



WINTER 2007

MEDI LINK NEWSLETTER



## WELCOME

Welcome to the first Medi Link newsletter produced by WorkCover WA. We hope it will inform, educate and connect medical specialists involved in workers' compensation issues, and also support and promote future improvements in the process of conducting permanent impairment assessments.

The Board at WorkCover WA acknowledges that conducting workers' compensation permanent impairment evaluations is a complex undertaking and we are committed to assisting medical specialists to better understand the legal requirements of this process and improve practice.

I trust that you will find the information contained in this newsletter both interesting and informative. We are intending for this to become a quarterly publication and welcome your feedback and input, especially in Dr Lord's Q&A section, which will be a regular feature.

**Janine Freeman**  
Chairperson  
WorkCover WA Medical Committee

## INTRODUCING THE MEDICAL COMMITTEE

The WorkCover WA Medical Committee meets on a monthly basis and provides advice to the WorkCover WA Board on an array of medical matters.

As well as offering expert advice on the WorkCover WA Guides for the Evaluation of Permanent Impairment, the committee also oversees the role and performance of approved medical specialists and reviews assessments.

The committee comprises of Janine Freeman (chair), Mr Adrian Warner, Dr Alan Home, Mr Barrie Slinger, Dr Heather Campbell and Dr Trevor Lord.

## LATEST EPIC NEWS

**It may surprise you to learn that almost half of the permanent impairment assessments registered by WorkCover WA since the new legislation was introduced have been for finger or hand injuries.**

Of these, 41% were inconsistent with the legislation and were referred by the Dispute Resolution Directorate to the Medical Committee for review.

One of the issues identified as causing confusion for medical specialists includes finger injuries being assessed as upper limb impairments rather than finger impairments.

WorkCover WA is also finding that the conversion factor in Appendix 1 of the WorkCover WA Guides is not always being applied correctly.

Su Lloyd, Director of the Dispute Resolution Directorate WorkCover WA, is keen to support medical specialists to improve their knowledge

in this area. To facilitate this, a workshop, Evaluating Permanent Impairment of the Hand and Wrist, was recently conducted.

"It was pleasing to note that the event was attended by over 30 medical specialists, including General Practitioners, Occupational Physicians and Hand Microsurgeons, and the feedback from the event was overwhelmingly positive," Ms Lloyd said.

In addition, Su Lloyd reported "A review is currently being developed by WorkCover WA in conjunction with the Medical Committee to further streamline the process. We will bring medical specialists further details about this initiative in a future newsletter."

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## Evaluating Permanent Impairment Cases



### Dates for the Diary

18 and 19 August 2007  
Royal North Shore Hospital,  
Sydney

*AMA 5 Guides and  
WorkCover NSW Guides to  
Evaluating Permanent  
Impairment*

(required training to apply  
for AMS designation)

18 September 2007  
5.30 – 8.30pm  
WorkCover WA

*WorkCover WA Guide to  
Evaluating Permanent  
Impairment*

(required training to apply for  
AMS designation)

16 and 17 October 2007  
Burswood Entertainment  
Complex

*WorkCover WA Injury  
Management Conference*

Information about upcoming training and events is available at [www.workcover.wa.gov.au](http://www.workcover.wa.gov.au) on the Events Calendar.

## EPIC CASE STUDY

Feedback from the many medical specialists who have attended our recent workshops, indicates that case studies are extremely useful in increasing their understanding of the permanent impairment evaluation process. Consequently, case studies will be a regular feature section in future editions of Medi Link.

### Case Study 1 CRUSHED THUMB INJURY



#### History

A 22 year old newly hired factory worker. Right dominant thumb caught in and crushed by a machine at work.

#### Treatment

Fractures: underwent immediate surgery (debridement), and staged reconstructions.

Back at work 3 months after injury and @MMI 1 year after injury.

#### Clinical Findings

IP Joint: Ankylosed @ 40°  
MP joint: ROM = 0 - 60°  
CMC Joint: ADDuction = 6 cm  
Radial abduction = 0 - 30°  
Opposition = 4 cm  
Sensation, circulation and skin coverage: All normal  
Fractures: All healed without infection or malunion

#### Questions

##### What is the impairment assessment of the thumb?

- IP joint ankylosis?
- Mp joint ROM?
- CMC adduction?
- Radial adduction?
- Opposition?
- Total thumb impairment?

##### What is the impairment assessment?

- Hand?
- Upper extremity?
- Whole person?

##### What is the Schedule 2 impairment?

# TALK TO TREVOR

For those medical specialists who haven't yet met Dr Trevor Lord, he is an Industrial General Practitioner who is currently the GP member of the WorkCover WA Medical Committee.

Trevor has worked with WorkCover WA to educate GPs, GP registrars and medical students in injury management and the workers' compensation system. He has also been involved in a number of major reviews of the legislation, with the aim of assisting in the development of a compensation system that provides good care and support to injured workers, and is cost effective to the community.

In the 'Talk to Trevor' section of Medi Link, we are inviting medical specialists to submit questions or scenarios to Dr Lord. Send your questions to [corporaterelations@workcover.wa.gov.au](mailto:corporaterelations@workcover.wa.gov.au) with 'Talk to Trevor' in the subject line.

And for our first newsletter, Trevor responded to a commonly asked question.

## QUESTION:

### Which item number do I use for distal finger amputations?

For example, if a patient has had an amputation of 50% of the length of the distal phalanx of the index finger, this could be assessed using item 57 impairment of the forefinger or item 64 impairment of the distal phalanx of the forefinger.

What is the correct approach to take and what is the correct item number?

## TREVOR'S ANSWER:

The correct approach is to use item 64 because it:

- most correctly categorises the level of the injury for coding purposes
- leads to a higher Schedule 2 payment for the worker, and
- will be less likely to compromise any future Schedule 2 payment for a subsequent injury to remaining part of the digit.

The Schedule 2 impairment is determined by reference to Schedule 2 Table of Compensation Payable - see Part 2 (pp89-91) of the WorkCover Guides for the Evaluation of Permanent Impairment.

The conversion formula for item 64 is  $100 \times \text{digit impairment} / 45$ .

- The digit impairment is determined by using Fig 16-5 AMA 5 Guides p 443.
- Amputation of 50% of the distal phalanx gives a digit impairment of 23%.

The item number 64 impairment is therefore  $100 \times 23 / 45 = 51.11\%$ .

Schedule 2 impairments are generally rounded to two decimal points.

## Answers to the case study

Answer	Notes
What is the impairment assessment of the thumb?	Use Clinical Measurement of Range of Motion, AMA 5 Guides (pp454-456)
IP Joint Ankylosis = 10 MP Joint ROM = 0 CMC Addition = 8 Radial Addition = 5 Opposition = 9 Total Thumb Impairment = 32%	Fig 16-12 AMA 5 Guides (pp454-456) Pie Chart of Thumb Impairment due to Abnormal Motion at the IP Joint Fig 16-15 AMA 5 Guides (pp454-456) Pie Chart of Thumb Impairment due to Abnormal Motion at the MP Joint Table 16-8b AMA 5 Guides (459) Thumb Impairment Values Due to Lack of Adduction and to Ankylosis Table 16-8a AMA 5 Guides (459) Thumb Impairment Values Due to Lack of Radial Adduction and to Ankylosis Table 16-9 AMA Guides (459) Thumb Impairments Due to Lack of Opposition and to Ankylosis Add the impairments due to thumb motion impairment
What is the impairment assessment?	Thumb Impairment = 32%
What is the Schedule 2 impairment?	Hand = 13% Upper extremity = 12% Whole person = 7% Table 16-1 Table 16-2 Table 16-3
32% of the thumb, item 56	



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