



WR&C ACT 1986
INJURY MANAGEMENT PRACTICE NOTE
FOR THE PUBLIC SECTOR

REFERRALS TO MEDICAL PANEL

1. PURPOSE

- 1.1 To ensure a consistent approach is adopted across all public sector agencies when referring an injured worker to a Medical Panel.

2. BACKGROUND

- 2.1 Medical Panels SA is a statutory authority established under Part 6C of the Workers Rehabilitation and Compensation Act 1986 (the Act). It was established to answer medical questions that arise when there is a disagreement or uncertainty about aspects of an injured worker's medical condition.

- 2.2 A Medical Panel may be asked to provide opinion on any medical question listed in section 98E of the Act. Opinions provided by a Medical Panel may be used to:

- Determine a claim for compensation;
- Determine an injured worker's entitlement to lump sum compensation under sections 43, 43A or 43B;
- Decide a dispute before the Workers Compensation Tribunal (WCT), or
- Determine whether an injured worker has a current capacity for employment.

- 2.3 For the purpose of constituting Medical Panels, legally qualified medical practitioners are appointed by the Governor on the recommendation of the Minister. The Minister then appoints a Convenor (and a Deputy Convenor) from that list of medical practitioners.

- 2.4 In July 2009, the Convenor of Medical Panels published Directions as to the Arrangement of Business and as to the Procedures of Medical Panels (the Directions). Section 7 of the Directions state that the Convenor will only accept referrals that comply with the following procedures:

- There is a completed certificate of referral including valid medical questions;
- Accompanying documents are indexed and paginated in accordance with Schedule 3 of the Directions, and
- There are four loose bound and paginated copies of all documents that the referrer wishes the Medical Panel to consider.

- 2.5 All documents are to be delivered to Medical Panels SA by courier, or be hand delivered to the Medical Panels SA reception area on Level 1, 44 Currie Street, Adelaide.

3. PRACTICE

- 3.1 Public sector agencies are requested to adhere to the following guidelines when referring injured workers to a Medical panel:

- 3.1.1 Unless required by the Act, it is anticipated that Medical Panel referrals would only occur in limited circumstances.

- 3.1.2 The reasons for referral should be clearly documented within the claim file.

- 3.1.3 Before making a referral, agencies are asked to consider:

- Has the available medical evidence been properly reviewed? Is the information already contained within the claim file?
- Have all other methods for obtaining the required information been exhausted? For example, could the required information reasonably be obtained from the injured worker's treating medical practitioner and/or an independent medical examiner?

- Could the required information be obtained more expeditiously through some other avenue?
 - If conflicting medical opinions exist, has an attempt been made to clarify the variance with the doctors who provided the opinions?
 - Does the history of the claim suggest that Medical Panel intervention is necessary?
- 3.1.4 A referral must be made in accordance with the Directions published by the Convenor of Medical Panels in July 2009.
- 3.1.5 A 'Certificate of Referral to a Medical Panel' is to be completed for all referrals. A copy of this certificate is contained under Attachment A.
- 3.1.6 Referrals are to be hand delivered or couriered to Medical Panels SA in order to ensure that confidentiality is maintained. A referral made from a country location may be sent to Medical Panels SA via registered mail.
- 3.1.7 Injured workers are to be notified in writing that a referral has been made. This written notification, to be sent to the injured worker at the time of the referral, should contain a statement containing the reason/s for the referral.
- 3.1.8 A statement of agreed/disputed facts is to be included with every referral. Where no facts are formally agreed, the referral must state 'no facts are agreed, all facts are in dispute'.
- 3.1.9 If a matter is before the WCT, then a Medical Panel referral is only to be made in accordance with Rule 19(1) of the WCT Rules. The Crown Solicitor has requested that agencies not ask the WCT to refer a matter to a Medical Panel under Rule 19(2) of the WCT Rules.
- 3.1.10 Unless exceptional circumstances or legislative requirements exist, an injured worker should not be required to attend before a Medical Panel more frequently than once every 6 months.

Should you have any questions in relation to this advice please direct your enquiry to Public Sector Workforce Relations (Workers Compensation Performance), Department of the Premier and Cabinet (phone 822 62683).

Issued by Public Sector Workforce Relations: June 2014



Claim No:

Office Use Only

MPSA Case No:

Referrer

- WorkCover Agent
- Self-insured Employer
- Workers Compensation Tribunal.....

WCT Action Numbers

If the medical question(s) concerns proceedings pending in the Tribunal specify the WCT action numbers here:

1 WORKER'S DETAILS

- Given name: _____ Family name: _____
- Postal address: _____ Postcode: _____
- Date of birth: _____ Phone: _____
- Occupation: _____ Fax: _____
- Email: _____
- Mobile: _____

2 EMPLOYER'S DETAILS

- Business Name: _____
- Postal address: _____ Postcode: _____
- Contact person: _____ Phone: _____
- Job title: _____ Fax: _____
- Email: _____
- Mobile: _____

3 WORKCOVER AGENT'S DETAILS *(If Employer is self insured, leave this section blank)*

- Business Name: _____
- Postal address: _____ Postcode: _____
- Contact person: _____ Phone: _____
- Job title: _____ Fax: _____
- Email: _____
- Mobile: _____

4 REPRESENTATIVE'S DETAILS *(If the worker has representation complete this section)*

Business name:

Postal address:

Postcode:

Contact person:

Phone:

Job title:

Fax:

Internal reference:

Email:

Mobile:

5 DISABILITY DETAILS

Date of the disability in respect of which the medical question relates:

Description of the disability to which the claim for compensation relates:

Any other relevant details (eg. description of any prior claims; description of other compensable disabilities; description of any other conditions)

6 DETAILS OF MEDICAL QUESTION (S)

Write the medical question(s) in respect of which the opinion of a Medical Panel is sought. Please also indicate the relevant section(s) of the Act to which the medical question relates (eg. s98E (k)):

7 AGREED OR DISPUTED FACTS

Specify the facts or questions of fact relevant to the medical question(s) that have been agreed.
If no facts are agreed please state below.

Specify any facts or questions of fact relevant to the medical question(s) that are in dispute.

8 ADDITIONAL INFORMATION *Refer Schedule of Attachments*

List all documents you have relating to the medical question(s) on the Schedule of Attachments annexed to this form. Four indexed and paginated copies of all listed documents should be provided in loose-leaf folders with the Certificate of Referral.

9 SPECIFIC NEEDS

Does the worker require an interpreter? Yes No

If yes, specify language:

Are there any special requirements that Medical Panels SA should consider in convening a medical panel in this case (eg. vision/hearing/access)? Please specify.

10 COMPOSITION OF MEDICAL PANEL

Specify the names and contact details of any medical expert(s) who have treated, seen or provided an opinion about the worker or their condition.

Optional:

Is the referrer aware of any conflicts of interest that might preclude a medical expert(s) from giving an opinion in respect of this matter?

Yes No

If yes, please provide names of practitioner(s) and specify what you contend is the conflict of interest.

AUTHORISATION *Authorised person must sign below*

Business name:

Postal address:

Postcode:

Contact person:

Phone:

Job title:

Fax:

Email:

Mobile:

Authorised Officer:
(print name)

Signature: _____

Date:

Please send the Certificate of Referral and attachments by courier or registered mail to:

Medical Panels SA

Level 1/ 44 Currie Street, Adelaide SA 5000

Postal address: GPO Box 464, Adelaide SA 5001

Phone: 8204 1530

Office Use Only

Date lodged:

Entered to computer by:

Date referral accepted:

Entered to computer by:



Worker's name

Claim No.

Office Use Only
MPSA Case No.

<u>Document number</u>	<u>Documents</u>	<u>Date</u> DD/MM/YY	<u>Pages</u>
	Notices and court documents eg. Worker's claim form, Determinations, Notices of dispute, Written Submissions		
	Radiological images and reports eg. (Name of Imaging Company) - X ray etc, Hospital - Nerve Conduction Test, (Name of Imaging Company) - MRI scan etc		
	Worker's medical reports eg. Dr Doctor - GP, Mr Surgeon - Orthopaedic Surgeon		
	Employer's medical reports eg. Mr Surgeon - Neurosurgeon, Dr Doctor - Psychiatrist		
	Occupational/Rehabilitation reports eg. Return to Work Plan, Vocational Assessment Report, Job Seeker Plan		
	Clinical records eg. Dr Doctor - GP - Medical Records, Mr Surgeon - Orthopaedic Surgeon - Medical Records, Hospital - Clinical Records		
	Surveillance eg. PI Investigations - surveillance report, PI Investigations - video XX minutes XX seconds		
	Other eg. Worker Payslips, Correspondence, Prescribed medical certificates		

Notes:

- list any documents relevant to this referral
- if more than one of the same type of document list each in chronological/date order