

WORK INJURY CLAIM

Workers Compensation

Work related problems are an important and common aspect of Australian general practice, managed in 2.7% of all encounters. Most commonly, these comprise musculoskeletal disorders (mainly back), psychological problems, and skin conditions. The GPs role in managing work related problems is defined by worker's compensation legislation, and there are certain obligations that must be met. The primary objective is to assist the patient's recovery and early return to work. Worker's compensation is a common source of anxiety for GP registrars, and it is therefore a critical area for GP supervisors to educate their GP registrars.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> • The worker's compensation system in your state • Role of the nominated treating doctor • Appropriate documentation of the worker's compensation consultation • Completion of a certificate of capacity and a medical report • Billing processes for worker's compensation cases • Red flags for serious conditions • Yellow flags for psychosocial factors that may suggest long term disability • Role of the vocational rehab provider and referral pathways • Local industrial and agricultural activity, where relevant 						
PRE- SESSION ACTIVITIES 	<ul style="list-style-type: none"> • Watch the video The Doctor's Role and Worker's Compensation (NSW AMA) 						
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> • Perform a comprehensive initial history and examination, and make a provisional diagnosis • Document everything fully, as records may be the subject of legal proceedings • Explore and clearly document the specific mechanism of injury • Don't rush into imaging in the absence of red flags • Psychological distress is common and needs to be well managed • Involve a vocational rehabilitation provider early • Effective management involves knowing the worker's role and duties • It is not the GPs job to suggest specific work tasks, but to advise on restrictions • Avoid recommending long periods of time off • Ensure regular follow up • Establish positive recovery expectations early in the patient's care 						
RESOURCES 	<table border="1"> <tbody> <tr> <td data-bbox="328 1686 435 1861">Read</td> <td data-bbox="435 1686 1505 1861"> <ul style="list-style-type: none"> • NSW WorkCover – Worker's Compensation Guide for Medical Practitioners • AFP article (2013) – Work related encounters in general practice • AFP Article (2013) – Returning to work after an injury • AFP article (2011) – Workers' compensation forms: A guide for GPs </td> </tr> <tr> <td data-bbox="328 1861 435 1921">Watch</td> <td data-bbox="435 1861 1505 1921"> <ul style="list-style-type: none"> • Watch the video for Nominated Treating Doctors (NSW WorkCover) </td> </tr> <tr> <td data-bbox="328 1921 435 1984">Listen</td> <td data-bbox="435 1921 1505 1984"> <ul style="list-style-type: none"> • AFP Podcast – Returning to work after an injury </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • NSW WorkCover – Worker's Compensation Guide for Medical Practitioners • AFP article (2013) – Work related encounters in general practice • AFP Article (2013) – Returning to work after an injury • AFP article (2011) – Workers' compensation forms: A guide for GPs 	Watch	<ul style="list-style-type: none"> • Watch the video for Nominated Treating Doctors (NSW WorkCover) 	Listen	<ul style="list-style-type: none"> • AFP Podcast – Returning to work after an injury
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FOLLOW UP/ EXTENSION ACTIVITIES 	<ul style="list-style-type: none"> • GP registrar to arrange for a vocational rehab provider to speak to the practice • Visit local industrial and agricultural work sites • Role play the practice OSCE case 						

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Clinical Reasoning Challenge

INSTRUCTIONS FOR SUPERVISOR

You are Glenn, a 27 year old mechanic from a local garage. You are presenting with back pain from an injury at work the previous day. You have not been to the practice before. "I have hurt my back at work and the pain is killing me"

Story

- You are a mechanic at a local garage
- Yesterday afternoon about 3PM you were carrying part of a truck engine (weighing about 15kg) and stumbled as you went to put it on a bench. You did not fall or drop it. You immediately felt a sudden sharp grabbing pain in your lower back, but it wasn't too bad and managed to keep working until the end of the day.
- The pain gradually became worse over the evening and night and you struggled to sleep with it
- The pain is 'aching' in character, and located in the lower back with some radiation to the buttocks
- It is now very severe and limiting your movement significantly
- You have had occasional back pain on and off over the years, but nothing nearly as bad as this
- There are no neurological symptoms
- There are no red flags
- You have taken Panadol and Nurofen but the pain is still very bad
- You have no significant medical problems
- You don't take any medications
- You don't smoke or drink much
- You have no allergies
- You are married with no children
- When the registrar mentions worker's compensation, you say the boss 'won't be keen'. If explored, you reveal that you feel very unsupported at work and at times bullied by management.
- You are reluctant to go down the 'compo' route as you feel like it will make things worse between you and the boss
- You ask about alternate options other than proceeding with worker's compensation, but can be convinced that it is the appropriate action
- You have non-specific low back pain related to a work injury.

The GP registrar is expected to elicit the important aspects of history, both clinical and work-related (in this case an unsupportive work environment).

When asked about examination findings, you can state that examination of the lumbar spine shows:

- Reduced ROM in all directions
- Tenderness++ over lower lumbar spine and paravertebral muscles with muscle spasm++
- Neurological examination normal
- SLR 70 degrees bilat

The remainder of the examination is normal.

Assess

- Communication skills

- History taking – mechanism of the injury, work duties, work environment, red flags, yellow flags

- Problem definition – mechanical low back pain as provisional diagnosis, explanation of problem, no indication for imaging

- Management – analgesia, NSAIDs, physio, time off work

- Follow-up and safety netting – early review
