

Rejecting a claim for permanent impairment

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Introduction

Under the SRC Act, Comcare may reject an employee's claim for permanent impairment (PI) where:

- the compensable injury has not resulted in an impairment
- the impairment is not permanent, or
- the degree of whole person impairment (WPI) is less than the minimum threshold under the Guide to the Assessment of the Degree of Permanent Impairment - Edition 3.0 ([Approved Guide](#)).



Relevant sections of SRC Act

The following sections of the SRC Act are relevant to claims for permanent impairment:

- section 24 – Compensation for injuries resulting in permanent impairment
- section 25 – Interim payment of compensation
- section 26 – Payment of compensation
- section 27 – Compensation for non economic loss
- section 28 – Approved Guide

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Transitional employees

These claims are extremely rare. Get help from your Assistant Director and [Decision Support](#) team.

When claiming for PI under the *Compensation (Commonwealth Government Employees) Act 1971* (the 1971 Act), i.e. for compensable injuries or illnesses sustained prior to 30 November 1988, the claim may also be rejected because:

- the condition is not on the Table of Maims, or
- the employee was receiving (or likely to receive) incapacity payments at 30 November 1988 (or likely to receive or continue to receive incapacity payments on or post 30 November 1988).

Refer to section 39 of the 1971 Act for the provisions relating to PI for transitional employees.

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Procedure for rejecting liability for a permanent impairment

Important: Before beginning this procedure, you must ensure that the claim for permanent impairment has been brought to triage. For more guidance, refer to the [Triage](#) page.

Step 1: Check you have completed the determining liability procedure

- If yes, continue.
- If no, refer to the [Procedure to determine liability for permanent impairment](#) on the [Assessing and determining a permanent impairment claim](#) page.

Step 2: Draft a determination letter to the employee

Use letter template '186 Section 24: PI Reject'.

Your letter should provide a clear and concise explanation of your determination.

Do not send the letter yet.

Step 3: Have your determination quality assured by your Assistant Director and Director

Your draft determination must be reviewed and quality assured by an Assistant Director and Director before the determination is finalised and the employee notified.

Step 4: Phone the employee

Ensure your determination has been quality assured before contacting the employee.

Your phone call should include:

- details of the rejected claim
- the condition assessed
- how you came to your decision and the evidence considered
- the employee's rights to reconsideration or to submit another PI claim at a later date.

Step 5: Phone the Rehabilitation Case Manager (RCM)

Your phone call should include:

- details of the rejected claim
- the condition assessed
- how you came to your decision and the evidence considered.

Step 6: Send letter to the employee

Send your prepared letter to the employee, now that you have spoken with the key stakeholders.

Ensure that you include copies of any evidence or reports used in the determination.

Send a copy of the letter to the employee (either cc them into the email to the) employee or use letter '295 letter template to case manager' as a cover letter.

Step 7: Update Pracsys

Create a file note and save it in Pracsys.

Note: The file note should detail the reasons and refer to the evidence used to reject liability.

Go to '*Manage Permanent Impairment*' (MPIC)

- Select the relevant claim for PI:
 - click 'Next'
 - click 'Next' again
 - highlight the line you need to access, and
 - click 'Next'.
- Select the '*Impairments*' tab:
 - select '*Primary Decision*' from the '*Decision Type*' field
 - click '*New*'. This will open the '*Creating Permanent Impairment Item*' screen. Enter the following details:
 - '*Act Applied*': this will be based on which Act is appropriate for the PI (i.e. SRC Act or 1971 Act etc)
 - '*Guide used*': which PI Guide was used to assess the %WPI
 - '*Table used*': what table number was used to assess the PI
 - '*Impairment Status*': select the appropriate option from the drop-down box
 - '*Permanent Impairment Date*': the date the impairment became permanent. **Note:** Depending on the circumstances, this could be the date of injury, date of determination, date of surgery (if surgery made the impairment permanent) or date of last exposure (for hearing loss) claims. This date should be established before or during a Critical Decision Review panel discussion

- '*% of Bodily Impairment*': enter the %WPI being claimed by the employee
 - '*Nature of Impairment*': use the binoculars to search for the appropriate nature of impairment
 - '*Bodily Location*': use the binoculars to search for the appropriate bodily location of the impairment.
- Click 'OK'.

Note: Enter any additional impairments by repeating the steps above.

- Select '*Investigations*' tab:
 - in the '*Medical Reports*' section, enter the details of all medical reports obtained in relation to the PI by clicking the green plus button to the right side of the screen and complete the following fields (click into each box, a separate screen will not open):
 - '*Date Requested*': the date the report was requested. **Note:** If the report is provided by a solicitor or the employee, the date would be the date PI application was registered
 - '*Type*': select the type of doctor who provided the report. (i.e. independent/treating etc)
 - '*Provider*': leave this field blank
 - '*Provider Name*': double click on the 'Provider Name' and search for the provider by using one of the tabs (i.e. 'ABN', 'Provider Name', 'Name Combo' etc), and click 'OK'
 - '*Medical Speciality*': select the providers speciality (i.e. psychiatry, neurology etc)
 - '*Date of Report*': the date of the report. **Note:** If the report is provided by a solicitor or the employee, the date would be the date PI application was registered
 - '*Date Received*': the date the report was received or the date the report was provided by the solicitors
 - '*Cost*': the cost of the report (if applicable)
 - in the '*Assessment Delays*' section, enter the details of any delays encountered in obtaining reports (i.e. failure to attend assessment etc) by clicking the green plus button on the right of the screen and complete the following fields (click into each box, a separate screen will not open):
 - '*Factor*': select the appropriate delay from the drop-down list
 - '*Start date*': the start date for the reason for the delay (e.g. the first date the employee was unwell to attend a section 57 examination)
 - '*End date*': the end date for the reason for the delay (e.g. The end date the employee attended a section 57 examination).

- Select the *'Assessment'* tab:
 - amend the *'Assessment Status'* to *'Rejected'*
 - enter the *'Assessment Date'*. **Note:** This is the date you are making your determination, not the date the employee was assessed by a legally qualified medical practitioner (LQMP)
 - enter the % of *'Bodily Impairment'* determined. **Note:** This will be the %WPI you are determining
 - enter the NEL scores you have determined against each score type.

Note: You should confirm that the calculations detailed at the bottom of the screen are correct by using the [PI calculator](#) available on the Comcare website.

- Select the *'Comments'* tab:
 - click *'New'*
 - enter all relevant information including %WPI awarded and details of payments. **Note:** These comments will also appear in the comments screen
 - click *'OK'*
 - click *'Create'*
 - click the *'Back'* button to return to the *'PI Form'* screen
 - amend the *'Processing Stage'* to *'PI Determination'*
 - click *'Amend'*.

Important: If any amendments need to be made to the details of the PI, the *'Processing Stage'* must be amended from *'PI Determination'* to *'Evidence Gathering'*. You must then return to the *'PI Form Details Step'* and amend the *'Processing Stage'* back to *'PI Determination'* to finalise the changes.

Go to *'Manage Claim Comment'* (MCOM) and enter a comment. Record all your conversations. Your comment should also include that you have rejected the PI claim and the reasons why, including reference to reports used.

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