WORKERS COMPENSATION COMMISSION

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

Matter Number:	**M1-773/20**
Appellant:	**Dan Beard**
Respondent:	**Chatham Glen Pty Ltd**
Date of Decision:	**15 January 2021**
Citation No:	**[2021] NSWWCCMA 8**

Appeal Panel:	
Arbitrator:	**Carolyn Rimmer**
Approved Medical Specialist:	**Dr David Crocker**
Approved Medical Specialist:	**Dr Drew Dixon**

BACKGROUND TO THE APPLICATION TO APPEAL

1. On 19 November 2020, Dan Beard (the appellant) lodged an Application to Appeal Against the Decision of Approved Medical Specialist. The medical dispute was assessed by Dr Tim Anderson, an Approved Medical Specialist (AMS), who issued a Medical Assessment Certificate (MAC) on 24 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 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. In these proceedings, the appellant is claiming lump sum compensation in respect of an injury to the left upper extremity and the right upper extremity on 8 December 2017, which occurred in the course of his employment as a motel manager and housekeeper with the respondent.

7. The matter was referred to the AMS, Dr Tim Anderson, in the Referral for Assessment of Permanent Impairment to Approved Medical Specialist dated 9 September for assessment of WPI of the left upper extremity and right upper extremity as a result of the injury on 8 December 2018.

8. The AMS examined the appellant on 6 October 2020. He assessed 16% WPI of the left upper extremity and deducted one tenth for pre-existing injury, condition or abnormality which resulted in an assessment of 14% WPI for the left upper extremity. The AMS assessed 0% WPI for the right upper extremity. Therefore, the total assessment was 14% WPI in respect of the injury on 8 December 2017.

PRELIMINARY REVIEW

9. 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.

10. The appellant did request that he be re-examined by an AMS, who is a member of the Appeal Panel.

11. As a result of that preliminary review, the Appeal Panel determined that it was not necessary for the appellant to undergo a further medical examination because there was sufficient evidence by way of medical reports and clinical investigations in relation to assessment of the left and right upper extremities on which to make a determination.

EVIDENCE

Documentary evidence

12. 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

13. 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

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

15. The appellant's submissions include the following:

    (a) The AMS incorrectly applied the provisions of s 323 of the 1998 Act by incorrectly applying a one tenth deduction on the basis of a pre-existing condition which was not warranted in the circumstances.

    (b) There was no evidence of any impairment to the appellant's left and/or right upper extremity prior to this injury.

    (c) At Part 2 of the MAC, the AMS made reference to the appellant's condition of hypothyroidism and also noted that the appellant was excessively overweight. The AMS commented that both hypothyroidism and obesity were known risk factors for carpal tunnel syndrome.

(d) The AMS failed to articulate how the hypothyroidism condition and the obesity contributed to the current impairment and failed to explain the basis for why and/or how he reached the conclusion that hypothyroidism and obesity were risk factors for carpal tunnel syndrome. The medical evidence contained within the Application to Resolve a Dispute (ARD) and the Reply demonstrates that prior to the injury the appellant was asymptomatic and did not complain of any carpal tunnel syndrome type symptoms in his left or right upper extremity before the injury.

(e) The AMS appeared to make the deduction pursuant to s 323 of the 1998 Act without any medical evidence that would support the conclusion. In circumstances where the appellant was asymptomatic, the only basis which would give rise to a deduction under s 323 would be if the AMS demonstrated /articulated how the obesity and hypothyroidism caused and/or contributed to the existing level of WPI. The mere assumption that hypothyroidism and obesity were contributing factors to carpal tunnel was not sufficient on its own to warrant a deduction under s 323.

(f) There should be no deduction under s 323 because there is no evidence of a contribution by a pre-existing condition (*Cole v Wenaline Pty Ltd* [2010] NSWSC 78, *Ryder v Sundance Bakehouse* [2015] NSWSC 526).

(g) The AMS did not articulate how the hypothyroidism and the obesity contributed to his current impairment, and how these conditions made a difference in terms of the degree of impairment resulting from the work injury. The AMS did not say that there was a difference in outcome due to the alleged pre-existing condition. Instead the AMS simply concluded that hypothyroidism and obesity were known risk factors for carpal tunnel and incorrectly relied on that assumption as a basis for making a one-tenth deduction under s 323.

(h) Neither Dr James Bodel nor Dr Murray Hyde-Page, both of whom took a history of hypothyroidism and obesity, made a deduction pursuant to s 323 in their assessments of WPI.

(i) The AMS incorrectly calculated the combined upper extremity impairment which resulted in an incorrect calculation of WPI.

(j) At page 5 of the MAC, the AMS calculated the combined upper extremity impairment as: "…16% upper extremity impairment. This is combined with the 12% upper extremity impairment from the reduced range of movement, giving 26%. From Page 439, Table 16-03, this converts to 16% WPI."

(k) The correct calculation of upper extremity impairment of 12% and 16% results in a subtotal of 28% upper extremity impairment. With reference to Table 16-03 on page 439 of AMA 5, 28% upper extremity impairment results in 17% WPI. This failure to correctly calculate upper extremity impairment is an error.

16. The respondent's submissions include the following:

(a) In relation to the s 323 issue that the submission about adequacy of reasons, the respondent referred to the decision of Campbell J in *El-Masri v Woolworths Ltd* [2014] NSWSC 1344 (*El-Masri*).

(b) The AMS based on his experience and clinical understanding confirmed that obesity and hypothyroidism were known risk factors to carpal tunnel syndrome. Such expression denotes the fact that the symptoms were common knowledge to the medical profession as contributing to the particular condition. Consistent with *El- Masri,* any gap in the reasoning provided by the AMS constitutes (clinical) "judgment". The appellant seeks to cavil with matters of clinical judgment of the AMS and assert error. The reasons of the AMS must be read as a whole. The AMS clearly thought that the comorbid abnormalities impacted on the assessment of WPI. The conclusion expressed by the AMS detailed a sufficient path of reasoning to enable the reader to ascertain how such conclusion was reached and whether this involved any relevant error.

(c) A pre-existing condition or injury, even to the same body part, does not automatically invoke a deduction under s 323. The test is whether the pre-existing condition or injury actually contributes to the current impairment. If the evidence does not establish that the previous injury contributes to the impairment, then no deduction can be made. However, if the previous injury does contribute, even if it was asymptomatic at the time of the later injury, then there must be a deduction.

(d) The morbid obesity and hypothyroidism were not only a genetic pre-disposition, but the ultimate loss suffered by the appellant was to some extent due to such pre-existing condition/ abnormality. It can be stated that the pre-existing condition was certainly a contributing factor and could have caused a greater level of impairment, however, that would be difficult to determine with precisions. Therefore a deduction of one tenth was required pursuant to s 323 (2) of the 1998 Act.

(e) In relation to the report of Dr Hyde-Page, the doctor did not make an assessment of WPI on the basis that the appellant had not achieved maximum medical improvement and one cannot speculate as to whether he would have made a deduction under s 323.

(f) In respect of the calculation of upper extremity impairment, there was no error made by the AMS in that calculation. The AMS used the Combined Values Chart when joining the 16% UEI for the neurological dysfunction with the 12% UEI for reduced range of movement.

FINDINGS AND REASONS

17. 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.

18. In *Campbelltown City Council v Vegan* [2006] NSWCA 284 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.

19. The role of the Medical Appeal Panel was considered by the Court of Appeal in the case of *Siddik v WorkCover Authority of NSW* [2008] NSWCA 116 (*Siddik*). The Court held that while prima facie the Appeal Panel is confined to the grounds the Registrar has let through the gateway, it can consider other grounds capable of coming within one or other of the s 327(3) heads, if it gives the parties an opportunity to be heard. An appeal by way of review may, depending upon the circumstances, involve either a hearing de novo or a rehearing. Such a flexible model assists the objectives of the legislation.

20. Section 327(2) was amended with the effect that while the appeal was to be by way of review, all appeals as at 1 February 2011 were limited to the ground(s) upon which the appeal was made. In *New South Wales Police Force v Registrar of the Workers Compensation Commission of New South Wales* [2013] SC 1792 Davies J considered that the form of the words used in s 328(2) of the 1998 Act being, 'the grounds of appeal on which the appeal is made' was intended to mean that the appeal is confined to those particular demonstrable errors identified by a party in its submissions.

21. In this matter, the Registrar has determined that he is satisfied that a ground of appeal under s 327(3 (d) is made out in relation to the AMS's application of s 323 of the 1998 Act.

22. The Appeal Panel reviewed the history recorded by the AMS, his findings on examination, and the reasons for his conclusions as well as the evidence referred to above. The Panel accepted the findings on examination that the AMS made in the MAC.

Assessment of the left upper extremity – deduction under s 323

23. Under "History relating to the injury", the AMS wrote:

> "Mr Beard related that he had started working at the Manning River Hotel in October 2017. His job as the manager and housekeeper was extremely busy. He had to turn his hand to all sorts of activities including a lot of cleaning as well as housekeeping and preparation of the rooms. He described that within about two months he started experiencing numbness and tingling down both of his arms into the wrists and hands. The left side was more affected than the right."

24. Under "Details of any previous or subsequent accidents, injuries or conditions", the AMS wrote:

> "Details of any previous or subsequent accidents, injuries or conditions:
> Attention is drawn to his condition of hypothyroidism, for which he has been on thyroxine replacement medication for the last 5 to 6 years. He is also excessively overweight. With his current morphology with a height of 1.67m and weight of 146kg, he currently has a body mass index of 52. This is very grossly overweight. A BMI of 25 is the upper level of healthy normal. In order to achieve this, he should be no more than 72kg. He is therefore well over twice his normal healthy weight. Both hypothyroidism and obesity are known risk factors for carpal tunnel syndrome".

25. Under "Summary of injuries and diagnoses", the AMS wrote:

> "Summary of injuries and diagnoses:
> Mr Beard gives a history of the development of bilateral carpal tunnel syndrome which has affected his left hand (dominant side) more than the right towards the latter part of 2017. It has been identified that this has occurred due to the excessive nature of his occupation. In addition to this, attention is drawn to his very gross obesity and also his pre-existing hypothyroidism, both of which are contributing factors to carpal tunnel syndrome.

> The condition has been reasonably satisfactorily managed by decompressive surgery, particularly on the right side, which now is virtually normal. On the left side he continues to have some medial nerve dysfunction "below the mid-forearm".

26. Under "Evaluation of Permanent impairment", in answer to the question "If so, please indicate which body part/system is affected by the previous injury, pre-existing condition or abnormality" the AMS wrote:

> "Attention is drawn to his thyroid condition and also his very gross obesity, both of which are contributing factors to carpal tunnel syndrome".

27. Under "Deduction (if any) for the proportion of impairment that is due to previous injury or pre-existing condition or abnormality", the AMS wrote:

> "As advised, the conditions of hypothyroidism and gross obesity are significant contributing factors to carpal tunnel syndrome. There is therefore a 1/10th deduction. This reduces the whole person impairment of 16% on the left side down to 14%."

28. Section 323 of the 1998 Act provides:

> "(1) In assessing the degree of permanent impairment resulting from an injury, there is to be a deduction for any proportion of the impairment that is due to any previous injury (whether or not it is an injury for which compensation has been paid or is payable under Division 4 of Part 3 of the 1987 Act) or that is due to any pre-existing condition or abnormality.(2) If the extent of a deduction under this section (or a part of it) will be difficult or costly to determine (because, for example, of the absence of medical evidence), it is to be assumed (for the purpose of avoiding disputation) that the deduction (or the relevant part of it) is 10% of the impairment, unless this assumption is at odds with the available evidence. Note. So, if the degree of permanent impairment is assessed as 30% and subsection (2) operates to require a 10% reduction in that impairment to be assumed, the degree of permanent impairment is reduced from 30% to 27% (a reduction of 10%). (3) The reference in subsection (2) to medical evidence is a reference to medical evidence accepted or preferred by the approved medical specialist in connection with the medical assessment of the matter. (4) The WorkCover Guidelines may make provision for or with respect to the determination of the deduction required by this section."

29. The approach to be taken in assessing the section 323 deduction was considered by the Supreme Court in *Cole v Wenaline Pty Limited* [2010] NSWSC 78 (*Cole*). Schmidt J said:

> "29 …The section is directed to a situation where there is a pre-existing injury, pre-existing condition or abnormality. For a deduction to be made from what has been assessed to have been the level of impairment which resulted from the later injury in question, a conclusion is required, on the evidence, that the pre- existing injury, pre-existing condition or abnormality caused or contributed to that impairment. 30. Section 323 does not permit that assessment to be made on the basis of an assumption or hypothesis, that once a particular injury has occurred, it will always, 'irrespective of outcome', contribute to the impairment flowing from any subsequent injury. The assessment must have regard to the evidence as to the actual consequences of the earlier injury, pre-existing condition or abnormality. The extent that the later impairment was due to the earlier injury, pre-existing condition or abnormality must be determined. The only exception is that provided for in s 323(2),

where the required deduction 'will be difficult or costly to determine (because, for example, of the absence of medical evidence)'. In that case, an assumption is provided for, namely that the deduction 'is 10% of the impairment'. Even then, that assumption is displaced, if it is at odds with the available evidence.
31 …That is a matter of fact to be assessed on the evidence led in each case".

30. In *Fire & Rescue NSW v Clinen* [2013] NSWSC 629 (*Clinen*), Campbell J refers to *D'Aelo v Ambulance Service of New South Wales* (1996) NSWCCR 139; *Elcheikh v Diamond Formwork (NSW) Pty Ltd (in liq)* [2013] NSWSC 365, and to *Cole*.

31. In *Clinen* Campbell J said, "As Schmidt J pointed out in Cole and Elcheikh, it is necessary to find a pre-existing abnormality or condition, here the latter, actually contributing to the impairment before s 323 WIM is engaged. This conclusion has to be supported by evidence to that effect. Assumption will not suffice." Campbell J also noted that it is '... necessary for the evidence acceptable to the appeal panel to actually support the connection between a previous injury (here, pre-existing abnormality or condition) and the overall degree of impairment in the instant case.'

32. Thus to establish a pre-existing condition for the purposes of s 323(1) there must, at the relevant date, be an actual condition although it may be asymptomatic. A mere predisposition or even a susceptibility is not sufficient to constitute a condition." (at 46)

33. The assessor must point to the actual consequences of the pre-existing condition or abnormality on the assessed impairment, and how it contributes to that assessment. In *Vitaz v Westform (NSW) Pty Limited and Ors* [2010] NSWSC 667, decided on 22 June 2010, Johnson J said at [48]: *"...it is insufficient to assume that the existence of a pre-existing injury or condition will always contribute to the impairment flowing from any subsequent injury*: *Cole v Wenaline Pty Limited* at [30]."

34. Basten JA in *Vitaz v Westform (NSW) Pty Ltd* [2011] NSWCA 254 referred to the approach adopted by the Court in, for example, *D'Aleo v Ambulance Service of New South Wales* (NSWCA, 12 December 1996, unrep) (quoted by Giles JA, Mason P and Powell JA agreeing, in *Matthew Hall Pty Ltd v Smart* [2000] NSWCA 284; 21 NSWCCR 34 at [30]- [32] and, more recently, by Schmidt J in *Cole*. His Honour said:

> "The resulting principle is that if a pre-existing condition is a contributing factor causing permanent impairment, a deduction is required even though the pre-existing condition had been asymptomatic prior to the injury. In the absence of any medical evidence establishing a contest as to whether the pre-existing condition did contribute to the level of impairment, the complaint about a failure to give reasons must fail. An approved medical specialist is entitled to reach conclusions, no doubt partly on an intuitive basis, and no reasons are required in circumstances where the alternative conclusion is not presented by the evidence and is not shown to be necessarily available."

35. Paragraphs 1.27 to 1.28 of the Guidelines provide:

> "1.27 The degree of permanent impairment resulting from pre-existing impairments should not be included in the final calculation of permanent impairment if those impairments are not related to the compensable injury. The assessor needs to take account of all available evidence to calculate the degree of permanent impairment that pre-existed the injury.
> 1.28 In assessing the degree of permanent impairment resulting from the compensable injury/condition, the assessor is to indicate the degree of impairment due to any previous injury, pre-existing condition or abnormality. This proportion is known as "the deductible proportion and should be deducted from the degree of permanent impairment determined by the assessor. For the injury being assessed, the deduction is one tenth of the assessed impairment, unless this is at odds with the available evidence."

36. The Panel accepts that s 323 of the 1998 Act requires that a deduction be made “for any proportion of the impairment that is due to any previous injury or that is due to any pre-existing condition or abnormality.” However, in *Cullen v Woodbrae Holdings Pty Ltd* [2015] NSWSC 1416 the Court reiterated the need for evidence of an actual pre-existing condition rather than a predisposition or susceptibility.

37. The appellant submitted that the AMS incorrectly applied the provisions of s 323 of the 1998 Act by incorrectly applying a one tenth deduction on the basis of a pre-existing condition which was not warranted in the circumstances. In particular, the AMS failed to articulate how the hypothyroidism condition and the obesity contributed to the current impairment. In circumstances where the appellant was asymptomatic, the only basis which would give rise to a deduction under s 323 would be if the AMS demonstrated /articulated how the obesity and hypothyroidism caused and/or contributed to the existing level of WPI. The mere assumption that hypothyroidism and obesity were contributing factors to carpal tunnel was not sufficient on its own to warrant a deduction under s 323.

38. The appellant argued that the AMS simply concluded that hypothyroidism and obesity were known risk factors for carpal tunnel and incorrectly relied on that assumption as a basis for making a one tenth deduction under s 323.

39. The Appeal Panel reviewed the evidence in this matter.

40. The Appeal Panel agreed that the AMS had stated that hypothyroidism and obesity were “known risk factors for carpal tunnel syndrome” and stated that those conditions were significant contributing factors to the carpal tunnel syndrome. However, the AMS did not explain how the obesity and hypothyroidism contributed to the existing level of WPI and the Appeal Panel considered that failure was an error.

41. The appellant was asymptomatic in terms of carpal tunnel syndrome before he commenced employment with the respondent. To establish a pre-existing condition for the purposes of s 323(1) there must, at the relevant date, be an actual condition although it may be asymptomatic. A mere predisposition or even a susceptibility is not sufficient to constitute a pre-existing condition. Further, the assessor must point to the actual consequences of the pre-existing condition or abnormality on the assessed impairment, and how it contributes to that assessment.

42. The Appeal Panel accepted that the appellant suffered from hypothyroidism and obesity. The Appeal Panel did not consider, however, that the AMS adequately pointed to the actual consequences of these pre-existing conditions on the assessed impairment and how they contributed to the impairment. The AMS did not explain how the pre-existing conditions could have caused a greater level of impairment. The Appeal Panel noted that the appellant had been on thyroxine medication to treat the hypothyroidism for five to six years. There was no evidence to suggest that this treatment had not been effective and, therefore, it is unlikely on the balance of probabilities that the hypothyroidism had actually contributed to the impairment assessed. In terms of obesity, the Appeal Panel regarded this pre-existing condition as a risk factor which may have pre-disposed the appellant to the development of symptoms of carpal tunnel syndrome. It was not clear how long the appellant had been obese as there were no clinical notes and records available that pre-dated this injury. However, the appellant only developed the carpal tunnel syndrome symptoms after he was employed by the respondent performing heavy strenuous duties. Therefore, the Appel Panel considered that it was unlikely on the balance of probabilities that obesity had actually contributed to the impairment assessed. It follows that the Appeal Panel considered that no deduction should be made pursuant to s 323.

Calculation of upper extremity impairment

43. The appellant submitted that the AMS incorrectly calculated the combined upper extremity impairment which resulted in an incorrect calculation of WPI. The appellant argued that the AMS combined 16% UEI with 12% UEI to produce 26% UEI whereas the correct calculation should have been an addition of 12% UEI and 16% UEI to produce in a subtotal of 28% UEI.

44. AMA 5 at Part 16.1c (page 438) is headed "Combining impairment ratings" and sets out the method for combining various impairments on the principle that a second and each successive impairment do not apply to the whole unit but only to the part or value that remains.

45. Part 16.1c provides:

> "When a given unit has more than one type of impairment (eg. abnormal motion, sensory loss, and partial amputation of a finger), the various impairments are *combined* to determine the total impairment of the unit (eg. finger) before the conversion to the next larger unity (eg. hand). Similarly, multiple regional impairments, such as those of the hand, wrist, elbow and shoulder, are first expressed individually as upper extremity impairments and then *combined* to determine the total upper extremity impairment. The latter is finally converted to whole person impairment (Table 16-3) …
>
> The Combined Values Chart (p 604) is used to determine the combined value of two impairment percentages. *All percentages being combined must be expressed on a common denominator or same unit relative value…*"

46. The Appeal Panel was satisfied that the AMS followed the methodology set out in AMA 5 and there was no error in his calculation of combined upper extremity impairment as the various impairments are combined using the Combined Values Chart and are not added together.

47. In conclusion, the Appeal Panel considered that there was a demonstrable error in the AMS's application of s 323 in his assessment of the left upper extremity. The Appeal Panel was satisfied that no deduction should be made pursuant to s 323 of the 1998 Act. This results in a total assessment of 16% WPI as a result of the injury on 8 December 2017.

48. For these reasons, the Appeal Panel has determined that the MAC issued on 24 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*.

A Shaw

Andrew Shaw
Dispute Services Officer
As delegate of the Registrar

WORKERS COMPENSATION COMMISSION

APPEAL PANEL
MEDICAL ASSESSMENT CERTIFICATE

Injuries received after 1 January 2002

Matter Number: **773/20**
Applicant: **Dan Beard**
Respondent: **Chatham Glen 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 Tim Anderson 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 NSW workers compensation guidelines**	**Chapter, page, paragraph, figure and table numbers in AMA5 Guides**	**% WPI**	**WPI deductions pursuant to S323 for pre-existing injury, condition or abnormality** (expressed as a fraction)	**Sub-total/s % WPI** (after any deductions in column 6)
1. Left upper extremity	**8 December 2017**	Chapter 2 p10	P 465 F 16-28 P 489 F16-31 P 492 T 16-15 P 482 T 16-10 P 439 T 16-03	16%	0%	**16%**
2. Right upper extremity	**8 December 2017**	Chapter 2 p10	P 465 F 16-28 P 489 F16-31 P 492 T 16-15 P 482 T 16-10 P 439 T 16-03	**0%**	0%	**0%**
Total % WPI (the Combined Table values of all sub-totals)					**16%**	

Carolyn Rimmer
Arbitrator

Dr David Crocker
Approved Medical Specialist

Dr Drew Dixon
Approved Medical Specialist

15 January 2021

A Shaw

Andrew Shaw
Dispute Services Officer
As delegate of the Registrar