

## SAPS Injury Management Practice Note

# Permanent Impairment Assessment process

### Objectives, Targets & Performance Indicators

Objective	Target	Performance Indicator
SAPS agencies apply relevant provisions of the RTW Act 2014 and Permanent Impairment Guidelines for the assessment of a worker's permanent impairment.	All SAPS agencies.	SAPS agency has a documented process for the assessment of a worker's permanent impairment.

### Purpose

To ensure the provisions of the Return to Work Act 2014 (the Act) and Permanent Impairment Guidelines are applied with regards to assessing an injured worker's degree of permanent impairment.

### Context

Section 22 of the Act outlines the process for assessing the degree of impairment that applies to work injury that results in a permanent impairment. This is relevant both for the purpose of assessing whether a worker is a seriously injured worker and any entitlement under sections 56/58.

An assessment must be made in accordance with the Impairment Assessment Guidelines and must be made by a medical practitioner who holds a current accreditation under this section	Section 22 (2)
An assessment of the degree of impairment resulting from an injury must not be made until there is evidence that the injury has stabilised. <i>(Paragraph 1.13 of the Impairment Assessment (IA) Guidelines provides that assessments are only to be conducted when the injury has stabilised and the assessor believes the worker has attained maximum medical improvement (MMI); the condition has been stable for three months and is unlikely to change in the foreseeable future with or without medical treatment</i>	Section 22 (7)
Impairments arising from injuries which occurred on different dates are to be assessed chronologically by date of injury and are not to be combined	Section 22 (8)(a)
Impairment from physical injury is to be assessed separately from impairment from psychiatric injury	Section 22 (8)(d)
Psychiatric injury is defined as "pure mental harm". In assessing impairment resulting from physical injury or psychiatric injury, no regard is to be had to impairment that results from consequential mental harm	Section 4 Section 22 (8)(e)

Impairments from unrelated injuries or causes are to be disregarded in making an assessment, and any portion of an impairment due to a previous injury (whether work related or because of a pre-existing condition) that caused the worker to suffer an impairment before the work injury is to be deducted (subject to a contrary provision in the IA Guidelines)	Section 22 (8) (b) & (g)
There can only be one assessment of permanent impairment from one or more injuries 'arising from the same trauma'. An assessment may be undertaken by more than 1 accredited medical practitioner and their assessment combined to create 1 assessment.	Section 22 (10) & (11)
For both economic and non-economic loss the degree of whole person impairment must be equal to or greater than 5% to qualify for payment under section 56/58.	Section 56(2) and 58(2)
Once there is medical evidence that the work injury has stabilised/reached MMI and a permanent impairment assessment is required, the worker must be given the opportunity to choose the assessor who will assess their WPI caused by their work injury. The worker must undertake that selection process in consultation with the agency	Clause 17.3 IA Guidelines
Claims agents must ensure workers are provided with the report request prior to it being sent to the assessor. The claims agent must give the worker at least 10 days to consider the request and have an opportunity to raise any issues, errors or omissions before the request is sent to the assessor	Appendix 1 IA Guidelines

The Impairment Assessment (IA) Guidelines set out in the detail the criteria and process for assessing impairment. Appendix 1 includes detailed information the requestor must include in the assessment documentation provided to the medical assessor.

NOTE: With maximum medical improvement (MMI) further recovery or deterioration is not anticipated but may include temporary fluctuations. If the assessor thinks that MMI has not been achieved the assessment must be deferred and an explanation provided as to why.

## SAPS Practice

Prior to commencing the impairment assessment process SAPS agency must ensure:

1. There is a compensable injury
2. It is permanent
3. It has stabilised and reached maximum medical improvement.

As a guide the injury should have been medically stable for at least three months and is unlikely to change in the foreseeable future with or without further medical treatment. If it is not known whether the injury is stable, further medical information should be sought.

The impairment assessment process requires SAPS Agencies to:

1. Consult with workers on selecting a suitable assessor. In the event a worker initiates an impairment assessment they must consult with the Agency in the selection process.
2. Provide a detailed request to the assessor and outline what injuries to assess; what not to assess; what pre-existing injuries may need to be assessed and any monetary deduction that may be required.
3. Send a copy of the report request to the worker and allow ten days for them to approve or seek amendments to the report, prior to forwarding to the assessor.

The impairment process is stepped out in Appendix 1 supported by draft documents/templates to assist in the process.

## Appendix 1

Process	Key requirement	Claim actions	Sample documents
<b>Step 1</b>	Establish injury is stable	Consider seeking medical evidence as to stability/MMI before commencing impairment process e.g. seek information to confirm the nature and extent of any injury or injuries said to have been suffered; Clarify whether those injuries all arose from the trauma and if yes, have they stabilised; clarify whether there are any pre-existing injuries or conditions	Medical report letter re: compensable injuries and MMI status
<b>Step 2</b>	Assess whether one or more assessors are required	Identify the compensable injuries and determine if one assessor or multiple assessors will be required to assess WPI	
<b>Step 3</b>	Selecting the assessor – consult with worker	<p>The selection process should consider:</p> <ul style="list-style-type: none"> <li>- The body system to which the injury related (the assessor must be accredited for that body system)</li> <li>- The nature and complexity of the injury</li> <li>- Possible conflicts of interest</li> <li>- Availability of assessors</li> <li>- Whether multiple assessors are required</li> </ul> <p>Provide to the worker a full list of all the assessors that may be able to undertake the assessment relevant to their injury and impairment. The worker should inform the agency of their choice as soon as practicable.</p> <p>If the worker does not wish to select the assessor, the agency should select the assessor in consultation with the worker</p>	<p>Assessor letter to worker</p> <p>If worker does not wish to choose, authority form from worker requesting agency make the selection</p>
<b>Step 4</b>	Assessor report request	<p>Draft the Assessor request. The request must provide information to the assessor on what injuries to assess; what not to assess and what pre-existing injuries may need to be assessed and deducted;</p> <p>If known, provide instruction on which injuries should be combined in the whole person impairment; which injuries should be assessed separately and</p>	<p>Medical assessment request letter</p> <p>NOTE key words- ‘disregarded’ ‘assessed together or combined’ ‘assessed separately’; ‘no regard’</p>

		<p>any information from previous assessments relevant to calculating the % of WPI plus any information on previous WPI assessments that should be deducted.</p> <p>The request should also include any relevant clinical studies, radiological investigations, tests and results.</p> <p>The request should also advise whether the injury is part of an accepted claim or whether it is in dispute</p>	
<b>Step 5</b>	Draft Report Request sent to worker	<p>Workers must be provided with a copy of the report request and given at least 10 days to consider it and have an opportunity to raise any issues, errors or omissions.</p> <p>To ensure this process occurs an authority form is sent with the report request asking that the worker acknowledges receipt of the request and or approves/disallows its content.</p>	Worker report request letter + authority form
<b>Step 6</b>	Appointment scheduled and request sent	Request sent to Assessor. Worker notified of appointment	Impairment appointment letter
<b>Step 7</b>	Receipt of assessment report	Copy of the report sent to the worker within 7 days	
<b>Step 8</b>	Impairment calculated	Refer to Practice Note – Lump Sum Payment for Economic and Non-Economic Loss	