

# Changed diagnosis

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## Introduction

When a change occurs to an employee's diagnosed condition, there are three major paths of decision. A triage meeting should be booked. As always, empathy and sound judgment should be demonstrated when taking a course of action that impacts a claim.

## Business as usual

This first path can be followed when the available evidence shows that the claimed condition has not essentially changed, despite the presence of material that shows a different diagnosis. This may include circumstances where alternative diagnostic labels describe the same condition or where medical terminology has evolved. In this case, the claim would be managed normally.

## The employee's condition has changed

You may receive a notification where the diagnosis provided has changed from the condition for which liability was originally determined by Comcare. When this occurs, you are responsible for assessing the newly reported condition and establishing whether the new condition is the same, or different, from the compensable condition. When the available evidence demonstrates that the employee's condition has evolved or changed so that it is no longer the same condition as when the injury occurred, the [Newly reported condition](#) process must be followed. For further guidance refer to the [Newly reported conditions](#) page.

The outcome of this process may be that the changed condition is treated as a:

- new claim

- continuation of an employee's compensable condition against the existing claim (known as a 'secondary condition'), or
- neither.

## The injury descriptor (diagnosis) on the claim file is incorrect

The accepted condition is described according to the International Classification of Diseases and Injuries (ICD), and this condition is usually retained as the 'accepted condition' for the purposes of managing the claim. However, if Comcare receives medical evidence that demonstrates that the decision was factually incorrect, the error can be rectified through a process known as a reconsideration on own motion. This action would be appropriate if the error impacts the medical treatment and liability profile of an injury, or the compensation that is payable. For further guidance refer to the [Reconsideration on own motion](#) page.

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## Importance of actioning a claim with a changed diagnosis

It is very important that you identify claims that have a change in diagnosis as early as possible, and actions them accordingly, as this can assist with:

- supporting appropriate medical treatment
- ensuring that compensation is determined correctly
- understanding the effects of the compensable condition
- supporting return to work, rehabilitation, and recovery
- engaging appropriate technical support.

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## Change to the accepted condition may not be required

There are a range of scenarios where a change to the accepted condition may not be required. These are set out below:

## International Classification of Diseases and Injuries descriptor vs diagnosed condition

Comcare links conditions with ICD descriptors. ICD descriptors are standard diagnostic classifications and may not precisely match a condition diagnosed by a treating practitioner.

Issues related to the correct application of ICD codes are unlikely to require a change to the claim. If an employee has concerns related to ICD coding, this should be handled with sensitivity and in accordance with Comcare's communication protocols. For further guidance refer to the [Communicating with an employee](#) and [International Classifications of Diseases](#) pages.

### Other factors that may explain a changed condition

The same injury can be presented with an alternative diagnosis. A change in diagnosis does not necessarily mean that an employee's compensable condition has substantially altered. This may include changes in naming conventions or an alternative diagnostic label for the same condition; for example, chronic fatigue syndrome is also known as myalgic encephalomyelitis.

When a different diagnostic label is not impacting the employee or the appropriate management of the claim then you should consider whether further action is warranted. If there is any doubt, it would be appropriate to book a triage meeting, seek further information from the treating practitioner, and consult with the Injury Management Team.

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### Alternative diagnosis for a condition previously declined

You should identify cases where an alternative or similar diagnosis is provided for a condition for which liability has been denied. You should advise the employee that the condition has already been considered and determined by Comcare, and advise them of their rights to appeal.

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# Factors to consider in deciding on the correct course of action

Below are some factors to consider when deciding on the correct course of action:

## What caused the changed diagnosis and does the change impact the claim?

Some of questions that you could explore include:

- what are the circumstances in which the change in diagnosis has occurred?
- what is the relationship between the newly reported condition and the compensable condition?
- is the newly reported condition a natural progression of the compensable condition?
- is there evidence to indicate that the compensable condition no longer exists and has been superseded by a new condition?
- is the newly reported condition a progression of underlying or pre-existing conditions?

## Why was the original diagnosis chosen?

You should seek to develop a good understanding of why a particular diagnosis was initially chosen by Comcare. To help you should look for documents such as the initial claim plan, the decision file note, contemporaneous comments, original medical evidence, and the initial liability determination letter.

## What are the effects of changing the compensable condition?

It is important that consideration is given to how changing the compensable condition may affect the employee and:

- whether the new diagnosis will require different management of the claim
- if changing the accepted condition will result in a change in determination that may advantage or disadvantage the employee
- how the change may affect Comcare's relationship with both the employee and employer.

You should investigate further if you notice a new diagnosis on a medical certificate or on any other medical evidence. Also, if you discover something that does not look right, feel right or when you receive information either from the employee or

another source (employer, rehabilitation provider etc.) that is relevant and has the potential to impact the management of a claim, please refer to the [“Just Ask”](#) process.

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## Proceeding with a changed diagnosis

The procedure to be followed for a changed diagnosis is set out below.

### Step 1: Discuss with Assistant Director

Before actioning a changed diagnosis, discuss the claim with your Assistant Director. Further advice can be sought from the Injury Management Team and the Clinical Panel as required.

### Step 2: Determine if the changed diagnosis is an alternative or similar diagnosis for the compensable condition

If **yes**, the diagnosis does **not** need to change. You should consider requesting further information from the Legally Qualified Medical Practitioner if appropriate

If **no**, proceed to Step 3.

### Step 3: Determine if the compensable condition has substantially altered

If **yes**, book a triage meeting and follow the [Newly reported condition](#) process – for further guidance refer to the [Triage](#) page.

If **no**, proceed to Step 4.

## Step 4: Determine if the original accepted condition incorrect

If **yes**, book a triage meeting and follow the reconsideration on own motion process – for further guidance refer to the [\*Triage\*](#) and [\*Reconsiderations on own motion\*](#) pages.

If **no**, the diagnosis does not need to change.

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