

# Obtaining a medical report or clinical notes

## Gathering claim information

- ✓ Employees

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- ✓ Employers

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- ✓ Requesting information from medical and allied health practitioners

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[Medical reports](#) and [clinical notes](#) can assist with management of a claim and an employee's recovery and return to work.

You can request a medical report or clinical notes from any treating practitioner the employee currently consults or previously consulted concerning their claimed condition. This may include their general practitioner, a specialist, or allied health professional.

When requesting a report or clinical notes you and the Injury Manager (IM) should decide on the most appropriate practitioner to obtain the information from.

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## When should a medical report be requested?

There are a range of circumstances where you may need to request a medical report, these include:

- to assist with an initial claim determination
- as part of a regular claim review
- when treatment and/or treatment goals have changed
- when new or different treatment is requested
- when treatment is not progressing as expected or as outlined in [MD Guidelines](#)
- before arranging a medical examination (section 57)
- you would like an update on the employee's compensable condition or need to investigate an aspect of a claim

- you receive information that the employee may no longer be suffering from their compensable condition
- when there is conflicting medical information on file you would like to obtain the medical practitioner's views on.

There are other circumstances where requesting a medical report may be warranted. If you are unsure you should discuss the claim further with your Assistant Director and the Injury Manager.

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## When should clinical notes be requested?

Before requesting clinical notes, you should be clear on the reason and purpose for obtaining clinical notes. You should first review the information available on the claim file and determine the further information required. Then decide if this information can be addressed through requesting a medical report, or by a telephone conversation with the medical practitioner. In most instances, these methods should be sufficient to obtain the necessary medical information.

There are however occasionally circumstances where you may determine clinical notes would be beneficial. These may include:

- where there is information or concern of a relevant pre-existing condition and you have been unable to establish details relating to that condition via a medical report or phone call to the doctor
- where you have been unable to obtain a report from the treating practitioner
- where information you have is inconsistent and you need to establish what was reported to a treating practitioner and the date that the employee sought treatment/first reported symptoms.

Before seeking clinical notes, you must have a reasonable expectation that the clinical notes will provide the necessary information. If you are uncertain whether clinical notes should be requested you should seek advice from your Assistant Director and Injury Manager.

**Important:** When requesting clinical notes you should only request clinical information that relates to the specific claim made by the employee. The request should outline the time period required and the reason for the request. To ensure privacy is maintained in accordance with the *Privacy Act 1988*, the information provided by the practitioner should not include any information that is not relevant to the claim. Refer to the [Privacy](#) pages on Comcare's website for further information:

If you have any questions in relation to clinical notes received, you should discuss this with your Assistant Director. Further advice can be obtained from the [Privacy team](#) if required.

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## Urgent requests for reports or clinical notes

There may be circumstances where you require medical information urgently. This may be when a decision needs to be made regarding initial liability or you have received an urgent request for medical treatment or surgery.

You should work collaboratively with the IM to contact the LQMP and request an urgent response. Contact should be made firstly by telephone and can followed by email contact. The LQMP should be made aware of the reasons for an urgent response and be given expectations around receipt of information within 1 week.

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## Arranging Medical Examinations

When arranging medical examinations under 57 of the SRC Act, or combined s36 and s57 examinations, you are required to follow the [Guide to Arranging Rehabilitation Assessments and Requiring Examinations](#).

For more information, please refer to [Independent Medical Examinations](#).

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## Stop Clock Provisions

There are prescribed timeframes for determining claims under the [Safety, Rehabilitation and Compensation Amendment \(Period for Decision-making\) Regulations 2023](#) (the Regulations). The prescribed timeframes start the day that Comcare

receives a claim for compensation that meets the requirements set out under section 54 and is determined under section 14 of the SRC Act.

However, the prescribed timeframes do not apply to certain periods in which Comcare seeks further information or documentation in relation to the claim. These stop clock provisions include instances where Comcare:

- requests medical evidence (e.g. clinical notes or a medical report) from the employee's treating legally qualified medical practitioner (LQMP) e.g. GP, specialist, psychiatrist, or dentist  
or
- a legally qualified medical practitioner nominated by Comcare e.g. supplementary report from an Independent Medical Examiner (IME).

In these instances, the stop clock request starts on the date that Comcare requests the medical evidence from the LQMP or IME.

The details of the stop clock request need to be created in the '*Manage Initial Liability Assessment*' (MILA) or '*Manage Initial Liability Task*' (MILT) dashboards.

Once the details are added to the MILA or MILT dashboards, this will stop the calendar day countdown.

The date that Comcare receives the required information from the LQMP or IME (or cancels the request for the report) must be used to finalise the stop clock request.

Once the stop clock request has been finalised in the MILA or MILT dashboards, the calendar countdown will recommence the next day (unless there are other stop clock requests on the claim).

**Important:** To meet the requirements of [5\(a\) of the Regulations](#), if requesting clinical notes from a hospital, please address the request to the medical practitioner or to the main medical practitioner, (if there was more than one), that was responsible for treating the employee while they were in hospital.

**Please note:** The prescribed timeframes **do not apply to** instances where Comcare requests information from the allied health professionals including psychologists **regardless of whether the claim is undetermined or a determined/accepted claim.**

## Medical Report Questions

When requesting a medical report you should be clear about the information you are requesting from the practitioner and the questions included should be targeted and formatted clearly.

You should not assume the practitioner knows the SRC Act and/or Comcare's requirements.

You should first decide the purpose of the report. Is the report:

- part of a claim review
- to assist an initial liability determination for a new injury/disease claim
- part of an investigation into a specific aspect of a claim
- to determine whether the employee is still suffering from their compensable condition?
- to gain information on an employee's rehabilitation and return to work progress?

You should then work with the IM to tailor the questions and provide relevant information to the practitioner to ensure they provide useful information to assist in the management of the claim. You may also consider using information from [MD Guidelines](#) to assist in understanding the compensable condition and determining appropriate questions to ask the practitioner.

It is important that a question is asked in a way that allows the practitioner to elaborate, and provide context and clinical justification for their answer where relevant. Medical answers are not always 'yes' or 'no' depending on the circumstances and should provide an explanation or justification for their opinion.

### Putting together medical report questions

The following table provides guidance on the type of questions that should be included in a medical report request based on the purpose of the report.

Report purpose ...	Questions relating to ...

Initial determination

Injury

- Details of the injury
- How it is related to employment
- Any pre-existing or underlying conditions that may have contributed to the condition
- Treatment received or recommended for the condition
- Rehabilitation or return to work potential
- Diagnostic formulation, i.e. what history, signs, symptoms, assessments and/or tests and other factors (including any pre-existing or underlying conditions) they considered when forming their diagnosis
- Clinical information should be requested to support medical opinion where appropriate

Disease (including psychological)

- Details of the disease, including any diagnostic criteria used to define it
- How it is related to employment
- Any pre-existing or underlying conditions that may have contributed to the disease
- Treatment received or recommended for the condition
- Rehabilitation or return to work potential
- Diagnostic formulation, i.e. what history, signs, symptoms, assessments and/or tests and other factors (including any pre-existing or underlying conditions) they considered when forming their diagnosis
- Clinical information should be requested to support medical opinion where appropriate

Claim review

- History of the employee's condition as reported to the practitioner
- Details of treatment received and outcomes achieved
- Recommended ongoing treatment, including clinical justification
- Ability to undertake rehabilitation or return to work
- Prognosis for recovery

Treatment	<ul style="list-style-type: none"> <li>• Details of treatment received and outcomes achieved</li> <li>• The treatment options</li> <li>• Recommended treatment, including clinical justification</li> <li>• Timeframes and goals and objectives for ongoing treatment</li> </ul>
Rehabilitation and return to work	<ul style="list-style-type: none"> <li>• Ability to undertake the rehabilitation or return to work</li> <li>• Current return to work progress (if any)</li> <li>• Barriers to return to work and recommended strategies</li> <li>• Timeframes for rehabilitation or return to work</li> <li>• Functional capacity and relevant goals</li> </ul>
Permanent impairment	<ul style="list-style-type: none"> <li>• The degree of the employee's permanent impairment as a result of the accepted condition.</li> <li>• The effect the permanent impairment has had on the employee's daily living/functional capacity</li> </ul>

## Medical report questions

The following questions are provided as a guide for claims managers only. You should always ensure the questions are specific/tailored and relevant.

Note these questions are also relevant for [Independent medical examinations](#).

### Diagnosis and prognosis

What is the specific diagnosis of the condition, the employee currently suffers from? Please provide:

- a short description of the condition, including clinical signs and symptoms and diagnostic test results to support your conclusion
- the history of (employee)'s condition as reported to you
- the date the employee first consulted with you regarding the claimed condition, or the date you consider they were first impaired as a result of their condition?
- the prognosis for the employee's claimed condition?

If the employee's condition has already resolved, please provide details (where possible) of the condition.



## Employment relationship

### Injury

How was the injury sustained? Please provide specific details, including where the injury occurred.

### Disease/psychological claim

In your opinion, what are the specific incidents both employment and non-employment related that have caused or aggravated (employee)'s condition?

Please list the employment and non-employment incidents separately and specify when they occurred. Also, if possible, please specify the level of contribution for each incident.

Does (employee) suffer a pre-existing or underlying condition(s) relevant to the claimed condition? And, if applicable, do you consider the current condition suffered by (employee) is an aggravation of the pre-existing or underlying condition?

Please provide details of any relevant history, pre-existing or underlying conditions suffered by (employee), including any predisposition to stressors.

### Previous claim

Is the condition currently suffered by (employee) as a result of their accepted claim for (previous accepted condition) which occurred on (date) or is it as a result of a new set of circumstances?

### Old claim

If the employee's initial condition has been superseded by a different condition, please provide your opinion on what factors have contributed to the different condition.

If you consider the employee's employment continues to contribute to their condition, please explain the basis of your conclusion having regard to the fact the employment incident occurred on (date of injury).

## Treatment

In your opinion, what form of medical treatment is indicated for the employment related aspects of the condition? Please address:

- the need for medication
- the frequency and duration of reasonable medical treatment required
- outcomes achieved by treatment to date (including pre and post treatment data/evidence)
- goals and objectives of treatment

Have you referred (employee) to a specialist or other treatment provider? If yes, please provide specific details (i.e. treatment, frequency and commencement date).

**Please note:** When considering the reasonableness of medical treatment Comcare has regard to the Clinical Framework for the Delivery of Health Services (Clinical Framework) which outlines a set of guiding principles for the delivery of healthcare services to injured employees. The principles ensure that the provision of healthcare services is goal orientated, evidence based and clinically justified.

Please refer to the [Clinical Framework](#) available on Comcare's website when addressing the requirement for medical treatment in relation to the employee's compensable condition.

## Rehabilitation and capacity for work

Does the employee have a capacity to engage in some form of employment? If so, please identify the type of duties (employee) could undertake, in particular:

- the type of work they should be able to perform
- the number of hours per week they should be able to work
- details of any work restrictions.

If the employee is not fit to return to work at this time, please comment on any rehabilitation assistance that Comcare or their employer could provide to assist (employee) in returning to work, including any strategies to overcome current barriers.

If the employee is not fit for work, when do you think that (he/she) would be able to undertake a rehabilitation program or some form of employment?

Is the employee capable of undertaking a rehabilitation program? If so, please advise:

- whether the program should be graduated (if yes, please provide a schedule of weekly working hours)
- details of any work restrictions
- a timeframe in which return to normal working hours could be achieved.

Are there any other factors causing inability to work or work restrictions? If so, please provide details.

Note: Attach information about the employee's pre-injury duties and the alternate duties that are available where relevant.

## **Permanent impairment psychological condition**

Psychiatric impairments are assessed using Table 5.1 "Description of Level of Impairment" and Figure 5-A: "Activities of Daily Living" of the [Approved Guide \(2023\) - Guide to the Assessment of the Degree of PI - Edition 3.0](#) (the Guide).

Prior to the assessment please read:

- the definitions on page 2 of the [Safety, Rehabilitation and Compensation Act 1988 - Guide to the Assessment of the Degree of Permanent Impairment Edition 3.0 legislative instrument](#)
- the Introduction to Edition 3.0 of the Guide on pages 4 to 6
- the Principles of Assessment on pages 7 to 11 of the Guide
- Chapter 5- Psychiatric Conditions: Figure 5-A: Activities of Daily Living on page 34 of the Guide
- Table 5.1 - Descriptions of Level of Impairment on pages 34 and 35 of the Guide

Does the employee suffer from an impairment? If so, what is the impairment permanent? In providing reasons for your opinion please comment on:

- whether the impairment is likely to continue indefinitely and is stable.
- the likelihood, if any, of an improvement in the employee's condition.
- whether the impairment could be improved by further medical or rehabilitative treatment. If so, what treatment do you recommend.

Referring to Table 5.1 of the Guide, please provide your assessment of the degree of permanent impairment having regard to the Activities of Daily Living as defined in Figure 5-A (page 34 of the Guide).

- Please note that an assessment above 10% requires you to consider whether the injured worker demonstrates a "need" for supervision and direction in activities of daily living as defined in the Guide. The terms "supervision" and "direction"

are conjunctive and both must be present.

- In answering which activities of daily living, as defined in Figure 5-A, requires supervision and direction, could you please assume that direction means:
  - the injured worker could not perform the activity independently
  - there is a requirement for some form of instruction as distinct from mere encouragement in carrying out the activity of daily living.
  - there is a need for some form of intrusive management by a person with the necessary experience and skills.
  - the injured worker needs the decision to be made for them as to when and how to engage in the activity.

Is the injured worker able to undertake activities of daily living independently? If unable to do so, does the injured worker require supervision, direction or assistance to undertake the activities of daily living? Please have regard to the information set out in the previous question when providing your response.

Which activities of daily living does the injured worker require some supervision and direction? Please elaborate with examples of the nature of support required.

If the employee has a pre-existing psychiatric condition:

- are you able to isolate the effects of the pre-existing condition which was contributed to by other factors not related to the compensable incident?
- Please provide a rating of permanent impairment solely for the pre-existing condition in accordance with Table 5.1 of the Guide. Please give reasons for your opinion.
- If you cannot isolate the effects of the employment related impairment, please give an overall assessment for psychiatric impairment based on Table 5.1 of the Guide.

Please consider the attached Compensation claim for permanent impairment and non-economic loss form supplied by the employee and provide your opinion on:

- the rating provided by the employee, and
- whether the ratings are consistent with the degree of the permanent impairment claimed in relation to the compensable condition. Please provide your score and reasons for each of the sections i.e. pain, suffering etc.

## **Permanent impairment physical condition**

Does the employee suffer from an impairment? If so, is the impairment permanent? In providing reasons for your opinion please comment on:

- whether the impairment is likely to continue indefinitely and is stable.
- the likelihood, if any, of an improvement in the employee's condition.

Whether the impairment could be improved by further medical or rehabilitative treatment. If so, what treatment do you recommend.

If the employee suffers an impairment, which you believe to be permanent, what is the percentage of impairment to the body part (s), system(s) or function(s) resulting from the injury? Please provide reasons for your opinion with reference to the relevant table/s of the Guide.

Is it probable the employee's condition will deteriorate further resulting in an increase to the overall percentage of impairment? If so, over what period of time would you expect this deterioration to occur?

Please consider the attached Compensation claim for permanent impairment and non-economic loss form supplied by the employee and provide your opinion on:

- the rating provided by the employee
- whether the ratings are consistent with the degree of the permanent impairment claimed in relation to the compensable condition. Please provide your score and reasons for each of the sections i.e. pain, suffering etc.

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**Procedure for requesting a medical report (including clinical notes)**

Once you have determined, in consultation with the Injury Manager, that a medical report is required from the employee's treating practitioner/s, you will need to follow the procedure below:

If arranging a **section 57 medical examination**, please refer to the [Independent medical examinations](#) page.

## **Step 1: Identify appropriate practitioner**

Review, in consultation with the Injury Manager, relevant claim information to identify the appropriate practitioner from whom to request the report.

Relevant claim information could include:

- Previous medical reports
- Medical certificates
- Rehabilitation programs.

## **Step 2: Phone the employee**

Phone the employee to advise that you are requesting a medical report. Your conversation should include:

- details of the treatment practitioner you are requesting the report from
- the reasons for your request
- due date of the report

**Where the prescribed timeframes apply to initial claims**, you will need to discuss any impacts that the request for medical evidence from the LQMP or IME will have on the calendar day countdown with the employee.

## **Step 3: Send request to the practitioner**

Using the 'Section 14-16 Medical Report Clinical Notes Request' template letter, send the request for the medical report to the practitioner.

Your letter should include:

- an outline of the reasons for your request
- the due date of the report

- the list of questions as agreed with the Injury Manager
- the employee's signed Medical Release Authority – for further guidance refer to [Authority to release medical information](#) page.

**Note:** Please ensure you send a copy of this letter to the employee and the Rehabilitation Claims Manager.

## **Step 4: Send letter to the employee (for claims where the prescribed timeframes apply)**

You will need to complete the relevant letter from the Pracsys templates and include the:

- details of your discussion with the employee
- impacts of the request for medical evidence from the LQMP or IME will have on the calendar day countdown
- a copy of the letter sent to the LQMP or IME

Please ensure that you send a copy of the letter to the Rehabilitation Case Manager.

## **Step 5: Enter the stop clock details in MILA/MILT (for claims where the prescribed timeframes apply)**

Go to the '*Manage Initial Liability Assessment*' (MILA) or '*Manage Initial Liability Task*' (MILT) dashboard and record:

- the stop clock date, i.e. the date that you requested the medical evidence from the LQMP or IME
- details of your conversations with the employee and the LQMP or IME
- details of the information that you requested from the LQMP or IME

Please refer to: [Pracsys guide on how to update MILA](#)

## **Step 6: Update Pracsys (all other claims)**

Go to '*Manage Claim Comment*' (MCOM) and document you have requested a medical report and authorised payment for the medical information. Ensure that you record your conversations with the LQMP or IME and the employee including the due date of the medical report.

## **Step 7: Create an action plan**

Go to '*Manage Action Plan*' (MAP) and create an action plan with a description field stating you have requested a medical report. The 'Required Date' field should be the due date of the report (at least three weeks after the request).

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## Canceling a medical report

There may be circumstances where a medical report has not been received within requested timeframes and a decision needs to be made in respect of the employee's claim.

In these instances, the medical report may be cancelled.

If the practitioner has already written the medical report, you cannot cancel the request. The report should be obtained and the practitioner reimbursed accordingly.

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## Procedure for cancelling a medical report

To cancel a medical report follow the procedure outlined below:



## Step 1: Contact the treating practitioner

Telephone the treating practitioner and ask whether the report has been written. If the report is complete, request they send it to Comcare.

If the report has not been completed, request the treating practitioner no longer proceed with the request and proceed to steps below.

## Step 2: Contact the employee

Telephone the employee and advise them you have not received a report within the required time-frame and will make a determination based on the information held on the claim file.

**Where the prescribed timeframes apply to initial claims**, you will need to inform the employee that the calendar day countdown for determining their claim will now recommence.

If there are other stop clock actions on the claim, you will need to discuss the impacts that these actions will have on the calendar day countdown.

## Step 3: Update Pracsys

**Where the prescribed timeframes apply to initial claims**, you will need to finalise the stop clock request in the '*Manage Initial Liability Assessment*' (MILA) or '*Manage Initial Liability Task*' (MILT) dashboard.

Go to '*Manage Claim Comment*' (MCOM) and enter a file note documenting that the request for a report has been cancelled for further guidance refer to the [Record keeping](#) page.

Your comment should include:

- the date the report was cancelled
- the reasons for the cancellation
- reference to the original request and follow up dates
- any issues raised by the practitioner and/or employee
- that a determination will be made on the information on the claim file

## Step 4: Send letter/email to the practitioner.

Draft a letter/email using the standard letter to the practitioner. Your letter should include:

- the date you cancelled the request via telephone
- reference to the original request and follow up dates
- that you will initiate action to recover payment if it was pre-paid

Note: Ensure you send a copy of this letter to the employee and the rehabilitation case manager (RCM)

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## Payment of medical reports and clinical notes

When you request a medical report or clinical notes from a treating practitioner or hospital there will usually be a fee involved for the preparation of the report or clinical notes. Although Comcare prefers to pay on receipt of the report, prepayment is possible if requested.

Where a medical report or clinical notes are requested from a treating practitioner or hospital, payment is made under section 70 of the SRC Act.

A practitioner or hospital may request pre-payment of a medical report or clinical notes which could be prior to them starting the report or they may have already written the report but will not release it until they receive payment.

An employee should not be disadvantaged by the fact that their treating practitioner will not write or release the report or clinical notes without pre-payment. Comcare will, if requested, prepay for medical reports or clinical notes. When considering requests for pre-payment a CM will need to contact the practitioner and agree on a fee and timeframe.

When a prepaid report is provided to Comcare, the CM will need to ensure they are happy with the quality of the report and follow-up as required with the practitioner to ensure that they provide a report that adequately answers the questions asked.

Invoices for report fees are entered into Pracsys reports and clinical notes should be paid under the following cost codes:

Source of report	Cost Code	Relevant SRC Act Section
Treating practitioner (other than s57)	Claim Inv- Med rep/clinical notes	Section 70

## What are appropriate costs for medical reports?

The following information can be used to assist in negotiating a fee for preparation of a report (where a report is to be pre-paid) and as a guide to what you can expect to pay for medical reports. Ultimately the quality of the report is likely to be the area for negotiation with the practitioner rather than the cost.

- Variance in report costs could be due to a number of factors including, but not limited to:
- the number of questions asked
- qualifications of the treating practitioner (a specialist opinion would generally cost more than a GP or physiotherapist)
- complexity of the claim
- research required
- time taken to complete the report
- level of detail provided (including reference and consideration of The Clinical Framework principles)
- out-of-hours loading (time out of hours used to prepare report).

Generally, practitioners should be advised that charges for reports should be in accordance with fee schedules established by State and Territory workers' compensation authorities. When assessing whether the cost of a medical report is appropriate, you should refer to the fee schedule in the relevant State/Territory and the factors outlined above.

Some States/Territories do not have fee schedules for medical reports. In this instance you can use the rates of the other States/Territories to establish if the fee being charged is reasonable.

## What are appropriate costs for clinical notes?

The following information can be used to assist in negotiating a fee for preparation of clinical notes (where clinical notes are to be pre-paid) and as a guide to what Comcare can expect to pay for clinical notes.

Variance in clinical notes costs could be due to a number of factors including, but not limited to:

- the number of pages
- photocopying charges (i.e. cost of each photocopy)
- search fee (i.e. if a search for a particular record is required)
- costs associated with the postage and handling of the clinical notes
- labour costs (i.e. time taken for administrative staff to copy/print the records etc)
- time taken for the treating practitioner to review the patients file to determine which clinical notes can be released that are relevant to the employee's claimed condition.

See [Evidence Collection](#) under the SRC Act legislative training module for further information.

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## Procedure for approving and paying for a medical report or clinical notes

To pay for a medical report or clinical notes follow the steps below:

**Note:** This procedure can only be initiated after an invoice has been entered into Pracsys.

## Step 1: Review the invoice

Go to "View Claim Invoice" (VCI) in Pracsys and review the invoice.

Do you consider the amount being charged is appropriate?

- If yes, process.
- If no, discuss your concerns with the IM and your Assistant Director and, where agreed, with the practitioner to understand the reason for the amount charged.

## Step 2: Update treatment plan in Pracsys

Open 'Amend Payment Authorisation (Treatment Plan)' (ACTP) and:

- select 'Examination Costs' from under Treatment Plan Type
- click the 'Amend' button
- change the Auto Payment field to 'Accept'
- enter the date the report/clinical notes were received in 'Start Date'
- enter the determination date into 'End Date'
- select 'Ok'

Authorise the payment in Pracsys

Open 'Determined Invoice (TCI)

- select the invoice and click amend
- change the determination status to 'Accept'
- select 'Ok'

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# Unsolicited medical reports

An unsolicited medical report is a report obtained or provided by someone other than Comcare, such as an employee or their legal representative.

You may receive an unsolicited medical report if an employee attends a medical appointment, without being requested by Comcare, and asks the practitioner to provide a medical report. An employee may also be instructed by their solicitor to attend a medical appointment and request the practitioner provides a report.

When an unsolicited medical report is received, you must evaluate the information contained in the report to check whether it provides information relevant to the employee's injury that is not already available on the claim file and whether the information can be used in making a decision on the claim.

Where authorised, claim investigation expenses, including payments for unsolicited medical reports, are paid under section 70 of the SRC Act. Section 70 states that Comcare has the power to do all things necessary or convenient to be done for or in connection with the performance of its functions.

The authorisation for payment of unsolicited medical reports rests with the General Manager of the Claims Management Group, who has delegation under section 70 of the SRC Act.

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# Procedure for actioning an unsolicited medical report

## Step 1: Determine if the report is useful for managing the employee's claim

If yes, seek authorisation, through your Assistant Director, from the GM to pay for the report (Step 2).

If no, go to Step 6

## Step 2: Seek authorisation

This can be done by sending a briefing email to the GM detailing what the report is required/useful for and attach a copy of the report with the invoice.

**Note:** A copy of the GM response email approving payment must be attached to the claim file.

## Step 3: Contact the employee and rehabilitation case manager

Once authorisation has been confirmed by the GM:

- telephone the employee (or their legal representative) to advise of receipt of report, next steps and confirm payment
- draft and send a letter, using the standard letter template in Pracsys, to the employee confirming the discussion
- The letter must be signed by the Director or GM prior to sending out
- telephone the RCM (or relevant employer contact) and advise of receipt of report, next steps and confirming payment and send a copy of the report to the employer

## Step 4: Pay the invoice

Pay the invoice, refer to the [Processing an invoice](#) page.

## Step 5: Enter comments in Pracsys.

Using 'Manage Claim Comment' (MCOM), enter a comment in Pracsys. Your comments should record the reasons why the report is useful and your conversations with the employee and RCM.

## Step 6: Contact the employee and RCM

If the report is not required to assist with the management of the employee's claim or with determining benefits you should phone the employee and employer.

Your conversation should include:

- the report was not requested by Comcare and is not required to assist with the management of the claim or with determining benefits
- Comcare will not pay for the report, and
- be documented in Pracsys.

Send a letter to the employee providing a clear and concise explanation of your decision not to pay for the report. This letter must be reviewed and cleared by your Assistant Director and then signed by your Director or the GM.

**Important:** This is an administrative decision and is not a determination under the SRC Act. It is therefore not reviewable by Comcare. If the employee wishes to seek a review of your decision, they will need to apply to the Federal Court under the Administrative Decisions (Judicial Review) Act 1977 (ADJR Act).

## Step 7: Enter comments in Pracsys.

Using 'Manage Claim Comment' (MCOM), enter a comment in Pracsys. Your comments should include:

- the report submitted by the employee was not requested by Comcare
- the reasons why it is not required in the management of the claim
- that you have declined payment of the report.

## Step 8: Decline the invoice in Pracsys

If an invoice for payment of the report been entered into Pracsys, use the 'Determined Invoice' (TCI) function and:

- select the invoice
- select 'Amend'
- change 'Determination Status' to 'Rejected'
- select 'OK'.



