

## BULLETIN

# Medical Practitioner's Guide to Permanent Impairment Assessment / Reassessment

This information bulletin has been developed to assist doctors who undertake permanent impairment assessments and reassessments which are covered in sections 70 to 72 of the *Workers Rehabilitation and Compensation Act* of the Northern Territory workers' compensation scheme.

## Introduction

Section 71 of the Northern Territory *Workers Rehabilitation and Compensation Act* provides a mechanism by which workers may receive a lump sum payment for compensable injuries or illness which result in a permanent impairment.

When considering undertaking permanent impairment assessments, the doctor should feel confident that their experience, training and skills will lead to a balanced assessment.

For the purposes of the definition of "permanent impairment" in Section 70 of the Act, permanent impairment means an impairment or impairments assessed in accordance with the *American Medical Association Guides to the Evaluation of Permanent Impairment* (4th edition), as being an impairment, or a combination of impairments, of not less than 5% of the whole person.

The AMA Guides are available for perusal at the office of NT WorkSafe in Darwin.

The AMA Guides provide a structured set of medical criteria to establish medical ratings of permanent impairment.

It is important to note that a permanent impairment rating is not the same as a disability rating. Permanent medical impairment is related directly to the health status of the individual, whereas disability can only be determined within the context of the personal, social, or occupational demands that the individual is unable to meet as a result of the impairment.

## Assessment Procedure

Before medical evaluation is undertaken to determine a rating of permanent impairment, the doctor should review the whole chapter of the AMA Guides which is applicable to the condition, in order to:

- ascertain the methodology involved;
- the nature of the particular criteria; and,
- determine the extent of the examination necessary to obtain enough clinical information to rate the impairment.

Careful attention should be paid to the definitions listed in the AMA Guides Glossary.

Please note if publications other than the Guides are referenced in the text of the assessment report it may render the assessment invalid.

## Evaluation

- The first step in rating permanent impairment is to make a thorough clinical evaluation with particular attention to reviewing the history of the condition(s). Then a thorough physical examination should be done, supported by appropriate tests and diagnostic procedures.
- The second step is analysis of the history, clinical and laboratory findings to determine the nature and extent of the loss, loss of use of, or derangement of the affected body parts, systems or functions.
- The third step is the comparison of results of the analysis with the criteria that are specified in the AMA Guides for the particular body part, system or function.
- The final step in rating permanent impairment should take into account all relevant considerations in order to reach a "whole person" impairment rating.

When a single permanent impairment is present, the percent of impairment may be read directly from the text, or it can be related to a part of the body or to the "whole person" by referring to the appropriate tables.

When two or more impairments exist, the value of each impairment is determined separately and related to the "whole person" using the Combined Values Chart.

The final impairment value, whether the result of single or combined impairments, may be expressed in terms of the nearest 5%.

Once an assessment is made by the doctor, the award for the impairment will proceed under the provisions of the Act. Therefore, impairment should not be considered "permanent" until maximum medical improvement has been achieved and until, in the doctor's best clinical judgement, the impairment is static or well-stabilised; i.e. it is not likely to change by more than 3% over the next 12 months, with or without medical treatment.

If apportionment is needed (see the AMA Guides Glossary), the analysis must consider the nature of the impairment and its possible relationship to each alleged factor and provide an explanation of the medical basis for all conclusions and opinions.

Where there is a pre-existing injury/condition apportionment must be expressed for both the pre-existing injury and the compensable injury.

To establish that a factor could have contributed to the impairment, the analysis and explanation should include, in accordance with scientific and epidemiological principles, reference to the minimum exposure and to its timing that would have been necessary for the factor to have contributed to the impairment, and a discussion of the pathophysiology of the particular condition and of pertinent host characteristics.

## The Report

The doctor should provide clear and well reasoned conclusions about medical matters that are supported by complete and accurate data.

The medical evaluation report should include information such as the following:

### Medical Evaluation

- Narrative history of condition(s) with specific reference to onset and course of the condition, any available findings on previous investigations, treatment and responses to treatment.
- Results of the present clinical evaluation, including any of the following:
  - physical examination findings;

- laboratory test results;
  - electrocardiogram;
  - radiographic studies;
  - mental status examination and psychological tests; and
  - other special tests or diagnostic procedures.
- Assessment of current clinical status.

### **Analysis of Findings**

- Explanation of the impact of medical condition(s) on life activities.
- Explanation of the medical basis for any conclusion that the medical condition has, or has not become static or well-stabilised.

### **Results of Analysis**

- Description of specific clinical findings related to each impairment, with reference to how the findings relate to the criteria described.
- Explanation of each percent of impairment rating, with reference to the applicable criteria.
- Summary list of all impairment ratings.
- Whole person rating for each condition then combined whole person rating using the Combined Values Chart when more than one impairment is present.

## **Reassessment Procedure – Medical Panel Reports**

A person aggrieved by the assessment of the level of permanent impairment (a worker, an employer or insurer) may apply to NT WorkSafe for a reassessment. NT WorkSafe will arrange for a reassessment by a panel of three (3) medical practitioners. The guide for assessments also applies to the reassessment process.

Upon conclusion of the doctors' examinations, the panel is required to submit a single report. The wording of the report in general is to reflect that it is a consensus of the three doctors and not the opinion of an individual member of the panel. The report may be signed by either the chairman or all three panel members.

Please note that reference in the text of the report to the use of publications other than the AMA Guides may render the reassessment invalid.

Individual opinions can be used within the body of the report where there is more than one injury or disease to be reassessed and these require the use of the Combined Values Chart in the Guides to achieve an overall percentage figure.

If the panel believes that there are aspects of the injury or disease that may require the expertise of another specialist or further examinations (e.g. MRI, X-rays), the panel Chairperson should contact NT WorkSafe on 1800 250 713.

The panel's assessment of the level of permanent impairment is final.

**For further information please contact NT WorkSafe on 1800 250 713 or visit [www.worksafe.nt.gov.au](http://www.worksafe.nt.gov.au)**