Workers’ Compensation Policy

Information on the Guidelines for Evaluation of Permanent Impairment

Development of the Guide for Evaluation of Permanent Impairment

The Guidelines for Evaluation of Permanent Impairment (GEPI) has been introduced as the guide for assessing a worker’s degree of permanent impairment for a compensable injury.

Under the Workers’ Compensation and Rehabilitation Act 2003 GEPI replaces the references to the American Medical Association’s Guides to the Evaluation of Permanent Impairment, Fourth Edition (AMA4) and the Table of Injuries that was previously provided under schedule 2 of the Workers’ Compensation and Rehabilitation Regulation 2003.

GEPI was developed from the nationally agreed model guidelines developed by Safe Work Australia. The model guidelines were developed by Safe Work Australia to create a nationally consistent approach to assessing permanent impairment.

It was nationally agreed to adopt the New South Wales Workcover Guides for the Evaluation of Permanent Impairment Third Edition (NSW Guides) as the basis for the model guidelines. The NSW Guides predominantly refer to the American Medical Association’s Guides to the Evaluation of Permanent Impairment, Fifth Edition (AMA5).

The model guidelines have been endorsed by Safe Work Australia and are in the process of being implemented by most Australian jurisdictions.

GEPI was developed in consultation with both WorkCover Queensland and Q-COMP. Feedback on progressive drafts of GEPI from the various chairs of the scheme’s Medical Assessment Tribunals (MATs) was incorporated into the final version of GEPI.

Section 183 of the Act provides that GEPI is approved by the Regulator, as opposed to the former Table of Injuries that was prescribed under the Workers’ Compensation and Rehabilitation Regulation 2003. The process of amending GEPI will be simpler and quicker.

Variations between GEPI, the Table of Injuries and the model guidelines

The intention of introducing GEPI was to ensure each worker’s permanent impairment is assessed according to the optimal clinical arrangements available. While there is a graduation from AMA4 to AMA5, effort was made to also ensure GEPI’s assessment methods and resulting decisions on impairments vary as little as possible from current standards.

Degree of permanent impairment

Where a worker’s compensation was previously based on their work related impairment (WRI), they will now be given a degree of permanent impairment (DPI) following an assessment. The formulae that calculated lump sum compensation from WRI have also been replaced. A worker’s lump sum compensation now equates to their % DPI of the maximum lump sum compensation for their particular injury.
The DPI for each assessed impairment must be a whole number. Section 1.42 of GEPI explains the process for rounding each DPI to the nearest whole number following standard mathematical convention. The individual component DPIs of each body system should also be rounded before being combined, to ensure regional DPIs are whole numbers before they are converted to a workers’ whole person DPI. The intention is that a worker’s assessment under GEPI results in a final DPI that is provided to the insurer.

**Assessment of multiple injuries**

Sections 1.10 and 1.11 of GEPI address how multiple impairments arising from the same injury or event are to be assessed. In practice, when multiple injuries require assessment by multiple medical assessors, each injury is assessed and a percentage of impairment is determined under the relevant body system chapter. The impairments for each body system are then combined using the AMA5 Combined Values Chart to reach the worker’s final DPI. Calculating the final DPI is the responsibility of the nominated lead medical assessor or MAT, which is usually the specialty with the greatest proportion of assessable injury or impairment.

**Disfigurement**

The provisions under the Act that specifically relate to the assessment of prescribed disfigurement have been removed. The assessment of disfigurement provided for in GEPI largely adopts and builds upon the approach taken in AMA5 under the chapters covering the body systems relevant to disfigurement (i.e. skin, ear, nose, throat and face structures and the upper and lower extremities). It is no longer assessable as a separate impairment but as an extension of the anatomical or functional impairment arising from the injury. An assessor will have to determine that there is a level of disfigurement or deformity to the body system that is not adequately accounted for by the anatomical or functional assessment. How this is assessed under each body system is addressed by the relevant chapters in AMA5 and GEPI but is summarised in the analysis of each chapter on pp 3-6. The Disfigurement MAT has been retained.

Numerous typographical amendments and cross referencing corrections have been made to the model guidelines to ensure GEPI appropriately aligns with provisions under the *Workers’ Compensation and Rehabilitation Act 2003* (the Act) and the scheme in general. The substantive variations from the model guidelines (and the NSW Guide) are outlined on pages 3-6.

**Amendments to section 186 of Act – worker disagrees with DPI assessment**

Under section 186 of the Act, when a worker disputes the DPI stated in their initial notice of assessment they may now request that the notice be set aside and a second assessment be conducted by another doctor agreed to between them and the insurer. This is provided as an alternative to requesting a referral to a MAT in the first instance but the chosen doctor must be trained in GEPI. If a worker disputes the second assessment, they may then only seek one further assessment from a MAT. All MAT decisions on DPI are still final.
Information to note by chapter

Chapter 1 – Introduction

The Foreword and Introduction in GEPI are based on a template introduction endorsed by Safe Work Australia which draws on the introductory chapters to the NSW Guides.

Amendments have been made to GEPI’s introductory chapter to ensure it aligns with the idiosyncrasies of Queensland’s scheme and legislation. Some of these changes include:

- Replacing the concept “Maximum Medical Improvement” with the concept of an injury being “stable and stationary” (reflected throughout GEPI);
- Removing the distinction between primary and secondary psychiatric injuries (also addressed in Chapter 11); and
- Numerous typographical and cross referencing corrections.

Chapter 2 – Upper Extremity

There were no substantive changes made to the content of this chapter compared with the model guidelines.

This chapter does include provision for the assessment of upper extremity disfigurement under section 16.7 of AMA5 relating to other disorders. Such assessments do not necessarily have to be performed by an orthopaedic specialist. This could be assessed by another specialist (e.g. plastics) or the Disfigurement Tribunal in line with current practice. The level of assessed impairment for disfigurement would be combined with other assessed impairments for that body system when determining total DPI for that region.

Chapter 3 – Lower Extremity

There were no substantive changes made to the content of this chapter compared with the model guidelines.

This chapter does include provision for the assessment of disfigurements of the lower extremities as a part of assessing anatomic impairments. These would likely be assessed by orthopaedic specialists or the Disfigurement Tribunal in line with current practice. The level of assessed impairment for disfigurement would be combined with other assessed impairments for that body system when determining the DPI for that region.

Chapter 4 – The Spine (excluding spinal cord injury)

There were no substantive changes made to the content of this chapter compared with the model guidelines.

Chapter 5 – The Nervous System

Section 5.4 of the GEPI advises that the assessment of permanent neurological assessments should be conducted in accordance with Chapter 13 of AMA5 as opposed to the approach outlined in the model guidelines. The approach outlined in section 5.4 of the model guidelines instructs that the following cerebral impairments be evaluated and combined:

- Consciousness and awareness
- Mental status, cognition and highest integrative function
- Aphasia and communication disorders
- Emotional and behavioural impairments.
However, the approach of Chapter 13 of AMA5 is to assess each of the aforementioned cerebral impairments and select the worst of the first four. This approach is recommended by the Chair of the Neurology/Neurosurgical Assessment Tribunal, as combining the assessment of each of these impairments would likely result in the majority of head injuries needing to go to a composite tribunal.

Furthermore, brain dysfunction will likely affect many overlapping functions. So a lesser impairment under one of these four categories would be encompassed under the worst impairment in another. Assessing all and selecting the worst impairment would avoid the complication of “double-rating” impairments, as alluded to in section 5.4 of the model guidelines.

Chapter 6 – Ear, Nose, Throat and related structures

The mandatory requirement for a specialist ENT examination prior to an assessment for sleep apnoea in section 6.6 of the model guidelines has been removed from section 6.6 in GEPI. GEPI provides for a mandatory sleep study but only suggests an examination be conducted by a specialist appropriate to the cause of the person’s sleep apnoea prior to assessing the sleep apnoea itself. This change was made on the advice of the Chair of the ENT Assessment Tribunal.

This chapter provides for the assessment of facial disfigurement as a part of assessing functional or anatomical impairments to the face. Facial scarring is also assessed under this chapter using Table 6.1 in GEPI instead of Table 11-5 in AMA5 (Table 6.1 provides more detail). Assessments do not necessarily have to be performed by an ENT specialist. This could be assessed by another specialist (e.g. plastics) or the Disfigurement Assessment Tribunal in line with current practice. The level of assessed impairment for disfigurement would be combined with other assessed impairments for that body system when determining the DPI for that region.

Chapter 7 – Urinary and Reproductive Systems

There were no substantive changes made to the content of this chapter compared with the model guidelines.

Chapter 8 – Respiratory System

Section 8.12 in the GEPI, with regards to the assessment of pneumoconiosis, differs from section 8.12 in the NSW Guides as pneumoconiosis is the subject of dust diseases legislation in NSW rather than the workers’ compensation scheme.

Chapter 9 – Hearing

GEPI’s hearing chapter has significant variations from the model guidelines in an effort to maintain as much consistency as possible with the scheme’s previous assessment processes.

Firstly, GEPI includes provisions repealed from the *Workers’ Compensation and Rehabilitation Regulation 2003* that have previously been used for the assessment of hearing impairment. This includes retaining the requirement to adjust the percentage hearing loss for presbycusis, if required.

Secondly, the method of calculating the DPI from binaural hearing impairment (BHI) is specifically outlined at section 9.16 of GEPI. This process involves deducting the first 5% of total BHI (as per section 125(4) of the Act), deducting any presbycusis (if applicable) and providing for severe tinnitus (if applicable). The resulting BHI, which would also account for any pre-existing conditions or hearing loss, is then converted to the final DPI using Table 9.1 on page 45. While medical assessors may not have necessarily conducted these calculations before, GEPI intends that each assessment result in a final DPI. Assessors will be provided with revised examples and a hearing loss DPI calculator.
Thirdly, GEPI includes a revised version of Table 9.1 that maintains the current maximum of 40% whole person impairment (WPI) for which a hearing impairment can be compensated in Queensland. Table 9.1 in the model guidelines allows for the conversion of percentage hearing impairment to up to a maximum of 50% WPI. This replaces the WPI conversion table in AMA5 which has a maximum of 35% WPI. However, under the Queensland scheme, hearing impairments have previously been converted to a maximum of 40% WPI. In the absence of any justification for changing the maximum %WPI for hearing impairments, it was determined to maintain consistency with current WPI levels and avoid overinflating or under inflating lump sum compensation payouts.

Finally, the examples under section 9.16 of the model guidelines have been removed from GEPI. Revised versions that follow the assessment or calculation requirements outlined in GEPI and a hearing loss DPI calculator have been developed which will be provided separately. The revised examples have been drafted based on GEPI’s version of Table 9.1 and detail the calculation of DPI, allowing for the first 5% BHI deduction, presbycusis and tinnitus corrections and pre-existing hearing loss.

Chapter 10 – The Visual System

Amendments were made to this chapter in GEPI to clarify that the degree of permanent impairment for a visual system injury must be assessed according to the Royal Australian and New Zealand College of Opthamologists (RANZCO) Eye Guide. If a vision injury is not specifically mentioned in the RANZCO Eye Guide, then Chapter 8 of AMA4 is to be used.

These changes were made on the advice of the Chair of the Ophthalmology Assessment Tribunal.

Chapter 11 – Psychiatric and psychological disorders

Section 11.3 in GEPI was amended to clarify that permanent impairment assessments can be made for any psychiatric or psychological disorder, whether the impairment is the primary injury or secondary to a physical injury. This maintains consistency with the assessment of psychiatric and psychological injuries under the Queensland scheme.

Chapter 12 – Haematopoietic System

Section 12.9 in GEPI differs from the same section in the NSW based model guidelines as AIDS/HIV is not provided for separately in Queensland’s scheme and is to be assessed under AMA5.

Chapter 13 – The Endocrine System

There were no substantive changes made to the content of this chapter compared with the model guidelines.

Chapter 14 – The Skin

GEPI includes table 14.1 the Table for the Evaluation of Minor Skin Impairment (TEMSKI), which is an extension of Table 8-2 in AMA5. It provides greater detail on the assessment of impairments from 0-9%.

This chapter and chapter 8 in AMA5 specifically provides for the assessment of skin disfigurement, including non-facial scarring. (Facial scarring is to be assessed under chapter 6 of GEPI with reference to AMA5). As the skin is considered as one organ, all non-facial scarring is to be assessed together as one under GEPI and AMA5. GEPI notes that a scar can be assessed as 0% DPI because it does not affect functionality and is not considered to be disfiguring.
Assessments for disfigurement under this chapter do not necessarily have to be performed by a dermatologist. This could be assessed by another specialist or the Disfigurement Tribunal in line with current practice. The level of assessed impairment for non-facial scarring would be combined with other assessed skin impairments for that body system when determining the DPI.

Each of the examples included under this chapter in the model guidelines have been omitted from GEPI on the advice of the Chair of the Dermatology Assessment Tribunal. The examples are considered to be unrepresentative of work injuries or provide inadequate guidance and that more accurate examples of work-related skin injuries could be found in previous cases examined by the Dermatology Assessment Tribunal. OFSWQ is working to develop some better training examples based on this suggestion.

Chapter 15 – Cardiovascular System
Sections 15.9 and 15.10 in the model guidelines regarding the concept of maximum medical improvement are omitted from GEPI as they are considered to duplicate sections 1.14 and 1.15 which define a stable and stationary injury.

Chapter 16 – The Digestive System
There were no substantive changes made to the content of this chapter compared with the model guidelines.

Note on the evaluation of permanent impairment arising from chronic pain
There were no substantive changes made to the content of this chapter compared with the model guidelines.