

**INQUIRY INTO REVIEW OF THE EXERCISE OF THE
FUNCTIONS OF THE WORKCOVER AUTHORITY**

Name: Dr John Quinlan

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**Review of the exercise of the functions of the
WorkCover Authority**

Teresa McMichael
The Director
Standing Committee on Law and Justice
Parliament House
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20 February 2014

Ms McMichael,

I am a consultant in rehabilitation medicine working in the public hospital system. I have some involvement with the WorkCover system via referral - I have no financial incentive as all money billed is collected by my employer (IALHS).

Patients referred to a rehabilitation consultant include with work-related injuries include:

1. Patients with limb amputation: suitable prostheses (artificial limbs) can cost several thousand dollars. These people are often totally dependant on the suitable prosthesis to walk, shop, work, run, etc - they become a 'part' of the person. Prior to the current legislation, workers who lost a limb were provided with a suitable prosthesis to maximise comfort and utility via insurance coverage; such prostheses are more expensive than a 'standard' prosthesis available from the Enable (ie state funded) system.

Prostheses wear out and need replacement each 3 years or so. Modifications may be required more often.

The retrospective nature of the current WorkCover legislation means that some patients will only have access to inferior prostheses with major potential impact on function, comfort and psychological wellbeing. This begs the question of what purpose such a WorkCover system serves.

Similar concerns to apply to:

- o patients with chronic pain treated with spinal cord stimulation - these reduce symptoms of pain and require replacement each 5 years or so; these were previously funded by insurer; they are now unfunded.
- o patients with chronic pain treated with spinal pumps - these reduce symptoms of pain and require refilling each month, and replacement each 5 years or so; these were previously funded by insurer; they are now unfunded
- o Patients with chronic pain treated with medication may no longer have medication funded; particular concerns apply as prescribed medications may not be funded by the PBS.

Patients with work injuries who have not recovered sufficiently to return to work. The insurer can (and does) ignore reports of the nominated treating doctor, specialists, and other treating practitioners - I have been asked to review some patients who are seriously ill, and the delays and inconsistencies of the insurer can (and has) delayed treatment resulting in further deterioration and more difficulty in expediting return to work. The injured worker may be cast aside by the insurer and left in a limbo of confusion and inaction which is distressing to those involved in treatment. Current resolution procedures (Independent Legal Assistance Review Service (ILARS) grants, WIRO, Lawyers, appeals, unions, lawyers) are not helpful, at least in any timely fashion (my experience is of contacting increasing numbers of people who acknowledge the breaches of insurer responsibility and pass on the case to others ... the insurer may then refuse to provide information ... and so another breach of insurer responsibility is acknowledged, so the case is passed on to someone else who tries again ... and then the insurer refuses to provide information ... and ... months pass ...).

I was not notified of the review by the Standing Committee on Law and Justice - despite registering with WorkCover for their webcasts last year, discussing concerns at that time, and requesting updates, no further contact has occurred. It was an ABC report on a man with limb amputation from a work accident that I realised the review was occurring.

I have spoken to several consultants in rehabilitation and pain management who have serious concerns re the above.

I request permission to prepare a more detailed submission from the perspective of treating doctors, or present at the Public Hearing 21/03/2014.

Regards,

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