EML
MUTUAL SINCE 1910

Workers Compensation: Your guide to recovery at work

Version 2 2024

If you require this booklet to be translated in a language other than English – please let your Case Manager know during your initial phone call or email us. You can call the Interpreting and Translating Centre on 1800 280 203 and ask them to contact us on 1800 469 931. This interpreting service is available at no cost to you.

We help people get their lives back.

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Resource	Link
Return to Work Act 2014	Return to Work Act 2014
Return to Work Regulations 2015	Return to Work Regulations 2015
South Australian Employment Tribunal Act 2014	South Australian Employment Tribunal Act 2014
Code of Conduct for Self-Insurers	Code of conduct for self-insured Employers (rtwsa.com)
Injury Management Standards	Injury Management Standards Guidance Notes (rtwsa.com)
Impairment Assessment Guidelines (March 2015)	Impairment assessment guidelines
Return to Work (Scheme Sustainability) Amendment Act 2022	Return to Work (Scheme Sustainability) Amendment Act 2022
Privacy Act 1988	The Privacy Act | OAIC
Australian Privacy Principles	Australian Privacy Principles | OAIC

Self insurance and the Return to Work Act 2014 - South Australia

Your Employer has been granted the ability to fund and manage workers compensation claims for its own workforce by Return to Work SA and operate as a self insurer in South Australia.

EML Group (EML) have been appointed by your Employer to undertake the workers compensation day to day claims management function on behalf of your Employer.

As a self insured Employer – the licencing is under regulatory control by the regulator in South Australia – Return to Work SA - who are responsible for ensuring that your Employer complies with all of the legislation requirements and standards.

When an Employer is self insured, they are subject to regular evaluations to maintain self insurance licencing status, which is aligned with both the Work Health and Safety of the workforce in addition to claims and injury management standards and strict compliance with the Return to Work Act 2014.

As a self insurer – your Employer is required to meet the requirements of:

- Work Health and Safety Act 2021 and Associated Regulations
- Return to Work Act 2014 and Associated Regulations
- Work Health and Safety Standards for Self Insurers – Return to Work SA
- Self Insured Injury Management Standards – Return to Work SA
- Code of Conduct for Self Insurers – Return to Work SA

This booklet is designed to explain some of the key concepts of the Return to Work Act and we encourage you to keep it handy to refer to along the journey

Privacy

Your Employer and EML are bound by the *Privacy Act 1988* and *Australian Privacy Principles* which govern the collection and handling of personal and sensitive information to ensure that organisations clearly outline what type of information they hold, the reasons this information is held, the way in which it is used and in what circumstances it is disclosed.

Both your Employer and EML act in accordance with South Australian Worker's Compensation legislation, regulation, and guidelines, that specify the collection, use and disclosure of information relating to worker's compensation claims.

Claim lodgement

If you sustain a workplace injury, you must notify your Employer. Your Employer will gather information about your injury and lodge your claim. Your claim information will be received by EML who will support your journey from the initial injury right through to your return to work.

Working collaboratively with your Treating Providers, your Employer and yourself – we will ensure you have access to all the appropriate treatment to recover from your injury and return to your pre injury condition.

We will:

- Send you a claim acknowledgement letter following claim lodgement by email – which includes your claim number and our contact details.
- Assign your claim to a Case Manager within 24 hours.

Your Case Manager will call to introduce themselves within 3 business days, they will explain in detail the claims process. Including:

- Take a history from you about how your injury occurred
- Ask questions about your injury and ensure you are regularly seeing a Doctor
- Explain the need for Work Capacity Certificates
- Ensure you have the adequate support in place for your injury
- Ask you about transport to and from medical appointments and how we can assist if your Doctor certifies that you cannot drive
- Provide you with claim forms to claim the cost of travel and pharmacy reimbursements
- Provide you with a claim decision within 10 business days

Our Team is here to answer any questions you may have. It is helpful to write down any questions you may have about the claim process and discuss with your Case Manager.

Overview of claims management

EML's approach – in collaboration with your Employer and your Treating Providers – is focussed on providing the highest level of customer service standards to ensure the claims process is made easy for you.

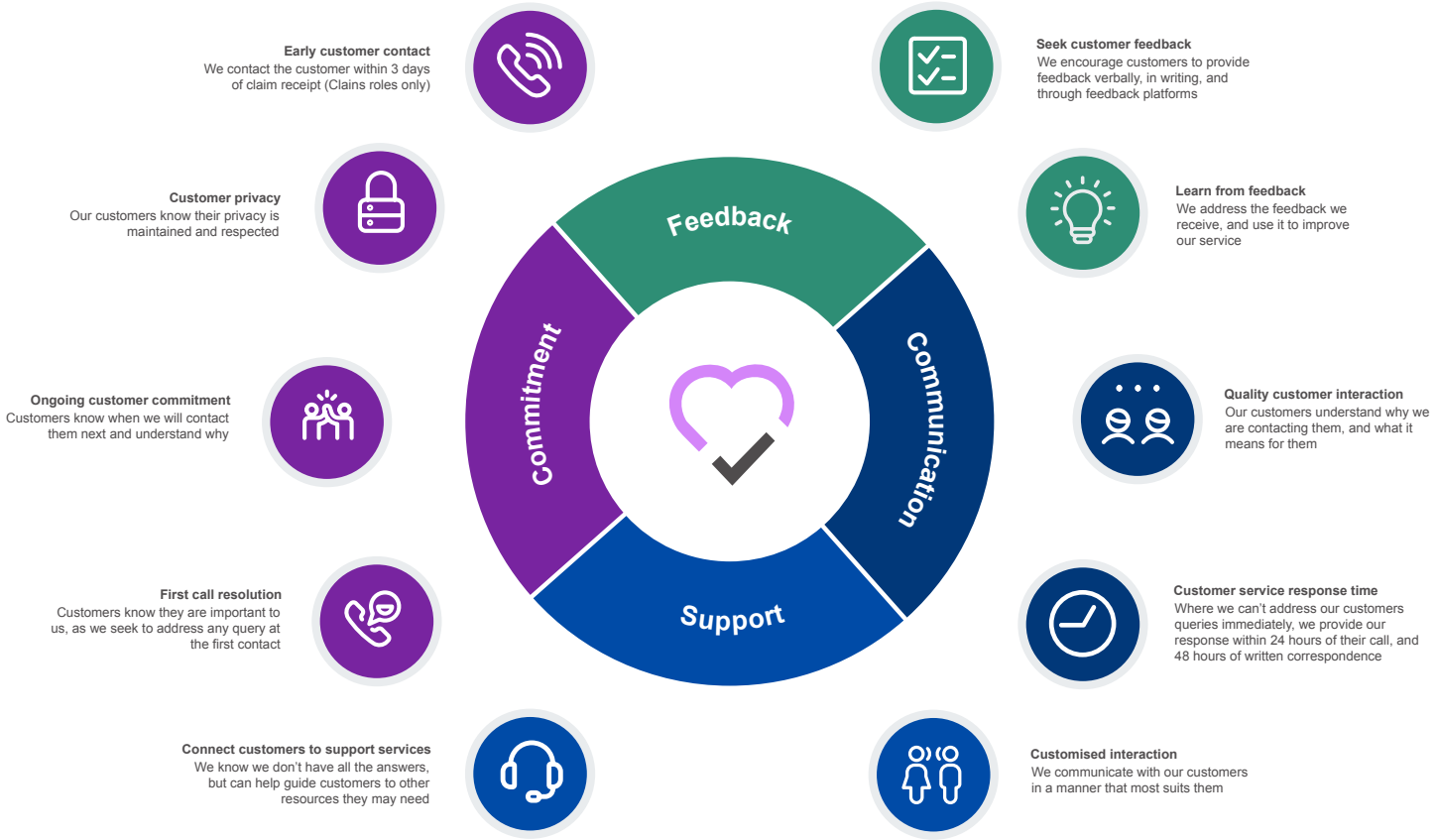
We strive to:

- Promote a prompt and safe recovery at work through proactive injury and claims management
- Keep you updated along your journey in regard to key claim decision making
- Provide you access to a range of Treating Providers in a timely manner
- Explain the claims process every step of the way which may include:
  - **Communication** – What you can expect from us?
  - **Weekly benefits** - Your entitlement to weekly benefits and how we calculate your entitlements
  - **Entitlement periods** – How long are you entitled to receive these benefits
  - **Medical expenses** - Approved medical expenses to ensure you have access to the treatment required in managing the effects of your injury.
  - **Travel** – Reimbursements for costs incurred travelling to medical appointments as a result of your compensable injury and assistance if you are unable to drive due to your injury
  - **Pharmacy** – Reimbursements for pharmaceutical costs incurred as a result of your compensable injury.
  - **Domestic assistance** – Assistance if you are unable to complete your day to day home tasks, personal care due to your injury.
  - **Rehabilitation providers** – Allied health professionals to provide assistance to your Employer to liaise with your Treating Providers, Employer and Case Manager to ensure a safe and durable return to work program – tailored to meet your individual needs.
  - **Aids** – Provision of specialised aids to support your recovery including after surgery

We will go into more detail throughout this booklet to give you a guide as to how these entitlements apply to your claim.

What can you expect from us?

We put the customer at the heart of all that we do.



We want to hear from you during your claims journey and from time to time will send you a customer service survey.

As part of our continuous improvement – these surveys provide valuable insight into your claims experience, and we encourage you to complete them. The surveys take on average 5 minutes to complete.

The claims process

Early Contact

Your Case Manager will call you, your Employer and your Doctor to understand you and your injury.

Determine Liability

Your Case Manager will review all the claim information against the South Australian Workers Compensation legislation and determine your claim.

Treatment

Your Case Manager will work with you and your doctor to ensure you get the treatment you need to recover.

Recovery & Return to Work Planning

Your Case Manager will work with you, your Employer, your doctor and treatment providers to support you in recovering at work.

Return to Pre Injury Duties

Your Case Manager will support you in your recovery until you return to your pre-injury duties.

Obligations

To ensure your health, safety and welfare, each Stakeholder in the claims management process has obligations under the legislation to support your recovery and return to work.

Employer obligations	
▪ Lodging your claim with EML within 24 hours of receipt	▪ Participate and cooperate in the development of your Recovery and Return to Work Plan
▪ Provide suitable duties that you can perform safely as you recover from your injury	▪ Provide suitable employment – if you cannot return to your pre-injury role.
▪ Support you in your recovery and return to work	▪ Liaise with your Case Manager to ensure that you are receiving tailored support to recover

Case manager obligations	
▪ Within 3 business days of a claim form being submitted, conduct Early Contact with key Stakeholders	▪ Provide you with information about your entitlements to weekly benefits and reasonable medical expenses
▪ Consult with the Worker, Employer Representative and treating medical practitioner to provide support to you	▪ Ensure accuracy of timely payment and advice on weekly benefits in accordance with the pre-injury wage pattern and legislative requirements.
▪ Determine liability within 10 business days	▪ Inform you of your right to choose your own treating medical practitioner.
▪ If applicable refer you to a workplace rehabilitation provider to support your return to work.	▪ Keep you informed every step of the way throughout your claim journey

Your obligations	
▪ Notify your Employer of your work injury as soon as possible (within 24 hours if you can)	▪ Return to suitable employment when able to do so.
▪ Provide current Work Capacity Certificates that address your capacity for work and other relevant information	▪ Advise your Employer and Case Manager of intention to take annual leave.
▪ Actively engage with the Case Manager, the Employer representative and your manager to facilitate recovery at work, keep them informed of progress and report changes in capacity for work immediately.	▪ Advise your Employer and Case Manager of intention to leave the country of a period of more than 28 days and provide notification no less than 28 days prior to your departure.
▪ Actively participate in activities designed to support your recovery and return to work	▪ Attend relevant appointments with medical practitioners, treatment providers and workplace rehabilitation providers for any medical examinations or assessments arranged.
▪ Participate and cooperate in developing a Recovery and Return to Work Plan	▪ Actively participate and cooperate in assessments for the determination of capacity for work.
▪ Work towards defined goals in your Recovery and Return to Work Plan	▪ Comply with legislative obligations detailed in your Recovery and Return to Work plan to ensure prompt payment of benefits.

Injury must arise from employment

For your claim to be accepted under the Return to Work Act 2014 your injury must arise from employment. Specifically, Section 7 of the Act defines this as:

7—Injury must arise from employment

1. This Act applies to an injury if (and only if) it arises from employment.
2. Subject to this section, an injury arises from employment if—
    a. in the case of a physical injury—the injury arises out of or in the course of employment and the employment was a significant contributing cause of the injury; and
    b. in the case of a psychiatric injury—
        i. the psychiatric injury arises out of or in the course of employment and the employment was the significant contributing cause of the injury; and
        ii. the injury did not arise wholly or predominantly from any action or decision designated under subsection (4).

Your Case Manager – using the guidance of a number of professionals involved in your claim – will review the information provided to determine if it meets the above criteria.

Types of claim decisions

Your Case Manager must, within 10 business days of you lodging your claim form with your Employer, determine your claim. Your Case Manager will determine your claim by assessing the claim information provided in accordance with the legislation. Your Case Manager has 3 liability determination options available, including:

Deferred liability – This is often referred to as 'Pending' your claim. This liability determination is applied when we do not have enough information to make a full liability determination on your claim and we need to investigate further. You will be offered benefits in the interim while we gather the information required.

Review 'Deferred Claims' to find out more.

Rejected liability – This liability determination is applied when the information provided does not meet the legislation eligibility requirements or if the claimed injuries are found not to arise out of the course of your employment.

Review 'Rejected Liability' to find out more.

Accepted liability– This liability determination is applied when the information provided meets the legislation eligibility requirements and the claimed injuries are found to be compensable. You may be entitled to weekly payment benefits, medical treatment and other types of care and support.

Review 'Accepted Claims' to find out more.

When your claim is determined your Case Manager will contact you and explain in detail the liability determination.

Your Case Manager will always follow up with the decision in writing and explain what you can do if you wish to have the decision reviewed and where to get help if you need advice.

Deferred liability

Your Case Manager will review your claim for compensation and may determine that they do not have sufficient information about your injury to determine your claim within 10 business days.

Your Case Manager will then make a decision to defer liability to undertake further investigations.

Reasons for deferring liability may include:

- Insufficient information about the incident.
- Insufficient medical information from your treating doctor
- Conflicting medical information

To assist your Case Manager with these investigations they may request the assistance from a range of providers to:

- Undertake a factual investigation and take statements from both yourself and other witnesses about the incident
- Request a report from your doctor to clarify the nature and extent of your injury, and the cause of your injury
- Clinical Notes from your doctor to establish when the injury first occurred
- Request that you attend an Independent Medical Examination – for the purpose of an assessment of your injury and diagnosis

Your Case Manager will outline in your determination letter what investigations are required to be able to formally determine your claim.

During this time – you will be offered **Interim Benefits**. Interim Benefits allows you to access weekly payments if you are certified by a Work Capacity Certificate as unfit or needing time away from work, in addition to accessing reasonable medical expenses.

Interim Benefits are available to you until the final determination of a claim has been made. Your Case Manager will provide you with an offer of Interim Benefits within 10 business days of your Employer receiving your claim form. Interim Benefits are not capped they are optional and can be ceased at any time by yourself by advising your Case Manager you no longer want to receive Interim Benefits. It is important to note that Interim Benefits are recoverable from you if your claim is further determined following receipt of all required information, and your claim is rejected.

Interim weekly benefits This is your average weekly earnings over the past 12 months and will be paid to you weekly to cover any loss of or top up of wages. Your Case Manager will provide the amount of this payment in your offer of interim benefits.

Interim reasonable medical expenses These are medical expenses including but not limited to GP appointments, physiotherapy, radiology, specialist appointments, pharmaceuticals and travel etc your offer of interim benefits will allow you to choose services you would like us to cover under an interim benefit arrangement.

Note Noise Induced Hearing Loss Claims contain specific amounts that can be covered and these will be contained in your offer of interim benefits application.

What if it is taking too long to determine my claim?

We aim to determine claims as soon as practicable following receipt of all relevant information. We encourage you to speak to your Case Manager if you have any concerns about a delay in a determination.

You can also make an application for expedited decision to the South Australian Employment Tribunal. Further information about this process is contained in your deferral letter.

Rejected liability

Your Case Manager will review your claim for compensation and may determine your claim does not meet the legislative eligibility requirements. Your Case Manager will contact you and explain the basis of the decision. The determination will be provided to you in writing and will include your review rights.

Additional support is available from the following:

- **Case Manager** You can speak to your Case Manager one on one to understand why the decision has been made and what information or evidence has been used to make the decision and options available to you if you do not agree with the decision.
- **Team leader** You can speak to a Team Leader to discuss the decision and seek guidance on the next steps.
- **Legal advice** You may seek legal advice from a legal representative of your choosing who can review the decision and provide advice.
- **Union representation** You may seek advice from your union representative.
- **South Australian Employment Tribunal** You can make an application to the South Australian Employment Tribunal within one month of the decision to have the decision reviewed by the Tribunal.

Accepted liability

Your Case Manager may determine that they have enough information and evidence to accept your claim for compensation.

An important date in your claims is the First Date of Incapacity. The First Date of Incapacity means you are restricted in your abilities to fully perform your work duties whether wholly or partially as a result of your work injury. This is usually identified by the earliest of:

- Date your employer receives evidence your unable to complete your pre injury duties
- Date of first Work Capacity Certificate that certifies you were unfit or fit for suitable duties.

For accepted claims the First Date of Incapacity is the date in which your entitlements start. Your entitlements may include:

- Weekly Payments
- Reasonable Medical Expenses
- Rehabilitation Services – return to work planning
- Travel assistance if you are certified by your Doctor that you cannot drive as a result of your work injury
- Reimbursement of travel when using your own car to attend appointments for your injury – reimbursed at the gazetted rate set by Return to Work SA
- Lump Sum Payments if your injury is assessed and confirmed to have resulted in a permanent loss of functional ability.

In addition to having entitlements – you will also have **obligations** and **responsibilities** to ensure your entitlements continue as you recover from your work injury.

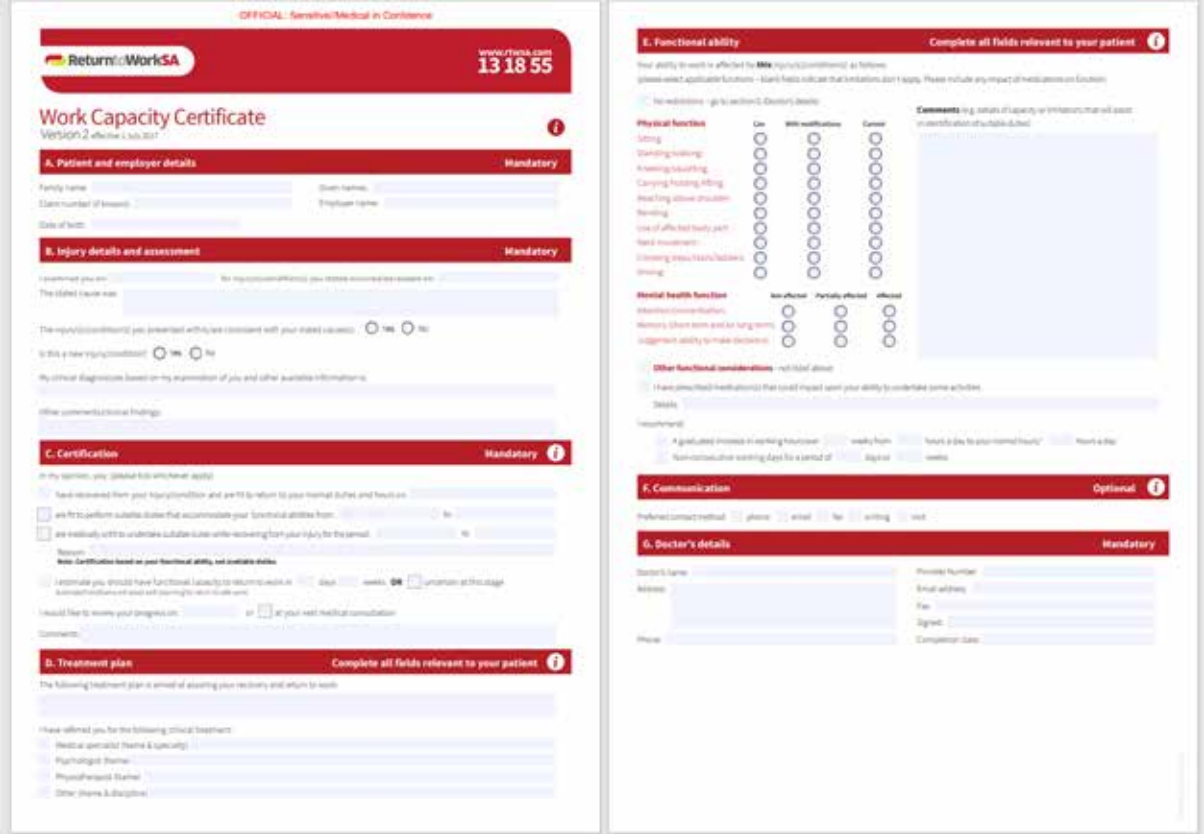
You must:

- Undertake appropriate treatment as recommended by your Treating Doctor or Specialist
- Actively participate in the planning, implementation and review of your Recovery and Return to Work Plan
- Undertake work that is offered to you and you are capable of performing
- Ensure your Work Capacity Certificate is current at all times, you must provide both your Employer and EML a copy of your Work Capacity Certificate
- Maintain contact with both your Employer and your Case Manager
- Arrange, where possible, appointments outside of your working day
- Attend medical appointments and examinations that have been arranged for you
- Abide by your restrictions both inside and outside of work

Work Capacity Certificates

It is important that you see a Doctor when you are injured at work. Your Doctor will provide guidance to all parties about your injury and recovery.

Your Doctor will provide you with a two page Work Capacity Certificate which looks like this:


OFFICIAL: Sensitive/Medical in Confidence

ReturnToWorkSA

www.rtwsa.com
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Work Capacity Certificate
Version 2

A. Patient and employer details — Mandatory

B. Injury details and assessment — Mandatory

C. Certification — Mandatory

D. Treatment plan — Complete all fields relevant to your patient

E. Functional ability — Complete all fields relevant to your patient

F. Communication — Optional

G. Doctor's details — Mandatory

The Work Capacity Certificate is designed to promote your functional abilities to all Stakeholders supporting you in your claim and return to work planning.

It details:

- A diagnosis of your injury
- Your treatment plan – who is involved in your treatment and recovery
- Your physical function – what you can and cannot do – or what modifications are required to be made to your role to ensure you can safely stay at work.
- How your Doctor would like us to communicate with them.

Ensure your Work Capacity Certificate is **always** current. You must provide both your Employer and EML a copy of your Work Capacity Certificate.

Suitable employment

When you are certified as having some capacity to return to work, your employer will provide you with suitable employment. Suitable Employment is employment in which you are fit and able to complete and, as far as reasonably practicable, the same or similar to your pre-injury employment.

Your Employer will take the following factors into account when considering suitable employment for you:

- Nature of your injury/diagnosis
- Capacity to work
- Previous employment
- Age, education, skills and work experience
- Place of residence
- Medical history
- Recovery and Return to Work Plan
- Any other relevant information

If you believe your Employer has failed to make reasonable efforts to identify and offer you suitable employment in your workplace you can:

- Apply to your Employer in writing seeking suitable employment - refer to section 18 (3) of the Return to Work Act providing your employer one month to respond.
- Submit a non-compliance referral form to Return To Work SA, or
- Apply to the South Australian Employment Tribunal for an order that your Employer provide suitable employment

You can seek advice from a legal representative, union representative or RTWSA if you believe your employer has not complied with making reasonable efforts to provide you with suitable employment.

Recovery and Return to Work Plans

If your injury is expected to take 4 weeks or more to recover from, Recovery and Return to Work Plans are implemented by either a Return to Work Coordinator at your workplace – or a Rehabilitation Consultant.

The Recovery and Return to Work Plan is a document that provides you with a clear framework of how you can safely recover and return to work. You will have a Recovery and Return to Work Plan in place for the duration of your injury. The Recovery and Return to Work Plan uses all the information available from your Doctor and Treatment Providers to ensure that tasks provided for you are suitable for your capacity and injury stage. You will be able to provide input into the plan and guide both your Employer and Return to Work Coordinator or Rehabilitation Consultant with duties you feel you can do within your restrictions to assist them to build a plan tailored to meet your needs.

The Recovery and Return to Work Plan will be updated as your capacity increases so you will have the right tasks for your functional capacity. Each plan will include a graded return to work schedule – to help both your Employer and you prepare for a full return to work.

You will be provided with copies of the plans; the plan will detail:

- Commencement and completion date of the plan – including a date to review the plan
- Your name, claim number and date the injury occurred
- Nature of your injury/diagnosis
- Pre injury role
- Your return to work goal
- Actions required to achieve the return to work goal
- The Employer obligations to comply with the plan
- Your obligations to comply with the plan

It is important that you take an active role in both the implementation of the plan and your obligations outlined within the plan, as there are implications to your entitlements to weekly payments if you fail to undertake work that has been offered to you – and you are capable of doing.

If you have any concerns or questions about your Recovery and Return to Work Plan – we encourage you to speak to your Employer, your Return to Work Coordinator, your Rehabilitation Consultant or your Case Manager so we can address these concerns for you.

The role of a rehabilitation consultant

Your Employer or EML may appoint a Rehabilitation Consultant to assist with your recovery and return to work planning.

A Rehabilitation Consultant usually is an allied health professional with specialist skills that will assist your return to work to be safe and successful.

Rehabilitation Consultants may do a range of functions to support you including:

- Liaise with your Employer, EML and your Doctor about your injury and recovery progress
- Provide advice to your Employer about job modifications to help you stay at work while you recover from your injury
- Recovery and Return to Work Plan – A plan developed in consultation with yourself, your doctor and your Employer that steps out the support, tasks and obligations of both you and your Employer as you return to work. The plan or series of plans, provide a graded return to work schedule and review points as your capacity increases in line with your recovery.
- Functional capacity assessment – Testing and documenting what you currently can functionally do i.e., push, pull, lift, stand. This document is issued to better understand where you are in your recovery and to guide a graduated return to work program.
- Workplace assessment – A document used in conjunction with your Functional Capacity Assessment to identify roles or tasks in your organisation that you can safely do while you are recovering at work.
- Activities of Daily Living Assessment – an assessment and report of your current circumstances and identification of aids and support available to assist you with your tasks in the home, self-care and general activities.

Your Case Manager will discuss with you if you require a referral to a Rehabilitation Consultant.

Weekly payments

If your claim is accepted, your entitlements may include weekly benefit payments. This is to compensate you if you are losing time from work, or if you are doing reduced hours at work.

You must have a Work Capacity Certificate certifying you unfit for work – or on reduced hours due to your work injury to be entitled to weekly payments.

To determine what your weekly payments entitlement will be - your Case Manager will review your payroll history and determine a rate of weekly payments commonly referred to as Average Weekly Earnings or AWE. Your AWE is the average of the gross earnings you have received in the past 52 weeks prior to your injury unless any adjustments apply.

This amount will be known as your weekly payment – and it may be in the form of a full entitlement if you are totally unfit for work – or a top up amount to fill the gap between what you are earning at work and the AWE amount.

- Your entitlements to weekly payments are limited (unless you are deemed to be a Seriously Injured Worker) and will be paid at the following rates:

First designated period – 100% of your average weekly earnings

For the first 52 weeks from the First Date of Incapacity:

- When there is evidence of no current capacity – you will be entitled to weekly payments equal to the determined Average Weekly Earnings (AWE).

- When there is evidence of a current work capacity – you will be entitled to weekly payments equal to the difference between the determined AWE rate and designated weekly earnings.

The designated weekly earnings of a Worker will be taken to be the current weekly earnings from employment.

Second designated period – step down to 80% of your average weekly earnings

For any period of incapacity immediately after the 52 weeks until 104 weeks from the First Date of Incapacity:

- In the second designated period when there is evidence of no current capacity – you will be entitled to weekly payments equal to 80% of the determined AWE rate.

- In the second designated period when there is evidence of a current work capacity – you will be entitled to weekly payments equal to 80% of the difference between the determined AWE rate and designated weekly earnings.

Note that at the conclusion of 104 weeks following your First Date of Incapacity – your payments will cease if they have not been previously discontinued unless you are:

- Being assessed or deemed to be Seriously Injured Worker

- Having approved surgery outside of your medical entitlement period – provided this surgery is applied for **before** the end of your medical entitlement period.

If you wish to discuss with your Case Manager how your weekly entitlement has been calculated – or would like the earnings report used to calculate the entitlement – please ask.

Impact to weekly payments

During your claim journey, there may be instances where it is appropriate to discontinue or suspend your weekly payments, the reasons may include:

- You have made a full recovery from your injury
- You have consented to the discontinuance as you no longer wish to participate in a recovery and return to work program
- You have applied for and been approved to take annual leave
- You have applied for and been approved to take leave and intend to leave the country for more than 28 days and you notify your employer or EML no less than 28 days before you leave the country.
- You resign from employment.
- You are earning at or above your Average Weekly Earnings entitlement.
- You have breached an obligation of mutuality which includes:
    - You fail to attend suitable duties.
    - You fail to submit to proper treatment that is recommended to you
    - You fail to submit to a medical examination.
    - You refuse to comply with your obligations under your recovery and Recovery and Return to Work Plan
    - You fail to produce a Work Capacity Certificate within notified timeframes.
    - You refuse to undertake work that was offered to you and which you are capable of performing.
    - You fail to participate in an assessment of your capacity, return to work progress or future employment prospects.

Before taking any action to discontinue or suspend your weekly payments, we will always speak to you first. We will then follow up with a letter which will include any rights to have the decision reviewed.

Reasonable medical expenses

For accepted claims, you will have access to reasonable medical expenses. Reasonable Medical expenses may include but not limited to:

▪ GP Appointments	▪ Specialist appointments
▪ Physiotherapy	▪ Travel reimbursement
▪ Surgery and like expenses	▪ Medication reimbursement
▪ Radiological scans	▪ Nursing support, aids, and home support to maintain your Activities of Daily Living
▪ Rehabilitation Providers	▪ Accommodation and Travel

You have the right to choose your own Provider for your treatment and services, your Case Manager can assist you with recommendations of Providers available in South Australia if required.

We partner with most providers in South Australia, we encourage you to speak to your Case Manager before commencing treatment to ensure your Provider can invoice us directly for services – this may also reduce the need for you to pay these expenses out of your own pocket.

Entitlement periods for reasonable medical expenses are limited:

Medical expenses only claims – your entitlement period is 12 months from your First Date of Incapacity. (excluding some surgery and aids).

Weekly payment claims - your entitlement period is 12 months following the end of your weekly benefit payments. (excluding some surgery and aids).

You are entitled to apply for pre-approval medical expenses rather than seeking reimbursement.

If pre-approval medical expenses are required an application (***Medical Treatment Request Acknowledgement Application for Pre Approval***) must be submitted to the EML, this will enable us to assess the request.

Surgery

Should you require surgery during your claim, you must obtain preapproval from your Case Manager. Your Case Manager will discuss the approval process with you and keep you informed along the way if we need time to gather further information about your proposed surgery.

Any surgery should be undertaken during your medical entitlement period wherever practicable and reasonable to do so.

Future surgery

If surgery is forecast to occur outside of your medical entitlement period, an application **(future surgery application)** must be submitted to EML **prior** to the expiry of your medical entitlement period, this will enable us to assess the surgery request at a future date and time.

If the surgery is approved, you may be entitled to up to 13 weeks of weekly payments during your recovery.

There are also some surgeries that are not subject to the end of the medical expense entitlement period.

Speak to your Case Manager for further information about what steps you are required to take.

Independent Medical Examiners

Independent Medical Examiners are medical specialists registered with the Australian Health Practitioners Regulation Agency. They are independent and not employees or representatives of your Employer or EML and they are not Treating Doctors. They provide your Case Manager with valuable insight into your injury, your recovery, required treatment to assist you make a full recovery from your injury and guidance about duties you can and cannot do.

This may be required at the outset of your claim – to assist with a liability determination, or during your claim to assist with treatment opinions and your anticipated recovery expectations.

It is important that you attend an examination if requested. We will always give you notice about the time and date of the appointment and liaise with you to ensure the time and date is suitable for you.

An Independent Medical Examination usually takes up to 90 mins and will require you to attend their premises for the purpose of the examination. You are allowed to take a support person with you to the appointment.

If you require travel and accommodation assistance to attend the appointment – speak to your Case Manager who will be happy to assist you.

You should always take with you any medical reports, radiological scans or any other medical information you feel will be important to provide to the examiner.

If you are unable to attend an examination, you must let your Case Manager know. If you refuse to attend an examination without reasonable grounds for doing so, it can have an impact on your claim and entitlements.

We will provide you a copy of any medical reports received within 7 days.

Permanent Impairment

Even with the best treatment through your recovery – some injuries can leave you with a permanent impairment.

The Return to Work Act provides compensation for a permanent injury – which are often referred to as “Lump Sum Payments”. The Return to Work Act defines these payments in as follows:

- Lump Sum Impairment for Economic Loss – to compensate you for any loss of your future earnings capacity.
- Lump Sum Impairment for Non-Economic Loss – to compensate you for your permanent impairment.

To be eligible for a lump sum payment – the minimum threshold you must be assessed at is 5% Whole Person Impairment.

Not all injuries attract both payments. Which type of injuries attract lump sum payments are detailed in the chart below:

Injury	Economic Loss Payment	Non-Economic Loss Payment
Physical Injury	Yes	Yes
Psychiatric Injury	No	No
Noise Induced Hearing Loss	No	Yes

Your permanent impairment is assessed in accordance with the Impairment Assessment Guidelines – available on the Return to Work SA Website: ReturnToWorkSA - work injury insurance

Assessments can only be conducted when the injury has **stabilised**. This means that your injury has been medically stable for at least 3 months and is unlikely to change in the foreseeable future, with or without medical treatment.

Your Case Manager will then provide you with a list of accredited assessors and make an appointment for you to be seen by your chosen assessor

You are welcome to seek independent legal advice or the support of your union representative to assist you through this process.

Seriously Injured Worker

Should your degree of Whole Person Impairment reach the threshold required within the Return to Work Act 2014 – you will be deemed to be a Seriously Injured Worker.

The thresholds are determined by the type of injury as follows:

- Psychiatric Injury – 30%
- Physical Injury – 35%

Seriously Injured Workers have different obligations under the Return to Work Act

They also are entitled to a range of benefits including but not limited to:

- Weekly payments paid at the 80% rate until retirement.
- Reasonable medical expenses for life
- Election to be paid a lump sum compensation in lieu of weekly payments.

If you have a question about Seriously Injured Workers or believe you may be a Seriously Injured Worker, please discuss with your Case Manager who will provide guidance to you about the process.

Feedback

EML strive to achieve the highest level of customer service. We understand that from time to time you may have compliments or feedback about the management of your claim or suggest improvements on how we can make the claim process better for you.

We encourage you to contact your Case Manager in the first instance to discuss your concerns. If the matter is not addressed to your satisfaction, you can escalate it.

All formal feedback received is lodged in a centralised unsolicited feedback system.

The feedback is acknowledged within two business days.

The name and contact details of the person managing the feedback is provided.

Wherever possible complaints are resolved to satisfaction within 10 business days.

If additional information or time is required due to the nature of the complaint, EML will provide an alternate date by which a resolution can be expected, and provide updates as required.

You can also make enquiries with the Return to Work SA complaints@rtwsa.com or you can contact RTWSA directly on 13 18 55.

Alternatively, you can contact the South Australian Ombudsman www.ombudsman.sa.gov.au.

Your Case Manager

You can contact your Case Manager to discuss your concerns

Your employer

You can contact your Employer to discuss your concerns

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