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# Workers' compensation forms

## A guide for GPs

This article forms part of our 'Paperwork' series for 2011, providing information about a range of paperwork that general practitioners complete regularly. The aim of the series is to provide information on the purpose of the paperwork, and hints on how to complete it accurately. This will allow the GP to be more efficient and the patient to have an accurately completed piece of paperwork for the purpose required.

Workers' compensation provides financial benefits for injured workers. The general practitioner has a pivotal role in the completion of necessary documents such as medical certificates, medical reports and treating practitioner questionnaires. Before completing such documents, the GP must complete a thorough medical assessment. This article describes the important elements of this assessment, the information required in workers' compensation documents, and the responsibilities of the GP and worker (patient) in completing these documents.

**Keywords:** workers' compensation; forms

Workers' compensation is an insurance scheme funded by contributions from employers that provides financial benefits to injured workers to cover medical and other health related expenses, weekly payments, rehabilitation, and lump sum payments for permanent impairment. Benefits to dependants are also available in the event of a work related death.<sup>1</sup> Workers' compensation benefits differ from common law entitlements which require the injured party to sue for negligence.

### What is covered under the workers' compensation scheme?

This depends on the jurisdiction (a state, territory or, in the case of employees of the Australian government, the national scheme 'Comcare') and the relevant Act. Legislation, entitlement to workers' compensation and the provision of benefits vary between jurisdictions

of Australia. However, in general, any worker who suffers from an injury through an accident at work, or an injury or disease 'arising out of, or in the course of, employment' where work is a (significant, substantial, material or major) contributing factor may be entitled to apply for workers' compensation.<sup>1</sup> An injury is generally defined as physical or mental injury or the aggravation, acceleration or recurrence of a pre-existing injury arising out of, or in the course of, work and includes the exacerbation or acceleration of a disease where work is a contributing factor.<sup>1</sup>

Common law entitlements may be also be restricted by the relevant workers' compensation legislation in each jurisdiction.<sup>1</sup>

### Why is accurate completion of the workers' compensation forms important?

Work related consultations are not uncommon and were managed at a rate of 2.5 per 100 general practice encounters in 2009–2010.<sup>2</sup> Common work related consultations include musculoskeletal disorders (mainly back), psychological disorders, skin disorders and miscellaneous disorders.<sup>2,3</sup>

Accurate and full completion of workers' compensation documents, and in particular medical certificates, is important for several reasons. First, it allows for timely processing of claims. Second, it enhances effective communication between all parties involved, as the medical certificate represents the main form of communication between the treating practitioner, worker (patient), insurer and workers' compensation authority.<sup>4</sup> It can help guide decisions about accepting a claim, the type and amount of weekly benefits, approving treatment and the development of a return to work plan.<sup>5</sup> Third, information

entered on the form and the GP's assessment and communication may affect the patient's expectations of treatment and course of their illness.

### What types of forms are there?

Documents the GP may be required to complete include attendance certificates, initial (first), continuing (progress) and final (clearance) medical certificates, medical reports, treating practitioner's questionnaires, and occasionally, documents to report specific occupational diseases.

### Where can I find the forms?

Initial and continuing medical certificates can be obtained from the respective workers' compensation authority. They can be obtained in hard copy by telephoning for or faxing a completed order form; ordered online, downloaded directly from the website of the relevant workers' compensation authority, imported in to the GP's practice software; or they may be available as part of a practice's software. *Table 1* lists the websites of workers' compensation authorities for the various jurisdictions around Australia. Medical reports and treating practitioner's questionnaires may be requested by the insurer, the patient's legal representative or an independent organisation such as a dispute resolution body and are often requested in writing and posted to the GP.

### What assessment does the GP need to do before completing the forms?

The GP needs to obtain a relevant history in order to help make a diagnosis and also to confirm that the medical condition is consistent with the circumstances as described by the worker. Importantly, the GP is not required to make a determination of fault (liability), only that the medical condition and description of injury are consistent. The GP also needs to perform a targeted examination, request appropriate investigations and document a clear medical diagnosis using acceptable medical terminology.

In addition to usual history taking regarding the circumstances of the injury and the patient's symptoms, enquiring about the meaning of work

**Table 1. Workers' compensation authorities in Australia**

- WorkSafe Australian Capital Territory  
[www.worksafety.act.gov.au/health\\_safety](http://www.worksafety.act.gov.au/health_safety)
- WorkCover Authority of New South Wales  
[www.workcover.nsw.gov.au/Pages/default.aspx](http://www.workcover.nsw.gov.au/Pages/default.aspx)
- WorkCover Queensland  
[www.workcoverqld.com.au](http://www.workcoverqld.com.au)
- WorkCover South Australia  
[www.workcover.com/site/home.aspx](http://www.workcover.com/site/home.aspx)
- WorkCover Tasmania  
[www.workcover.tas.gov.au](http://www.workcover.tas.gov.au)
- Northern Territory WorkSafe  
[www.worksafe.nt.gov.au](http://www.worksafe.nt.gov.au)
- WorkSafe Victoria  
[www.worksafe.vic.gov.au/wps/wcm/connect/wsinternet/WorkSafe](http://www.worksafe.vic.gov.au/wps/wcm/connect/wsinternet/WorkSafe)
- WorkCover Western Australia  
[www.workcover.wa.gov.au/Default.htm](http://www.workcover.wa.gov.au/Default.htm)
- Comcare\*  
[www.comcare.gov.au](http://www.comcare.gov.au)

\* Comcare is the agency responsible for workplace safety, rehabilitation and compensation in the jurisdiction of the Australian Commonwealth Government

for the patient and pain beliefs may be useful. For example, in acute back pain, psychosocial 'yellow flags' such as the belief that pain is severely disabling and avoidance behaviour can help predict ongoing symptomatology, long term disability and poor return to work outcomes.<sup>4</sup> Physical examination needs to be targeted to the condition or body part affected, and should include eliciting signs of neurological deficit in the case of a musculoskeletal injury, and being alert to the presence of signs that may indicate behavioural distress (but which do not mean that the patient is not genuine).<sup>6</sup> Assessing for the presence of 'red flags' such as major trauma, history of cancer, constitutional symptoms that suggest infection and certain neurological deficits in cases of back pain, helps determine the need for urgent investigation and referral.<sup>7</sup> Accurate documentation of the consultation and relevant findings is important. Doctors need to be aware that medical records may be required in subsequent legal proceedings and can be subpoenaed.

Before completing the initial certificate, the GP needs to decide on appropriate treatment for

the worker's condition and plan referral to any appropriate specialists or allied health providers so that this may be documented on the form. As far as possible, treatment in the form of medication, physical therapies and physical aids should be evidence based.

### Initial medical certificates

Initial medical certificates require the GP to document:

- the nature of the injury
- the diagnosis
- any planned treatment
- whether the medical condition of the worker is consistent with the circumstances of injury
- a determination of appropriate hours of work and restrictions to pre-injury duties, different duties or certify lack of fitness to work (only if medically necessary)
- a proposed date for review of the worker
- the contact details of the worker, medical practitioner (and possibly the employer).

The form must be signed and dated. In some cases, the worker may be required to sign the initial form to indicate their consent to share information about their injury/claim with the insurer and employer. Some jurisdictions also require information about whether the GP has contacted the employer and whether they believe that there is a need for vocational assessment and rehabilitation.

The diagnosis entered on to the initial and ongoing medical certificates will usually be a clinical one rather than one based on investigations. Often changes on imaging are seen that represent normal, incidental age related degenerative changes.<sup>8,9</sup> In these cases, it is important to be clear with the patient that these changes are not the reason for the pain and that they are not caused by work. Importantly, an inappropriate diagnostic label may lead to perpetuation of symptomatology.

### Continuing medical certificates

Continuing medical certificates require the GP to assess and document the worker's fitness to return to work in their pre-injury duties, restricted duties or different duties. Possible restrictions that may be imposed are listed in *Table 2* and include restrictions on lifting and bending. Physical restrictions, work

duties and hours of work should be clear and specific.<sup>7</sup> However, while restricted duties may be appropriate in the short term, the aim should be to return the worker to maximum function. Preparation of an early return to work plan can assist in this process. It is important to regularly review the worker, review the effectiveness of treatment, and modify return to work plans as appropriate.

Certificates may be issued subsequent to the patient being away from work but must state the date the certificate was issued and cover the period the doctor knows the patient would have been unfit for work.

### Certificates of fitness to return to work

For injuries or conditions where the symptoms are longstanding, it may be necessary to certify fitness to return to work. This may be documented on a continuing certificate, in a letter to the insurer, or on a final certificate specifically designed for this purpose (depending on the jurisdiction).

**Table 2. Potential work restrictions (depending on body part affected)**

- Avoid lifting (be specific, such as 'up to 10 kg – only between waist and chest height, close to the body')
- Avoid prolonged standing (provide specific time limit for standing or to be able to change posture as needed)
- Ensure regular breaks (be specific, such as 5 minutes every hour)
- Ensure rotation of activities (need to be specific)
- Avoid forceful pushing/pulling
- Avoid bending of back beyond a certain range (be specific and state beyond which range)
- Avoid repetitive bending
- Avoid squatting
- Avoid use of one arm (state which one) above shoulder level
- Avoid repetitive use of one arm
- Avoid contact with oils or solvents
- Limit hours of work per day (state number of hours) or days of work per week (state number of days)

### Communication between worker, doctor and employer

Communication between all parties is vital. Providing information about expected recovery and return to work goals and timelines and explicitly establishing positive recovery expectations in the initial treatment sessions helps to reduce time taken to return to work.<sup>10</sup> In addition, communicating with employers about the functional impact of the injury, appropriate work duties that are available, return to work management issues and the workplace set up, can all help achieve positive return to work outcomes.<sup>10</sup> It is important to document any conversations between the GP and the employer.

### Medical reports and treating practitioners' reports

Medical reports or treating practitioner's questionnaires may require the GP to provide a summary of the worker's injury and its management, or to provide their opinion in relation to the significance of a previous injury or the need for vocational assessment or rehabilitation, specific medical treatment, allied health or household services. Medical reports may require the GP to provide an opinion as to whether the worker is able to return to work in their pre-injury duties, undertake further work or has a capacity to return to work in other employment, or provide their opinion in relation to return to work timelines, prognosis and any nonphysical factors impacting on recovery. The decision to continue allied health treatments beyond the acute phase should be based on demonstration of benefit, particularly relating to empowerment of the worker to manage their illness and have goals that focus on function and return to work.<sup>11</sup>

Assessment of capacity to return to work in other employment may include consideration of several factors such as the nature and extent of the worker's medical condition, their education and training (including degrees and certificates), work experience and pre-injury employment, vocational assessment reports and functional status in relation to activities of daily living.

### Responsibilities of the GP and worker

The worker has a responsibility to report their injury to their employer within a certain

timeframe in most jurisdictions, and has a right for their claim form to be received by their employer and for their claim to be assessed by the employer's insurer.<sup>1</sup> The GP has a responsibility to complete certificates promptly (usually in the consultation) and complete reports in a timely manner.

When completing forms or reports for workers' compensation schemes the GP has a responsibility to the patient as their doctor to maintain confidentiality, but also an obligation to comply with the law as it applies in each jurisdiction. When a worker signs a claim form for workers' compensation, they are providing an authority to release information to the insurer about the matter to which the claim relates. If the patient subsequently requests that the doctor does not disclose certain information to the insurer, the worker should be told that they must approach the insurer in order to take steps to revoke this authority.

If the GP receives a request for additional information, it is necessary for a valid and current authority to be in place for consent to release such medical information.<sup>12</sup> Generally, a GP does not need to disclose information about matters to which the claim does not relate. If a doctor has any doubts about the validity of any authority to whom they plan to disclose information, it is prudent to check with their medical indemnity insurer.

### Common pitfalls

Common pitfalls include administrative ones as well as clinical ones. They include:

- providing illegible details
- providing inadequate details such as not providing sufficiently specific work restrictions
- not completing all parts of the form
- applying an inappropriate diagnostic label
- using unnecessary abbreviations or medical jargon
- delay in identifying and managing psychosocial 'yellow' flags
- focusing on the pain alone without sufficient emphasis on activity including return to work
- not emphasising the natural history of the medical condition
- not regularly evaluating the need for

ongoing psychological therapies or passive physical therapies.

## Resource

Table 1 lists the websites of workers' compensation authorities for the various jurisdictions around Australia (type 'forms' in the search facility to obtain copies of certificates relating to workers' compensation).

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