WORKERS COMPENSATION COMMISSION

STATEMENT OF REASONS FOR DECISION OF THE APPEAL PANEL IN RELATION TO A MEDICAL DISPUTE

Matter Number:	**M1-6052/19**
Appellant:	**Paul Thorn**
Respondent:	**State of New South Wales**
Date of Decision:	**21 May 2020**
Citation:	**[2020] NSWWCCMA 91**

Appeal Panel:	
Arbitrator:	**Catherine McDonald**
Approved Medical Specialist:	**Dr Michael Hong**
Approved Medical Specialist:	**Dr Lana Kossoff**

BACKGROUND TO THE APPLICATION TO APPEAL

1. On 12 February 2020, Paul Thorn lodged an Application to Appeal Against the Decision of Approved Medical Specialist. The medical dispute was assessed by Dr Douglas Andrews, an Approved Medical Specialist (AMS), who issued a Medical Assessment Certificate (MAC) on 16 January 2020.

2. The appellant relies on the following grounds of appeal under s 327(3) of the *Workplace Injury Management and Workers Compensation Act 1998* (1998 Act):

    - the assessment was made on the basis of incorrect criteria,
    - the MAC contains a demonstrable error.

3. The Registrar is satisfied that, on the face of the application, at least one ground of appeal has been made out being that in s 327(3)(d). The Appeal Panel has conducted a review of the original medical assessment but limited to the grounds of appeal on which the appeal is made.

4. The Workers compensation medical dispute assessment guidelines set out the practice and procedure in relation to the medical appeal process under s 328 of the 1998 Act. An Appeal Panel determines its own procedures in accordance with the Workers compensation medical dispute assessment guidelines.

5. The assessment of permanent impairment is conducted in accordance with the *NSW Workers Compensation Guidelines for the Evaluation of Permanent Impairment, 4th* ed 1 April 2016 (the Guidelines) and the *American Medical Association Guides to the Evaluation of Permanent Impairment,* 5th ed (AMA 5).

RELEVANT FACTUAL BACKGROUND

6. Mr Thorn was a police officer who had several periods off work in the course of his career with post-traumatic stress disorder as a result of incidents he witnessed, including traumatic deaths. He also alleged that he suffered a period of harassment, intimidation and bullying between 2010 and 2017. He was medically discharged from the Police Force on 20 September 2018 as a result of his psychological injury.

7. The AMS assessed 9% whole person impairment as a result of the injury in accordance with the Psychological Impairment Rating Scale (PIRS). Mr Thorn challenged the assessment under the scales of Social and Recreational Activities, Social Functioning and Concentration, Persistence and Pace.

PRELIMINARY REVIEW

8. The Appeal Panel conducted a preliminary review of the original medical assessment in the absence of the parties and in accordance with the Workers compensation medical dispute assessment guidelines.

9. As a result of that preliminary review, the Appeal Panel determined that the worker should undergo a further psychiatric examination because the AMS had not clarified the results of his mental state examination, in particular any tests of concentration that he had undertaken.

10. The Panel was not provided with an email from Mr Thorn's solicitors stating that he had died until after the preliminary review was undertaken. The appeal was then dealt with on the papers.

EVIDENCE

11. The Appeal Panel has before it all the documents that were sent to the AMS for the original medical assessment and has taken them into account in making this determination.

12. The parts of the medical certificate given by the AMS that are relevant to the appeal are set out, where relevant, in the body of this decision.

SUBMISSIONS

13. Both parties made written submissions. They are not repeated in full, but have been considered by the Appeal Panel.

14. Mr Thorns submissions related only to three of the PIRS categories and the effects of treatment. His solicitor referred to *NSW Police Force v Wark*[1] *(Wark)* and quoted:

> "In this branch of medical science, the pre-eminence of the clinical observations cannot be underrated. The judgment as to the significance or otherwise of the matters raised in the consultation is very much a matter for assessment by the clinician with the responsibility of conducting his/her enquiries with the applicant face to face. It is very difficulty [sic] in this field for other specialists to superimpose their opinion unless there has been a clear misunderstanding or an unsupportable reasoning process for the rating given."

15. The implication from that quote is that it was submitted on behalf of Mr Thorn that the MAC showed a misunderstanding or unsupportable reasoning process.

16. Mr Thorn's solicitor submitted that the AMS had applied incorrect criteria and made a demonstrable error with respect to the assessment for Social and Recreational Activities because the AMS failed to address the criteria in the Guidelines. The observations recorded by the AMS showed that Mr Thorn did not take part in cycling or go out for coffee without support. He submitted that the treatment recommended for Mr Thorn included exercise and that the AMS failed to consider the context of the activities and that Mr Thorn was accompanied by "support persons, this being his closest friends." He submitted that the AMS should have assessed Mr Thorn in Class 3 for Social and Recreational Activities.

[1] [2012] NSWWCCMA 36.

17. With respect to Social Functioning, Mr Thorn's solicitor submitted that assessment in Class 2 was the application of incorrect criteria, stating that it represented a mild impairment and quoted the examples which appear in the table. He said:

> "Once again in order for the clinical observation of the AMS to be upheld and preferred to any other evidence, it is essential that the totality of the evidence is considered in his assessment, and not just the information obtained during the interview with the appellant. This provides further reasoning and context to his observations."

18. Mr Thorn's solicitor submitted that "notwithstanding those omissions" the observations recorded by the AMS supported a rating in Class 3 constituting a moderate impairment.

19. With respect to Concentration, Persistence and Pace, Mr Thorn's solicitor submitted that the AMS's observations recorded in the MAC supported an assessment in Class 3.

20. Mr Thorn's solicitor also submitted that the AMS was in error not to make an adjustment for the effect of treatment because the AMS recorded that Mr Thorn's condition had improved since the examination by Dr Scurrah, 18 months before. Mr Thorn was under treatment and had been admitted to hospital in 2019 "as a result of his psychological and/or psychiatric symptoms and alcohol abuse." The improvement warranted an allowance for the effects of treatment.

21. In reply, the State submitted that the AMS had not made a demonstrable error or applied incorrect criteria in the application of the PIRS. It submitted that the friends Mr Thorn met to go cycling or to have coffee were there as friends, not support persons. The AMS had considered and commented on the reports from treating practitioners and is required to reach his own conclusion rather than accepting the opinion of any other practitioner.

22. With respect to the effects of treatment, the State submitted that the AMS had appropriately applied the Guidelines and that there was no evidence that any improvement in Mr Thorn's condition was a result of the effects of treatment.

FINDINGS AND REASONS

23. The procedures on appeal are contained in s 328 of the 1998 Act. The appeal is to be by way of review of the original medical assessment but the review is limited to the grounds of appeal on which the appeal is made.

24. In *Campbelltown City Council v Vegan*[2] the Court of Appeal held that the Appeal Panel is obliged to give reasons. Where there are disputes of fact it may be necessary to refer to evidence or other material on which findings are based, but the extent to which this is necessary will vary from case to case. Where more than one conclusion is open, it will be necessary to explain why one conclusion is preferred. On the other hand, the reasons need not be extensive or provide a detailed explanation of the criteria applied by the medical professionals in reaching a professional judgement.

The MAC

25. The AMS set out a detailed history that he obtained from Mr Thorn. He noted that Mr Thorn suffered chronic back pain as a result of a back injury in 2001. The AMS described Mr Thorn's activities by reference to the PIRS categories. He summarised his findings on "physical examination" briefly. The AMS summarised his diagnoses:

[2] [2006] NSWCA 284

"My diagnosis is made considering criteria outlined in the Diagnostic and Statistical Manual - 5th Edition (DSM-5), published by the American Psychiatric Association.

• Post-traumatic stress disorder
• Major depressive disorder
• Alcohol use disorder

Mr Thorn has experienced frequent exposure to traumatic events, meeting Criterion A for PTSD. He has intrusion symptoms in the form of intrusive thoughts and nightmares. He has persistent avoidance of stimuli associated with traumatic events. He has negative alterations in cognition and mood and alterations in arousal and reactivity. These are enough to establish a diagnosis of PTSD.

He has continuing depressive symptoms, primarily low mood, loss of interest or pleasure in some activities, sleep difficulties, feelings of worthlessness, difficulties with concentration and suicidal thoughts.

He continues to drink in a harmful manner, although less so since his admission for alcohol detoxification."

26. The AMS said:

> "He suffers chronic pain, and this has been stressful for him, but I do not consider it an important contributor to his mental health presentation."

27. He provided comments on the other medical material in the file. He said he did not make any deduction for a pre-existing injury and excluded any impairment caused by his physical health problems. He said:

> "I have made no adjustment for treatment effect. He has not had a substantial or complete resolution of symptoms or impairment with treatment and so adjustment is unwarranted."

28. The AMS's findings with respect to the PIRS categories are set out below.

Guidelines and authorities

29. It is appropriate to consider the submissions made on behalf of Mr Thorn in the context of the Guidelines and the caselaw on judicial review applications from Medical Appeal Panel (MAP) decisions. Other MAP decisions such as *Wark* are applications of those principles to the facts before the relevant appeal panel, rather than precedent to be followed by another appeal panel.

30. Paragraph 1.6 of the Guidelines provides:

> "a. Assessing permanent impairment involves clinical assessment of the claimant as they present on the day of assessment taking account the claimant's relevant medical history and all available relevant medical information to determine:
>
> - whether the condition has reached Maximum Medical Improvement (MMI)
> - whether the claimant's compensable injury/condition has resulted in an impairment
> - whether the resultant impairment is permanent
> - the degree of permanent impairment that results from the injury

- the proportion of permanent impairment due to any previous injury, pre-existing condition or abnormality, if any, in accordance with diagnostic and other objective criteria as outlined in these Guidelines.

b. Assessors are required to exercise their clinical judgement in determining a diagnosis when assessing permanent impairment and making deductions for pre-existing injuries/conditions."

31. Chapter 11 describes the PIRS scales Paragraph 11.12 says:

> "Impairment in each area is rated using class descriptors. Classes range from 1 to 5, in accordance with severity. The standard form must be used when scoring the PIRS. The examples of activities are examples only."

32. Each table is divided into five classes – "no deficit or minor deficit attributable to the normal variation in the general population", mild impairment, moderate impairment, severe impairment and totally impaired. Examples are given in each class. The standard form requires the AMS to give reasons for the reason for adopting each class.

33. The submissions prepared for Mr Thorn stress the examples in the PIRS tables as though they were criteria which the AMS was required to apply. That is not an appropriate application of the PIRS.

34. In *Jenkins v Ambulance Service of NSW*[3] Garling J said:

> "The submission of the plaintiff that, in assigning a class of impairment to each scale, the AMS is restricted only to the examples of activities listed in the tables or, alternatively, to those activities as a minimum, cannot be accepted.
>
> There are a number of reasons for this. First, the submission pays no heed to the importance, to which I have referred, of clinical assessment and judgment, both of which are required in formulating an opinion.
>
> Secondly, as clause 11.7 of the WorkCover Guides records, there is an expectation that the psychiatrist will provide a rationale for the rating which is assigned. That rating is said to be: '*… based on the injured worker's psychiatric symptoms*'.
>
> But the activities (or perhaps lack of them) listed in the various tables go beyond symptoms. Those examples attempt to explore the ways in which a psychiatric condition impacts upon the activities of daily living of an individual, and their capacity to function in the areas described.
>
> Next, the submission pays insufficient attention to the words in clause 11.13 of the WorkCover Guides. The words require the AMS to use the standard form when scoring the PIRS. It specifically then provides that the examples of activities are '*examples only*'. It then enjoins the AMS to take account of a person's cultural background and to consider the individual's activities that are usual '*… for the person's age, sex and cultural norms*'.
>
> ...
>
> In my opinion, it is to misread the WorkCover Guides to require, as the plaintiff's submissions would, that the AMS can only proceed either by using the examples in the tables solely as the basis for a rating, or as the minimum basis for a rating.

[3] At [57]-[65].

> I am satisfied that the descriptions of the activities which give rise to a conclusion by an AMS of the extent of a disability of an individual by reference to each table in the PIRS, are simply, in my view, examples of activities which would indicate an assessable level of disability. Those examples, on their face, are not necessary to be found in each case, but may, in any particular case, be sufficient to support a conclusion as to the level of disability."

35. The task of the AMS is to assess a worker on the day that he or she presents for examination. A difference of opinion between the AMS and other examiners or the appeal panel does not, of itself, constitute an error. The role of the appeal panel is not to determine if the MAC should be preferred to other evidence.

36. With respect to the medical reports in the file sent to the AMS, Campbell J said in *State of New South Wales v Kaur*[4] (*Kaur*):

> "In *Wingfoot Australia Partners Pty Ltd v Kocak* [2013] HCA 43; 252 CLR 480, the High Court of Australia dealt with the nature of the jurisdiction exercised by a medical panel under cognate Victorian legislation. The legislation is not entirely the same but it is broadly similar in purpose. Allowing for some differences, the High Court said at page 498 [47]:
>
> > 'The material supplied to a medical panel may include the opinions of other medical practitioners, and submissions to the Medical Panel may seek to persuade the Medical Panel to adopt reasoning or conclusions expressed in those opinions. The Medical Panel may choose in a particular case to place weight on the medical opinion supplied to it in forming and giving its own opinion. It goes too far, however, to conceive of the functions of the panel as being either to decide a dispute or to make up its mind by reference to completing contentions or competing medical opinions. The function of a medical panel is neither arbitral or adjudicative: It is neither to choose between competing arguments nor to opine on the correctness of other opinions on that medical question. The function is in every case to perform and to give its own opinion on the medical question referred to it by applying its own medical experience and its own medical expertise.'
>
> Not all of this, as I have said, is apposite in the context of the New South Wales legislation. In particular it is obvious that approved medical specialists are required to decide disputes referred to them by the process of medical assessment. Even so, it is not necessary that approved medical specialists should sit as decision makers choosing between the competing medical opinions put forward by the parties. Essentially, the function is the same as that described by the High Court in *Wingfoot Australia*. That is to say, their function is in every case to form and give his or her own opinion on the medical question referred by applying his or her own medical experience and his or her own medical expertise…"

37. The submission that the AMS was in error because his assessment did not accord with the other material in the file cannot be accepted. He was required to assess Mr Thorn and provide his own opinion of his impairment on the date of the examination.

38. In *Parker v Select Civil Pty Ltd*[5] Harrison AsJ said[6]:

> "To find an error in the statutory sense, the Appeal Panel's task was to determine whether the AMS had incorrectly applied the relevant Guidelines including the PIRS Guidelines issued by WorkCover. Even though the descriptors in Class 3 are examples not intended to be exclusive and are subject to variables outlined earlier, the AMS

[4] [2016] NSWSC 346, at [25]-26].
[5] [2018] NSWSC 140.
[6] At [70]-[71].

applied Class 3. The Appeal Panel determined that the AMS had erred in assessing Class 3 because the proper application of the Class 2 mild impairment is the more appropriate one on the history taken by the AMS and the available evidence.

The AMS took the history from Mr Parker and conducted a medical assessment, the significance or otherwise of matters raised in the consultation is very much a matter for his assessment. It is my view that whether the findings fell into Class 2 or Class 3 is a difference of opinion about which reasonable minds may differ. Whether Class 2 in the Appeal Panel's opinion is more appropriate does not suggest that the AMS applied incorrect criteria contained in Class 3 of the PIRS. Nor does the AMS's reasons disclose a demonstrable error. The material before the AMS, and his findings supports his determination that Mr Parker has a Class 3 rating assessment for impairment for self-care and hygiene, that is to say, a moderate impairment of self-care and hygiene. There is an error of law on the face of the record."

Social and recreational activities

39. The AMS said:

> "He goes cycling, up to 70 km, about twice a week with a group of 10 to 12 friends, mostly police officers and ex-police officers.
>
> Each year he tries to go to the Gold Coast for an organised ride of about 100 km.
>
> On several days each week, he will go out for coffee with a small group of friends.
>
> He is uncomfortable going to sporting events and has generally given these up. He used to belong to a punters' club and attend a racetrack, but he has given this up as well.
>
> He has gone on to [sic]overseas cruises since leaving work. For the first, he flew to Singapore and returned to Australia by cruise ship. The second was a trip to New Zealand by cruise ship."

40. The AMS gave reasons for assessing Mr Thorn in Class 2:

> "He has withdrawn from some social and recreational activities. He doesn't like going to places with large groups of people and prefers a smaller group of friends. However, he cycles with a group twice a week and goes out for coffee with friends regularly. He continues to take an interest in collecting memorabilia and works at home at tasks such as framing these."

41. The AMS also considered the other medical assessments:

> "Dr Scurrah's assessment differs from my own. Partly this may be due to the fact that his assessment was done 18 months ago and there may have been changed since then.[sic]
>
> Regarding social and recreational activities he determined a Class 3, stating, 'He has reduced enjoyment for previously enjoyable activities. He will not attend social functions unless prompted and accompanied by his wife/close friend. He will remain withdrawn and on involved [sic uninvolved] in social events.' This is at odds with the history obtained today that Mr Thorn goes cycling with friends twice a week and out to coffee with friends most days. He restricts some social activities and this will be accounted for in my peers [sic] ratings.
>
> …

> IME psychiatrist, Dr Glen Smith, did an assessment of whole person impairment, reported on 24 May 2019, eight months ago. Dr Smith determined a Class 3 impairment on the domain of social and recreational activities. He noted Mr Thorn's cycling and cited his giving up golf. Mr Thorn told me today that he was unable to golf because of impairment related to a shoulder injury. Dr Smith makes no mention of his regular coffee dates with friends."

42. The assessment made by the AMS was open to him on the basis of the observations made and his comparison with the other medical reports. As the authorities cited above show, the examples in the PIRS tables are no more than examples. The AMS determined that Mr Thorn had a mild impairment. It is not necessary, as the submissions filed by Mr Thorn seek to do, to interpret the words of the example and to attempt to describe a group of people as support persons. Support person connotes someone who is present to provide psychological support to him rather than friendship.

43. A phobic companion is an example of a support person for a worker who needs external assistance to undertake an activity due to anxiety. This is different to a co-participant in a recreational activity, who simply provides social interaction. People with psychological injuries, tend to use the same person for external assistance, generally because trust in that person has been established through a longstanding friendship or clinical relationship.

44. The history taken by the AMS shows that Mr Thorn was able to go out cycling regularly in a group and to meet a group of people for coffee. The fact that exercise was recommended as treatment for Mr Thorn is not determinative – the AMS recorded that he cycled with a group rather than alone or with one other person. Mr Thorn told the AMS that he had given up golf because of a shoulder injury.

45. The fact that Mr Thorn has gone on two cruise holidays since leaving work also suggests that he is not uncomfortable in a large group. The same can be said of his participation in an organised cycle ride of about 100 km.

46. The AMS was not in error to assess Mr Thorn in Class 2 for social and recreational activities.

Social functioning

47. The AMS took the following history with respect to social functioning:

> "He has a good relationship with his wife, Christine, and his two adult children. However, he feels that he and Christine are more emotionally distant than previously.
>
> He and Christine do not have conflict or discord.
>
> Prior to leaving work he had a large circle of friends. He continues to have close friends, but their number has diminished. He related that there are only three families that he feels comfortable with."

48. The AMS gave the following reasons for assessing Mr Thorn in Class 2 for social functioning:

> "There is more emotional distance between Mr Thorn and his wife, Christine. However, they do not have discord or arguments. He feels that the relationship is strong. He described good relationships with both of his children. He has maintained several friendships, although his social circle is reduced in size. He has not lost friends through arguments or discord."

49. The summary of the Guidelines and the extracts from authorities set out above show that the submission that the totality of the evidence should be considered before the clinical observation of the AMS can be "upheld and preferred to any other evidence" reveals a misunderstanding of the relevant principles. The role of the appeal panel is not to consider whether the AMS's opinion should be preferred to other evidence but to determine whether or not he made an error in the application of the Guidelines.

50. The AMS considered the history he obtained, the evidence in the file and the examples given in the Guidelines. His conclusion is an appropriate application of those matters to the Guidelines and the examples provided. The assessment in Class 2 was appropriate.

Concentration, persistence and pace

51. The AMS assessed Mr Thorn in Class 2. He recorded the following relevant history:

> "Mr Thorn has been never a strong reader but used to read most nights. He now finds it difficult to follow the narrative in a book and he said that it might take him up to 12 months to complete one. He said that his mind tends to wander, and he often must reread passages.
>
> He watches short shows on television but is disinclined to watch movies, unless he has previously seen them, because he has trouble following the plots.
>
> If he starts a task at home then he tries to finish it, but he tends to have problems with initiation because of procrastination."

52. The AMS gave reasons for assessing Mr Thorn in Class 2:

> "He has subjective impairment in concentration. He has problems motivating himself to be active, although once he starts, he is able to complete tasks. It is difficult for him to read with good comprehension and he finds it difficult to follow the plot in unfamiliar movies. It is unlikely that he could complete a retraining course."

53. The submissions filed on behalf of Mr Thorn said that the observations made by the AMS warranted an assessment in Class 3.

54. The AMS did not say in his mental state examination findings that he had undertaken concentration tests with Mr Thorn. Concentration can be assessed by objective tests and the failure of the AMS to undertake these tests – such as 'serial sevens' (counting down from 100 by sevens) or the Trail Making test - or to record the results of those tests or make comment about the claimant's ability to concentrate in the examination was in error, requiring reassessment.

55. In other circumstances, a medical member of the Panel would have undertaken an examination of Mr Thorn and administered appropriate tests to assess his concentration. As that is not possible, the Panel considered the observations made by the AMS and we have determined that it was appropriate to assess Mr Thorn in Class 3 for Concentration, Persistence and Pace.

56. The reasons given in the summary table by the AMS for the assessment are inconsistent with Class 2. Based on his examination, the AMS considered that it was unlikely that Mr Thorn could complete a retraining course. That is consistent with the difficulties he had in reading with comprehension and connotes a moderate impairment.

57. The table at the bottom of the PIRS rating form lists the scores as 2, 2, 2, 2, 3, 5. It is possible that the 2 in the table for Concentration Persistence and Pace is a typographical error because the AMS did not assess Mr Thorn in Class 3 for any other category.

Adjustment for the effects of treatment

58. Paragraph 1.32 provides:

> "Where the effective long-term treatment of an illness or injury results in apparent substantial or total elimination of the claimant's permanent impairment, but the claimant is likely to revert to the original degree of impairment if treatment is withdrawn, the assessor may increase the percentage of WPI by 1%, 2% or 3%. ..."

59. Chapter 11 of the Guidelines deals with Psychiatric and Psychological Disorders. Paragraph 11.6 provides that other medical reports "may provide useful information to assist with the assessment." Paragraph 11.8 says:

> "Consider the effects of medication, treatment and rehabilitation to date. Is the condition stable? Is treatment likely to change? Are symptoms likely to improve? If the injured worker declines treatment, this should not affect the estimate of permanent impairment. The psychiatrist may make a comment in the report about the likely effect of treatment or the reasons for refusal of treatment."

60. Paragraph 1.32 only applies where treatment has resulted in "substantial or total elimination of the claimant's permanent impairment." The words of the Guidelines connote a very significant improvement as a result of treatment such that symptoms are greatly ameliorated.

61. Dr Scurrah allowed 1% for the "partial benefit" of anti-depressant medication. A partial benefit does not constitute substantial or total elimination. Dr Smith said that there was no substantial amelioration to warrant an adjustment.

62. The AMS noted that Mr Thorn's condition had improved since the medico-legal report by Dr Scurrah. Mr Thorn was undergoing significant treatment at the date of the examination by the AMS. He was under treatment from Dr Scurrah and a psychologist and taking medication. He had undergone that treatment for several years but his symptoms persisted.

63. The AMS gave reasons for declining to make an allowance for the effects of treatment and those reasons are valid.

Conclusion

64. The scores resulting from the PIRS tables are therefore 2, 2, 2, 2, 3, 5. The median class remains 2 and the aggregate score is 16 reflecting a 9% whole person impairment.

65. For these reasons, the Appeal Panel has determined that the MAC issued on 16 January 2020 should be revoked, and a new MAC should be issued. The new certificate is attached to this statement of reasons.

I CERTIFY THAT THIS IS A TRUE AND ACCURATE RECORD OF THE REASONS FOR DECISION OF THE APPEAL PANEL CONSTITUTED PURSUANT TO SECTION 328 OF THE *WORKPLACE INJURY MANAGEMENT AND WORKERS COMPENSATION ACT 1998*.

T Ng

Tina Ng
Dispute Services Officer
As delegate of the Registrar

WORKERS COMPENSATION COMMISSION

APPEAL PANEL
MEDICAL ASSESSMENT CERTIFICATE

Injuries received after 1 January 2002

Matter Number: **6052/19**
Applicant: **Paul Thorn**
Respondent: **State of New South Wales**

This Certificate is issued pursuant to s 328(5) of the *Workplace Injury Management and Workers Compensation Act* 1998.

The Appeal Panel revokes the Medical Assessment Certificate of Dr Douglas Andrews and issues this new Medical Assessment Certificate as to the matters set out in the Table below:

Table - Whole Person Impairment (WPI)

Body Part or system	Date of Injury	Chapter, page and paragraph number in the Guidelines	Chapter, page, paragraph, figure and table numbers in AMA 5 Guides	% WPI	Proportion of permanent impairment due to pre-existing injury, abnormality or condition	Sub-total/s % WPI (after any deductions in column 6)
Psychiatric	31 August 2017	Chapter 11 pp 54-60		9%	0%	9%
Total % WPI (the Combined Table values of all sub-totals)					**9%**	

Catherine McDonald
Arbitrator

Dr Michael Hong
Approved Medical Specialist

Dr Lana Kossoff
Approved Medical Specialist

21 May 2020

I CERTIFY THAT THIS IS A TRUE AND ACCURATE RECORD OF THE MEDICAL ASSESSMENT CERTIFICATE OF THE APPEAL PANEL CONSTITUTED PURSUANT TO SECTION 328 OF THE *WORKPLACE INJURY MANAGEMENT AND WORKERS COMPENSATION ACT 1998*.

T Ng

Tina Ng
Dispute Services Officer
As delegate of the Registrar