

Frequently asked questions

Conducting an ISV Medical Assessment	1
Additional, pre-existing or subsequent injuries	2
Injury stability	3
Use of the templates.....	4
Medications, drugs and alcohol.....	5

Conducting an ISV Medical Assessment

I think the injured person is presenting in an inconsistent manner during the assessment. What should I do?

Your opinion is based on an objective assessment of whether the clinical observations are plausible and consistent with the clinical history and examination findings.

AMA 5 Chapter 2, Section 2.5c page 19 states, 'If in spite of an observation or test result, the medical evidence appears insufficient to verify that an impairment of a certain magnitude exists, the physician may modify the impairment rating accordingly and then describe and explain the reason for the modification in writing.'

If an impairment cannot be assessed, detailed reasons for this must be provided in the report.

What do I do if the injured person attends the assessment and has limited English language skills or a hearing impairment that impedes my ability to assess impairment?

The assessment cannot proceed. Inform the requestor the assessment is to be rescheduled so that the injured person is able to have an interpreter present. It is not appropriate for a friend or family member to interpret.

How do I assess injuries that have resolved?

You are required to give an opinion for each referred injury under the 'Opinion' section of the report, including with respect to the whole person impairment and the ISV item number. If any of the referred injuries have resolved this should be clearly stated in the report and you should still provide your opinion on the whole person impairment and how it has been calculated, with reference to the AMA 5 (or other assessment criteria). You should also provide your opinion on the ISV item number, including reasons for your selection.

Can I access and consider all relevant online radiology (including radiology not provided in the referral) when formulating my opinion in the report?

Seek consent to access the radiology from the injured person and, if provided, make reference in the report to all radiology reviewed. If consent is not provided, document this in the report.



If you are unable to obtain relevant radiology and believe a request for assessment is incomplete, discuss your concerns with the requestor. You can refuse the request if concerns are not resolved.

Can I assign ISV item numbers for scarring?

You have been accredited in specific body systems and cannot assess injuries or assign an ISV item number outside the terms of your accreditation. If you are accredited for the Skin body system you are able to assign all ISV item numbers for scarring.

In most circumstances, the impact of scarring is included within the ISV item number for the injury. Refer to page 132 of the MAIAS Training Manual 4th Edition.

All AMPs can assess and assign ISV item numbers for minor scarring (ISV item numbers 22 and 154) only when scarring is not adequately accounted for within the ISV item number of the injury (Schedule 1, *Civil Liability Regulations 2013*). Many of the physical injury ISV item numbers take into account the impact of scarring from the initial injury and subsequent surgery, including skin grafting to repair the injury. Scarring in these circumstances has been considered in fixing the ISV item number values for injuries. The parties (injured person, CTP insurer, representatives) then refer to the ISV values for the purpose of determining the impact of the injuries on the injured person.

Refer to page 25 of the MAIAS Training Manual 4th Edition. Reasons for assigning a separate ISV item number for scarring associated with the initial injury and/or subsequent surgery must be provided.

Only AMPs accredited for the ENT body system can assess moderate (item number 21), serious (item number 20) and extreme (item number 19) facial scarring.

Additional, pre-existing or subsequent injuries

During an assessment, it becomes apparent that the injured person is presenting with additional injuries to what was provided in the referral request. What do I do?

If you identify other injuries relating to the motor vehicle accident during the assessment that have not been listed in the referral letter, contact the requestor to enquire whether they want these injuries to be included. If you are unable to contact the requestor or the requestor does not want an opinion on these injuries, you must comment on these under the 'History' and/or 'Examination' headings of the report only.

Do not provide an opinion on non-referred injuries under the 'Opinion' heading or assign a whole person impairment or ISV item number, unless agreed with the requestor. Only referred and agreed injuries are commented on in the 'Opinion' section of the report. Refer to page 20 of the MAIAS Training Manual 4th Edition.

How do I assess non-accident-related referred injuries or conditions?

If it is your clinical opinion a referred injury is not consistent with the stated cause (the accident) based on the clinical records and your assessment, you are required to document this in the 'Opinion' section of your report.

You are still required to provide an opinion with respect to the whole person impairment and the ISV item number for each referred injury. Provide detailed explanation of your assessment and calculation of whole person impairment and give reasons for your selection of the ISV item number while referencing your opinion on diagnosis and consistency with the stated cause.



When is it appropriate to deduct a pre-existing or subsequent injury/condition in my assessment?

Regulation 23 of the *Civil Liability Regulations 2013* requires you to report the effect of the motor vehicle accident on any pre-existing or subsequent injury/condition and the extent to which it has been made worse by the injury.

When conducting an assessment, you should complete the report on the basis that the 'pre-existing injury' includes any relevant pre-existing conditions in accordance with this regulation.

In considering the impairment or injury attributable to the motor vehicle accident and the applicable whole person impairment and ISV item number, you should take into account any pre-existing or subsequent injury and the extent to which it has been made worse by the accident-related injury. You must explain how you have taken the pre-existing/subsequent injury into account in your report.

It is up to you, the clinical expert, to consider if there is sufficient evidence to accurately deduct a pre-existing or subsequent impairment. The decision to deduct or not to deduct must be clearly outlined in the report and supported by detailed reasons to assist the reader to understand your decision.

Following my clinical examination, my opinion is that two or more of the referred injuries (e.g. shoulder/arm, neck/shoulder) are related to the primary injury. What do I do?

You are required to clearly explain your reasoning for assessing multiple referred injuries as one primary injury and discuss the relationship between the referred injuries in your report. In these circumstances, it is reasonable for you to assess whole person impairment and assign an ISV item number for the primary injury only, providing there is sound reasoning for doing so.

Reference for this approach is AMA 5 Chapter 2, Section 2.4, page 19: 'Generally the organ system where the problems originate or where the dysfunction is greatest is the chapter to be used for evaluating the impairment.'

Injury stability

What should I do if I am of the opinion one or more of the referred injuries has not stabilised?

An assessment must not be undertaken until all referred injuries have stabilised.

If one or more of the referred injuries has not stabilised, cease the assessment and document all information obtained up to that point. You must provide a report outlining your opinion, with detailed reasons in relation to injury stability. Do not provide an opinion on whole person impairment or ISV item number for any of the referred injuries.

You may identify that one or more of the referred injuries has not stabilised at different stages of the assessment and the level of information obtained may vary. When identified, discuss with the referrer to confirm:

- Any additional evidence which may alter your opinion on injury stability
- Expectations of how much detail will be included in the report and what questions (if any) can be answered
- The appropriate fee to charge for the report.



I am reasonably confident that an injury is stable but have sought further information to confirm this. Do I need to complete another assessment once this further information is obtained?

Regulation 23 of the *Civil Liability Regulations 2013* requires you to provide a written report to the insurer within 30 days of the examination or assessment. If the outstanding information can be considered within 30 days, a report could be completed that outlines the relevant information from your initial assessment and the new information considered to confirm stability. An ISV medical assessment must always be a standalone report provided in the prescribed template, not a supplementary report.

Each situation needs to be assessed on a case-by-case basis. Should this situation arise, contact the requestor to agree your approach, while considering any risks on the validity of the report in line with the *Civil Liability Regulations 2013* (particularly regulation 23) and the Uniform Civil Rules 2020 (Part 14 – Expert Reports).

What should I charge for a report where an injury has not stabilised?

Section 127A of the *Motor Vehicles Act 1959* (MVA) outlines the requirement to charge for prescribed services at the prescribed limit under the Return to Work SA Scheme. AMPs must charge for assessments under the permanent impairment fee schedule.

It is not prescribed in the legislation or fee schedule, what fee to charge or what information must be included in a report where the injury has not stabilised and it is not the MAIAS Administrator's function to determine this. In the instance where a report is required where one or more injuries have not stabilised, you should agree the appropriate fee schedule item number and fee with the requestor, having regard to the circumstances and complexity of that referral, assessment and report.

Use of the templates

Can I include additional information in the prescribed report template?

Additional relevant information or summaries can be provided under sub-headings and you are able to determine the most appropriate location to include this information, excluding the 'Document Review' section. The 'Document Review' section relates to requirements under the Uniform Civil Rules 2020.

An opinion on non-referred injuries can be included in the 'History' or 'Examination' section of the report and you may also decide to insert a sub-heading for this.

You must not delete or alter any of the existing report template questions or headings and ensure that the information requested under these questions or headings is included in your report.

Can I amend the formatting of the template as long as I keep all content and headings the same?

It is strongly recommended that you complete your reports within the templates provided on our website. Consistency in report structure not only ensures all required information is included in the report but it also makes it easier for the reader when comparing multiple reports.

When assessing quality compliance, the MAIAS Administrator's main objective is ensuring all required information, headings or questions are included and appropriately addressed in the report.



Observations will be made for minor issues such as editing the MAIAS logo or reordering sections. Minor formatting edits such as the appearance of tables or differences in font are not a compliance requirement.

Medications, drugs and alcohol

The injured person presents to the assessment appearing to be affected by medication. Should the assessment continue?

Medication may positively affect clinical presentation i.e. increased pain threshold. Medication may also negatively affect clinical presentation i.e. medication side effects.

It is your clinical responsibility to determine whether the medication will impede your ability to assess impairment. If the injured person's presentation is inconsistent with stability being reached, or the medication is interfering with your ability to accurately assess the injury, cease the assessment and provide reasons for this to the injured person and in a report to the requestor.

What should I do if the injured person discloses at the assessment that they are not taking their prescribed medication?

You must decide whether you can accurately determine stability and impairment. As an expert of the Court, you must be able to defend your opinion about the assignment of an ISV item number(s) for the injury(ies). Further information is available on page 25 of the MAIAS Training Manual 4th Edition and AMA 5 chapter 2, section 2.5g page 20 'Adjustments for Effects of Treatment or Lack of Treatment'.

What should I do if the injured person presents to the assessment and appears to be affected by drugs or alcohol?

You must decide whether you can accurately determine stability and impairment. Another issue for your consideration is any potential safety risk. In this scenario, it may be appropriate for you to cease the assessment and document reasons in a report to the requestor.