



A WORK INJURY GUIDE

for medical practitioners



Government of
South Australia



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FOREWORD



ReturnToWorkSA is committed to assisting people injured at work to recover and return to work with the most appropriate supports provided at the right time recognising good work as a key social determinate of health for individuals. This commitment means that we must support those who provide treatment ensuring access to information about the South Australian Return to Work scheme, including helpful tools and resources and available supports for them and their patients.

Medical practitioners play a central role in assisting injured workers following a work injury, with their patients relying on them to guide their recovery. From diagnosing and assessing a work injury to certifying capacity and liaising with employers, claims managers and other members of the treating team, it requires skill, experience, patience and care.

Developed in collaboration with the Australian Medical Association (South Australia) and the Royal Australian College of General Practitioners, this Guide provides medical practitioners with an understanding of the South Australian Return to Work scheme to assist with optimising their patient's health outcomes.

A handwritten signature in black ink, appearing to read 'M Francis'.

Michael Francis
Chief Executive Officer



The Australian Medical Association South Australia (AMA (SA)) is the peak membership group for South Australian doctors. We advocate for our members and for better health for all South Australians.

In keeping with this, the AMA (SA) Return to Work Advisory Group has worked collaboratively with senior executives from ReturnToWorkSA to oversee the establishment of the Work Injury Guide for Medical Practitioners. The Guide, in conjunction with the two page Working Together reference tool for mobile claims staff when working with medical practitioners, assists those working within the Return to Work scheme.

The assessment and treatment of an individual who has sustained a workplace injury is intrinsically complex. To confidently navigate what is required and the individual steps within the process can often take a great deal of time to learn.

This Guide provides clear and easy to read information, essential for medical practitioners who are new to the Return to Work scheme, while providing excellent reference material for those practitioners already participating in the Scheme.

I would like to thank ReturntoWorkSA for taking considerable time and effort to bring this Guide to fruition.

A handwritten signature in black ink, appearing to read 'S Mead'.

Dr Samantha Mead
Chief Executive Officer



As general practitioners we play a crucial role in the treatment and management of patients with work related injuries. It is our professional duty to not only provide excellent medical care but also to be a guide, mentor and educator as we support our patients through the Return to Work scheme pathways.

The Royal Australian College of General Practitioners (RACGP) has always recognised that return to work is the best outcome for a patient's physical, social and psychological health.

As general practitioners we need to be up to date with the latest information regarding the Return to Work scheme. We need to know our responsibilities regarding working with claim managers, allied health, other medical specialists and the ReturnToWorkSA staff.

This Guide is an excellent resource that explains the processes from beginning to end. We need to be aware of the extra services available such as Second Opinion Services and the Post-Surgical Support Program. We need to be aware of how we can arrange Case Conferences and maximise their usefulness. We also need to be aware of how to invoice ReturnToWorkSA for our professional services beyond office consultations.

This Guide is an extremely useful tool that I encourage all general practitioners to read and keep on hand. Whether you are treating hundreds or just one patient with a workplace injury you will find it very helpful.

Dr Daniel Byrne
Chair, RACGP SA&NT





INTRODUCTION

ReturnToWorkSA provides South Australian employers with insurance to protect their business and their workers in the event of a work related injury.

The Return to Work Scheme

ReturnToWorkSA provides South Australian employers with insurance to protect their business and their workers in the event of a work related injury. This insurance protection provides financial support to cover worker wages, reasonable medical treatment and return to work services to people who have been injured at work.

The South Australian Return to Work Scheme provides cover for a person injured at work which includes income support for up to two years and medical support for a further one year. People who are deemed seriously injured are provided with a tailored program of lifetime support to suit their specific needs.

ReturnToWorkSA's services and those delivered by our claims agents, Gallagher Bassett and EML, are designed to provide early intervention support to workers and employers following a work injury, to ensure the injured worker can recover and return to work as quickly as possible.

The purpose of this guide is to assist medical practitioners working within the South Australian Return To Work Scheme gain a greater understanding of the essential components that will assist their patients with return to life and work.

In 2015, the work injury scheme reform took place with new legislation. The *Return to Work Act 2014*, underpinned the changes to ensure a financially sustainable system as well as delivering better outcomes for injured workers.

The key elements for change were;

- Early intervention
- Face to face support
- Individualised support services

A greater emphasis is placed on function and capacity.

The Health Benefits of Work

The evidence is compelling: for most individuals, working improves general health and wellbeing, and reduces psychological distress. The longer an injured worker is away from work, the chances of them ever returning to work decreases.¹

Long term work absence, work disability and unemployment can cause, contribute to and accentuate negative physical and mental health, as well as increase mortality rates.

In addition, children with parents without employment have a higher likelihood of having chronic diseases, increased experience of psychological distress and increased likelihood of being out of work themselves (either periods of time or over their entire life).

The evidence shows that good work may benefit an individual by:



Ensuring that some physical activity is undertaken on most days



Providing a sense of community and social inclusion



Allowing workers to feel they are making a contribution to their family and society



Giving structure to days and weeks



Providing financial security



Decreasing the likelihood that an individual will engage in risky behaviour

For additional information see

The Royal Australasian College of Physicians *It Pays to Care* <https://www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine/it-pays-to-care>

The Royal Australian College of General Practitioners *Purpose and Values* <https://www.racgp.org.au/FSDDEV/media/documents/RACGP/Position%20statements/Principles-on-the-role-of-the-GP-in-supporting-work-participation.pdf>

1. The Royal Australasian College of Physicians, Australian Faculty of Occupational & Environmental Medicine (2011) *Position Statement on Realising the Health Benefits of Work*: <https://www.racp.edu.au/docs/default-source/advocacy-library/realising-the-health-benefits-of-work.pdf>

Role of the Medical Practitioner in the Return to Work Scheme

While your usual role as a medical practitioner involves assessing, diagnosing, treating and certifying patients, your role as a medical practitioner in the Return to Work scheme can extend beyond providing medical treatment. As the treating medical practitioner, you are primarily responsible for assessing the work injury and in collaboration with the worker, deciding what kind of treatment is required, including its frequency and duration. You will also help the worker set some treatment goals, provide details via the Work Capacity Certificate of what the worker is able to do, and contribute to the development of the recovery and return to work plan.



The Mobile Claims Management Model

Claims managers are the primary contact for the injured worker, the employer, any return to work service provider and you, the treating medical practitioner. They will provide personalised support to help the injured worker recover from their injury and facilitate services for them to achieve a successful recovery and return to work. Mobile claims managers have the additional responsibility as the face to face point of contact to facilitate return to work and medical case conferences and ensure that services required to support the worker are implemented when needed in consultation with the treating medical practitioner.

If the injured worker is likely to be off work for more than two weeks, a mobile claims manager may arrange to meet the worker, the employer and the treating medical practitioner to develop and implement a recovery and return to work plan. This plan will describe the treatment that the worker is undertaking, and services implemented to support the worker with their recovery and return to work. It may also provide a schedule which will detail the activities the worker will undertake at work to increase their capacity. The mobile claims manager will review these activities with you to ensure the duties are safe and sustainable for a successful return to work.

This collaborative approach ensures everyone's input is considered in assisting the injured worker recover and return to work. It also ensures everyone understands what is required of them at various time frames within the recovery and return to work plan, and that everyone is working towards the same goal.

For additional information about working with claims staff, see *Appendix 3: Working Together – An easy reference guide for treating medical practitioners and mobile claims staff.*

THE SERVICE MODEL

The journey of an injured worker as they progress through the ReturnToWorkSA claims process:



A claim can be lodged via email or phone, either by the employer or the injured worker.



Sometimes the injured worker may see a medical practitioner for a consultation before the claim has been made. The medical practitioner can still complete the Work Capacity Certificate and provide a copy to the injured worker, who can then provide copies to their employer or claims manager once a claim has been lodged.



The medical practitioner can invoice for the consultation and advise the patient to keep the receipts later for reimbursement pending claim determination. It is the patient's responsibility to keep apprised of the claim status. For more information see Frequently Asked Questions on invoicing.



A claims manager may contact the medical practitioner to obtain more information and establish a treatment plan for the injured worker. The employer, or their return to work coordinator, may wish to contact the medical practitioner to discuss capacity for work and suitable work options.



Depending on the severity of the injury, the injured worker may continue to see the medical practitioner for ongoing consultation, and they may be referred to an allied health practitioner for additional treatment.



Recovery and return to work may take place in one of three ways;

- Returning to the worker's pre-injury role with the pre-injury employer
- Returning to a different role with the pre-injury employer
- Beginning work with a new employer

Service models may slightly differ for self-insured employers who have been delegated authority under section 134 of the *Return To Work Act 2014*.

What makes a claim?

The injury arises out of or in the course of employment and the employment was a significant contributing cause of the injury.

Physical Injuries

Employment must be a significant contributing cause to the injury

Psychiatric Injuries

Employment must be the significant contributing cause to the injury

The worker's claim is determined by the claims agent. The treating medical practitioner may be asked to provide information and assessment to help the claims agent determine the claim.

Once an injured worker's claim has been determined and accepted, ReturnToWorkSA will pay for treatment that is reasonable and necessary for that injury.

If rejected, you can choose to continue treatment of the patient under the Medicare scheme.

What is reasonable and necessary treatment?

Before approving or paying for medical treatment or return to work services, the claims agent must determine (based on the facts of each case) that the treatment or service is:

- reasonably necessary, and
- required as a result of the work related injury.

When considering the facts of the claim, the claims agent should understand that:

- what is determined as reasonable and necessary for one worker may not be reasonable and necessary for another worker with a similar injury
- there may be multiple treatment options available, the most appropriate one will be determined in consultation with the worker and their treating doctor
- each request is assessed on a case-by-case basis.

In most cases, the above points should be sufficient for a claims agent to determine what is reasonable and necessary. Where the claims agent remains unclear on whether a treatment is reasonable and necessary, then the following factors may be considered:

- the appropriateness of the treatment
- the availability of alternative treatment
- the cost of the treatment
- the actual or potential effectiveness of the treatment
- the acceptance of the treatment by medical experts.

Medical Management

The medical practitioner's management of the claim should extend beyond the initial assessment and diagnosis of the injury to support the worker with their recovery and return to work.

1. Assess and diagnose

- Undertake a thorough assessment to assess and diagnose the injury
- Assess how the injury affects work capacity

2. Advise

- Advise the worker what they can and can't safely do
- Discuss the benefits of returning to work
- Address potential barriers

3. Set expectations

- Set realistic expectations for recovery and return to work
- Reinforce that return to safe work is an important part of recovery

4. Certify capacity

- Detail the worker's functional capacity
- Provide sufficient information to enable the employer to modify the work in line with capacity

5. Co-ordinate

- Refer to other health care providers as appropriate
- Communicate with the claims manager and employer as appropriate

6. Advocate

- Advocate for early return to work as a part of the recovery process
- Advocate for return to safe work by certifying appropriate capacity and workplace modifications

7. Review

- Undertake appropriate and regular review to assess progress in recovery, changes to capacity and re-certify as needed
- Provide advice on preventing re-injury

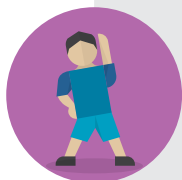


Working in a treatment team



Physiotherapy

Physiotherapists help people affected by injury, illness or disability through various approaches including manual therapy, movement, functional exercise, education and advice. They use physical techniques to improve function, reduce pain to increase a worker's capacity for work and transition to a self-managed program.



Exercise Physiology

Exercise physiologists prescribe functional exercise for the purpose of increasing the worker's capacity for work and assist them transition to a self-managed program.



Psychology

Psychologists help people improve their mental health and recover from an injury that has resulted from their work.



Occupational Therapy

Occupational Therapists focus on promoting health and wellbeing by enabling people to participate in the everyday activities such as self-care and working. By utilising assessments they can guide activities based on capacity, set goals and offer advice on how to perform tasks more easily and safely.

Allied Health Management Plans

ReturnToWorkSA expects all allied health professionals to deliver their services in line with the *Clinical Framework For the Delivery of Health Services*.³ This includes ensuring that:

- workers are empowered to manage their injury
- a biopsychosocial approach is adopted
- goals are focused on optimising function, participation and return to work
- treatment effectiveness is measured and demonstrated on an ongoing basis
- treatment is based on best available research evidence.

The management plan is a tool used to summarise collaborative goal setting, plan of management by the allied health provider involved, as well as a review tool to track and reflect on progress during an injured workers recovery by utilising SMART goals (specific, measurable, achievable, relevant and time bound).

Utilising management plans, allied health professionals can communicate and collaborate with the worker's treating medical practitioner, claims manager, and other treating professionals involved in a worker's treatment and recovery.

A copy of the management plan is provided to the injured worker, treating medical practitioner and claims manager to ensure all parties are aware of treatment goals and timeframes, with the ability to review and understand progress.

The management plan should be viewed as a live document that is continually able to be reviewed and amended depending on the recovery of the individual. By providing all parties with a copy of the management plan, everyone is clear on what measures are being undertaken to achieve various recovery goals.

Other Forms of Engagement

ReturnToWorkSA encourages the participation of treating allied health professionals in case conferences and values their input in return to work and life. Having this collaborative approach with the treating team has great benefit for the injured worker.

Discussion over the phone with the treating allied health provider can be charged by both the medical practitioner and allied health provider at the gazetted rate in the ReturnToWorkSA fee schedule.

3. <https://www.rtwsa.com/media/documents/clinical-framework-guidelines.pdf>

FREQUENTLY ASKED QUESTIONS

Medical Case Conference

1 What is a case conference?

Case conferences are formal meetings between an injured worker, treating medical practitioners, employer and claims manager. They may also include a treating allied health provider and return to work service provider. Case conferences are a vital element in the collaborative return to work planning for injured workers.

2 Who can request a case conference?

A case conference can be requested by a claims manager, the treating medical practitioner, an approved return to work service provider, a workers representative, a worker or employer. The worker or their representative must always be invited to attend the case conference.

3 When are they held and why are they important?

Case conferences can be held at any time during the life of the claim. They are held to discuss updates regarding: current and future treatment, capacity for work, prognosis, identification of barriers that could affect return to work, referral to return to work services, details of limitations to work and recommendations facilitating a return to work. They are important to discuss and resolve barriers and set expectations, as well as ensuring that collaboration continues throughout the claim.

4 Can they be conducted virtually or over the telephone?

Case conferences can be conducted face to face, by video or over the telephone, with face to face preferred if circumstances permit.

5 Where are they held?

Case conferences are usually held at the treating medical practitioner's medical practice, either in the consulting room or a larger meeting room, however they can also be conducted at any mutually convenient pre-arranged location for example, the worksite.

6 What if I would like to speak with and examine my patient prior to the case conference?

Medical practitioners are able to have a consultation with the worker prior to the case conference. This appointment would be paid for by RTWSA in the same way as other consultations with workers whose claim has been accepted.

7 What can I expect from the case conference?

A claims manager will contact the medical practice to book a case conference with the practice manager and ensure they have approval. Before the case conference occurs, the claims manager must ensure that all attending parties including the worker are formally notified of the details. This should include a list of attendees, the purpose of the meeting and a list of topics that will be discussed. It is expected the treating medical practitioner will actively participate in the case conference, including discussing any topics that they would like to raise.



8 Is a claims manager permitted to attend an appointment that has not been booked as a case conference?

Claims managers can request to be admitted during medical reviews or appointments that are not case conferences. The worker and the medical practitioner both need to agree for the claims manager to be allowed to attend. Expectations of the role of the claims manager during a consultation should be discussed prior to the appointment.

9 What are the desired outcomes of the case conference?

Depending on the circumstances, the following outcomes should be expected:

- Clarification of the current capacity to undertake duties and discussion about expected increase of capacity including timeframes
- Confirmation of current and future treatments or services and expected benefits to the injured worker's recovery
- Discussion about barriers that may have been identified (industrial/personal) and plan interventions that may be undertaken to address those barriers
- Update on how a return to work, treatment or any other topic that has been previously raised in a case conference is progressing

A summary can be provided at the request of the treating medical practitioner. If the treating medical practitioner provides the summary to all attendees, this can be charged at the gazetted rate in the ReturnToWorkSA Fee Schedule.

10 Can a case conference go ahead without the injured worker being present?

It is ideal for the worker to be involved in a case conference as the focus is on a collaborative approach to recovery and return to work. However there may be circumstances where an injured worker may not attend (i.e. video viewing of worker's duties) and these meetings are referred to as Third Party Consultations. It is the responsibility of the claims manager or self-insured employer to ensure a written and signed record of the third party consultation is distributed to all attendees. Should any amendments be made regarding the worker's limitations, capacity or any options regarding return to work, the treating medical practitioner must consider the injured worker's input.

11 Can a treating medical practitioner charge for a case conference?

Yes, attendance at a case conference or third party consultation can be charged by a treating medical practitioner at the gazetted rate in the ReturnToWorkSA Fee Schedule.

12 How much time should I allocate for a case conference?

Depending on the nature of the issues needing to be addressed, we recommend setting aside at least 1 hour for a case conference. Should there be more issues needing to be addressed, longer time may be required.

INDEPENDENT MEDICAL EXAMINATIONS

Independent medical examinations are sometimes required during the life of a claim.

There are a variety of reasons an independent medical examination may be arranged, such as confirming a diagnosis and the connection between an injury or disease and a worker's employment, when a worker's recovery is not progressing as expected, to support the worker's return to work activities, or when there are complex matters that may or may not be related to the worker's injury but are affecting the recovery and return to work process.

Independent medical examiners are medical specialists registered with the Australian Health Practitioners Regulation Agency (AHPRA). They are not employees or representatives of ReturnToWorkSA or its claims agents and they are not a treating medical practitioner.

Examination by an independent medical examiner can be arranged by a claims manager, self-insured employer or a worker themselves. Should an injured worker wish to arrange an examination by an independent medical examiner, the claims agent will need to pre-approve this type of examination.

Determining which independent medical examiner speciality is required is based on the following:

- 1 The nature of the worker's injury
- 2 The nature of the medical or return to work questions needing to be answered.

Prior to arranging an independent medical examination, the claims manager may discuss with the treating medical practitioner the purpose of the examination. The treating medical practitioner may be requested to provide a medical report to clarify information or provide input to the independent examiner. **It is the expectation that if an independent medical examiner is required, the claims manager would discuss the need with the treating medical practitioner.**

The independent medical examination, with an examiner with the relevant specialty, is arranged by the claims manager. The independent medical examiner will schedule an appointment with the worker and the relevant parties will be formally notified by the claims manager.

The independent medical examiner will meet with the injured worker in their practice rooms for the assessment. The injured worker can bring a support person with them, but a claims manager is not allowed to attend an independent medical examination.

The independent medical examiner will produce a comprehensive report which will be sent to the claims manager. Treating medical practitioners and employers may request a copy as required.

There are also circumstances where a legal representative can arrange an independent medical examination.

FREQUENTLY ASKED QUESTIONS

Requests for medical information

1 Why is the claims manager requesting a report from the treating medical practitioner?

The claims manager will request a report to understand the current capacity, treatment plan and expected outcomes, or identify barriers that are not related to the injury but may be affecting recovery and return to work. We value the treating medical practitioner's input and collaboration in an injured worker's recovery and return to work.

2 Does the treating medical practitioner get paid for providing a medical report?

Yes, this is a gazetted rate as per ReturnToWorkSA's fee schedule.

3 What information should the treating medical practitioner disclose in a medical report?

The treating medical practitioner should only disclose medical information that is directly related to the worker's injury, or information that may affect the worker's capacity to return to work.

4 Can the worker and the employer access a copy of the report?

Yes. Both parties are able to obtain copies of the report. A worker must be provided with a copy of the report and the employer is able to receive a copy from the claims agent if requested in writing.

5 Our practice has a policy of upfront payments for all medical reports, can you pay us upfront?

We are unable to pay upfront for a medical report. Upon receipt of the report, we will pay the gazetted rate as per the ReturnToWorkSA fee schedule. Should you not provide a requested medical report, this may affect the injured worker's entitlement to income support or may delay treatment approval.

CERTIFYING CAPACITY

The Work Capacity Certificate (WCC) will help the treating medical practitioner to promote function through prescribing an active recovery for patients with a work injury, helping them to achieve the best health outcome.

From the first consultation, it can be used to:

- share information with other treating practitioners, the employer and claims manager, to encourage shared goals that will provide clarity for the injured worker
- reinforce realistic perceptions of injury severity and set expectations about recovery timeframes
- describe the injured worker's functional abilities – what they can do rather than what they can't do
- certify work capacity to enable the injured worker's employer and claims manager to look for and offer work duties that fit their functional abilities.

The WCC can only be completed by a medical practitioner.

When completing the WCC, it is important to focus on the injured worker's functional abilities from a medical perspective – what is safe for them based on their injury. This will ensure that the employer and claims manager have the information they need to identify suitable duties at work that can be performed safely.

A WCC can be submitted electronically (eWCC), via editable PDF and, in certain circumstances, in a hard copy format. The eWCC is the preferred method given its ease of use and secure and rapid lodgement. The eWCC is compatible with most Practice Management Software. For further information and support regarding the WCC, please contact providers@rtwsa.com.

The WCC is a prescribed form and must be used. It is a legal document and if the treating medical practitioner is not utilising the correct form, the injured worker's entitlement to income support may be affected and the treating medical practitioner may be requested to complete a new WCC.

Note: A submitted WCC does not mean that a claim has been made. To lodge a work injury claim, a person injured should advise their employer and notify the relevant claims agent.

Work Capacity Certificate

Version 2 effective 1 July 2017



A. Patient and employer details

Mandatory

Family name:

Given names:

Claim number (if known):

Employer name:

Date of birth:

B. Injury details and assessment

Mandatory

I examined you on:

for injury(s)/condition(s) you stated occurred/developed on:

The stated cause was:

The injury(s)/condition(s) you presented with is/are consistent with your stated cause(s): Yes NoIs this a new injury/condition? Yes No

My clinical diagnosis/es based on my examination of you and other available information is:

Other comments/clinical findings:

C. Certification

Mandatory



In my opinion, you: (please tick whichever apply)

 have recovered from your injury/condition and are fit to return to your normal duties and hours on:

 are fit to perform suitable duties that accommodate your functional abilities from: DD MM to

 are medically unfit to undertake suitable duties while recovering from your injury for the period: to

Reason:

Note: Certification based on your functional ability, not available duties.
 I estimate you should have functional capacity to return to work in days weeks **OR** uncertain at this stage
(estimated timeframe will assist with planning for return to safe work)
 I would like to review your progress on: or at your next medical consultation

Comments:

D. Treatment plan

Complete all fields relevant to your patient



The following treatment plan is aimed at assisting your recovery and return to work:

I have referred you for the following clinical treatment:

 Medical specialist (Name & specialty)

 Psychologist (Name)

 Physiotherapist (Name)

 Other (Name & discipline)

E. Functional ability

Complete all fields relevant to your patient



Your ability to work is affected by **this** injury(s)/condition(s) as follows:

(please select applicable functions – blank fields indicate that limitations don't apply. Please include any impact of medications on function)

No restrictions - go to section G (Doctor's details)

Physical function

	Can	With modifications	Cannot
Sitting:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standing/walking:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kneeling/squatting:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrying/holding/lifting:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaching above shoulder:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bending:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of affected body part:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neck movement:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing steps/stairs/ladders:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (e.g. details of capacity or limitations that will assist in identification of suitable duties)

Mental health function

	Not affected	Partially affected	Affected
Attention/concentration:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory (short term and/or long term):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgement (ability to make decisions):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other functional considerations - not listed above

I have prescribed medication(s) that could impact upon your ability to undertake some activities.

Details:

I recommend:

A graduated increase in working hours over _____ weeks from _____ hours a day to your normal hours/ _____ hours a day
Non-consecutive working days for a period of _____ days or _____ weeks

F. Communication

Optional



Preferred contact method: phone email fax writing visit

G. Doctor's details

Mandatory

Doctor's name:

Provider Number:

Address:

Email address:

Fax:

Signed:

Phone:

Completion date:

Partnering with Allied Health to assist with completing the WCC

Allied health practitioners are very skilled at undertaking functional assessments. They can assist the treating medical practitioner with determining a worker's capacity to undertake duties and use this information to return an injured worker to work in a safe and sustainable way. They can also recommend strategies for the worker to transition to self-management when they are ready to do so. The treating medical practitioner can then use this information to complete the functional ability section of the WCC.

Tips on completing the WCC:

- Use the patient's words to record the cause of their injury / condition.
- Record your opinion on whether it is reasonable to conclude that the symptoms your patient is presenting with could reasonably have resulted from their stated cause.
- Recording a clear clinical diagnosis is important for educating your patient and their claims manager's perception about the severity of the condition, and expectations about recovery timeframes. For psychological injuries, a DSMIV diagnosis is required⁴.
- Utilise *The Clinical Guidelines for the diagnosis and management of work related mental health conditions in general practice*⁵.
- Outlining a treatment plan will help your patient have a clear understanding of what is required to help their recovery. It also helps their employer, claims manager and other treating practitioners to plan and manage treatment and other support services for your patient.
- The WCC can be utilised as a communication tool whereby you can request case conferences, additional support, a telephone call from the claims manager or advise that you would like a referral for a certain assessment.

- Indicating whether a referral has been made (and to whom) assists communication within the treating team and with claims manager.
- Aim to document the activities your patient can do safely at home, at work, and during leisure activities. Think about what they can do, irrespective of whether suitable duties currently exist at their place of employment. It is the role of the employer to accommodate your patient's level of function within the workplace. The employer and claims manager will then use the information you provide to identify suitable work activities your patient could do while recovering.
- Indicating the potential side effects of prescribed medication helps your patient's employer and claims manager identify safe work activities for them during recovery i.e. avoid operating machinery. It also alerts your patient to home or leisure activities they should avoid.
- Prescribing a graduated increase in activity over a specific timeline can be a practical way of encouraging an active recovery and building activity as your patient's function improves during their recovery period.

Note: The completion date of the WCC must be the day on which the certificate is written. Certificates cannot legally be backdated.

If a medical practitioner has previously reviewed a patient for their injury/condition and did not complete a WCC, they should make a note of this (including the date of the initial consult) in the comments section.

4. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*
<https://psychiatry.org/psychiatrists/practice/dsm>

5. <https://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/endorsed-guidelines>

The role of the medical practitioner as an educator in work injury consultations

The role of the medical practitioner as an educator is becoming an increasingly important part of everyday practice. In a return to work clinical situation, the following skills may be utilised in a number of ways.

- The medical practitioner actively listens to an injured worker to obtain a thorough history of events that have taken place and the symptoms they are experiencing
- The medical practitioner observes non-verbal cues, such as an injured worker saying they are coping well, but fidgeting and appearing distressed or anxious
- The medical practitioner enquires about the non-verbal cues to understand why the worker may be presenting in an anxious manner. For example, the medical practitioner may be able to determine that the worker may hold concerns about loss of income, fear of return to the work place or re-injury. These fears are important to be discussed and addressed for improving outcomes for the worker
- The medical practitioner may then assist the worker in addressing these fears by focusing on the workers capacity to undertake duties or discussing available supports or services available with the claims manager. This may enable early return to work while reducing the risk of re-injury
- Recognise the importance of building the workers confidence with returning to work using positive language around what the worker can do, and the health benefits of work.

It is important to note that in some instances, challenging the injured worker's fears will not be enough to help the worker overcome them. If there is significant anxiety and fear surrounding return to work, psychological support, (for example cognitive behavioural therapy) may be necessary in order to overcome these barriers. Where the injury is psychological, there may also need to be active and clear reassurance that the workplace is mentally healthy and psychologically safe. This can often be established with the assistance of a case conference.

- The medical practitioner can provide education on why early return to work is beneficial for the worker's long-term health and wellbeing
- If this is inadequate, the medical practitioner can contact the claims manager to discuss the support that can be provided that may be beneficial in assisting the injured worker at this point
- Finally, the feedback and reflection following these strategies will then take place over ongoing review consultations

Treating and managing the care of a work injured patient can be time consuming, which is why we encourage the use of long consultations, case conferences and continued communication throughout the claim. Telephone calls to specialists, allied health professionals, employers, return to work coordinators and claims managers regarding the worker and the claim, can be invoiced based on the gazetted fee schedule. However, please remember these phone calls and invoices must be documented in the medical practice patient records in order to comply with the fee schedule.

Suggested actions for medical practitioner treating a workplace injury

	EARLY INTERVENTION Within 3 weeks post-injury	4-12 WEEKS POST INJURY Detailed review and modify treatment	CHRONIC PHASE Rethink, reassess Consider multidisciplinary approach
Risk assessments	<p>Use brief screeners like Orebro, K10 and pain intensity to gain insight into the worker's:</p> <ul style="list-style-type: none"> • Function • Prediction of Return to Work • Fear/avoidance behaviour • Fears of re-injury 	<p>Reassess and consider the specific risks test with:</p> <ul style="list-style-type: none"> • Pain Catastrophising Scale • Pain Self Efficacy Questionnaire Orebro (coping with pain) • K10 for distress 	<ul style="list-style-type: none"> • To identify and treat persistent pain issues, re-administer DASS/ K10, pain self-efficacy • Refer to pain psychologist and or multidisciplinary team for detailed risk assessment
Clinical response	<ul style="list-style-type: none"> • Refer to allied health practitioner for active treatment and monitor progress • Listen, reassure, foster self-management, extend activity levels to be 'active despite pain' • Educate about pain e.g. it does equate to severity of injury 	<ul style="list-style-type: none"> • Review allied health treatment, are SMART goals being achieved? • Refer to claims manager for workplace issues • For clinical signs of low mood, high anxiety, depression consider referral to pain psychologist • Reassess patient's understanding of their condition • Work Capacity Certificate to reflect functional abilities 	<ul style="list-style-type: none"> • Review role of allied health treatment • Assess and impact of deactivation • Review and treat if sleep difficulties • Refer to multi-disciplinary team of experienced clinicians • Coordinate with all parties
Additional clinical management	<ul style="list-style-type: none"> • Expand treatment options beyond pain medication and reducing the worker's hours of work to address broader pain beliefs and anxiety issues • Refer to: (a) claims manager to manage workplace problems e.g. suitable duties, relationships; or (b) claims manager to arrange mediation/relationship management 	<p><i>Now consider</i></p> <p>Cognitive behaviour techniques (CBT) for persistent pain addressing:</p> <ul style="list-style-type: none"> • Fear avoidance/behaviour at work • High pain focus and distress • Re-activation strategy <p>Pain management techniques using:</p> <ul style="list-style-type: none"> • Pain education • Physical exercise regime • Coaching/motivational techniques 	<p><i>Now consider</i></p> <p>Cognitive behaviour techniques to counter:</p> <ul style="list-style-type: none"> • Distress, depression, anxiety • Self-perceived disability • Pain management techniques <p>Review impact of CBT to identify specific ongoing difficulties and modify management including pain education approach</p>

Helpful responses to unhelpful flags

There are a number of risk factors that medical practitioners should be aware of and actively consider when treating work-injured patients. Medical practitioners are very good at assessing red flags and identifying and treating physical symptoms and injuries. However, failure to recognise the presence of other flags, and respond appropriately, can be detrimental to a patient's health and wellbeing and may negatively impact return to work if left unaddressed.

YELLOW FLAGS

Refers to psychosocial risk factors i.e. unhelpful attitudes, beliefs and behaviours. This encompasses emotional distress that is not severe enough for the diagnosis of a mental disorder. Examples include:

- a belief that pain and activity will cause harm
 - fear and avoidant behaviour (i.e. relying on 'bedrest')
 - reduced activity, expectation of passive treatment
 - low or negative mood
 - social withdrawal
 - overprotective family or lack of support
-

The injured worker may say:

"If I go back to work, the pain will get worse"

"Treatment will fix my injury"

"I don't know what the future holds for me"

"I have to lie down because of the pain"

Useful responses may include:

"There is no sign of anything serious"

"It is important to stay active"

"Pain does not mean there is harm"

"The pain will settle"

"Most people make a full recovery"

Consider: involving allied health referral.

BLUE FLAGS

Encompass perceptions about the relationship between work and health. Examples include:

- lack of job satisfaction
- poor social support from colleagues
- concerns about meeting job demands
- perceived time pressure for recovery

The injured worker may say:

“There aren’t any light duties at my work”

“It is embarrassing for me to be on light duties”

“Work doesn’t stop while I’m recovering”

“I never enjoyed it there anyway”

Useful responses may include:

“I am here to support and work with you, your employer and claims manager to find meaningful work that you can do within your capacity”

“Not being at work can have a negative impact on your health and overall wellbeing”

“Your claims manager will work with you and your employer to find suitable duties”

Consider: requesting a case conference with the claims manager, the worker and the employer.

BLACK FLAGS

Include system of contextual obstacles such as:

- threats to financial security
- lack of contact with work
- involvement of litigation
- uncertainty around claim acceptance

The injured worker may say:

“I can’t afford to lose this income”

“I haven’t heard from my employer since my injury”

“I think they are reviewing my claim, but I don’t know if it will be accepted”

“They can deal with my lawyer”

Useful responses may include:

“Your claims manager can help support you with this”

“These are great things to discuss with your claims manager”

“Explore what options may be available with your claims manager”

Consider: requesting a case conference or speaking with a claims manager directly.

CLINICAL SUPPORT SERVICES FOR TREATING MEDICAL PRACTITIONERS

Second Opinion Services

Second Opinion Services are clinic supports that provide treating medical practitioners, and their patients with a work injury claim, rapid access to a second opinion from leading South Australian medical specialists. It can also include pharmacology assistance upon request.

What does it involve?

Through Second Opinion Services, you are able to get a one off opinion regarding the diagnosis, prognosis, treatment planning and/or approaches for supporting recovery and improving your patient's functional abilities whilst retaining patient care.

When can you use Second Opinion Services?

A second opinion may be sought at any time during the life of a claim, when you have questions or concerns relating to the injured worker's recovery or return to work. The second opinion can also be sought if non-injury factors are impacting upon a patient's recovery and return to work.

It is a one-off opinion with a South Australian medical specialist within a short timeframe. It does not fast track a referral with a specialist as the aim is for the treating medical practitioner to retain patient care.

The service is available for work injured patients with an accepted claim.

For further information about Second Opinion Services you can speak with the claims manager or email providers@rtwsa.com

ReturnToWorkSA Medical Advisors

ReturnToWorkSA's Medical Advisors can provide clinical support and guidance on all aspects of treating patients with a work injury, from prescribing active recovery to clinical support and problem solving.

Upon request, they can also attend practices to provide scheme information or tailored information on data specific to the practice and how improvements and efficiencies can be made.

They are medical practitioners registered with the Australian Health Practitioners Regulation Agency (AHPRA) who currently work in medical practices and have experience with work injured patients.

To speak with a ReturnToWorkSA Medical Advisor email providers@rtwsa.com

SUPPORT SERVICES FOR YOUR PATIENT

ReCONNECT

ReCONNECT is a free service for injured workers to assist when there are non-compensable factors that may be impacting on a worker's recovery or return to work at any point during their claim.

Who can use ReCONNECT?

The ReCONNECT service is available to workers:

- who have an entitlement to income support or medical expenses
- who are disputing a claim decision
- who have reached retirement age
- who are still receiving return to work services
- who are working for self-insured employers.

You are able to request a referral to ReCONNECT by recommending it on the WCC, speaking with the claims manager or by contacting ReCONNECT directly. Your patient can also self-refer.

To speak with a ReCONNECT Advisor contact ReturnToWorkSA on 8238 5959 or email reconnect@rtwsa.com

Mental Health Support Service (Low Intensity)

The Mental Health Support Service is a low intensity service available to injured workers, regardless of injury type. The service provides coaching and support, using cognitive based therapy, to assist an injured worker to respond as best as possible to the circumstances surrounding their work injury claim that may be impacting on them.

Who can use the Mental Health Support Service

The Mental Health Support Service is available to people who are presenting with mild or moderate anxiety, depression or stress symptoms, and

who are not actively engaged with a psychologist or psychiatrist on a regular basis.

The service can be delivered face to face or over the phone and is also available to family or support persons of the injured worker.

For further information about the Mental Health Support Service you can speak with the claims manager.

You are able to request a referral to the Mental Health Support Service by recommending it on the WCC or speaking with the claims manager.

Post-Surgical Support Program

The PSSP is a voluntary targeted service tailored to meet the unique requirements of your patient who is about to undergo surgery. The PSSP aims to:

- guide effective management of pain following discharge from hospital
- provide re-assurance and coaching in the post-discharge recovery phase
- ensure appropriate post-operative treatment is identified and occurs.

The PSSP is delivered by allied health providers approved by ReturnToWorkSA and is referred by the claims manager. You can recommend this service on the WCC or speak with the claims manager.

Return to Work Services

If your patient has a work injury claim, their employer is required to make all reasonable efforts to identify suitable alternative duties they can perform in the workplace, and provide the suitable alternative duties described in their return to work plan.

To support this process, there are return to work services such as worksite assessments, vocational assistance and job seeking services.

If you believe any of these services would be of benefit for your patient, you can recommend these services on the WCC or speak with the claims manager.



CONFIDENTIALITY OF INFORMATION

Medical practitioners may be asked to provide information relevant to the patient's injury or illness to other relevant parties as part of the work injury insurance process.

An authority to release medical information which is signed by the injured worker should be provided to you with a request for information. This is an agreement from the injured worker that medical information can be shared to assist with their recovery and return to work.

If you receive a request for information and are concerned about the right of that party to obtain confidential information about the worker, you should establish that the request has been made with the worker's consent or contact the claims manager.

Sometimes clinical notes are requested by the claims agent. This request for clinical notes must be done in conjunction with a medical report and be accompanied with the worker's consent to release this information. This information is requested to better understand what has occurred since the injury or to better understand the history of similar injuries.

We understand that treating medical practitioners are often dealing in the same consultation with the patient's work injury as well as the patient's other needs, which are not relevant to the claim. Information that is not relevant to the claim may be redacted, however information that may be of relevance i.e. history of back injuries, should be included.

FREQUENTLY ASKED QUESTIONS

Information Sharing

1 As a medical practitioner, what information am I required to include in a report to the claims agent?

You should include anything that is relevant to the injury, worker's capacity for work or any barriers that may hinder a worker's recovery and return to work. Also include the other treating medical professionals involved in the injured worker's claim. Other health providers that you could expect to be involved in the recovery and return to work process include:

- Physiotherapists
- Exercise Physiologists
- Occupational Therapists
- Psychologists and other mental health professionals.

For the benefit of the recovery and return to work process, it is recommended that you maintain contact and work collaboratively with these health practitioners, as they will assist you in certifying capacity and making a prognosis in regards to the worker's injury.

2 Can an employer insist on accompanying a worker when they visit me?

An employer can request your approval to attend a medical review; however, this is at your discretion and your patient must also agree. The employer can only attend to discuss recovery and return to work implications, not be present for examinations.

Employers can be invited to attend case conferences and their input could be helpful in ascertaining suitable duties for your patient. They will know the workplace and be able to speak to the duties on offer or suggest alternative ones. Their involvement is also beneficial for you to clarify any concerns in regards to the return to work process.

3 Can I charge for the time it takes to edit or redact information that does not relate to the worker's injury?

Yes, as part of preparing patient records, there is a fee item that can be charged for preparing and providing requested information and is a gazetted rate as per ReturnToWorkSA's fee schedule.

PAYMENTS FOR MEDICAL PRACTITIONERS

Medical practitioners do not need to be formally approved as a provider by ReturnToWorkSA to receive payment for services delivered to patients with a work injury.

Fee Schedules

Fee schedules contain information on services and fees that apply to medical practitioners who provide services to workers who are managed under the Return to Work scheme.

Invoicing and service provision is actively monitored to ensure services are billed in accordance with the fee schedule, and that services are reasonable for the work injury and payable under the *Return to Work Act 2014*.

Services that you are able to charge for include:

- participating in case conferences;
- third party consultations;
- telephone calls to or from other treating practitioners, the worker's representative, the employer, the claims manager and an approved return to work service provider;
- reading and signing a Recovery and Return to Work Plan;
- conducting a worksite assessment.

Gazetted fees are set in schedules as the maximum amount (excl GST) that can be paid for a service. These amounts are legally binding and cannot be billed at a higher rate.

ReturnToWorkSA's fee schedules can be found on the RTWSA website under Fee Schedules. Fees are reviewed annually with ReturnToWorkSA formally consulting with the AMA and the RACGP during the process.

Invoice preparation standards

ReturnToWorkSA prefer all invoices to be submitted to the claims agent within six weeks of service. Invoices should contain the following information to enable prompt and efficient payment:

- provider details:
 - name
 - Medicare provider number (if applicable) and/or ReturnToWorkSA provider number (if known)
 - practice and address details
- invoice number and invoice date
- Australian Business Number (ABN)
- bank account details for electronic funds transfer (EFT)
- worker's surname and given name(s)
- claim number (where known)
- brief description of the injury to which the services relate
- employer name (where known)
- each service should be itemised separately in accordance with the relevant fee schedule including:
 - date of service and commencement time
 - service item number and service description
 - duration of service in hours/minutes rounded to the nearest 6 minutes for hourly rate services (i.e. telephone calls)
 - charge for the service
 - total charge for invoiced items plus any GST that may be applicable.

Further notes about payments and invoicing

- All amounts listed in the relevant fee schedules are exclusive of GST.
- Suppliers must provide ReturnToWorkSA with a tax invoice.
- ReturnToWorkSA or their claims agents are unable to pay on 'account rendered' or statement invoices. Payment will only be made when an original invoice or copy is provided.
- Until a claim is accepted, claims agents are unable to pay invoices for services provided, unless the service was approved by ReturnToWorkSA, its claims agents or the self-insured employer.
- Payment for services, including reports, cannot be made in advance.
- Invoices that do not meet these standards may be returned to the provider for amendment.

Approval for services

In general, approval from the claims agent is required prior to the provision of medical and treatment related services.

However, workers can access some services as a result of the work-related injury without pre-approval from the agent. Below is a list of those services relevant to medical practitioners.

Treatment	Expense
Initial medical treatment	Any treatment within 48 hours of the injury happening.
Medical specialist	If referred by the nominated treating medical practitioner, any consultation and treatment during consultations for the injury within three months of the injury.
Diagnostic investigations	If referred by the nominated treating medical practitioner for the injury: <ul style="list-style-type: none">• any plain x-rays within two weeks of the date of injury• ultrasounds, CT scans or MRIs within three months of the date of injury, where the worker has been referred to a medical specialist for further injury management. On referral by the medical specialist for the injury, any diagnostic investigations within three months of the date of injury.
Public hospital	Any services provided in the emergency department for the injury. Any services after receiving treatment at the emergency department for the injury, within one month of the date of injury.

FREQUENTLY ASKED QUESTIONS

Invoicing

- 1** Is a treating medical practitioner entitled to charge for completion of each Work Capacity Certificate they complete?

No, the completion of the Work Capacity Certificate is incorporated in the consultation fee.

- 2** Can a cancellation or non-attendance fees be charged to RTWSA?

No. A cancellation fee cannot be charged to RTWSA. However, if cancellation fees are a policy of your practice it is the responsibility of the injured worker.

- 3** Can I ask a worker to pay for their consultation?

Yes, if this is the policy of your practice, a worker can be required to pay up front and seek reimbursement from the claims agent. However, once they have an accepted claim and claim number, you can send any invoices directly through to the claims agent for prompt payment. If the claim is undetermined it can be treated as a Medicare matter and rectified at a later date should the claim be accepted down the track.

- 4** Can I charge RTWSA for reading and writing letters, reports and plans and participating in case conferences?

Yes. At the gazetted rate as per ReturnToWorkSA's fee schedule.

- 5** Can I charge for sending documents?

This would be incorporated in the request for what was required to be sent. I.e. a medical report would be inclusive of sending the report to the claims agent. Electronic transmission of documents is the preferred method of delivery.

- 6** Can I charge for communicating with other treating practitioners about the worker's treatment?

Yes. Telephone calls are chargeable if related to the management of the injured workers claim. This would be billed at the gazetted rate as per ReturnToWorkSA's fee schedule.

- 7** What do I do if the worker's claim is rejected?

If a claim is rejected, all fees payable will need to be addressed with the worker, who can claim through Medicare.

- 8** Who pays the treating medical practitioner if a claim is disputed and there are outstanding fees payable?

If a claim is disputed, all costs incurred after the date of rejection must be addressed with the worker.

FREQUENTLY ASKED QUESTIONS

Access and Equity

1 My patient speaks another language other than English, are there additional supports to assist?

Yes, the ReturnToWorkSA website has translation into 26 languages. On the initial conversation between the injured worker and the claims agent, the need for interpreting/ translation services are established. However, if the requirement for interpreting services are not flagged at this time, they can be requested by the injured worker, employer, medical practitioner, allied health provider and claims agent at any time through the life of the claim. Once it is established that translation/ interpreting services are required, all written correspondence will also be translated and provided to the injured worker in their preferred language.

2 I believe my patient requires interpreting services, how do I communicate this to the claims agent?

If you identify that your patient would benefit from interpreting services, the best way to let the claims agent know is to write this on their Work Capacity Certificate.

3 My patient brings a family member to medical appointments to assist with translating, is this ok?

While it may be the preference for some injured workers to utilise their family members to assist with translation at some medical appointments, for Independent Medical Examinations and Medical Case Conferences professional translating services are required and will be arranged by the claims agent. Interpreting services can be provided on site face to face or via telephone.

4 Who pays for translation and interpreting services?

The translation and interpreting services are at no cost to the injured worker and billed directly to the claims agent. Should the claim not be accepted for whatever reason, these services will remain part of a claims cost and not recovered from the injured worker.

5 What other assistance is available for my patients

The National Relay Service can also be utilised for patients that are deaf or have hearing and/ or speech impairments.

If your patient requires additional information from our website in Braille, audio, e-text or large print they can contact ReturnToWorkSA on 131855 for these services.

QUERIES, FEEDBACK OR COMPLAINTS

If you have any issues or queries regarding your work injured patient's RTWSA claim you can contact the claims manager or the claims agent who are the first point of contact for further information about the worker's claim and recovery at work.

If a worker is having issues with their claims manager and they have been unable to resolve the matter directly, they can escalate the matter by raising it with the claims agent.

EML

L15, 26 Flinders Street, Adelaide.
Phone (08) 8127 1100 or 1300 365 105

Gallagher Basset

L3, 115 Grenfell Street, Adelaide.
Phone (08) 8177 8450

ReturnToWorkSA

Contact our Customer Service Centre on 13 18 55 or visit www.rtwsa.com for general information about work injury insurance.

Self-Insured employers

If you have any issues or queries regarding your work injured patient's claim, and they are employed by a self-insured employer, you should contact their self-insured employer. The employer is the first point of contact for further information about the worker's claim and recovery at work.

APPENDIX 1

Key stakeholders in the Return to Work Scheme

General Practitioner

A medical practitioner who is a specialist in general practice and diagnoses and treats all common medical conditions. They are able to coordinate patient care and work within the multidisciplinary team to optimise health outcomes for individuals.

They have a critical role in the work injury insurance scheme by assisting patients to achieve good health outcomes and a safe return to life and work.

Workers

Workers are covered by their employer's work injury insurance in the event of a work-related injury. This insurance provides financial support to cover wages, access to reasonable and necessary medical treatment, and a range of return to work services to help them recover and return to work safely and efficiently.

Employers

Registered employers pay a premium to ReturnToWorkSA for Work Injury Insurance.

Self Insured employers

There are also a small number of employers in South Australia who are self-insured, including all of the South Australian public sector. Self-insured employers are responsible for all claims liabilities and managing the rehabilitation and return to work of their injured workers (they do not partner with a claims agent).

ReturnToWorkSA

ReturnToWorkSA is responsible for providing work injury insurance and regulating the South Australian Return to Work scheme.

This insurance protection provides financial support to cover worker wages, reasonable medical treatment and return to work services to people who have been injured at work.

There are two insurance agents that undertake the claims management on behalf of ReturnToWorkSA. These agents are Gallagher Bassett and Employers Mutual.

Return to Work Coordinators or Employer Representative

Any company that has more than thirty registered workers are required to nominate and train a Return to Work Coordinator. These employer representatives assist injured workers when they return to work and can also attend face to face appointments with you and the mobile claims manager.

Claims Agents

EML and Gallagher Bassett are South Australia's appointed claims agents for the Return to Work scheme. Scheme resources are focused on achieving early, sustainable outcomes that will continue to deliver an affordable, desirable and durable scheme for all participants.

Allied Health Providers

These include physiotherapists, exercise physiologists, occupational therapists and psychologists who provide treatment and return to work services. Allied Health providers will liaise with the injured worker, as well as the claims manager and employer.

Return to Work Service Provider

A worker may be referred to a return to work service provider by the claims agent for specialist support to help them return to their pre-injury employer or secure new employment.

Medical Specialist

A specialist in a particular medical discipline whose role could be as a treatment provider, Independent Medical Examiner or Whole Person Impairment Assessor.

Independent Medical Examiner

Independent medical examinations are sometimes required when a worker's recovery is not progressing as expected or when there are medical issues not related to the injury that may be affecting the worker's recovery and return to work. Independent Medical Examiners are registered medical specialists and are not employees or representatives of ReturnToWorkSA or its claims agents, and they are not the treating medical practitioner. A claims manager will generally arrange an independent medical examination during the course of the claim if they require clarification regarding diagnosis, capacity, treatment or prognosis.

Claims Manager

Coordinates and manages day to day claims activities.

Mobile Claims Manager

Also coordinates and manages day to day claims activities with additional responsibilities of face to face point of contact to facilitate return to work and medical case conferences.

APPENDIX 2

Additional resources

The Clinical Guidelines for the diagnosis and management of work related mental health conditions in general practice

<https://www.racgp.org.au/clinical-resources/clinical-guidelines/guidelines-by-topic/endorsed-guidelines/diagnosis-and-management-of-work-related-mental-he>

Allied Health Management Plans

Management Plans are available for a number of allied health disciplines from physiotherapy to psychological services, these plans provide information on goals, progression of recovery and valuable information for the GP when certifying for capacity.

<https://www.rtwsa.com/service-providers/allied-health>

Principles on the role of the GP in supporting work participation

<https://www.racgp.org.au/FSDEDEV/media/documents/RACGP/Position%20statements/Principles-on-the-role-of-the-GP-in-supporting-work-participation.pdf>

It Pays to Care – RACP

<https://www.racp.edu.au/advocacy/division-faculty-and-chapter-priorities/faculty-of-occupational-environmental-medicine/it-pays-to-care>

Clinical Support Services

<https://www.rtwsa.com/service-providers/medical-practitioners/clinical-support-services>

Medical Practitioners and their practice staff are always able to contact Scheme Support for ongoing support, assistance and education via email providers@rtwsa.com or phone 8238 5757.

ReachForTheFacts

<https://reachforthefacts.com.au/>

The use and misuse of prescription opioids within the South Australian community is a concern. This website provides information for health professionals and consumers about the use of opioid medication.

APPENDIX 3: WORKING TOGETHER

An easy reference guide for treating medical practitioners and mobile claims staff

Why is working together important for a treating medical practitioner and mobile claims staff?

In most cases, returning to work as early as possible whilst recovering from a workplace illness or injury has a positive impact on the physical and psychological wellbeing of an injured worker. Transparent collaboration, mutually respectful communication, access to medical information and timely action are key to ensure an injured worker's return to work and daily life can be effective and sustainable.

What is the role of mobile claims staff?

Mobile claims staff are involved in a claim to assist with early intervention, facilitating and supporting an injured worker with their recovery and return to work.

They work collaboratively with treating medical practitioners to coordinate and ensure the right recovery services are accessed at the right time.

Mobile claims staff are also responsible for coordinating worksite visits to understand where suitable duties and employment options may be available. Again, they liaise with treating medical practitioners to ensure that the injured worker's medical capacity allows them to return to work safely.

What can a treating medical practitioner expect from mobile claims staff?

A treating medical practitioner can expect mobile claims staff to request and share information relevant to the injured workers illness or injury. This communication should be part of an ongoing relationship between the relevant parties to ensure the injured worker continues to receive the right supports and services as their recovery and return to work progresses.

Consideration should always be given to the worker's privacy, which includes where claim related conversations occur. As we expect from medical practitioners, mobile claims and all agent staff should act in a courteous and professional manner at all times. This expectation of staff is underpinned by the *Return to Work Act 2014* service standards.

What can't mobile claims staff do?

Mobile claims staff cannot make a referral to a specialist or coordinate any medical reviews, unless this is for an independent review or permanent impairment assessment.

Mobile claims staff should not be attending medical appointments that are not related to the claimed injury. All medical appointments require injured worker and treating medical practitioner's consent. These appointments should be prearranged with all parties being made aware of who will attend.

Unless specifically requested by the worker, mobile claims staff should not be present for the medical history taking or examination. The mobile claims person should excuse themselves for this part of a consultation and be available after this to discuss the recovery and return to work related matters only.

What can mobile claims staff request from a medical practitioner?

Relevant medical information can be requested from a treating medical practitioner which may be in the form of a telephone call, email, case conference, request for a medical report or treatment plan. Sometimes, clinical notes relating to the work illness or injury may also be requested.

This information sharing is crucial for the mobile claims staff to coordinate recovery activity, taking into consideration the treating medical practitioner's medical opinions.

What level of communication can be expected?

Mobile claims staff are expected to operate in a collaborative and transparent manner with treating medical practitioners. They should notify treating medical practitioners of any requirements or advise if further information is needed. They should also advise when an independent opinion is required and why, as often as possible.

Treating medical practitioners can assist by nominating their preferred method of contact and where appropriate, acknowledging requests or providing an estimated completion time for requested information.

Can an independent opinion be considered?

An independent medical opinion may be required if there are barriers affecting the injured worker's recovery and return to work, which may or may not be related to the injury.

An independent opinion may also be required if a diagnosis, cause of injury, prognosis or treatment plan is not clear, or to support return to work activities. Prior to this occurring, mobile claims staff consider all relevant information on file to ensure the information is not already available.

Where possible, mobile claims staff will attempt to obtain this information directly from the treating medical practitioner and communicate when this may not be possible.

Sometimes, an injured worker may ask their mobile claims manager for advice, guidance or another opinion and this may also be a cause for considering an independent opinion. There may be exclusions to these reasons; however, that should be only by exception.

What are the points of escalation?

If a treating medical practitioner wishes to raise a concern with mobile claims or agent staff, this can be undertaken by either speaking directly with them in the first instance, or escalating the concern with their direct manager.

Do mobile claims staff direct workers to other practitioners or book independent medical opinions (IME) for more favourable outcomes?

No. Sometimes a worker may ask their mobile claims manager if another opinion can be arranged.

They will do this on behalf of the worker to preserve the relationship between an injured worker and their treating medical practitioner.

An IME may also be requested if there is a breakdown in communication between the parties and medical information is not received in a timely manner, which impacts on the worker's recovery and return to work. An IME is never booked for the purpose of undermining the treating medical practitioner.

Do claims agents get paid for terminating a worker's entitlements?

No. Claims agents are incentivized for early, timely and sustainable return to work outcomes which are based on medical evidence and demonstrated ability.

Is it ok for mobile claims staff to discuss an injured worker's claim in the waiting room?

An injured worker may choose to discuss matters with their mobile claims manager whilst waiting for the medical practitioner, however it should never be the mobile claims staff who initiates this conversation. Mobile claims staff should always consider the surroundings and privacy of a worker when discussing sensitive or confidential information, however this does not mean that meetings at coffee shops or public places are inappropriate. A public location is often more convenient, safe and comfortable for all parties.

Should industrial issues be considered when certifying capacity?

Industrial issues should always be discussed with mobile claims staff to assist with addressing the barriers. However, when certifying capacity it is crucial that mobile claims staff understand what the injured worker is physically capable of undertaking or what restrictions should apply. An industrial issue should not equal no capacity.





Visit us

400 King William Street
Adelaide SA 5000

Opening hours

8:30am – 5:00pm Monday to Friday

Contact us

Phone 13 18 55
Email info@rtwsa.com

Mail us

GPO Box 2668
Adelaide SA 5001 Australia DX660

If you are deaf or have a hearing or speech impairment, you can call ReturnToWorkSA on **13 18 55** through the National Relay Service (NRS) www.relayservice.gov.au.

For languages other than English, call the Interpreting and Translating Centre on **1800 280 203** and ask for an interpreter to call ReturnToWorkSA on **13 18 55**.

For braille, audio or e-text of the information in this publication call **13 18 55**.

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