

Newly reported conditions

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Introduction

You may receive notification of a newly reported condition for which liability has not been determined under the SRC Act. A newly reported condition is a condition that has not previously been claimed and may, or may not be, related to an existing compensation claim.

Upon receipt of a notification of a newly reported condition, you are required to assess the condition, the circumstances in which the condition occurred and, decide whether the condition is:

- a new claim
- a secondary condition against an existing claim, or
- a continuation of an employee's compensable condition against an existing claim.

When assessing and determining liability for newly reported conditions, the roles and responsibilities set out in [Claims Management in Comcare – The way we manage claims](#) must be adhered to.

Please note: From 1 April 2024, the prescribed timeframes will apply to all primary determinations.

When a claim for a secondary or newly reported conditions is received on or from 1 April 2024, and registered as a new claim for compensation having met the requirements set out under section 54 of the SRC Act, then the prescribed timeframes for the initial primary determination under section 14 applies.

The prescribed timeframes do not apply to:

- a secondary condition against an existing claim, or
- a continuation of an employee's compensable condition against an existing claim

Please refer to: [Decision making under the SRC Act](#)

Important: All claims for newly reported conditions must be discussed at a triage meeting. For further guidance refer to the [Triage](#) page.

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Secondary conditions

A secondary condition may arise from any one of the following circumstances:

- more than one condition that arose out of the same incident
- a condition with a causal link to an existing compensable condition
- a condition that has arisen from compensable medical treatment, or
- a condition that has arisen from certain compensable incidents specified under the SRC Act.

More than one condition arising out of the same incident

An employee may sustain more than one condition from the same incident.

Example: An employee is involved in a motor vehicle accident. They suffer a blow to the head, whiplash and a broken leg.

Pracsys is unable to record more than one condition as the '*Primary*' condition. Where there is more than one condition sustained, the primary condition recorded is the one that is considered to be the most serious and incapacitating injury.

In the example above, the whiplash would be recorded as the primary condition as it is potentially the most serious and incapacitating injury. The broken leg and bruised head would be recorded as secondary conditions.

Condition that has developed from an existing compensable condition

A condition that has a 'causal relationship' to an existing compensable condition is also recorded in Pracsys as a secondary condition. These are new conditions that arise as a result of the first condition and are not simply the natural progression of the first condition.

Secondary injury

A secondary injury is where an injury has 'arisen out of' the compensable condition. It is not necessary to link the secondary injury back to the employment, as the compensable condition has already satisfied that link. It is still necessary, however, to determine if the compensable condition has arisen out of employment, being the accepted compensable injury.

When assessing if the secondary injury has 'arisen out of' the compensable condition, you need to be satisfied that there is a causal relationship between the secondary injury and the compensable condition (*Note: Claims for secondary injuries are rare, if you receive a claim you consider is for a secondary injury, please discuss the claim with your Assistant Director*).

Secondary disease

A secondary disease is where the compensable condition 'significantly contributed' to the development of the secondary disease. It is not necessary to link the secondary disease back to the employment as the compensable condition has already satisfied that link. It is still necessary, however, to determine if the compensable condition has been significantly contributed to by employment, being the accepted compensable injury.

When assessing if the compensable condition significantly contributed to the development of the secondary disease, you must be satisfied there is a very strong connection between the employee's compensable condition and the secondary disease.

In cases where there are other contributing factors (i.e. non-compensable factors), you must be satisfied that the compensable condition was a significant contributing factor in the contraction of the secondary disease.

Example: An employee has an accepted claim for a bulging lumbar disc. A year later the employee lodges a claim for major depression which they attribute to the lumbar disc injury. The employee's treating general practitioner provides a medical certificate which states that major depression has developed as a result of the pain the employee experiences due to their

bulging lumbar disc injury. There are no other known contributing factors. Therefore, the major depression has been significantly contributed to by the compensable condition and is accepted as a secondary condition.

Conditions as a result of compensable medical treatment

A condition resulting from the treatment for a compensable condition is treated as a 'new injury' and is not recorded against the existing claim as a secondary condition because there is a new causative factor, the medical treatment, not the original employment related incident or injury.

Conditions as a result of compensable incidents

A secondary condition that arises from an incident that occurred when the employee was travelling between his or her place of work and another place is covered under section 6(1)(g) of the SRC Act.

These injuries are treated as a 'new injury' and are not recorded against the existing claim as a secondary condition because there is a new causative factor. For further guidance refer to the [Injuries under section 6\(1\)](#) page.

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Receiving a notification of a newly reported condition

The notification of a newly reported condition is usually received from a medical certificate or medical report provided to assist in the consideration of the claim.

When you identify such a newly reported condition, you should contact the employee to discuss the condition and confirm whether they wish to claim compensation in respect of the condition.

If the employee wishes to claim compensation for the newly reported condition, the following should be discussed:

- what caused the condition
- where the condition occurred
- the date the condition occurred
- the date the employee first sought medical treatment for the condition

- medical treatment obtained
- whether the employee has suffered any similar symptom, injury or illness work-related or otherwise
- name of their employer (if any) at the time the newly reported condition occurred
- any other matters that may be relevant to the employee and their claim (*Note: obtaining the above information will assist you to establish whether the newly reported condition is more likely a secondary condition, whether it should be treated as a new claim, or neither*).

If the employee wishes to claim for the new condition, and it appears to be a secondary condition, you should advise the employee that you will send them a [Notification of a Reported Condition](#) form to complete and return to Comcare. You should also advise that once the completed form is received, a copy will be sent to their employer for comment. You can assist the employee to complete the form but be clear they will need to review it, sign and confirm in writing their agreement to progress a claim for the further condition.

You must also contact the employer to advise them of the newly reported condition.

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Notice of injury and medical certificate

Under section 53 of the SRC Act, notification of a newly reported condition must be given to Comcare in writing.

Completion of a [Notification of a Reported Condition](#) form is not necessary for a newly reported condition, the employee can instead provide a written statement indicating they wish to claim for a new condition. When requesting a statement from an employee, it would be useful to obtain the following information:

- the date the condition occurred
- the date the employee first sought medical treatment for the condition
- name/contact details of treating practitioners
- details of the condition the employee is claiming compensation for, and
- how the condition occurred, including what caused it
- whether the employee has suffered any similar symptom, injury or illness (*Note: if the employee provides a statement, you will need to send the employee an Authority and Consent for the Collection and Release of Medical*

Information form to sign and return to Comcare, which will enable you to obtain medical information concerning the newly reported condition).

Important: Under section 54(3) of the SRC Act, a written notice of injury must be accompanied with a medical certificate from a legally qualified medical practitioner. In cases where a medical certificate is not provided with the written notice of injury, you should review the claim file to ensure no medical certificates (or other medical information) have previously been provided in relation to the newly reported condition.

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Assessing the medical factors for a newly reported condition

You are required to assess a notification of a newly reported condition and identify the condition the employee is suffering from, and the cause of the new condition. Further guidance to assist your assessment can be found in the [Injury and disease under the SRC Act](#), [Changed diagnosis](#) and [Aggravations, accelerations and recurrences](#) pages.

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Assessing the cause of a newly reported condition

You must assess whether a newly reported condition has been caused by any one of the following circumstances:

- the compensable condition
- a new set of circumstances
- medical treatment obtained for the compensable condition
- the same incident or set of circumstances as the compensable condition, or
- some other incident or factor(s) unrelated to the compensable condition.

The guidance and associated links outlined below may be of assistance when assessing the cause of a newly reported condition:

- Does the information support the cause of the employee's newly reported condition and the circumstances in which the condition occurred?
(Note: for compensation to be payable for a newly reported condition the information must support the cause of the condition)
- Does the information support that the newly reported condition arose from a further accident or as a result of the compensable condition?
For further guidance refer to the section on '**Condition that has developed from an existing compensable condition**' above
- Does the information support that the newly reported condition arose out of the same incident or set of circumstances as the compensable condition?
For further guidance refer to the section on '**More than one condition arising out of the same incident**' above
- Does the information support the newly reported condition arose as a result of medical treatment obtained for the compensable condition?
For further guidance refer to the section on '**Conditions as a result of compensable medical treatment**' above
- Is the employee claiming that they have suffered from an aggravation of an underlying or pre-existing compensable or non-compensable condition?
For further guidance refer to the [Aggravations, accelerations and recurrences](#) page.
- Does the information support that a work related incident or other employment factors made an underlying or pre-existing condition evident sooner than would have otherwise been expected?
For further guidance refer to the [Aggravations, accelerations and recurrences](#) page *(Note: if the claim is for an aggravation, this should be treated as a separate new injury and not as a secondary condition).*
- Is there information to support that an employee's symptoms of a previous condition or injury re-emerged either spontaneously or because of the ordinary stresses and strains of daily living and working? *(Note: this consideration is relevant in cases where an employee has suffered from a recurrence of symptoms of a previous injury. When this happens a claim may be reopened if it is confirmed that the employee's current symptoms are associated with the original injury).*

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Exclusionary provisions

The same provisions that exclude an employee from receiving compensation for a primary condition applies to secondary conditions and, should form part of the considerations you undertake when assessing liability for a newly reported condition. For further guidance refer to the [Exclusionary provisions](#) page (*Note: if you consider that a factor that has contributed to a newly reported condition falls within one of the exclusions, you should discuss the claim with your Assistant Director*)

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Determining liability for a newly reported condition

The following process details how to determine liability for a newly reported condition under section 14 of the SRC Act:

Step 1: Review the relevant claim information

In reviewing the relevant information you should focus in particular on:

- the claim form
- medical information (e.g., reports, certificates, clinical notes)
- rehabilitation programs and reports

- employee and employer statements.

Ensure that you establish the condition(s) the employee is claiming compensation for and the circumstances in which the condition(s) arose.

Step 2: Determine if the condition was caused by compensable medical treatment?

If yes, the condition should be considered as a new claim and the employee should be invited to lodge a new claim for workers' compensation.

If no, continue to Step 3.

Step 3: Determine if the condition the employee is claiming for is an aggravation of a pre-existing or underlying condition?

The pre-existing or underlying condition may be the compensable condition.

If yes, continue to Step 4.

If no, go to step 7.

Step 4: Determine if the aggravation worsened the underlying or pre-existing condition

If yes, continue to Step 5.

If no, go to step 7.

Step 5: Determine if the aggravation arose out of a new identifiable set of circumstances

If yes, and the condition should be considered as a new claim, then the employee should be invited to lodge a new claim for workers' compensation.

If no, continue to Step 6.

Step 6: Determine if the condition arise out of the same incident or set of circumstances as the compensable condition?

The employee's original claim for compensation will outline the incident or set of circumstances that led to the development of the compensable condition.

If yes, follow the '**Accepting liability for a newly reported condition**' process set out below.

If no, continue to step 7.

Step 7: Determine if the compensable condition caused the newly reported condition

If yes, prepare a draft Section 14: Accept Liability: Secondary Condition letter with a clear and concise explanation of your determination - refer to **Accepting liability for a newly reported condition** below.

If no, and you consider there are other factors that have significantly contributed to the contraction of the secondary disease, prepare a draft Section 14: Decline Liability: Secondary Condition letter with a clear and concise explanation of your determination - refer to **Rejecting liability for a newly reported condition** below.

Important: Your draft determination must also be reviewed, and quality assured by an Assistant Director (and Director if appropriate) before the determination is finalised and the employee notified.

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Accepting liability for a newly reported condition

Important: If a condition is accepted under section 14 of the SRC Act, six months or more after the date the claim was lodged, and there will be medical expenses, Comcare is required to notify Medicare so that they may recover any Medicare benefits paid to the employee for that injury or illness.

In the unlikely event that a determination of a newly reported condition will take longer than six months, refer to the [Medicare notice and recoveries](#) page for more information and further guidance.

The following procedure outlines how you accept liability for a newly reported condition.

Step 1: Phone the employee to advise of the determination

Your conversation should include:

- details of condition you are accepting liability for under section 14
- how you came to your decision and the information you considered in reaching your decision.

Step 2: Phone the rehabilitation case manager to advise of the determination

Your conversation should include:

- details of condition you are accepting liability for under section 14
- how you came to your decision and the information you considered in reaching your decision

- the right to appeal if they disagree with the decision.

Step 3: Send letter to the employee and rehabilitation case manager

Your letter should include:

- details of the condition you are accepting liability for under section 14
- how you came to your decision and the information you considered in reaching your decision
- a Notice of Rights
- copies of the information used in making your decision

Step 4: Update Pracsys

Go to '*Manage Claim Comment*' (MCOM) and enter a comment stating the condition you have accepted liability for, the reason, and record your conversations.

Go to '*Amend Claim Determination*' (ADET):

- open '*Amend Claim Determination*' (ADET)
- select '*New*'
- change the determination status to '*Accepted*'
- select the relevant ICD code - for a list of ICD codes, click on the binoculars
- select the body location
- in the '*Start Date*' field enter the date of injury for the newly reported condition
(Note: the start date will be the date the employee first sought medical treatment, became incapacitated or impaired, which ever happened first)
- enter the '*End Date*' of the newly reported condition
Note: the end date field is only completed if the medical information states the condition was for a closed period of time)
- select if the condition is an aggravation or sequela (secondary condition)
- leave the '*Recon Field*' blank
- select '*Ok*'
- select '*Amend*'

Rejecting liability for a newly reported condition

An employee may have their claim for a newly reported condition denied, depending on the circumstances of the claim and the information available at the time of determination.

The following process details how to reject liability for a newly reported condition.

Step 1: Phone the employee

Your conversation should include:

- details of the condition you are rejecting liability for under section 14
- how you came to your decision and the information you considered in reaching the decision
- the employee's rights to appeal if they disagree with the decision.

Step 2: Phone the employer

Your conversation should include:

- details of the condition you are rejecting liability for under section 14
- how you came to your decision and the information you considered in reaching the decision
- the employer's rights to appeal if they disagree with the decision.

Step 3: Send letter to the employee and employer

Your letter should include:

- details of the condition you are rejecting liability under section 14
- how you came to your decision and the information you considered in reaching your decision
- a Notice of Rights
- copies of the information used in making your decision.

Step 4: Update Pracsys

Go to '*Manage Claim Comment*' (MCOM) enter comment stating the condition you have rejected liability, the reason, and record your conversations.

Go to '*Amend Claim Determination*' (ADET):

- open '*Amend Claim Determination*' (ADET)
- select '*New*'
- change the determination status to '*Reject*'
- select the relevant ICD code, for a list of ICD codes click on the binoculars
- select the body location
- in the '*Start Date*' field enter the date of injury for the newly reported condition
(*Note: the start date will be the date the employee first sought medical treatment, became incapacitated or impaired, which ever happened first*)
- enter the '*End Date*' of the newly reported condition
(*Note: the end date field is only completed if the medical information states the condition was for a closed period of time*).
- select if the condition is an aggravation or sequela (secondary condition)
- leave the '*Recon Field*' blank
- select '*OK*'

- select '*Amend*'.

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