



Injury Management Program

CGU Workers Compensation ACT

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Contents

Introduction	3
<hr/>	
1. Injury Management Policy	4
<hr/>	
2. Statement of Stakeholders Roles and Responsibilities	6
<hr/>	
3. Quality Assurance Methods	9
<hr/>	
4. Injury Management Model	10
<hr/>	
5. Approved Vocational Rehabilitation Service Providers	18
<hr/>	
6. Medical and Return to Work Management	18
<hr/>	
7. Nomination of Treating Doctor for Personal Injury Plan	23
<hr/>	
8. Reasonable and Necessary Medical Treatment	24
<hr/>	
Appendices	26
<hr/>	
Appendix One	26
<hr/>	
Appendix Two	29
<hr/>	

Introduction

CGU Workers Compensation Injury Management Program

Workplace injury management is about returning employees to productive employment as quickly and as safely as possible following a work-related injury or illness. The underlying principle of workplace injury management is that rehabilitation in the workplace is more effective, productive, and of greater benefit to all concerned.

Based on the considerable literature and research regarding insurance systems and the prevention of long-term disability, this Injury Management Program is an established, coordinated and managed system that seeks to integrate all aspects of injury management, including treatment, rehabilitation, retraining, claims management and employment management practices, with the clear aim to ensure the achievement of optimum outcomes regarding a timely, safe and durable return to work for workers following workplace injuries.

It provides for prompt treatment of injuries, effective and pro-active management of injuries, necessary medical and occupational rehabilitation following injuries in order to assist injured workers achieve a return to work as soon as possible.

Within this framework, CGU supports the commencement of return to work as soon as practicable following work-related injury and/or illness and is committed to the principle of workplace injury management. The CGU Injury Management Program has been developed so that its insured employers can utilise the program within their workplace in the absence of developing their own standalone program.

The main objectives of this Insurance Injury Management Program are

- to identify, assess and control injury risk
- screening all claims to ensure that appropriate resources are allocated to prevent long term disability (such as an Injury Management Advisor, and dedicated Claims Consultants)
- promotion of effective communication as a key feature
- promotion of durable and early return to work of injured workers by ensuring the provision of evidenced-based medical and treatment services; and
- to ensure that the health and recovery of injured workers is the goal of all activities

The CGU Workers Compensation ACT team are committed to our clients with a product aimed at delivering positive health, recovery and return to work outcomes to injured workers.



1. Injury Management Policy

Statement of Commitment and Objectives

CGU is committed to the development, implementation and continuous review and improvement injury management and the rehabilitation of workers who suffer a work-related injury or illness under coverage of a CGU insurance policy. We recognise the importance of a holistic workers compensation claims approach where all stakeholders contribute to the successful and early return to work of injured workers.

We recognise that the benefits of effective injury management are:

- safe, timely and durable return to productive employment of injured workers
- improved employer and employee relations; and
- decreased claims cost, resulting in premium reductions over time

Our objective is to create an environment that encourages a pro-active and co-operative environment. In addition to working with the employer and injured worker we are committed to working with:

- nominated treating doctors
- allied health professionals
- rehabilitation and associated service providers; and
- WorkSafe ACT and other statutory bodies.

The injury management process will be used to improve workplace health and safety. The injury management data is to be used so that workplace trends and injury details are used in the ongoing development of occupational health and safety strategies for particular employers. CGU Insurance is committed to actively participating in and supporting employer initiatives regarding the prevention of occupational injury and disease and the strategies detailed in the following pages are aimed at achieving the above objectives.

CGU

- works with its insured employers to ensure injured workers return to work as soon as practicable, and that returning to work is a normal practice and expectation
- encourages the provision of suitable duties/employment, where practicable, for injured workers as an integral part of the injury management process
- consults with its insured employers, their injured workers and where necessary, relevant stakeholders, to ensure the program operates effectively
- informs its insured employers of the principles of injury management, provides education where required and reinforces the principles of best practice injury management. CGU currently provides injury management awareness training to all insured employers; and
- actively promotes the benefits of returning to work

The Australasian Faculty of Occupational and Environmental Medicine (AFOEM) of the Royal Australasian College of Physicians (RACP) has released the Consensus Statement on the Health Benefits of Work.

Realising the health benefits of work presents compelling international and Australasian evidence that work is generally good for health and wellbeing, and that long-term work absence, work disability and unemployment generally have a negative impact on health and wellbeing.



The purpose of the consensus statement is to bring together a wide range of stakeholder signatories, who each affirm the importance of work as a determinant of health and commit to

- promoting awareness of the health benefits of work
- offering support and encouragement to those attempting to access the health benefits of work
- encouraging employers continuing support of workers' occupational health; and
- advocating for continuous improvement in public policy around work and health, in line with the principles articulated in the consensus statement

Both CGU and IAG are signatories.

The effectiveness of this Injury Management Program will be reviewed at least once every two years and will be revised in accordance with that review.

2. Statement of Stakeholder Roles and Responsibilities

Workplace injury management requires cooperation between all parties to achieve a timely, safe, and durable return to work for employees following a workplace illness or injury.

2.1 Insurer obligations

The CGU Injury Management Program is made available to all current policy holders to enable its availability to workers.

CGU recognises the importance of providing dedicated resources and expertise to ensure optimum injury management strategies are being applied, including medical and return to work management.

Accordingly, CGU has developed an integrated model of case management that utilises the different skill sets of CGU's Technical Advisors, Injury Management Advisors and Claims Consultants to maximum effect. To ensure this integrated model works effectively, each person has clear accountabilities and responsibilities.

2.2 Technical Advisor

- Develops claim management strategies and advice to aid recovery and successful return to work outcomes for injured workers
- In conjunction with the Team Leader, provides mentoring, individual coaching, individual coaching and training to Claims Consultants on claims management, ensuring adherence to best practice guidelines and regulatory requirements
- Provides advice to Claims Consultants following the referral of complex claims, and how best to support the injured worker through the claim process
- Attends claim strategy meetings with the Injury Management Advisor and Claims Consultant to discuss appropriate actions to support injured workers with psychological injuries.

2.3 Injury Management Advisor

- Provides early intervention reviews and recommends appropriate actions to be undertaken to assist with recovery and return to work.
- Reviews all new claims, claims of a serious nature and all primary stress/psychological claims
- Manages surgery requests, appropriateness of surgical intervention and recommended medical treatment
- Establishes early contact with nominated treating doctor and attends GP case conferences, where required
- Clarifies the mechanism of injury, causation/liability and injury recovery expectations
- Reviews any change to the original diagnosis
- Manages Workplace Rehabilitation Provider service issues/queries and requests to fund training
- Reviews Return to Work Plan and Personal Injury Plan issues and queries
- Reviews and authorises exercise program extensions, where requested
- Reviews and authorises allied health programs, where requested
- Assists Claims Consultants with Independent Medical Examination report requests, including recommendations for and engagement of appropriate specialists
- Provides regular mentoring and education to Claims Consultants on matters relating to best practice health and return to work management

2.4 Claims Consultant

Assist injured workers to achieve best results for a timely, safe, and sustainable return to work. This is achieved by

- Determining claim liability
- Initial and ongoing claim contact with the injured worker, employer, and nominated treating doctor
- Provision of appropriate treatment in accordance with evidence-based practice
- Undertaking appropriate claim reserving
- Ensuring payments are made in a timely manner
- Liaising with key stakeholders and preparing written correspondence when required
- Liaising with the Injury Management Advisor and Technical Advisor to achieve injury management objectives and successful claim outcomes
- Conducting claims management reviews to establish a clear claim strategy
- Arranging appropriate investigations
- Management of legal matters
- Management of disputes
- Identifying and actioning third-party recovery claims
- Attending employer claim reviews as required
- Finalising claims as appropriate

2.5 Employer obligations

Where employers develop their own Injury Management Program, it should be made available in the workplace.

Employers are encouraged by CGU to have an Injury Management Program in place at each workplace. Employers can develop their own, however the CGU Injury Management Program is ultimately the overriding Injury Management Program. Employers who choose to develop their own Injury Management Program are requested to submit them to CGU for approval.

Employers are encouraged to regularly review, update and amend their Injury Management Program, as appropriate. CGU recommend the review and approval of all amendments made to an employer's Injury Management Program.

Employers are encouraged to provide workplace inductions and ongoing educational sessions to inform workers about key policies and procedures in the Injury Management Program.

Employers have an obligation to provide suitable duties for their injured workers where practicable. When advised that an employee has suffered a work-related injury or illness and requires medical or other treatment and/or time off work for their injury/condition, the employer should contact CGU Workers Compensation as soon as possible to report the injury and provide information available at that time.

The employer should also advise the employee of their rights to lodge a workers compensation claim in accordance with the provisions of the *Workers Rehabilitation Act 1951* (the Act).

The employer should ensure any medical recommendations are complied with until such time as adequate assessment can be instigated.

2.6 Employee responsibilities

Injured workers are required to notify their employer of any work-related injury as soon as possible after an injury occurs and should notify their employer regarding their ongoing medical and rehabilitation status. Injured workers are encouraged to participate and co-operate in the establishment of their Personal Injury Plan.

Injured workers are required to comply with their obligations under the Personal Injury Plan and in accordance with the Act.

The injured worker is encouraged to allow their nominated treating doctor to communicate with the employer's insurer for the purposes of developing a RTWP and/or a Personal Injury Plan, where required.

An injured worker should make all reasonable efforts to return to work as soon as possible, having regard to medical advice.



3. Quality Assurance Methods

Staff Training

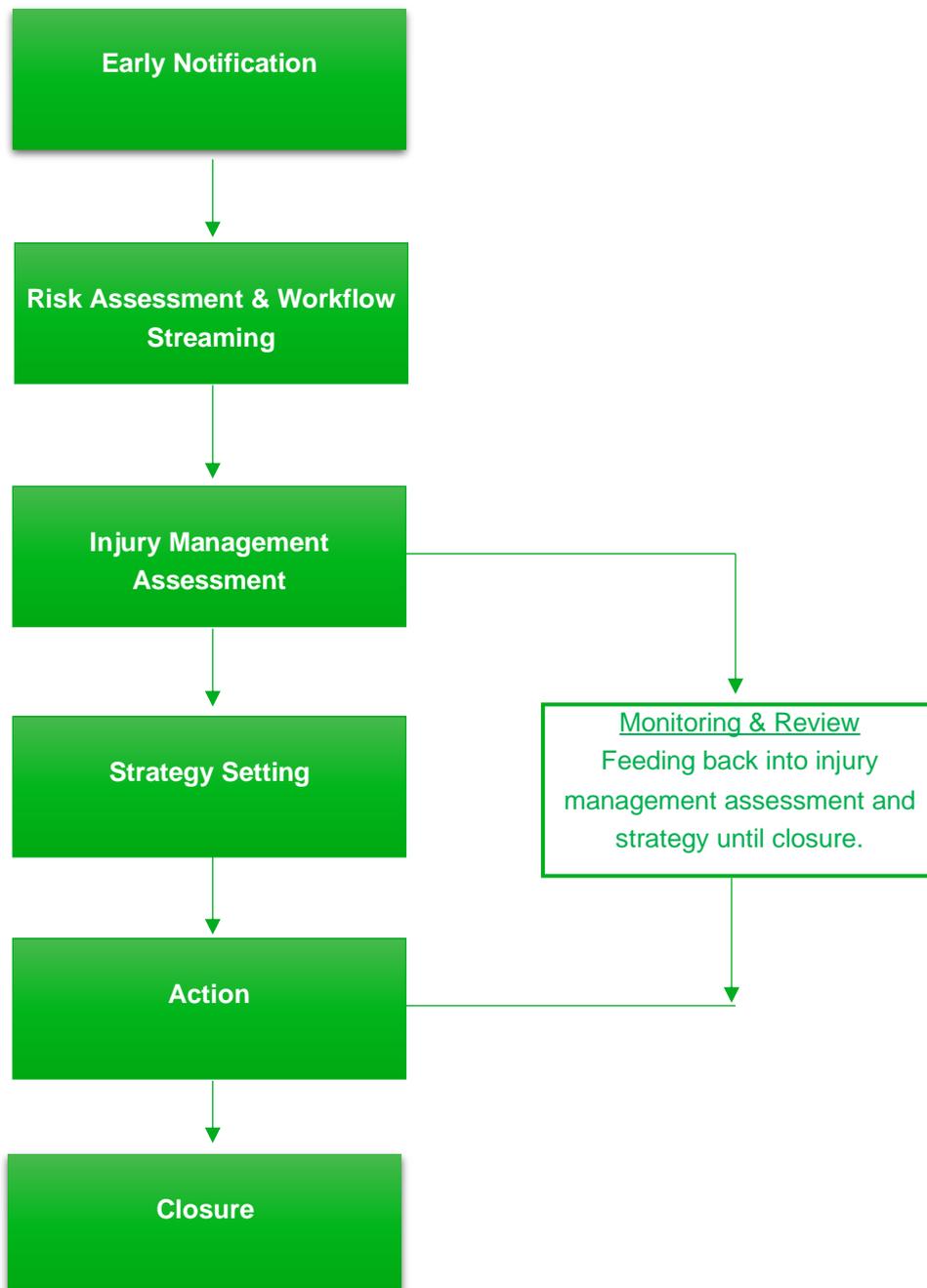
CGU runs training courses to assist with effective and efficient claims management, including

- injury management skills and process training
- medical terminology and briefings by specialist doctors
- negotiation skills
- legal seminars
- common law; and
- financial reserving

Quality Assurance Reviews

- review and check of new claims
- regular staff communication meetings
- file reviews by senior management, including the Team Leader and Technical Advisor
- competency reviews of staff; and
- individual development plans for staff

4. Injury Management Model





4.1 Early Intervention

CGU Insurance believes that early intervention is vital for the optimum impact of its injury management process, for both the injured worker and the employer. We consider any delay from injury to notification impedes this process, and it is our aim to reduce any such delay via an ongoing process of worker and employer education.

CGU Workers Compensation has implemented a strategy to educate employers and to ensure that they are aware of the Act, its obligations and the financial benefits of reporting all claims as soon as possible. These strategies include

- Information and training sessions for employers, which can be on site
- Relevant information contained in claims letters to employers, injured workers and nominated treating doctors
- Regular CGU Insurance newsletters/bulletins to employers
- Claims information packs for employers; and
- Regular telephone contact with employers

4.2 Injury Notification and Reporting

To support early reporting, CGU has mechanisms in place for workers and employers to lodge notifications of injuries to initiate early contact where required.

CGU Insurance will continue to encourage early reporting of injury by an injured worker or their representative and the employer.

To assist employers to meet their obligations for early reporting of injuries CGU offers

4.2.1 Online notification of injury

Notification can be made via the online notification tool found under the Workers Compensation section of our website, www.cgu.com.au. This provides the notifier with a reference number as soon as the lodgement is made.

4.2.2 Email notification of injury

CGU Insurance has also developed a centralised email address which is workerscompclaims@iag.com.au for the receipt of early notifications.

4.2.3 Faxed notification of injury

The completed form can be faxed to CGU Insurance on 1300 038 395.

Where an employer wishes to receive further information regarding lodging early claim notification, this may be requested by emailing workerscompclaims@iag.com.au or alternatively by contacting their designated Claims Consultant.



4.3 Employer Education

CGU will promote an awareness of employer obligations under the Act and the CGU Injury Management Program by

- regular claim reviews
- client visits, where possible
- regular claim updates
- interactive employer training/information sessions
- telephone contact
- emails; and
- injury management support

4.4 Employer Return to Work Program

Under the Act, a CGU insured employer must establish a Return to Work Program that must not be inconsistent with CGU Insurance's Injury Management Program. Accordingly, we provide access to information for insured employers in the development of Return to Work Programs in the following areas

- injury recording and reporting procedures
- rehabilitation policy and procedures
- identification of resources (e.g., doctors, an approved rehabilitation provider); and
- assessment of potential suitable duties in their workplace

4.5 Injury Management Services

CGU Insurance has a team of specialised Injury Management Advisors who are qualified health professionals to support our Claims Consultants by providing strategic advice on medical and rehabilitation management, throughout the life of each claim.

The Injury Management Advisors work collaboratively with the Claims Consultants to ensure there are suitable treatment and vocational rehabilitation action plans on claims at all times.

Our Injury Management Advisors are also available to provide assistance to our customers with injury management programs and return to work solutions.

Some of the areas in which our Injury Management Advisors may be of assistance are

- Providing businesses with a better understanding of injuries, including average duration, recommended treatment regimens and potential impact on future work capabilities
- Acting as a link with treatment providers, by liaising with their peers on current treatment regimens and medical management
- Support in developing injury management processes and documentation
- Delivering our injury management training program which can be tailored according to business needs; and
- Attending medical reviews where required, to educate nominated treating doctors and facilitate the return to work process



4.6 Employer risk management service

The CGU Insurance approach to risk management is focused on preventing injuries and as such providing the best protection for insured employers. Specific features include

- Establishment of a claims cost control partnership with the employer
- Implementation of a comprehensive claims management approach
- A system of regular claims reviews
- The provision of compensation claims statistics to identify injury trends; and
- Access to professionally qualified CGU Risk Management Specialists

4.7 Stakeholder correspondence

CGU Insurance's ongoing correspondence to injured workers ensures that they are aware of their obligations and rights under the Act. This correspondence acknowledges the receipt of injury notification, provides information on lodging a claim as well as making both the worker and employer aware of their obligations and the possible consequences of non-participation.

4.8 Injury assessment

CGU Insurance is committed to an integrated model that recognises the identification of those claims with potential for lengthy time lost from work or a lack of positive health outcomes.

4.9 Screening of injuries

All early notifications and new claims are screened according to their potential risk of time off work and for delayed recovery, using the Official Disability Guidelines (ODG).

The screening activity is a key part of our new claims model which is designed to streamline the claims and injury management processes-

On claim lodgement, an automated activity is generated to the Injury Management Advisor. They review the claim and makes recommendations to the Claims Consultant for any required actions. The Injury Management Advisor will also refer for any required initiatives or services.

By utilising the new claims model in a collaborative approach, the Claims Consultant and Injury Management Advisor work together to implement holistic claims management strategies on all claims to ensure an early return to work, as well as the provision of reasonable and necessary medical treatment and compliance with injury management regulations.

The new claims model is built into our claims management system and features specific action plan and summary file note screens within the Claims Management Plan. The ODG classification is encouraged to be reviewed and amended where required through the life of the claim.



The combination of our new claims model and claims management system work together to

- Provide early injury management intervention point

- Streamline the injury screening and internal referral process
- Provide a central point for injury and claims management initiatives
- Provide a reporting tool to ensure adherence to internal processes and legislative requirements
- Facilitate case management strategy on all high risk claims
- Ensure regular reviews of claims and contact with key stakeholders
- Keep a record of all tasks and due dates to assist with the claims management process
- Identify potential risks and barriers; and
- Assist in developing appropriate action plans to promote early return to work

4.10 Early contact

A critical element of CGU Insurance's Injury Management Program is early contact with the worker, employer and nominated treating doctor within, five business where appropriate and practicable.

The information obtained enhances our ability to

- identify any barriers to treatment and return to work
- determine the amount of intervention required to achieve a return to work outcome
- determine current and future treatment needs
- open up lines of communication with all parties
- claims management strategies, determining liability and financial estimates; and
- setting a realistic return to work goal

For all likely significant claims, contact with the worker and employer is to be carried out within three business days of receipt of the notification (the date of receipt is calculated as day 0 in accordance with the CGU Injury Management Program). The same timeframe applies to contact with the nominated treating doctor if it is appropriate and practicable to do so.

Indicators for contact with the nominated treating doctor include:

- where there is ambiguity or vagueness about the medical or treatment history, prognosis or incapacity
- to clarify requested medical investigations
- where suitable duties appear available, however these have failed to be considered by the nominated treating doctor; and
- where there are queries about the treatment plan (e.g., frequency or type of treatment)



If contact with the nominated treating doctor is unsuccessful, the attempt is file noted and the correspondence will be sent to the nominated treating doctor in an attempt to improve the return to work outcome. For example, where suitable duties are available, but an injured worker is certified unfit, the doctor may be advised in writing of the duties prior to the next medical review, to assist with achieving a return to work as soon as possible considering the nature of the injury. Injury Management Advisors and Claims Consultants are also available to attend medical reviews when required.

4.11 Inability to contact

If the injured worker has been able to return to suitable duties, early contact with the employer should confirm whether it is appropriate to speak to the worker whilst at work. Consideration of work requirements should be made.

The Claims Consultant or Injury Management Advisor completing the early contact will note on the claim the attempts of phone contact and the time of the call to show that efforts have been made to meet legislative requirements.

Where contact is deemed necessary with any party and it is unlikely to be completed by the fifth day, correspondence will be sent requesting contact with the Claims Consultant as soon as possible.

4.12 Personal Injury Plan Development

A Personal Injury Plan is a written plan for coordinating and managing those aspects of injury management that concern the treatment, vocational rehabilitation and potential retraining of an injured worker, to achieve a timely, safe and durable return to work. It is also a document which can assist in managing the appropriateness of medical treatment and costs.

Personal Injury Plans are required for the following reasons

1. To achieve a timely, safe and durable return to work for the worker.
2. To formalise communication between all parties so that each is aware of the return to work goal, the plans for returning the worker to suitable work and the ongoing medical management of the claim.
3. To ensure that other factors that are work-related, are not affecting the return to work process.
4. To provide a documented plan that provides a focus for medical intervention and allows coordination of return to work aspects of the claim.
5. To manage the treatment services being provided by targeting intervention to measurable functional objectives with set review points to evaluate progress to the overall goal of the plan. This will help contain medical and treatment costs, to prevent possible over-treating and to ensure the worker is receiving the appropriate treatment.
6. To advise all parties of their legislative obligations, which include the following
 - to allow the worker to nominate their treating Doctor or medical practice and provide them with a procedure for changing their nomination
 - to advise injured workers of their obligations with regard to return to work, including attendance at scheduled medical appointments and the need to co-operate with their employer's return to work program
 - to advise the worker of the potential consequences of their failure to comply with their Personal Injury Plan. This gives the worker the opportunity to understand possible consequences of their actions.



4.13 Injuries requiring a Personal Injury Plan

A Personal Injury Plan will be developed for all injuries which are deemed significant injuries. A significant injury is defined in the Act, as a workplace injury that is likely to result in the worker being incapacitated for work for a continuous period of longer than 7 days, whether or not any of those days are business days and whether or not the incapacity is total or partial, or a combination of both.

If a return to work to pre-injury duties has not occurred or the worker is experiencing difficulty with the duties, the Claims Consultant will make a referral to a Workplace Rehabilitation Provider to develop a Personal Injury Plan, which is sent to all relevant stakeholders.

4.14 Indicators for an updated Personal Injury Plan at review

The following are indicators for an updated Personal Injury Plan to be developed:

- there is a change in the goal specified
- the nominated treating doctor is not participating in injury management
- the worker's employment has been terminated
- suitable duties have been withdrawn
- there is a change in diagnosis
- there are significant additional physical complaints arising from the initial diagnosis (e.g., leg injury with significant back pain)
- the presence of psychological factors becomes an issue in a claim for a physical injury (e.g., adjustment to disability, depression); or
- the review date of the appropriate Personal Injury Plan has expired

4.15 When a Personal Injury Plan may be unnecessary

It may be unnecessary to proceed with further injury management intervention if it is identified that the injured worker has returned to work on pre-injury duties and hours, and it is established that the injured worker has made a safe and durable return to work.

It is not necessary to develop a Personal Injury Plan retrospectively, where CGU Insurance has identified that the injured worker has returned to work on pre-injury duties and hours, and contact indicates that the injured worker has made a safe and durable return to work.

4.16 Personal Injury Plan Finalisation

The injury management process will cease when

- the injured worker returns to safe, durable pre-injury duties and hours
- the injured worker is working at a level which accommodates the degree of permanent impairment, if applicable
- the injured worker is totally incapacitated and is deemed incapable of undergoing rehabilitation or seeking alternative employment
- liability for the claim is denied; or
- settlement terms have been agreed between all parties

The reason for cessation of a Personal Injury Plan must be documented either in the rehabilitation provider's closure report or a file note by the Claims Consultant.

4.17 Monitoring and review

To ensure medical and return to work aspects of any claim are being managed effectively, CGU Insurance is committed to an integrated monitoring and review process.

4.18 Claim management reviews

All open claims are reviewed by the Claims Consultant within a maximum of five business days from initial receipt of the claim and then every 8 weeks thereafter.

4.19 Injury management reviews

The Injury Management Advisor review claims considering the following

- all new claims
- totally unfit for work 8+ weeks
- primary stress/psychological
- complex treatment plan requests
- expected changes in work capacity, such as following surgery
- changes in ability of employer to provide suitable work duties
- medical reviews and duration and type of treatment; and
- vocational rehabilitation provider reviews



5. Approved Vocational Rehabilitation Service Providers

In addition to our internal Injury Management Advisors, CGU Workers Compensation utilises the services of approved vocational rehabilitation service providers and is flexible in our ability to work with individual employers' preferred providers. We have a panel of approved vocational rehabilitation service providers, who have been chosen based on their return to work outcomes, duration of claims, customer service, location and experience of staff. The approved vocational rehabilitation providers who are on our panel must adhere to strict service level agreements and are audited on a regular basis. They are also required to have a dedicated account manager to oversee their portfolio of CGU matters.

The objective of such arrangements is to focus on outcomes which result in superior results. We will conduct external case conferencing, if required, with medical and vocational rehabilitation service providers involving the injured worker and employer. CGU Insurance recognises the value of employer driven injury management and will offer support and expertise in identifying opportunity for development and improved performance.

5.1 CGU Insurance communication procedures for vocational rehabilitation providers

CGU Workers Compensation are committed to delivering superior results through effective partnerships with our vocational rehabilitation providers aimed at mutually improving performance outcomes, ultimately to help people get on with their lives following workplace injuries.

In order to foster and improve effective relationships with our vocational rehabilitation providers, CGU Workers Compensation has developed, in consultation with vocational rehabilitation providers, communication procedures. We have a collaborative complaint escalation and resolution protocol in place with our providers to ensure a quick resolution of matters and continuing service improvement.

CGU Workers Compensation will hold regular training and refresher seminars for vocational rehabilitation providers on the communication procedures to ensure continued encouragement of effective communication.

5.2 Provider management meetings

CGU Workers Compensation meet monthly with our panel vocational rehabilitation providers to discuss strategies and support for complex cases, and review statistics on open and closed cases. In addition, we hold quarterly account meetings to discuss performance statistics, overall return to work outcomes, service issues and areas for improvement.

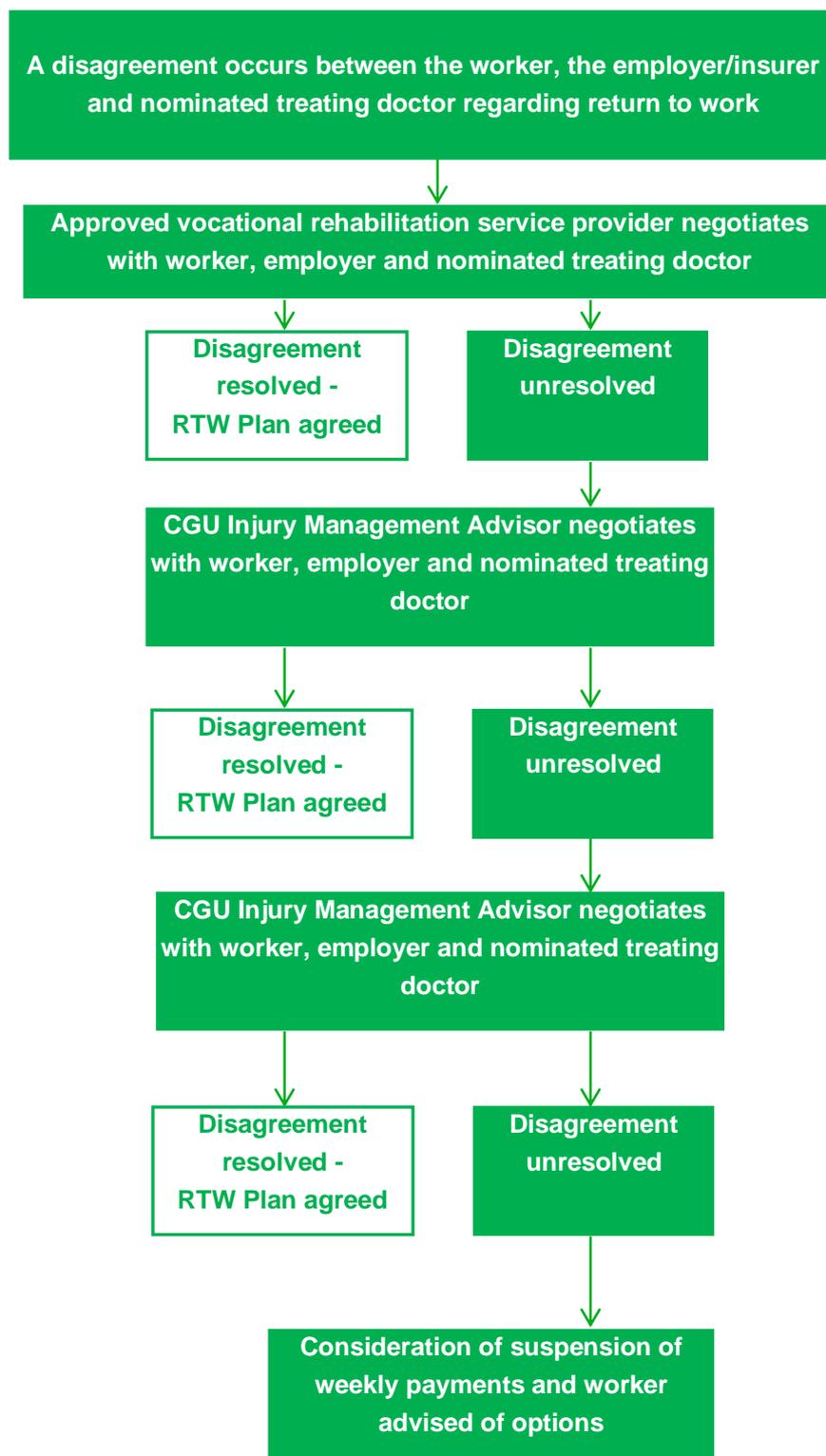
6. Medical and Return to Work Management

The consistent management of medical and return to work issues is important to ensure that such matters are resolved within the intended spirit, legal framework, and available resources of the scheme.

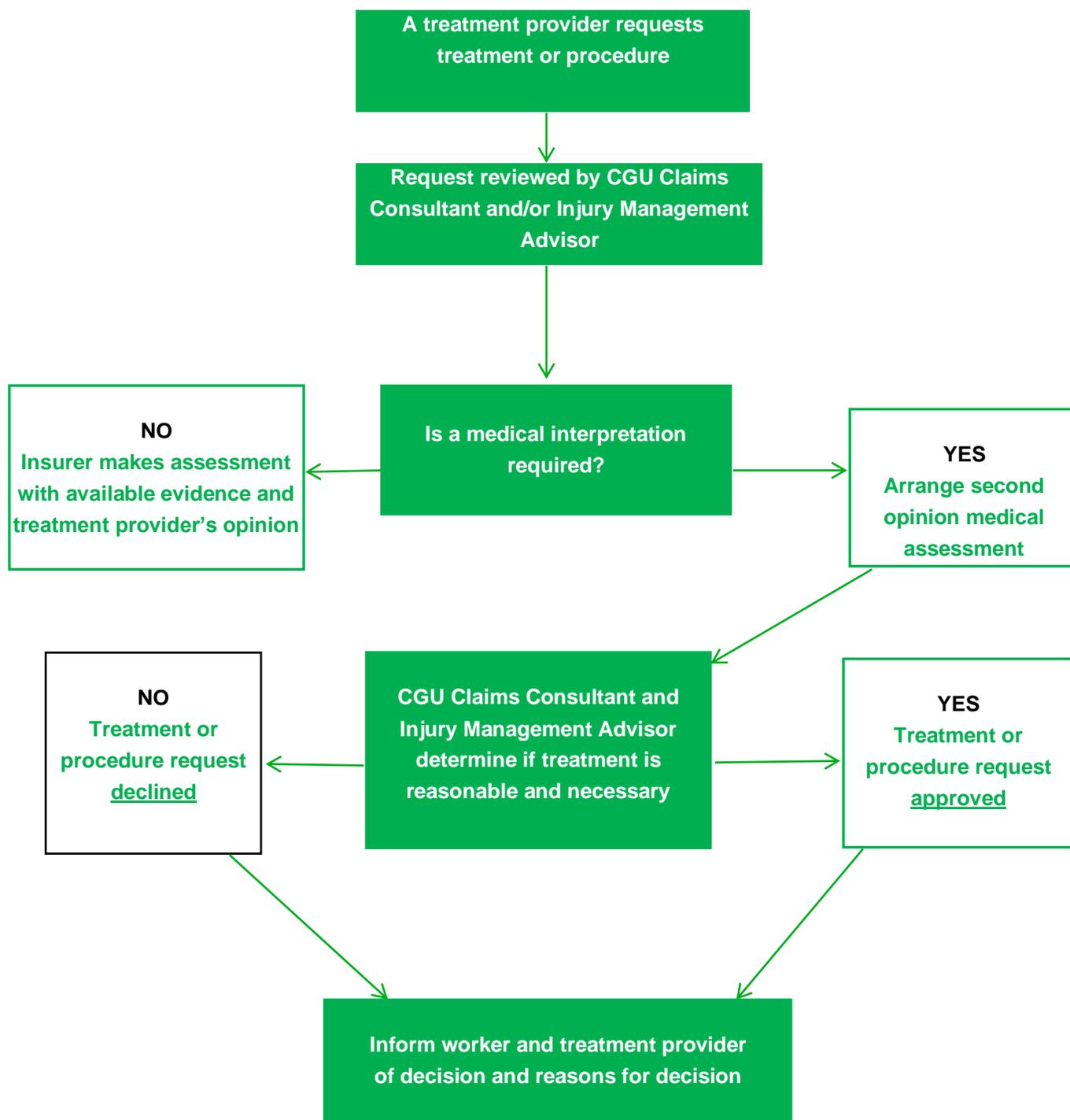
The following processes demonstrate CGU's internal dispute resolution process regarding

- Return to work (appropriate duties and/or hours)
- Medical treatment (reasonable and necessary)
- A workers condition (related injuries, aggravation or pre-existing injuries and/or compensability of injuries).

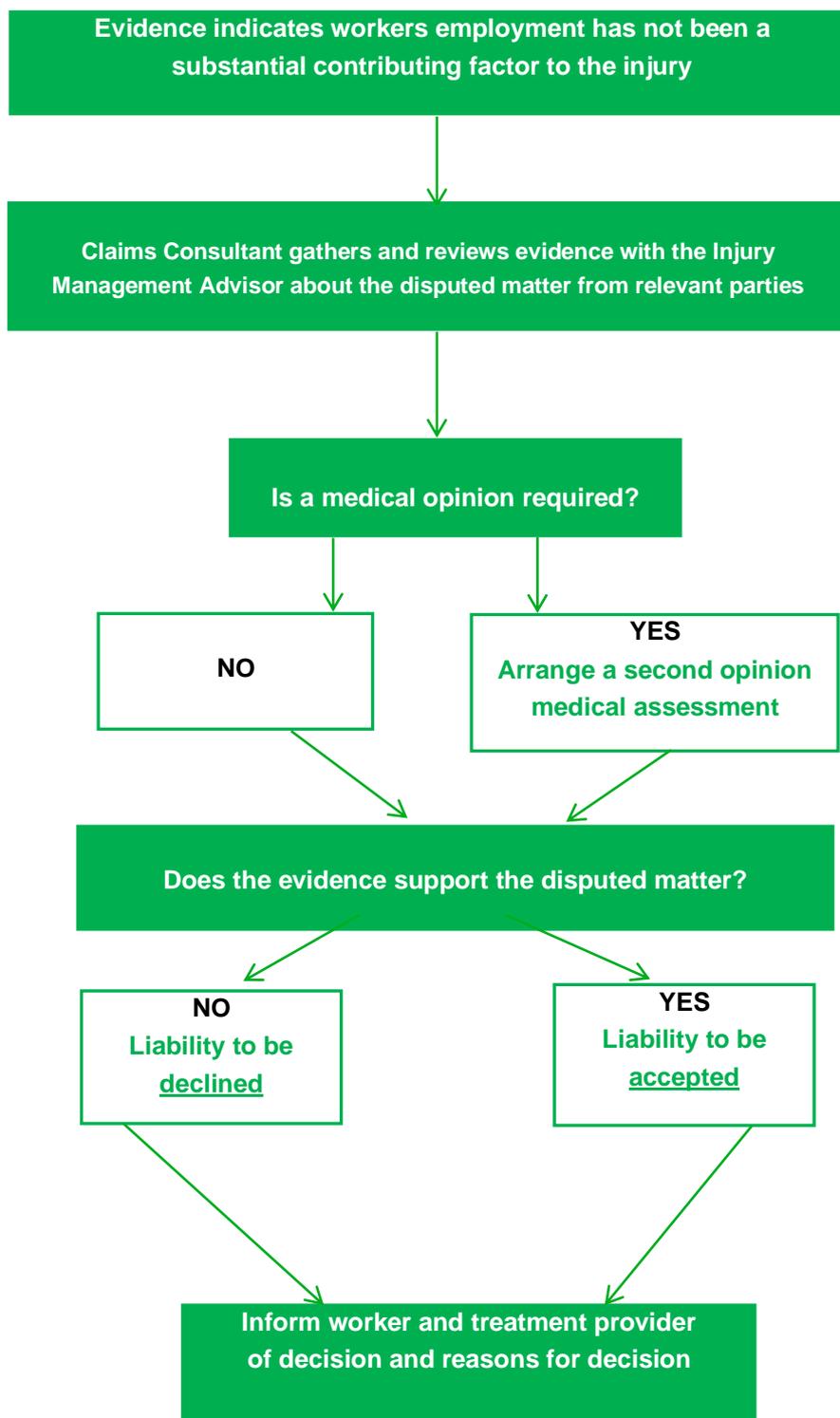
6.1 Managing Disputes about Return to Work



6.2 Managing Disputes about Medical Treatment



6.3 Managing Disputes about a Workers' Condition



7. Nomination of Treating Doctor for Personal Injury Plan

The CGU Personal Injury Plan format allows the worker to nominate a doctor, or medical practice, as the workers treating doctor for the Personal Injury Plan. The worker may only nominate one doctor, or medical practice, that is prepared to take part in the development of, and in the arrangements under, the worker's Personal Injury Plan.

The nomination of a medical practice as treating doctor for the workers Personal Injury Plan is the nomination of the members of the practice who treat the worker from time to time. The Personal Injury Plan format also provides an opportunity for the worker to change the workers nominated treating doctor.

The CGU Personal Injury Plan provides an authorisation for the workers' nominated treating doctor to provide relevant information to the insurer or the employer for the worker's Personal Injury Plan.

A letter is sent to the nominated treating doctor outlining the objectives of the Personal Injury Plan and the expectations of the doctor.

7.1 CGU initiation of change to nominated treating doctor

On occasions, the Injury Management Advisor may provide assistance to the worker in changing of the nominated treating doctor. Acceptable reasons for a change to the nominated treating doctor include when the nominated treating doctor:

- does not wish to participate and does not complete the declaration on the medical certificate
- does not or will not release information as authorised by the worker
- does not cooperate with the agreed provisions of the Personal Injury Plan
- establishes barriers to communication (e.g., unreasonable fees for communication); or
- does not or will not communicate with an Injury Management Consultant or approved vocational rehabilitation provider

Where the Injury Management Advisor identifies the presence of such issues, contact will be made with the injured worker advising that difficulty is being experienced with the nominated treating doctor fulfilling the requirements of their role under the Personal Injury Plan. The worker will be advised that if the issue(s) cannot be satisfactorily resolved in a timely manner, then they will be strongly encouraged to change their nominated treating doctor. The Injury Management Advisor will clearly specify the role of the nominated treating doctor and the injured workers obligation to nominate a doctor who agrees to participate in the Personal Injury Plan.

In some instances, it may be appropriate for the Injury Management Advisor to contact the nominated treating doctor to investigate the issue prior to making contact with the injured worker. This would be appropriate where the nominated treating doctor is not prepared to complete the declaration on the medical certificate for ACT Workers Compensation claims.

8. Reasonable and Necessary Medical Treatment

The Act establishes liability for the cost of medical treatment reasonably received in relation to the injury, being an amount of compensation for the appropriate provision of medical treatment, having regard to the charge customarily made for similar medical treatment where the treatment is received.

CGU determines whether relevant treatment is reasonable in relation to the injury by examining and weighing up available information. CGU utilises an evidence-based practice approach which means integrating individual clinical opinion with the best available relevant evidence from clinical research. CGU applies this methodology where liability has been accepted and it can also be applied to claims where services are being paid for by CGU on a “without prejudice” basis. Such services include any investigation, treatment, vocational rehabilitation, attendant care, transport, aid, and workplace modifications.

As appropriate CGU considers the following factors when making decisions:

8.1 Relationship to accident/incident

Is there sufficient evidence to demonstrate that the requested service relates to injuries sustained as a result of the accident/incident?

- a. how long after the injury was the request made?
- b. are there any pre-existing conditions and accidents/incidents?
- c. have there been any subsequent accidents/incidents and what are the conditions resulting from them?
- d. is the severity of the injury consistent with the mechanisms of the accident/incident?
- e. are there any conflicting diagnoses?

8.2 Appropriateness of service

Is the proposed service appropriate for the injuries?

- a. is the requested service consistent with the claimant’s current medical or vocational rehabilitation management?
- b. what related services have been provided in the past? What were the results/outcomes of these services?
- c. is the service in keeping with current clinical practice/best practice/clinical guidelines (if available), or is there reliable evidence that the requested service is not effective?
- d. are there any contra-indications for the service?
- e. what other services are being provided in conjunction?
- f. what is/are the goal(s), expected duration, and expected outcome(s) of the requested service?

8.3 Benefit to the injured worker

What benefit to the injured worker will be gained from the proposed service?

- a. how will the outcome of the service progress or maintain the injured workers recovery and injury management?
- b. how will the proposed service facilitate a return to pre-injury condition?

8.4 Appropriateness of provider

Is the proposed service provider appropriate?

- a. is the provider qualified to provide this service?
- b. is the provider registered (if applicable/required)?
- c. is there any conflict of interest issues?
- d. can the claimant readily access the proposed service provider?
- e. is there any evidence to suggest that the claimant would not find this provider acceptable?
- f. what is our experience with this provider?

8.5 Cost considerations

- a. is there an alternative that will produce comparable outcomes?
- b. is the cost comparable to those charged by similar providers?
- c. does the benefit outweigh the cost?

Appendices

Appendix One

Return to Work program guidelines

The following document is aimed at assisting CGU Workers Compensation ACT customers in developing a Return to Work Program to meet current obligations for injury management under the Act.

These guidelines are to provide the thinking prompts which then allows each individual employer to tailor the program to reflect individual workplace needs and work task complexity.

Reference: *Workers Compensation Act 1951*
CGU Workers Compensation Injury Management Program

Return to Work policy

The policy is the statement of 'intent'. It should include comments on (not in any order of preference):

- the organisation's commitment to the prevention of workplace injuries and illness to reduce workplace risks
- the organisation's commitment to consultation during vocational rehabilitation and on the formation of this policy
- early and timely commencement of injury management. This should make reference to the 48-hour rule on reporting of injuries. The statement should also include that injury management shall commence whether the injured worker is at work or off work
- the provision of suitable duties for injured workers; and
- vocational rehabilitation to not disadvantage any injured worker, by that it means injured workers shouldn't be disadvantaged for any promotions and/or taking into account language and literacy issues

Responsibilities

The policy should also include general responsibilities for each level of management in the injury management process, as this highlights the level of commitment. This section should reflect your organisation's structure. Responsibility should be allocated, but not limited to

- the most senior officer – CEO, MD, GM
- managers
- supervisors/leading hand
- Return to Work Coordinator, Injury Manager
- employees
- insurer
- vocational rehabilitation provider; and
- union representative, if applicable



The policy should be signed and dated by the most senior officer. Consideration can be given to have the Return to Work Coordinator/Injury Manager also sign it, and/or union representative, if applicable. Include the name and identifying features of the Return to Work Coordinator such as name, telephone extension and the like.

Procedures

This section is the most important as it sets the expectations and the 'rules' for your organisation's injury management. The procedures should be site specific and accurately reflect the size and complexity of your organisation.

- ***Injury Reporting***

The procedures should indicate how the injury is reported, to whom and the process for notifying CGU Insurance within 48 hours of becoming aware of the injury/accident/incident and outline the allocation of specific responsibilities for this process from the injured worker to the Return to Work Coordinator/Injury Manager. It is important to highlight the time frames for reporting and making this process as easy and streamlined as possible. Provisions for accessing First Aid and/or medical treatment should be made here and the use of a register of injuries.

Include web address, telephone, fax and email details for CGU's Online Notification system. If notifying CGU verbally, written or electronic notice must be given within 3 business days.

Procedures should also reflect the reporting requirements to WorkSafe ACT and who is responsible for this.

Make reference to any forms that employees/managers are required to fill in and include them in an Appendix (e.g., incident/injury report).

The information should be a step-by-step approach and can be accompanied by a flowchart that can be displayed in the workplace. Important to note that an entry in the register of injuries is considered a notification, a strong reporting line from employees to the next management level is essential.

- ***Accident Investigation***

If the Return to Work Program requires integration in the Occupational Health and Safety procedure, a reference to any investigation should be made here. Allocate the responsibility for this activity and ensure a reporting link to the Return to Work Coordinator/Injury Manager.

Comments on the outcome of the investigation should make reference to controlling any identified hazards. The procedure can either be repeated from the Occupational Health and Safety procedures or a reference made to the Occupational Health and Safety procedures.



- ***Injury Management***

This procedure should highlight which general processes are involved.

Indicate how an injured worker can make a claim and define what a duly made claim is. Indicate personal responsibility and the timeframes associated with this process.

This procedure should highlight how the process is started with CGU Insurance, the development of Personal Injury Plans, when they are done and what they comprise of.

Indicate whether your organisation has a process for injured workers to be reviewed by a company Doctor. If so, describe the procedure for assessment.

This procedure should highlight the boundaries for reasonable treatment during work hours. This refers to the organisation stating when appropriate treatment should be sought and when negotiation with the Employer needs to take place for treatment within work hours. Include processes for liaising with treating professionals and process for signing an Information Release or Privacy Consent Form.

A statement of process for developing a rehabilitation file that is secure and kept confidential, along with who has the access to the files.

- ***Suitable duties***

This procedure highlights how suitable duties will be identified, who will allocate and decide on suitable duties. Statements that indicate a medical certificate is needed with restrictions clearly identifiable.

This procedure should describe what suitable duties might entail, such as:

- being time limited
- may be in a different area than normal duties
- may be modified normal duties
- may involve work that is unfamiliar to the injured worker but that adequate training will be supplied to carry out the tasks; and
- may be on reduced hours and days

You may wish to include a copy of a Return to Work Plan as a reference.

Statements that highlight that the expectation for any injured workers that they will return to pre-injury duties and hours should be made. Where this is not possible, the procedures need to indicate what will happen to an injured worker.

Indicate the organisation policy on performing overtime whilst on suitable duties (keep in mind any contractual, EBA or award requirements here).



- ***Vocational rehabilitation providers***

The procedures need to indicate who makes a referral and how a referral is made to a vocational rehabilitation provider and under what circumstances a referral is expected to be made.

The name of your nominated/preferred provider should be documented here. You may contact CGU Insurance for assistance with names of suitable approved vocational rehabilitation providers.

- ***Dispute resolution***

Procedures must state what occurs during a dispute, how referrals are made and who makes them.

Statements should not only include what CGU Insurance will do, but also what procedure the organisation will follow for resolving minor disputes prior to CGU Insurance's involvement.

Use the CGU Injury Management Program to find out what happens during a dispute.

Appendix Two



Workers Compensation Streaming Process

