WORKERS COMPENSATION COMMISSION

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

Matter Number:	**M1-354/20**
Appellant:	**Sofija Necak**
Respondent:	**Lemhay Pty Ltd**
Date of Decision:	**5 February 2021**
Citation No:	**[2021] NSWWCCMA 23**

Appeal Panel:	
Arbitrator:	**Marshal Douglas**
Approved Medical Specialist:	**Dr James Bodel**
Approved Medical Specialist:	**Dr Roger Pillemer**

BACKGROUND TO THE APPLICATION TO APPEAL

1. On 8 October 2020, Sofija Necak (the appellant) lodged an Application to Appeal Against the Decision of Approved Medical Specialist. The medical dispute was assessed by Dr Neil Berry, an Approved Medical Specialist (AMS), who issued a Medical Assessment Certificate (MAC) on 11 September 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. The Appeal Panel has conducted a review of the original medical assessment but limited to the ground(s) of appeal on which the appeal is made.

4. The WorkCover Medical 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 WorkCover Medical 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. The appellant commenced employment as a mushroom picker with Lemhay Pty Ltd (the respondent). Her employment required her to bend and twist constantly and to carry and lift trays of mushrooms weighing 5 kilograms. She also had to push and pull trolleys that could weigh up to 30 kilograms and to manoeuvre a platform that weighed in excess of 20 kilograms. Her work was fast and repetitive and involved her standing for prolonged periods. She claimed to have suffered an injury from these activities affecting her cervical and lumbar spine and her left and right upper extremities.

7. The appellant completed a "permanent impairment claim" on 24 July 2019, which her solicitors posted that to the respondent's insurer on 26 July 2019. In that form, the appellant claimed to be entitled to compensation from the respondent for permanent impairment under s 66 of the *Workers Compensation Act 1987* (the 1987 Act). Her claim was supported by a report of orthopaedic surgeon Dr Medhat Guirges dated 10 July 2019, in which he advised that he had assessed the appellant had 21% whole person impairment (WPI) from her injury, comprising 5% WPI for the cervical spine, 6% WPI for the lumbar spine, 7% WPI for the right upper extremity and 5% WPI for the left upper extremity.

8. It is not apparent from any of the material before the Commission what the respondent's response was to that claim, but on 23 January 2020 the appellant's solicitors signed and then registered with the Commission an Application to Resolve a Dispute seeking determination of the appellant's claim against the respondent for compensation under s 66 of the 1987 Act.

9. The matter was referred to arbitrator Mr John Harris, who on 29 May 2020, with the consent of the parties, directed that the appellant's claim be remitted to the Registrar for referral to an Approved Medical Specialist. On 26 August 2020, a dispute services co-ordinator issued an amended referral to the AMS in the following terms:

> **"MEDICAL DISPUTE REFERRED FOR ASSESSMENT** (s319 1998 Act)
>
> - the degree of permanent impairment of the worker as a result of an injury (s319(c))
> - whether any proportion of permanent impairment is due to any previous injury or pre-existing condition or abnormality, and the extent of that proportion (s319(d))
> - whether impairment is permanent (s319(f))
> - whether the degree of permanent impairment of the injured worker is fully ascertainable (s319(g))
>
> **Date of Injury:** Nature and conditions of employment from 2014 to 18 May 2018. Deemed date of injury being 18 May 2018
>
> **Body part/s referred:** Cervical spine
> Lumbar spine
> Right upper extremity (shoulder)
> Left upper extremity (shoulder)
>
> **Method of assessment:** Whole person impairment"
>
> (Bold as per original)

10. As mentioned above, the AMS issued the MAC in response to that referral on 11 September 2020.

PRELIMINARY REVIEW

11. The Appeal Panel conducted a preliminary review of the original medical assessment in the absence of the parties and in accordance with the WorkCover Medical Assessment Guidelines.

12. As a result of that preliminary review, the Appeal Panel determined that the appellant should undergo a further medical examination. This is because, for reasons detailed below, the Appeal Panel came to the view that the MAC contained a demonstrable error, and as a consequence the Appeal Panel would be revoking the MAC and would need to reassess the medical disputes that had been referred for assessment. In order to reassess those medical disputes, the Appeal Panel considered it would be necessary for the appellant to be examined by those members of the Appeal Panel who have medical expertise, namely Doctors James Bodel and Roger Pillemer.

13. Doctors Bodel and Pillemer did so on 25 January 2021 and provided their report on their examination to the Appeal Panel on 1 February 2021.

EVIDENCE

14. 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.

MEDICAL ASSESSMENT CERTIFICATE

15. The AMS recorded in the MAC that the appellant's present symptoms comprised neck pain, sore shoulders, and sore back with her back pain going down the back of her legs. Her neck pain was present at all times and aggravated by any movement.

16. The AMS recorded that the appellant had disturbed sleep and found it difficult carrying out housework.

17. The AMS noted that the appellant did self-directed exercise and received five physiotherapy treatments a year. The AMS noted that the appellant took Panadol Osteo, Maxigesic and an anti-depressant.

18. The AMS, in Part 6 of the MAC, provided a very brief summary of the relevant radiological investigations the appellant had undergone. These included an MRI of the appellant's lumbar spine that was done on 28 June 2018 which revealed minor degenerative changes at multiple levels but no evidence of trauma or nerve root compression. The investigations also included an MRI of the appellant's cervical spine also done on 28 June 2018 that revealed multilevel degeneration without any spinal canal narrowing or compression of spinal nerve roots. There was also an MRI of the thoracic spine done on 28 June 2018 that showed protrusions of T3/4, T7/8 and T11/12, which were minor. An MRI of the right shoulder done on 22 October 2018 was reported to reveal moderate to severe tendinosis and bursitis but no rotator cuff defect. An MRI of her left shoulder, also done on 28 June 2018, was reported to reveal mild rotator cuff tendinosis and bursitis.

19. The AMS provided the following summary in Part 7 of the MAC relating to the appellant's injuries and the consistency of her presentation at examination:

> **"SUMMARY**
>
> • **Summary of injuries and diagnoses**:
> Mrs Necak presented very stressed and at times in tears with a marked decrease in cervical and lumbar spine movements and also with shoulder movements.
>
> I would accept that she may have carried out fast and repetitive work and aggravated underlying degenerative changes but her presentation today was far more disabled than I would expect.

> • **Consistency of presentation**
> I was uncertain as to whether Mrs Necak was displaying illness behaviour of psychological origin or whether she was deliberately malingering. However, the upshot was that her presentation was far in excess of what one would expect from aggravation of her neck, back and shoulders from the nature and conditions of her work.
>
> I am therefore unable to assess her whole person impairment, as I would consider that her disabilities as reported today are not consistent with her history of aggravation or her subsequent imaging." (Bold as per original)

20. The AMS made the following comments with respect to reports that orthopaedic surgeon Dr Robert Breit had provided the respondent's insurer on 11 October 2019 and 7 November 2019 relating to the appellant's injury, and also the report of Dr Guirgis's of 10 July 2019 on which the appellant relied in support of her claim for compensation:

> "I have reviewed the reports of Dr Robert Breit dated 11 October 2019 and 7 November 2019, and I note that he assessed the patient as a 0% Whole Person impairment on the grounds that there is no definable physical pathology and I agree with that assessment.
>
> Report of Dr Medhat Guirgis dated 10 July 2019 reported the claimant as having a 100 degrees of abduction and 150 degrees of flexion in the right shoulder and 140 degrees of abduction and 150 degrees of flexion in the left shoulder. Today, the claimant demonstrated 20 degrees of abduction and flexion in both shoulders with no other clinical signs and no radiological evidence to support this reduction in the range of movement.
>
> Clearly, the patient's condition has deteriorated since Dr Guirgis assessed the patient and I would conclude from my reading of the various doctors' reports that the patient's presentation today is non-organic."

21. The form approved by the Registrar for a Medical Assessment Certificate includes a table in which an Approved Medical Specialist will tabulate his or her assessments of the matters referred for assessment. The AMS noted in the table appended to the MAC that with respect to all of the appellant's body parts that he had been required to assess as part of the referral, he was "unable to assess" them.

22. The approved form of a Medical Assessment Certificate is also divided into several sections, parts 8, 9, 10 and 11 of which require an Approved Medical Specialist to provide answers on several topics by way of explaining how he or she has evaluated and assessed a worker's permanent impairment from the injury. The AMS responded "not applicable" to all these topics in the MAC, other than the topic requiring him to provide his comments on the opinions of other assessors.

23. Simply put, the AMS did not make an assessment of the appellant's degree of permanent impairment from her injury because he took the view that due to her presentation not being consistent with either the history he had obtained regarding her injury or what the radiological investigations revealed, the appellant may have been exhibiting "illness behaviour of psychological origin" or she may have been "deliberately malingering". He considered her presentation was in excess of what he would expect from the injury, and due to that he did not assess her impairment.

SUBMISSIONS

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

25. In summary, the appellant submits that the AMS was wrong to reject her complaints of pain and to suggest that she was malingering. The appellant submits that there was evidence that enabled the AMS to make an assessment. The appellant submits that the AMS failed to have sufficient regard to the findings revealed from the radiological investigations she had undergone. The appellant submits that the AMS's remark that he was unable to assess her impairment is inconsistent with his note that Dr Breit had assessed her impairment as 0% WPI on the grounds that there was no definable physical pathology and that he agreed with Dr Breit.

26. The Appeal Panel construes the appellant's submission to be, in substance, that the AMS ought to have been able to make an assessment of the degree of the appellant's permanent impairment from her injury and erred by issuing a certificate that did not contain an assessment of the matters that had been referred to the AMS to assess.

27. In reply, the respondent submits that it was within "the AMS's domain" to conclude that the appellant was either suffering from psychological illness or malingering and that her clinical presentation was not organic. The respondent submits that any inability of the AMS to assess the appellant was a consequence of her inconsistent presentation during examination. The respondent submits that "due to the total invalidism shown by the appellant during consultation, it would have been inappropriate for the AMS to utilise his findings at physical examination as they do not represent a valid parameter of impairment". The respondent submits that it was open to the AMS to give weight to Dr Breit's opinion and to agree with his assessment. The respondent submits that it was open to the AMS to conclude that the appellant's disabilities reported at the time of examination were inconsistent with the history of her injury and subsequent imaging. The respondent submits that the appellant's challenge to the MAC appears "to be based purely on disagreement of opinion rather than any sufficient ground of appeal". The respondent submits that "the fact that the AMS found no assessable impairment does not amount to an error".

FINDINGS AND REASONS

28. 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.

29. In *Campbelltown City Council v Vegan* [2006] NSWCA 284 the Court of Appeal held that the Appeal Panel is obliged to give reasons.

30. Section 325(1) of the 1998 Act requires an Approved Medical Specialist to whom a medical dispute is referred to give a certificate as to the matters that were referred for assessment. Section 322(4) of the 1998 gives an Approved Medical Specialist a discretion to decline to make an assessment of the degree of permanent impairment of an injured worker until the Approved Medical Specialist is satisfied that the impairment and the degree of permanent impairment is fully ascertainable.

31. In this matter the AMS has simply not assessed the degree of the appellant's permanent impairment resulting from her injury. The respondent's submission to the effect that the AMS found no assessable impairment is incorrect. The AMS explicitly and repeatedly stated through the MAC that he was unable to assess the appellant's impairment. If he says he was unable to assess her permanent impairment, that can only mean he did not assess her permanent impairment. With respect to all the standard topics within the MAC relating to how the AMS evaluated and assessed the appellant's impairment, the AMS responded "not applicable". His responses to those topics make it explicit that he did not assess the appellant's degree of permanent impairment.

32. This is not a case in which the AMS has declined to make an assessment of the degree of the appellant's permanent impairment from her injury on the basis that either her impairment is not yet permanent or that the degree of her permanent impairment is not fully ascertainable, and this, in the Appeal Panel's view, can be inferred from the AMS's responses at Parts 8a-d of the MAC.

33. In the Appeal Panel's view, the AMS's expression of his agreement with Dr Breit's assessment, does not constitute an assessment by the AMS of the appellant's permanent impairment from her injury. This is simply because, as already said, persistently through the MAC the AMS has explicitly said that he is unable to assess the appellant's degree of permanent impairment and that all matters that were referred to him for assessment were "not applicable". Moreover, it is ambiguous in any event, from what the AMS said, as to what he agrees with. That is to say, it is not clear whether he agrees with Dr Breit's conclusion that there was no definable physical pathology or whether he was agreeing with Dr Breit's assessment that the appellant had 0% WPI or both.

34. The Guidelines at [1.36] provide instruction to an AMS as to how to approach an assessment of the degree of a worker's permanent impairment where there is inconsistency in a worker's presentation. Simply put, an AMS must draw upon the totality of their clinical skill and judgment to provide an assessment of the degree of a worker's permanent impairment where the worker's presentation is inconsistent. The AMS has simply not done that in this case.

35. Consequently, in the Appeal Panel's view, the AMS has not applied the correct criteria to assess the degree of the appellant's permanent impairment from her injury. Further, by simply not assessing any of the matters that were referred to the AMS for assessment, the AMS has made an error and consequently the MAC contains a demonstrable error.

36. Given that, the Appeal Panel must revoke the MAC. That requires the Appeal Panel to reassess the medical disputes that were referred for assessment. As indicated above, the Appeal Panel appointed Doctors Bodel and Pillemer to examine the appellant to enable it to assess the medical disputes. Doctors Bodel and Pillemer provided the following report to the Panel:

"REPORT OF THE EXAMINATION BY APPROVED MEDICAL SPECIALIST MEMBER OF THE APPEAL PANEL

Matter No: **M1-354/20**
Appellant: **Sofija NECAK**
Respondent: **Lemhay Pty Ltd**

Examination Conducted By: **Drs Bodel and Pillemer**
Date of Examination: **25 January 2021**

Ms Necak attended with her husband today and with a Serbian interpreter.

1. The workers medical history, where it differs from previous records

I read Ms Necak the history as taken by Dr N Berry, AMS on 1 September 2020 and Ms Necak confirmed that this was correct.

2. Additional history since the original Medical Assessment Certificate was performed

The onset of symptoms was confirmed of having started in December 2017 and became progressively worse until she finally had to stop work in May 2018. She did not report her symptoms initially but only reported these when they became very bad in May 2018. Ms Necak stopped work at the time and has not worked since then. On direct questioning she does not feel that there has been any improvement or deterioration in her symptoms since stopping work.

It was confirmed that she has ongoing problems in her neck going down both arms and into the fingers of both hands associated with pins and needles and numbness. Her neck and arm symptoms are described as being constantly present and ranging between 7-10/10.

Symptoms are aggravated by any use of either arm and the only way she can get some improvement in her symptoms is doing *'less work'*.

She confirms ongoing constant pain in her back radiating down both lower limbs and into her feet associated with pins and needles distally, and once again symptoms range between 7-9/10 and she can never be pain free.

Symptoms are aggravated by trying to do any housework or any carrying, and she does get some slight improvement in symptoms with rest.

As far as treatment is concerned, she continues to take her oral medications including Panadol Osteo and Maxigesic and an antidepressant. She also does her own exercises and is hoping to have some physiotherapy under Medicare.

Her general health is otherwise good.

Ms Necak had none of the above problems prior to the onset of symptoms in December 2017.

She feels she is very restricted at the present time and her maximum walking time would be 10 minutes and then she would have to stop and rest. She can drive but only for short distances. She has difficulty with stairs which she negotiates one at a time. She lives at home with her husband, her daughter and her son-in law and a grandchild, and she has considerable difficulty with housework and what used to take her 4 hours would now take her 2 days, and she has to *'stop and start'*. When she goes shopping the most she would carry would be 1kg in one hand, and she will continue swapping hands. She manages with her self-care provided she does not have to do anything behind her back.

3. Findings on clinical examination

Ms Necak was an adult female in no obvious discomfort today who undresses and dresses again without any particular difficulty.

She walks without a limp and was able to walk on heels and toes, and shows marked restriction of back movement, only getting her fingertips as far as her knees in flexion with lateral flexion to the left being slightly more restricted than to the right, and moderate restriction of extension.

Straight leg raising was limited to 20° bilaterally, but later in the consultation when she sat erect on the examining couch she was able to lean forward towards touching her toes with her hips flexed to 90° and her knees extended without any obvious difficulty.

Reflexes are all present and equal, sensation was intact and motor power was good in all groups tested, and there was no wasting to circumferential measurement.

Ms Necak complained of fairly diffuse discomfort to palpation throughout the lower thoracic/lumbar region but with careful testing she does have localized maximal discomfort in the lower lumbar region. In addition there was no discomfort with axial loading.

She did show restriction of cervical movement in all directions today, which was not confirmed on indirect observation. For example, on direct examination she only had 20° of lateral rotation to the left whereas on indirect observation, on one occasion she was able to look over her left shoulder without any obvious discomfort.

There was significant restriction of shoulder movements bilaterally with Ms Necak being reluctant to flex beyond 30° on either side and reluctant to abduct beyond 40° on either side, with 20° of extension and adduction respectively on each side. It should be noted that with her arms in a dependent position a full range of external rotation was noted to be present and she was able to get each hand onto her buttock region with internal rotation without any obvious discomfort.

Any attempt at testing for impingement was accompanied by considerable discomfort and there was fairly generalized tenderness to palpation. Reflexes are present and equal and importantly satisfactory grip strength was present bilaterally.

Importantly Ms Necak demonstrated hypoaesthesia to pinprick in the supraclavicular region on both sides due to involvement of the supraclavicular nerves, and the distribution of sensory loss was distinct and present with repeated testing.

In addition she experienced localized tenderness to percussion over the supraclavicular nerve where it exits the posterior border of sternomastoid, into the posterior triangle of the neck. Once again this percussion tenderness was distinct and present with repeated testing.

Ms Necak would not allow hip flexion beyond 90° but did have a very satisfactory range of rotational movements and abduction, and a full range of knee movements.

4. Results of any additional investigations since the original Medical Assessment Certificate

Ms Necak had a number of reports with her today including an MRI of her lumbar spine carried out on 28 June 2018 showing some disc desiccation at the T12/L1 level without significant disc protrusion and showing minor degenerative changes at the L5/S1 level involving the facet joints.

An MRI carried out on 2 July 2018 of her cervical and thoracic spines, showed some mild disc degenerative changes in the cervical region in keeping with age-related changes.

Ms Necak had MRIs of both shoulders carried out on 22 October 2018 and the radiologist suggested mild to severe tendinosis of the supraspinatus and infraspinatus tendons with a partial intrasubstance tear, and mild to moderate subacromial bursitis.

On the left shoulder there were changes of mild tendinosis.

CONCLUSIONS

Ms Necak developed discomfort in her cervical region, both shoulders and both arms as well as her lumbar spine and both lower limbs with symptoms having started in December 2017 and became progressively worse, causing her to eventually stop work in May 2018.

When questioned with regard to the nature and conditions of her work, in addition to feeling that she was under *'huge pressure*' at work and was being continually pushed by the supervisor, the work itself was very rapid and repetitive and heavy, involving lifting and moving of platforms, having to attach *'metal wings'* weighing some 10kg to the platforms, each time the platforms were moved, and she had to lift and attach the wings repeatedly. She had to do picking at a lower level involving crouching and kneeling, and at a higher level she would have to stand on the platforms.

Diagnosis

In our opinion Ms Necak does have objective evidence of organic pathology, but in addition there is an additional and significant functional component as evidenced for example by:

- The significant restriction of cervical movement not confirmed on indirect observation.
- The significant restriction of straight leg raising whereas she is able to sit erect with legs extended and no discomfort.

Understandably then, assessing impairment in the present situation is very difficult in trying to separate objective findings from what would seem to be a definite exaggeration of physical signs. ****

****Our clinical judgment, after separating Ms Necak's exaggeration from what objectively seems to be real, is that Ms Necak is to be assessed in DRE Category I of her cervical spine(1), with 0% WPI. We have assessed her in DRE Category II of her lumbar spine(2), with 5% WPI. To this we would add an additional 2% for interference with activities of daily living, giving a total of 7% WPI.

We would agree with the AMS that it is not possible to assess impairment of the upper extremities on the basis of the restricted range of shoulder movement, while at the same time accepting that she would have a restricted range of movement due to the supraclavicular nerve lesions on both sides.

Noting the MRI changes in relation to her shoulders and taking into account any additional restriction of shoulder movement due to her sensory supraclavicular nerve lesions, we assess that Ms Necak has a 6% WPI in relation to the ongoing problems with her right upper extremity, and a 4% WPI in relation to the ongoing problems with her left upper extremity.

Please note that these assessments have been made to the best of our ability with the information available, and taking into account the additional significant functional component.

(Please note that AMA 5 and the WorkCover Guides do not suggest figures of impairment for the supraclavicular nerve).

This then gives a final total of 16% WPI.

There is no evidence of any pre-exiting condition or abnormality or of any previous injury, and we have accordingly not made any deduction for pre-existing condition.

AMA Guides to the Evaluation of Permanent Impairment, 5th Edition:
(1) Page 392, table 15-5. No significant clinical findings, and no features that would justify DRE Category II.
(2) Page 384, table 15-3. Clinical history compatible with a specific injury; asymmetric loss of range of motion."
(Bold, italics and underlining as per original)

37. The Appeal Panel adopts the findings of Doctors Bodel and Pillemer from their joint examination of the appellant. They have examined all relevant aspects of the appellant to enable an assessment to be made of the matters referred for assessment. Based on their findings from their examination and noting their clinical judgment on the appellant's presentation and impairment, the Appeal Panel also agrees with their assessment of the appellant's permanent impairment from her injury. Consequently, the Appeal Panel assessed the degree of the appellant's permanent impairment from her injury to be 16% WPI.

38. For these reasons, the Appeal Panel has determined that the MAC issued on 11 September 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.

J Burdekin

Jenni Burdekin
Dispute Services Officer
As delegate of the Registrar

WORKERS COMPENSATION COMMISSION

APPEAL PANEL
MEDICAL ASSESSMENT CERTIFICATE

Injuries received after 1 January 2002

Matter Number: **354/20**
Applicant: **Sofija Necak**
Respondent: **Lemhay Pty Ltd**

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 Neil Berry and issues this new Medical Assessment Certificate as to the matters set out in the Table below:

Table 2 - Assessment in accordance with AMA5 and WorkCover Guidelines for the Evaluation of Permanent Impairment for injuries received after 1 January 2002

Body Part or system	**Date of Injury**	**Chapter, page and paragraph number in WorkCover Guides**	**Chapter, page, paragraph, figure and table numbers in AMA5 Guides**	**% WPI**	**% WPI deductions pursuant to s 323 for pre-existing injury, condition or abnormality**	**Sub-total/s % WPI (after any deductions in column 6)**
Cervical spine	N & C of employment From 2014 to 18 May 2018. Deemed date of injury 18/05/2018	Chapter 4 Page 24-29	Chapter 15 Page 392 Table 15-5	0%	Not applicable	0%
Right upper extremity		Chapter 2 Pages 10-12	Chapter 16 Pages 433 to 521	6%	nil	6%
Left upper extremity		Chapter 2 Pages 10-12	Chapter 16 Pages 433 to 521	4%	nil	4%
Lumbar spine		Chapter 4 Page 24-29	Chapter 15 Page 384 Table 15-3	7%	nil	7%
Total % WPI (the Combined Table values of all sub-totals)					**16%**	

Marshal Douglas
Arbitrator

Dr James Bodel
Approved Medical Specialist

Dr Roger Pillemer
Approved Medical Specialist

5 February 2021

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

J Burdekin

Jenni Burdekin
Dispute Services Officer
As delegate of the Registrar