icare™
Insurance and Care NSW

Injury management program

2025

Contents

Important information about this document

NSW workers compensation legislation requires insurers to develop an injury management program that outlines their procedures to optimise results for a person with an injury.

The purpose of this document is to provide employers with current and accurate information about the management of workers compensation claims, ensure that employers are aware of their workplace injury management obligations and inform the employer's return to work program.

The information set out in this document only applies to the Nominal Insurer workers compensation scheme managed by icare and has been developed in line with the following:

- *Workers Compensation Act 1987*
- *Workplace Injury Management and Workers Compensation Act 1998*
- Workers Compensation Regulation 2016
- Workers Compensation Guidelines 2021
- State Insurance Regulatory Authority (SIRA) Standards of Practice
- State Insurance Regulatory Authority (SIRA) Injury Management Program: A Guide and Checklist for Insurers

To ensure you comply with your legal obligations, you should refer to the State Insurance Regulatory Authority (SIRA) Guidelines for workplace return to work programs and appropriate legislation. You can access the guidelines at www.sira.nsw.gov.au.

In this document, the word "insurer" means icare (including Workers Care and the Uninsured Liabilities) and/or its contracted Claims Service Providers. For claims managed by our Claims Service Providers, please see their respective Injury Management Programs. www.icare.nsw.gov.au/employers/forms-and-resources#tab-tab-4d699f47-be38-4161-9b1e-792072e7d79d

1. Who we are

icare delivers insurance and care services to the businesses, people, and communities of NSW.

Whether a person is severely injured in the workplace or on our roads, icare supports their long-term care needs to improve quality of life, including helping people return to work.

We also insure more than 329,000 public and private sector employers across NSW and protect their 3.2 million employees. Covering more than $266 billion of NSW assets, icare is one of the largest insurance providers in Australia.

icare is passionate about changing people's lives by being there when they need us most. Whether it's support to return to work or ongoing care, when it comes to injury management, we're committed to working with people with injuries to ensure they can continue their lives with confidence. We focus on the person, not the process. This means we can deliver the best possible outcomes with fairness, respect and empathy.

Our schemes

Workers Compensation

icare acts for the Nominal Insurer to provide workers compensation cover to employers and workers in the private sector in NSW.

Lifetime Care

provides treatment and care for people who are severely injured in a NSW motor accident through the Lifetime Care and Support Scheme.

CTP Care

provides treatment and care to people who have a motor accident injury with long-term needs and an ongoing NSW CTP claim.

Workers Care Program

is an icare initiative to provide the best possible support to workers with severe workplace injuries

Dust Diseases Care

compensates and supports workers who have developed a dust disease from occupational exposure in NSW.

Home Building Compensation Fund

helps homeowners to rectify incomplete or defective works done by a builder or tradesperson.

Insurance for NSW

provides workers compensation insurance to public sector agencies and their workers and volunteers across NSW. Insurance for NSW also protects more than $266 billion of the state's assets, including the iconic Sydney Opera House and Sydney Harbour Bridge, as well as critical government infrastructure like schools and hospitals.

Sporting Injuries insurance

provides cover for registered players and officials of sporting organisations that have insurance cover through icare sporting injuries insurance scheme.

Claims management principles

The claims management principles apply generally across all aspects of claims management, to provide direction for the handling and administration of claims under the workers compensation system.

Principle 1: Fairness and empathy

The management of claims will be undertaken in an empathetic manner intended to maximise fairness for workers by:

- ensuring that workers understand their rights, entitlements and responsibilities, and making clear what workers and employers can expect from insurers and other scheme participants; and
- ensuring workers are afforded procedural fairness and decisions are made on the best available evidence, focused on advancing the worker's recovery and return to work.

Principle 2: Transparency and participation

Workers, employers and other workers compensation scheme participants will be empowered and encouraged to participate in the management of claims by:

- ensuring transparent and timely communication of the reasons and information relied upon for decisions and facilitating right-of-reply and prompt, independent review of decisions
- ensuring opportunities are provided to workers, employers and other workers compensation scheme participants to contribute information that can support and inform claims management

Principle 3: Timeliness and efficiency

Claims management decisions will be made promptly and proactively, and claims will be managed in a manner intended to reduce delays and costs and maximise efficiency by:

- promptly and efficiently processing claims, responding to inquiries, determining entitlements and making payments
- progressing claims without unnecessary investigation, dispute or litigation.

Injury Management Program

The icare Injury Management Program provides important information for you about a person with an injury returning to work.

It explains how the icare claims team will work with you, people with an injury and other key stakeholders (such as doctors and treatment providers) for claims that we manage. It also explains the role of other supporting icare teams.

The goal of the program is to safely achieve recovery at work for people with an injury or, if that's not possible, manage ongoing care and support if they're not able to return to work in the short or long term.

You should refer to this program when developing or reviewing the Return to Work Program for your organisation.

2. Roles, rights and obligations

icare

icare's role, is to guide and support workers to achieve the goal of remaining at or returning to work.

We do this by consulting, collaborating, and communicating with all stakeholders throughout the life cycle of the claim.

You can expect that we will:

- Develop the Injury Management Program with information about how claims will be managed
- Make early, supportive contact with you, the worker and (where necessary) the nominated treating doctor within three working days of being notified of a workplace injury
- Assess for risk of delayed recovery and return to work
- Develop an Injury Management Plan within 20 business days of identifying that a workplace injury is likely to be considered a significant injury. An injury is considered significant if it is likely to result in a worker being incapacitated for work for more than seven days, whether the incapacity is total, partial, or a combination of both.
- Ensure all aspects of injury management (treatment, rehabilitation claims management, employer practices and return to work) are coordinated and integrated to optimise outcomes
- Organise support and assistance from third-party service providers in consultation with you, the worker and nominated treating doctor
- Provide information to all stakeholders regarding their obligations
- Provide help to facilitate recovery at work and to support you in finding work that the worker can do safely.
- Share and store medical and health information in line with the *Health Records and Information Privacy Act 2002* and the *Privacy and Personal Information Protection Act 1998*.

Employers

The relationship between you and your worker is critical to their recovery following a workplace injury.

To ensure the worker is in the best position to achieve their recovery goals, your role is to:

- Ensure there is a workers compensation insurance policy in place covering all employees. To confirm your workers compensation insurance cover visit the icare website at www.icare.nsw.gov.au and use the Employer Lookup tool. Alternatively, you can contact icare on 13 44 22. Employers should ensure that they have a current policy (unless an 'exempt employer') to avoid fines or penalties.
  More information on exempt employers can be found on the SIRA website www.sira.nsw.gov.au.
- Ensure the health, safety and welfare at work of all workers and maintain a record of all work-related injuries
- Provide information for workers that outlines how they notify an injury and how to make a workers compensation claim. You can find a SIRA poster for your workplace on their website
- Notify SafeWork NSW immediately if a serious incident occurs
- Notify us within 48 hours of becoming aware that a worker has sustained an injury (see "Giving notice of an injury" on page 16)
- Ensure a Return-to-Work Program is in place within 12 months of becoming a category 1 or category 2 employer, with each category having different obligations under the law

- Ensure the Return-to-Work Program aligns with our Injury Management Program
- Review and update the Return-to-Work Program at least every two years to ensure it complies with the legislation including the *Workers Compensation Act 1987*, the *Workplace Injury Management and Workers Compensation Act 1998*, and the *Workers Compensation Regulation 2016*.
- Collect and share medical and health information in accordance with the *Health Records and Information Privacy Act 2002*.
- Provide suitable work to a worker in accordance with their Certificate of Capacity. If suitable work cannot be provided, notify us as soon as possible.
- Develop or cooperate in the creation of a Recover at Work Plan (see www.sira.nsw.gov.au)
- Participate and cooperate in the development of an Injury Management Plan for a worker
- Cooperate and provide assistance to investigate common law and recovery claims.

Note: Your obligations to assist your worker with their return to work remain even where the insurer has disputed liability, per section 41A of the 1998 Act.

A category 1 employer is an employer with an average performance premium (or basic tariff premium) over $50,000 a year, or is self-insured, or is insured by a specialised insurer and has over 20 employees. For these employers, a RTW program requires appointment of a return to work coordinator, development of a return to work program, consultation with workers and unions, and implementation of the return to work program.

A category 2 employer is any employer who is not a category 1 employer. Creation of a RTW program here involves appointment of a person responsible for recovery at work, development of a return to work program, and implementation of the return to work program.

For more information about Return-to-Work Programs, category 1 and category 2 employers, and to gain additional tools and guidance to assist in developing and reviewing a return-to-work program, visit the relevant SIRA page https://www.sira.nsw.gov.au/theres-been-an-injury/im-an-employer-helping-my-worker-recover/return-to-work-programs

Should you have any questions about a worker's recovery and/or expected return to work duration, you should contact us or your broker for support.

Workers

The primary role of the worker is to focus on recovery. If possible, they should aim to stay at work in some capacity. If that's not possible, they should aim to return to work as soon as possible.

Following a workplace injury, the worker's role is to:

- Notify you as soon as possible if they suffer a workplace injury
- Participate in the development of the Injury Management Plan
- Nominate a treating doctor to direct medical management and participate in the Injury Management Plan
- Authorise the nominated treating doctor to provide all relevant information to key stakeholders
- Notify us if they want to change their nominated treating doctor
- Make reasonable efforts to return to their pre-injury role or other suitable work
- Report any issues with the Injury Management Plan or suitable work to us, the nominated treating doctor, you or workplace rehabilitation provider
- Provide a certificate of capacity every 28 days or as agreed with us
- Actively participate in approved Recover at Work plan
- Participate in work focused activities where you are unable to provide suitable work, and/or seek alternative employment if there is no possibility of returning to work with you

- Speak regularly with the people involved in their recovery, informing them of progress and any changes in capacity
- Attend and actively participate in all appointments with medical practitioners, treatment providers and/or workplace rehabilitation providers.

Note: Your worker's are also required to make reasonable efforts to return to work even where a decision has been made by the insurer to dispute liability per section *41A of the 1998 Act*.

Workplace Injury Management and Workers Compensation Act 1998

Section 48 of the *Workplace Injury Management and Workers Compensation Act 1998* sets out that, in order to receive weekly payments, an injured worker who has capacity to work must make reasonable efforts to return to work.

If they don't, the insurer will contact key stakeholders and discuss the reasons for non- compliance or non-participation and will try to resolve any barriers.

Where there are barriers, these will be included in the worker's Injury Management Plan.

Where resolution is not able to be achieved, the worker will be informed of the impact on the entitlement to weekly benefits. This may include a written warning, timeframe to comply, suspension of weekly payments or termination of weekly payments if the non-compliance or non-participation continues.

Nominated treating doctor

If an injury prevents the worker from doing their normal job for seven days or more, they must nominate a treating doctor as per SIRA Guidance Note 6.3: Nominated Treating Doctor and Specialists.

The nominated treating doctor must be prepared to work with others in the worker's support team (including us, you, treatment and workplace rehabilitation providers) to manage the worker's injury and implement the injury management plan.

The worker must authorise their nominated treating doctor to provide relevant information to us, as well as you for the purposes of an injury management plan for the worker. They can do this by signing the certificate of capacity.

The nominated treating doctor can help facilitate a worker's treatment and recovery from a work- related injury/illness by:

- educating them on their injury and recovery options
- recommending treatment to help in their recovery
- acting as the primary contact for treatment and recovery information for you, us and other parties involved in the management of the injury
- working with you and us to develop an injury management plan
- reviewing their condition and capacity for work regularly
- completing the certificate of capacity
- applying the principles of the Clinical Framework for the delivery of health services and promoting the health benefits of good work.

Change of nominated treating doctor

It is the worker's right and responsibility to nominate a treating doctor who is prepared to participate in the worker's recovery at/return to work.

Consistent medical care is essential to the worker's recovery at/return to work after an injury.

Changing nominated treating doctors can interrupt good medical care, however there may be a good reason for change, including:

- the doctor has moved or has ceased practicing in the worker's local area, and they are no longer able to see them
- there is evidence that the management the doctor is providing is not helping the worker's recovery and safe return to work.

If there is reason to change nominated treating doctor, the worker must inform us, as well as you, as the employer.

If there is evidence that the nominated treating doctor is not assisting you and your worker with a safe recovery/at return to work, we may:

- ask a doctor experienced in workplace rehabilitation (injury management consultant) to review the management of the injury, and discuss the best course of action with your worker, the doctor and you, or
- ask your worker to nominate another treating doctor.

3. Recovery at work

Successful recovery at work or return to work can be facilitated by the use of specific assessments, services and programs to help workers recover in their current workplace or a new workplace.

The link between health and good work

Studies support the health benefits of good work. Working is beneficial to both physical and mental health, as well as general wellbeing, and has been shown to help those with ongoing health conditions. It can also assist in recovery from injury and reduce the risk of long-term incapacity.

When developing workplace procedures to support your workers, consider the following principles:

Fundamental principles	
1.	The provision of good work is a key determinant of the health and wellbeing of workers, their families and broader society.
2.	Long-term absence from work, disability and unemployment may have a negative impact on health and wellbeing.
3.	All workplaces should strive to be both healthy and safe.
4.	Providing access to good work is an effective way to reduce poverty and social exclusion.
5.	With active assistance, many of those who have the potential to work, but are not currently working, can be enabled to access the benefits of good work.
6.	Safe and healthy work practices, understanding and accommodating cultural and social beliefs, a healthy workplace culture, effective and equitable injury management programs and positive relationships within workplaces are key determinants of individual health, wellbeing, engagement and productivity.
7.	Good outcomes are more likely when individuals understand, and are supported to access the benefits of good work, especially when entering the workforce for the first time, seeking re-employment, or recovering at work following a period of injury or illness.

Working together

- Staying in close contact with a worker who has been injured can be beneficial for both of you.
- Let the worker know what you'll do to help them recover at work. You should talk to them about your reasonable expectations around their level of involvement and cooperation throughout the recovery at work and injury management process.
- Keeping the worker in the loop about what's happening in the workplace is a great way to help them stay connected. It will also reduce any feelings of isolation they may experience as a side effect of being unable to work.
- Staying up to date about their recovery can also help you plan for their return to work.
- Reassure the worker that you are there for them and will support them in their recovery. Positive and considerate contact can help them get back to work more quickly.

Suitable employment

For most workers with an injury, time off work is not medically necessary. Supporting them to stay at work in some capacity provides the best chance of a good outcome following a work injury.

If a worker is not able to immediately return to their normal duties, you're obligated to accommodate them with suitable duties where possible.

Suitable employment means employment in work for which the worker is currently suited, having regard to the nature of the injury and medical information available, and the age, education, skills and experience of the worker.

Suitable employment can include one or more of the following:

- modified tasks and duties (including the provision of equipment to help with the modification of tasks and duties)
- different hours or days of work
- an alternate position in the same workplace
- training to expand a worker's skill set
- a different job location.

When offering suitable employment to a worker, you should consider:

- the nature of the worker's capacity (as set out in the certificate of capacity)
- the worker's age, education, skills and past work experience
- any workplace rehabilitation services available to the worker to assist in facilitating recovery and/or return to work
- any current injury management plan

if you have difficulty identifying suitable employment, contact us as soon as possible for assistance.

Remember...

The employer still has obligations to respect the recovery at work process, even where there is a dispute as to liability (s41A of the *Workplace Injury Management and Workers Compensation Act 1998*.).

Failing to provide suitable employment to a worker where they request it may impact the cost of your workers compensation premium. You may also be in breach of your obligation to provide suitable duties, and the State Insurance Regulatory Authority (SIRA) may issue an infringement notice, a financial penalty, or both.

Return to Work Plan

A Recover at Work or Return to Work Plan is a written document outlining the duties your worker will be doing when they are back at work, as well as what you as the employer are required to do to support the process. The plan is completed by you in consultation with your worker and their supervisor and takes account of medical information provided by the nominated treating doctor and any other treatment providers.

The return to work process should start as soon as possible after the workplace injury occurs. In the early stages, the most important thing you can do is have early and regular contact with the worker.

A plan should be developed for all workers who are certified as having a capacity to work and have returned to work on anything other than their full pre-injury duties. Even if the worker currently has no capacity for work, it's essential to look at opportunities in readiness for their return.

The plan should include:

- the worker's pre-injury duties
- the worker's recover at work goal
- details of the current certificate of capacity
- details of suitable work that is available
- a review date for the plan
- agreement to the plan by the worker and their supervisor.

A copy of the plan should be provided to the worker's nominated treating doctor and any other treatment providers.

Recover at Work or Return to Work Plan templates can be found at

sira.nsw.gov.au. Search for "SIRA08698"

Other support

Workplace rehabilitation providers

Where the worker's return to work is more complex, specialist providers may be engaged. Workplace rehabilitation providers are on hand to offer help regarding suitable employment options and return to work planning. Their services are usually delivered at the workplace and may involve:

- assessing a worker's capacity to perform duties safely
- negotiating and liaising with you, as the employer, the nominated treating doctor and other health professionals
- identifying work that supports improvements in the worker's capacity for work
- identifying options to help reduce work demands (including providing advice about equipment, job or workplace modifications)
- identifying and addressing risks that may impact the worker's recovery at work or return to work
- implementing and monitoring a plan to achieve an agreed recovery at work goal.

Unfortunately, there may be times where a worker won't be able to return to the pre-injury employer following an injury. If this is the case, a workplace rehabilitation provider may be engaged to support the worker to seek alternative employment.

Programs and incentives

A range of programs and incentives are available to help workers remain in the workplace while recovering or getting back to work following an injury.

Where the goal of a worker is to return to work with their pre-injury employer, there are programs that we can offer to eligible employers and workers to assist. For small employers, the Recover at Work Assist for Small Business program may help to reduce the financial impact associated with having a person with an injury return to work. For all employers, a Work Trial or Retraining program may help to build a worker's capacity, skills, and experience so that they can remain with their employer in their pre-injury role or an alternate role. Equipment and Workplace Modifications can also assist employers by reducing the likelihood of a worker suffering an aggravation or further injury on returning to work.

Where the goal of a worker is to return to work with a new employer, we can utilise Equipment and Workplace Modifications to increase a worker's comfort returning to work and reduce the likelihood of aggravation or further injury. We may be able to assist a worker to build their capacity and gain new skills and experience via a Work Trial or the Connect2Work Programs, which can afford employers the opportunity to see the worker functioning safely in the role and thereby allay any concerns around taking on a worker. We may be able to employ the incentives and protections offered by the JobCover Placement Program or JobCover6 program to convert a work trial into a permanent role, or may be able to utilise one of these programs to assist a worker in securing new employment without the need of a work trial.

Retraining can be utilised to develop new skills and knowledge to increase a worker's employment prospects, while the Transition to Work Program can assist a worker to overcome short-term barriers to applying for new roles or accepting an offer of employment.

To find out more about these SIRA programs, including employer and worker eligibility requirements, visit the icare website www.icare.nsw.gov.au, visit the relevant page on the SIRA website, or contact us.

Case conferencing

A case conference is a face-to-face meeting, teleconference or videoconference that brings together the worker and their nominated treating doctor with any or all of the following parties – employer, workplace rehabilitation provider, insurer, injury management consultant or other treating practitioner(s) delivering services to the worker. A case conference aims to facilitate and support a worker's recovery at or return to work.

The types of issues that may be discussed at a case conference include:

- the worker's capacity for work as this informs recovery and RTW planning
- the worker's progress and treatment plan
- the duties you are able to provide to the worker (suitable duties)
- any workplace support and modifications the worker may need to return to work
- factors that may be delaying the worker's recovery or return to work, and any treatment or support that may assist to address these.

Your dedicated Case Manager or the person arranging the conference (e.g., workplace rehabilitation provider) will provide a statement of the purpose and agenda for the case conference to all parties involved.

Following the case conference, outcomes will be documented and timeframes for actionable items and the parties responsible will also be provided to all case conference attendees.

Injury management planning

An Injury Management Plan is a written plan developed to identify the goals and actions of all parties in helping the worker recover from their injury and recover at/return to work. The Injury Management Plan is developed by us, in collaboration with you, the worker, the nominated treating doctor, and extended health team. The plan is shared with you, providing the worker remains your employee.

Injury management planning will commence immediately on notification of a significant injury (a workplace injury where the worker will have incapacity for work, whether total or partial, for a continuous period of more than seven days) and a plan will be developed within 20 working days where a worker has not returned to pre-injury duties. The plan will be tailored to the worker using a person-centred approach, informed by a risk assessment to identify risks of delayed recovery – see also SIRA's Standards of Practice 34. The plan will be consistent with medical and treatment information and will include a statement about how and when the plan will be reviewed as well as the rights and obligations of all stakeholders. More information can be found in the Workers Compensation Claims management guide on the SIRA website.

We will regularly review the worker's progress against the goals outlined in the Injury Management Plan to determine whether the actions in place are producing successful outcomes for all stakeholders. Where adjustments to the Injury Management Plan are required, such as when there are changes to the recovery at work goal, the plan will be updated.

Communication is an essential component in injury management planning. We are required to proactively engage with all relevant parties as part of the forming, reviewing and updating of the Injury Management Plan. Given this, it is important to keep us informed of any changes that may affect the plan.

4. Managing the claim

Your experience is important to us. That's why our claims process provides all the support you need.

icare

icare acts for the Nominal Insurer and administers the provision of workers compensation to private sector employers in NSW. It is the largest workers compensation insurer in NSW, protecting around 90 per cent of the NSW workforce.

icare on behalf of the Nominal Insurer has established internal teams to manage a cohort of claims in-house.

icare Specialised Claims Team

The icare Specialised Claims team manage a proportion of small and medium employer claims and also trials new claims practices and initiatives to improve outcomes for psychological injury claims.

They also manage claims for uninsured liabilities (claims where an employer does not hold a valid workers compensation policy), volunteer claims for bushfire and emergency and rescue services, as well as sporting injuries under the Sporting Injury Act.

Workers Care

The Workers Care team manages claims accepted into the Workers Care program. This program is for workers who have sustained a severe injury in a NSW workplace and have an accepted workers compensation claim. Severe injuries include brain injury, spinal cord injury, amputations, burns and permanent blindness.

Outsourced claims management

Claims Service Providers - Generalist and Generalist with Specialist Capability

In 2023, icare selected Allianz, DXC, EML, Gallagher Bassett, GIO and QBE to manage NSW Workers Compensation claims for the nominal insurer.

Four of the six Claims Service Providers will offer specialist psychological claims support with skilled and experienced structures dedicated to managing psychological claims.

If you are an eligible employer (with an Average Performance Premium (APP) or Group Average Performance Premium (GAPP) of above $200,000), you can choose your preferred Claims Service Provider aligned to your next renewal date. From June 2025, employers with an APP or GAPP of $100,000 or more will be eligible to choose the Claim Service Provider that best suits their needs. For more information call 13 44 22 or visit https://www.icare.nsw.gov.au/employers/understanding-workers-insurance/About-CSPs-and-Choice.

These changes aim to give employers greater control over which Claim Service Provider they partner with to get the best outcomes for their workers.

Professional Standards Framework

icare's internal teams, and its six Claims Service Providers, operate under the Professional Standards Framework.

The Framework describes the skills, behaviours and competencies required of Claims Management professionals.

This industry benchmark ensures that you have a competent and empathetic person helping you navigate your workers compensation claim, enabling you to get the right support when you need it most and helping your workers return to health and work faster.

Allianz DXC TECHNOLOGY EML GALLAGHER BASSETT GIO QBE

For claims managed by these providers, a link to their injury management programs can be found on our website (when available) on the resources tab of the employer forms and resources page.

The table below defines the key attributes of each claim service provider type.

Generalist Claims Service Providers GIO, QBE	Generalist with Specialist Capability Providers Allianz, DXC, EML, Gallagher Bassett	Specialist Claims Service Providers
Generalist providers can manage all claim types, including psychological injury claims. Employers with a choice of Claim Service Provider can have all claim types managed by a Generalist Claims Service Provider.	**Providers can manage all claim types.** They offer specific support structures and appropriately skilled and experienced Case Managers dedicated to managing specialised claims such as psychological injury claims.	**Providers can only manage psychological claims.** icare may continue to explore having a specialist only provider on the panel. Further information will be provided as available.

Giving notice of an injury

Where an injury occurs in the workplace, you need to notify icare. The law requires employers to provide notification within 48 hours of being made aware of the injury (see *s44 of the 1998 Act*), even if your worker doesn't need any treatment or time off work. Note that a penalty may apply for employers for not informing the insurer of an injury within 48 hours of them being made aware. You can notify us, or any of our Claims Service Providers online at any time.

If an employer doesn't report the injury within 5 days of being made aware of it, a claims excess payment may be payable. Excess is the equivalent to work week of the worker's weekly payments or, if the amount the Claim Service Provider has paid in weekly payments is less than that amount, the excess is the lesser amount. If you don't, a penalty may apply.

If a death, serious injury or illness, or dangerous incident occurs, it is a notifiable incident. You will need to notify both icare (as set out above) and SafeWork NSW (on 13 10 50).

For further information on how to notify claims, please refer to the icare website www.icare.nsw.gov.au.

Lodging a claim

Information to lodge a claim	Additional information
Worker's details • name • address • telephone number **Employer's details** • company name • company address **Nominated treating doctor details** • name • telephone number • name of medical centre or hospital (if known) **Injury details** • date and time of injury • description of injury • how the injury occurred • whether any medical treatment is required • details of any time off work **Notifying person details** • name • telephone number • relationship to worker or employer	The following details may also be requested: • the worker's date of birth • the employer's ABN or workers insurance policy number • copy of the Certificate of Capacity • details of worker's capacity to return to work and expected date • employer's ability to support worker's recovery at work in suitable employment • worker's pre-injury average weekly earnings. Providing this information as soon as you know it can speed up the processing of a claim.

Consider referencing icare checklists:

- Checklist for lodgement of a workers compensation claim
- Psychological injury checklist for employers

Assessing claims

At icare, we want to ensure we achieve optimal outcomes for our customers. That's why we've developed a model to identify barriers to recovery at work and ensure the right support is provided at the right time.

We understand that every injury is different and the time it takes for individual workers to recover is different.

We also know that the level of support each person with an injury requires will differ depending on the nature of their injury, as well as social and psychological factors, and the presence of other known diseases or health conditions.

That's why we collect the relevant information and align it with the claim to assess the support required.

The worker's nominated treating doctor will issue a Certificate of Capacity and you should forward this document to us as soon as possible.

The icare team will be on hand to assist with the claim from beginning to end and our claims management process is supported by injury management, triage and technical specialists. Regular review ensures risks and barriers to optimal recovery and return to work outcomes are identified throughout the life of a claim, along with actions to address where appropriate.

In some cases, these will be captured in the Injury Management Plan documents that are produced.

Making contact

Where a worker needs time off work or ongoing treatment for their injury, we will contact both you and the worker within three days of notification of the injury.

During contact if the worker asks for an interpreter, indicates a preference for communicating in their own language, does not appear to understand questions or is not easily understood, the services of a qualified interpreter will be engaged.

We will also contact the treating doctor if any further information is needed.

The reason for making contact at this early stage is to:

- see how the worker is managing and what their treatment needs are
- request further details about the injury and current work status
- identify any risks and barriers to recovery at work, as per SIRA's Standards of Practice 34
- when there is time loss, request wage information to assist in the calculation of pre-injury average weekly earnings
- answer any questions about the claims process
- establish a recovery at work goal and put likely recovery timeframes in place
- arrange any necessary support services.

It's important for you to also stay in touch with your worker following the injury. Reassure them that you're there for them and will support them in their recovery. Keeping them in the loop about what's happening in the workplace is a great way to help them stay connected and can assist in facilitating a safe and timely return to work.

Worker's consent

A worker's personal and health information must always be protected in accordance with the NSW and Federal privacy legislation. SIRA's Standards of Practice indicate what action we are required to take prior to collecting, storing, using and disclosing a worker's personal and health information, including obtaining a worker's consent.

The worker must be informed of how their personal and health information will be used prior to providing their consent. They should be advised about what information may be collected, stored, used and disclosed and their rights to withdraw and modify their consent. We are also required to inform the worker of what may happen should they withdraw or modify their consent.

We are required to obtain written, signed consent from the worker.

SIRA's claim form asks the worker to provide consent to release any personal and health information related to their work injury.

We will consider whether a worker's consent is valid if we receive a request from a third party to release a worker's personal and health information. This is also something that you as the employer should consider on receipt of similar requests.

For more information on how we manage privacy, you can see icare's Privacy Policy and Privacy Management Plan.

Working with the nominated treating doctor

The nominated treating doctor will provide a Certificate of Capacity, which sets out information about how you can support the worker's return to work and their recovery needs. The certificate will also certify the worker's capacity for employment.

A worker signs a consent section when completing a Certificate of Capacity. In the absence of a claim form or authority to release information, consent is for the period the certificate is for.

When certifying capacity for employment, the nominated treating doctor will advise if the worker:

- is fit for their pre-injury duties;
- has capacity for selected duties (with specified restrictions); or
- has no capacity for any kind of work.

Research shows that returning to work during the recovery process can reduce the harmful physical and psychological effects experienced by a person injured at work. Return to work can further positively influence workplace culture, productivity, and the well-being of other employees, can impact premiums, as well as influencing the lives of friends, families, and the communities in which a person with an injury live.

By providing the nominated treating doctor with information about your workplace and the range of duties available, you'll positively impact recover at work or return to work for your injured workers.

Useful information includes:

- Contact details for the injured worker's supervisor, employer and return to work coordinator
- A description of the injured worker's pre-injury duties, including the functional demands of the role
- Details of other suitable duties, including the functional demands of each task
- Details about the usual days and hours of work of the person with an injury.

Managing death claims

If a workplace death occurs, you must notify SafeWork NSW immediately on 13 10 50, or as soon as possible. You must notify us within 48 hours of the incident occurring. For more information on how you can do this please visit us online at Notify us of an injury.

If a work injury results in a worker's death, compensation is payable. A notification may be lodged by you or your broker, a family member of the worker or their legal representative, a medical practitioner or other person. A workplace death may be investigated without a claim being lodged, depending on the circumstances of the incident, and a claim for death benefits may be lodged immediately following an incident or at a later date.

Fatality notifications and claims are managed by dedicated Case Managers who are experienced in supporting families and workplaces following a workplace death. SIRA's Standards of Practice require that Case Managers make contact with the worker's family within five working days of being notified of the death. Providing contact information for the worker's family as quickly as possible will allow the Case Manager to offer counselling and support information about our role.

The impact of a loss not only impacts the family of the worker, but your other employees may also be affected by the loss of their workmate. The Case Manager will also talk with you about supporting your workplace following a fatality and how to access help if you need it.

The Case Manager will help you by:

- Providing an experienced, empathetic, single point of contact throughout the claim
- Explaining the claims investigation process and information required to make a liability decision
- Providing monthly progress updates throughout the investigation
- Providing a liability decision verbally, and in writing

Fatalities Case Managers will require information to confirm the worker's employment status, cause and circumstances of the incident leading to the fatality, and employers and employees may be required to participate in a factual investigation. The length of time to investigate a fatality depends on the type of incident and the availability of information from multiple sources which may include the family of the worker, medical practitioners and specialists, hospitals and ambulance, the NSW police, legal providers and in some instances, the Coroner.

Investigations vary in length and complexity, and your Fatalities Case Manager will keep you updated regularly.

If liability for a fatality claim is accepted, the worker's dependents or estate are entitled to:

- a lump sum death benefit
- weekly benefits for dependent children up to 16 years old, or if a student, 21 years old
- reasonable funeral expenses up to the maximum statutory amount.

The amounts payable are indexed periodically and can be found in SIRA's workers compensation benefits guide.

Fatality claims are not premium impacting, but employers who experience a worker fatality may be required to make a one-off Catastrophic Claim Contribution. If it is determined that a contribution is payable, icare will contact you directly to discuss.

Workplace fatalities are distressing events for all involved and your Case Manager is available to provide information and support to you and those impacted by the death.

5. Assessing liability

Legislation applies to the payment of compensation following notification of a workplace injury.

Written notice will be given to you and the worker about the outcome of the claim for workers compensation. The written notice will also include information to assist with any questions you have and how to contact us.

Provisional Liability

Provisional liability payments allow us to start paying weekly payments and medical expenses while we fully assess the claim so that the worker is not financially disadvantaged and can access reasonably necessary treatment without delay. We must commence provisional weekly payments within seven days of being notified that the injury has resulted in a loss of earnings.

Liability

The amount of time we have to make a decision about a claim for liability will depend on whether we have commenced provisional payments.

Where provisional liability has been accepted

Where we have started making provisional payments and have notified the worker, we are required to determine liability before the provisional payments period ends (i.e. before the worker has received weekly payments for up to 12 weeks or has incurred up to $10,000 of medical expenses).

Where provisional liability has not been accepted

If provisional payments have not started and we have received a claim for workers compensation, the claim must be determined, either by accepting liability and commencing weekly payments or disputing liability, within 21 days of the claim being made.

These payments may include weekly payments to the worker for up to 12 weeks and the payment of their medical expenses up to a total of $10,000.

After that point, we are required to make a full liability decision on the claim.

If the worker's injury has resulted in a loss of earnings, we must start paying weekly provisional payments within seven days of being notified of the injury, unless we believe that we lack grounds to do so, and move to apply a reasonable excuse.

Reasonable Excuse

A reasonable excuse indicates that we do not have access to all of the information required to assess the claim, despite having made reasonable attempts to obtain it. Reasons we may apply a reasonable excuse are varied but may include:

- insufficient medical information
- uncertainty about whether the worker is a deemed 'worker,' being unable to contact the worker, the worker refusing access to necessary information, indications that the injury is not work-related, there being no requirement for weekly payments, or the
- injury being notified after two months.

If a reasonable excuse is applied, we are required to notify both you and the worker in writing of the reasons for this, within seven days of being notified of the injury.

A reasonable excuse may apply to provisional weekly payments, but not to provisional medical payments. Reasonably necessary treatment may be funded during this period.

Injury management and return to work responsibilities do not cease whilst a claim is under reasonable excuse.

We will also provide the worker information about how to make a claim.

Disputing Liability

If we decide to dispute any aspect of liability on a claim, notice of the dispute will be given to both you and the worker.

You and the worker will receive an outline of the reasons why liability is being disputed. The worker will also receive the evidence relied upon to make the decision.

Should you disagree with a liability decision made, you may request an independent review of the liability decision. Refer to the decision notice for more detail.

The worker will also have the opportunity to request a review of the liability decision. The reviewer will be required to respond to the internal review request within 14 days. The worker may also contact the Independent Review Office (IRO) at iro.nsw.gov.au. A worker can also lodge a dispute with the Personal Injury Commission, with or without an internal review being completed.

Insurers, employers and workers remain obliged to comply with their injury management obligations despite any dispute of liability.

Additional or consequential medical conditions

As claims progress, it is not uncommon for additional medical conditions or consequential conditions to be added to a Certificate of Capacity. This may have an impact on the management of a claim including the need for treatment, entitlement to weekly payments, and the worker's degree of permanent impairment.

We will proactively review Certificates of Capacity to ensure workers continue to receive appropriate compensation and support.

If a worker makes a claim for treatment or weekly payments for the additional or consequential medical condition, we are required to make a liability decision within 21 days from the receipt of the Certificate of Capacity.

If the additional or consequential medical condition is not work-related, prompt action by us to dispute liability for that condition enables the treating doctor to appropriately manage the non-work-related medical condition.

Recurrence or aggravation

We are required to have regard to the facts and medical evidence to properly determine whether an injury is a recurrence of a previously accepted workplace injury, or a new injury to a body part previously injured at work.

A recurrence occurs where, after a worker suffers a work-related injury, there is a later increase in symptoms or a re-emergence of symptoms needing treatment or causing incapacity.

If a worker suffers a new work-related injury to a body part that has previously been injured at work (i.e. an aggravation), we are required to decide which of the two injuries caused or materially contributed to the incapacity or need for treatment.

The distinction between a recurrence of an injury and a new injury can be significant for workers and employers.

Our decision will impact the calculation of a worker's benefits and may impact your premium. Determining whether the claim should be treated as a recurrence or a new injury requires evaluation of the evidence.

6. Entitlements

There will be instances where a worker won't be able to immediately return to work or, if they've returned to work following the injury, will continue to experience a loss in earnings.

Pre-injury average weekly earnings

If a worker is unable to perform their pre-injury job because of a work-related injury, any weekly compensation that might be payable to them is calculated by reference to their pre-injury average weekly earnings (PIAWE).

PIAWE is generally the weekly average of a worker's gross earnings over the 52 weeks prior to their date of injury.

The calculation of PIAWE is essential to making sure that a worker receives accurate weekly payments.

Unless there is a reasonable excuse not to, these payments are to commence within the first seven days of notification of an injury and will need to be reassessed if new information is later received.

Calculating PIAWE

For workers injured before 21 October 2019, PIAWE is the sum of:

- ordinary earnings during the relevant period (either their base rate of pay or actual earnings, any amounts paid or payable as piece rates or commissions, and the monetary value of non-financial benefits), and
- any permissible shift and overtime amounts.

Special consideration is given to workers employed by more than one employer at the time of injury.

Schedule 3 of the *Workers Compensation Act 1987* sets out the method to determine PIAWE where a worker was employed by more than one employer at the time of injury.

For workers injured on or after 21 October 2019, PIAWE is the simpler sum of:

A worker's gross weekly earnings over the 52 weeks before their date of injury.

$$\frac{\text{Gross earnings}}{\text{Relevant earning period (weeks)}} = \text{PIAWE}$$

There are some exceptions to this definition, including:

- if the worker has not been continuously employed in the 52 weeks before the injury
- if the worker had an ongoing financially- material change in earnings in the 52 weeks before the injury (e.g., as a result of a permanent promotion or demotion)
- if it is simpler to align to the worker's usual pay cycle
- if the worker has taken extended periods of unpaid leave (7 or more consecutive days) in the 52 weeks before injury
- to take into account a financially material reduction in earnings due to the COVID-19 pandemic in the prescribed periods.

If a worker is employed by more than one employer at the date of injury, the earnings for all jobs are considered when determining PIAWE.

Gross earnings

For workers injured on or after 21 October 2019, earnings can include wages, shift and other allowances, overtime amounts, commissions, the value of non-monetary benefits (if a worker no longer has the use of the benefit) and piece rates.

Income does not include:

- the individual superannuation guarantee shortfall ('superannuation guarantee amount'),
- a non-monetary benefit if the worker continues to be entitled to the use of the benefit after the injury,
- compensation for loss of earnings under an insurance or compensation scheme (this includes workers compensation payments made during the relevant earning period),
- any discretionary payment made without obligation by the employer (this can include incentive bonus payments), or
- any additional payment subsidised by the JobKeeper scheme.

Shift and overtime allowances

For injuries on or after 26 October 2018, any calculation of overtime and shift allowances will remain in PIAWE beyond 52 weeks.

After that, they are removed from the calculation.

For injuries prior to 26 October 2018 shift and overtime allowances are only included in the PIAWE calculation for the first 52 weeks of entitlement.

PIAWE agreements

A worker and employer may enter into an agreement as to the PIAWE amount that we will use when calculating weekly benefits.

An application to enter into a PIAWE agreement must be provided to us within 5 days of the initial notification of injury. For more information on PIAWE by agreement, please see the SIRA at www.sira.nsw.gov.au. or see the information on the icare website.

Interim PIAWE

Where the worker and employer do not make an application for an agreement on PIAWE and we do not have sufficient information to complete a PIAWE calculation (e.g., payslips or other evidence of worker's earnings), we may commence weekly payments on an interim PIAWE calculation based on the best available information.

The expectation is that we are to communicate with the employer and worker before commencing weekly payments and inform that all relevant information should be provided to us to complete a PIAWE calculation.

Upon receipt of PIAWE information, we are required to recalculate PIAWE within 5 working days and review for any adjustment payments due i.e.: over or under payments.

Minimum PIAWE

The minimum PIAWE is $155 as is set by the Workers Compensation Regulation 2016 (2016 Regulation).

If a worker's PIAWE is calculated to be lower than the minimum PIAWE, then the worker's PIAWE is deemed to be the minimum amount of $155.

For workers injured on or after 21 October 2019 see clause 6 of the Workers Compensation Regulation 2016 and clause 2 of Schedule 3 of the *Workers Compensation Act 1987*).

For workers injured before 21 October 2019 see clause 8AB of the Workers Compensation Regulation 2016 and *section 44C of the Workers Compensation Act 1987*.

Weekly entitlements

Entitlement period	Calculations before 21/10/2019	Calculations on or after 21/10/2019
First (0-13) weeks Section 36 of the 1987 Act	**Weekly payment for an injured worker who has no current work capacity:** The lesser of (PIAWE x 95%) – deductions or the statutory max – deductions **Weekly payment for an injured worker who has current work capacity:** The lesser of (PIAWE x 95%) – any Earnings and deductions or the statutory max – Earnings and deductions	**Weekly payment for an injured worker who has no current work capacity:** The lesser of (PIAWE x 95%) or the statutory max **Weekly payment for an injured worker who has current work capacity:** The lesser of (PIAWE x 95%) – any Earnings or the statutory max – Earnings
Second (14-130) Section 37 of the 1987 Act	**Weekly payment for an injured worker who has current work capacity and has returned to work for not less than 15 hours per week:** The lesser of (PIAWE x 95%) – any earning and deductions or the statutory max – any earnings or deductions **Weekly payment for an injured worker who has current work capacity and has returned to work for less than 15 hours per week (or who has not returned to work):** The lesser of (PIAWE x 80%) – any earning and deductions or the statutory max – any earnings or deductions **Weekly payment for an injured worker who has no current work capacity:** The lesser of (PIAWE x 80%) – deductions) or the statutory max – deductions	**Weekly payment for an injured worker who has current work capacity and has returned to work for not less than 15 hours per week:** The lesser of (PIAWE X 95% – Earnings) or the statutory max – any earnings **Weekly payment for an injured worker who has current work capacity and has returned to work for less than 15 hours per week (or who has not returned to work):** The lesser of (PIAWE X 80%) – Earnings or the statutory max – earnings **Weekly payment for injured worker who has no current work capacity:** The lesser of (PIAWE x 80%) or the statutory max

Entitlement period	Calculations before 21/10/2019	Calculations on or after 21/10/2019
After second Section 38 of the 1987 Act Workers will receive payments under this section if they have been assessed as eligible to continuing weekly payments after 130 weeks	**Weekly payment for an injured worker who has no current work capacity and is likely to continue indefinitely to have no current work capacity:** The lesser of (PIAWE x80%) – deductions) or the statutory max – deductions **Weekly payment for injured worker who has current work capacity:** The lesser of (PIAWE x 80%) – any Earnings and deductions or the statutory max – Earnings and deductions	**Weekly payment for injured worker who has no current work capacity, and is likely to continue indefinitely to have no current work capacity:** The lesser of (PIAWE x 80%) – or the statutory max **Weekly payment for injured worker who has current work capacity:** The lesser of (PIAWE x 80%) – Earnings or the statutory max – Earnings

Note: Sections 36, 37 and 38 referred to in this table are to be read in conjunction with *Section 34 of the 1987 Act* which outlines the maximum weekly compensation amount (statutory maximum).

Indexation

A worker's PIAWE and the Statutory Maximum (Stat Max) is adjusted twice per year on 1 April and 1 October in accordance with the indexation rate published by SIRA via the Workers Compensation Benefits Guide. See the SIRA website www.sira.nsw.gov.au for the latest figure.

Indexation is a technique used to adjust weekly payments so that they keep up with inflation. For more information see *Division 6A of the 1987 Act*.

We will notify you and your worker in writing of any changes to PIAWE because of indexation.

Reduction of payments in compensation

Workers need to be kept informed about their claim, particularly where their entitlements are to be stepped down due to an application of the legislation.

We will notify the worker prior to any step downs and will notify you if you are continuing to pay the worker directly. The application of legislative step-downs may depend on the circumstances of the worker, when they were injured and their work status. For more information, see SIRA's website.

Reimbursement of weekly payments

In most cases, we will reimburse weekly payments to you as the employer. You should continue to pay the worker in line with their usual pay cycle.

In cases where it is necessary for us to process weekly payments directly to the worker, for example if they are no longer employed by you, we will consult with you and the worker before commencing those weekly payments.

Work capacity decisions

A work capacity decision is a legislative decision, made by an insurer and may include, but is not limited to, a decision on one or more of the following:

- whether the worker has current work capacity
- what is considered suitable employment
- how much the worker is able to earn in suitable employment
- the worker's pre-injury average weekly earnings

After 130 weeks have been paid, eligibility to continue to receive payments will be assessed by the insurer.

For workers assessed to have current work capacity and a degree of permanent impairment of 20 per cent or less, their weekly payments will stop if:

- They have not applied for continuing payments
- They can work but are not working at least 15 hours a week and not earning more than *$155 a week.
- They can work more hours to increase their earnings

For permanent impairments of 21 per cent or more, weekly payments will stop if a worker with current work capacity has not applied for continuing payments.

Workers assessed to have no work capacity (indefinitely) may continue to receive weekly payments past 130 weeks but may be limited by Section 39 at 260 weeks."

Workers will be provided no less than 6 weeks' notice if this section affects them.

A worker's capacity will be assessed continuously throughout the life of the claim. This is usually prompted by a change in certification or on receipt of any other information. We may make a work capacity decision following an assessment which may change the amount of the worker's weekly payments. In circumstances where a work capacity decision reduces or stops a worker's weekly payments, they will be provided the relevant notice period as per Section 80 of the 1998 Act.

Where a worker's weekly payments are reduced or stopped, your liability to pay compensation will not necessarily cease. The worker may need to continue to be supported through the return to work process and provided with the medical care they need for their ongoing recovery. A new work capacity decision may be made if the worker's circumstances change and their weekly payments may recommence.

A work capacity decision will also be made when required to determine a worker's pre-injury average weekly earnings (PIAWE).

If we make a work capacity decision and PIAWE calculated is more than the interim PIAWE amount or more than the rate of PIAWE on which payments are currently being made, then we are required to make adjustment payments to the worker no later than 14 days from the work capacity decision.

For more information on work capacity decisions, see www.sira.nsw.gov.au.

Reviewing a work capacity decision

A worker has the right to ask for a review of a work capacity decision. If they disagree with the decision, they have the option to request a review by their insurer by completing an application for internal review form. This is an internal review which is an independent process and must be completed by the insurer within 14 days. Alternatively, or if they disagree with the internal review outcome, a worker can lodge a dispute directly with the Personal Injury Commission (PIC).

The insurer will also accept requests for review of a work capacity decision made by an insurer from an employer.

Permanent impairment

If a worker has sustained a workplace injury or illness that is permanent in nature, they may be entitled to receive a lump sum payment as compensation. This is in addition to weekly payments, medical and related expenses that may generally be available through the workers compensation system.

Claims for lump sum compensation for injuries that occurred on and from 1 January 2002 are based on an assessment of a worker's permanent impairment.

If a worker's claim for lump sum compensation was made **on or after 19 June 2012**, a threshold of more than 10% permanent impairment for a physical injury (including hearing loss) must be reached to access a permanent impairment lump sum. The threshold for a primary psychological injury lump sum payment remains at 15% permanent impairment.

Workers are not entitled to make multiple permanent impairment compensation claims. Only one claim can be made for permanent impairment compensation in respect of an injury. However, if a claim for permanent impairment was made **before 19 June 2012**, the worker may be entitled to make one further lump sum compensation claim if their condition has deteriorated.

Assessments for permanent impairment are only to be conducted when the worker has reached Maximum Medical Improvement (MMI). This is considered to occur when the worker's condition is well stabilised and is unlikely to change substantially in the next year with or without medical treatment.

Negotiation on degree of permanent impairment

Where appropriate, parties will be encouraged to consider negotiating and agreeing on the degree of permanent impairment. Seeking to reach an agreement on the degree of permanent impairment can reduce time, costs and the likelihood of disputes. See SIRA Standards of Practice 21.

Work injury damages

If a worker is injured in circumstances where the employer was negligent, the worker may have a right to sue for modified common law damages, known as work injury damages.

For a worker to be able to claim work injury damages, they must show:

- the work injury was the result of employer negligence
- the injury has resulted in at least 15% whole person impairment
- at least six months have elapsed between the date of injury and the issuing of proceedings
- a claim for lump sum compensation is made before or at the same time as the claim for work injury damages.

To establish negligence, the worker must be able to show:

- the employer owed the worker a duty of care
- there was a breach of the duty of care
- the employer's negligence caused the worker to suffer loss; and
- there was a foreseeable risk of injury associated with the work they were doing.

Commutation

A commutation is a settlement of a worker's entitlement to weekly benefits and medical expenses by way of a single lump sum payment. This payment is a voluntary agreement made between the insurer and the person with an injury. The payment removes the insurer's liability to pay future weekly payments and or medical expenses.

A worker with a catastrophic injury can commute their weekly payments, however they cannot commute their medical, hospital and rehabilitation entitlements.

A commutation must be approved by State Insurance Regulatory Authority (SIRA) and registered with the Personal Injury Commission.

SIRA must be satisfied that the following preconditions have been met:

- the worker's injury has resulted in permanent impairment of at least 15%
- compensation for permanent impairment has been paid to the worker
- it has been more than two years since the worker first received weekly payments for the work-related injury
- all opportunities for injury management and return to work have been fully exhausted
- the worker has received weekly payments throughout the previous six months
- the worker has an existing and continuing entitlement to ongoing weekly payments
- the weekly payments have not been terminated as a result of the worker not complying with their return to work obligations.

Before entering into a commutation agreement, the worker must receive independent legal advice. The legal adviser must certify in writing that the worker has been advised of the following:

- the full legal implications of the agreement
- that it is in the worker's best interest to get independent advice about any financial consequences before entering into the agreement

The worker will also be required to confirm in writing that they have received and understood the legal advice.

Once the agreement has been registered by Personal Injury Commission then we are required to pay the worker within seven days of the registration and or within a longer period if so specified in the agreement.

Section 39 notification

The intent of Section 39 of the 1987 Act is that workers will not have an entitlement to receive more than 260 weeks of payments unless there is an assessment that confirms their Whole Person Impairment (WPI) is greater than 20%. Workers who are affected by this limitation, will be provided with appropriate notice before the cessation of weekly benefits so they can make necessary financial arrangements.

At a minimum, workers will be provided notification 13 weeks prior to the cessation of weekly benefits which also details their last date of payment, their medical entitlements, their entitlement to vocational and return to work programs as well as information on who to contact for further information and Centrelink details.

Workers may continue to receive medical entitlements following the cessation of their weekly payments for a limited time as prescribed by Section 59A of the 1987 Act.

Retiring age notification

Workers may be entitled to receive weekly payments up to their retirement age + 12 months, or in cases when their injury occurred after their retirement age, they may have entitlement to weekly payments for a maximum period of 12 months.

Workers affected by this will be provided with appropriate notice before the cessation of weekly payments. At a minimum, workers will be provided notification 13 weeks before the of cessation of weekly payments. Providing early notification before cessation of weekly payments helps to ensure that workers have sufficient time to prepare for cessation and make any necessary arrangements.

For more detail regarding retirement age, please refer to the Social Securities Act and/or the Services Australia website.

7. Treatment and medical intervention

Reasonably necessary treatment

Following an injury at work, a worker may need medical treatment or care.

Under workers compensation legislation, the insurer can only cover medical and related expenses for approved treatment and services that are considered to be reasonably necessary. Therefore, it's important to seek approval from us before incurring any expenses.

The factors that may be considered when reviewing a request for reasonably necessary treatment or care include:

- Relationship to the injury – How is the treatment related to the workplace injury?
- Appropriateness – How does the treatment help improve the worker's functioning and participation in daily life?
- Cost – Is the treatment cost effective?
- Effectiveness – What is the actual or potential effectiveness of the treatment? How will it benefit the worker?
- Whether treatment is contributing to the worker's goals and outcomes.
- Alternatives – Are other treatments available?
- Acceptability – Do medical experts consider the treatment to be effective and reasonable?

Requests for treatment are considered on a case-by-case basis with the aim of approving high value care. What is considered reasonably necessary for one worker may not be considered reasonably necessary for another worker with a similar injury. Section 279 of the *1998 Act* requires liability to be determined within 21 calendar days after a claim for medical expenses has been made.

Part 4 of the Workers Compensation Guidelines provides for circumstances where pre-approval is not required.

Some treatment providers must be approved by the State Insurance Regulatory Authority (SIRA), including physiotherapy, chiropractic, exercise physiology, psychology, and counselling. A list of providers approved by SIRA is available at www.sira.nsw.gov.au.

As outlined in Part 4 of the Workers Compensation Guidelines, there are some reasonably necessary treatments and services that are available without pre-approval from the insurer, including:

- initial treatment within 48 hours of the injury occurring
- consultation or case conferencing for the injury with the nominated treating doctor
- services provided in a public hospital emergency department
- standard x-rays referred by the treating doctor within two weeks of the date of the injury
- prescription and over-the-counter pharmacy items prescribed by the nominated treating doctor within one month of the date of the injury
- up to eight consultations with a State Insurance Regulatory Authority (SIRA) approved treatment practitioner, with treatment starting within three months of the date of the injury.

Where possible, we will provide pre-approval for treatment as soon as possible after becoming aware of the requirements.

Before making a decision about the approval of services, we will determine whether:

- the service provider is appropriately qualified to provide the service
- the proposed fees are appropriate and consistent with workers compensation fees orders, and
- the services requested align to appropriate billing/payment codes.

When approving services from workplace rehabilitation providers, we will ensure that the services are consistent with the Guide: Nationally consistent approval framework for workplace rehabilitation providers and the NSW Supplement to the Guide.

Medical payments

Payments are made to workers or health service providers for various reasons within the workers compensation scheme.

The SIRA Standards of Practice outline the principle that workers and providers will receive prompt payment of invoices and reimbursements for medical, hospital and rehabilitation services. Compliance with this principle is mandatory for all insurers.

Expectations include:

- payment no later than 10 working days (or within a provider's terms, whichever is later) from receipt of a valid invoice or receipt of relevant documentation for approved treatment
- rates and items billed align with approvals
- rates do not exceed the maximum amount prescribed by any relevant workers compensation fees order
- invoices contain all relevant information, including application of GST where appropriate.
- where invoices or receipts are illegible, contain insufficient information or are submitted more than 12 months after treatment or the expenses were incurred, the insurer is to inform the relevant party of the reason for the delay within 10 working days and the anticipated resolution time.

Section 59A notification

The period for which medical and related treatment can be claimed is determined by the degree of assessed permanent impairment.

Assessed permanent impairment	Compensation period from when weekly payments stop, or from date of claim if no weekly payments made
0-10% or no assessment made	Two years
11-20%	Five years
>20%	For life

The limitation on medical benefits does not apply to home or vehicle modifications, or the provision of hearing aids, hearing aid batteries, crutches, spectacles, artificial limbs, eyes or teeth.

Workers whose medical benefits are due to cease will be provided with appropriate notice before the cessation of those benefits. A written notification will be provided at least 13 weeks before cessation of benefits.

Independent opinions

In some circumstances, an independent opinion may be required to assist with the return to work and recovery process.

icare Medical Support Panel (MSP)

The aim of the MSP is to leverage specialist medical expertise to improve health outcomes and the experience for the person with an injury and employers. By reviewing case information, the MSP medical specialists can make timely treatment and medical causation recommendations, assisting case managers in the comprehensive medical management of a claim. For an employer and worker this means faster treatment approval for medical interventions and therefore anticipated faster return to work.

Please refer to Medical Support Panel.

Independent Medical Examiner (IME)

An Independent Medical Examiner is an appropriately qualified and experienced medical practitioner who can help to resolve an issue in injury or claims management.

The insurer will initiate a referral to an Independent Medical Examiner when medical information on the worker's injury is inadequate, unavailable, or inconsistent and the referrer has been unable to obtain the required information directly from the practitioners involved.

The Claim Service Provider may arrange an examination to determine:

- diagnosis
- the contribution of employment to the injury
- where proposed treatment is reasonably necessary
- recommendations for treatment
- capacity for pre-injury duties and hours
- the likelihood of and timeframe for recovery
- capacity for work (description of such duties to be provided to the examiner)
- what past and/or ongoing incapacity results from the injury
- physical capabilities and any activities that must be avoided
- degree of permanent impairment

It should be noted that as per GN 6.8 Independent Medical Examinations, Claim Service Providers are required to attempt to obtain the medical information they require from the worker's treatment providers prior to arranging an independent medial examination. Only where such attempts have failed or the information provided is inadequate or inconsistent can they proceed.

Injury Management Consultant (IMC)

An Injury Management Consultant is a medical practitioner who is experienced in workplace rehabilitation and is engaged to assist workers identified as at risk of delayed recovery and when there is a specific injury management issue.

They liaise with the worker, employer and nominated treating doctor to overcome barriers and identify strategies and solutions to assist a worker to return to work. An insurer, employer, worker, nominated treating doctor or other treating practitioner can refer to an Injury Management Consultant when there is a specific return to work or injury management concern such as:

- the complexity of the injury or the workplace environment
- poor communication
- a conflict between the nominated treating doctor's recommendations and
- the workplace requirements
- unexplained changes in work capacity
- a disagreement regarding the suitability of duties offered to a worker
- the worker is not upgrading at work

The referral may be made for a file review or a face-to-face consultation. Before making a referral to an Injury Management Consultant we will contact the worker to discuss the referral, explain the role of the Injury Management Consultant and the reason for referral.

If a file review is being considered, then the worker will be asked if they wish to be involved via telephone or face-to-face. We will advise the treating doctor that a referral has been made, provide the reasons for the referral, and let them know that they can be paid for time taken to communicate with the Injury Management Consultant.

When referring a worker to an Injury Management Consultant your case manager will take into consideration the following:

- Injury type and prognosis
- Location of the injured person to assess for availability of IMC appointments.
- Note any injury or travel restrictions on the injured persons certificate of capacity
- Ensure reasonable notice is provided
- Seek consent if IMC records the consult
- Ensure any conflicts of interest are managed.

For file reviews we will let the worker know they will be provided with a copy of the report along with other parties involved in the injury management consultation.

We will make subsequent Injury Management Consultant referrals to the same Injury Management Consultant unless the Injury Management Consultant has ceased to practice, no longer practices in a convenient location to the worker, or the parties agree that a different Injury Management Consultant is required.

Independent Consultant (IC)

Independent consultants are Allied Health Practitioners approved by SIRA to provide an independent peer review of related treatment.

A referral to an independent consultant should be considered if there is any concern about:

- the treatment duration, frequency and/or whether treatment is reasonably necessary
- the fact that treatment has continued for an extended period without any improvement in functional outcomes, particularly in relation to a worker's capacity
- the treatment approach most likely to achieve positive work outcomes for the worker
- barriers to recovery at work and/or psychological risk factors for delayed recovery and work loss.

8. Finalisation

Finalising a claim

A claim is finalised when the injury no longer impacts the worker's ability to participate in suitable employment or pre-injury employment and no further treatment is required.

Finalisation of a claim may also include:

- a return to pre-injury duties
- a return to suitable employment with no wage loss or further medical treatment needs
- a work capacity decision that results in no entitlement to weekly payments and no ongoing medical treatment is required
- a common law settlement or commutation
- the recovery of damages by the person with an injury from a third party
- a dispute of ongoing liability
- the termination of weekly payments and no ongoing medical treatment is required
- the cessation of weekly payments and medical entitlements under statute due to the passage of time.

When finalising a claim, we will notify all relevant stakeholders and ensure any outstanding costs are reimbursed. Written notification of closure of the claim will be provided two days post the finalisation of the claim. This letter will include information on the date the claim was closed, medical benefits cessation date and what to do if the claim needs to be re-opened.

Reopening a claim

In certain circumstances, it may be necessary to reopen or reactivate a claim that was previously finalised.

When a request to reopen a claim is received, we will conduct a thorough review of the worker's claim and decide if there is any further entitlement to benefits.

We will also communicate a liability decision to all stakeholders about whether further benefits are payable.

9. Other matters

Information and records management

The SIRA Standards of Practice outline that a worker should be informed of 'their right to access their personal and health information' held by an insurer.

In accordance with Commonwealth and NSW privacy legislation and privacy principles, a worker's personal and health information should be made available to a worker on their request.

There may be some limited circumstances where exceptions may apply to the provision of a worker's personal and health information.

Access requests from a worker should be responded to within 10 working days in accordance with SIRA's Standards of Practice.

Reports from third party providers may be released to the worker if the report is in regards to the worker.

Privacy and confidentiality

icare is committed to protecting the privacy of our customers, employees and members of the public. This commitment applies to everyone at icare. This includes our Board directors, ongoing and temporary employees, contractors, consultants and others who may be temporarily assigned to perform work or services for icare.

icare will not disclose personal or health information unless this is permitted by legislation.

Individuals who want to complain about the management of their personal or health information may wish to contact icare's privacy officer at privacy@icare.nsw.gov.au to discuss their concern or alternatively lodge an internal review under the *Privacy and Personal Information Protection Act 1998* and/or the *Health Records and Information Privacy Act 2002*. Wherever possible we will try to resolve the issue informally, if the individual agrees to this process.

Customers who wish to seek access or make amendments to their own personal or health information held by icare, should be aware of the information protection principles and the health privacy principles that must be applied when dealing with personal or health information. When seeking access to information a fee may apply.

www.icare.nsw.gov.au

privacy@icare.nsw.gov.au

icare
GPO Box 4052
Sydney NSW 2001

For more information:

See the Privacy Management Plan on the icare website for more information on icare's privacy obligations.

Fraud

Fraud includes making a false or misleading statement while claiming workers compensation, with the intention of obtaining money or gaining financial advantage. This is considered a serious offence and it can carry significant penalties.

For more information:

www.icare.nsw.gov.au

icarefraud@icare.nsw.gov.au

contact@sira.nsw.gov.au

Risk & Quality - Workers Compensation
Locked Bag 2906
Lisarow NSW 2252

Factual and surveillance investigations

The SIRA Standards of Practice (standard 24) indicate a factual investigation can be undertaken when the required information cannot be obtained by other less intrusive means.

A factual investigation can involve interviews, scene inspection and document review such as gaining access to information not limited to personnel records or wage records.

We are required to inform the worker if they are requested to participate in a factual investigation. Information that should be provided includes:

- the purpose of the factual investigation and the contact details of the investigator
- the anticipated duration of the interview (should not exceed two hours)
- the worker can nominate the place of the interview
- the worker can have a support person present at the interview, including a union representative
- the worker can request an interpreter if required, who does not count as a support person
- the worker will receive a copy of their statement or transcript within ten working days of the interview
- the worker can identify witnesses to be considered to assist the investigation
- the worker is not obligated to participate in the factual investigation; however, the factual investigation will be used to help determine liability for their claim and
- copies of factual or surveillance reports, including any statements, will be released to the worker if the information is relied on to dispute their claim.

Surveillance can play an important role in the workers compensation scheme, but can significantly erode worker trust, so we are expected to use it judiciously when all other avenues have been exhausted.

The SIRA Standards of Practice (standard 25) outlines the expectations and benchmarks for insurers when considering whether to conduct surveillance on a claim. Prior to undertaking covert surveillance insurers must make an application to the icare's Significant and Litigation Team for approval.

We are only to conduct surveillance of a worker when:

- there is evidence that the worker is exaggerating an aspect of the claim or providing misleading information in relation to a claim, we reasonably believe that the claim is inconsistent with information in our possession, or we reasonably believe that fraud is being committed, and
- we are satisfied that we cannot gather the information required through less intrusive means and that the benefit of obtaining the information outweighs the intrusion into the worker's privacy, and
- the surveillance is likely to gather the information required.

Note: The insurer is to rely on sound information when identifying the need for surveillance and is not to rely on hearsay, innuendo, or rumour.

Insurers are also required to ensure that any surveillance activity meets the requirements set out in the SIRA Standards of Practice (standard 25).

Claim handover

Claim handover is the transfer of a claim from one case manager to another including where a claim may transfer from one Claim Service Provider to another. A claim handover process facilitates efficient and effective transfers and ensures maintenance of momentum and continuity of care.

It follows that all stakeholders should not be disadvantaged when claim handover occurs. Prior to transfer the case manager will undertake key actions and notify stakeholders of the claim handover. They will provide key information to the new case manager and ensure the strategy is shared.

Upon receipt of the file the new case manager will review the information received and obtain any additional necessary information required to assist with management of the claim. Monitoring is undertaken by Claim Service Provider to ensure that claims are allocated to the correct case manager and to assess the movement of claims.

Recoveries

We are responsible for identifying, investigating, and initiating recoveries actions. These include but are not limited to:

- Third party recoveries
- Excess
- Overpayments

Third party recoveries

Claims for recovery may be pursued against the third party.

Claims for recovery can arise from, but are not limited to motor vehicle accidents, public liability (including slip & falls), occupier liability, labour hire placements and assaults.

Section 151Z of the *Workers Compensation Act 1987* (1987 Act) provides a statutory basis for a workers' compensation insurer to take action against negligent third parties to recover workers compensation benefits paid under workers compensation legislation.

We will complete an early screening to determine recovery potential within the first 21 days of receipt of a new claim.

If recovery potential is identified, we will determine what investigation is required to pursue the recovery.

Excess

Claims for excess can arise, whereby employers have failed to notify us after 5 days of becoming aware of the injury.

We are responsible for confirming the date of injury AND the date the employer was notified of the injury occurring AND the date the employer notified us. If you, as the employer, then failed to inform us after 5 days of being notified, then excess is applicable as prescribed under section 160 of the *Workers Compensation Act 1987*.

Where weekly benefits are paid directly to the employer, excess will be automatically deducted from these payments. Where weekly benefits are paid directly to the worker, employers will be invoiced for the excess.

In the circumstances where PIAWE is required to be recalculated which results in a change to PIAWE effective during the initial weeks weekly payment then the applicable amount of excess will also be adjusted.

Overpayments

Can occur when the payment amount was incorrect, payment was made to the incorrect payee or payment had already been reimbursed for the same service/dates/amount (duplicate payment).

Overpayments will be monitored regularly through the provision of duplicate payment reports and reports identifying treatment exceeding SIRA gazetted fee order amounts we will investigate where necessary.

Recovery will be pursued if:

- Any error on our part was caused by inaccurate information provided by the worker, employer or service provider
- the inaccuracy was known or ought to have been known by the worker, employer or service provider
- consideration of the worker's personal circumstances identifies recovery of the overpayment would not result in undue hardship.

Recovery will NOT be pursued if:

- reimbursement of medical and related expenses reasonably incurred by the worker exceed the maximums set by SIRA
- the weekly benefit overpayment is a result of a change in PIAWE following an interim PIAWE being applied and the new PIAWE amount is now lower than the interim PIAWE previously applied
- the recipient is unable to repay an overpayment and consideration has been given to the recipient's individual circumstances.

Where the payment is to the worker, the SIRA Standards of Practice (standard 23) outlines the principle for recovery of overpayments due to insurer error. Risks relating to overpayment or duplication of payments to workers will be mitigated where practicable while ensuring efficient management of claims, and overpayments will be managed in a fair and transparent manner. Compliance with this principle is mandatory for all insurers.

Expectations outlined in the SIRA Standards of Practice include:

- advise the worker of the details of the payment(s) and clearly describe the error and the impact to the worker in writing
- where a repayment arrangement has been negotiated with the worker, the insurer should demonstrate they have considered the individual circumstances of the worker including potential financial hardship and outline this in the letter to the worker and obtained the worker's informed consent for repayment in writing before commencement of any repayment arrangement.

Medicare and Centrelink clearance

Medicare

When a worker has had a judgement or settlement in their favour and is currently (or was previously) receiving eligible benefits provided through a government program such as Medicare or nursing home benefits, residential care or home care subsidies, and those benefits relate to treatment and care costs where the insurer is liable (i.e., for the compensable injury / illness), we must advise Services Australia within 28 days from the date of a judgment or settlement:

- About the judgement;
- The settlement; and
- Reimbursement arrangement.

Arrangement for payments to Medicare Australia.

Notice of Charge / Medicare History Statement

Proactive engagement with Services Australia and correct attribution of medical costs helps to ensure prompt payment of entitlements and reduces the risk that a worker will be inadvertently subject to recovery action from Medicare.

A Notice of Past Benefits lists the medical services the worker had claimed under Medicare from the date of injury and the total amount of eligible benefits paid, relating to the compensable injury/ illness if any.

Once the Notice of Charge is reviewed, payment is processed to Services Australia. The amount to be paid is in addition to the compensable amount relating to the percentage of whole person impairment.

Centrelink benefits from lump sum payments.

Quality assurance program

The Workers Compensation Claims Quality Assurance Program is critical in underpinning the Workers Compensation operations. It provides assurance to icare that that work performed is consistent, transparent and helps icare identify and apply continuous improvements in a systematic way.

Quality Assurance (QA) reviews provide useful insights into relevant claims management activities which can then be used as inputs into a continuous improvement process (along with other inputs such as customer feedback, complaints and return to work (RTW) results). The Workers Compensation Claims Quality Assurance Framework (QAF) and associated activities focus on:

- informing management of the qualitative aspects of performance
- identifying trends and issues relating to quality of key claims management activities
- supporting effective claims and injury management practices
- providing assurance over management of key risks
- managing performance, improving quality and the continuous improvement of services
- fine tuning QA and other assurance activities.

The Workers Compensation Claims Quality Assurance Program has been designed with the following objectives or guiding principles in mind:

1. Support the overall objectives of:
    - workers compensation legislation and regulation
    - SIRA standards of practice
    - workers compensation guidelines
    - icare service expectations*
2. Relevant icare operational material contributing to the achievement of SIRA customer service conduct principles:
3. To understanding the claims and customer experience
4. To identify, escalate and support effective management of risk and areas for improvement

Clear governance processes and QA targets are documented within the quality assurance framework to ensure focus remains on continuous improvement and quality uplift.

Provider management

icare is committed to ensuring quality service provision for all stakeholders. We engage a wide range of service providers under different arrangements to deliver a broad range of services to meet customer needs.

icare has established direct contractual arrangements with a range of third-party service providers to ensure effective and quality services for workers and employers. These contracts and associated SIRA regulations and fee orders govern service, organisational, insurance and reporting requirements, enabling icare to ensure quality around service delivery and outcomes. Each service provider is required to achieve and maintain any required registration status for the term of the contract, as well as maintain the required level of insurance for workers compensation, professional indemnity and public liability.

icare also has responsibility for monitoring the performance of off-contract and non-deeded providers, to ensure that they are operating in line with relevant legislation, bodies (e.g., AMA, SIRA), and professional associations. Where issues are identified, icare will address these with the provider to ensure appropriate service delivery.

Other activities undertaken by icare such as performance monitoring, communications and issues management, aim to optimise:

- service outcomes;
- cost-effectiveness
- customer experience; and
- Guidelines for the Provision of Relevant Services (Health and Related Services)

10. Employer management practices

Injury prevention

At icare, we want to ensure that all workers and employers feel safe and supported.

The icare Injury Prevention team are focused on supporting employers in NSW to embed good work health & safety (WHS) practices and to prevent injuries from occurring.

Our mission is to encourage the management of WHS in a holistic and creative way, taking steps to intervene and prevent injuries rather than expending resources after the fact on rehabilitation and compensation.

Why wait for an injury to happen? Injury prevention strategies can reduce workplace incidents, premiums and time lost due to injury. These strategies can also improve productivity and improve workplace culture and engagement.

Contact our Injury Prevention team for more information on how me might be able to provide knowledge and support for your business.

www.icare.nsw.gov.au

prevent@icare.nsw.gov.au

13 44 22

Providing education and information to employers about Workers Insurance

icare's Mobile Engagement Team (MET) communicates with employers, brokers, industry associations and other stakeholders across NSW. (www.icare.nsw.gov.au/Met-events)

The MET provide information, updates and tailored education on everything to do with icare, and the NSW workers compensation scheme. More information about the icare MET and upcoming event's can be found on the icare website.

SIRA also provides information and support for employers in managing their obligations in relation to their employees and return to work, and the benefits of having a Return-to-Work Program and Compensation Guide for Employers.

The icare website is regularly updated with the latest information regarding policies and premium including information on how a strong return-to-work process can reduce premium.

Claims data analysis to identify opportunities for improvement

The icare website has a range of useful tools and reference materials to assist customers better understand their claims performance and identify strategies for improvement.

The information in these tools is interactive and will allow customers to filter results by their industry and even region so that the comparative analysis is specific to them.

Injury management program communication

Regardless of the size of an employer, the information contained within this injury management program can be used by employers to develop their return to work program. The injury management program is always accessible to employers via the icare website. Additionally, icare's Mobile Engagement Team (MET) facilitates both employer forums and face to face meetings where the Injury Management Program is provided to employers.

To access the Injury Management Program for your relevant Claims Service Provider, please select the resources tab on the employer forms and resources page.

11. Feedback and complaints

icare is committed to partnering with you to achieve the best outcomes for your business and workers who sustain a workplace injury. This includes receiving and acting on your feedback when things go wrong.

icare Customer experience measurement (CXM) program

icare's Customer Experience Measurement Program aims to proactively seek feedback from customers about their satisfaction with their experiences. We send out a large number of surveys to our workers compensation customers and stakeholders. We use the results to understand our customers' needs and ensure they remain at the centre of all decision making and actions. icare is committed to ensuring our Customer Experience Measurement program is fit for purpose and helps identify the needs of customers.

If there's a problem

> In the first instance, the Claim Service Provider managing the claim(s) in question should be approached in an effort to resolve the issue. Where that is not possible, there are other avenues available to seek a resolution, including approaching icare.

We always strive to do things the right way and keep our customers happy. However, sometimes complaints or disputes may arise. When this happens, our goal is to resolve the issue as quickly and amicably as possible.

Firstly, if there is a problem on a claim, you are encouraged to talk about it with the claims staff. Wherever possible, complaints are managed and resolved at first response by whomever has the initial contact with the complainant or their manager. All claims staff are expected to respond to complaints within 2 to 5 business days, as part of a service level agreement with icare.

Complaints to icare

icare is also able to assist with complaints about claims if you are dissatisfied with the response from the claims staff. icare can be contacted by calling 13 99 22 or emailing wiclaimsenquiries@icare.nsw.gov.au.

Escalated complaints usually require a more detailed investigation and response, and icare aims to resolve the complaint where possible within 21 business days.

Complaints to the Independent Review Office and the State Insurance Regulatory Authority

Workers with an unresolved enquiry or a complaint about the insurer can contact IRO by calling 13 94 76, lodging online, or via email, direct with IRO complaints@iro.nsw.gov.au.

Employers or other stakeholders with an unresolved enquiry or complaint about any aspect of a workers compensation claim can contact SIRA on 13 74 72 or by email at contact@sira.nsw.gov.au.

Dispute resolution

The legislation allows an injured worker to request a review of a liability, pre-injury average weekly earnings calculation or work capacity decision that is disputed by a worker before it is referred to the Personal Injury Commission for determination.

Employers who disagree with an insurer's liability or work capacity decision can also ask for a review by completing and submitting an application for review.

The assigned reviewer must conduct and notify the outcome of the review within 14 calendar days after the request is received.

Litigation

Litigated matters are disputes that have been escalated to the Personal Injury Commission or the Courts for resolution.

With the exception of significant litigation that has the potential to impact the workers compensation scheme, decisions about actions to be taken on a litigated matter will be made by your claims service provider. You can contribute information. You can contribute information to assist in defending the litigation, participate in discussions between the claims service provider and their appointed legal service provider and attend hearings.

Claims service providers are required to participate in Personal Injury Commission hearings in accordance with the SIRA Standards of Practice. This means they must be available to participate and provide instructions to their appointed legal service provider.

More information can be found on the Legal services fact sheet for employers icare website.

Service	Contact
Independent Review Office (IRO) IRO is an independent statutory office whose role includes dealing with complaints, as well as managing the provision of legal assistance to injured workers.	13 94 76 www.iro.nsw.gov.au
State Insurance Regulatory Authority (SIRA) State Insurance Regulatory Authority (SIRA) regulates the workers compensation system in NSW and provides information to insurers, workers and employers on the rights, roles and obligations of everyone involved in the workers compensation system.	13 74 72 www.sira.nsw.gov.au
Personal Injury Commission (PIC) The PIC is an independent statutory tribunal that resolves workers compensation disputes between injured workers, employers and insurers.	1800 742 679 www.pi.nsw.gov.au

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