

**RECOMMENDATION FOLLOWING AN APPLICATION FOR REVIEW OF
THE INSURER'S WORK CAPACITY DECISION PURSUANT TO SECTION
44(1)(c) OF THE *WORKERS COMPENSATION ACT 1987*.**

1. The applicant seeks a review of the decision made by the Insurer.
2. There is no dispute that the applicant was injured in the course of his employment on 2 September 2003. The applicant returned to suitable employment with the Employer. In 2010 the applicant had restrictions placed on his capacity to work. Those restrictions meant that the applicant was unable to continue in employment with the employer. The applicant found casual work. The Insurer made weekly payments for the earnings differential as required under the provisions of the then *Workers Compensation Act 1987* (1987 Act).
3. The NSW Government introduced significant reforms to the Workers Compensation Scheme in June 2012 including the calculation of weekly payments.
4. The applicant was in receipt of compensation by way of weekly payments as at 1 October 2012. Clause 8 of Part 19H of Schedule 6 to the 1987 Act required the Insurer to conduct a work capacity assessment for the purpose of facilitating the application of the amended weekly benefits to the applicant.
5. Section 44A of the 1987 Act provided that a work capacity assessment is an assessment of the injured worker's current work capacity and must be conducted in accordance with the *WorkCover Work Capacity Guidelines* (*the Guidelines*).
6. The relevant version of the *Guidelines* is the one published on 27 September 2012 which applied to all claims from 1 January 2013. That publication stated that the *Guidelines* provide instructions and guidance to Insurers regarding the appropriate and consistent application of work capacity assessments and decisions.
7. Once the Insurer has conducted an assessment then the Insurer is required to make a work capacity decision. Where that decision involves a reduction in the weekly payments payable to the injured worker then

the Insurer is required to give proper notice to the worker (Section 54 of the 1987 Act).

8. The applicant has been in receipt of weekly payments for 72.6 weeks as at the date of the decision and therefore Section 37 of the 1987 Act applies.
9. The decision states that a work capacity assessment has been made but does not give a date of the assessment. The insurer is required to make a decision “as soon as practicable” after the assessment is made: *Clause 23, Schedule 8, Workers Compensation Regulation 2010*. There does not appear to be any legislative requirement to notify the applicant of the outcome. However, the *Guidelines* at Part 5.4.2 state that the decision must;
 - *State the decision and give brief reasons for making the decision;*
 - *Outline the evidence considered in making the decision, noting the author, the date and any key information. All evidence considered should be referred to, regardless of whether or not it supports the decision;*
 - *Clearly explain the reasoning for the decision.*

My finding is that the Guidelines result in the insurer being compelled to reveal the outcome of the assessment.

10. In this case the applicant cannot know the date of the assessment and therefore whether the decision was made as soon as practicable after the assessment was made.
11. The *Guidelines* at Part 5.4.2 require the Insurer “to state the impact of the decision on the worker in terms of their entitlement to weekly payments, entitlement to medical and related treatment expenses and return to work obligations”. Section 59A of the 1987 Act states that payment of treatment expenses cease 12 months after weekly payments cease. The decision says “any entitlement you may have to payment of pre-approved reasonable and necessary medical and other expenses, until 15 September 2014, will not be affected.” Such a statement is in breach of the *Guidelines*.
12. The decision refers to the transitional amount which is the AWE for existing recipients of compensation prior to 1 October 2012. The decision then refers to section 43(1)(a) of the 1987 Act. That is wrong. The *Guidelines* at Part 5.4.2 require that the legislation be referenced.

The proper reference is Clause 9(3), Part 19H, Schedule 6 of the 1987 Act.

13. The decision also says *“You have been assessed as having the capacity to earn up to \$1016.90 a week in suitable employment: Please refer to: Section 43(1)(c) & (d) of the Workers Compensation Act 1987”*. Again this is wrong. The Insurer should have referred to section 32A of the 1987 Act.
14. There is one major difficulty which faced the Insurer in making its work capacity decision and that is the requirement contained in Clauses 5 and Clause 5.1 of the Guidelines. That was in the following terms:

“Clause 5

Work capacity decisions should be made in line with the Best Practice Decision-Making Guide.”

and then:

“Clause 5.1

When making a work capacity decision the insurer should follow the Best Practice Decision-Making Guide.”

That Guide did not exist and has never existed or been published by WorkCover.

FINDING

15. I find that the Insurer has failed to follow the procedure as set out in the WorkCover *Guidelines* which is required by Section 44A of the 1987 Act. The Insurer has also failed to follow the 1987 Act.

RECOMMENDATION

16. I recommend that the Insurer conduct a new work capacity assessment and make a new work capacity decision in accordance with the WorkCover *Guidelines*.
17. I recommend that the Insurer pay the applicant the weekly benefit to which he was entitled prior to 7 June 2013 until such time as he is



WorkCover **independent** review office

Level 4, 1 Oxford Street, Darlinghurst NSW 2010
T: 13 9476
contact@wiro.nsw.gov.au
www.wiro.nsw.gov.au

properly transitioned. Those payments should continue from 15 September 2013 being the date on which they ceased.

BRIAN HATCH
Delegate of the WorkCover Independent Review Officer

8 January 2014