

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*.

SUMMARY:

- a. The work capacity decision of the Insurer dated 24 October 2013 is set aside.**
- b. The applicant is to be reinstated to her weekly payments at the rate applicable at 1 February 2014.**
- c. The payments are to be back-dated to 1 February 2014.**
- d. Such payments are to continue until such time as a further work capacity decision is made and comes into effect.**

Introduction and background

1. The applicant seeks procedural review of a work capacity decision made by the Insurer on 24 October 2013. The applicant sought internal review and the Internal Review Decision (IRD) was issued on 18 December 2013. She then sought Merit Review on or about 15 January 2014 and the Authority issued the Merit Review recommendation on 29 July 2014, some 195 days later¹. Following receipt of the Merit Review Service (MRS) recommendation, the applicant made application to this office on 13 August 2014.
2. I am satisfied that the applicant has made the application for review in the proper form and within time.
3. The applicant suffered injury to her left ankle on 9 May 2001 whilst in the course of her employment as a receptionist. The applicant was able to return to her pre-injury employer in a reduced capacity until her employment was made redundant. As at the time of the work capacity decision the applicant was not working and was in receipt of weekly payments of compensation.

¹ Guideline 10.14 of the *Guidelines for work capacity decision Internal Reviews by insurers and Merit Review by the WorkCover Authority (Review Guidelines)*, which came into effect on 11 October 2013 states that "The Authority will write to the worker and insurer as soon as practicable and preferably within 30-days of receiving the application advising of the outcome of the merit review."

4. The applicant was in receipt of weekly payments immediately before 1 October 2012. Accordingly *Clause 8 of Part 19H of Schedule 6* to the *Workers Compensation Act 1987* (the 1987 Act) required the Insurer to conduct a work capacity assessment.
5. *Section 44A* of the 1987 Act provides that a work capacity assessment must be conducted in accordance with the *WorkCover Work Capacity Guidelines (Guidelines)*.
6. The relevant version of the *Guidelines* came into effect on 11 October 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 benefits payable to the injured worker then the Insurer is required to give proper notice to the worker (*Section 54(2)(a)* of the 1987 Act).

Submissions by the applicant

8. *Section 44(1)(c)* of the 1987 Act states that this review is “*only of the insurer’s procedures in making the work capacity decision and not of any judgment or discretion exercised by the insurer.*” The applicant has made extensive submissions which have been carefully considered.

Submissions by the Insurer

9. The Insurer did not make any submissions in respect of this application.

The Decision

10. *Guideline 5.3.2* requires the Insurer ‘state the impact of the decision on the worker in terms of entitlement to weekly payments, entitlement to medical and related expenses and return to work obligations.’
11. The decision states ‘any entitlement you may have to payment of pre-approved reasonable and necessary medical and other expenses, until 1 February 2015 will not be affected.’
12. *Section 59A(2)* of the 1987 Act states that treatment expenses and related expenses are no longer payable 12 months after weekly payments cease.
13. The decision fails to advise the applicant that her entitlements to medical expenses will cease on 1 February 2015.
14. The IRD attempts to rectify the omission in the decision by advising in respect of *Section 59A* of the 1987 Act the ‘effect of this section is that compensation will not be payable to (the applicant) for any medical or related treatment, service or assistance given or provided on or after 1 February 2015’.
15. This statement is also erroneous and only compounds the error in the first decision. The decision fails to advise the applicant of *Section 59A(3)* of the 1987 Act.
16. *Section 59A(3)* of the 1987 Act states that the applicant may, after the entitlement to compensation for medical expenses ends, become eligible for further payments for medical expenses if the applicant becomes entitled to compensation for weekly benefits at some stage in the future.
17. The Insurer has failed to comply with the relevant *Guideline*.
18. *Guideline 5.3.2* states that the Insurer must “advise that any documents or information that have not already been provided to the worker can be provided to the worker on request to the Insurer”.
19. The decision advises ‘should you require further copies of documents previously provided to you please do not hesitate to contact (the named

insurer)'. The insurer has made this a restrictive clause whereas the Guideline allows access to **any** documents (emphasis added).

20. On 3 September 2014 the *Workers Compensation Amendment (Existing Claims) Regulation 2014* (the Amendment Regulation) was published. Clause 26 of the Amendment Regulation provides that Part 2 “takes effect on and from 1 October 2012.”

21. Clause 30 of the Amendment Regulation, which is in part 2 and therefore is deemed to have been in effect since 1 October 2012, is in the following terms:

30 Stay of work capacity decisions

(1) A review under section 44 (Review of work capacity decisions) of the 1987 Act of a work capacity decision made in respect of an existing claim operates to stay the decision that is the subject of the review and prevents the taking of action by an insurer based on the decision while the decision is stayed.

(2) This clause applies to an internal review under section 44 (1) (a) of the 1987 Act only if the application for internal review is made by the worker within 30 days after the worker receives notice from the insurer of the work capacity decision to be reviewed.

(3) The stay under this clause operates from the time the application for review is made until the worker is notified of the findings of the review (or the application for review is withdrawn).

(4) This clause applies despite section 44 (4) of the 1987 Act, which is deemed to be amended to the extent necessary to give effect to this clause.

22. It must follow that the applicant is entitled to the full benefit of the Amendment Regulation and therefore the Insurer should restore the applicant to the payments being received immediately prior to the payments ceasing as a result of the original decision.

FINDING

23. Under the legislation the Insurer can make an assessment of the applicant’s work capacity and then a decision about that work capacity, but they must comply with the legislation, the Regulation and the *Guidelines* in order to produce a procedurally correct result. In the



current instance there has been more than one breach of the *Guidelines* which are to be treated as delegated legislation. Accordingly the work capacity decision must be found to be invalid.

RECOMMENDATION

24. The work capacity decision of the Insurer dated 24 October 2013 is set aside.
25. The applicant is to be reinstated to her weekly payments at the rate applicable at 1 February 2014.
26. The payments are to be back-dated to 1 February 2014.
27. Such payments are to continue until such time as a further work capacity decision is made and comes into effect.

Tracey Emanuel
Delegate of the WorkCover Independent Review Officer
29 September 2014