Medical Assessment Tribunal - referral guidelines

Effective from 19 April 2021

The Medical Assessment Tribunal (tribunal) relies on comprehensive medical and claims information to be available for efficient and quality decision making. These guidelines assist insurers in providing all mandatory and relevant information at the time of referring a claim to the tribunal.

Mandatory referral documents:

These documents must be submitted at the time of your referral:

- ☐ **Application for compensation / notice of claim for damages:**
  Each claim must be referred separately. Each claim must have its own separate documentation.
- ☐ **Work capacity certificates**
  This must include the first and last work capacity certificate and any other certification relevant (for example where there is a change in diagnosis or additional injury introduced).
- ☐ **Full claim history**
- ☐ **Medical reports/documents including a comprehensive specialist report**
  All relevant medical reports including any reports for physical injuries when the referral is for a psychiatric condition.

A comprehensive medical report from a relevant specialist is required for all tribunal types. This report should include:

- a full, comprehensive and detailed history which includes full details of the current injury (please note that time sequences are important)
- detailed medical history including a summary of previous similar or related injuries which includes a full social history, past medical and surgical history
- clinical findings
- diagnosis
- results of investigations – radiology or pathology
- prognosis
- full details of treatment including medication, worker's engagement and willingness to participate in treatment and compliance
- opinion of capacity for work – either original job or alternative work
- future management of the case
- if the comprehensive report is more than 6 months old; a progress report or copy of the report assessing degree of permanent impairment is also required (for DPI referrals).

For psychiatric reports, a full employment, social and developmental history which includes family, educational, recreational and a personal history. Full details of any past psychiatric, drug, alcohol or tobacco history must also be included.

Other relevant documents:

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These documents must also be submitted at the time of your referral (if relevant):

- ☐ All relevant allied health reports
- ☐ Post-operative report for any physical injuries involving surgery
- ☐ Relevant hospital / GP records that relate to the injury being referred or a previous similar injury
- ☐ Return to work details including dates and full details of suitable duties and host employment programs. This can be in the form of a suitable duties plan or relevant case notes.
- ☐ Copies of all previous similar claims which includes mandatory documents noted above and relevant medical reports
- ☐ Notice of assessment and claimant's response
- ☐ Reasons for decision from both insurer and Workers' Compensation Regulatory Services
- ☐ Relevant factual information e.g. investigation reports, witness statements (required for undetermined claims only).

If you don't have these documents, don't send the referral. To avoid cancellation, only send when all information is available to file.

Process for invalid or incomplete referrals

A referral will be considered invalid or incomplete and will be immediately cancelled if:

- mandatory referral documents were not provided at the time of submitting the referral
- the Notice of assessment (NOA) is incomplete or not valid and requires re-issue (for example - all injuries not assessed, scarring not assessed, incorrect injury description)
- there is an unaccepted injury that requires determination and/or assessment by the insurer
- a comprehensive specialist report from either an independent medical examiner or treating practitioner has not been provided and/or, if the comprehensive report is more than six months old, a progress report or updated information has not been provided
- the worker is not yet three months post-surgery
- the two-year drop down rate has not been assessed and/or provided to the worker and agreement cannot be reached between the worker and insurer.

Process for referrals requiring further information and/or clarification

The insurer will be notified in writing if a referral requires a minor correction, clarification or is missing a relevant document that is already available. If the information is not received within five (5) business days, the referral will be cancelled and a new referral will need to be submitted with this additional relevant information by the insurer.

Helpful referral tips

- If the claim has been recently cancelled or has been to a previous tribunal, the insurer is only required to attach mandatory documents and any new documents received since that tribunal when re-referring the matter. These should be listed on the new referral, clearly labelled and with dates.
- The treating specialist or the specialist who performed surgery is the appropriate specialty for the referral.
- If you don't have all mandatory documents and relevant information, wait for these before submitting the referral.
- If an insurer is unsure whether a document is relevant or not, please contact us on 1300 738 197 before referring.
- The list of injuries and illnesses by tribunal is a helpful document for insurers to use to confirm the type of tribunal to refer to.

Further information for insurers referring a worker to the Medical Assessment Tribunal is available on our website.