# WorkCover WA Guides for the Evaluation of Permanent Impairment

**Third Edition**

THE GOVERNMENT OF WESTERN AUSTRALIA

WorkCoverWA

# WorkCover WA Guides

## FOR THE EVALUATION OF PERMANENT IMPAIRMENT

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**Disclaimer**

This publication contains information regarding workers' compensation. It includes some of your obligations under the workers' compensation legislation that WorkCover WA administers. To ensure you comply with your legal obligations you must refer to the appropriate Acts.

This publication may refer to WorkCover WA administered legislation that has been amended or repealed. When reading this publication you should always refer to the latest laws. Information on the latest laws can be checked at www.workcover.wa.gov.au or www.slp.wa.gov.au or by contacting (08) 9388 5555 or 1300 794 744 (WA country only).

# Contents

The WorkCover WA Authority wishes to acknowledge the WorkCover Authority of New South Wales for their assistance in providing approval to WorkCover WA to use the NSW *WorkCover Guides for the Evaluation of Permanent Impairment* as a basis for the development of these WorkCover WA Guides.

# 1. Foreword

The "WorkCover WA Guides", are issued under section 146R of the *Workers' Compensation and Injury Management Act 1981* (the Act) for the purpose of evaluating the degree of permanent impairment that arises from an injury, as defined in section 5 (1) of the Act.

This Third Edition of the WorkCover WA Guides replaces the Second Edition, which was issued in November 2007.

The Act requires that medical practitioners designated by WorkCover WA as Approved Medical Specialists make assessments of permanent impairment in accordance with these WorkCover WA Guides.

I would like to acknowledge the contribution of the medical committees, which reviewed Australian methodologies relating to the assessment of impairment. The NSW *WorkCover Guides for the Evaluation of Permanent Impairment* form the basis of these WorkCover WA Guides as they incorporate modifications of the *American Medical Association Guides to the Evaluation of Permanent Impairment* Fifth Edition to reflect Australian clinical practice.

The workers' compensation and injury management system in Western Australian places high priority on interventions that assist injured workers to medically recover and return to work. When a worker sustains a permanent impairment these WorkCover WA Guides are intended to provide a transparent, consistent and objective method of assessment providing certainty for workers and other parties as to the level of permanent impairment.

Other medical practitioners who may be involved in treating injured workers and other stakeholders such as employers, insurers and allied health professionals are encouraged to become familiar with these WorkCover WA Guides and the impairment assessment process.

For further information, please contact WorkCover WA on (08) 9388 5555 or visit the WorkCover WA website at www.workcover.wa.gov.au.

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# 2. Definitions

**AMA5**

Means the Fifth Edition of the American Medical Association's (AMA) *Guides to the Evaluation of Permanent Impairment* and any published errata.

**AMA4**

Means the Fourth Edition of the American Medical Association's (AMA) *Guides to the Evaluation of Permanent Impairment*.

**Approved Medical Specialist (AMS)**

Means a person currently designated under section 146F of the Act as an Approved Medical Specialist (AMS).

**Approved Medical Specialist (AMS) panel**

Means an AMS panel constituted under Part VII Division 3 of the Act.

**Assessor**

Means a specialist to whom an AMS has referred a worker for an assessment. For example an otorhinolaryngologist for a hearing assessment.

**Degree of impairment**

In relation to a worker, means –

(a) a worker's degree of permanent impairment for the purposes of Part III Division 2A;

(b) a worker's degree of permanent whole person impairment (WPI) for the purposes of Part IV Division 2 Subdivision 3;

(c) a worker's degree of permanent WPI for the purposes of Part IXA;

(d) a worker's degree of permanent WPI for the purposes of clause 18A (2aa)(a).

**Injury, means –**

(a) a personal injury by accident arising out of or in the course of the employment, or whilst the worker is acting under the employer's instructions;

(b) a disease because of which an injury occurs under section 32 or 33;

(c) a disease contracted by a worker in the course of his employment at or away from his place of employment and to which the employment was a contributing factor and contributed to a significant degree;

(d) the recurrence, aggravation, or acceleration of any pre existing disease where the employment was a contributing factor to that recurrence, aggravation, or acceleration and contributed to a significant degree; or

(e) a loss of function that occurs in the circumstances mentioned in section 49, but does not include a disease caused by stress if the stress wholly or predominantly arises from a matter mentioned in subsection (4) unless the matter is mentioned in paragraph (a) or (b) of that subsection and is unreasonable and harsh on the part of the employer.

**Maximum medical improvement (MMI)**

An assessment of a worker's degree of permanent impairment is only to be conducted when the AMS considers that the worker's condition has stabilised to the extent required for an evaluation of permanent impairment. This is considered to occur when the worker's condition is unlikely to change substantially in the ensuing 12 months with or without further medical treatment (ie further recovery or deterioration is not anticipated). At this stage the worker is considered to have reached maximum medical improvement (MMI). The only exception to the principle that the condition must be stable for an evaluation to be done is in the limited circumstances outlined in the Act and these WorkCover WA Guides, which provide for a special evaluation to be conducted.

**NSW Guides**

The *WorkCover Guides for the Evaluation of Permanent Impairment*, published by the WorkCover Authority of New South Wales.

**Secondary condition**

Means a condition, whether psychological, psychiatric, or sexual, that, although it may result from the injury or injuries concerned, arises as a secondary or less direct, consequence of that injury or those injuries.

**The Act**

The *Workers' Compensation and Injury Management Act 1981*.

**WorkCover WA Guides**

Means the directions published by WorkCover WA under section 146R in the form of these *WorkCover WA Guides for the Evaluation of Permanent Impairment*.

# 3. Introduction

3.1 WorkCover WA has introduced guides for the evaluation of permanent impairment based on the *American Medical Association's Guides to the Evaluation of Permanent Impairment*, Fifth Edition (AMA5).

3.2 These directions, to be known as the WorkCover WA Guides, are issued under section 146R of the *Workers' Compensation and Injury Management Act 1981* (the Act). This is the Third Edition.

3.3 These WorkCover WA Guides adopt the methodology of AMA5 in most cases. Where there is any deviation, the difference is defined in these WorkCover WA Guides. Where differences exist, these WorkCover WA Guides are to be used as the modifying document. The procedures contained in these WorkCover WA Guides are to prevail if there is any inconsistency with AMA5.

3.4 These WorkCover WA Guides are to be used wherever there is a need to establish the degree of permanent impairment that results from a work-related injury. These WorkCover WA Guides are to be used for the following purposes:

(i) assessing whole person impairment (WPI) for the purpose of meeting the thresholds to enable a worker to elect to pursue damages at common law (Part IV Division 2 Subdivision 3 of the Act);

(ii) determining the degree of impairment for a Schedule 2 lump sum payment (Part III Division 2A of the Act);

(iii) establishing the degree of WPI which is required for workers seeking an entitlement for a specialised retraining program (Part IXA of the Act); and

(iv) establishing the degree of WPI as part of the requirements for entitlement under clause 18A(2aa)(a) of Schedule 1 (exceptional circumstances) for a further additional sum for medical and other expenses.

3.5 Approved Medical Specialists (AMSs) are expected to be familiar with Part VII Division 2 of the Act (assessing degree of impairment) and the impairment thresholds required for each of the purposes for which an impairment evaluation may be obtained. AMSs should also be familiar with the timeframes in regulations for an AMS to arrange an assessment and to provide the documents that an AMS is required by section 146H to give the worker and employer.

3.6 Assessing permanent impairment involves clinical assessment and determining:

(i) whether a worker's condition has resulted in impairment;

(ii) whether a worker's condition has stabilised to the extent required for an evaluation of the degree of impairment (has reached maximum medical improvement (MMI));

(iii) whether a special evaluation is required;

(iv) the degree of permanent impairment that results from the injury; and

(v) whether there should be a deduction in the percentage of impairment for any pre-existing symptomatic disease.

in accordance with diagnostic and other objective criteria as detailed in these WorkCover WA Guides.

3.7 An evaluation of permanent impairment does not determine the question of liability for a claim. In certain cases an evaluation of impairment may be requested even though aspects of a worker's claim may be in dispute.

3.7a By the time an assessment of permanent impairment is required, the question of liability for the primary condition would normally have been determined. The exceptions to this could be those conditions which are of slow onset.

3.7b The person who makes the referral for an assessment of permanent impairment is to make it clear to the AMS the work injury for which an assessment is sought.

3.7c The AMS should be clear that only impairments that relate to the relevant work injury can be taken into account when calculating a claimant's degree of permanent impairment. Assessors should therefore identify and record the nature of any previously unidentified condition in their report and specify the causal connection to the relevant workplace injury or injuries.

3.8 It is a requirement under the Act that the AMS report and impairment certificate not be given for any purpose other than the purpose for which the request is made (either common law, Schedule 2, clause 18A (2aa)(a) of Schedule 1, or the specialised retraining program), and has no effect for the other purposes. If a worker seeks to request an assessment for different purposes (for example, Schedule 2 and common law) then separate certificates will be required.

3.9 AMSs are expected to be familiar with Chapters 1 and 2 of AMA5 and the information contained in the introduction of these WorkCover WA Guides as this provides guidance as to how assessment of permanent impairment should be undertaken.

3.10 In the case of a complex injury, where different AMSs are required to assess different body systems, a 'lead assessor' should be nominated to coordinate and calculate the final % WPI resulting from the individual assessments. In the case of a dispute, the 'lead assessor' should be agreed between the parties.

3.11 These WorkCover WA Guides may specify more than one method that AMSs can use to establish the degree of a claimant's permanent impairment. In that case, AMSs should use the method that produces the highest degree of permanent impairment.

## Development of WorkCover WA Guides

3.12 The WorkCover WA Guides were developed through consultation with a committee of medical experts.

3.13 Australian methodologies relating to assessment of impairment were reviewed. The NSW *WorkCover Guides for the Evaluation of Permanent Impairment*, which are largely based on the American Medical Association's *Guides to* the *Evaluation of Permanent Impairment*, Fifth Edition, was recommended as the most up-to-date basis for assessing WPI. The NSW Guides incorporate modifications of the AMA5 to reflect Australian clinical practices.

3.14 The Committee noted that an extensive process of consultation with the medical profession occurred in the development of the NSW Guides. In addition to a coordinating group, specific working groups of medical specialists were established to review each of the chapters of the AMA5. These groups are identified in Appendix 2.

3.15 The NSW Guides exclude Chapter 18 of the AMA5 regarding the assessment of pain. There is currently no validated measurement tool for pain, although there are some selected conditions in the AMA5 where pain is part of the assessment, such as reflex sympathetic dystrophy and primary neurological pain for which assessments can be made.

3.16 WorkCover NSW has given approval for the NSW Guides to be adopted in Western Australia and modified to reflect this system. There are variations to the NSW Guides, which reflect different legislative provisions and assessment processes between the two workers' compensation jurisdictions.

3.17 These WorkCover WA Guides are to be reviewed and updated as subsequent editions of the AMA Guides become available. These WorkCover WA Guides will also be reviewed on an ongoing basis to ensure currency.

## Body systems covered by these WorkCover WA Guides

3.18 Most body systems, structures and disorders included in AMA5 are included in these WorkCover WA Guides. However, WorkCover WA has adopted its own criteria for assessment of certain body systems as discussed below:

- As per the NSW Guides, 'Pain' (Chapter 18 of the AMA5) is excluded (see Chapter 19, 'Evaluation of permanent impairment arising from chronic pain', for a full explanation). Accordingly, pain related impairment ratings in AMA5 (pp 573-591) are excluded at the present time. New developments in the evaluation of pain will be monitored and considered as part of further development of these WorkCover WA Guides.
- AMA5 Chapter 14, 'Mental and Behavioural Disorders', is omitted and replaced with the Chapter in these WorkCover WA Guides on psychiatric and psychological disorders. This is based on a Psychiatric Impairment Rating Scale (PIRS).
- Vision. This is based on AMA4. The AMS will require the worker to submit to examination for assessment and tests by an ophthalmologist and ensure the ophthalmologist examines the worker in accordance with AMA4. Note that conversion to Schedule 2 must also be in accordance with AMA4 (see Appendix 1).
- Hearing loss. For the purposes of sections 24A and 31E and Schedule 7 of the Act, noise induced hearing loss will continue to be assessed and calculated in accordance with the above provisions and will not need to be evaluated by an AMS in accordance with these WorkCover WA Guides. Chapter 11 provides for the evaluation of other types of hearing impairment.

## Assessment of impairment – generally

3.19 A worker's degree of impairment is to be evaluated, as a percentage, in accordance with these WorkCover WA Guides.

3.20 A request for assessment by an AMS is to be made in accordance with the regulations.

3.21 AMSs must be trained in the use of these WorkCover WA Guides and satisfy criteria for designation as an AMS. However, for certain body systems identified in these WorkCover WA Guides, it will be necessary for the AMS to require a worker to submit to examination by another medical practitioner or specialist or dentist for specific tests or assessment (eg an ophthalmologist for visual impairments, a psychiatrist for psychological and psychiatric disorders, or an otorhinolaryngologist for hearing impairments).

3.22 In these cases the specialist or dentist is referred to as an assessor as per the definitions in these WorkCover WA Guides.

Where it is necessary for the AMS to require a worker to submit to examination by an assessor the AMS is responsible for ensuring the tests or assessments are made in accordance with these WorkCover WA Guides and will still be required by section 146H to issue a report and certificate of the worker's degree of impairment (also see sections in this Chapter on 'relevant information' and 'ordering additional investigations').

## Disputes about the degree of permanent impairment – AMS panels

3.23 If an employer disputes the level of impairment after a worker has obtained an assessment for the purposes of Part IXA (Specialised retraining programs), clause 18A (2aa)(a) of Schedule 1 (additional medical expenses), or Schedule 2 (lump sum payments) of the Act, a worker may apply to have the question determined by an arbitrator. An arbitrator may determine the worker's degree of permanent impairment, or refer the question for assessment to an AMS panel. A determination by an AMS panel is final and binding on any court or tribunal but only in relation to the purpose for which the question was referred.

3.24 Where a question is referred to an AMS panel, a worker's degree of impairment is to be assessed in accordance with section 146A, and section 146B, 146D or 146E, as the case requires. AMS panel members are expected to be familiar with Part VII Division 3 of the Act dealing with AMS panel assessments.

3.25 For common law purposes (Part IV, Division 2, Subdivision 3), an employer may not dispute a worker's impairment assessment until the matter is dealt with in the District Court. These disputes are determined in the District Court not by an AMS panel.

## Conditions which are not covered by these WorkCover WA/AMA5 Guides- Equivalent or Analogous Conditions

3.26 AMA5 (p 11) states:

'Given the range, evolution and discovery of new medical conditions, the Guides cannot provide an impairment rating for all impairments. In situations where impairment ratings are not provided, the Guides suggest that medical specialists use clinical judgement, comparing measurable impairment resulting from the unlisted condition to measurable impairment resulting from similar conditions with similar impairment of function in performing activities of daily living (ADL).

The physician's judgement, based upon experience, training, skill, thoroughness in clinical evaluation, and ability to apply the Guides criteria as intended, will enable an appropriate and reproducible assessment to be made of clinical impairment.'

## Inconsistent presentation

3.27 AMA5 (p 19) states:

'Consistency tests are designed to ensure reproducibility and greater accuracy. These measurements, such as one that checks the individual's range of motion (ROM) are good but imperfect indicators of people's efforts.

The physician must use the entire range of clinical skill and judgement when assessing whether or not the measurements or test results are plausible and consistent with the impairment being evaluated. If, in spite of an observation or test result, the medical evidence appears insufficient to verify that an impairment of a certain magnitude exists, the physician may modify the impairment rating accordingly and then describe and explain the reason for the modification in writing.' This section applies to inconsistent presentation only. The requirements stated in Section 3.19 apply.

## Activities of daily living (ADL)

3.28 Many tables in AMA5 give class values for particular impairments, with a range of possible impairment values within each class. Commonly, the tables require the medical specialist to consider the impact of the injury/illness on ADL in determining the precise impairment value. The ADL which should be considered, if relevant, are listed in AMA5 Table 1–2 (p 4). The impact of the injury on ADL is not considered in assessments of the upper or lower extremities.

## Rounding

3.29 Occasionally the methods of these Guides will result in an impairment value which is not a whole number (eg an assessment of a peripheral nerve impairment in the upper extremity). All such values must be rounded to the nearest whole number before moving from one level of impairment to the next (eg from finger impairment to hand impairment, or from hand impairment to upper extremity impairment) or from a regional impairment to a WPI. Figures should also be rounded before using the combination tables. This will ensure that the final WPI will always be a whole number. The usual mathematical convention is followed where rounding occurs - values of 0.4 or less are rounded down to the nearest whole number and values of 0.5 and above are rounded up to the next whole number.

## Assessment for Schedule 2 purposes

3.30 Appendix 1 of these WorkCover WA Guides contains specific directions regarding the assessment of impairment for Schedule 2.

## Permanent impairment — maximum medical improvement (MMI)

3.31 An assessment of a worker's degree of permanent impairment is only to be conducted when the AMS considers that the worker's condition has stabilised to the extent required for an evaluation of permanent impairment.

This is considered to occur when the worker's condition is unlikely to change substantially in the ensuing 12 months with or without further medical treatment (ie further recovery or deterioration is not anticipated). At this date the worker has reached maximal medical improvement. An evaluation of permanent impairment can only be undertaken if the worker has reached MMI, except if a special evaluation is required (see Special Evaluation below).

3.32 If the AMS considers that MMI has not been achieved, the AMS will be required to certify that a worker's condition has not stabilised to the extent required for an evaluation of permanent impairment and must indicate when they believe the worker's condition will stabilise.

## Refusal of treatment

3.33 If a worker has been offered, but refused, additional or alternative medical treatment that the AMS considers is likely to improve a worker's condition, the AMS should evaluate the current condition, without consideration for potential changes associated with the proposed treatment. The AMS may note the potential for improvement in a worker's condition in the evaluation report, and the reasons for refusal by the worker, but should not adjust the degree of impairment on the basis of the worker's decision.

## Future deterioration of a condition

3.34 Similarly, if an AMS forms the opinion that although a worker's condition is stable in the foreseeable future, it is expected to deteriorate in the long term, the AMS should make no allowance for deterioration but note its likelihood in the evaluation report. If the worker's condition deteriorates at a later time, the worker may request a further evaluation of impairment, subject to any relevant provision in the Act that affects the ability of a worker to request or obtain a further evaluation.

## Special evaluation

3.35 It is a general principle that an assessment of permanent impairment only be done when a worker's condition has stabilised (ie has reached MMI).

3.36 However, in limited circumstances a special evaluation can be done for workers requesting an assessment of impairment in order to make an election by the termination day to pursue common law damages (section 93N), or for the further additional sum for medical and other expenses under clause 18A(2aa)(a) of Schedule 1 (Payment of additional expenses) of the Act.

3.37 A special evaluation allows for an evaluation to be done even if the condition has not stabilised and overrides anything in the AMA5 or these WorkCover WA Guides that requires the condition to be stable or to have reached MMI. These limited circumstances are outlined below:

**Common law**

3.38 In accordance with section 93N of the Act a special evaluation can be done if the following conditions are met:

(i) the worker has already obtained an extension to the termination day on the basis that his or her condition has not stabilised (in accordance with section 93M(4)(a)(i)); and

(ii) the certificate is given after the expiry of the period of 6 months after the day that would have been the termination day had there been no extension under section 93M(4) of the Act.

3.39 This can be verified by checking the date of the termination day against the date of the extension approved by the Director Dispute Resolution Directorate.

**Clause 18A (2aa)(a): further additional sum for medical and related expenses (exceptional circumstances)**

3.40 A special evaluation must also be done if a worker is applying for a further additional sum for medical and other expenses under clause 18A(2aa)(a) of Schedule 1 of the Act, based on exceptional circumstances. An evaluation will be necessary for this purpose as one of the eligibility criteria will be that the worker has at least 15% WPI. In these circumstances an AMS is to assess the degree of impairment as if the worker's condition has reached MMI.

## Secondary conditions

3.41 In evaluating the degree of permanent impairment of a worker for the purposes of common law (section 146C (6)), for access to a specialised retraining program (section 146D (3), and clause 18A(2aa)(a) of Schedule 1 (section 146E (3)), any secondary psychological, psychiatric or sexual condition is to be disregarded. In accordance with section 146 of the Act, a secondary condition means a condition, whether psychological, psychiatric, or sexual, that, although it may result from the injury or injuries concerned, arises as a secondary, or less direct, consequence of that injury or injuries.

3.42 Permanent impairment assessments for psychological, psychiatric or sexual conditions are only required where the condition is a primary result of the injury (ie does not arise as a secondary, or less direct, consequence of that injury). The following examples provide guidance on assessing secondary conditions:

### Example 1 – Exclusion of secondary psychological condition

A worker suffers an injury to the shoulder and neck in a work-related accident. Several months later the worker develops depression associated with the inability to perform normal work. In this case the psychological condition would not be taken into account in the evaluation of impairment.

### Example 2 – Exclusion of secondary sexual condition

A worker suffers a shoulder injury and has some limitation of movement, and subsequently experiences loss of libido. In this example there is no direct impact upon the sexual organs and the loss of libido should not be taken into account in the evaluation of impairment.

3.43 The evaluation will not preclude psychological, psychiatric and sexual conditions where these conditions are a direct consequence of an injury, an example of which would be psychiatric condition experienced by a bank teller as a result of a hold up.

### Example 3 – Inclusion of psychological condition

An armed robbery at a bank results in a leg injury to a worker and a psychological condition that is a direct result of the trauma associated with the event. In this case the conditions – the injury to the leg, and the psychological condition - would both contribute to the evaluation of impairment, as each is a direct result of the injury.

### Example 4 – Inclusion of sexual condition (loss of genitals)

A workplace injury caused by farm machinery results in the loss of the primary sex organs. In this case the sexual condition would contribute to the evaluation of impairment.

### Example 5 - Inclusion of sexual condition (impotence as a result of spinal injury)

A worker is assessed as impotent as a result of a work-related spinal injury. An AMS, in accordance with these WorkCover WA Guides, finds objective evidence of spinal cord, cauda equina or bilateral nerve root dysfunction. Accordingly, the impairment rating for impotence will contribute to the worker's degree of impairment.

N.B – Impotence should only be assessed as an impairment related to spinal injury where there is other objective evidence of spinal cord, cauda equina or bilateral nerve root dysfunction. The ratings described in AMA5 Table 13–21 (p 342) are used in this instance. There is no additional impairment rating system for impotence in the absence of objective clinical findings (refer Chapter 6 of these WorkCover WA Guides).

In terms of assessment of sexual functioning (AMA5 Chapter 7, pp 143 -171): Impotence is assessed as an impairment only if there is an associated neurological impairment (see Chapter 7 of these WorkCover WA Guides).

3.44 The basis for determining that a psychological, psychiatric or sexual condition arises as a secondary, or less direct, consequence of the injury or injuries (and should not be included in the assessment of impairment), or the basis for determining that the psychological, psychiatric or sexual condition is a direct consequence of the injury or injuries (and should be included in the assessment of impairment) should be explained in the Report.

## Multiple impairments

3.45 Multiple impairments resulting from an injury or injuries arising out of a single event may be combined to determine the degree of permanent impairment of an injured worker.

3.46 The Combined Values Chart in AMA5 (pp 604-606) is used to derive a percentage WPI that arises from multiple impairments. An explanation of its use is found on pp 9-10 of AMA5. When combining more than two impairments, the AMS should commence with the highest impairment and combine with the next highest and so on.

3.47 In accordance with sections 93H(2), 158(2) and clause 18C(4) of Schedule 1, "event" means anything that results, whether immediately or not and whether suddenly or not, in an injury or injuries of a worker and the term includes continuous or repeated exposure to conditions that results in an injury or injuries of a worker.

### Example 6 – Multiple impairments

A worker suffers an injury to the back, neck and leg after falling from scaffolding. Each of the body areas affected in the fall would be assessed and the impairment values for each would be combined and converted to a WPI rating by reference to the Combined Values Chart in AMA5 (pp 604-606).

3.48 If there is more than one "event" separate evaluations of the degree of impairment must be made for each event.

### Example 7 – Distinct injuries arising out of separate events

In June, a worker received a fracture to the ankle and calcaneal tuberosity in a fall from a height. Because of the mild degree of reduced ankle movements, the percent WPI was assessed at 3%. Three months later, in a separate event, the worker tripped heavily and inverted the ankle, resulting in a further injury to the previously injured ankle. On clinical review, there was evidence of a moderate level of ankle ligamentous instability, which resulted in a WPI rating of 4%. The earlier appropriate clinical impairment assessments would need to be available to ensure that the assessor had clear evidence of what was the first injury and its WPI assessment to be able to clearly report on the second injury and its assessment.

3.49 In determining whether any injury or injuries arise out of a single event consideration needs to be given to whether there is continuous or repeated exposure to conditions from that event resulting in the injury. If it is established that the injuries arise out of a single event then each of the body areas affected would be assessed and the impairment values for each would be combined and converted to a WPI rating by reference to the Combined Values Chart in AMA5 (pp 604-606).

3.50 Where it is not possible to determine whether an injury arises out of a single event then all impairments should be combined in the assessment.

3.51 In each case the basis for determining:

(a) whether separate evaluations should be undertaken where there is more than one event;

(b) combining impairments; or

(c) a finding that it is not possible to determine whether the impairments result from an injury or injuries arising out of a single event;

should be clearly explained in the AMS report.

## Pre-existing diseases

3.52 In this section "disease", includes any physical or mental ailment, disorder, defect, or morbid condition whether of sudden or gradual development (as defined in section 5 of the Act).

3.53 In accordance with section 146A(4) of the Act, for a case in which the evaluation of the degree of impairment of the worker involves taking into account a recurrence, aggravation, or acceleration of any pre-existing disease that was to any extent asymptomatic before the event from which the injury or injuries arose, there is not to be any deduction to reflect the pre-existing nature of that disease to the extent that it was asymptomatic before that event.

3.54 For any disease that was symptomatic before the event from which the injury or injuries arose there may be a "deductible proportion" in the degree of impairment. Where it is not possible to determine whether a deduction should apply then no deduction should be made. In each case the basis for the judgement and deduction, if any, should be clearly explained in the AMS report. In evaluating permanent impairment, an AMS may be required in accordance with these WorkCover WA Guides to make certain clinical judgements. Where it is not possible to determine whether a deduction should apply then no deduction should be made.

### Example 8 - No Deduction for pre-existing asymptomatic disease

A worker suffers an injury to the low back and when assessed for impairment results in a WPI assessment of 5%. Clinical assessment identifies evidence of pre-existing degenerative changes to the lumbar spine. But on critical questioning, the patient indicates that they did not suffer any previous symptoms in relation to the back. In this example, there would not be any deduction from the WPI assessment, even if it were possible to determine the proportion of impairment attributable to the pre-existing asymptomatic condition.

### Example 9 - Deduction for pre-existing symptomatic disease

A worker obtains an evaluation of the degree of impairment from an AMS for an injury to the lumbar spine, which is assessed at 10%. A few months later the worker suffers another injury to the lumbar spine, which is affected by the previous injury. The WPI is assessed as 26%. In this case, the degree of WPI attributable to the current injury is determined by way of subtraction, ie 26% – 10% = 16%.

## Special provisions relating to AIDS and specified industrial diseases

### AIDS

3.55 A worker who has contracted AIDS in the course of employment is deemed to have 100% impairment under Item 82 of Part 2 of Schedule 2. If the worker is obtaining an assessment for common law, the worker will be deemed to have at least 25% WPI under section 93Q(3) of the Act for the purposes of making an election to seek damages at common law. An AMS is not required to assess a worker's degree of impairment, however the worker will require certification from a medical practitioner to the effect that the worker has contracted AIDS.

3.56 The regulations may make provision for methods of deciding whether a worker has contracted AIDS. In the absence of regulations the method of deciding whether a worker has contracted AIDS is based on the advice of the medical practitioner who provides certification to the worker.

### Specified Industrial Diseases

3.57 If common law damages are being sought in respect of a disease referred to in section 33 or 34 of the Act, any assessment to evaluate the worker's degree of permanent WPI resulting from the disease is to be made, not by an AMS but by a medical panel constituted under section 36 (referral is made to the Industrial Diseases Medical Panel).

3.58 Even though the worker's condition is not required to have stabilised, the evaluation is not a special evaluation as referred to in section 146C and these WorkCover WA Guides.

3.59 The panel assessing the worker is expected to be familiar with section 93R and Part III Division 3 of the Act, and Chapter 10 of these WorkCover WA Guides.

## Adjustment for the effects of orthoses and prostheses

3.60 Assessments of permanent impairment are to be conducted without assisting devices, except where these cannot be removed. The AMS will need to make an estimate as to what the level of impairment is without such a device if it cannot be removed for examination purposes.

3.61 Further details may be obtained in the relevant chapters in these WorkCover WA Guides.

3.62 Impairment of vision should be measured with an injured worker wearing their prescribed corrective spectacles and/or contact lenses, if this was usual for the injured worker before the workplace injury. If, as a result of the workplace injury, the injured worker has been prescribed corrective spectacles and/or contact lenses for the first time, or different spectacles and/or contact lenses than those prescribed pre-injury, the difference should be accounted for in the assessment of permanent impairment.

## Adjustment for the effects of treatment

3.63 In circumstances where the treatment of a condition leads to a secondary impairment, the AMS should use the appropriate parts of these WorkCover WA Guides to evaluate the effects of treatment, and use the Combined Values Chart in AMA5 (pp 604-606) to arrive at a final WPI. This does not apply to a psychological, psychiatric, or sexual condition that, although it may result from the injury or injuries concerned, arises as a secondary, or less direct, consequence of that injury or injuries.

### Relevant information

3.64 Under section 146A(3) of the Act a request for assessment by an AMS is to be made in accordance with the regulations. All parties are expected to be familiar with this requirement.

3.65 In accordance with the requirements in section 146G(1) of the Act, on being requested to assess a worker's degree of impairment, an AMS may:

(a) in accordance with the regulations, require a worker to attend at a professionally appropriate place specified by the AMS;

(b) require a worker to answer any question about the injury;

(c) in accordance with the regulations, require a worker, an employer, or an employer's insurer to –

(i) produce to the AMS any relevant document or information; or

(ii) consent to another person who has any relevant document or information producing it to the AMS; and

(d) require a worker to submit to examination by, or as requested by, the AMS.

3.66 A person who contravenes one of the above requirements commits an offence and is liable to a fine of $2,000 under the Act.

3.67 The AMS should be provided with all relevant medical and allied health information, including results of all investigations related to the condition that is being assessed. Regulations require a worker who requests an assessment of the worker's degree of impairment to produce any information described in the regulations for use in dealing with the request.

3.68 AMA5 and these WorkCover WA Guides also indicate the information and investigations that are required to arrive at a diagnosis and to measure permanent impairment. The AMS must apply the approach outlined in these WorkCover WA Guides. AMS must consult these documents to gain an understanding of the information that should be provided to the AMS in order to conduct a comprehensive evaluation.

3.69 If an AMS has been requested to assess a worker's degree of impairment, WorkCover WA, with the consent of the worker, may disclose to the AMS any information that it has that may be relevant to the assessment (section 146I of the Act).

## Ordering of additional investigations

3.70 As a general principle, an AMS is expected to make an assessment of permanent impairment without additional radiographic or other investigations.

3.71 If, however, the investigations previously undertaken are inadequate for a proper assessment to be made, the AMS should consider the value of proceeding with the evaluation of permanent impairment without adequate investigations.

3.72 In special circumstances where the AMS considers that further investigation is essential for a comprehensive evaluation to be undertaken and deferral of the evaluation would considerably inconvenience a worker (eg when a worker has travelled from a country region specifically for the assessment), the AMS may proceed to order the appropriate investigations, provided that an appropriate risk/benefit evaluation has been undertaken.

3.73 The person requesting the assessment from the AMS will be required to bear the cost of any further investigation unless the assessment is for the purposes of section 93M of the Act (where the worker elects to retain their right to seek common law damages), in which case the cost of the assessment, including an assessment that resulted in a finding that the worker's condition has not stabilised (to the extent required for a normal evaluation), is paid out of the workers entitlement under clause 17(1aa) of Schedule 1 of the Act.

## AMS reports & certificates

3.74 The AMS is expected to be familiar with the requirements in section 146H of the Act and associated regulations in relation to the provision of reports and certificates of the worker's degree of impairment, and timeframes associated with provision of these documents.

3.75 AMS reports and certificates, required under the Act to be given to the worker and employer, will be used in determining the outcome of a worker's claim for certain statutory benefits and ability to pursue damages at common law. The report and certificate become legal documents and, where an assessment is made to enable a worker to elect to pursue damages at common law, will be used as evidence in court.

3.76 A certificate for the purposes of:

(a) Part III Division 2A (Schedule 2);

(b) Part IV Division 2 Subdivision 3 (common law);

(c) Part IXA (specialised retraining program); or

(d) clause 18A(2aa)(a) of Schedule 1 of the Act (further additional sum, medical and related expenses);

is to specify the provisions for the purposes of which it is made.

3.77 It is a requirement under the Act that a certificate given for the purposes in paragraph (a), (b), (c) or (d) above is not to be given for the purposes of the provisions referred to in any of the other paragraphs, and has no effect for the provisions referred to in any of the other paragraphs.

3.78 A report of the evaluation of permanent impairment should be accurate, comprehensive and fair. It should clearly address the question being asked of the AMS.

3.79 In general, the AMS will be requested to address issues of:

- current clinical status, including the basis for determining whether the condition has stabilised to the extent required for an evaluation (reached MMI);
- the degree of permanent impairment that results from the injury; and
- the proportion of permanent impairment due to any previous symptomatic disease, if any.

3.80 The report should contain factual information based on the AMS's own history taking and clinical examination. If other reports or investigations are relied upon in arriving at an opinion, these should be appropriately referenced in the report.

3.81 The report of the evaluation should provide a rationale consistent with the methodology and content of these WorkCover WA Guides. It should include a comparison of the key findings of the evaluation with the impairment criteria in these WorkCover WA Guides. If the evaluation was conducted in the absence of any pertinent data or information, the AMS should indicate how the impairment rating was determined with limited data. The minimum standard of information for reports and certificates is prescribed in regulations. WorkCover WA has developed administrative forms for the impairment assessment processes, which reflect these minimum standards of information and can be downloaded from the WorkCover WA web site at www.workcover.wa.gov.au.

3.82 AMSs are strongly advised to refer to the "Medical Board of Western Australia Board Policies - Medico-Legal and other Independent Medical Examinations". However, if there is any inconsistency between that publication and the Act, regulations or these WorkCover WA Guides, then the Act, regulations or these WorkCover WA Guides are to prevail.

## Code of conduct

3.83 AMSs are reminded that they have a duty to act in an ethical, professional and considerate manner when assessing (ie taking history and examining) workers for the purpose of assessing the degree of permanent impairment.

3.84 Effective communication is vital to ensure that a worker is well-informed and able to maximally cooperate in the process. AMSs should:

- ensure that the worker understands who the AMS is and his/her role in the evaluation;
- ensure that the worker understands how the evaluation will proceed;
- take reasonable steps to preserve the privacy and modesty of the worker during the evaluation; and
- not provide any opinion to the worker about their claim.

3.85 Complaints received by WorkCover WA regarding an impairment assessment will be managed in accordance with the AMS complaints handling process. A copy of this process can be obtained from WorkCover WA.

# 4. Psychiatric and psychological disorders

AMA5 Chapter 14 (pp 357-372) is excluded and replaced by this chapter.

## Introduction

13.1 This chapter lays out the method for assessing psychiatric impairment. The evaluation of impairment requires a medical examination.

13.2 Under section 146G(1)(d) an Approved Medical Specialist should require the worker to submit to examination and assessment by a psychiatrist. Evaluation of psychiatric impairment is conducted by a psychiatrist who has undergone appropriate training in this assessment method.

13.3 In evaluating the degree of permanent impairment of the worker for the purposes of common law (section 146C(6)), clause 18A (section 146E(3)), and specialised retraining programs (section 146D(3)), any secondary psychological or psychiatric condition is to be disregarded. A secondary psychological or psychiatric condition is a condition, that, although it may result from the injury or injuries concerned, arises as a secondary, or less direct, consequence of that injury or injuries. The evaluation will not preclude psychological, psychiatric conditions where these conditions are a direct consequence of an injury, an example of which would be psychiatric condition experienced by a bank teller as a result of a hold up (refer to Chapter 3 of these WorkCover WA Guides for examples).

## Background to the development of the scale

13.4 The psychiatric impairment rating scale (PIRS) used was originally developed, using AMA4, for the New South Wales Motor Accidents Authority. It was then further modified for Comcare. At this time the conversion table was added. Finally, to ensure relevance for the NSW workers' compensation context, the PIRS was extensively reviewed with reference to AMA5. Changes have been made to the method for assessing pre-injury impairment and to some of the descriptors within each of the functional areas.

## Diagnosis

13.5 The impairment rating must be based upon a psychiatric diagnosis (according to a recognised diagnostic system) and the report must specify the diagnostic criteria upon which the diagnosis is based. Impairment arising from any of the somatoform disorders (DSM IV, pp 445-469) are excluded from this chapter.

13.6 If pain is present as the result of an organic impairment, it should be assessed as part of the organic condition under the relevant table. This does not constitute part of the assessment of impairment relating to the psychiatric condition. The impairment ratings in the body organ system chapters in AMA5 make allowance for any accompanying pain.

13.7 It is expected that the psychiatrist will provide a rationale for the rating based on the worker's psychiatric symptoms. The diagnosis is among the factors to be considered in assessing the severity and possible duration of the impairment, but is not the sole criterion to be used. Clinical assessment of the worker may include information from the worker's own description of his or her functioning and limitations; from family members and others who may have knowledge of the worker. Medical reports, feedback from treating professionals, results of standardised tests, including appropriate psychometric testing performed by a qualified clinical psychologist, and work evaluations may provide useful information to assist with the assessment. Evaluation of impairment will need to take into account variations in the level of functioning over time. Percentage impairment refers to whole person impairment (WPI).

## Permanent impairment

13.8 A psychiatric disorder is permanent if in the opinion of the psychiatrist, it is likely to continue indefinitely. Regard should be given to:

- the duration of impairment;
- the likelihood of improvement in the worker's condition;
- whether the worker has undertaken reasonable rehabilitative treatment; and
- any other relevant matters.

## Effects of treatment

13.9 Consider the effects of medication, treatment and rehabilitation to date. Is the condition stable? Is treatment likely to change? Are symptoms likely to improve? If the worker declines treatment, this should not affect the estimate of permanent impairment. The psychiatrist may make a comment in the report about the likely effect of treatment or the reasons for refusal of treatment.

## Co-morbidity

13.10 Consider co-morbid features (eg Alzheimer's disease, personality disorder, substance abuse) and determine whether they are directly linked to the work-related injury or whether they were pre-existing or unrelated conditions.

## Pre-existing impairment

13.11 To measure the impairment caused by a work-related injury or incident, the psychiatrist must measure the proportion of WPI due to any pre-existing condition. Pre-existing impairment is calculated using the same method for calculating current impairment level. The assessing psychiatrist uses all available information to rate the worker's pre-injury level of functioning in each of the areas of function. The percentage impairment is calculated using the aggregate score and median class score using the conversion table below.

The worker's current level of impairment is then assessed, and the pre-existing impairment level (%) is then subtracted from their current level to obtain the percentage of permanent impairment directly attributable to the work-related injury. If the percentage pre-existing impairment cannot be assessed, then no deduction is to be made.

## Psychiatric impairment rating scale (PIRS)

13.12 Behavioural consequences of psychiatric disorder are assessed on six scales, each of which evaluates an area of functional impairment:

1. self-care and personal hygiene (Table 13.1);
2. social and recreational activities (Table 13.2);
3. travel (Table 13.3);
4. social functioning (relationships) (Table 13.4);
5. concentration (Table 13.5); and
6. employability (Table 13.6).

} Activities of daily living

13.13 Impairment in each area is rated using class descriptors. Classes range from 1 to 5, in accordance with severity. The standard form must be used when scoring the PIRS. The examples of activities are examples only. The assessing psychiatrist should take account of the worker's cultural background. Consider activities that are usual for the worker's age, sex and cultural norms.

**Table 13.1: Psychiatric impairment rating scale — Self care and personal hygiene**

| | |
|---|---|
| Class 1 | No deficit, or minor deficit attributable to the normal variation in the general population. |
| Class 2 | Mild impairment: able to live independently; looks after self adequately, although may look unkempt occasionally; sometimes misses a meal or relies on take-away food. |
| Class 3 | Moderate impairment: can't live independently without regular support. Needs prompting to shower daily and wear clean clothes. Does not prepare own meals, frequently misses meals. Family member or community nurse visits (or should visit) 2–3 times per week to ensure minimum level of hygiene and nutrition. |
| Class 4 | Severe impairment: needs supervised residential care. If unsupervised, may accidentally or purposefully hurt self. |
| Class 5 | Totally impaired: needs assistance with basic functions, such as feeding and toileting. |

**Table 13.2: Psychiatric impairment rating scale — Social and recreational activities**

| | |
|---|---|
| Class 1 | No deficit, or minor deficit attributable to the normal variation in the general population: regularly participates in social activities that are age, sex and culturally appropriate. May belong to clubs or associations and is actively involved with these. |
| Class 2 | Mild impairment: occasionally goes out to such events without needing a support person, but does not become actively involved (eg dancing, cheering favourite team). |
| Class 3 | Moderate impairment: rarely goes out to such events, and mostly when prompted by family or close friend. Will not go out without a support person. Not actively involved, remains quiet and withdrawn. |
| Class 4 | Severe impairment: never leaves place of residence. Tolerates the company of family member or close friend, but will go to a different room or garden when others come to visit family or flat mate. |
| Class 5 | Totally impaired: cannot tolerate living with anybody, extremely uncomfortable when visited by close family member. |

**Table 13.3: Psychiatric impairment rating scale – Travel**

| | |
|---|---|
| Class 1 | No deficit, or minor deficit attributable to the normal variation in the general population: can travel to new environments without supervision. |
| Class 2 | Mild impairment: can travel without support person, but only in a familiar area such as local shops, visiting a neighbour. |
| Class 3 | Moderate impairment: cannot travel away from own residence without support person. Problems may be due to excessive anxiety or cognitive impairment. |
| Class 4 | Severe impairment: finds it extremely uncomfortable to leave own residence even with trusted person. |
| Class 5 | Totally impaired: may require two or more persons to supervise when travelling. |

**Table 13.4: Psychiatric impairment rating scale — Social functioning**

| | |
|---|---|
| Class 1 | No deficit, or minor deficit attributable to the normal variation in the general population: no difficulty in forming and sustaining relationships (eg partner, close friendships lasting years). |
| Class 2 | Mild impairment: existing relationships strained. Tension and arguments with partner or close family member, loss of some friendships. |
| Class 3 | Moderate impairment: previously established relationships severely strained, evidenced by periods of separation or domestic violence. Spouse, relatives or community services looking after children. |
| Class 4 | Severe impairment: unable to form or sustain long term relationships. Pre-existing relationships ended (eg lost partner, close friends). Unable to care for dependants (eg own children, elderly parent). |
| Class 5 | Totally impaired: unable to function within society. Living away from populated areas, actively avoiding social contact. |

**Table 13.5: Psychiatric impairment rating scale – Concentration, persistence and pace**

| | |
|---|---|
| Class 1 | No deficit, or minor deficit attributable to the normal variation in the general population: able to pass a TAFE or university course within normal time frame. |
| Class 2 | Mild impairment: can undertake a basic retraining course, or a standard course at a slower pace. Can focus on intellectually demanding tasks for periods of up to 30 minutes, then feels fatigued or develops headache. |
| Class 3 | Moderate impairment: unable to read more than newspaper articles. Finds it difficult to follow complex instructions (eg operating manuals, building plans), make significant repairs to motor vehicle, type long documents, follow a pattern for making clothes, tapestry or knitting. |
| Class 4 | Severe impairment: can only read a few lines before losing concentration. Difficulties following simple instructions. Concentration deficits obvious even during brief conversation. Unable to live alone, or needs regular assistance from relatives or community services. |
| Class 5 | Totally impaired: needs constant supervision and assistance within institutional setting. |

**Table 13.6: Psychiatric impairment rating scale — Employability**

| | |
|---|---|
| Class 1 | No deficit, or minor deficit attributable to the normal variation in the general population: able to work full time. Duties and performance are consistent with the injured worker's education and training. The person is able to cope with the normal demands of the job. |
| Class 2 | Mild impairment: able to work full time but in a different environment from that of the pre-injury job. The duties require comparable skill and intellect as those of the pre-injury job. Can work in the same position, but no more than 20 hours per week (eg no longer happy to work with specific persons, or work in a specific location due to travel required). |
| Class 3 | Moderate impairment: cannot work at all in same position. Can perform less than 20 hours per week in a different position, which requires less skill or is qualitatively different (eg less stressful). |
| Class 4 | Severe impairment: cannot work more than one or two days at a time, less than 20 hours per fortnight. Pace is reduced, attendance is erratic. |
| Class 5 | Totally impaired: cannot work at all. |

## Using the PIRS to measure impairment

13.14 Rating psychiatric impairment using the PIRS is a two-step procedure:

1. determine the median class score; and
2. calculate the aggregate score.

## Determining the median class score

13.15 Each area of function described in the PIRS is given an impairment rating which ranges from Class 1 to 5. The six scores are arranged in ascending order, using the standard form. The median is then calculated by averaging the two middle scores. Eg:

Example A: 1, 2, **3**, **3**, 4, 5 Median Class = 3

Example B: 1, 2, **2**, **3**, 3, 4 Median Class = 2.5 = 3*

Example C: 1, 2, **3**, **5**, 5, 5 Median Class = 4

*If a score falls between two classes, it is rounded up to the next class. A median class score of 2.5 thus becomes 3.

13.16 The median class score method was chosen as it is not influenced by extremes. Each area of function is assessed separately. While impairment in one area is neither equivalent nor interchangeable with impairment in other areas, the median seems the fairest way to translate different impairments onto a linear scale.

## Median class score and percentage impairment

13.17 Each median class score represents a range of impairment, as shown below.

Class 1 = 0 –3%
Class 2 = 4–10%
Class 3 = 11–30%
Class 4 = 31–60%
Class 5 = 61–100%

## Calculation of the aggregate score

13.18 The aggregate score is used to determine an exact percentage of impairment within a particular Median Class range. The six class scores are added to give the aggregate score.

## Use of the conversion table to arrive at percentage impairment

13.19 The aggregate score is converted to a percentage score using the conversion table.

13.20 The conversion table was developed to calculate the percentage impairment based on the aggregate and median scores.

13.21 The scores within the conversion table are spread in such a way to ensure that the final percentage rating is consistent with the measurement of permanent impairment percentages for other body systems.

**Table 13.7: Conversion table**

| % impairment | Aggregate score | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| Median Class | 0 | 0 | 1 | 1 | 2 | 2 | 2 | 3 | 3 | | | | | | | | | | | | | | | | |
| Median Class | | | | 4 | 5 | 5 | 6 | 7 | 7 | 8 | 9 | 9 | 10 | | | | | | | | | | | | |
| Median Class | | | | | | | | 11 | 13 | 15 | 17 | 19 | 22 | 24 | 26 | 28 | 30 | | | | | | | | |
| Median Class 4 | | | | | | | | | | | | 31 | 34 | 37 | 41 | 44 | 47 | 50 | 54 | 57 | 60 | | | | |
| Median Class | | | | | | | | | | | | | | | | 61 | 65 | 70 | 74 | 78 | 83 | 87 | 91 | 96 | 100 |

## Conversion table — explanatory notes

### A. Distribution of aggregate scores

- The lowest aggregate score that can be obtained is: 1+1+1+1+1+1=6.
- The highest aggregate score is 5+5+5+5+5+5=30.
- The table therefore has aggregate scores ranging from 6 to 30.
- Each Median Class score has an impairment range, and a range of possible aggregate scores (eg Class 3 = 11–30%).
- The lowest aggregate score for Class 3 is 13 (1+1+2+3+3+3=13).
- The highest aggregate score for Class 3 is 22. (3+3+3+3+5+5=22).
- The conversion table distributes the impairment percentages across aggregate scores.

## B. Same aggregate score in different classes

- The conversion table shows that the same aggregate score leads to different percentages of impairment in different median classes.
- For example, an aggregate score of 18 is equivalent to an impairment rating of
  - 10% in Class 2;
  - 22% in Class 3;
  - 34% in Class 4.
- This is due to the fact that an injured worker whose impairment is in Median Class 2 is likely to have a lower score across most areas of function. They may be significantly impaired in one aspect of their life, such as travel, yet have low impairment in Social Function, Self-care or Concentration.
- Someone whose impairment reaches Median Class 4 will experience significant impairment across most aspects of his or her life.

## Examples: (Using the previous cases)

### Example A

| PIRS scores | | | Median class | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 3 | 4 | 5 | = 3 |

| Aggregate score | | | | | | Total | % Impairment |
|---|---|---|---|---|---|---|---|
| 1 + | 2 + | 3 + | 3 + | 4 + | 5 = | 18 | 22% |

### Example B

| PIRS scores | | | Median class | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 2 | 3 | 3 | 4 | = 3 |

| Aggregate score | | | | | | Total | % Impairment |
|---|---|---|---|---|---|---|---|
| 1 + | 2 + | 2 + | 3 + | 3 + | 4 = | 15 | 15% |

### Example C

| PIRS scores | | | Median class | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 5 | 5 | 5 | = 4 |

| Aggregate score | | | | | | Total | % Impairment |
|---|---|---|---|---|---|---|---|
| 1 + | 2 + | 3 + | 5 + | 5 + | 5 = | 21 | 44% |

## Table 13.8: PIRs rating form

PIRs Rating Form

| | | | |
|---|---|---|---|
| Name | | Claim reference number | |
| D.O.B. | | Age at time of injury | |
| Date of injury | | Occupation before injury | |
| Date of assessment | | Marital status before injury | |
| Psychiatric diagnoses | 1. | 2. | |
| | 3. | 4. | |
| Psychiatric treatment | | | |
| Is impairment permanent? | Yes No (Circle one) | | |

| PIRS category | Class | Reason for decision |
|---|---|---|
| Self care and personal hygiene | | |
| Social and recreational activities | | |
| Travel | | |
| Social functioning | | |
| Concentration, persistence and pace | | |
| Employability | | |

| Score Class | | | | | | | Median |
|---|---|---|---|---|---|---|---|
| | | | | | | | = |

| Aggregate Score Impairment | | | | | | Total | % |
|---|---|---|---|---|---|---|---|
| + | + | + | + | + | = | | |

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