



DELIVERING CERTAINTY

APIA update:

Standards of Practice Guidelines 2nd Edition

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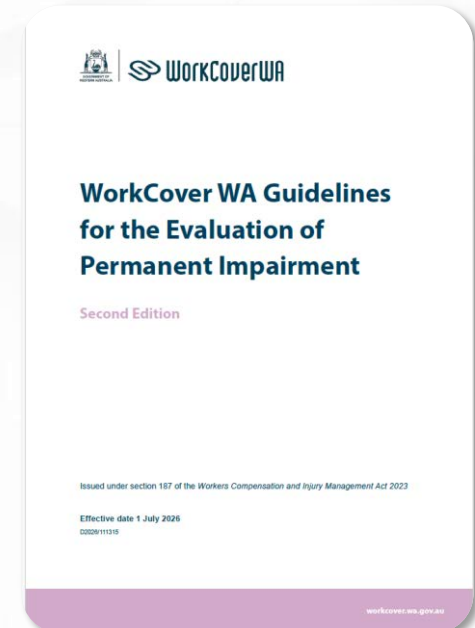
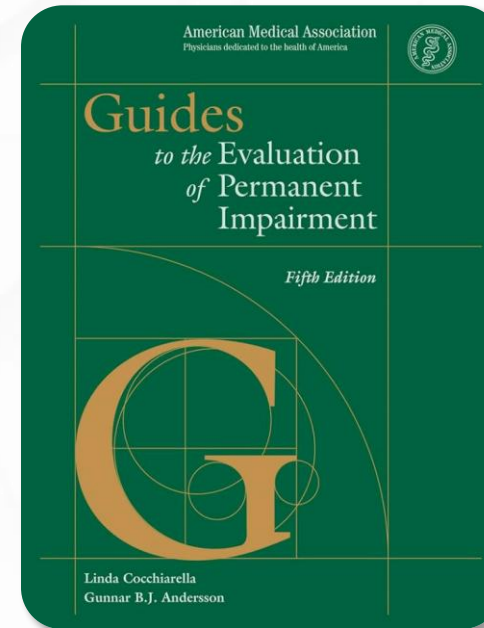
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Overview

- APIA process - background history
- WorkCover perspective on recent changes
Kevin Gillingham
- APIA Standards of Practice
- Guidelines 2nd Edition changes
- “Special Assessment” new provision
- Revised APIA Forms



What is a PI assessment

- Statutory assessment of permanent injury to access Workers Comp benefits
- Must be assessed by approved medical 'specialist'
- Expressed as a percentage – whole person OR item number
- Standardised, objective assessment of anatomic or functional loss
- Increasing regulation to improve accuracy, reliability, consistency, transparency, reproducibility and 'fairness'

Background – pre-November 2005

WC Act 1902

- “No fault” statutory compensation
- Retained right to access common law
- Lump sum death benefit

WC Act 1912

- Second Schedule (*“Table of Maims”*)
- 19 items, *“loss”* or *“permanent loss of use of”*
- Fixed compensation lump sum for specific injuries, e.g. total loss of a thumb

WCR/WCIM Act 1981

- Schedule 2 lump sum tied to claim settlement – 39 items
- ***Permanent disability assessment*** – *“loss of efficient use”* i.e. partial loss as %
- WA AMA Guide but no prescribed methodology
- 90’s - restricted access to common law – threshold percentage (30% of PA)
- Many legal disputes

Background – post-November 2005

Amendment 2005 – “***Permanent Impairment Evaluation***”

- ▶ WorkCover Guidelines underpinned by AMA5
- ▶ Based on whole person impairment
- ▶ Schedule 2 conversion formula - 45 Items
- ▶ Common law threshold set at 15% WPI

Approved Medical Specialist (AMS)

- ▶ Must be trained in AMA 5 Guides & WC Guidelines
- ▶ Must use prescribed methodologies
- ▶ Report and Certificate in approved forms



Important concepts

Impairment

- “loss, loss of use or derangement of any body part, organ system or organ function”
- Does not consider effect on personal, social, occupational function (disability)

Permanent

- Maximum Medical Improvement
- When condition is well stabilised and unlikely to change substantially in the next year, with or without treatment

New Act – 1 July 2024

Workers Compensation and Injury Management Act 2023

- ▶ AMS → APIA
- ▶ Approval criteria tightened (provisional for 3y)
- ▶ Schedule 2 → Permanent Impairment Compensation (s.101)
- ▶ Items retained but renumbered
- ▶ PI must be assessed via APIA pathway for settlement agreement
- ▶ New Guidelines 1st edition (renumbered paragraphs but no changes)
- ▶ New APIA forms, combined Report & Certificate
- ▶ Provision for WorkCover to introduce compliance audits, investigations, corrective action

Purposes of PI assessment

1. Permanent impairment compensation

- Lump sum compensation based on a table of 45 impairments

2. Access to common law

- Must have at least 15% WPI (capped damages) or 25% WPI (uncapped damages)

3. Special increase in medical and health expenses

- Must have at least 15% WPI



Modernising impairment assessment in WA

1. Settlements & permanent impairment compensation

- Assessment of PI% by an APIA required to register claim settlement
- Worker & employer reach agreement if assessed PI% varies
- APIA assessment report and settlement agreement checked before registration

2. WorkCover WA Impairment Guidelines – 2nd edition

- Alignment with Safe Work Australia's 2024 template National Guidelines
- Special assessment change to enable earlier worker access to PI compensation

3. Approval and oversight of assessors

- Modernised approval and regulatory framework in Act
- APIA standards of practice – co-designed with stakeholder reference group

APIA Standards of Practice – 1 July 2026

Conditions of approval under S.194(2), core expectations for high quality service delivery



Priority 1 – assessing PI

- ▶ Accurate, comprehensive, professional, comply with Guidelines

Priority 2 – approval and registration

- ▶ Comply with approval conditions, statutory requirements

Priority 3 – stakeholder experience

- ▶ Systems and processes for professional & ethical conduct, fair & impartial assessments

Priority 4 – accountable performance

- ▶ Participate in training, peer review, PD and compliance audit/investigation requests

APIA Standards (selected)

- 1.2** – Must use APIA 3 form requiring worker to attend
- 1.3** – APIA's statutory role to personally conduct assessment and produce report
- 1.4** – Must produce report within 14 days
- 2.3** – Must provide unredacted report to worker, employer, insurer
- 3.2** – Provide reasonable accommodation of cultural, religious, personal beliefs
- 4.1** – Will participate in training, peer review, PD as required by WorkCover
- 4.3** – Errors kept to minimum and rectified in a timely manner
- 4.4** – Will comply with audits

Standard 3.5

- ▶ **PI estimates can no longer be provided informally in IME report**
- ▶ Emphasises different purpose of **APIA vs. IME**
- ▶ Can still book both assessments concurrently
- ▶ Must inform worker of distinction
- ▶ Need both APIA 2 & APIA 3 Forms for PI request
- ▶ Separate reports must be produced
- ▶ PI can only be provided in APIA 1 Form



Important distinction

IME

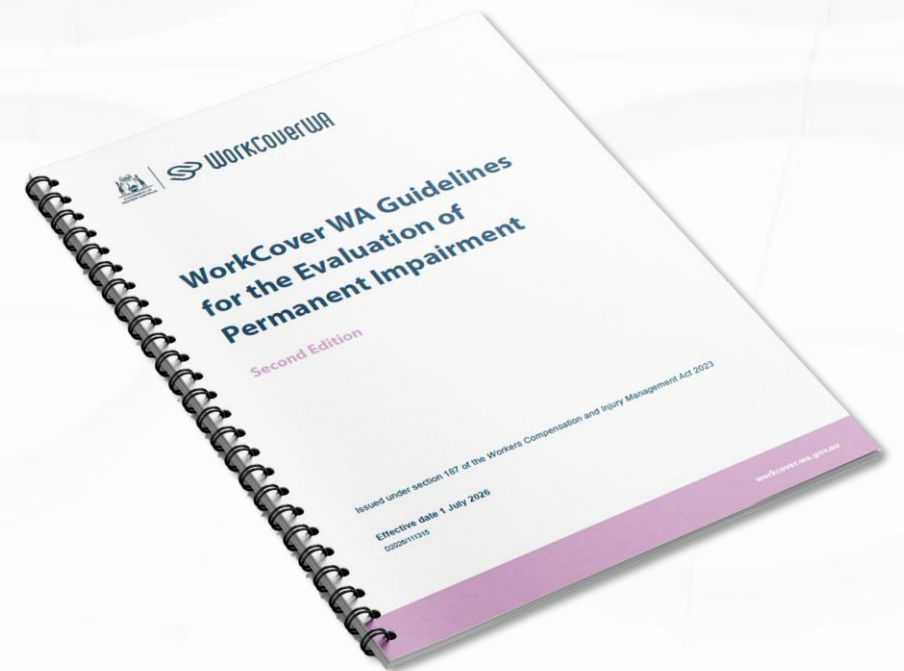
- Impartial specialist assessment to assist legal and claims process
- Provide evidence and opinion on broad aspects of injury – causation, diagnosis, treatment, work capacity, prognosis, impairment
- Report not necessarily released to “other side” (e.g. legal privilege)
- Fees negotiated commercially

APIA

- Strictly for statutory process of assessing degree of permanent impairment
- Provide evidence and clinical data to support methodology and calculation of PI
- Regulated framework for request, requirement to attend, report and certificate
- Reports must be sent to worker, employer and insurer
- Ministerial Fee Order

WCWA Guidelines – second edition 1 July 2026

- Based on review of National Guidelines Template
- No major methodology changes
- Mostly clarifications, corrections, updated terminology
- Some new tables for ease of reference
- Removal of worked case examples
- **Significant change** to Special Assessment criteria
- Refer to Summary Document for detail



'Substantial' changes to '>50% of original impairment'
(Long term treatment excluding pain medication)

Section 1.42 – adjustment for the effects of treatment

Where the effective long-term treatment of an illness or injury results in apparent ~~substantial or~~ total elimination of the claimant's permanent impairment, or an apparent reduction of greater than 50% of the original impairment, but the claimant is likely to revert to the original degree of impairment if treatment is withdrawn, the APIA may increase the percentage of whole person impairment by 1, 2 or 3% WPI. This percentage should be combined with any other impairment percentage, using the Combined Values Chart. This paragraph does not apply to the use of analgesics or anti-inflammatory medication for pain relief.

'Original degree of impairment' means the degree of impairment which was or would have been assessed in the absence of the long-term treatment.

s.3.23 & s.3.24

New tables for hip, knee, ankle joint ankylosis/arthrodesis

Sections 3.23 & 3.24 - Ankylosis

- 1st ed Table 3.1(a) Impairment for ankylosis in variation from the optimum position has been deleted
- Replaced with 3 tables: ankylosis of the hip 3.1(a), knee 3.1(b), and ankle 3.1(c).
- The tables for ankylosis of the hip are a compilation of five Tables in AMA 5 (Table 17-15 to 17-19), and for the knee a compilation of four Tables (17-20 to 17-23).

s.3.30 & s.3.31

Arthritis - removal of radiological techniques

Sections 3.30 & 3.31 – arthritis

- A number of paragraphs are **deleted** from the 1st ed in sections 3.30 and 3.31
- Not necessary for Guidelines to give description of techniques for assessing the joint space at the various joints of the lower limb
- APIA are discouraged from ordering their own studies purely for impairment assessment purposes
- Change means that in the rare referrals for assessment of arthritis in a joint of the lower limb, the APIA will need to rely on the information provided in the referral rather than order additional radiological studies

Clarification of Tibial shaft fracture, mal-alignment of

Section 3.37 - Tibial plateau fractures

Under Table 3.2, Impairment for tibial plateau fractures:

Tibial shaft fracture, mal-alignment of: In those situations where there is more than one plane of mal-alignment, assess the impairment for each and select the highest.

Note this process should also apply in a situation where there is more than one plane of mal-alignment in the femoral shaft.

s.3.42

Change - Table 17-35 Rating Knee Replacement Results

Section 3.42 - in Table 17-35 (p31):

~~b. range of motion~~

b. range of flexion

Avoids a 'double deduction' if worker has a flexion contracture, as this loss is already deducted under (d)

Table contains clarification to subtotal (a), (b) and (c)

s.3.44

Clarification - ROM not to be assessed if loss due to peripheral nerve impairment

Section 3.44 – peripheral nerve injuries (lower extremity)

Under 1st para:

Note also that if a lower extremity impairment results solely from the peripheral nerve injury, the loss of range of movement of any affected joint is not included in the impairment. However, if loss of range of movement of a joint is due to an unrelated pathology affecting that joint, (e.g. ankylosis/arthrodesis) that is assessable as an impairment separate from the peripheral nerve injury.

Clarification around tibial nerve & address error Table 17-37

Section 3.45 – peripheral nerve injuries (lower extremity)

- 3.45 ~~Note that the (posterior) tibial nerve is not included in Table 17-37, but its contribution can be calculated by subtracting ratings of common peroneal nerves from sciatic nerve ratings.~~
- 3.45 Note that there is an error in Table 17-37. The maximum motor loss for the common peroneal nerve is 15%WPI (38%LEI). Note also that the (posterior) tibial nerve is not included in table 17-37. The maximum ratings for this nerve are the same as for the common peroneal nerve, namely Motor: 15 (38), Sensory 2 (5), Dysesthesia 2 (5) in WPI (LEI) units.

X-ray for VB compression, not to order CT/MRI solely for PI

Section 4.12 – assessment of the spine

- 4.12 The **optimal** preferred method to measure the percentage compression of a vertebral body is a well centred plain x-ray. CT or MRI images should not be ordered solely for the purpose of PI assessment. APIA should state the method they have used. The loss of vertebral height should be measured at the most compressed part and must be documented in the impairment assessment report. The estimated normal height of the compressed vertebra should be determined where possible by averaging the heights of the two adjacent (unaffected and normal) vertebrae.

“Special Assessment” – before 1 July 2026

S1.64-1.67

- The Act allows for a special assessment of the workers degree of PI **even if the condition has not stabilised** to the extent otherwise required. Assessment is then made as if the worker has reached MMI.

Two circumstances:

- Election to pursue common law damages (Act section 421)
- Increase in medical and health expenses (Act section 79).

Only if **minimum of 18 months** elapsed from date of claim

“Special Assessment” - from 1 July 2026

Significant change to S1.65:

- Assessment of impairment can now be done before MMI **regardless of the purpose**
- **Now includes “Permanent” Impairment Compensation**
- Introduced to facilitate **early settlement within APIA process**
- Two criteria need to be satisfied:
 - (a) A period of at least 18 months has elapsed after the day on which the worker's injury occurred.
 - (b) The special assessment is based on the clinical assessment of the worker **as they present on the day** of the special assessment and **must not consider any prospective change** in the degree of permanent impairment that may result from future treatment, anticipated further recovery or deterioration of the condition.

Administrative – revised APIA forms

Request for PI must be in **Form APIA 2**

- Must tick box indicating purpose of assessment
- Now includes request (plus warning) for “Special Assessment”

Worker must receive **Form APIA 3** before appointment

- Requirement to attend – APIA practice responsibility

PI assessment must be completed in **Form APIA 1 (v2)**

- Report and Certificate of PI
- Confirm 18 months post-injury if Special Assessment
- Must be sent to Insurer, Worker, Employer
- Psychiatric impairment rated in Form APIA 7 (PIRS)

If MMI not reached APIA must issue Form APIA 6

- Condition not stabilised notice

The image shows three overlapping forms from the Workers Compensation and Injury Management Act 2023. The top form is Form APIA 2, titled 'PERMANENT IMPAIRMENT ASSESSMENT — REPORT AND CERTIFICATE'. It contains sections for Worker (Name, Address, Date of birth, Phone number, Email address), Employer (Name, Address, ABN, Contact person, Phone number, Email address), Claim (Insurer, Insurer claim number, Date claim made), and Injury (Date of injury, Description of injury). The middle form is Form APIA 3, titled 'Statement as worker's degree', with sections for 'Impairment component' (Physical, Psychological, Total), 'Calculation' (Show how degree), and 'Statement as worker's degree'. The bottom form is Form APIA 1 (v2), titled 'PERMANENT IMPAIRMENT ASSESSMENT — REPORT AND CERTIFICATE', with a section for 'The proportion of permanent impairment due to any previous injury that was not asymptomatic'. All forms include the footer 'WorkCover WA Approved Form APIA 1 — v2 (S 150(1), 4-40(1)(b)(i)(ii) Effective from 1 July 2023)'.

Workers Compensation and Injury Management Act 2023
PERMANENT IMPAIRMENT ASSESSMENT — ASSESSMENT REQUEST

To

Approved permanent
impairment assessor:

Address:

Email:

Worker

Name:

Address:

Date of birth:

Phone number:

Email address:

Employer

Name:

Address:

ABN:

Contact person:

Phone number:

Email address:

Claim

Insurer:

Insurer claim number:

Injury

Date of injury:

Description of injury:

Purpose of assessment

Permanent impairment compensation:

☐

Common law:

☐

Special increase in medical and health
expenses general limit:

☐

Maximum medical improvement & special assessment

Should a special assessment* be conducted if authorised by the
WorkCover WA Permanent Impairment Guidelines?

☐ Yes ☐ No

(*at least 18 months has elapsed from the date of injury to the date of the assessment)

Warning: a special assessment is conducted when a worker's condition is not stable (i.e. has not reached maximum medical improvement MMI). A special assessment cannot consider any prospective change in the degree of permanent impairment that may result from future treatment, anticipated further recovery or deterioration of the worker's condition.

Carefully consider whether a special assessment is necessary in the circumstances as the assessed degree of permanent impairment is less reliable when MMI is not attained and this can affect the amount of any permanent impairment compensation payable.

Person requesting the assessment

Name:

Company name: (if applicable)

Address:

Phone number:

Email address:

Request

Please make the necessary arrangements to assess the degree of permanent impairment for the above worker in accordance with the WorkCover WA *Guidelines for the Evaluation of Permanent Impairment*.

Signed:

(Signed by the person making the request)

Date:

Explanatory Note

If an APIA has been requested to undertake an Independent Medical Examination (IME) of a worker at the same time as an impairment assessment the APIA must ensure the worker is aware of the distinction between, and the purposes of, an IME and a permanent impairment assessment.

Where an impairment assessment and IME are intended to be scheduled and undertaken at the same time an APIA2 must be received by the APIA and an APIA3 must be used to schedule the assessment. In these circumstances the APIA must produce separate reports for the IME and permanent impairment assessment.



Q&A

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