

What is required by medical practitioners?

When providing care to individuals injured in motor vehicle accidents, a structured approach helps ensure that both comprehensive medical treatment and necessary legal considerations are addressed.

Step 1: Complete a Certificate of Capacity

This certificate remains valid for 28 days and can also be backdated by up to 90 days if a patient experienced difficulties in securing an appointment.

Step 2: Addressing physical injuries

Documentation: It is essential that all symptoms and complaints are documented in clinical notes, even if you believe further investigation is not warranted.

Scans: For those with physical injuries, it's essential to refer them for scans that encompass all affected body parts, including soft tissue. These scans can later assist medicolegal assessors in evaluating the client's overall impairment. This approach helps determine:

- The degenerative or pre-existing nature of the injury
- Whether the injury was worsened by the motor vehicle accident
- The extent of the injury
- Causation of the injury
- The necessity of treatment.

Specialist referral: Since claimants may stop receiving medical benefits 52 weeks after the date of the accident, ensuring timely referral to and access to specialist services is essential.

Consequential injuries

- Sleep disturbance: If a claimant reports sleep difficulties, we recommend that they be referred for a sleep study as this is an assessable injury.
- Gastrointestinal issues: If a claimant reports diarrhoea, constipation or cramping as a result of medications, we recommend they be referred to a gastroenterologist as this is another assessable injury.
- Nerves: For any nerve-related complaints, we recommend referral to a neurologist for nerve conduction studies.

Step 3: Managing psychological injuries

If an individual suffers from a recognised psychological injury, such as PTSD or depression, provide a referral to a psychologist or psychiatrist.

Once the individual has undergone multiple sessions with a treating psychiatrist or psychologist, it is recommended that they prepare a comprehensive report outlining:

1. Treatment initiation date
2. A description of the motor vehicle accident
3. Patient's medical history
4. Psychological injuries sustained and diagnoses (depression and/or PTSD)
5. Extent of current disabilities
6. Details of pre-existing psychological conditions
7. The impact of diagnosis on daily life
8. Determination of whether the condition stems from the motor vehicle accident.



Supporting Patients Injured in Motor Vehicle Accidents



How to make a CTP claim

When treating patients injured in motor vehicle accidents, regardless of fault, it is important to understand the process for claiming statutory benefits from the relevant CTP insurer.

Key steps for Statutory Benefit Claims:



Prompt reporting: The accident must be reported to the police within 28 days of its occurrence.



Claim form: The claimant is to complete the Application for Personal Injury Benefits ('claim form') as soon as possible.



Medical certificate: Assist the injured individual in completing a Certificate of Capacity.



Lodge claim form: The claimant is to lodge and submit the completed claim form, along with the certificate of capacity to the CTP insurer of the at fault driver, within 28 days of the accident or 3 months if they have no wage loss to claim.

An important note

In instances where the vehicle responsible is uninsured or cannot be identified, the injured party can still proceed to file their claim through the State Insurance Regulatory Authority ('SIRA') against the nominal defendant.

Your role is vital in helping patients navigate this process and access the support they're entitled to.

What are threshold and non-threshold injuries?

An injured person only requires one injury to be classified as "non threshold" in order to continue to receive statutory benefits past the initial 52 week period ("Initial Period").

A "threshold injury", previously known as 'minor injury', is classified as a soft tissue injury or a psychological or psychiatric injury that is not a recognised psychiatric illness (*such as anxiety, stress, acute distress disorder or adjustment disorder*).

Examples of "non-threshold" psychological injuries include:

- Depression
- PTSD.

A physical injury will be considered as "threshold" if it affects the tissues that connect, support, or surround other structures or organs of the body, such as muscles, tendons, ligaments, menisci, cartilage, fascia, fibrous tissues, fat, blood vessels, or synovial membranes. (*Examples of threshold physical injuries include bulging discs, nerve compression, whiplash, soft tissue injuries*).

If the patient's injury is classed as a threshold injury, they will not be entitled to any benefits past the Initial Period.

Threshold injuries do not include injuries to nerves or complete or partial ruptures of tendons, ligaments, menisci, or cartilage.

Examples of "non-threshold" physical injuries include:

- Tears
- Ruptures to ligaments, cartilage, tendons
- Broken bones or fractures
- Herniated discs
- Lacerations and scarring
- Organ damage
- Vision/hearing loss
- Nerve damage (as opposed to mere nerve compression)
- Radiculopathy.

On the other hand, if the patient's injury is classified as a "non-threshold" injury, the injured person will continue to receive statutory benefits past the Initial Period. They may also be entitled to make a claim for lump sum damages, which can include:

- Past loss of income
- Future loss of income
- Non-economic loss (pain and suffering) if their whole person impairment is found to be over the 10% threshold.

Please note: Certain injuries may not result in an assessable impairment covered by these Guidelines and the AMA4 Guides. For example, uncomplicated healed sternal and rib fractures do not result in any assessable impairment.

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