communicated. Procedures may address but should not be limited to the following components:</p> <ul style="list-style-type: none"> • role statement • responsibilities • obligations • authority to act • accountability • key performance indicators • minimum competency/training requirements.

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<p>6. Role of the Workplace Rehabilitation Provider (WRP)</p>	<p>The Insurer is to define how it will:</p> <p>6.1 Manage the role, responsibilities and duties of a WRP</p> <p>6.2 Manage the skill and knowledge requirements</p> <p>6.3 Manage the selection process for external WRPs</p> <p>6.4 Manage the referral process of an injured worker to an WRP</p> <p>6.5 Manage and monitor external WRPs including but not limited to clearly identifying and communicating the services that are to be delivered</p>	<p>A WRP is accredited by the Board and has the qualifications, experience and expertise appropriate to provide timely intervention with services based on the assessed need of the worker and the workplace.</p> <p>A WRP identifies and addresses the critical physical, psychological, social, environmental and organisational risk factors which may have an impact on a worker's ability to successfully return to work.</p> <p>A WRP achieves this through delivering workplace rehabilitation services.</p> <p>Workplace rehabilitation services are prescribed under the Act as:</p> <ul style="list-style-type: none"> • initial workplace rehabilitation assessment • assessment of the functional capacity of worker • workplace assessment • job analysis • advice about job modification • rehabilitation counselling • vocational assessment <p>Workplace rehabilitation does not include:</p> <ul style="list-style-type: none"> • work conditioning • treatment (including therapeutic counselling) • overseeing/monitoring of an injured worker's treatment • determining worker's ongoing entitlements • claims management • assessment of daily living. <p>While providers have the skills to perform some or all of these services, they are not considered workplace rehabilitation services.</p> <p>The insurer should have procedures in place that identify the WRP role within the injury management program. The key components of the WRP role should be formally identified, documented and communicated.</p> <p>Where external WRPs are engaged the specific types of service and standards of service should be detailed. At relevant periods of time the services delivered should be reviewed for conformance with any agreements.</p> <p>The insurer should have procedures in place to:</p> <ul style="list-style-type: none"> • consult with the injured worker, employer and nominated treating doctor when referring to a workplace rehabilitation provider • advise the injured worker that they can choose a rehabilitation provider • inform the injured worker of the process to be followed when changing a rehabilitation provider.

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<p>7. Role of the Return to Work Co-ordinator (RTWC) (SELF-INSURERS ONLY)</p>	<p>The Insurer is to define how it will:</p> <p>7.1 Manage the identification of a RTWC</p> <p>7.2 Co-ordinate the role, responsibilities and duties of a RTWC</p> <p>7.3 Suitably train RTWCs</p>	<p>The role of the RTWC is to facilitate and co-ordinate the injured worker's return to work within the workplace. The RTWC should be provided with adequate resources to enable them to effectively carry out their duties, which may include:</p> <ul style="list-style-type: none"> • aspects of return to work requirements at the workplace • assisting in the rehabilitation and return to work for injured workers, monitor progress, develop and review return to work plans and injury management plans • assisting in the identification of suitable alternative duties and if necessary alternative job placements or redeployment in the workplace • assisting in the communication and management of the relationship between all parties • other functions specified by the insurer. <p>The insurer should have procedures in place that identify the RTWC role within the injury management program. The key components of the RTWC role should be formally identified, documented and communicated.</p>
<p>8. Mechanisms to Facilitate Early Reporting and Intervention of Injuries/Claims</p>	<p>The Insurer is to define how it will:</p> <p>8.1 Early Reporting</p> <ol style="list-style-type: none"> I. Implement a variety of mechanisms to facilitate early reporting II. Manage timeframes for early reporting III. Manage employer training and educational requirements IV. Administer any early reporting incentive scheme V. Manage corrective action for late submissions <p>8.2 Early Intervention</p> <ol style="list-style-type: none"> I. Analysis of incoming data II. Development and implementation of intervention strategies III. Manage key contact points with key parties IV. Administer provisional payments 	<p>Employers should be encouraged to report all work-related injuries to the insurer that may lead to a claim for workers compensation. Early reporting and intervention will assist in the injury management and return to work process and enhance the likelihood of positive return to work outcomes.</p> <ul style="list-style-type: none"> • Advising employers of their obligations to record and report injuries • Identifying the expected reporting timeframes • Identifying key parties, roles, responsibilities and timeframes for establishing and maintaining contact • Ensuring that information provided on the claim form is complete and accurate • Identifying a process for managing late reporting, including advising employers of the consequences of failure to report within the specified timeframes • Ensuring persons with responsibilities under the injury management program receive appropriate instruction/training to enable them to undertake the tasks they have been allocated.

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<p>9. Medical Management</p>	<p>The Insurer is to define how it will:</p> <p>9.1 Primary Treating Medical Practitioners (PTMP)</p> <ol style="list-style-type: none"> I. Monitor the timeliness of appointments for injured worker medical consultations and treatment II. Manage the provision of information including but not limited to: <ol style="list-style-type: none"> a. facilitating notification of a change to the injured worker's PTMP and b. subsequent authorisation to release relevant medical records. III. Manage contact points between involved parties – in particular with the PTMP IV. Ensure systems are in place for the management of medical certificates. This may include but is not limited to monitoring and reporting on the quality of medical certificates V. Ensure systems are in place for the management of medical reports <p>9.2 Independent Medical Reviews</p> <ol style="list-style-type: none"> I. Manage the process for seeking and undertaking reviews II. Manage consultation requirements – in particular with the PTMP III. Manage the provision of information including but not limited to: <ol style="list-style-type: none"> a. notifying the injured worker of the reasons for seeking a review b. provide the worker with a copy of, or access to, any information published by the Board in respect to independent medical examinations. c. providing copies of the review report to the IMC and the PTMP IV. Manage contact points between involved parties V. Monitor the use of independent medical reviews VI. Ensure that the independent medical practitioner is aware of their role and responsibilities and have been provided with a copy of, or access to, the Board's Guidelines for Independent Medical Examinations. VII. Ensure that the independent medical practitioner is fully informed of all necessary information prior to undertaking an independent medical review. This may include but is not limited to arranging communication between the independent medical practitioner and the primary treating medical practitioner prior to undertaking the independent medical review 	<p>The procedures should recognise the central role the PTMP plays in the injury management process. The PTMP usually should have ongoing contact with the injured worker throughout the injury management and return to work process and plays a key role in the communication between the injured worker, the employer and the insurer.</p> <p>Procedures should be developed that include but are not limited to:</p> <ul style="list-style-type: none"> • the injured worker's right to choose their PTMP • the role and responsibilities of the PTMP and specialist service providers • the process for monitoring medical treatment, consultations, referrals and specialist care • requirements for access to medical records and the provision of information • the process for the management of communication between the parties including identifying the preferred means of contact and expected reporting timeframes. <p>Independent Medical Reviews:</p> <p>Independent medical opinions or medical reviews may be sought when there are concerns about issues such as the diagnosis, proposed treatment, certified level of incapacity etc. Where multiple, opinions/reviews are sought, this can result in stress for the injured worker, delays, and increased costs to the insurer.</p> <p>Procedures should be developed that include but are not limited to:</p> <ul style="list-style-type: none"> • the process for obtaining an independent medical review • the process for informing the injured worker of the reasons for seeking such a review • the process for discussing matters of concern with the injured worker and the injured worker's PTMP • the process for the management of medical records and the provision of information • the process for the management of communication between the parties including identifying the preferred means of contact and expected reporting timeframes • the process for conciliation where the injured worker objects to an independent medical review.

Key Elements	Criteria	Explanation
<p>10. Return to Work</p>	<p>The Insurer is to define how it will:</p> <p>10.1 Co-ordinate those involved in the injury management process including but not limited to the following:</p> <ul style="list-style-type: none"> I. Injury Management Co-ordinators II. Workplace Rehabilitation Providers III. Return to Work Co-ordinators <p>10.2 Manage Injury Management Plans and Return to Work Plans. This should include but not be limited to the following:</p> <ul style="list-style-type: none"> I. Documenting time frames within which return to work and injury management plans will be prepared. II. Ensure the development and implementation of plans in accordance with time frames detailed in the approved Injury Management Program III. Manage consultation requirements between key parties IV. Ensure the assessment of return to work options is completed thoroughly V. Ensure the return to work hierarchy is applied VI. Ensure workplace visits are undertaken when necessary VII. Ensure the identification and modification of suitable and meaningful alternative duties where practicable VIII. Recognise limitations during return to work IX. Ensure the regular review, monitor and modification of plans when necessary X. Regularly assess outcomes for all parties involved <p>10.3 Reflect and promote the health benefits of work</p> <p>10.4 Ensure all activities support the principles of the Clinical Framework for the Delivery of Health Services</p> <p>10.5 Application of evidence based guidelines</p> <ul style="list-style-type: none"> I. Identify optimal return to work outcomes based on evidence based guidelines II. Monitor progress against target outcomes III. Take appropriate action where cases exceed evidence based guidelines 	<p>The injury management program should encourage full and open communication between all parties involved in the injury management and return to work process. Poor communication can lead to delays, confusion and misunderstanding and is recognised as presenting a major barrier to effective injury management. Proper planning and co-ordination of the injury management process will facilitate effective communication between the parties, eliminate duplication of effort and confusion, and ensure that the injury management process runs smoothly and results in positive outcomes for the injured worker.</p> <p>Return to Work Plans – A simple plan for co-ordinating and managing the treatment, rehabilitation and return to work of an injured worker. If a worker suffers a significant injury a return to work plan is to be prepared within the time frame nominated by the insurer/employer in the Injury Management Program approved by the Board.</p> <p>Injury Management Plans – A comprehensive plan for co-ordinating and managing the treatment, rehabilitation and return to work of an injured worker. If a worker suffers a significant injury an injury management plan is to be prepared within the time frame nominated by the insurer/employer in the Injury Management Program approved by the Board.</p> <p>Injury management programs should specify the time frame in which return to work and injury management plans will be developed following becoming aware that a worker has sustained a significant injury (more than 5 days of total or partial incapacity). For example “A return to work plan will be developed within 5 working days of a worker sustaining a significant injury”. This would mean that the plan is developed and implemented within 10 working days.</p> <p>If the injury management plan is not incorporated in the return to work plan the program should also specify the time frame in which an injury management plan will be developed and implemented. For example “An injury management plan will be developed within 5 working days of a worker being partially or totally incapacitated for 28 days”.</p> <p>Where plans are developed, at a minimum both the injured worker and the employer are to agree to co-operate and comply with the plan. Plans are to be signed by both parties, wherever possible, however other mechanisms for obtaining agreement (i.e. via email) may be used in circumstances where it may not be practicable to pursue signatures.</p> <p>Plans must be realistic, achievable, tailored to the individual’s circumstances and developed as soon as practicable in consultation with the relevant parties.</p> <p>Plans must be reviewed regularly by the relevant parties and modified where necessary.</p>

Key Elements	Criteria	Explanation
<p>11. Management of Alternative Duties</p>	<p>The Insurer is to define how it will:</p> <p>11.1 Alternative Duties</p> <ol style="list-style-type: none"> I. Ensure that where an injured worker is certified as having work capacity that alternative duties are considered II. Ensure alternate duties are both suitable and meaningful III. Ensure employers provide notification of alternative duties that are available (facilitated by a list of general duties to be supplied by the Board) IV. Ensure matters relating to employers unwilling and/or unable to provide alternative duties are handled in accordance with internal policies and procedures. Where such matters are unable to be resolved through internal processes they are to be referred to the Board <p>11.2 Retraining and Redeployment</p> <ol style="list-style-type: none"> I. Ensure the early identification of injured workers who require retaining and/or redeployment II. Establish and maintain arrangements and/or incentives for retraining, skill enhancement and redeployment opportunities of injured workers that have some work capacity. In the case of licensed insurers this may include but is not limited to enabling workers with work capacity to be placed within employers to which the insurer insures 	<p>The employer has an obligation to provide suitable and meaningful alternative duties at the workplace while the injured worker recovers from injury.</p> <p>The insurer should have procedures in place that ensure injured workers are consulted and given the opportunity to participate in the identification and selection of alternative duties. Injured workers should also actively contribute to and participate in the process of reviewing and providing feedback to the employer or the insurer on the adequacy and appropriateness of alternative duties provided. The insurer should develop procedures that include but are not limited to:</p> <ul style="list-style-type: none"> • communicating to employers their responsibility for identifying alternative duties as well as their obligation to compile a list of alternative duties that is to be supplied to the insurer • assisting employers to identify and provide alternative duties • monitoring and reviewing an employer's ability to identify and provide suitable alternative duties • advising employers of the consequences of failure to identify and provide alternative duties • managing employer non-compliance • notifying employer non-compliance to the Board.

Key Elements	Criteria	Explanation
<p>12. Management of Psychological Claims (primary and secondary)</p>	<p>Insurers must have systems and procedures in place to identify and manage claims for psychological injuries. As a minimum systems and procedures should:</p> <p>12.1 Ensure that senior managers and claims staff are appropriately trained in the identification and management of psychological claims, including post traumatic stress disorder (PTSD) and the biopsychosocial approach.</p> <p>12.2 Ensure the early identification of psychological claims including claims for PTSD.</p> <p>12.3 Ensure the early identification of psychological claims secondary to injury claims.</p> <p>12.4 Identify key stakeholders in the management of the worker’s injury including the claims and injury management process eg workers, employers, primary treating medical practitioner, IMC/WRP.</p> <p>12.5 Ensure the early appointment (no later than the time frame required by s143B of the Act) of an injury management co-ordinator with appropriate skills, experience and/or qualifications in respect to the management of psychological injuries.</p> <p>12.6 Ensure the early appointment of appropriate providers who have the appropriate skills, experience and/or qualifications in respect to the management of psychological injuries.</p> <p>12.7 Ensure early and ongoing regular contact with key stakeholders to identify barriers to return work and discuss and develop action plans.</p> <p>12.8 Ensure timely access to treatment.</p> <p>12.9 Ensure systems are in place to facilitate a timely decision regarding liability and that the worker is informed and updated in respect to progress at regular intervals.</p> <p>12.10 Ensure systems are in place to identify claims where mediation or other dispute resolution mechanisms (other than the Tribunal) may be utilised.</p> <p>12.11 Ensure procedures are in place to comprehensively communicate adverse decisions, the reasons for adverse decisions and provide information in respect to appropriate dispute resolution mechanisms.</p>	<p>This element is included in addition to the key elements above as the Board recognises the significant impact psychological injuries have on workers, employers, insurers and the scheme in general.</p> <p>The Board recommends that Insurers/Employers consider the Safe Work Australia publication “Taking Action: A best practice framework for the management of psychological claims in the Australian workers’ compensation sector” when developing and implementing systems for the management of psychological claims.</p>

Key Elements	Criteria	Explanation
13. Management of Complex Claims	<p>The insurer should have systems and procedures in place to identify and manage complex and potentially complex claims at the earliest opportunity. The insurer is to:</p> <p>13.1 Define a complex claim</p> <p>13.2 Ensure the early identification of complex and potentially complex claims.</p> <p>13.3 Identify key stakeholders in the management of the worker's injury including the claims and injury management process eg workers, employers, primary treating medical practitioner, IMC/WRP.</p> <p>13.4 Ensure the early appointment (no later than the time frame required by s143B of the Act) of an injury management co-ordinator and/or workplace rehabilitation provider with appropriate skills, experience and/or qualifications in respect to the nature of the worker's injury.</p> <p>13.5 Ensure regular contact with identified key stakeholders.</p> <p>13.6 Ensure systems are in place to regularly monitor and review complex claims.</p>	<p>What constitutes a complex claim should be defined by the insurer.</p> <p>For example a complex claim may be a claim where a worker has sustained a physical and psychological injury, has more than one physical injury, has a significant injury, has required surgery of a particular type, has co-morbidities or other significant health and return to work barriers. It may also include matters where liability determination affects ongoing injury management.</p>

Resources

- [Clinical Framework for the Delivery of Health Services](#)
- [Taking Action – Best Practice Framework – psychological](#)
- [SafeWork Australia](#)
- [Information Sheet for Workers – Independent Medical Examinations](#)
- [Guideline: Independent Medical Examinations](#)

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