

Impairment Assessment Guidelines

Third Edition

 ReturntoWorkSA



Frequently Asked Questions (FAQ)

Chapter 6 – ENT
Chapter 9 – Hearing

Q. What do we do if information required for the assessment is not supplied by the requestor? For example, the results of a sleep study in the assessment of sleep apnoea, or an orthopantomogram in assessing mastication and deglutition.

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, which directs that the assessor must undertake as much of the assessment as is possible in the circumstances, record the action taken including reasoning as to why and what needs to occur to enable the assessment to be completed, explain the situation to the worker, and notify the requestor.

Q. Why is an orthopantomogram required for the assessment of mastication and deglutition, and who pays for that?

A. Impairment of mastication and deglutition involves the identification of all causal factors, both compensable and non-compensable, so that the impairment arising from the compensable injury can be assessed (deducting or disregarding non-compensable impairment and/or causes). As the identification of those causal factors is likely to be informed by a dental opinion, an up-to-date opinion from a treating dentist or relevant specialist is required. The provision of that opinion is likely to be assisted by the obtaining of an up-to-date orthopantomogram (OPG) – which dentists can usually perform in their rooms. That OPG (along with past dental records, past OPG reports and all OPG scans which may be available) can therefore better inform the assessor when undertaking the assessment. The requestor should ensure all information required by the assessor is provided at least 10 business days prior to the assessment. The requestor will request and fund the investigations required for the purposes of a Whole Person Impairment Assessment.

Q. If an individual scar extends from the face to the body (i.e. scalp or neck), how do we rate this?

A. Further direction is provided in Chapter 13 – Skin. The face is defined by Clause 13.6. With reference to Clauses 13.4 and 13.5 of the IAG3, when assessing scarring on a body part, or parts, other than the face, it is to be rated together as one overall impairment, with the facial scarring rated separately and the results combined. It should be noted that assessments of non-facial scarring greater than 4% WPI must be assessed by an assessor accredited for the Skin body system.

Q. When the hearing loss demonstrated on the audiogram appears excessive to the reported occupational noise exposure, is it appropriate to refer to the AS/NZS risk tables?

A. Clause 9.3 of IAG3 directs that the degree of hearing impairment or tinnitus not caused by exposure to noise must be assessed and considered when determining the degree of noise induced/work-related hearing impairment. If the assessor deems it appropriate to utilise the AS/NZS risk tables to determine the compensable component of the hearing loss, they are able to use their clinical judgement to do so, provided detailed rationale is provided in the report.

Q. I have been asked to disregard any unrelated impairment in assessing a worker's noise induced hearing loss, including periods of self-employment and interstate employment. In the absence of serial audiometry, how do we do this?

A. The *Return to Work Act 2014* (the Act) directs that it applies to an injury if (and only if) it arises from employment.

For the purposes of the Act, employment is defined as work done under a contract of service and the work of a self-employed person to whom the Corporation has extended the protection of the Act. Self-employment or interstate employment is not considered employment for the purposes of the Act.

When being asked to disregard an unrelated impairment, such as that arising from interstate employment or self-employment in the absence of serial audiometry, this will require medical judgement on the part of the assessor, with detailed rationale provided in the report. Consideration should be given to the length, duration, and nature of the noise exposure, especially regarding the inclusion of additional frequencies outside of the usual 2000-4000Hz.