

**INJURED
WORKERS**

SUPPORT NETWORK



NAVIGATING WORKCOVER

A Guide for GPs

There are many resources to help GPs navigate the WorkCover system.

This Guide has been put together by the Injured Worker Support Network (IWSN) to help GPs some common and avoidable issues faced by injured workers.

REPRESENTATION

If a manager or supervisor tries to sit in on a medical consultation ask them to leave.

Employers have no place in the diagnosis and treatment of injuries. Allowing employers access to confidential information discussed consultations may undermine your patient's recovery pathways.

Ask your patient if they are a union member and whether they have sought advice and support from their trade union. Encourage your patient to be represented in discussions with their employer.

BEFORE A CLAIM IS LODGED

Any injury - including mental health injuries - suffered during work as a result of work may be a workplace injury.

DID YOU KNOW?

Provisional Payment Scheme

If your patient has a mental health injury claim, they are entitled to medical treatment within 5 days of lodging the claim for 13 weeks support even if the claim is eventually rejected.

FILLING OUT A CERTIFICATE OF CAPACITY

A Certificate of Capacity is a key document in the Workcover Process that can only be completed by a medical professional in consultation with their patient. Here are some tips for filling it out:

SECTION 1 DIAGNOSIS

Insurers will make decisions based on a GP's medical evaluation. Accuracy is key as unfortunately even a simple administrative error can hold up an injured workers claim for weeks resulting in a loss of income and sometimes exacerbating existing injuries.

If there are multiple injuries, clearly document every injury on the certificate of capacity. Specify the location of the injury on the body clearly.

If the date on injury is cumulative, write 'over the course of employment.'

SECTION 2 DETERMINING CAPACITY

This section of the certificate outlines how the diagnosis impacts the person's ability to work. What you say here will form the basis of a patient's 'Return to Work Plan' and any legal matters.

If your patient has some capacity to work, discuss all modifications needed to prevent further injuries and exacerbating existing injuries. This will inform the employer of the modifications needed to safely return to work.

SECTION 3 DATES

Most Certificates of Capacity run for 28 days. However the first certificate of capacity is for 14 days only.

Be diligent in ensuring all dates on the certificate are correct. WorkCover will cut off an injured worker's income with zero notice if paperwork is late.

Book in a follow up appointment prior to the 28-day deadline to review your patient's capacity and issue a new certificate of capacity as needed.

SECTION 4 TREATMENT

This section outlines the treatment required to support your patient's recovery. Some things injured workers see as especially important are:

- You are able to refer the patient to services such as gardeners, in-home support and assistance and equipment aids as well as the more usual referrals for medical and psychological treatment such as gym and pool memberships
- Requests for treatment are sent to the insurer. If after 28 days there is no response or it is rejected, this can be appealed. These extra referrals reduce the chance of your patient being forced to pay out of pocket for treatment – or missing out on care entirely!

SECTION 5 SIGNATURE

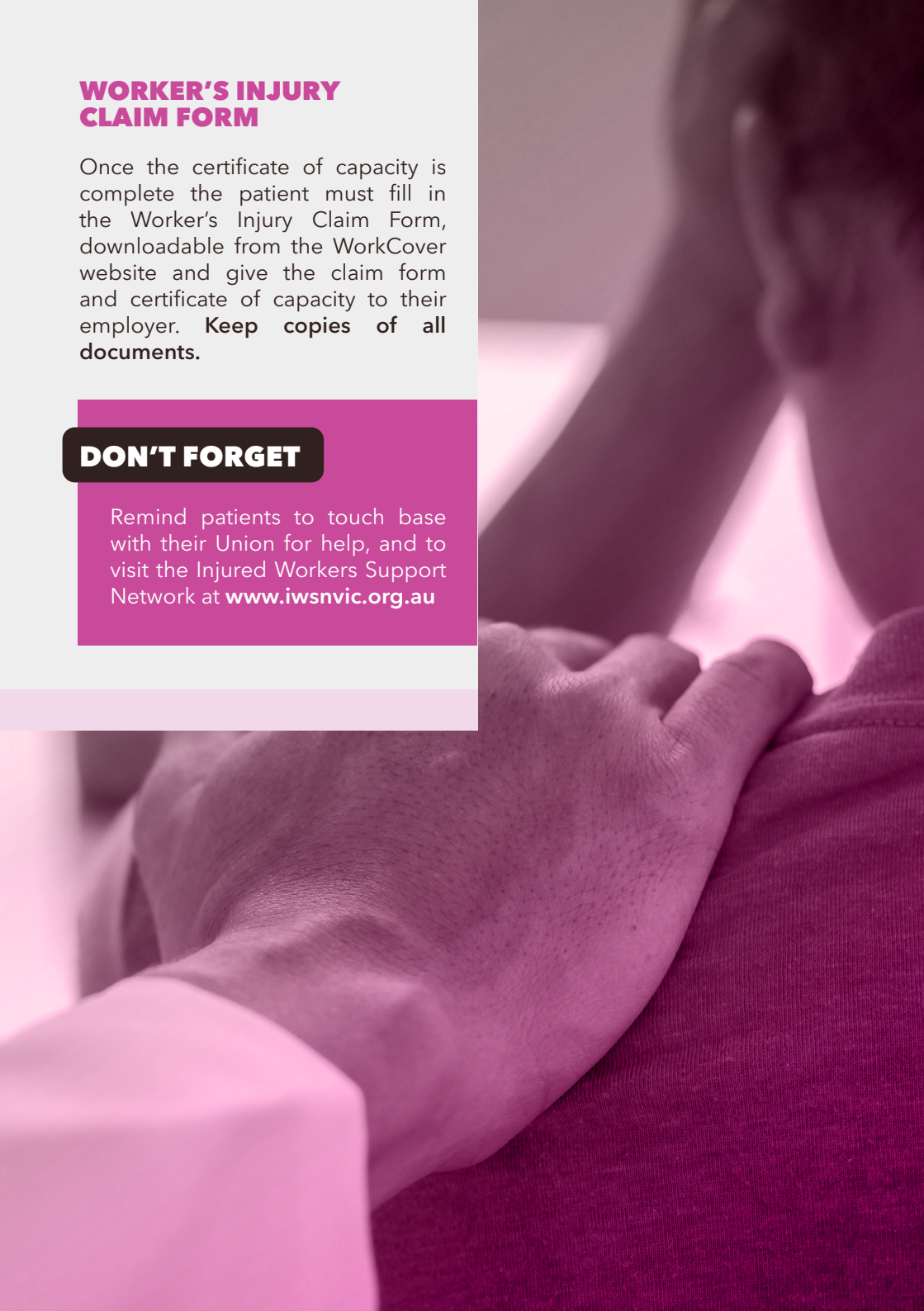
Discuss the capacity and treatment options with the injured worker to make sure they understand what you are recommending before signing off.

WORKER'S INJURY CLAIM FORM

Once the certificate of capacity is complete the patient must fill in the Worker's Injury Claim Form, downloadable from the WorkCover website and give the claim form and certificate of capacity to their employer. **Keep copies of all documents.**

DON'T FORGET

Remind patients to touch base with their Union for help, and to visit the Injured Workers Support Network at www.iwsnvc.org.au



ONCE A CLAIM IS ACCEPTED

PART 1

UPDATE YOUR SYSTEM TO BILL WORKCOVER.

Fees for appointments should be billed to WorkCover – not Medicare. Your patient should be provided a claim number and the name of their insurer. Update your systems to include this information.

You should be getting paid for the time spent doing paperwork for Workcover.

The WorkCover websites lists the correct billing codes for services and payment rates. See our useful websites list on this pamphlet.

If there are billing issues, inform your patient so they can take it to conciliation to be resolved. They should seek assistance from their union or lawyer.

PART 2

RETURN TO WORK (RTW) PLANS

In the event there are restrictions in the Certificate of Capacity the employer is required to provide a medically sound RTW Plan.

Review the plan with your patient to ensure that this plan is consistent with restrictions.

If there are issues with the RTW plan make sure the patient raises them with the employer, with representation if needed.

If the RTW Plan is exacerbating symptoms, revise the Certificate of Capacity.

NOTES

SECOND OPINIONS

PART 3

NOTES

INDEPENDENT MEDICAL EXAMINERS (IMES)

Insurers under the WorkCover scheme may ask specialists to give an independent assessment about a patient's capacity. This system has been beset with issues, as revealed by recent Ombudsman reviews. For example some insurers were caught selecting doctors with high rejection rates to kick workers off compensation.

Be confident in your assessments. One of the leading causes of insurers having their decisions overturned is an overreliance on independent medical examiner opinion over logically reasoned treating practitioner opinion based on in-person examinations.

Injured workers have a number of pathways to dispute a decision including conciliation, arbitration, internal review, Court or a Medical Panel. Injured workers should seek assistance from their union or lawyer.

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52 & 130 WEEK MILESTONES

52 WEEKS

At 52 weeks, an employer can terminate an injured worker's employment if they can no longer perform their pre-injury role because of their injury. The decision will be informed by the most recent certificate of capacity.

Your patient's employer is also legally required to consider reasonable adjustments that may be made to accommodate your patient's injury and consider your prognosis on when they may likely to be able to return to their preinjury duties.

Consult with your patient about what reasonable adjustments could be made and assess whether these are safe for them to return to work.

130 WEEKS

At 130 weeks, your patient can have their weekly payments terminated completely if they can be demonstrated to have any capacity for work whatsoever.

If your patient is cut off from payments and you and your patient disagree with the decision and want to dispute it, your patient can go to conciliation. They should seek advice from their union or lawyer.

Injured workers should not "do it alone". Their union can refer them to experts or lawyers to assist with queries, disputes or entitlements they may have.

RESOURCES

For a comprehensive list of resources you need as a GP to navigate WorkCover, scan the QR code.



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