



Australian Government

Comcare

Body Stressing Injuries

Key messages for agency leaders



Background

'Body stressing' injuries include a range of soft tissue injuries sustained through activities such as manual handling or repetitive movement. These injuries are significant drivers of workers' compensation premiums for Australian and ACT Government premium paying agencies. For these agencies for 2004-05, claims for body stressing injuries accounted for 40.7 percent of all workers' compensation claims and 45 percent of the total cost of such claims.

Over recent years, there has been a trend for employees injured at work to stay off work for longer periods. In many cases the time off work for a work related body stressing injury is extending beyond the expected recovery period of 6 to 12 weeks, including in cases where the initial injury was apparently minor.

Comcare engaged *SANO Consulting* (SANO) to undertake a review of a sample of body stressing workers' compensation claims for Australian and ACT Government employees. The research included a review of jurisdictional claims data, analysis of existing claims management systems and processes in Comcare and agencies, meetings with key Comcare stakeholders, and structured telephone interviews with claimants, agency case managers and Approved Rehabilitation Providers.

Delays in providing rehabilitation/return to work assistance to employees injured at work

To achieve early recovery and return to work, effective management of an injured employee by their employer needs to commence as soon as practicable after the injury occurs, and preferably before any claim for compensation is made. Against this background, SANO assessed:

- the elapsed time between key intervention points—those being points in the timeline from date of injury through to the employee returning to work;
- the activities of key stakeholders at these key points—key stakeholders such as the employer, Comcare, rehabilitation providers and treatment providers;
- the interactions between the key stakeholders; and
- risk factors for extended claims duration—that is factors that increase the risk of an injury becoming chronic.

The SANO research found considerable delays between the date of the initial injury and the date of lodgement by the employee of a workers' compensation claim with their employer—across the claims sample this delay averaged 38 days. In some cases, this delay was because employees were not encouraged to lodge a claim until it became apparent that their injuries were going to involve time off work, or extended periods of treatment or rehabilitation. In other cases, it was due to the stigma that injured employees felt was attached to lodging a claim, or to the employee's belief that they could manage their injury.

Delays were also found to occur following the receipt of the claim by the employer. For the body stressing sample, the average time taken from receipt of the claim to lodgement with Comcare was 12 days. However, in the more complex cases, the research found that it was taking employers longer to lodge a claim with Comcare. Cases that were not back at work by 12 weeks had the longest average time from receipt by the agency to lodgement with Comcare of 17 days.

With appropriate rehabilitation and treatment, the recovery times for body stressing injuries, including relatively severe soft tissue injuries, should be no more than 12 weeks (or 84 days), and in many cases no more than 6 weeks (or 42 days). Despite this, the research found that the average time taken from the date of injury to the date of first rehabilitation intervention for these injuries was 87 days for Australian Government agencies, and 73 days for ACT Government agencies for 2004-2005. For the claims examined in the SANO sample, it was 74 days. This means that in most cases, assistance to keep the

employee at work or to return them to work quickly was not provided by the employer until after the normal recovery period for the injury. It also means that by the time assistance was provided, it was often no longer appropriate. This is because different forms of treatment and assistance are needed once a body stressing injury progresses beyond 12 weeks of incapacity and becomes a ‘chronic’ injury.

SANO’s research identified the need for employers to improve their culture and systems for reporting injuries so that injured employees can be provided with assistance at an earlier stage. This requires employers to develop clear policies or guidelines for early intervention and allocate resources to enable early rehabilitation/return to work assistance. If intervention is made contingent upon the employee submitting a workers’ compensation claim, or on such a claim being accepted by Comcare, then opportunities for recovery will be missed and the risk of extended incapacity will be increased leading to increasing workers’ compensation premiums.

The research also identified the need for employers to review their strategies to facilitate claim lodgement with Comcare. SANO also recommended that Comcare facilitate benchmarking by agencies of their performance against the parameters of date of injury to date of lodgement of a claim by an employee and date of lodgement of a claim to date of receipt of the claim by Comcare.

Identifying and managing risk factors

International research has shown that psychosocial and other risk factors are far more important in predicting which injured employees will fail to recover or return to work following a workplace injury, than are physical factors such as the nature of the injury^{1,2}. These risk factors (sometimes called ‘flags’) include an individual’s beliefs and perceptions (for example about pain and injury), and perceived features of the work or the social environment (such as unsupportive management, perceived time pressure or low job control). These risk factors, together with practices in medicine, employment and compensation systems, can lead injured employees to experience periods of incapacity that can be quite disproportionate to the nature of their injury.

SANO’s research confirmed these findings. Claims in the sample that had experienced more than 12 weeks of incapacity were found to have on average 5.8 identified risk factors—compared with 2.9 risk factors for claims of 4 to 12 weeks of incapacity, and 2.0 risk factors for claims of 1 to 4 weeks of incapacity. The most prevalent risk factors were found to be non-evidence based medical treatments, delayed rehabilitation/return to work efforts and unsupportive line management.

Cases at risk of poor return to work outcomes can be identified early using the ‘flags model’. Management of psychosocial and other risk factors can result in faster outcomes and better recovery for injured employees. Treatment and rehabilitation/return to work efforts should include strategies to address these factors and enable early and safe return to work. To be successful, this approach requires pro-active injury management, as well as effective communication and co-ordination between line managers, case managers, claims managers, doctors, rehabilitation providers and the injured employees.

Service agreements/contracts with Approved Rehabilitation Providers should clearly state that assessments and rehabilitation planning should address these risk factors. Such arrangements should require Approved Providers to complete documentation that summarises identified key barriers to recovery and strategies to address such barriers for discussion with other key stakeholders.

Comcare will be working actively to improve the communication and co-ordination of claims and case management to address risk factors and facilitate early return to work.

1 Psychology, Personal Injury and Rehabilitation, A Report of a Working Party of the International Underwriting Association of London and the Association of British Insurers, 2004.

2 Guide to Assessing Psychosocial Yellow Flags in Acute Low Back Pain; Risk Factors for Long-Term Disability and Work Loss, Accident Compensation Commission, New Zealand, January 1997.

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