



Injury Management Program

CGU Workers Compensation Tasmania

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Introduction

CGU Workers Compensation Injury Management Program

Workplace injury management is about returning employees to productive employment as quickly and as safely as possible following a work-related injury or illness. The underlying principle of workplace injury management is that rehabilitation in the workplace is more effective, productive, and of greater benefit to all concerned.

Within this framework, CGU Workers Compensation Tasmania (CGU) supports the commencement of return to work as soon as practicable following work-related injury and/or illness and is committed to the principle of workplace injury management.

This CGU Injury Management Program (IMP) is an established system that seeks to ensure optimum outcomes regarding a timely, safe, and sustainable return to work for workers following workplace injuries.

It provides for prompt treatment, and effective and pro-active management of injuries, necessary medical and occupational rehabilitation to assist injured workers to return to work as soon as possible.

The CGU IMP has been developed so its insured employers can utilise the program within their workplace in the absence of developing their own standalone program.

CGU has a dedicated Injury Management Co-ordinator (IMC) within its claims management operation to ensure effective injury management is initiated and maintained throughout the life of significant injury claims and that injury management activity follows WorkCover Tasmania legislative requirements.



1. Injury Management Policy

1.1 Statement of commitment and objectives

CGU is committed to injury management and the rehabilitation of workers who suffer a work-related injury or illness under coverage of a CGU workers compensation policy.

CGU:

- Works with its insured employers to ensure injured workers return to work as soon as practicable, and that returning to work is a normal practice and expectation.
- Encourages the provision of suitable duties and employment, where practicable, for injured workers as an integral part of the injury management process.
- Consults with its insured employers, their injured workers, and where necessary, relevant stakeholders, to ensure the program operates effectively.
- Informs its insured employers of the principles of injury management, provides education where required and reinforces the principles of best practice injury management. CGU currently offers injury management awareness training to all insured employers.
- Promotes the benefits of returning to work.

The Australasian Faculty of Occupational and Environmental Medicine (AFOEM) of The Royal Australasian College of Physicians (RACP) has released the Consensus Statement on the Health Benefits of Work: *Realising the Health Benefits of Work presents compelling international and Australasian evidence that work is generally good for health and wellbeing, and that long-term work absence, work disability and unemployment generally have a negative impact on health and wellbeing.*

The purpose of the consensus statement is to bring together a wide range of stakeholder signatories, who each affirm the importance of work as a determinant of health and commit to:

- Promoting awareness of the health benefits of work.
- Offering support and encouragement to those attempting to access the health benefits of work.
- Encouraging employers' continuing support of workers occupational health.
- Advocating for continuous improvement in public policy around work and health, in line with the principles articulated in the consensus statement.

Both CGU and IAG are signatories.



1.2 Statement of roles and responsibilities of all parties

Workplace injury management requires cooperation between all parties to achieve a timely, safe, and sustainable return to work for employees following a workplace illness or injury.

Insurer obligations

The CGU IMP is made available to all current policy holders to enable its availability to workers.

CGU recognises the importance of providing dedicated resources and expertise to ensure optimum injury management strategies are being applied including medical and return to work management.

Accordingly, CGU has developed an integrated model of case management that utilises the different skill sets of CGU's IMC, Technical Advisors, Injury Management Advisors and Claims Consultants to maximum effect. To ensure this integrated model works effectively each person has clear accountabilities and responsibilities.

IMC

- Assists with the development and promotion of injury management strategies focused on early intervention, injury recovery and sustainable return to work.
- Is assigned as soon as practicable after becoming aware that an injured worker has suffered a significant injury.
- Provides support and oversees injury management operational functions to ensure that activities are executed in compliance with regulatory requirements. This includes ensuring appropriate Return to Work Plans (RTWP) and Injury Management Plans are in place.
- Assists Claims Consultants to determine when reports from treating health practitioners or independent medical examiners may be required and to validate the specific issues to be considered.
- Maintains effective working relationships with treating health practitioners and employers to ensure successful return to work outcomes.

Technical Advisor

- Develops claim management strategies and advice to aid recovery and successful return to work outcomes.
- In conjunction with the Team Leader, provides mentoring, individual coaching, and training to Claims Consultants on claims management ensuring adherence to best practice guidelines and regulatory requirements.
- Provides advice to Claims Consultants managing complex claims and how best to support the injured worker through the claim process.
- Attends claim strategy meetings with the Injury Management Advisor and Claims Consultant to discuss appropriate actions to support injured workers with psychological injuries.

Injury Management Advisor

- Provides early intervention reviews and recommends appropriate actions to be undertaken to assist with recovery and return to work.
- Review all new claims, claims of a serious nature and all primary stress/psychological claims.



- Manages surgery requests, appropriateness of surgical intervention and recommended medical treatment.
- Establishes early contact with Primary Treating Medical Practitioners (PTMP) and attends GP case conferences, if required.
- Clarifies the mechanism of injury, causation and liability, and injury recovery expectations.
- Reviews any change to the original diagnosis.
- Manages Workplace Rehabilitation Provider (WRP) service issues/queries and requests to fund training.
- Reviews RTWP and Injury Management Plan issues and queries.
- Reviews and authorises exercise program extensions.
- Reviews and authorises allied health programs.
- Assists Claims Consultants with Independent Medical Examination report requests, including recommendations for and engagement of appropriate specialists.

Claims Consultant

Assist injured workers to achieve best results for a timely, safe, and sustainable return to work. This is achieved by:

- Determining claim liability.
- Initial and ongoing claim contact with the injured worker, employer, and PTMP.
- Provision of appropriate treatment in accordance with evidence-based practice.
- Undertaking appropriate claim reserving.
- Ensuring payments are made in a timely manner.
- Liaising with key stakeholders and prepare written correspondence when required.
- Liaising with the IMC, Injury Management Advisor, and Technical Advisor to achieve injury management objectives and successful claim outcomes.
- Conducting claims management reviews to establish a clear claim strategy.
- Arranging appropriate investigations.
- Management of legal matters.
- Management of disputes.
- Identifying and actioning third-party recovery claims.
- Attending employer claim reviews as required.
- Finalising claims.

Employer obligations

CGU provides this IMP in respect of each employer. Policy holders of CGU are expected to have an IMP In place at each workplace, by either using this IMP, the Injury Management Program template developed by CGU or developing its own IMP. This information is outlined in the CGU Employer Information Pack an on annual renewal documents. Employers who choose to develop their own IMP are requested to submit them to CGU for approval.

Employers are encouraged to provide workplace inductions and ongoing educational sessions to inform workers about key policies and procedures in the IMP.

Employers are encouraged to regularly review, update, and amend their IMP as appropriate. CGU must approve all amendments made to an employer's IMP.



Employers have an obligation to provide suitable duties for their injured workers, where practicable. When advised that an employee has suffered a work-related injury or illness and requires medical or other treatment and/or time off work for their injury/condition, the employer should contact CGU as soon as possible to report the injury and provide information available at that time.

The employer should also advise the employee of their rights to lodge a workers compensation claim in accordance with the provisions of the Act.

The employer should ensure any medical recommendations are complied with until such time as adequate assessment can be instigated.

Employee responsibilities

Injured workers are required to notify their employer of any work-related injury as soon as possible after an injury occurs and should notify their employer regarding their ongoing medical and rehabilitation status. Injured workers are encouraged to participate and co-operate in the establishment of their Injury Management Plan.

Injured workers are required to comply with their obligations under the Injury Management Plan and in accordance with the *Workers Rehabilitation and Compensation Act 1988* (the Act).

The injured worker is encouraged to allow their Primary Treating Medical Provider (PTMP) to communicate with the employer's insurer for the purposes of developing a RTWP/Injury Management Plan where required.

An injured worker should make all reasonable efforts to return to work as soon as possible, having regard to medical advice.

1.3 Policy to be appropriate to nature and scale of the organisation

CGU considers its Injury Management Policy to be appropriate in nature and scale to its present operation. As a result of CGU's commitment to workers compensation on a local and national basis, significant resources are available to ensure appropriate levels of injury management support. CGU can provide service levels that commensurate with its stakeholder's requirements.

1.4 Consistent with relevant injury management legislation

CGU complies with the provisions of the Act, as amended, and exercises best practice injury management techniques consistent with applicable legislation and guidelines.

1.5 Policy to be reviewed regularly

The CGU IMP is reviewed annually as required by the WorkCover Tasmania Board to ensure the various components of the IMP align with WorkCover Tasmania Guidelines and the Act.



2. Policy for the Management of Employer Injury Management Programs

2.1 Assist employers to develop Injury Management Programs

Where an employer has no internal IMP, CGU can assist the employer to develop a program or provide them with the CGU IMP.

Where an employer chooses to implement a CGU approved IMP, CGU can assist in developing a plan and support its implementation. These plans are reviewed as required.

Where an employer aligns to the CGU IMP, CGU offers education and awareness training in respect of the operation of its IMP. This assists employers in their understanding of all facets of the program and how to implement the program at a workplace level.

Injury management awareness training sessions can be delivered where this need is identified.

The CGU team are appropriately experienced, trained, and available to provide training and support to its insured employers.

2.2 Ensure employers operate within Injury Management Programs

CGU monitors employer activities through its claims administration operation. Employers are encouraged to act in accordance with CGU recommended policies and procedures. Training and support are provided to CGU insured employers where necessary or appropriate.

Where an employer has a CGU approved IMP, CGU regularly reviews that program for consistency with the CGU IMP and this is noted on a register for monitoring and review.

2.3 Manage the assessment and approval of Injury Management Programs

Employers who have developed their own IMPs are requested to submit it to CGU for assessment and approval before it can be implemented within their organisation. Employers that do not have an IMP utilise the CGU IMP. Training and support are provided to CGU insured employers where necessary.

Responsibilities:

Underwriter

Employers wishing to implement their own IMP are requested to submit their program for assessment and approval. The Underwriter will refer the review of the IMP to the IMC, which may include revision and modifications to the program.



It is the responsibility of the IMC, Injury Management Advisor, Technical Advisor and Claims Team Leader to review and modify the employers IMP to ensure it aligns with the approved CGU IMP. All communication is recorded in the client policy file. This includes but is not limited to:

- Requests to employers to review their IMP.
- Referral of documents to the IMC.
- IMC recommendations and report.
- Recommendations and advice to the insured employer for IMP updates or revisions.
- Follow up letter requesting confirmation of action taken.

Where an insured employer fails to act in an appropriate and reasonable manner, CGU will escalate to our Claims and Underwriting Managers to assist with remediating any non-compliance in the first instance. Where an insured employer fails to address on the non-compliance, CGU will refer the matter to WorkCover Tasmania.

IMC

The IMC will assess employer IMPs for consistency with the CGU IMP and operation. Recommendations for changes to or modification of IMPs will be made by formal written submission. Insured employers are advised by the Underwriter, who will coordinate the review process and ensure review timeframes are within acceptable standards.

2.4 Ensure employers educate and promote Injury Management Programs

CGU actively promotes the ongoing benefits of injury management with its insured employers. This encourages them to deliver the benefits of the IMP to its workforce.

Through the assessment of employer IMPs (refer 2.1 and 2.2), employee education and the promotion of IMPs, employers are encouraged to clearly identify the educational process within its program.

Strategies used by CGU to establish the consistency of employers' IMPs include consultation with the following team members; Claims Team Leader, Technical Advisor, Claims Consultant, IMC, and Injury Management Advisor.

Education and promotion of IMPs occur during:

- Claim reviews with clients.
- Client visits.
- Notification of IMP changes.
- Interactive employer information sessions (injury management awareness sessions).
- Telephone contact (managing claims on a one-on-one basis).
- Emails (managing claims on a one-on-one basis).

2.5 Ensure employers regularly review and maintain IMPs

As part of CGU's ongoing performance monitoring, CGU regularly reviews its existing IMP. In line with these reviews, CGU will modify the IMP, as required, and communicate changes to its insured employer groups. CGU will make appropriate recommendations to insured employers in respect of changes to the CGU IMP. CGU will encourage its insured employers to review their IMP in line with changes that are made to the CGU IMP (see 2.2).



3. Information Management

3.1 Ensure full disclosure of and access to accurate and consistent information, including the provision of information in other languages when necessary

In addition to referring employers to the CGU IMP available on our website, CGU recommends that employers provide a copy of the IMP, whether it be this CGU IMP or the employers own IMP, in its workplace. This will ensure access to and disclosure of the IMP. Section 2.3 outlines our review process for an employer's IMP.

Information for employers

CGU has developed a comprehensive claims information pack for insured employer's which assists insured employers to manage workers compensation claims. The claims information pack outlines the compensation benefit structure provided by legislation and how compensation benefits are administered and the contractual obligations that an employer must follow.

On renewal, policy holders are directed to the CGU website (<https://www.cgu.com.au/business/workers-compensation/tas/for-employers>) to access the claims information for employers.

When required, the employer information pack is amended following any legislation change and/or changes to CGU policies and procedures. The amended information pack is provided to all policy holders within appropriate time frames.

Information for workers

Upon receipt of a compensation claim via the prescribed form, CGU issues notification advice and directs the injured worker to the CGU website (<https://www.cgu.com.au/business/workers-compensation/tas/for-injured-workers>) where they can access important information about the Tasmanian Workers Compensation Scheme, including, but not limited to:

- Workers Compensation Handbook: The Basics (GB010).
- Injury Management-Making It Work (GB197).
- The Benefits of Returning to Work (ISO83).

Injured workers and insured employers are advised that if they have difficulty accessing the information online or electronically, hard copies can be provided. CGU takes a common-sense approach to language, literacy, and numeracy barriers, with the acknowledgment of the potential for other vulnerability factors. CGU follows the IAG policies and procedures for identifying vulnerable customers and making the required internal and external referrals. The information provided is clear and concise, and the services of an interpreter are available, if necessary. The IMP and associated injury management documentation can be supplied in a range of other languages, if required.

3.2 Ensure accurate and consistent information

CGU annually reviews information relating to the CGU IMP. If there are legislation and/or regulatory changes, the IMP is updated. Reviews and/or updates to the CGU IMP are made available to all of CGU's insured employers and a copy is maintained on the CGU website. Reviews and/or updated information can be provided in either hard copy format or electronically.



Registered employer IMPs will also be reviewed as required upon legislation and/or regulatory changes. This way, injury management practices across all CGU clients will remain consistent.

CGU encourages all parties to ensure that information provided under a claim for compensation and/or policy of insurance is current and up to date. Requests for changes to information, including stakeholder contact details and changes related to the PTMP, are actioned appropriately.

The currency of information is monitored by CGU. Operational information is maintained within CGU's Knowledge Advanced database.



4. Communication Management

4.1 Communication

CGU provides workers compensation information on the CGU website. The website provides an outline of the obligations as the employer, and the injured workers entitlements to compensation and their obligations.

CGU also promotes the additional sources of information available via the WorkSafe Tasmania website (<https://worksafe.tas.gov.au/topics/compensation>).

This includes the following documents:

- Workers Compensation Handbook – The Basics (GB010).
- Injury Management – Making it Work (GB197).
- The Benefits of Returning to Work (ISO83).

(i) Promote open and honest communication

CGU aims to be transparent in the handling of its workers compensation claims. All parties are openly and honestly informed of their rights and obligations.

(ii) Ensure the timeliness of communication

Initial claim contact is made with all key stakeholders including the employer and injured worker upon receipt of a new claim. Contact with the PTMP is attempted on all significant injury claims. Details of each conversation is required to be recorded in our claims management system. Initial contact with parties is not required when the claim is classified as a Rapid claim.

Claims Consultants are to maintain regular contact with injured workers, employers, and other key stakeholders. Open communication is encouraged and where potential barriers are identified after communication with all key stakeholders, strategies for ongoing injury management are developed and implemented.

CGU's objective of initial and ongoing contact with all the key parties on the claim is to:

- Establish early expectations.
- Build and maintain relationships.
- Define the injury and claim circumstances to determine a plan for the claim.
- Coordinate medical treatment and return to work options.
- Ensure parties are informed of any major decisions.
- Identify early flags and risk factors.
- Achieve a successful claim outcome.

In the first instance all contact is by telephone, followed by formal written communication, if required. Contact details of the Claims Consultant and IMC are provided to the injured worker, employer, and PTMP. When a Claims Consultant's contact details change, all relevant parties are notified of the change.



Injured workers are informed in writing of injury management related information and return to work processes. They are also directed to the CGU website for access to additional information and advised that if there is any difficulty accessing the information electronically, that hard copies can be provided.

CGU has processes in place to adhere to licence requirements and legislation in respect to timeframes, and the monthly Quality Assurance audit monitors compliance at an individual claim level.

(iii) Ensure the correct application of both oral and written communication

CGU has established templates which are used by the Claims Consultants to manage their portfolio of claims. Personal communication is the preferred approach to dealing with individual worker needs. CGU also has a set of questions available that can be utilised during initial telephone contact with the employer, injured worker, and PTMP to assist with determining liability.

(iv) Ensure communication is clear and in 'plain English'

CGU ensures all written communication is clear and in plain English.

(v) Ensure communication is non-threatening

CGU respects the rights and sensitivities of all persons involved in the claim process. CGU recognises the importance of communication skills in establishing a relationship of trust with the injured worker and to ensure that CGU's communication remains non-threatening.

(vi) Ensure interpreting services are made available when necessary

CGU ensures that information is available in a clear and concise manner and will engage the services of an interpreter if necessary and at the request of any stakeholder.

4.2 Communication with key parties

(i) Manage contact points and formal channels of communication between all parties

On receipt of a claim for compensation, advice is forwarded to the key parties advising the name and contact details of their Claims Consultant and the IMC appointed to the claim.

CGU provides the key stakeholders with the "Your Rights and Responsibilities" document, which includes details about CGU Workers Compensation's dispute resolution process.

CGU has a documented dispute resolution process which details how an injured worker has the right to dispute a liability and/or treatment decision made on their claim and the internal review process that is undertaken to address complaints and disputes.



(ii) Ensure that employee obligations are described and communicated effectively

CGU's liability notices provide the injured worker and employer with their rights and obligations. This correspondence also refers to the "Workers Compensation Handbook – The Basics GB010" which is accessible at the CGU website.

(iii) Ensure that roles, activities and/or services that are to be delivered by external providers are clearly identified and communicated to key parties

CGU communicates information to the injured worker and employer on external providers and the services available prior to and when they are appointed on a claim.

CGU also holds additional sources of information available via the CGU website (<https://www.cgu.com.au/business/workers-compensation>) and WorkSafe Tasmania website (<https://worksafe.tas.gov.au/topics/compensation>).

This includes the following information:

- Injury Management - Making it Work.
- Injury Management Coordinators (IMCs).
- Primary Treating Medical Practitioners (PTMPs).
- Return to Work Co-Ordinators (RTWCs).
- WRP Role and Services.

5. Role of the Injury Management Co-ordinator (IMC)

CGU complies with the provisions of the Act and assigns an accredited IMC to all significant injury claims, via a system generated task on creation of a claim. These tasks are measured and monitored through state-based Leaders.

5.1 Manage the role, responsibilities, and duties of an IMC (Including quantity requirements and IMC activities that are overseen rather than performed)

The IMC provides the claims teams with support and oversees the following operational matters:

- That contact is made with the injured worker, the insured employer, and the PTMP.
- RTWP/Injury Management Plans are developed and implemented.
- Regular review of the injured worker's work capacity.
- Options for retraining or redeployment are investigated and arranged as appropriate.
- WRPs are appointed, where appropriate.
- The management of the worker's injury, involving stakeholders including the injured worker, employer, PTMP, Return to Work Co-ordinator, supervisors, WRPs, and allied health professionals.
- Relevant information on injury management is provided to the injured worker and their employer.
- Review medical information including Independent Medical Examination reports.
- That attempts are made to resolve disputes about injury management, if any.

The IMC oversees these activities and should ensure that the injury management process is appropriate, timely and cost effective to enable injured workers the best opportunity to recover from their injury and sustain a meaningful and sustainable return to work.

When appropriate, the IMC and Injury Management Advisor will assist the Claims Consultant to utilise a relevant WRP service to facilitate a return to work.

In planning and implementing an injured worker's return to work, all parties involved in the injury management processes should apply this return to work hierarchy:

- Same employer, same job.
- Same employer, different job.
- New employer, same job.
- New employer, different job.

Internal case conference

The Injury Management Advisor facilitates case conferences on significant injury claims, as determined by the IMC and the Claims Consultant. Case conferences involve the Injury Management Advisor, Technical Advisor, Claims Consultant, Team Leader (when required) and where appropriate, the employer. It is at these conferences that the claim is reviewed, and strategies developed to determine the best approach for the injury management of the claim.



Medical and allied health provider external case conference

Some cases, including complex claims, a case conference involving the medical and allied health provider(s) may be conducted. The aim of these conferences is to exchange information and achieve unity of direction. Participants at these conferences can include, but are not limited to, the injured worker, the treatment providers, employer, IMC, Injury Management Advisor and WRP.

WRP account management

CGU has adopted a supplier management model in the management of WRP. Ongoing performance monitoring of external WRP is undertaken by the Injury Management Advisor in coordination with the Technical Specialist, Supplier Chain.

The Injury Management Advisor and Technical Specialist, Supply Chain have the responsibility to monitor and manage the WRP panel performance to ensure compliance with our Service Level Agreement requirements.

Employer awareness sessions

The Injury Management Advisor, Technical Advisor and Claims Team Leader, with the support of the IMC and Customer Relationship Specialist, arrange and provide awareness sessions for employer groups to increase their understanding of their obligations in accordance with the WorkSafe Injury Management Model.

Injury management awareness sessions provide employers with information on the role of the injury management process and the role of the Return-to-Work Coordinator. These sessions assist with the development of skills required to coordinate the return to work of injured workers.

Quantity requirements

It is recognised that the IMC provides an overseeing role in respect of the management of significant injury claims. CGU provides sufficient resources in injury management dependent upon client and portfolio needs.

5.2 Manage the skill and knowledge requirements

The IMC has suitable experience, education, and training. The IMC must have either:

- Successfully completed any training approved by the WorkCover Tasmania Board; or
- Completed training or obtained a qualification that the WorkCover Tasmania Board is satisfied is equivalent to the WorkCover Tasmania Board's training.

Assistance is provided through the following initiatives:

- Development of national consistencies.
- Research on international and national treatment and injury management trends.
- Information source for experimental treatments and new and emerging techniques.
- Key contact for professional medical bodies.
- Advice on strategies for complex cases.
- Review workplace rehabilitation performance against service level agreements and other panel providers.



The IMC's expertise is maintained through attendances at relevant conferences and training. The performance and training requirements of the IMC are monitored via regular discussions between the Team Leader and the IMC, team check-ins, Team Leader new claim reviews, and the feedback loop from Quality Assurance auditing.

5.3 Ensure the identification and provision of training requirements

CGU's IMC is trained in accordance with the regulatory requirements.

5.4 Manage the appointment process

CGU's IMC is selected by CGU management, adhering to relevant CGU standards for the appointment of staff and accordance with the understanding of the regulatory requirements of the role, including confirming the candidate fulfils the qualification pre-requisite and is made aware of the obligations and expectations of the role.

5.5 Manage and monitor the IMC role or activities that are to be delivered by an external IMC, including but not limited to clearly identifying and communicating the roles or activities that are to be delivered

CGU trains and utilises in-house IMC resources and does not intend to utilise external IMC services. CGU seeks to have additional staff trained and qualified as an IMC, to support the primary IMC should periods of annual, sick, or unscheduled leave occur.



6. Role of the Workplace Rehabilitation Provider (WRP)

6.1 Manage the role, responsibilities, and duties of a WRP

At CGU, the process of appointing a Workplace Rehabilitation Service involves consultation with the injured worker, employer, and PTMP.

Usually, the appointment of a Workplace Rehabilitation Service occurs early at the commencement of the claim, and injured workers are advised of their right to request a preferred provider.

6.2 Manage the skill and knowledge requirements

Providers are monitored to ensure staff are suitably qualified to deal with each specific case. The CGU Injury Management Advisor and Technical Specialist, Supply Chain monitor staffing profiles, qualifications, and training together with levels of supervision.

These reviews are conducted by the CGU Injury Management Advisor and Technical Specialist, Supply Chain.

6.3 Manage the selection process for external WRPs

External service providers are selected through a rotational scheduling system to ensure caseloads are distributed on an equitable basis.

The selection process considers the providers organisational capacity, geographical distribution and skill sets to deal with unique claim circumstances. Employer preferred providers are also considered in the selection process.

For each provider, CGU requires that:

- They have been accredited by the Board as a WRP.
- They use a documented and best practice methodology.
- They maintain quality controls that result in timely, safe, and sustainable return to work outcomes.
- They have been placed on the internal provider allocation system.
- There is a clear audit trail through the evaluation.

6.4 Manage the referral process of an injured worker to a WRP

CGU ensures the timely and appropriate referral of workplace rehabilitation services. Depending on the needs of the injured worker, referrals are made for either full workplace rehabilitation services or a specific service.



Any key party can recognise the need for involvement of a WRP. Prior to appointment, the injured worker, employer, and PTMP are consulted to discuss the referral and purpose of the proposed service. Injured workers are advised of their right to request a preferred provider during this consultation. Where the key parties do not have a preference or they require assistance selecting a provider, CGU recommends a provider from a panel of preferred providers.

When a referral has been made, the injured worker is informed in writing of the appointment with a WRP, including the appointment scope and contact details.

The CGU IMC and Injury Management Advisor oversee and ensure that the delivery of WRP services within the CGU IMP are maintained at appropriate levels according to the service level agreements.

The WRP referral process involves:

- Generation by our claims management system the next provider to be utilised, which is undertaken on a rotational basis.
- The case capacity, qualification, geographic location, and results history of the provider are also considered by the Claims Consultant and advice sought from the Injury Management Advisor or IMC for the most appropriate provider.
- A referral to the WRP is facilitated by the Claims Consultant.

The WRP will:

- Respond to the Claims Consultant within 24 hours of receiving notification of the referral to discuss the claim.
- Contact the injured worker and relevant parties to conduct an initial assessment within 5 working days of referral. The initial assessment report and recommendations are then forwarded to the Claims Consultant within 5 working days of the assessment.
- Coordinate, negotiate and formulate Return to Work and Injury Management Plans, and where required monitor and modify these as part of the workplace rehabilitation service.

Compliance and audit

The WRPs forward cost estimates, monthly reports, and performance statistics to CGU. Provider performance is monitored by the Injury Management Advisor in coordination with the Technical Specialist, Supply Chain and any issues are addressed. Monthly case data is provided to the Injury Management Advisor on all open cases.

The Injury Management Advisor and the Technical Specialist, Supply Chain manage the provider relationship program. File audits, including accounts, are conducted by the Injury Management Advisor and the Technical Specialist, Supply Chain.



7. Role of the Return to Work Co-ordinator (RTWC; self-insurers only)



8. Mechanisms to Facilitate Early Reporting and Intervention of Injuries/Claims

8.1 Early reporting

(i) Implement a variety of mechanisms to facilitate early reporting

CGU provides all new policyholders with the CGU website link to access claims information for employers upon policy inception. The website provides contact details if an incident or claim needs to be reported to CGU.

CGU has developed an online reporting system (Initial Notification of Injury(INI), which is available on the CGU website.

Where an insured employer has been notified in accordance with the Act that the CGU IMP applies, the employer is required under the terms of the program to notify CGU within three business days of becoming aware that one of its workers has suffered a workplace injury that results in or is likely to result in the injured worker being partially or totally incapacitated for work.

The notification of a workplace injury as described in this section can be made to CGU by:

- The online reporting system (INI).
- In writing via email or facsimile.

Information pack for employers

CGU has developed a comprehensive client information pack which sets out the knowledge required by all employers to effectively manage workers compensation claims. The early reporting of claims is an integral part of the information pack providing the employer with the appropriate procedures to follow when reporting claims. The information pack also includes information regarding the compensation benefit structure provided by legislation. It includes details about how compensation benefits are administered and the contractual obligations that an insured employer must follow whilst insured with CGU. Please refer to section 3 *Information Management* for further information.

(ii) Manage timeframes for early reporting

All new compensation claims are assessed using monitoring and reporting tools. Correspondence is issued to employers when a delay or non-compliance is identified.



Initial delays outside the 3-day reporting timeframe are discussed with the employer at the initial contact stage and a consultative approach is taken up with the employer, providing them with every opportunity to rectify future injury notification timeframes.

(iii) Manage employer training and educational requirements

CGU has developed and is providing employers with injury management awareness sessions. The training includes early reporting requirements and the process that should be adopted to ensure early return to work for injured workers is achieved. Whilst injury management awareness sessions are regularly held, one-off sessions are provided to cater for individual client needs.

(iv) Administer the early reporting incentive scheme

CGU can adapt its processes and systems to accommodate an early reporting incentive scheme. Claim reports are currently monitored through the INI and the claims management systems.

(v) Manage corrective action for late submissions

All new compensation claims are assessed using monitoring and reporting tools. Correspondence is issued to employers when a delay or non-compliance is identified.

Initial delays outside the 3-day reporting timeframe are discussed with the employer at the initial contact stage and a consultative approach is taken up with the employer providing them with every opportunity to rectify future injury notification timeframes.

8.2 Early intervention

(i) Analysis of incoming data

CGU has implemented a reporting system which captures data relating to early injury notifications and claims. CGU analyses this data to assess early notification effectiveness.

(ii) Development and implementation of intervention strategies

CGU has developed a process to support the early intervention in the return to work of an injured worker. This includes the assessment of each claim for suitability for participation in an early intervention telephonic service on lodgement of the claim.

(iii) Manage key contact points with key parties

Initial claim contact is completed with all key stakeholders including the employer and injured worker upon receipt of a new claim. Contact with the PTMP is made on all significant injury claims. Initial contact with parties is not required when the claim is classified as a Rapid claim.



(iv) Administer provisional payments

Presently, weekly compensation payments are reimbursed to employers during the time liability is pending, prior to an order being issued by the Tribunal.

CGU will consult with the employer in respect to determining the employer's liability within the confines of Section 77AB of the Act.

Through its internal payment processing system, CGU can record and reimburse the employer for all 'without prejudice' payments made by the employer, up to \$5,000.00. 'Without prejudice' payments will continue until a liability decision is made within the legislated timeframe.

At all times CGU will maintain a consultative approach in providing direction and recommended action to the employer.



9. Medical Management

9.1 Primary Treating Medical Practitioners (PTMP)

(i) Monitor the timeliness of appointments for injured worker medical consultations and treatment

Upon identification of cases where consultation and/or treatment regimens have fallen outside of acceptable timeframes, the IMC and/or Injury Management Advisor will become involved through consultation with the injured worker and PTMP to ensure appropriate services are provided within acceptable timeframes.

CGU recognises the importance of an injured worker being able to select their preferred PTMP. CGU endeavours to liaise with the practitioner to discuss any special needs of the injured worker, including support for timely appointments, and to provide contact information for the management of the claim.

(ii) Manage the provision of information including but not limited to:

(a) Facilitating notification of a change to the injured worker's PTMP; and

When CGU is notified that an injured worker has changed their PTMP, CGU notifies all relevant parties. The existing PTMP will be informed that their patient has selected a new PTMP.

(b) Subsequent authorisation to release relevant medical records

CGU protects the information that it collects about injured workers in the form of relevant medical records according to national standards. Such information is only released to appropriate and authorised persons engaged in the management of the workers compensation claim and where necessary, in compliance with the provisions of the Australian Privacy Principles.

(iii) Manage contact points between involved parties, in particular with the PTMP

Contact between parties, including the PTMP, begins at the onset and throughout the claim. Claims Consultants maintain ongoing communication with medical practitioners and all stakeholders to develop a collaborative approach to injury management. The Injury Management Advisor and IMC provide the Claims Consultant with assistance in liaising with allied health professionals and the PTMP. CGU may also engage a specialist doctor-to-doctor communication and support service via Medical Assist Network to assist with communication with the PTMP on select matters.

Contact with the PTMP is considered when:

- It is requested on the medical certificate.
- When any of the following criteria is met:
 - Diagnosis is unclear.
 - There is a certificate of incapacity without a clear medical reason, or it covers a period greater than one month without clinical rationale.
 - Treatment is not aligned with the diagnosis.



- Discrepancies between a medical certificate and medical reports.
- There is one or more additional disorders co-occurring with the primary disorder and requires further investigation.
- Failure to progress capacity.
- There is a capacity downgrade (except when undergoing planned surgery).

(iv) Ensure systems are in place for the management of medical certificates

We acknowledge the requirement for the injured worker to ensure that a prescribed medical certificate is lodged upon the employer to validate a claim for compensation benefits, and this is detailed in liability correspondence sent to the injured worker. Employers are also informed of this requirement within the CGU information pack and in liability correspondence.

Upon receipt of medical certificates, they are recorded on CGU's claims management system which auto generates an activity to alert the Claims Consultant when a medical certificate is required. Employers are informed as soon as a requirement for updated certification is identified as this will impact upon the employer's requirement to pay weekly compensation benefits. Injured workers are also contacted regarding requirements to provide a certificate.

(v) Ensure systems are in place for the management of medical reports

Further medical information may be requested from a PTMP to assist with determining liability, injury management or return to work recommendations. The Claims Consultant may liaise with the Injury Management Advisor to discuss any issues or the Technical Advisor to discuss any liability and/or entitlement requirements.

Storage and release of relevant medical records is controlled in accordance with the Australian Privacy Principles. The injured workers consent is obtained to release the relevant medical information externally.

Medical reports received following independent medical reviews are received into CGU's claim management system and an 'activity' is autogenerated to alert the Claims Consultant and the IMC, as required by the Act. After review of the report, the IMC records a note in the claim operating system. The report is then served on the PTMP as required by the Act.

All new claims are assessed through a strict triage process which identifies the severity of the injury and risk level of the claim. This screening process assists in identifying claims where independent medical reports may be required. For ongoing claims, the need for independent medical reports is assessed on a case-by-case basis and dependent upon the individual circumstances.

Review of independent medical report quality

Claims Consultants are trained to assess the quality of independent medical examination reports that are received. Deficiencies within the medical reports are raised directly with the CGU IMC and/or Claims Team Lead and/or Technical Advisor. CGU provides constructive feedback to all independent medical examiners to promote quality improvement, where required.



Limitations - Section 90A (5) of the Act

Notwithstanding CGU's process for the application of independent medical reviews, the provisions of Section 90A (5) apply in all circumstances.

All requests for medical reports are followed up by the Claims Consultant at intervals appropriate to the circumstances of the claim. Where unreasonable delays occur, the IMC will contact the practitioner directly to discuss a resolution.

9.2 Independent medical reviews

(i) Manage the process for seeking and undertaking reviews

Independent medical reviews are scheduled on a case-by-case basis. CGU ensures compliance with timeframes for examinations as determined by the Act. Independent medical reports are provided to the injured workers PTMP in accordance with the provisions of Act.

(ii) Manage consultation requirements, with the PTMP

An external case conference is a meeting where the strategy for management of a claim is discussed. It is an opportunity to involve all parties in overcoming barriers to progress and setting the strategy and direction for return to work and management of the claim. These types of meetings can be quite successful to gain improved insight to stakeholder concerns, developing relationships and providing a pathway forward with agreed actions for all parties to undertake.

External case conferencing aims to improve return to work outcomes by promoting consultation with all customers, re-aligning the expectations of the relevant parties, and facilitating the claim to a resolution.

The following external parties may attend an external case conference:

- Injured Worker
- Employer
- PTMP
- Allied health providers
- WRP
- Solicitors
- CGU representatives - Claims Consultant, Injury Management Advisor and/or Claims Team Leader

(iii) Manage the provision of information, including but not limited to:

(a) Notifying the injured worker of the reasons for seeking a review

Injured workers who are required to attend independent medical reviews pursuant to the Act are formally advised of the appointment arrangements, including the reasons for the review. A Workcover Tasmania Information Sheet is provided as a guide to the examination and the requirement to attend. CGU uses a standard approach to all independent medical examinations unless certain individual claim requirements dictate otherwise.



- (b) Provide the worker with a copy of, or access to, any information published by the Board in respect to independent medical examinations**

Injured workers are provided with a copy of and/or access to the information sheet Independent Medical Examinations IS155 published by the WorkCover Tasmania Board, as a guide to the examinations.

- (c) Provide copies of the review report to the IMC and the PTMP**

Independent examination reports are provided to the PTMP and the IMC as per the Act.

- (iv) Manage contact points between involved parties**

The IMC is responsible for ensuring that Claims Consultants involve all relevant stakeholders in the claims management process. It is important to ensure that everyone involved in the return to work process is aware of developments, expectations, and activities relevant to assisting an injured worker return to meaningful employment.

- (v) Monitor the use of independent medical reviews**

Our Business Rules regarding the use of independent medical reviews outline the process for how often an injured worker should be independently reviewed, in line with the regulatory requirements. The IMC receives an activity in our claims management system to review independent medical review reports, and as such will monitor the use of independent medical reviews.

- (vi) Ensure that independent medical practitioners are aware of their role and responsibilities and have been provided with a copy of, or access to, the Board's Guidelines of Independent Medical Examinations**

When an Independent Medical Examination is arranged, CGU will ensure a copy and/or access to the Independent Medical Examinations Guidelines is provided to the independent medical practitioner undertaking that Independent Medical Examination to ensure their awareness of their role and responsibilities.

- (vii) Ensure that the independent medical practitioner is fully informed of all necessary information prior to undertaking an independent medical review. This may include but is not limited to arranging communication between the independent medical practitioner and the Primary Treating Medical Practitioner prior to undertaking the independent medical review**

The process of arranging an Independent Medical Examination includes the following activities:

- Referral of all necessary information to the independent medical reviewer prior to undertaking an independent medical review, to ensure they are fully informed.
- When appropriate, arrange for any communication (written or verbal) between the independent practitioner and the PTMP.



10. Return to Work

10.1 Coordinate those involved in the injury management process, including but not limited to the following:

(i) Injury Management Co-ordinators

CGU coordinates and monitors the activities of the appointed IMC. Supervision is provided by CGU claims management personnel. The CGU IMC will provide advice and assistance to employer engaged IMCs if required.

(ii) Workplace Rehabilitation Providers

The CGU Injury Management Advisor monitors the appointment of WRPs most qualified to assist with injury management and rehabilitation depending on the injury. The referral process is assisted by CGU's claims management system with rotational appointments.

(iii) Return to Work Co-ordinators

CGU will provide advice and assistance to the employer's Return to Work Co-ordinators when required.

10.2 Manage Injury Management Plans and Return to Work Plans. This should include but is not limited to the following:

(i) Documenting timeframes within which Return to Work Plans and Injury Management Plans will be prepared

The RTWP/Injury Management Plan is required for injured workers with any incapacity in excess of five calendar days. It is to be developed by the employer or an external WRP, if appointed, and must be in place by the 28th calendar day from the date of initial incapacity. These timeframes are documented in the claims management articles of our KA system.

A RTWP can still be developed within this timeframe and implemented if required. The RTWP may simply be based on the information provided by the PTMP in the workers compensation medical certificate.

(ii) Ensure the development and implementation of plans in accordance with timeframes detailed in the approved Injury Management Program

CGU identifies claims where an injured worker has suffered a significant injury (a workplace injury that is likely to result in the injured worker being totally or partially incapacitated for work for more than five calendar days). To ensure the process starts as soon as possible following identification of a significant injury, a plan is to be prepared regardless of whether liability for the claim is to be accepted, pending, or disputed.

CGU has developed a combined Return to Work and Injury Management Plan proforma to coordinate the treatment, rehabilitation and return to work of the injured worker.



At minimum, both the injured worker and the employer should agree to cooperate and comply with the plan. Plans are to be signed by all parties wherever possible. Once the plan has been consented to, the injured worker and employer must take all reasonable steps to carry out the plan. Plans must be reviewed regularly by the relevant parties and modified, as necessary.

(iii) Manage consultation requirements between key parties

The Claims Consultant, with oversight from the IMC, ensures communication is maintained on a regular basis with all key parties, commencing with early contact but especially during the development and implementation phases of the return to work process. If it becomes apparent that all parties are not in agreement with a RTWP/Injury Management Plan or do not consent to the plan or an amendment, then additional consultation between the key parties, including the employer and PTMP, should be instigated prior to any additional action, such as the review of entitlements, being considered.

(iv) Ensure the assessment of return to work options is completed thoroughly

Case conference meetings ensure all work assessments are carried out and the appropriate return to work options are in place. The Claims Consultant may consider referral to a WRP for additional return to work support.

(v) Ensure the return to work hierarchy is applied

CGU recognises the importance of returning an injured worker to their pre-injury employment with their current employer. However, in circumstances where capacity limits a full return to pre-injury duties, alternatives within the return to work hierarchy are applied:

- Same employer, same job.
- Same employer, different job.
- New employer, same job.
- New employer, different job.

(vi) Ensure workplace visits are undertaken when necessary

CGU encourages and promotes workplace visits by Claims Consultants, WRPs, treating practitioners and independent medical practitioners, when appropriate. The purpose of these visits is to allow a greater understanding and awareness of the injury environment to ensure an appropriate injury management plan is in place.

(vii) Ensure the identification and modification of suitable and meaningful alternative duties where practicable

The identification and modification of suitable meaningful alternative duties is assessed on an ongoing basis and determined by medical certification as to capacity for work.

Along with the support of the Claims Consultant, IMC, or an appointed WRP, this process involves the:

- Injured worker.
- Employer.
- PTMP.



(viii) Recognise limitations during return to work

RTWP/Injury Management Plans are regularly reviewed and discussed with key parties. Claims Consultants and the IMC review the quality of the plans to ensure limitations are identified and suitable plans are in place.

(ix) Ensure the regular review, monitor and modification of plans when necessary

RTWP/Injury Management Plans are reviewed regularly by the IMC and compared with updated medical certification as to capacity for work and as the circumstances required on a case-by-case basis.

(x) Regularly assess outcomes for all parties involved

RTWP/Injury Management Plans are updated as capacity for work changes. Changes in medical capacity to perform duties are identified through the monitoring of medical certification and advice received from treating practitioners.

Liaison with the relevant parties by the Claims Consultant, IMC or an appointed WRP take place to ensure the agreed outcomes for all parties are reasonable, and achievable.

The Claims Consultants and/or IMC utilise an appropriate set of tools to ensure that Injury Management Plans are in place within the required timeframes and that they reflect the progress towards achieving agreed outcomes.

10.3 Reflect and promote the health benefits of work

CGU is committed to injury management and the rehabilitation of workers who suffer a work-related injury or illness under coverage of a CGU policy.

CGU:

- Works with employers to ensure injured workers return to work as soon as practicable, and that returning to work is a normal practice and expectation.
- Encourages the provision of suitable duties and employment, where practicable, for injured workers as an integral part of the injury management process.
- Consults with employers, injured workers, and where necessary, relevant stakeholders, to ensure the program operates effectively.
- Informs employers of the principles of injury management, provides education to employers where required and reinforces the principles of best practice injury management. CGU currently provides injury management awareness training to CGU's insured employers.
- Promotes the benefits of returning to work.

CGU recognises the benefits of an early and safe return to work to allow the injured worker to recover at work and promotes the Benefits of Returning to Work information sheet.



10.4 Ensure all activities support the principles of the Clinical Framework for the Delivery of Health Services

CGU has incorporated the purpose, principles, and expectations of the Clinical Framework for the Delivery of Health Services into the way in which claims are managed.

10.5 Application of evidence-based guidelines

- (i) Identify optimal return to work outcomes based on evidence-based guidelines**
- (ii) Monitor progress against target outcomes**
- (iii) Take appropriate action where cases exceed evidence-based guidelines**

CGU works closely with PTMPs to identify clear expectations for recovery time frames. This is achieved through consultation with PTMPs, either verbally or in writing. Each injury can have its own unique presentation and recovery timeframes may differ from case to case. CGU utilises independent medical examiners to assess expectations based upon an injured workers presentation and injury type.

Where expectations are not achieved, CGU will utilise independent specialist medical advice to assist the treating practitioner wherever possible.

Through claims management we provide evidence-based treatment recommendations and expected recovery times. This assists in identifying optimal return to work outcomes and allows monitoring against that outcome so that appropriate action can be taken.



11. Management of Alternative Duties

11.1 Alternative duties

(i) Ensure that where an injured worker is certified as having work capacity that alternative duties are considered

When an injured worker is unable to return to their pre-injury role but is certified with a working capacity, CGU will ensure the employer gives due consideration to providing suitable and meaningful alternate duties. This will be done initially through consultation with the employer, injured worker, PTMP, WRP, and ultimately through the completion of a RTWP/Injury Management Plan.

(ii) Ensure alternate duties are both suitable and meaningful

Where possible and appropriate, CGU will ensure that all alternate duties are both meaningful and suitable. The proposed return to work will be assessed based on the benefits to the injured worker after consultation with the injured worker, PTMP, and the employer, with consideration to the long-term return to work objectives.

(iii) Ensure employers provide notification of alternative duties that are available (facilitated by a list of general duties to be supplied by the Board)

Large employer groups - employers with 50 persons or more

Employers with more than 50 persons at a workplace are required to identify and provide to CGU a list of suitable alternative duties, if any. The list of duties is to be provided within 60 days of policy inception or renewal.

At policy inception or renewal, CGU provides its client employers with a formal notice that the list of suitable alternative duties, if any, must be provided. That request will be reviewed at 60 days for compliance.

Small to medium employer groups

With regard to both employer groups, the initial assessment phase of the return to work process is a collaborative approach involving the injured worker, PTMP, and employer to ensure that suitable meaningful duties are developed. The process is co-ordinated by the Claims Consultant and supported by the IMC to achieve effective outcomes.

The services provided by an approved WRP may assist in the development of suitable alternative duties. CGU provides notification to its insured employers of this requirement at renewal and/or at the time of policy inception. CGU can assist to devise these details, where requested by an employer.



- (iv) Ensure matters relating to employers unwilling and/or unable to provide alternative duties are handled in accordance with internal policies and procedures. Where such matters are unable to be resolved through internal processes, they are to be referred to the Board**

Where an employer fails to respond to reasonable requests by CGU to provide a list of suitable alternative duties, per internal process, the failure to respond will be notified to the WorkCover Tasmania Board by CGU. The employer will also be notified by CGU that its failure has been reported to the WorkCover Tasmania Board.

11.2 Retraining and assignment of duties

- (i) Ensure the early identification of injured workers who require retraining and/or redeployment**

As part of the injury management process, CGU monitors input from key stakeholders. If either there are no suitable alternative duties available with the employer and/or if the injured worker's condition is such that they are unlikely to return to their pre-injury duties based on medical opinion, received from both PTMPs and independent medical examiners, the injured worker will be identified as requiring retraining and/or redeployment.

- (ii) Establish and maintain arrangements and/or incentives for retraining, skill enhancement and redeployment opportunities of injured workers that have some work capacity. In the case of licensed insurers this may include but is not limited to enabling workers with work capacity to be placed within employers to which the insurer insures**

CGU's WRP panel has providers who assist with specialised assistance in retraining and redeployment opportunities to enable injured workers with some work capacity to return to meaningful work. It is part of CGU's injury management process to place injured workers in suitable employment with host employers.

CGU has implemented several initiatives with experts in the medical and vocational fields to achieve better outcomes for injured workers. These initiatives are aimed at early treatment intervention, monitoring for psychological wellness and appropriate vocational upskilling on an as needed basis. These interventions are undertaken after full consultation with injured workers to ensure that they are kept front and centre of the recovery process. CGU undertakes regular reviews to monitor the efficacy of these interventions, to ensure the highest quality service is provided to injured workers.

Where an individual worker is identified as requiring additional assistance to secure new paid employment in the open market, CGU may engage its network of specialist career transition specialists (Career Management Services). This is an additional layer of job search support to the injured worker, on top of WRP assistance, and is provided at no cost to the injured worker.



12. Management of Psychological Claims (primary and secondary)

12.1 Ensure senior managers and claims staff are appropriately trained in the identification and management of psychological claims, including post-traumatic stress disorder (PTSD) and the biopsychosocial approach

Ongoing training to manage psychological injuries is provided to senior managers and claims staff through external parties, often our panel service providers, such as those qualified as psychiatrists and clinical psychologists.

12.2 Ensure the early identification of psychological claims, including claims for PTSD

CGU has internal operational procedures for segmentation and management of primary psychological claims. All claims that are lodged as primary psychological claims follow our classification screening, which triggers differential claims management procedures. The classifications are defined as follows:

Category A – Critical incidents:

Examples include:

- Armed hold-ups or physical or sexual assault.
- Serious motor vehicle accidents.
- Life threatening events.
- Witness to death or serious injury.

PTSD is often in this category.

These claims are frequently accepted as the causal link between the psychological condition and work is often clear, although may still require investigation prior to determining liability. Discussions are to occur during the multi-disciplinary meeting (MDM) between the Claims Consultant, Injury Management Advisor, and Technical Advisor to assist with liability determination and ongoing claims management.

Category B – Industrial relations claims

Examples Include:

- Workplace conflict.
- Harassment, bullying, or discrimination.
- Burnout.



These claims more frequently require CGU to seek further information. The nature of these claims means that there can be allegations and matters of fact that need to be investigated before a liability determination can be made.

Discussions are to occur during the MDM with the Claims Consultant, Injury Management Advisor, and Technical Advisor to ensure this information is obtained as soon as possible to make a timely and accurate liability decision.

CGU's claim management system identifies new primary psychological claims injuries from the date of lodgement. If a primary psychological claim is lodged or a medical certificate is issued by a PTMP, outlining a psychological condition anywhere on the document, then a psychological flag will display on the claim. This generates an activity for a mandatory MDM to occur between the Claims Consultant, Injury Management Advisor, and Technical Advisor.

The IMC review of significant injury claims also assists to identify and escalate any new primary psychological claims that may have been missed by the system as they are above system assessment.

The MDM occurs, following initial claim contacts and screening, and ensures both a tailored technical and injury management strategy is set on the claim. This includes a strategy to support early intervention, care coordination, and mediation services as required by the individual needs of the claim.

The specific early intervention and mediation services may operate in isolation, or alongside WRPs or treatment providers. These services may include:

- An early intervention service to successfully improve diagnostic accuracy, lift stakeholder engagement and increase certification for work.
- Mediation services to develop strategies to improve the likelihood of a successful return to work and to start the process of repairing damaged relationships.

CGU may pilot other initiatives to assist with management of these claims.

12.3 Ensure the early identification of psychological claims secondary to injury claims

To assist with early identification of secondary psychological claims:

- If a medical certificate is issued by a PTMP outlining a psychological condition, then a psychological flag will display on the claim.
- The Risk Assessment Score (RAS) provides an assessment of the risk that a claim will have a poor Return to Work outcome. It is calculated based on injury coding and influenced by age, job class and the recording of "confounding" factors including a psychological flag. As the Claims Consultant acquires more information, which is entered into CGU's claim management system, the risk assessment score will adjust. A RAS of 60 or more (high or extreme) will display an extreme risk indicator on the claim. This allows CGU to identify at-risk claims early and intervene with a multi-disciplinary approach to customising claims management strategy (see also 12.7).
- CGU has recently engaged the Navigator program, which is an opt-in, strictly confidential telephonic service providing accessible and timely support to potentially vulnerable injured workers in need. So far, the results have shown tangible return to health and work outcomes, amongst other benefits.



12.4 Identify key stakeholders in the management of the worker’s injury including the claims and injury management process, e.g., workers, employers, PTMP, IMC/WRP

- Injured worker
- Employer
- PTMP
- Treating accredited Psychologist
- Treating accredited Psychiatrist
- Claims Consultant
- IMC
- Workplace Rehabilitation Consultant
- Technical Advisor
- Injury Management Advisor
- External specialists

12.5 Ensure the early appointment (no later than the time frame required by s143B of the Act) of an IMC with appropriate skills, experience and/or qualifications in respect to the management of psychological injuries

CGU complies with the provisions of the Act and appoints an accredited IMC to all significant injury claims.

CGU's IMC receives the ongoing training referred to at 12.1.

12.6 Ensure the early appointment of appropriate providers who have the appropriate skills, experience and/or qualifications in respect to the management of psychological injuries

CGU recognises the published guidelines “Clinical Framework for the Delivery of Health Services”. CGU also recognises the published guidelines “Taking Action Framework”, developed for the management of psychological claims in the Australian workers compensation sector. The way CGU manages psychological claims has been developed in consideration to the “Taking Action Framework”.

Provision of psychological treatment should be provided by appropriately qualified and accredited clinical, counselling, or registered psychologists as required by the Australian Health Practitioners Regulation Agency – Psychology Board and Australian Psychological Society.

Management of psychological injuries by workplace rehabilitation consultants are by accredited allied health professionals who hold full accreditation with the Australian Health Practitioners Regulation Agency and/or Rehabilitation Counselling Association of Australia or Australian Society of Rehabilitation Counsellors. These allied health professionals are trained to work in the areas of mental health and return to work. The Injury Management Advisor and/or IMC assists with the appointment of the appropriately qualified WRP.



CGU has implemented several initiatives with experts in the medical and vocational fields to achieve better outcomes for injured workers. These initiatives are aimed at early treatment intervention, monitoring for psychological wellness and appropriate vocational upskilling on an as needed basis. These interventions are undertaken after consultation with injured workers to ensure that they are kept front and centre of the recovery process. CGU undertakes regular reviews to monitor the efficacy of these interventions, to ensure the highest quality service is provided to injured workers.

12.7 Ensure early and ongoing regular contact with key stakeholders to identify barriers to return to work and discuss and develop action plans

As part of CGU's claims management approach, a Case Management Plan (CMP) is required for all claims. Ongoing CMPs are optional for claims classified as Rapid, as there is unlikely to be ongoing treatment or incapacity for work. A CMP is a complete plan for managing a claim. It assists the Claims Consultants to consider all aspects of the claim, as well as identifying barriers and any potential risk factors impeding on an injured worker return to work. Setting clear goals and creating an action plan will bring about a successful claim outcome for all stakeholders. It captures goals, impacting factors, plans, actions, and the next review date.

Long- and short-term goals are set up to manage the claim to a successful outcome. All parties, including the injured worker, need to be considered when creating goals for a claim.

CGU defines an impacting factor to be an issue or circumstance that changes the likelihood of achieving the return to work by the nominated date. Impacting factors can be positive or negative and have been categorised in accordance with biopsychosocial principles.

Plans are developed to describe the strategy and expected outcome of the claim that the Claims Consultant will adopt to support the completion of goals and to address impacting factors proactively.

CGU undertakes regular claim reviews on an 8 week review cycle. The CMP review includes contact with the injured worker, the employer, and with other key stakeholders, as necessary.

For all psychological claims identified during the initial claim contact and screening, a multi-disciplinary meeting (MDM) is facilitated with the Claims Consultant, Technical Advisor, and Injury Management Advisor. This is to assess and develop a tailored technical and injury management strategy to best support early intervention and care coordination services. Necessary review cycles are determined as part of the claims management process.

CGU will consider early return to work as part of early intervention and to facilitate recovery at work. This depends on the outcome of initial contact and the circumstances of each claim.

CGU in conjunction with an appropriate accredited WRP, will develop a strategy which might include interventions such as stress management, education and psychological treatment and any additional support taking a holistic approach.

12.8 Ensure timely access to treatment

CGU understands the importance of early access to evidence-based treatment and undertakes to support and encourage early appropriate treatment, if necessary, by case conferencing with the PTMP.



12.9 Ensure systems are in place to facilitate a timely decision regarding liability and the worker is informed and updated in respect to progress at regular intervals

CGU recognises the positive impact on the injured worker and outcomes of an expedited claims determination process and provides clear information about the claim determination process at initial claim contact with the injured worker.

Liability decisions are made within legislated timeframes. Where a liability decision cannot be made, CGU has in place a pending claims process with regular review of these claims to facilitate the earliest possible liability decision. This process is explained to the injured worker at initial contact with updates provided through ongoing contact.

CGU recognises that the liability decision should not delay early access to treatment and rehabilitation.

12.10 Ensure systems are in place to identify claims where mediation or other dispute resolution mechanisms (other than the Tribunal) may be utilised

CGU has an internal dispute resolution process in place which is referenced in CGU's initial liability correspondence, and treatment request correspondence. The injured worker may request the decision to be reviewed internally by alternative Technical Advisors or Injury Management Advisors, respectively. The staff member receiving a dispute or complaint should aim to resolve the concerns, where possible. If they are unable to resolve the concerns, the dispute or complaint is referred upwards within the department and reasonable attempts made until it is resolved, or the Tribunal is involved.

12.11 Ensure procedures are in place to comprehensively communicate adverse decisions, the reasons for adverse decisions and provide information in respect to appropriate dispute resolution mechanisms

CGU has a process in place to ensure the injured worker is contacted for any adverse decision. This includes a discussion that the liability for their claim, or requested treatment, will be disputed, and include the reasons for the decision. CGU recognises that communication of an adverse decision to all parties is crucial to ensure clarity in understanding the reasons for the decision, and the next steps in terms of management of the injury and return to work. It also includes the rights and process to review the decision.

13. Management of Complex Claims

13.1 Define a complex claim

CGU defines a complex claim as satisfying one or more of the following criteria:

- Fatality claim.
- Common law claim, including multiple injuries.
- Claim for an injured worker who relocates interstate or overseas with ongoing weekly benefits.
- Complex and serious injuries, including but not limited to, brain injury, cerebrovascular disease, heart disease, spinal cord injury (paraplegia, quadriplegia), or traumatic amputation.
- High or extreme RAS scores or ratings.
- Six+ months of incapacity and multiple surgeries.
- The injured worker passes away.
- Claims remaining open two or more years after lodgement.

13.2 Ensure the early identification of complex and potentially complex claims

CGU utilises a segmentation process to triage new claims directing them to a Rapid, Supported, or Specialised Claims Consultant.

During claim lodgement and throughout management of a claim, if the claim is marked as a fatality, negligence, a complex injury, or common law exposure, the claim is referred to a Specialised Claims Consultant.

Within seven business days of receipt, complex claims are required to be reviewed by the Claims Consultant, Injury Management Advisor and Technical Advisor. The focus of the review is to expedite liability decision making, accelerate treatment and return to work options.

After the initial review, the claims are then required to be reviewed 28 business days later by the Claims Consultant, Injury Management Advisor and Technical Advisor. Following this, they are reviewed by an Injury Management Advisor and/or a Technical Advisor, as required or requested by the Claims Consultant.

13.3 Identify key stakeholders in the management of the worker's injury including the claims and injury management process e.g., workers, employers, PTMP, IMC/WRP

- Injured worker
- Employer
- PTMP
- Treating accredited allied health providers
- Treating accredited specialists



- Claims Consultant
- IMC
- WRP
- Technical Advisor
- Injury Management Advisor
- External specialists

13.4 Ensure the early appointment (no later than the timeframe required by s 143B of the Act) of an IMC and/or WRP with appropriate skills, experience and/or qualifications in respect to the nature of the worker's injury

CGU complies with the provisions of the Act and appoints an accredited IMC to all significant injury claims, via activity assignment and notation of review recorded in our claims management system.

CGU monitors and appoints WRPs with appropriate and relevant qualifications to assist.

13.5 Ensure regular contact with identified key stakeholders

As part of CGU's claims management approach, a Case Management Plan (CMP) is required for all claims. Ongoing CMPs are optional for claims classified as Rapid, as there is unlikely to be ongoing treatment or incapacity for work. A CMP is a complete plan for managing a claim. It assists the Claims Consultants to consider all aspects of the claim, as well as identifying barriers and any potential risk factors impeding on an injured worker's return to work. Setting clear goals and creating an action plan supports a successful claim outcome for all stakeholders. It captures goals, impacting factors, plans, actions, and the next review date.

Long- and short-term goals are set up to help manage the claim to a successful outcome. All parties, especially the injured worker, need to be accounted for when setting up goals for a claim.

CGU defines an impacting factor to be an issue or circumstance that changes the likelihood of achieving the return to work by the nominated date. Impacting factors can be positive or negative and have been categorised in accordance with biopsychosocial principles.

Plans are developed to describe the strategy and expected outcome of the claim that the Claims Consultant will adopt to support the completion of goals and to address impacting factors proactively.

13.6 Ensure systems are in place to regularly monitor and review complex claims

Within seven business days of receipt, complex claims are required to be reviewed by the Claims Consultant, Injury Management Advisor and Technical Advisor. The focus of the review is to expedite liability decision making, accelerate treatment and return to work options.

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After the initial review, the claims are then required to be reviewed 28 business days later by the Claims Consultant, Injury Management Advisor and Technical Advisor. Following this, they are reviewed by an Injury Management Advisor and/or a Technical Advisor, as required or requested by the Claims Consultant.

14. Resources and Version History

[Clinical Framework for the Delivery of Health Services](#)

[Taking Action – Best Practice Framework – psychological](#)

[SafeWork Australia](#)

[Information Sheet for Workers – Independent Medical Examinations](#)

[Guideline: Independent Medical Examinations](#)

Clinical Guideline for the Diagnosis and Management of Work-related Mental Health Conditions in General Practice

*<https://www.mcg.com/odg/odg-solutions/return-work-guidelines-modeling/>

IMP revision history:

Date reviewed	Section	Details	Approved by	Date approved
27 November 2009	All	Initial version completed		
4 March 2010	All	First Revision	WorkCover	30 April 2010
30 July 2011	All	Second Revision	WorkCover	3 August 2011
28 September 2012	All	Third Revision	WorkCover	22 October 2012
13 June 2014	All	Fourth Revision	WorkCover	24 July 2014
23 March 2016	All	Fifth Revision	WorkCover	24 March 2016
14 June 2017	All	Fifth Revision	Workcover	30 June 2017
8 June 2018	All	Sixth Revision	Workcover	30 June 2018
28 June 2019	All	Seventh Revision	Workcover	28 June 2019
29 March 2021	All	Eighth Revision	WorkCover	20 April 2021
19 October 2021	All	Ninth Revision	WorkCover	23 December 2021
22 July 2022	All	Tenth revision	WorkCover Tasmania	
1 May 2023	All	Eleventh revision	WorkCover Tasmania	