

# Impairment Assessment Guidelines

## Third Edition



## Frequently Asked Questions (FAQ)

### Chapter 1 – Introduction

### Chapter 17 – Assessor selection process

**Q. What is considered valid evidence of prior impairment? Would a report from a medical or allied health professional, with detailed relevant exam findings, be sufficient evidence to determine prior impairment for the purposes of deduction of impairment from a prior injury (where it is not a formal WPI assessment and where it has been established that the injury has stabilised)?**

A: Where a pre-existing or subsequent injury or cause (whether symptomatic or asymptomatic) is identified, the assessor must consider all objective evidence (for example, clinical evidence, medical records and reports, allied health reports, and the worker's history) to determine the pre-existing or subsequent impairment.

**Q. How do you approach the deduction for a pre-existing condition that was asymptomatic and unknown to the worker at the time of work injury?**

A. Where a pre-existing or subsequent injury or cause (whether symptomatic or asymptomatic) leading to an impairment is identified as affecting the assessment of a work injury impairment, the assessor must identify the impairment from that pre-existing or subsequent injury or cause, evaluate it, and deduct it from the work injury assessment. Reasoning must be provided, regardless of whether a deduction is or is not made.

The assessor must consider all objective evidence (for example, clinical evidence, medical records and reports, allied health reports, and the worker's history) to determine any symptomatic or asymptomatic pre-existing or subsequent impairment from an unrelated injury or cause.

**Q. Are both passive and active methods of assessment required in the case of inconsistencies regarding range of movement?**

A. Passive range of motion is part of the clinical examination to ascertain clinical status of the joint, but motion impairment must be calculated using active range of motion measurements, as per clause 2.5 of IAG3.

If the assessor has concerns about inconsistent presentation after consideration of both active and passive movement, then ROM cannot be used as a valid parameter of impairment evaluation. The assessor should review and consider all available information and "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 assessor may modify the impairment rating accordingly and then describe and explain the reason for the modification in writing" (refer to clauses 1.63 and 1.64 of IAG3 for direction).

**Q. Is it the role of the requestor or the assessor to identify the dates of injury for multiple impairments?**

A. The requestor will identify the dates of all injuries to be assessed, or alternatively, will advise whether there is any uncertainty or disagreement in this regard. Where there is uncertainty or disagreement about the date of injury, the assessor is not required to identify the injury dates, but should, as part of the assessment, obtain a history of the injuries and include that in the report (refer to clause 1.27 of IAG3).

**Q. What if I need a plain x-ray to complete my assessment, but I can't get the requestor on the phone? Can someone other than the requestor approve this?**

A. Where an assessor establishes that further tests or investigations are required to enable a full and complete assessment to be undertaken, they should consider the direction outlined in clause 1.21 of IAG3. Where the assessor considers that the information provided by the requestor is not in accordance with IAG3 and AMA5 (or AMA4, if relevant), or is inadequate such that further investigations are essential to complete an evaluation of permanent impairment and would result in no undue risk to the worker, the assessor should contact the requestor to discuss.

If the requestor cannot be contacted, it is recommended that the assessor defer the assessment.

Where the deferral would unreasonably inconvenience the worker (for example, when the worker has travelled from a regional area specifically for the assessment), the assessor can proceed to order the appropriate investigations, provided there is no undue risk to the worker in carrying out these investigations. In this instance, the assessor must also notify the requestor that this has occurred.

The assessor should consult the worker in relation to any further investigations.

Further detail will be provided to assessors on the process for contacting the requestor.

**Q. There has been a prior Table of Maims assessment for a body part I have been asked to assess. The requestor has asked that I deduct this as pre-existing impairment. How do I do this?**

A. Table of Maims assessments do not directly convert to WPI%, therefore this requires the assessor to consider all of the available evidence (for example, clinical evidence, medical records and reports, allied health reports, and the worker's history) in order to determine the pre-existing component.

The requestor should also have provided to the assessor prior to the assessment copies of the prior assessment report or reports, copies of all reports, studies and investigations relied on for the prior assessment, and details of any previous determination including any relevant order on or following review of the dispute made on account of the prior assessment (see paragraph 1.39 of IAG3).

If there is no impairment from the previous injury or cause, then there is nothing to deduct, and this should be appropriately documented in the assessment report.

**Q. If I have completed my history and examination of the patient and must defer the assessment for any reason, do I need to see the patient again to complete the assessment?**

A. Clause 1.20 of IAG3 provides direction regarding the deferral of an assessment. Where it is determined by the assessor that the assessment is to be deferred, they must record the reason for deferral, explain the situation to the worker, and notify the requestor of the deferral.

Whether a further examination is required is dependent on factors such as whether there is sufficient evidence to complete the assessment without re-examination, the reasons for deferral, the nature of the impairments being assessed, and the passage of time since the initial examination.

**Q. Who is responsible for booking a permanent impairment assessment?**

A. The requestor (as defined in the 'Defined Terms' in IAG3) is responsible for booking an assessment.

The requestor will consider the information required for the assessor to undertake an objective and fair assessment in accordance with the IAG3. This includes whether the pre-requisites required for assessment have been met and the injury has stabilised. The requestor will consult with the worker or their representative to establish the likely time required to collect all relevant information required for assessment. A person other than the requestor seeking an assessment appointment should be referred back to the requestor.