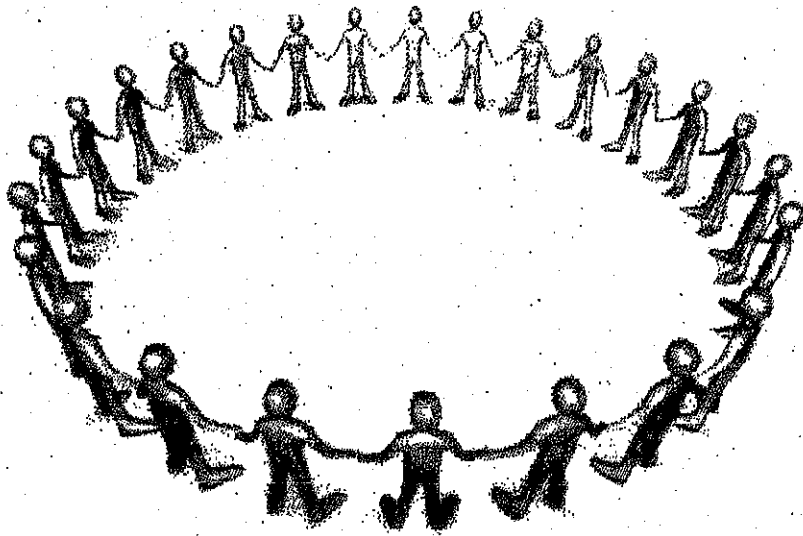


**Submission
No 150**

INQUIRY INTO NSW WORKERS COMPENSATION SCHEME

Organisation: Injury Support Network Inc

Date received: 17/05/2012



INJURY SUPPORT
NETWORK
(ISN)

Injury Support Network Inc.

SUBMISSION

JOINT SELECT COMMITTEE ON THE NSW WORKERS COMPENSATION SCHEME

Directors: Pat Theoret
Matthew Berenger

Co-ordinator : Pat Theoret

INJURY SUPPORT NETWORK inc

Submissions to the Joint Select Committee on the NSW Workers Compensation Scheme

Contents:

Background

1st term of reference to enquiry

Reference from Edmund Barton Centre

LHD Lawyers – *“Issues with the Issue Paper”*

Testimonials:

- | | |
|------------------|--------------------------|
| 1. Erin Theoret | 9. Jacen Hough |
| 2. Denise Smith | 10. John Caban |
| 3. Peter Brazel | 11. Ross and Dawn Fuller |
| 4. Anonymous 1 | 12. Sandra Smith |
| 5. Anonymous 2 | 13. Raylene Reynolds |
| 6. Colin Twomey | 14. Terry Cavanough |
| 7. Barry Goucher | 15. Luke Howitt |
| 8. Ian Sadler | |

The Injury Support Network inc (ISN), had its beginnings when I, Pat Theoret, had suffered enough injustice, from the Workers Compensation Scheme, in New South Wales. An injustice that continues, to this day.

In December 2007, I took my plight to Parliament House, and requested a meeting with John Della Bosca, my 1st experience of a Finance Minister, whilst on this scheme. All requests, through official channels had been denied. Greg Pearce is my 4th, and only minister, to meet with me.

I was asked to leave the waiting area and took my determination to meet with someone, anyone to the head office of Suncorp / GIO, my personal Scheme Agents. A meeting was had.

In total, I spent one month away from my home, assisted by kind friends and family, seeking justice in Sydney.

Narelle Caldwell, then Nominal Insurer Principal of WorkCover, granted me a meeting, in December 2007, investigated my claims of rampant abuse of injured workers through, neglect of legislation by Scheme Agents, and ineptness of WorkCover.

Subsequent investigation brought promises to do better. Narelle Caldwell received little support for change.

After meeting Narelle, I returned to my home, and placed 2 free adverts, 3 months apart, seeking others in my situation, and received almost 100 responses, by phone, and email.

The Injury Support Network became a , not for profit, incorporated association in 2010, thanks to the belief, courage and sponsorship of, the directors of LHD Lawyers. Their support is vital in the struggle workers encounter, when injured in, or on their way to and from, their workplace.

I have written to all Finance Ministers, and most Premiers, since 2007, requesting that the Auditor General conduct a performance audit of WorkCover and a compliance audit of their Scheme Agents. All requests denied. In opposition, Barry O'Farrell, supported these audits.

Injured people have the right to seek their own determination.

The Injury Support Network inc .offers free, advice, referral, advocacy and lobbying.

I am the only volunteer staff member.

Our expansion is inevitable, and nigh. Very soon we will be expanding from membership of, almost 200, to the world, via www.isninc.com.au.

INJURY SUPPORT NETWORK Inc.

BACKGROUND

Page 2 of 2

As a Director of the Injury Support Network Inc, and a Ministerial Appointee to the Workers Compensation & Work Health & Safety Advisory Council, I have consulted widely, with stakeholders of the scheme, and I wish to appear before the inquiry, at either public hearing days.

I have traced this Scheme from the bottom, to the top.

I wish to bring my knowledge, and the voices of many others, to open parliament because, parliament is the top of the scheme, the ultimate accountability.

Pat Theoret

help@isninc.com.au

1800 982241

INJURY SUPPORT NETWORK inc.

1st Term of Reference.

Parliament : Allow the voice of injured workers, or a representative, to address this inquiry.

I have only just been appointed to, the Workers Compensation & Work Health & Safety Advisory Council. I am doing my best but, it is amazing how many council members have no idea of the outcomes of this scheme, and the actual journey that injured workers go through.

Minister : Improve communication and accountability.

Triple the staff to CAS 13 10 50, an injured workers first port of call, if in need. Current there are approx 100 staff, less sick leave, available for over 30,000 injured workers in NSW.

Require rehab providers to approach their local chambers and businesses, in their quest to gain employment, for injured workers.

Although I am a Ministerial Appointee to the Workers Compensation & Work Health & Safety Advisory Council, I was not informed of the release of the Issues Paper or of this Parliamentary Inquiry.

WorkCover : Understand that you are the watchdog, and / or, referee between, your contractees (scheme agents) and injured workers. The reason that WorkCover exists is to ensure that the Act is followed.

Scheme Agents : Nasty Insurance companies.

Under this Act, scheme agents are not insurance companies but, agents of the scheme. Contracted by the NSW Gov't, through WorkCover, to ensure that the Act is followed, and administered.

In reality;

They do whatever they want. However they want, For as long as they want, or until I hear about their deeds and intervene. This is on a case by case, basis. It would be beneficial if the CEO's of the Scheme Agenets, had an idea of the end product, injured worklers, rather than a "purely" insurance, money, mindset.

Case managers: Too young, too naive, too nasty, or, too nice, and don't last long.

Once the culture of the scheme agents changes, from this Parliament, to the CEO's down, the best thing they could do is hire more, and more mature, people as case managers.

The job of controlling every aspect, every day ofP up to 160 other peoples lives, on a daily basis, is something any Gp would balk at, let alone a clerk.

Rehabilitation Providers:

I have been to many. Some towns have 1 choice.

In my experience;

Rehab providers in my town, and there are many, have not approached, to my recent knowledge my local

Business Chamber

Chamber of Commerce

Home Business Network

Hastings Business Womens Network

Local Council

Major Employers

NSW State Member – Leslie Williams

Federal Member – Rob Oakeshott

Not even the annual Job Skills Expo ! WorkCover didn't have a stall either. Too hard, too expensive, not worth it, said John Watson, WorkCover, OH&S, May 2012.

They have not told them about all the wonderful, willing to work, people, that they have on their books. People that they are getting a lot of WorkCover money, to help. They don't get to tell the Business leaders that they, will liaise between them and the scheme agent, workcover, GP etc. The big reason why we can't be employed.

I have met with, and asked questions of; my local Business Chamber, and the NSW Business Chamber.

They do not, and will not, encourage their members to, hire " injured workers" as they hate WorkCover, Workers Comp NSW ,and dealing with scheme agents and case managers.

They pay for this to scheme.

Injured Workers.

All that I have spoken to are angry at this horror scheme.

The reason they are angry is because they wanted to get better and get back to some work.

We are treated like criminals and frauds, and millions of \$ are thrown at us, to prove that we aren't.

We do not have this capacity.

The Statutory Rate is cruel. The ACTU is currently lobbying for a minimum wage of over \$600. We are expected to survive, pay for treatment, travel, a new life etc, with a 50/50 chance of reimbursement, under the Act, at the current level of scheme ability to cope.

We do this on net \$340 per week. A little more with children.

Our punishment for being injured at work, and then mismanaged by the system.

As this money is considered a wage, we are not entitled to any assistance from Centrelink.

I cannot get a response, from anyone in many areas of Government, as to whether we will be compensated for the Carbon Tax.

Injured workers are not the problem, contrary to some recent media allusions.

Any money paid is;

Authorised by WorkCover

Legislated

Hard won

Too late

Often contrary to general practitioners advice, on WorkCover certificates.

Edmund Barton Centre

for business excellence

To Whom it May Concern

The Edmund Barton Centre offers a number of programs designed to assist both existing and startup businesses primarily through the use of volunteer Mentors. We first met Pat Theoret in August 2010 when she joined our StartUp Business Development Program. Pat had for many years been involved in assisting those that she felt were not getting the appropriate assistance in relation to Workers Compensation cases. She approached the Edmund Barton Centre for help in taking her part time volunteering work to make it more of a business dedicated not only to assisting the disadvantaged but finding ways of bringing about change to try to prevent the situations she was involved in from occurring in the first place. With these endeavours she had support from a legal firm based in Sydney LHD Lawyers.

The Edmund Barton centre assisted Pat in the establishment of an office and the setting up of systems and processes to enable the assistance and lobbying to continue on a more professional basis with the aim of providing a great capacity in assisting workers compensation victims and increase the level of lobbying for change within the industry.

Pat was from the time we first met her always been an extremely motivated person who through years of experience was well versed in the vagrancies of the workers compensation industry. Her one aim was to assist those she believed were not getting the assistance that she knew they were due. It is without doubt that without Pats help and perseverance a significant number of victims would never have gained that which was due to them.

We have also witnessed Pats ability to involve other organisations in first getting an understanding of the issues then enlist their support to her cause. An example of this is her work with the NSW Business Chamber. Her recent appointment to the Workers Compensation and Work Health and Safety Council of NSW is a testimony to the recognition of her devotion to the cause and her expertise and experience in this field.

We would have no hesitation in endorsing and supporting Pat in her endeavours and would recommend her to any organisation that is dedicated to improving both the individuals and policies surrounding the Workers Compensation Industry.

Grant Burtenshaw

Group General Manager
Edmund Barton Centre

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for business excellence

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LFD

LAWYERS

The Compensation Specialists

Issues with the Issue Paper

By LHD Lawyers

The current NSW Workers Compensation Scheme Issue Paper has been designed to address the ever increasing costs of the scheme to the NSW Government. The Paper addresses a number of current Workers Compensation entitlements, which it believes, are the source of the deficit. However, we submit that the primary cause of the deficit, and something which has not been detailed in any manner, is the inflated costs of the WorkCover authority, failed investments by the Authority, and the mismanagement of claims by scheme agents.

Using the examples detailed within the working paper, these submissions will attempt to address, and rebuff suggestions that the current level of entitlements available, or being paid in NSW is responsible for the current and future deficits of the scheme.

Comparable figures

The first flaw which must be addressed is the use of "comparable" States, such as Victoria and Queensland as models for determining the appropriate course for NSW Workers Compensation. According to the Australian Bureau of Statistics, the current breakdown between the States is as follows:

Demographics of population and workforce¹

	Population	Employed	Difference in Employment Compared to NSW
NSW	7,320,000	3,594,600	
VIC	5,640,000	2,854,900	739,700
QLD	4,600,000	2,347,600	1,247,000
WA	2,370,000	1,261,300	2,333,300
SA	1,660,000	820,700	2,773,900
TAS	511,000	235,800	3,358,800
ACT	366,900	206,600	3,388,000
NT	231,200	124,600	3,470,000

Turning to the employed populations of Victoria and Queensland, we believe it is highly inappropriate to suggest that these States, let alone any State, be compared with that of NSW. The issue paper fails to make note that NSW employs close to 800,000 people more than that of Victoria; and, 1.25 million more than that of Queensland. One must ask the question, how is this comparable in any way?

Moreover, one can reasonably assume that with higher rates of individuals in the workforce, there exists a greater risk of injury being sustained, therefore a

¹ Catalogue 1367.0 *State and Territory Statistical Indicators 2012* Australian Bureau of Statistics
<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1367.0~2012~Main%20Features~Australia%20Home~1>

requirement to pay higher premiums. There is no denial that NSW industries pay higher premiums than that of its rival States. However, the issue paper asserts that the reason for this can be attributed almost entirely to the state of NSW's workers compensation entitlements/payments. We believe that this assertion is fundamentally flawed, given that the potential for increased risks of injury, or the associated calculated risks of injuries within larger workforces, has not been appropriately detailed as a reason for the higher premiums.

An example of such is given within the working paper at page 14. The paper details the premiums of current industry types in NSW and compares them to that of Vic and Qld. Using the first example of a wooden structural manufacturing company; we suggest that the figures are flawed in that they fail to identify the number of employees of the company, a factor important when determining premiums². Furthermore, there is a failure to identify that manufacturing is the State's third largest industry, employing approximately 300,000 individuals.³ Again, with this in mind, it is reasonable to assume that the calculated risk of sustaining injury in an industry with a large workforce is higher and therefore a risk for insurers, thereby requiring higher premiums. The same can be said for every industry listed as an example of premiums. Construction employs approximately 288,000 people; Hospitality, 244,000; and Transport 200,000.⁴ These are but a few of the examples listed, where the Government has relied on figures to present a dire state of the Workers Compensation system in NSW, without providing full statistics. One can reasonably assume, that given NSW's higher employed population that these figure would be in excess of the same industries within the "comparable" States.

Again, the use of comparisons must be made based on similar, relevant statistics to that of NSW. In attempting to portray Victoria and Queensland as comparable to NSW is ill-conceived and misguided. The issue is not higher premiums, or fear of increasing premiums, in fact, to use the words of the issue paper, there has been a cumulative decrease in the average workers compensation premium rates since 2005 (33%). The issue is, why is that we are being forced to believe that a larger workforce should be paying lower premiums for workers compensation insurance? More so the question needs to be asked, why are we seeking amendments to mimic States that aren't comparable in size and industry?

Australian Workers Compensation Trends

According to the Australian Bureau of Statistic's, Labour Costs Australia report 2010/11⁵; there has been a steady increase in costs associated with Workers Compensation since 2002/03 to 2010/11. However, these increases have not been as exorbitant as the issue paper has portrayed them.

² NSW Workers Compensation Scheme Issue Paper, Page 10

³ *People, Skills and Education*, NSW Government: Trade & Investment obtained via <http://www.business.nsw.gov.au/invest-in-nsw/about-nsw/people-skills-and-education/employed-persons-by-industry>

⁴ Ibid.

⁵ Catalogue 6348.00 *Labour Costs Australia* 2010/11 obtained via <http://www.abs.gov.au/ausstats/abs@.nsf/mf/6348.0?OpenDocument>

The following is a table of the labour costs for workers compensation for NSW, Victoria and Queensland⁶:

	Year/s	Workers Compensation as a labour cost (\$m)	% of total labour costs to employers	Workers Compensation cost per employee
NSW	2002/03	\$3,212.1	2.51%	\$1,161
	2010/11	\$3,906.0	1.90%	\$1,052
VIC	2002/03	\$2,102.3	2.26%	\$969
	2010/11	\$2,254.3	1.52%	\$804
QLD	2002/03	\$907.3	1.57%	\$602
	2010/11	\$1,672.4	1.45%	\$877

What is evident however is that as a whole, the labour costs associated with workers compensation, compared to that of total labour costs incurred by employers, has decreased substantially since 2002/03, to the most recent findings of 2010/11. If costs associated with workers compensation are decreasing in comparison to the total costs of employ, then why is all the focus on reducing entitlements, and against increases in premiums?

According to ABS data, work related injuries, nationally, from 2005/06 (689,500 or 6.4%) to 2009/10 (640,700 or 5.3%) have decreased. The decline in work related injuries can be attributed to an increase in Occupational Health and Safety training, decreases in reliance on workers compensation and a preference to take other financial options such as superannuation and accrued leave entitlements. The reports further notes, "*Of the 640,700 people who experienced a work-related injury in the last 12 months, 388,400, or 61%, received some sort of financial assistance. Of those who received financial assistance, 59% received workers' compensation, 36% did not apply for workers' compensation and 5% applied for and did not receive workers' compensation*".⁷ With the general trend being a decline in the number of workers requiring workers compensation, we believe that any amendments to be made to the scheme would be unfair to those workers who sustain an injury into the future.

If there is a general decline in the need for workers compensation then why is it that the current NSW scheme continues to experience budget blowouts? We believe the answer lies within the Authority and the claims handling system, and not the current legislation. The scheme by its own admission, acknowledges that the reason for the current deficit can be attributed to the global financial downturn and poor returns on investments. If this is the case, it seems highly inappropriate to punish injured workers by reducing/removing entitlements simply to rectify the mistakes of the authority.

The proposed changes.

The report makes a number of suggestions as to the reforms of the system we will redress these situations accordingly:

⁶ Ibid

Severely injured workers

Under the proposal only those individuals who receive 30% Whole Person Impairment (WPI) or more would be entitled to increases in their wage benefits. Although we would not disagree with an increase in wage benefits, we would certainly suggest that the threshold of 30% is beyond reasonable to suggest seriousness.

Injury and effects must be assessed on a case by case basis. We submit that the current Work Injury Damages threshold of 15% is sufficient to demonstrate seriousness and permanency of injury.

Removal of journey claims

This suggestion has not considered that had the injured person not been employment they would not have been injured in a journey to work. The sole purpose of the journey claim is that the injured person is in the process of attending work, and therefore there exists a sufficient connection between work and injury.

Furthermore, this ill conceived recommendation does not consider the flow on effects work related injuries have on the economy. If the injured person is unable to receive treatment and return to work they run the risk of termination, defaulting on loans, thereby causing strain on an already struggling State economy.

Nervous shock claims

The death of a worker/family member affects everyone. Simply because the injured worker does not have any immediate or dependant family, does not mean that their death hasn't affected, or caused psychological injury to a family member. This recommendation does not consider the relationships or impact the deceased may have had with family members and the way their death has affected someone.

Pre injury earnings

This recommendation is sound if it intends on increasing the amounts payable to the injured worker, to their pre injury earnings, inclusive of overtime, during periods of total incapacity.

The issue paper states that there is a complexity in the system. The system of wages is rather simple. s.36 of the *Workers Compensation Act 1987 (NSW)* requires that the award rate of pay be paid to the injured worker during the first 26 weeks of total incapacity. If the injured worker earns above the award the award is still paid. It is only when there is no award that the injured worker receives 80% of the Average Weekly Earnings. When there exists no award and 80% of AWE is paid, it can safely be said that this amount is in excess of the award. As there is an award covering most industries, it is rare that the 80% provision applies.

Work capacity testing

This already occurs on a regular basis. We have even seen instances where insurers undertake multiple work capacity or s.40 assessments. In one such instance an insurer was requesting a s.40 assessment every 2 months at an average cost of \$2,500 per report.

We witness countless occasions where insurers have ceased weekly entitlements following a s.40 assessment. Accordingly, we fail to see how this recommendation can apply when it already exists.

Removing pain and suffering

We submit that if an injury is sufficient enough to place an injured worker over the threshold for pain and suffering, they should be entitled to be compensated for their loss livelihood.

The only administration costs that occur and increased legal fees, is when insurers dispute an injured person's level of impairment, thereby requiring additional costs to the scheme through the insurer's request for additional medico-legal assessments, following which the worker may proceed to the Workers Compensation Commission.

Only one claim for permanent impairment

This recommendation suggests that there is no risk of an injury deteriorating. Moreover, it discusses a basis for the argument as "the removal of fraudulent or exaggerated claims". This seems to suggest that the medical professionals, people who have spent many years dedicating themselves to treating illness and injury and who attained expert status, are unable to determine whether the injured worker, is in fact, actually injured.

One assessment only

Again, this fails to take into consideration the fact that injuries can deteriorate over time, therefore requiring additional assessments. Moreover, if the workplace accident causes multiple injuries, of varying body systems, there is the need for opinion from differing medical specialities.

The scheme in its present form already has preclusions to the admissibility or reliance upon multiple medico-legal assessments (see Reg 43 *Workers Compensation Regulations* 2003).

There needs to be a stricter regulation of insurer's obtaining multiple medical assessments. We have seen on countless occasions, injured workers reporting to be seen by one medico-legal specialist for the insurer, only to be referred to another medico-legal specialist of the same speciality. One can only assume that the principles of *Jones v Dunkel* apply.

In our submission it is not the injured worker causing the strain in obtaining multiple medico-legal reports, for the simple fact that they can't afford it. However, insurer's can quite easily place a burden on the system when assessments don't go their way.

Strengthen work injury damages

We reject this suggestion in its entirety. If someone is injured, with their injury placing them over the threshold to claim for work injury damages, then there is clear cut evidence suggesting negligence on the part of the employer.

Workers in NSW should feel safe that they are not going to be placed into a situation whereby they sustain serious injury due to the negligent acts of their employers.

Furthermore, by making a more stringent test for negligence it reduces WorkCover's ability to investigate, and fine negligent employers for failing to adhere to the State's safety standards.

Cap medical coverage

We reject this suggestion on the simple basis that an injured worker should be capable of seeking treatment until the injury resolves, so long as the treatment is deemed reasonable and necessary.

It is absurd to suggest that a person who sustains a serious injury in the workplace may face a cap on their treatment expenses. The Authority also fails to consider those individual's who sustain work related diseases, which may not affect them immediately but deteriorate over time?

Strengthen regulatory framework for health providers

The scheme already regulates treatment as required. Again, the insurer has the power to prevent excessive use of certain treatment protocols. Moreover, this matter should be addressed by medical specialists in the field.

We have had a number of discussions with Nominated Treating Doctors who have not been paid for their services, or who have difficulty in having reasonable and necessary treatment provided for by the insurers. Many doctors will advise that the delay in receiving treatment, due to insurers disputing treatment, or "dragging the chain" on approvals, causes injuries to deteriorate requiring more treatment. This failure to provide the appropriate treatment in the initial stages simply creates a vicious cycle of continual claims for treatment expenses.

Targeted commutation

Reducing the threshold for commutation is by far the only sensible recommendation. By allowing people to commute their entitlements you create a sense of closure for the injured worker. Commutation encompasses many of the suggestions already

made, such as capping treatment and time limits for weekly benefits. We believe that commuting liability/entitlements would remove much of the burden placed on the system.

Exclusion of strokes/heart attacks unless work a substantial contributing factor

s.9A was introduced into the Act for just this purpose. This recommendation has been made without identifying the safeguards that already exist.

In summary, a large part of the blame for the blowout in the scheme has been pointed squarely on the injured worker however there has been little or no focus on the role of failed investments, the WorkCover Authority and the scheme agents, in contributing to the current deficit. Any requests for suggestions from the industry must be deferred until recommendations addressing these matters are put forward, as these bodies and their mismanagement are largely responsible for the deficit, not the injured workers.

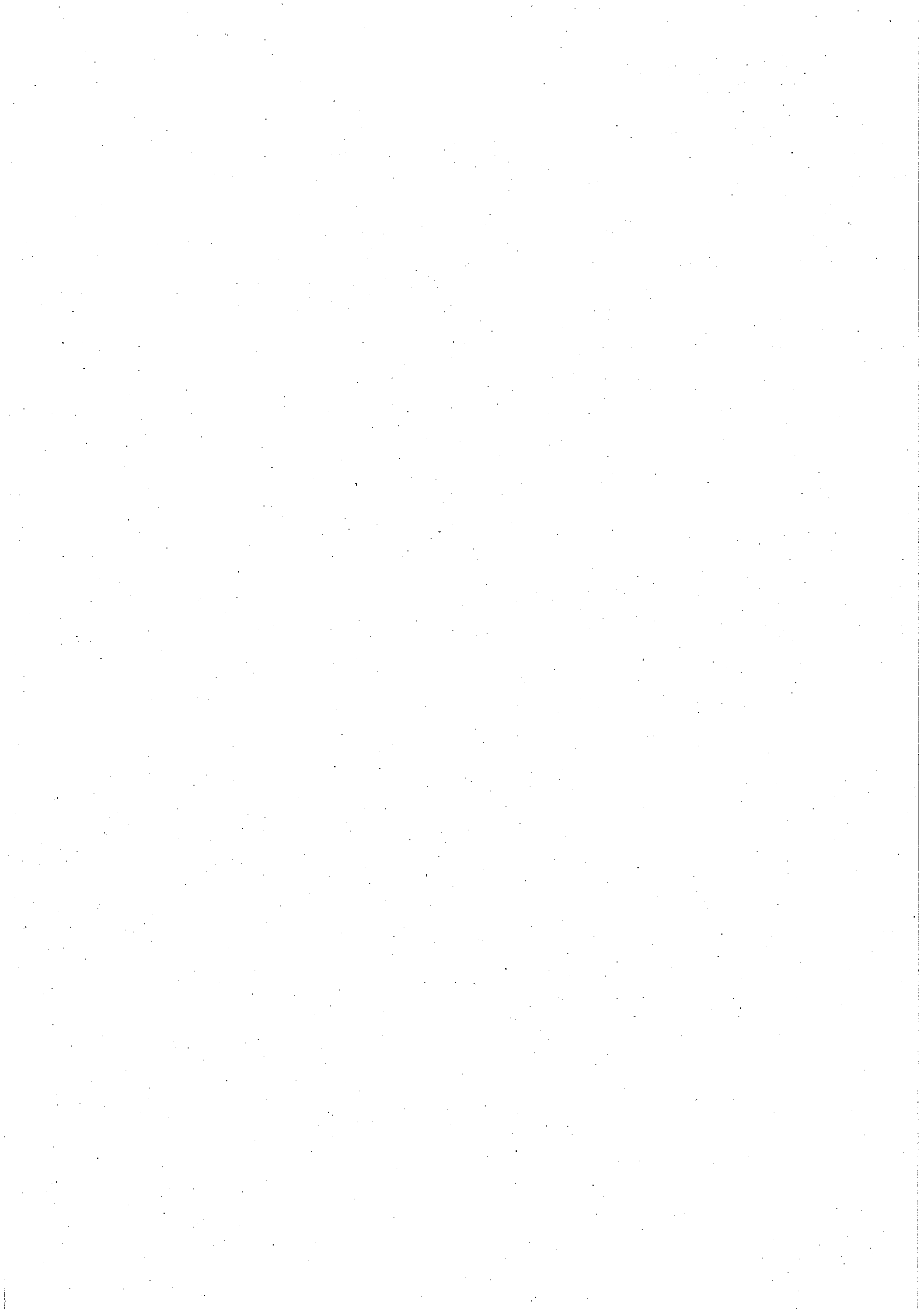
To whom it may concern,

The purpose of this report is to inform others of what Patricia Theoret, my mother, has endured as a result of her workplace injury and her dealings with insurance agency, GIO.

As Patricia's daughter, I was extremely affected by her not only sustaining the various injuries to begin with, but also, and far more significantly, by the long and gruelling process of obtaining treatment and rehabilitation, which to this day is still incomplete.

My mother's physical and mental state were considerably impaired by her injuries sustained whilst working as a disability support worker for Aces Inc. As a young teenager, my life changed dramatically after these events. Physically, the demands of my home life increased as I was required to take on more of the day to day chores and tasks. At many times in her recovery, even hanging out the washing seemed an impossible task. Although it was a difficult time, I do often think how lucky she was to have me at home for support particularly with the obvious lack of support she was getting from WorkCover and GIO.

Mentally, however, the price on both of us was significantly higher than that of the increased physical demands I incurred. Both my mother and I experienced Depression intermittently throughout this time, although the impact on my mother was far worse than on me. I remember one incident in particular. My mother had visited an extremely rude and unhelpful doctor, at the request of GIO. He had denied her injuries and had left her feeling worthless and pathetic. She felt she could not cope with further rejection in this way. I cannot remember exactly which number specialist this gentleman was, perhaps the 20th or so, she visited so many over the years. She



rang me after the appointment, whilst sitting by the window of where she was saying, exclaiming through tears that all she could think of was how she wanted to jump out of that window and not deal with it all any longer. Perhaps she would have had I not answered my phone, I do not know...

All I do know is that this corporation, with the aid of WorkCover, through its submissive and unproductive practices, had turned my fit, healthy, active, hard-working, determined and confident mother into a depressed, despondent, inactive human being who was clearly in a lot of pain and receiving no help or support from those who were responsible for providing it.

I am proud of my mother and who she has become considering the immensely negative effect of those few events that occurred more than 11 years ago.

In my opinion, I should not need to write this letter, just as my mother should not need to complete this submission. This whole experience should have been avoided many years ago. If WorkCover had governed insurance agencies as they are expected to, and conducted their management in consistent and ethical ways, this whole episode could have been avoided with minimal disruption to my family, and also minimal financial outlay by GIO. A small amount of treatment and support several years ago would have made a remarkable difference in our case. I just hope that no other family has to go through what my mother and I have gone through.

Erin Theoret

Bachelor of Arts (Hons)

Bachelor of Primary Education (Hons)

I write in support of the Injury Support Network.

For the last nine years I have worked as a medical receptionist in an integrative medical centre and have had contact with patients under workcover.

Unfortunately I hear the same cries from patients in regard to the length of time they have to wait for surgery, scripts, radiology examination, equipment etc, to be approved from their respective insurance companies. For some this wait can be far too long, their depression due to pain and the constant battle with phone calls to the insurance companies get little or no response worsening their situation. To the point they do not want to pick up the phone to make that call. Not to mention the exacerbation of their conditions this causes.

I have been in the position where I can fax through requests numerous times. The patient then phones to say the case manager did not receive it. Eventually through my own frustration I have to phone the case manager to say I am about to fax through paperwork for their client and to please advise me when they have it in their hand.

It is also unfortunate to hear from some of these patients that due to the lateness of payments they fall behind with mortgage repayments, or receive final notices for unpaid bills, then experience humiliation when needing to ask for financial assistance from family members and friends and at times others not being able to help at all.

How often do you hear of a workcover clients being institutionalised, perhaps you don't and if this is the case why don't you? I have and know the battle it took to have a particular individual removed after being scheduled. Why was this patient placed under the care of the mental health system? Because she could take the pain no longer or the waiting because the insurance company dragged things out.

This patient needed surgery as her specialist had outlined in a letter to the insurance company, they felt it would be better for this woman to have her neck fused rather than outlay the finances for the surgery required. Thankfully after much toing and froing and many many months gone by this lady will now have the surgery she truly needs.

Why do people have to claw and fight for treatment when it has been outlined by their doctors/specialists and allied health professionals?? For some of these injured workers' it is not uncommon to be given a case manager one week and two weeks later after phoning find out yet again another manager is now handling the case.

Unfortunately case managers have the patient/client life in their hands, and for some the impression is there that it can be held over their head. Being told they can be left waiting 21 days and it is up to the case manager to decide, for some the bar needs to be moveable to allow for treatment to be given the go ahead sooner, every case is different and needs to be treated so with respect.

Frustration mounts as does the patient/client concern of how they will live, what this means for their futures. It puts strain on relationships due to the financial pressures not to mention the flow on effect for the children in these families.

I visibly see some of these people reduced to a shadow of their former self not just because of pain, but the constant battle to try to improve their situation, to improve their health and return to the work force.

But in saying that, as stated to me by a few when speaking of returning to work. "NO ONE WILL EMPLOY ME, I HAVE BEEN ON WORKCOVER", they are treated like "tainted goods". What is the government doing to help these people secure work and get the help they need in a timely fashion?

How can this be assisted by the government:

- Case managers need to have their client load reviewed to be able to work more effectively in providing a service, how many clients are they expected to oversee and is this a reasonable expectation in terms of truly looking after a person's health issues.
- Case managers need to be accountable for lack of service and/or be able to state if they are experiencing difficulties - so this does not flow onto their clients and create bigger issues prolonging the problem.
- Clients need consistency with case managers (only if they are doing their job efficiently) it is too disrupting for clients, they don't know if they are coming or going with the constant change of managers. Effectively this has the potential to add to the health issues in their present situation.
- Look at the issue of burnout for case managers and the issue of becoming desensitised as this impacts on service delivery and how they come across the clients when conversing.
- Look at those who are not doing the work they are employed and paid to do.
- Strategies need to be implemented to assist these people with finding work when ready to return to the workforce. Government could look at providing an incentive to employers when taking on a previous workcover client who is now able to contribute to society in a positive healthy manner.
- Educate employers to help remove the stigma attached to being on workcover it could be anyone of us at any point in time.

I write in hope that my contribution is not in vain and goes towards a better brighter future in providing a cohesive comprehensive outcome.

Denise Smith
Senior Medical Receptionist

To whom it may concern,

My name is Mr Peter James Brazel, I live at :
Number:- QBE Advanced claims Sydney.

Claim

My story starts on the 13 June 1990 I was working for Campbelltown City Council , in the road construction department, [saw cutting, jackhammer, rock drilling, and line removal].

On this day at 2:30pm in the afternoon I was working with one of the gangs I was doing line removal with a water cart truck and stop and go personal, when a women over took through the job with my back to the traffic I hit by said car. The car fled from the scene without stopping, people that saw the accident saw me fly through the air. I was taken to Campbelltown Hospital with major back, pelvis and head injuries. I was off work for about 8month's, but was force back by the insurance company pay bills etc and no help from work cover. I lasted about a week and was back on compo in those days there was no light duties. I got back to work early 1992 and then in March of that year, I was working with a grass cutting gang , I sub lux my left knee which had the knee cap had dislocated. I was rush to Campbelltown Public Hospital, so they could push the knee cap back in place. Since my involvement in the hit and run I had loss of feeling in the accident in my back and both legs. A week later at Campbelltown Private Hospital, I had surgery on my left knee and in a few days after I developed a DVT of the left calf and I was rushed to Campbelltown hospital to be put on a hepren drip for fourteen days.

After my stay in hospital I was unable to go back to full duties and I put on warfrin for the clotting. And in 1993 I was sacked from the council for being unfit for duties, at the same time I was dismissed from the Australian Army Reserve were I was a acting staff Sergeant in a supply company.

Before my injuries I was in the bush fire brigade, SES, and I was ranked 58 in the state for road cycling and did the track as well, local mens hockey teams goalkeeper for many years.

Before my injuries I was fighting fit and enjoying life to fullest , but now I'm not.

I just say a few more things I had more knee surgery on my knee and I was rushed to hospital a day later with blood clots on the lungs and was in ICU for twenty days. Then my INRs when that high I was having major bleeds, and in 1998 Dr Lindsay Dunlop was called in on my case and I put on clexane. What they now know about the drug They would not have kept on me for over 9year's. The insurance company and work cover wouldn't give permission for surgery for my back and now my pelvis and hips.

Clexane has cause the bones density to breakdown. I been to so many doctors for both sides and now the insurance doctors say I need Surgery and they say no because of one work covers commission doctors said my back not connected to my hips as my legs are not connected to hips.

I been in the compensation system for nearly 22 year's and I know it has to be changed but it not all the workers that are ripping off the system. I thought workcover helped the worker but its the insurance companies telling workcover what to do and how to it. They employ doctors that are past their prime and wouldn't get a job any where else. And when you see them they don't look at X-rays or reports or even examine you at the appointment n right a report?

Finally the government must first get work covers own house in order before taking away fair compensation from workers. The problems are in-house and include excessive administrative costs,poor management and inconsistent claims handling by insurers and bad investments. And everyone expect the government will try to fix the problems within Work Cover instead of taking an axe to the basic rights of its injured workers.

Please Mr O'Farrel, do something about Work Cover's own costs and waste before taking the rights of the injured workers.

YOURS SINCERELY

MR PETER JAMES BRAZEL

I have been on work cover for the past nearly 3 years and by the time my claim has finished it will be closer to 5 years at best. I have had a spinal fusion decompression laminectomy. It took me 18 months to get a doctor to have more of a look at the pain I was in, I think for two reasons:

I. Because I was only 33 when I went off work after falling off a ladder/stairs a few years earlier and
II. Doctors wanted to see if my spine was going to heal itself with other treatments like physiotherapy first. Unfortunately, it did not go that way. The biggest problem that I have found being on the system is the insurance companies. They feel because they are the ones paying for the surgeries and doctors visits that they have to question a doctor on his/her decisions, it causes more pain (financial, emotional, stress) for the injured worker, their families and employers. In my case I had seen two other doctors who had both said no to surgery based upon MRI's the third doctor said yes, based upon MRI's, nerve studies, a disc-o-gram and a bone density scan. There was enough evidence for it to be a reasonable request, but they questioned his decision. No doubt their going to do it again, because they have so many days for a reply, in my opinion they have too long, my lumber spine at the moment is like having a raw egg on a spoon in an egg and spoon race, it could break or it might not.

In my situation, I had just bought my first home, my wife just had our first child, and I had to go off work with my back. Consequently, because I have been out of work for nearly 3 years I lost my home, because I could not afford to pay the full repayment and still be able to afford the basic cost of living, as well as my painkillers. It should be reimbursed to me; it still has to come out of my pocket first and looking at over \$100 for medication a month, and more for travelling to appointments.

Just over \$500 a week after tax with a child and mortgage does not go far not when you were earning over \$700 after tax. There is a big difference when it comes to being able to living in some comfort. I understand that if work cover payments were higher some people could have a fake injury but for those legitimate cases and there is a few why not at least pay them minimum wage, a single person would nearly be better off financially on centrelink payments. There are more in the way of benefits to help with cost of living increasing every few months.

My work place insurer may have paid the money out for my surgery, but I am sure as hell paying for it with different tactics they use to try to bully their clients back into full time work before my body has healed to the point where I can. I am actually looking forward to being able to work again, full time or not, but at the same respect if going to work is going to put me in unnecessary pain, there is obviously something wrong.

What insurance companies need to realise that people have a life outside of work, I could have possibly gone back to full time work if my body did not reject the surgery, would I still have a lot of pain when I got home? More than likely I would be. For me I would be incredibly happy to be able to work between 20-30hours a week with little pain and still be able to come home and play with my kids.

Work cover should be there to help those with an injury, not protect insurance companies from paying legitimate claims or to make that much money every year and jump up and down about paying someone to have their body fixed after someone else did not have a safe workplace.

Employers pay a premium, if noone ever uses that insurance then they have basically wasted money, because I have I get treated like dirt because I have an injury that I never expected or asked for. I would rather be on centrelink sometimes rather than work cover!

Dear ISN

Thank you for the opportunity to express my thoughts on WC

I am a 55 year old male, married with Grandchildren. I live in a small country town where everyone knows each other and their business. I wish to remain anonymous. I am reluctant to speak out about WC, but see this as a one off chance to speak.

I was injured at work in December 2002. I suffered a lower back injury and continue to suffer from it today. After 31 years in the Engineering field, Structural Fabrication, Pneumatics and Hydraulics to vehicle repair work, I found myself unable to work or perform my every day duties around my house. My wife of 52 carries the extra heavy burden of main provider, working 6 -7 day weeks on \$16/hr shop wages to make ends meet. She has recently had operations to both kidneys. We only have \$160,000 house mortgage, so by no means excessive.

My Pre injury pay was as a CLASS: C2(a) Metal Engineering State Award. I worked long productive hours in a developing field, and was considered as "on my game" for my work quality and quantity. Before being injured we had only 11 years to go on our house loan and the kids had grown and left home. Then my injury. It wasn't long before we had to refinance to keep the house because I was cut from payments on the basis of one bad report from a foot doctor, which was later discarded and after more Doctor visits, I was reinstated and back paid. Too late for the house loan. The list of Doctors is long and very trying.

I have received no compensation other than a fortnightly payment that comes with no information or explanation. The maximum injury impairment levels for a back injury are not in line with other lesser injuries that give a higher percentage of impairment for a lot less pain and restriction. I was assessed at 8% and offered \$10,000 which I consider a joke. That level also will not allow me to take action against my employer. It has recently been assessed to be 8% again, except this time it has been reduced to 7% due to a previous back injury, which is news to both my Doctor and myself. I have had no previous back injury. The offer also reduced. I did not sign.

In February I had a fall, one of many, because of my back, injuring my wrist, finally getting permission to get a CT scan, which I had last Fri, 3 months later. I have recently had a hearing test confirming major hearing loss in both ears, work related.

It is not an easy road for people on WC. The system has faults. I wonder how much of each \$1 spent is actually spent in the interest of the injured worker. A lot of Doctors working for the Insurers clean up whilst trying to discredit genuine injuries.

Superannuation is a concern for me. Because my injury was 11 years ago, my super has stagnated. These are my opinions and I have only my experience in the WC system to support my thoughts..

Thanks to Pat Theoret for her work, for this opportunity to speak and for keeping me on the mailing list.

Gmail - Workers Comp

After my injury November 2008 I have been subjected to an abuse of my rights by Q B E.

Pay upto 5 weeks late. Refusal of medical treatment for a new scan on my knee injury.

This resulted in delays in my treatment. I have been advised to have a knee replacement when I can no longer stand the pain involved. I have been put on a list of restrictions, No bending, no kneeling, no walking on uneven ground, no walking up or down stairs, no standing or sitting for periods of two hours at a time. I have attended rehab under my own initiative as the insurance co did not make any attempt to help me. I also arranged all of my own physio and when I started rehab I organized to travel from NSW to the ACT to attend a security course for a chance to reenter the workforce. am without a job because my case manager told my employer to dismiss me under the operational clause. My drivers job was still there to return to and is still being performed by my relief driver. Workcover and the Federal workplace ombudsman and my solicitor all confirm that this was illegal and in breach of the workers comp laws.

My case manager has written to me confirming my injury was a significant injury but now he is ringing me and trying to persuade me to forget the knee-replacement. He has also cut my wages to \$400 under the SD 40 clause before I have had an assessment which is also confirmed as illegal by workcover. My pay has often been put into my bank days and weeks late and the excuse is computer crash and faults at my bank who have assured me that this is false and they deposit on the same day of transaction.

Whilst attending the week long course in Canberra I had to stay in a budget motel without meals or any electric jug or toaster facilities in my room. I had to wait 6 weeks for reimbursement and this was only after I had the Federal workplace ombudsman intervene as my solicitor had no response to her demands. FWO tell me they had to pay within 5 days of submitting claim. I was short changed on my travel allowance and had to refuse to pay more to attend the issuing of my licence in the ACT. The rehab lady had to pay on her company credit card.

To add insult to injury I attended an independent Dr who gave me a 15 minute interview and assessed my injury as 1%. A knee replacement? \$1340.00. If I reject his report I have to pay him \$1390.00 and another specialist \$500.00. He gave as the reason that I only walked with a limp, my left leg was one centimetre shorter and the knee replacement did not concern him. Also after telling him of my pain, loss of mobility, loss of recreational activities, my inability to drive trucks again as I could not depress the clutch with my left leg as well as climb on the truck to tarp my load and untarp as well as perform my regular duties. He asked me if I had anything else to add. I started to tell him and he decided the time was up and pushed me out the door.

When we finally got his report it stated my restrictions and also noted that I could not do the washing up and gardening. I don't know where he got those little gems from as nothing like that was discussed.

I am totally fed up with this system and have since had a heart attack due to the stress and have now had my truck licence cancelled due to the heart problems. I am \$20,000.00 out of pocket due to lost wages, lost super (claim in tax office) No severance pay as a result of the interference of the case manager and nothing

To show for all my travel , phone calls, stationary, pain and loss of my future earnings
and as a result, no job no super.

If this is compensation I hope the system does not get worse as a mouse would not
Live on my income.

Yours faithfully

COLIN TWOMEY

2/12/2009

Gmail - injured workers let down by w...



Patricia Theoret <patricia.theoret@gmail.com>

injured workers let down by workcover and workers comp

2 messages

Rose Goucher <
To: patricia.theoret@gmail.com

Fri, Nov 13, 2009 at 6:02 PM

1/

I was injured at work on 01-07-99. at that time I was employed by the Roads and Traffic Authority as an Inspector Vehicle Regulation this involved doing shift work with the result my pay packet was very good. I lost no time at work until 12-06-03 because of increased pain. At this time I went onto Workers Comp. At first the R.T.A would not accept liability. But after seeing a doctor appointed by the R.T.A on 11-07-03 it was decided by the R.T.A to accept liability. From this point I started to lose more and more work time as the pain increased. I was put on light duties for three days a week at a subsequent reduction in pay (no penalty rates). It was suggested at this time by the R.T.A to send me to work in a Motor Registry for three days a week still on light duties. At this point I decided to retire (I had reached the age of 55yrs). I retired from the R.T.A on 16-12-04.

2/

My G.P reccomended physio therapy while I was still working which I found good for my condition. When I retired I stopped treatment. Since that time I tried to keep fit by walking (no more than 30mins at a time or less if the pain increases). I do suffer from high blood pressure hence the need to keep fit.

3/

I have been required to see several doctors as far apart as Bowral, Sydney, Liverpool, Penrith and Wollongong. Travel expences are refundable but as far as I am concered that is not the point. The distances invlved are quite considerable from where I live To top it off I felt I was not believed at these appointments.

4/

I see my G.P every 3 months to renew my workers comp cert. He cannot see the point in having to do this on such a regular basis. (He gets quite vocal on this subject).

5/

I cannot do any work without my doctors clearance. Even then I am unsure as to my position on this. I have recieved no feed back from my insurance comp or workcover. I have recieved several Statutory Declarations with a demand by law that I fill them out on the question of whether I have worked (I find this intimidating). My doctor is reluctant to clear me to work.

6/

I attended an Arbitration meeting in Sydney on 03-09-07. Present were the Arbitrator, Reps from the R.T.A and insurance comp myself, my solicitor provided by my union.

Gmail - injured workers let down by w...
(found my solicitor and union very supportive), I was awarded an amount for pain and suffering (a pitiful amount) and future medical expenses. At this time my wife was very sick needing 24hr care (the doctors diagnosed a stroke). I found it very distressing having to leave her in the care of our daughter. My wife has since passed away.

7/

My fortnightly payments are payed through the Treasury Managed Fund who I find very helpful. At first my insurance company was the G.I.O who I found very good payment wise, then Allianz took over, they were very unreliable at first but at the moment my payments have become more reliable (I am still uneasy on pay day not knowing if I will recieve any). I find if I have to contact anyone about my pay it has to be through the T.M.F not the insurance comp (I think this distances them from thier clients).

8/

The payment I recieve is no were near enough, \$24,317 as per group cert for 2008-2009 financial year witch equates to \$361 per week after tax. I am not entitled to any concessions, I pay full car rego (I have 2 cars, I had to let the rego lapse on one), no rates rebate, no electric or phone rebate. I do recieve a low income health care card from centrelink.

9/

I feel I have been thrown on the scrap heap, I feel let down a non person just a number. I get depressed, my G.P will not clear me to work even for a few hrs per week. I do not socialise, cannot travel very far because I do not have enough money after paying my bills (I had to hitchhike 6kims today to get my blood pressure tablets no fuel). I think of all the years of work all the training what a waste its enough to drive me to drink but then I cannot afford to.

Regards

Barry Goucher

P.S If you need any documents please let me know on (02)

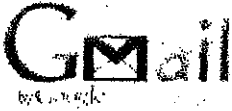
Patricia Theoret <patricia.theoret@gmail.com>
To: Rose Goucher

Fri, Nov 13, 2009 at 7:40 PM

Hi Barry, This is great. Could you please start, at the top, with

2/12/2009

Gmail - compo



Patricia Theoret <patricia.theoret@gmail.com>

compo

1 message

Ianjansadler@bigpond.com

Tue, Nov 17, 2009 at 2:12 PM

To: Patricia Theoret <patricia.theoret@gmail.com>

Hi Patricia

I don't really know where to start as I think most people you spoke covered most of the problems. When I first went onto workers comp I contacted workcover for info they sent me out a dvd laying out the process, but I don't know which country it was for it most certainly was, not Aus. I spent 2 yrs approx on just over 300 doll. a week used my long service holidays and savings to survive and keep my house (which I owned or who knows)

When settlement was due the solicitor advised me to take what was offered as if you go in front of the WC committee they would give me less as it is made up of doctors etc who work for the insurance companies. I received less than 6 months wages. I am unable to work at all in pain 24/7. Take oxycontin and done just to get by (I have arachnoiditis caused by the surgery I had to get back to work) my marriage is stuffed and I still see a psychologist for depression and anger.

Before all this I was very active golf fishing all that stuff but not now. To get some treatment I have had to wait up to 4 months.

Patricia I could go on for ever but you obviously know what it is like as you said in your last mail I hate having to deal with a 17yr old that knows nothing you are only a number.

I was a boss or most of my working life so I find hard somebody else telling what to do.

I did say I was not real crash on the computer so I hope you understand this. Best wishes Ian.

HELLO,

MY NAME IS JACEN HOUGH AND THIS IS A LETTER ABOUT THE WAY I HAVE BEEN TREATED SINCE SUFFERING A WORK INJURY.

I WAS EMPLOYED BY STAR TRACK EXPRESS IN THERE WOLLONGONG DEPOT, IN OCTOBER 2008 I HAD SUFFERED A BURNING ACHE IN MY BACK AND PELVIC AREA THAT HAD BEEN GETTING WORSE OVER A FEW WEEK PERIOD, I HAD TOLD MY SUPERVISOR BUT WAS TOLD TO KEEP WORKING AND SEE HOW IT GOES, BY THE NEXT WEEK I WAS STRUGLING TO DO MY JOB PROPERLY WHICH REQUIRED DOING 80-90 DELIVERIES EACH DAY AND MOVING OVER 600 ITEMS UP TO 8-10 TIMES EACH DAY, ON THE 14TH OF OCTOBER MY SUPERVISOR APPROACH ME AND ASKED WHY I WAS WALKING SO SLOW AND FUNNY, I EXPLAINED TO HIM HOW MY INJURY WAS GETTING WORSE EACH DAY SO HE ADVISED ME TO REPORT IT AS A WORK INJURY SO I COULD SEE A PHYSIO, UPON SEEING A OHS PHYSIO AND DOCTOR I WAS TOLD IT WAS A LOWER BACK STRAIN AND TO KEEP WORKING BUT SEE IF STAR TRACK WOULD LESSON MY WORK RATE, AFTER ABOUT 6 WEEKS MY INJURY WAS GETTING WORSE SO OHS DOCTOR RESTRICTED MY DUTIES, AS SOON AS DUTIES GOT RESTRICTED MY BOSSES STARTED TREATING ME LIKE IT WAS MY FAULT THAT I COULDN'T DO MY JOB TO 100%, THIS WENT ON FOR A CPL MONTHS WITH INJURY STILL WORSENING, THEN I GOT SENT TO A INSURANCE DOCTOR WHO DIAGNOSED ME WITH LOWER BACK DYSFUNCTION AND SECONDARY ILLIOS PSOAS SYNDROME, WHICH WAS CAUSED BY DUTIES NOT BEING RESTRICTED ENOUGH AND STAR TRACK UNWILLING TO FOLLOW RESTRICTED DUTIES PROPERLY, AS THIS WENT ON I WAS GETTING TREATED WORSE AND WORSE BY MY EMPLOYER, THEN I WAS SENT TO ANOTHER INSURANCE DOCTOR FOR A ASSESMENT, THIS DOCTOR WOULD NOT LISTEN TO WHAT I HAD TO SAY AND VIRTUALLY TOLD ME TO ANSWER WHAT IM ASKED AND INSURANCE COMPANY (CGU) WOULD BE INTOUCH, THAT SAME WEEK I HAD AN APPOINTMENT WITH A SPECIALIST IN SYDNEY WHO HAD CONFIRMED MY INJURY BY A CT SPEC SCAN AND RECOMENDED TO GET PROLOTHERAPY INJECTIONS TO REPAIR DAMAGED LOWER BACK MUSCLES AND THAT THE SECONDARY INJURY OF ILLIAS PSOAS SYNDROME WAS BEING CAUSED BECAUSE BACK MUSSLES BEING STRAINED FOR SO LONG BY DUTIES NOT BEING RESTRICTED ENOUGH, A FEW DAYS LATER I RECEIVED A PHONE CALL FROM CGU SAYING THAT THEY WERE DISPUTING MY CLAIM AND WOULD NO LONGER BE ACCEPTING RESPONSABILTY, BECAUSE ""THERE"" DOCTOR SAID (EXCACT WORDS) INJURY"" MIGHT ""NOT BE WORK RELATED, BECAUSE OF THIS MY EMPLOYER TOLD ME THAT BECAUSE INJURY WAS BEING DISPUTED AS A WORK INJURY THEY DID NOT HAVE TO SUPPLY SUITABLE DUTIES AND I WAS NOT TO RETURN TO WORK UNTIL I WAS FULLY FIT BUT BECAUSE IT IS RECORDED AS A WORK INJURY THEY WOULD KEEP MY JOB OPEN, I WAS FORCED TO RECEIVE SICKNESS BENIFITS FROM SOCIAL SECURITY WHICH PAYMENTS WERE \$400 PER FORTNIGHT DOWN FROM \$800-\$900 A WEEK I WAS EARNING BEFORE INJURY BEING DISPUTED, THIS WENT ON FOR

12MONTHS WITH ME TRYING TO PAY RENT,BILLS AND TRYING TO SUPPORT MY PARTNER AND OUR 2 YOUNG DAUGHTERS AGED 2 AND 4,I KEPT SEEING SPECIALISTS AND PHYSIO THERAPISTS TO TRY AND FIX MY INJURY BUT WITH SO LITTLE MONEY TO SURVIVE COULD ONLY DO SO ON A COULD AFFORD BASES,I SENT SEVERAL APPEALS TO CGU OVER A 12 MONTHS PERIOD WITH OUT SUCCESS,I FINALLY GOT SENT TO AN INDEPENDENT WORK COVER DOCTOR FOR HIM TO ASSES MY INJURY,HE CAME BACK SAYING THAT ID SUFFERED THESE INJURIES THROUGH DOING MY WORK DUTIES AND THAT MY MEDICAL ASSESSMENT WHEN APPLYING FOR MY JOB SAYS THAT INJURY WAS NOT PRESENT AT TIME OF EMPLOYMENT WITH STARTRACK EXPRESS,THIS REPORT WAS SENT TO CGU BUT THEY STILL WOULD NOT ACCEPT LIABILITY,BY THIS TIME MY INJURY,MENTAL STATE AND FAMILY WERE ALL SUFFERING GREATLY,,SO I DECIDED TO COLLECT EVERY PEICE OF MEDICAL EVIDENCE I HAD SUPPORTING MY INJURY AND TO DISPROVE EVERY EXCUSE THEY (CGU)WERE USING TO STILL NOT ACCEPT RESPONSABILITY,THEN FINALLY WITH NO HELP FROM EMPLOYER,OHS,WORKCOVER,UNIONS,OR SOLICITORS THEY FINALLY HAD NO CHOICE BUT TO RE-ACCEPT LIABILITY FOR WORK INJURY,I WAS REPAID FOR LOSS OF WAGES,MEDICAL EXPENSES AND THEY REPAID SOCIAL SECURITY,ONLY PROBLEM WAS BY THIS TIME MY INJURY WAS SO MUCH WORSE I WAS IN CHRONIC PAIN ALL THE TIME,MY RELATIONSHIP WAS STRANGED TO NEARLY UNREPAIRABLE,MY KIDS HAD MISSED OUT ON SO MUCH,MY MENTAL STATE WAS SUFFERING AND MY EMPLOYER STILL REFUSES TO SUPPLY ME WITH SUITABLE DUTIES AND ARE HOPING I JUST GIVE UP ON GOING BACK TO WORK WITH THEM ,THE WAY WORK COVER DONE NOTHING TO HELP ME THROUGH THIS WAS A TOTAL DISGRACE,AFTER EMPLOYERS AND WORKCOVER AND POLITITIONS ALL SAYING HOW MUCH WE ARE HERE TO HELP WORKERS AND FAMILIES WHEN THERE INJURED,THEY PREACH IT BUT AS SOON AS YOU INJURE YOURSELF AND BECOME PART OF THE INJURED WORK SYSTEM YOU ARE TREATED LIKE ITS ALL YOUR OWN FAULT,TO THIS DAY I AM STILL RECEIVING TREATMENT FOR MY INJURY AND STAR TRACK STILL WONT SUPPLY SUITABLE DUTIES,ITS NOT JUST THE PAIN AND SUFFERING THATS HARD TO DEAL WITH,ITS BEING MADE TO FEEL LIKE ITS ALL YOUR OWN FAULT,PEOPLE THINK YOUR A BUM AS YOU DONT WORK AND ITS HARD TO BE A ROLE MODEL TO YOUR KIDS WHEN YOUR UNABLE TO WORK,THE AMOUNT OF PEOPLE IN THIS SAME SITUATION IS DISGRACFUL,ALL CAUGHT UP IN THE MEDICAL MERRY GOROUND,YOU PEOPLE THAT CAUSE ALL THIS PAIN AND STRESS SHOULD THINK WHAT IF IT WAS YOU OR YOUR,MOTHER,FATHER,KIDS ETC IN THIS POSITION,ITS NOT A NICE PLACE TO BE AND WOULD DO ANYTHING NOT TO HAVE TO BEEN IN THIS POSITION,THIS SYSTEM IS BAD ENOUGH WITHOUT CLUELESS POLITITIONS COMING IN AND MAKING THINGS HARDER FOR INJURED WORKERS WHEN THE SYSTEM NEEDS FIXING NOT MAKING IT HARDER FOR GENUINE HARD WORKERS,WE ARE JUST LUCKY WE HAVE SUCH A GREAT UNSELFISH PERSON BY THE NAME OF PAT THEORET AND HER TEAM WILLING TO FIGHT AND BRING ATTENTION TO THIS SAD,SAD SYSTEM,PLEASE FEEL FREE TO CONTACT

ME ABOUT THIS ISSUE IF YOU HAVE ANY QUESTIONS,PAT HAS MY FULL
PERMISSION TO USE THIS EMAIL,MY NAME AS AN EXAMPLE OF HOW
SCREWED UP THE WORK COVER SYSTEM IS,

YOURS TRUTHFULLY

JACEN HOUGH

Patricia Theoret,

30.11.09.

Dear Patricia,

I've just received your letter for which I thank you. I must apologise for the messy untidy handwriting as I just don't seem to click with computers.

My first experience with Workers Compensation was about ¹⁹⁷⁶1976, before some dill thought up the Workcover plan. I had no bother at all with the compensation people in that era. Everything just rolled along smoothly.

My next experience with an insurance claim, was in 1995, and once again, I had no drama, although by this time, Workcover was in place and making a lot of noise. That injury (a torn rotator cuff to my right shoulder) was really without incident.

The next accident I sustained was of a much more serious nature. A log rolled off the top of a loaded log truck as I was taking the load binding chains off. The weight approx. two and a half tonnes and fell from a height of about three and a half metres. I didn't see or hear it coming and as log generally are tapered, it appears as though one end hit the ground first bounced, throwing me approx. five metres from the truck. The first I

knew was when I regained consciousness, lying in the mill yard with the log on top of me, I was seriously injured all down my left side from my head, face, neck, shoulder, 3 broken ribs, ruptured stomach bladder bowel, multiple fractures to the pelvis, damaged hip, damaged left ~~leg~~ knee, two compound fractures to the left leg, one half way between knee and ankle, crushed ankle with compound fractures. The head injuries have caused me to suffer from loss of memory, short term memory loss. When the accident occurred, of course Workcover arrived next day and interviewed the mill owner, who thought he was in hot water, and so he should have been. I only agreed to bring ^{log} into the mill two boards of log to help him out, on the condition that he be there to unload my truck. He was not where to be found. He was then able to hang all of the blame on me and was the only one there. The mill owner never witnessed the event, no one did, not even myself. I was able to piece it all together much later once my head was a bit clearer. So I did, you might find it hard to believe, but it was I myself, who got the blue certificate from Workcover, the sawmillers never got anything.

The first accident, I lost my ~~right~~ right leg to a chainsaw accident. That was in, I think 1975. I had no trouble with that claim pre-

Workover.

The second one, 1995, was not so serious. And that was M.M.I. and they treated me fairly. I couldn't complain.

The killer came on 22.08.99, the only trouble is it didn't kill me. To start with, I was with M.M.I. and was treated respectfully. About three years later, my case was taken over by Alleng. These people were a little more difficult. I had trouble with delays in payments and delays in re-imbursements for medical, chemist and travelling expenses. Another three years approx., I was changed over a group (unheard of) called Gallagher, Bassett Services. That is when the trouble started. They started short paying me for my out of pocket expenses, disputing travel, queering doctors treatment, only wanting to use doctors and specialists that were known to them. I verbally challenged one of many Case Managers on the telephone on one day and since then things have been reasonably good, although, I feel they are still ripping me off on my expenses. I asked this case manager was he qualified to question a G.P.'s certificates, specialists reports, decide against specialists requests, or did they have anyone in their office who is certified to do any of these tasks, and if not did they have a medical book that they could refer to. And of course he ensured

NO. So I said how did he arrive at the decisions he arrives at? His reply was company policy. On occasions, he has lost claims, it is just as well I keep copies. Recently, I had to endure a six or seven month "stand off" with G.B.S. My orthopaedic specialist requested permission to do surgery to my left knee, which was damaged in the accident and has been a source of problems ever since. They sent me to Newcastle to see a Neurosurgeon. When we got there, we found out this man doesn't handle these type injuries. They paid those expenses fairly quickly. I had to await a visit to Baffo Harbour by another man who replied that I should have surgery as no one will know until this has been done. I was Baringe Private Hospital within two weeks and remained bed bound for three weeks and hospitalized for a further four weeks. I am contemplating suing them for further pain and suffering. My solicitor is as uncooperative, that I'm wondering if he is working for them or me. I took a part settlement earlier on and it was mutually agreed between ~~the~~ solicitor, Alling, and myself, that I get the remainder once I turn sixty six years of age. I had raised this issue with G.B.S., they claim to know nothing about it. My solicitor said I would have to go back to all of the signing doctors of about five or six

5
years. He never explained that to me previously, and he had no answer to that. At this moment, I am trying to get my left shoulder repaired. Ten years of wheel chairs and crutches couldn't have helped me either. I've thought about changing legal eagles, but I think they are only looking after their own interests.

As far as Workcover goes, I believe it is a recent entry in to the business world. They have made an industry ~~to~~ out of it. You will never see a Workcover person around until an accident occurs, and then they come from everywhere. If they know as much as they claim to, they should be out in the field trying to teach us how to avoid accidents. Over a forty year period, I have three claims, I don't believe that is a bad record, and if one was able to find them now, any of my former employees would tell anyone, everyone that our company policy was based on SAFETY.

x my ex-employees.

Once again, I apologise about the untidy scrawl, but I also hope this will assist you in your efforts.

Regards.
John Baban. J.P.

I wish to show my concern about the proposed changes to the Workers Comp act

My husband was injured at work on Friday; 1/02/2001, someone had thrown a small piece of pipe on the floor in front of him, the toe of his work boot wedged into the pipe and catapulted him in the air.

Ross landed heavily on his left knee on a cement floor. He rested it over the weekend, went to work on Monday 4th and requested to see a Dr on the 5th as he was having problems with the pain in his knee.

The work Dr told him it was soft tissue damage and sent him to Physio, without an X-ray Physio caused Ross severe pain as they had him riding a stationary bike and kept increasing the intensity. He was still going to work each day as a Fitter and Machinist.

The Dr also told him to walk as much as possible especially on sand, I made him walk miles, even though he complained of the pain, I kept telling him he had to do what the Dr said.

He kept complaining to the Dr about the pain and asked many times for an x-ray The Dr told him it was too expensive to have x-rays. On the 21st of February, he went to see his own Dr, he told him to stop Physio immediately and told him to insist on a X-ray and CT scan, or he would try to take over his case.

This was done 5 and a half weeks after he was injured, it showed his Patella was fractured. By this time the fracture had healed, but the Specialist told Ross that he should have been on crutches and his knee in a brace and kept still for 6 weeks and he would have been o.k.

Fast forward 11 years, he has had many operations, suffers from depression, takes 18 tablets to help with the pain, he hasn't been able to work since October 2001, at the time he was earning over \$1000 a week. He cant walk up steps, bend, kneel, squat, walk any more than 20 metres, If he sits too long his foot goes black and swells from lack of proper circulation. He cant mow the lawn or lift any weight over 10 kilo this includes his 6 grandchildren. He is impotent from all of the pain tablets.

Ross is now having terrible pain in his right ankle due to placing his weight on his right side all the time. A Specialist told him he needs an operation on his ankle, but cant do it till his knee is fixed. We have seen 15 Specialists about his knee, the last one in March this year.

He suffers from Chronic pain syndrome, and has Post Traumatic Oosteoarthritis in his knee. There is also severe nerve damage and he has been told nothing more can be done, he just has to keep trying to live with the pain.

Can anyone explain to us how Work Cover has helped him and why he should be penalized any more

Regards
Ross and Dawn Fuller

29 December 2005

Workers Compensation Manager
CGU Workers Compensation
GPO Box 3328
SYDNEY NSW 1026

Employer: Timsyd Pty Ltd atf Martyr trading
DOA: 20/08/2004
Claim no:
Re: Brett Smith & WCC Teleconference 9/12/2005 at 12.30pm

Dear Sir/Madam,

I am writing to you to let you know how shabbily you have treated my son Brett Smith. We had an appointment for a WCC telephone conference on Friday 9/12/05.

My son, as you very well know has a psychological injury & becomes very nervous and anxious when he is under any pressure and is reminded of what happened to him at the workplace on 20/08/04, when he was bullied and degraded by his employer. It was very difficult for him to sit there waiting for your claims people, who were not ready for the telephone conference, they knew was arranged by the WCC, as we did.

CGU staff did not even attempt to get ready for that appointment that was arranged by the Workers Compensation Commission. We had to wait for a further ½ hour while, they searched for staff who could speak on the claim. After speaking to around 3 CGU staff, who did not take charge we finally had a Darryl Gleason take responsibility, asking for extra time to read the file. **THEY HAD NOT EVEN FILED A REPLY TO THE COMMISSIONERS**, in response to the claim. You have treated the Workers Compensation system and my son with disrespect, and irresponsibility.

During that day while we waited for CGU to get ready, (the Arbitrator was also angry at being kept waiting), my son when under pressure, loses his mental ability, and slowly he was becoming more and more agitated, when I left him after the conference, he was twitching and had some uncontrollable movements, He must have got worst as soon after, he was committed again to Rozelle Mental Hospital, where he is under the care of Dr French. He has lost his house, that same week, since he cannot make any payments on his house because he cannot work.

As his mother, I too am very distraught at how Brett has become mentally unstable, after his manager at work verbally abused Brett in front his work mates in a tirade of swearing and demeaning his work duties, that outburst lasted for quite some time. Brett was shattered during the tirade and walked away a dejected and demeaned person. He rang me shortly after in tears, he had attended his doctors surgery and that doctor sent the employer a workcover certificate, stating this incident and injury was work related, and caused by his employer.

Since that day my son has been in and out of mental institutions and has been unable to work. You cannot imagine how this awful incident at work has affected our family. We have lost the son we knew, he has fallen into an abyss of which he, mentally cannot climb out of. Before that day we had a son that worked very hard for the company, even though he did have the head injury in the year 2000, he was the best sales person for Tim the Toyman for over 10 years. His employer up until March 2004 was Stephen James. Stephen thought highly of Brett, but sold the business to the current manager, Ken Martyr, who did not appreciate, any of the sales staff that worked for Stephen James.

None of the original sales staff are there now because Ken made sure they could not work there, (I have spoken to Ken, shortly after the incident and he has admitted this to me) in his rush to get rid of Brett he made the mistake of bullying Brett, knowing that Brett was assaulted in the year 2000, and his head hit the pavement, causing damage to the frontal lobe. Nevertheless, Brett returned to work one month after the assault, Brett worked on diligently (on numerous times working extra hours for no payment to finish his run, as he has always done) He worked on for more than four more years, until Ken took over the company. Since that day that Ken bullied, and wiped the floor with Brett, my son has been committed to mental institutions, on a regular basis, he can no longer work, and we are afraid we have lost the boy we knew, he is in another world, another space in time, and we cannot reach him. We do have glimpses of the old Brett, sometimes when he is on medication.

Since 20/8/04 Brett cannot seem to handle any pressure or problems or even people disagreeing with him, he seems to fall off the edge and spiral downwards, when he perceives any thing he can't decipher in his mind, usually walking away from the problem, and not managing at all, slowly bringing himself undone and ending up at the mental institution again.

When CGU declined his claim, I rang your office & spoke to the claims manager Tracey, and asked her not to treat Brett as if he had a broken arm. I asked that they appoint an expert in phyc injuries to manage Brett, as he was incapable of deciphering the words she was speaking or writing to him. In any event, she said she had her procedures to follow, and declined the claim as he did not turn up for a medical appointment she had arranged. Without picking him up and taking him there, he was incapable of going to that appointment, at that time.

I am writing to the President of the Workers Compensation Commission to advise him, of your total disregard of our appointment and your failure to even send a Reply in response to our dispute filed by our solicitor.

I would appreciate a response to my letter, at your earliest convenience.

Yours faithfully,

Sandra Smith

30th December 2005

The President
Workers Compensation Commission
PO Box 594
Darlinghurst NSW 1300

Matter no:

Employer: Timsyd Pty Ltd atf Martyr trading

DOA: 20/08/2004

CGU Claim no: /

Re: Brett Smith & WCC Teleconference 9/12/2005 at 12.30pm

Dear Sir,

I am writing a letter of complaint, to advise you, of the unprofessional treatment and total disregard, CGU had for our son who was mentally abused by his employer and has since that time been in and out of mental institutions.

CGU was totally unprepared for a teleconference hearing set down by your arbitrator for Friday 9/12/05. **THEY HAD NOT EVEN FILED A REPLY TO THE COMMISSIONERS**, in response to the claim, put forward by our solicitors, Carroll & O'Dea.

CGU have treated the Workers Compensation system and my son with disrespect, and irresponsibility. CGU staff made no attempt to get ready for that appointment that was arranged by the Workers Compensation Commission. We had to wait for a further ½ hour while, they searched for staff who could speak on the claim. After over ½ of us waiting CGU finally had a Darryl Gleason take responsibility. He then asked for more extra time to read the file.

Please find enclosed a copy of my letter to CGU, advising them of our disappointment at their total disregard of our suffering.

I thought you should be made aware of what is happening, as we were told on the day that this sort of thing happens quite often. This "agent" of WorkCover (CGU) are appointed by WorkCover, to do a job, supposedly to help injured workers, maybe WorkCover should do the job themselves, instead of abrogating their responsibility to third parties, who do not seem to have the interests of WorkCover at heart.

Yours faithfully,

Sandra Smith



Patricia Theoret <patricia.theoret@gmail.com>

RE: Injured workers support and lobby group

Raylene Hunter <

Wed, May 5, 2010 at 11:47 PM

To: Patricia Theoret <patricia.theoret@gmail.com>

Hi Patricia

Sorry haven't been able to add my statement just too hard to write it as it brings too much back up and triggers my injury.

I am not sure if you want to add this but I will try to describe the insurers latest act.

My NTD had marked my certificate fit for suitable duties only because the insurer said they would not approve any safe course unless he did this. He has been writing fit for some training and stipulated the days and hours (2 hours x 2 days pw) that I would be required to attend safe. I have been struggling severely and have had no support at all. The insurer is aware of this and receives regular reports from my treating specialists. Despite this I received a letter from the insurer two days ago stating that they had consulted with all key parties and had updated my injury management plan (the first I have seen in over a year). The IMP states on the first page that I am currently job seeking (news to me) and am required to submit 10 job logs to the insurer each fortnight or my payments will be suspended, page two states that I am to submit 5 job logs to them each fortnight. I was extremely upset by what was written in the IMP as I am not job seeking and this has never been mentioned to me before. I am unable to even study at this time and my meds have been increased, my injury is not even stable. I contacted the insurer and spoke to my case managers, boss who then told me that they had consulted with the key parties and that I should be job seeking but not to worry about the 10 job logs that one or two each week would be fine. I then asked who they had consulted with and she stated the key parties, I informed her that I did not believe this and explained to her that she had not spoken to my treating psychiatrist, nor had she spoken to my treating psychologist, my NTD wasn't spoken to nor was my employer and I definitely had not been consulted with, so who exactly had they consulted with. I still have no answer on that one. The insurer then stated that my workcover certificate states fit for suitable duties so I had to find work and that if I wasn't looking for work I would not receive any payments. I had a massive panic attack. The next morning I contacted the psychologist that the insurer had sent me to for a sect.40? vocational assessment several weeks ago, as she had informed me during this assessment that it was not appropriate that I was even having this assessment at this time as I was clearly not fit to return to any work at this stage and that she would not be pressured by the insurer to say I was. I told her about the letter I received and the updated IMP and asked her if she had written a report for the insurer and she said no that she was unable to as it was not appropriate at this time. She further informed me that she had received a call late the previous afternoon from the person I had spoken to from the insurer trying to pressure her into writing a report saying I was fit to return to work, she again told me that she would not be doing so. This was the last straw as far as the insurance companies behaviour goes and I don't know how much more I can take.

Since this happened 2 days ago my blood pressure has gone up, I had panic attacks and my anxiety has increased substantially. My medication has been increased. I have felt like vomiting, had heartburn and diarrhea, my face has broken out in large red patches, my joints have started to ache and I scratched the back of my hands until they swelled up. My psychiatrist has written to

6/05/2010

Gmail - RE: Injured workers support an...

the insurer and my NTD and reported that I am in no way fit for work and that the behaviour of the insurer is destructive to my progress. My NTD has now certified me as unfit for work.

Again don't know if this is of any use or even if I have explained it properly, just sending in case it helps.

Regards Raylene

PS. Recently spoke to a man who has been on Workers comp for 5 years and was severely depressed. He was not taking his prescribed medication for pain and for the depression as he could not afford them, nor was he able to attend physio or a psychologist because he had could not travel (due to injury public transport is unsuitable) and he cannot drive his own car as it needs repairing and he cannot afford it. His closest family member is 700 km away and is unable to provide support. He has no friends to help with transport either. He had explained the situation to his insurer and his solicitor but received no assistance. I was appalled and contacted his insurer about the situation on his behalf. Only after threatening the insurer with media attention did they agree to set up an account at the local chemist to enable this man to get his medication without the up front costs, I then found some treating specialists within walking distance of his home and he is now receiving treatment. This mans situation should never have gotten to the state it had.

Terry Cavanough

To Whom It May Concern,

My name is Terry Cavanough, born 14.9.1951. I have worked as a merchant seaman for 25 years for various companies. I started working for INCO Shipping 19.6.2007. One week into my employment I was involved in changing crane cables on the BASS TRADER, in the port of Bell Bay, when I was injured in a horrific severance of my left arm. After a 40 minute ambulance ride to the Launceston general hospital, which I received large doses of morphine, I was informed that my left arm was nearly completely severed and was hanging on by a small piece of flesh and would have to be amputated.

I spent three weeks in Launceston where I died on the table three times during the operation. After this I was flown to Newcastle where I was admitted to Hunter Private Hospital where I spent another three weeks convalescing. I was discharged as an outpatient with a series of medication and visits by hunter nurses to change my dressings.

My coherence rapidly deteriorated unexpectedly and upon a check up at out-patients it was discovered that the prescribed amount of morphine that I should have been taken was actually double. I was immediately placed in a detox ward to recover from their malpractice. I spent 5 days back in hospital to stabilise my situation but was forced to leave early due to an outbreak of gastro-enteritis.

A week after being discharged I was attacked by a 30 year old ice addict and severely injured both physically and mentally. A damages case was dropped due to my incapacity, both physically and financially to meet the requests of my lawyer, Kelso solicitors.

After nearly three years with little communication from my solicitors, Slater and Gordon, and relying on 75% of my original income, I am still waiting for an outcome of my compensation claim. The mental anguish that I have been put through trying to survive while meeting my obligations financially for my family as the only bread winner has been traumatic to say the least.

In the latter stages of my recovery I have found that my regard for my illness, by my insurers, has been diminished to an extent where they are turning into penny pinching zealots. They are examining every transaction involved in my day to day management of my situation. For example I lost my car due to the arm loss and have now been informed that my taxi chits are, in their eyes, are exorbitant. The diabetes medication has been questioned on the grounds that it is unrelated to my injuries.

Due to the ridiculous length of time it has taken for my case to be presented and their lack of communication and understanding I am now in the process of looking for alternative legal representation.

Now that I am in this predicament it has opened my eyes to the amount of difficulty and frustration due to the lack of representation and assistance that is afforded to genuine people who are forced to survive in these dire straights.

Yours Sincerely

TERRY CAVANOUGH

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openyourmindto
ous
helpact.wordpress.com
oymark@hotmail.com
121.210.169.181

2009/12/09 at 3:39am

I had a long battle with Zurich Insurance after I was injured at my job. I was working as a chef and have a passion for food and learning so the two went hand in hand for a bright future. The thought of working free on my travels around the world working with the best chefs in the best restaurants was squashed by my injuries and the compensation I recieved was minimal compared to a life-long ambition to become one of the best chefs around.

I was working hard dally in the kitchen preparing foods for the dinner rush, we were a very busy restaurant with 14 chefs on roster. 3 chefs left in one week, the head chef, the kithchen manager and the other supervisor working opposite myself. The workload was covered of course by me and another chef for weeks and this is when I injured my neck and tore a tendon in my shoulder and did rotator-cuff damage, i was told by the GP to take a week off and he referred me to a specialist orthapedic surgeon. The specialist did ultrasound to find the tear in the tendon and examined my shoulder and declared the injury to my rotator-cuff was bad. My neck was x-rayed nothing showed and I told the Doctor that something was definately wrong with my neck. He ordered MRI scans and these showed nothing. Meanwhile I had spoken to my employer and gave him a workcover certificate for 3 months off work and the GP's 1 week certificate also.

The workcover certificate said not able to work, even small jobs, no lifting more than 6 kilos with both arms and put me on pain meds.

After this the Insurance company Zurich contacted me by mail and told me to see one of thier specialist orthapedic doctors, this I did and could not convince this doctor that my injurles even existed, even with ultrasound scans I showed him and a numb-tingling right arm and right pinkie finger. This doctor was very obvious in respect to working agianst me and told the insurance company that I was 100% fit to go back to work, I was to see the insurance specialist agian at a later date, about 2 years I think. (and I won't gratify him as a doctor as obviosly he sold his soul for money working agianst the injured with favourable reports of good health for the insurance companies, all these special examiners work with).

My specialist gave me 4 years of workcover certificates and the insurance company stopped my payments after the first 3 months. My Solicitor Peter of Maxwell, Berghouse and Ives, brilliant law firm specialising in Compo Claims told me to go back to work and see if I can do any work strictly light duties, just to show the insurer that I am injured for real. I lasted 4 hours and told my boss I will not be back as I am frustrated not being able to work at my full capacity and had doctor certificates to back this up, I will fight this I said.

I struggled on social security payments for 4 years and eventually my orthapedic surgeon referred me to a Neurosurgeon specialist about my neck this Doctor

LEAVE COMMENT HERE #

Edit Comments < Open your mind to U...

x-rays and MRI's show nothing except inflammation. The price was \$700 for the scan which I did not have and had to borrow.

The CatScan showed that the c4/c5 t1/t2 discs in my neck had fractures of bone broken off and the scan shows about 8 chips of bone floating around the area. This was about the 3rd year since getting injured, and my solicitors jumped, they informed one of thier great Barristers they use and I was interviewed by him.


It took a year from that and 3 court adjournments before the Judge decided on the case, in my favour, nearly the maximum amount of \$50,000 but I had to repay the social security and some medical bills leaving me with \$34,000. My solicitors were paid separately as the Judge ordered the insurance company to pay court costs. Up to this decision we argued offers by the insurer out of court and they were pitiful with thier offers, I was so upset at losing my career my future of assurance of a great life driven by passion and all I got was cash that would of covered 6 months pay for a lifetime injury. Workcover were definately working with the insurer and workers compensation has changed for the worse since my case which ended 1999.

Now we really do have to have a body that protects us from these devils and supports us like the unions support thier members.

We need true to life solicitors who don't give up because you won't take the insurers offer.

We need support from the government because we pay for workers compensation and get 1 cent in the 100 dollars back for a lifetime injury.

Just because you cannot prove company liability in a claims court should not mean that the lowly servant has to suffer for the rest of thier lives without job security, without good provisions for life, and the family unit suffers immensely with trying to support the injured which in most cases comes to angry statements from friends and family that you feel they are on the insurance companies side because they find it ridiculous that your are truly injured and cannot support your self. Its does sound abit like when your to old to look after yourself and the family decide to put you away in a old peoples home and they never end up visiting you. Life sucks for the injured because they cannot get justice

 **connor**

2009/12/02 at 1:20am

LEAVE

indrimity@hotmail.com

wow these people at workcover are harsh if you pay for workers compensation out of your wages and WORKCOVER don't help you unless they have to. Un-efing-believable.

COMMENT HERE

#

121.210.169.181



openyourmindt

2009/11/11 at 11:29pm

LEAVE

ous

helpact.wordpress.com

I had a problem with the rudeness of the Insurance company and thier lack of investigation when sending me a bill for the damages to a guy's car they insured. This guy told them over the phone what he wanted to say happened which were absolute lies, he said that while I was on my motorbike I slammed into the side of his car, they believed him and did not follow up on his story.

COMMENT HERE

#

oymark@hotmail.com

60.242.239.26

I was riding down the road on my way home from work and this guy came through an intersection, failing to give-way, failing to indicate (he turned of a road onto the next without indicating-the witness said), and he went straight over the intersection failing to stop. I was going across the intersection + and he hit me on my left side with the front of his car.

The police charged him with the 3 offences and he lost his license and the police filled out an accident investigation sheet, similar to the one the insurance company sends you and asks you to draw little circles on the sheet with a diagram of the roof-top view of car and both left and right

Edit Comments < Open your mind to U...

not even call the Police to verify his account of the accident. Once we got the bill to pay for damage to the insured car, we rang said insurance company and laughed at them and said check your facts before accusing people of wrongdoing and said call the Police from the accident scene, they had to ask me which Police station the investigating officers were from. Laughing again I said "how dare you not check your facts" and told them what thier client had done and been charged with and they will here from my lawyer since you are threatening me.

It took 2 years to fully recover and another 2 years before we settled out of court with a very well known Australian Insurer.

Was it worth it to put up with constant scrutinising by my doctor's and the Insurer's? YES. Why? Because we were so infuriated about the letter in the mail saying we owed them money and thought what a joke they were playing, so we went for the JUGULAR, and it was worth it.

It is worth trying to change the system because they the WORKCOVER/INSURER love to ignore you thinking you will just go away or give up but believe me the SATISFACTION of a WIN, wow you don't care anymore and who cares about MONEY in this situation, the aggravation was annoying but the thrill that i was in the RIGHT and the INSURER/WORKCOVER were so sure of themselves made it worth the fight.

HELPACT

Unapprove | Reply | Quick Edit | Edit | Spam | Trash

2009/11/10 at 4:27am

THE 'LEAVE A COMMENT' IS LEFT TOP PAGE UNDER the Word "HELP":

So tell us your story and send us an email to.. thanking you all sincerely..

Patricia

HELP CHANGE
WORK
COVER AUSTRALIA
#



openyourmindtous
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