WORKERS COMPENSATION COMMISSION

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

Matter Number:	**M1- 5519/18**
Appellant:	**Ryan Emmett**
Respondent:	**Hancock Precast Pty Ltd**
Date of Decision:	**16 August 2019**
Citation:	**[2019] NSWWCCMA 117**

Appeal Panel:	
Arbitrator:	**Carolyn Rimmer**
Approved Medical Specialist:	**Dr Paul Curtin**
Approved Medical Specialist:	**Dr Michael McGlynn**

BACKGROUND TO THE APPLICATION TO APPEAL

1. On 14 February 2019 Ryan Emmett (Mr Emmett) lodged an Application to Appeal Against the Decision of Approved Medical Specialist. The medical dispute was assessed by Dr Lionel Chang, an Approved Medical Specialist (AMS), who issued a Medical Assessment Certificate (MAC) on 15 January 2019.

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. Mr Emmett, while working as a boilermaker, sustained third degree burns to his face, neck, shoulder and both legs on 7 May 2016 when he was using a thermal lance to cut reinforced concrete and there was a sudden explosion at work resulting in a piece of concrete and molten metal striking Mr Emmett in the face causing him to fall face down onto the thermal lance.

7. The matter was referred to the AMS, Dr Chang, in the Referral for Assessment of Permanent Impairment to Approved Medical Specialist dated 21 November 2018 for assessment of whole person impairment (WPI) of facial injuries (facial disfigurement, mastication and deglutition and air passage defect) as a result of the injury on 7 May 2016.

8. The AMS examined Mr Emmett on 26 November 2018. He assessed 15% WPI in respect of facial disfigurement, 10% WPI in respect of mastication, 5% in respect of air passage defect and 20% in respect of scarring. These assessments resulted in combined total of 42% WPI as a result of the injury on 7 May 2016.

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 WorkCover Medical Assessment Guidelines.

10. The appellant requested that Mr Emmett be re-examined by an AMS, who is a member of the Appeal Panel. The appellant submitted that it was necessary and beneficial for a medical member of the Appeal Panel to re-assess Mr Emmett and examine the extent of his injuries to appreciate the severity of the disfigurement before determining the outcome of the appeal. The appellant argued that unlike other injuries, this is not the type of injury or condition which is capable of being assessed on the papers due to its visual detail. The respondent opposed any re-examination.

11. As a result of that preliminary review, the Appeal Panel determined that there was an error in the MAC and it was necessary for Mr Emmett to undergo a further medical examination because there was insufficient evidence by way of medical reports and clinical investigations in relation to assessment of the facial disfigurement 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.

Further medical examination

13. Dr Paul Curtin of the Appeal Panel conducted an examination of Mr Emmett on 5 July 2019 and reported to the Appeal Panel.

Medical Assessment Certificate

14. 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

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

16. The appellant's submissions include the following:

- The appellant does not dispute the level of impairment assessed for mastication, air passage defect or scarring. The appeal is limited to the assessment of impairment in respect of facial disfigurement.
- The AMS opined that Mr Emmett fitted Class 3 of Table 6.1 of the Guidelines. Mr Emmett should be assessed as Class 4 between 16-50% WPI.
- Facial disfigurement can only be assessed in examination or with the assistance of images. The AMS did not attach or refer to any images.
- Page 17 of the report of Dr Min Fai Lai showed the extent of the deformity in Mr Emmett's face. There was deformity in the shape of the nose, left cheek area, left eye socket, left jaw and neck area and left side of the mouth/lip.
- Despite the best efforts of the treating specialists, Mr Emmett is left with massive amounts of disfigurement and scarring on the face, which extend to his neck and collar bone area, visible in pages 15-20 of the report of Dr Lai. Mr Emmett is socially affected by the severity of his injuries which are almost entirely facial. Mr Emmett's condition is so severe that it warrants assessment in Class 4 of Table 6.1.
- The AMS made both a demonstrable error and an assessment on the basis of incorrect criteria when assessing facial deformity.

17. The respondent's submissions include the following:

- The fact that the assessment provided by the AMS is different from the findings of Dr Lai or is not in line with what the appellant believes should be the appropriate assessment does not establish that the MAC contained a demonstrable error or that the assessment was based on incorrect criteria.
- The AMS conducted a physical examination some seven months after Dr Lai's examination.
- The photographs taken by Dr Lai were taken in June 2018 and it would not have been appropriate for the AMS to provide an assessment solely based on the photographs and assessment provided by Dr Lai.
- The AMS physically examined Mr Emmett and had available to him all the evidence provided by the appellant and respondent including the photographs taken by Dr Lai an Dr Lai's report.

- The AMS provided a thorough physical examination of Mr Emmett's facial disfigurement which was recorded in detail at pages 4 and 5 of the MAC. Following the examination, the AMS used his clinical judgment and skill to provide the assessment.

- The AMS correctly applied the Guidelines and provided a detailed explanation of his findings at paragraphs 10(a) and 10 (b) of the MAC.

- The AMS considered all the evidence before him in forming his conclusions and his more recent findings on examination are more accurate indications of Mr Emmett's WPI than the report of Dr Lai.

FINDINGS AND REASONS

18. 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.

19. 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.

20. 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 section 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.

21. 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.

22. In this matter, the Registrar has determined that he is satisfied that at least one of the grounds of appeal under s 327(3)(d) is made out, in relation to the AMS's reasons for assessment of Mr Emmett within Class 3 of the Guidelines for facial disfigurement.

23. 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.

24. The appellant submitted that Mr Emmett had deformity in the shape of the nose, left cheek area, left eye socket, left jaw and neck area and left side of the mouth/lip and was left with massive amounts of disfigurement and scarring on the face, which extend to his neck and collar bone area. The appellant argued that Mr Emmett was socially affected by the severity of his injuries, which are almost entirely facial, and his condition is so severe that it warranted assessment in Class 4 of Table 6.1.

25. Under "Recreational activities" the AMS noted:

> "He used to mow the lawn but now with the sweating problems under the splints he is wearing, is finding this type of activities awkward. He used to go fishing riding on the motor bike to get there, is now finding it difficult to wear his helmet and he cannot be out in the sun for long, thus virtually abandoned fishing altogether. He can't go out to dinner, as he dribbles, and food had to be cut into small pieces to put inside his mouth is socially awkward. He eats mostly alone, as it takes time feeding himself with small pieces of food one at a time and he cannot bite on a sandwich or burger, as he cannot get his mouth to open wide enough to wrap around these to bite off a mouthful that he wished he could."

26. Under "History relating to Injury" the AMS noted:

> "His fiancé drowned in an accident on the beach just before he incurred the above injury and, since his injury, he finds it difficult to get out to face people, to socialise and attempt at finding a new partner. Apart from his having therapy and tending to his contracture needs, the constant hair removal, tending to the face infection, etc is almost a full-time job for him. He is living with his mum and step father at their home being looked after by them."

27. Under "Present symptoms", the AMS noted that Mr Emmett felt socially isolated and was suffering from depression.

28. Under "Findings on Physical Examination" the AMS noted:

> "Mouth opening fits one and a half fingertips only and there is numbness around the left corner of his mouth extending to his left upper and lower lip and surrounding left side of his face. There is restricted air entry through his left nostril on inspiration, with evidence of scar contracture of his left nostril rim with trophic changes.
> There are the split skin graft donor site scars on his left and right upper lateral thighs represented by area of erythema measuring 22cms x 18cms on his left thigh and 11 x 12cms on his right thigh.
> There is a 10cms long scar on the right side of his neck where a full thickness skin was taken for grafting to cover his left lower eyelid to correct the ectropion.
> There is wide spread scarring on the left side of his face, and especially around his left lower eyelid area where there is a full thickness skin graft to cover the contracture release for ectropion. There is wide spread scarring on the left side of his face with tightness around his nose with contracture distortion of his left nostril and scarring around his left upper lip, the commissure and lower lip that continues as a broad sheet of scar over this left cheek that continues on to cover the left side of his neck with a tight band anteriorly that continues over the left clavicle to end near to the left shoulder tip.
> There is both hyper and hypo-pigmentation changes and areas of erythema covering these areas of scarring, with evidence of ingrowing hair and folliculitis.
> There is evidence of skin grafting on the medial side of his left ankle for an unrelated earlier injury in his youth and a skin grafting scar covering the dorsum of his left big toe."

29. Under “Summary” the AMS made the following diagnosis:

> “Severe flame burn injuries to the left side of his face and neck that extends to near the left shoulder tip that left him with permanent scarring with contractures. The scarring is tight, with ingrowing hairs and recurrent folliculitis.
> The scar contracture around his left nostril is restricting air entry and contractures around the left corner of his mouth is restricting mouth opening and ease of eating.”

30. Under “Reasons for Assessment the AMS wrote:

> “The brief requires that I assess Mr Emmett's Facial Injuries (facial disfigurement, mastication and deglutition and air passage defect) and scarring, for Whole Person Impairment.
> For his facial disfigurement, the NSW compensation guidelines, 4th Ed, on page 34, directs that the AMA5 Table 11-5 on page 256 be replaced with Table 6.1 of the NSW WCG 4th Ed is assigned, based on best fit description, to Class 3, 6-10% WPI, as there is partial loss of his left nostril rim from the burn injury and distortion around the left corner of his mouth, is assigned the maximum of 15% WPI.
> As for mastication is assessed based on Table 11-7 on page 262 of AMA5 where his diet is limited to semisolid or soft diet, WPI is between 0%-19% (directed by paragraph 6.9 on page 36 of WCG 4th Ed) is assigned WPI.
> As for air passage defect from the left nostril stenosis restricting airflow on inspiration is assessed based on Table 6.2 of WCG 4th Ed is assigned to Class la 0-5% WPI is assigned 5% WPI.
> Scarring is assessed in accordance with Table 8-2, P 178 of AMA5 and TEMSKI is not used, as his impairment clearly exceeds 9% that in accordance with Table 14.1 on Page 74 of WCG 4th Ed where 9% WPI requires no treatment or intermittent treatment only that clearly does not fit his circumstances. I have therefore relied on T8-2 of AMA5 for his scar assessment and place him in Class 2, 10%-24%, is assigned 20% WPI.
> Total impairment combining the 15% WPI for facial disfigurement, 10% WPI for mastication, 5% WPI for left nostril stenosis and 20% WPI for scarring = 42% WPI (CVC P604 of AMA5).”

31. In commenting on Dr Lai’s report, the AMS wrote:

> “Dr. Min Fee Lai's report dated 28th June 2018 is well set out and factual and I have no disagreement with his methodology, apart from my difference with him on the assessment of facial disfigurement that I believe is a better fit into Class 3 rather than into Class 4, in Table 6.1 of the WCG 4th Ed, as was Dr Lai's choice in his report.”

32. Table 6.1 of the WorkCover Guides sets out the criteria for rating permanent impairment due to facial disorders and /or disfigurement. Class 3 provided for 11-15% impairment of the whole person where:

> “Facial abnormality involves absence of normal anatomic part or area of face, such as loss of eye or loss of part of nose, with resulting cosmetic deformity, combine with any functional loss, eg vision (AMA4 Chapter 8)
> or
> severe unilateral facial paralysis affecting most branches
> or
> mild, bilateral, facial paralysis affecting most branches”

Class 4 provided for 16-50% impairment of the whole person where:

> "Massive or total distortion of normal facial anatomy with disfigurement so severe that it precludes social acceptance
> or
> severe, bilateral, facial paralysis affecting most branches
> or
> loss of a major portion of or entire nose."

33. Dr Lai in his report dated 28 June 2018 wrote:

> Mr Emmett is well aware that the general public stares at him because of his facial disfigurement whenever he is in a public arena. He is unable to go to public places such as restaurants or cinemas due to people looking at him. Children have either come up to him asking what happened to him or they have just run away because of the sight of his facial deformity.
> Mr Emmett therefore avoids going out in public during the daytime. He would only go out whenever it is necessary such as going for his treatment or during the night when it is less crowded and dark.
> Mr Emmett's fiancee unfortunately passed away two weeks before this accident. As a result of this accident, Mr Emmett is unable to start any new relationship at all. He has also admitted to me that he has lost his libido because of his depression and posttraumatic stress disorder,
> …
> It is not possible for Mr Emmett to lead a normal life with the extent of his facial disfigurement. This disfigurement precludes him to normal social contact. As mentioned earlier children run away from him at the sight of his disfigurement and adults stare at him in public. He avoids going out in the daytime except when he has to, for example, for his treatment. He now does his shopping mainly at night when there are fewer people around (similar to the situation as depicted in the novel " Phantom of the Opera"). He cannot form a new relationship and therefore is unlikely to have a normal family with children in the future. All these factors are a significant impairment and hindrance to him having a normal life.

34. In assessing WPI in respect of facial disfigurement, Dr Lai wrote:

> "From his social history and my physical examination, Mr Emmett has massive distortion of normal facial anatomy with disfigurement severe enough to preclude social acceptance. He has lost a significant portion of his left nose, has circumoral contractures, depressed left cheek bone, flat left face, loss of nasolabial fold and distortion of left oral commissure. The skin grafted areas are also very obvious with his uneven pigmentation and folds present. Socially, he does not venture out much into the public because of people staring at him.
>
> It is therefore my opinion that he is classified as Class 4 of the Table with a Whole Person Impairment range between 16% to 50%. It is my opinion that the disfigurement with its significant effects on activities of daily living, would place his impairment at a higher end of the range. It is therefore my opinion that Mr Emmett has suffered a 40% Whole Person Impairment as a result of the facial disfigurement."

35. The Panel considered the evidence in this matter.

36. Dr Lai classified Mr Emmet as Class 4 in Table 6.1 of the Guides and set out in some detail why he considered there was massive distortion of normal facial anatomy with disfigurement severe enough to preclude social acceptance. The AMS concluded that Mr Emmett should be classified as Class 3 in Table 6.1 of the Guides merely saying that in relation to the assessment of facial disfigurement, he believed Class 3 was a better fit rather than Class 4 in Table 6.1. The AMS did not provided a social history in sufficient detail to indicate whether the disfigurement severe enough to preclude social acceptance. The Appeal Panel considered that in circumstances where the only other assessment differed in terms of the Class, the AMS should have provided more detailed reasons explaining why he considered Mr Emmett should be classified as Class 4 in Table 6.1. The failure to provide adequate reasons was an error.

37. The Appeal Panel considered that a more detailed history was required in terms of looking at the question of social acceptance. Further, the Panel considered that re-examination was necessary in order to properly consider whether Mr Emmett could be considered as having massive distortion of normal facial anatomy with disfigurement severe enough to preclude social acceptance.

38. As noted above, Dr Curtin re-examined Mr Emmett on 5 July 2019. Dr Curtin provided the following report.

> **"The workers medical history, where it differs from previous records.**
> The workers medical history was unchanged since the examination carried out by Dr Lionel Chang on the 26 November 2018.
>
> **Additional history since the original Medical Assessment Certificate was performed.**
> Mr Emmett continues to live a reclusive life. He is a single man who lives in the family home with his mother. His father left the marriage years ago. He says that he still maintains contact with old friends, but unfortunately, they are located in the Port Stephens area, so these contacts have become intermittent and confined to phone conversations or text messages. He has not made any new friends in Sydney, and in particular has developed no new female relationship. Prior to the accident, he was engaged to be married, but his fiancée passed away not long before he was injured.
> He is self-conscious about his persistent facial disfigurement. He says that he has had some bad experiences when mixing with the general public. He reports people staring, looking away and laughing. He does not go out to the movies, does not go to church and does not attend any sporting events. If he does go out to do some shopping, it will be at night.
> He does not like to eat in any public place. He has to eat slowly and cut his food up carefully because he has reduced mouth opening. He lacks sensation on the left side of his face around his mouth and is therefore unaware when food or saliva spills out of the corner of his mouth.
> He is prepared to travel by public transport but prefers to drive his own car when possible. When he does drive, he tends to stay within his own local area, because his restricted neck movements interfere with his field of vision. His mother will drive him if he has to go any distance.
> Mr Emmett reports that he is still receiving treatment for the burn scarring on his face. He still wears a compressive facemask at night and he still receives massage therapy to his face 3 times a week. He still attends the burn unit at the Royal North Shore Hospital and sees his treating doctor every 3 months. He still receives laser treatment intermittently to soften the scars, and to control hair growth which has caused folliculitis in the past. He says that further surgery has been planned in the next few months to release the scar contracture on the left

side of his neck. He also says that he has had at least 2 previous surgical procedures (skin grafting) to release contracture, and that these procedures have not resulted in appreciable improvement. Overall however, he feels that the scar contracture if anything is slightly improving rather than deteriorating.
Prior to the accident, Mr Emmett worked as a qualified boilermaker involved in fabrication and welding. He described starting work at 17 years of age and was used to working 14 hours a day, 6 days a week. In view of his ongoing treatment, he has not looked to return to the workplace at the moment. He thinks it unlikely that he will ever be able to resume welding, which involves exposure to heat, dust, and the use of the facemask.

Findings on clinical examination.
The burn scarring involves the forehead, midface, lower face and the left side of the neck. The right cheek and side of the jaw is relatively unaffected. There is a zone of pink, slightly thickened scarring in the central part of the lower forehead, which pulls up a vertical fold of skin leading down to the nose. There is pink flat scarring covering the greater part of the nose, with some distortion of the nasal tip and loss of the nasal alae especially on the left side. There is pink scarring of the anterior cheek on both sides, with irregular ridges and contour loss on the left side. The left lower eyelid is slightly depressed due to scarring beneath it. There is deformity of both upper and lower lips, which have irregular outlines, and are surrounded by scarred and slightly puckered skin. The altered skin texture around the mouth has resulted in mouth opening being reduced to about 20 mm between the incisor teeth edges. The scarring on the left side of the face continues into the left side of the neck, where there is a thick band of scarring some 6 cm wide. Turning his head 30° to the right causes a band of scarring extending from the clavicle to the side of his nose, distorting the nasal tip further and pulling down the corner of his mouth.

Results of any additional investigations since the original Medical Assessment Certificate.
There are no additional investigations since the original Medical Assessment Certificate.

My opinion and assessment of permanent impairment (for discussion)
There is facial abnormality involving loss of part of the nose and distortion of the mouth. There is also functional loss with restriction of jaw opening and loss of sensation on the left side of the face. The disfigurement is considerable affecting all 3 facial zones and is consistent with his complaints of social isolation. It has been stated that “social acceptance means that other people signal that they wish to include you in their groups and relationships” (Leary 2010, Handbook of Social Psychology, 5th Edition). There is evidence that the current disfigurement is sufficiently severe to preclude social acceptance in many situations. The disfigurement can therefore reasonably be rated as a Class 4 impairment is defined in table 6.1 of WCC Guidelines.
It is estimated that the disfigurement falls towards the lower end of the scale at 25% WPI. The criteria for this class would include such deformities as the total loss of the nose, or bilateral facial paralysis, which presumably would attract a rating towards the upper end of the scale. The deformity in this case falls well short of that standard. Reference to the case studies in AMA5 (pages 256-259) also provide some guidance. Example 11-14 provides a somewhat similar level of disfigurement with a rating of 25% WPI.”

39. The Appeal Panel has adopted the report and findings of Dr Curtin. The Appeal Panel noted that Dr Curtin found that there was facial abnormality involving loss of part of the nose and distortion of the mouth, and also functional loss with restriction of jaw opening and loss of sensation on the left side of the face. Dr Curtin noted that the disfigurement was considerable affecting all three facial zones and was consistent with his complaints of social isolation. Dr Curtin considered that there was evidence that the current disfigurement was sufficiently severe to preclude social acceptance in many situations. The Appeal Panel agreed with Dr Curtin that the disfigurement be rated as a Class 4 impairment as defined in table 6.1 of WCC Guidelines.

40. The Appeal Panel agreed with Dr Curtin that the disfigurement falls towards the lower end of the scale in Class 4 at 25% WPI.

41. The Appeal Panel agreed with Dr Curtin that the disfigurement falls towards the lower end of the scale in Class 4 at 25% WPI. Therefore, assessment of the Panel is 25% WPI for facial disfigurement, 10% WPI for mastication, 5% WPI for air passage defect, 20% WPI for scarring which results in a combined total WPI of 49%.

42. For these reasons, the Appeal Panel has determined that the MAC issued on 15 January 2019 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*.

G Bhasin

Gurmeet Bhasin
Dispute Services Officer
As delegate of the Registrar

WORKERS COMPENSATION COMMISSION

APPEAL PANEL
MEDICAL ASSESSMENT CERTIFICATE

Injuries received after 1 January 2002

Matter Number: **5519/18**
Applicant: **Ryan Emmett**
Respondent: **Hanson Precast 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 Lionel Chang 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 WorkCover Guides**	**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)**
1.Facial Disfigurement	7/05/2016	Ch14 p 34,Table 6.1,	Ch11 p256 Table 11.5	25%	0%	25%
2.Mastication	7/05/2016	Ch14 p35 para 6.9,	Ch 11 p262 Table 11.7	10%	0%	10%
3.Air Passage Defect	7/05/2016	Ch14 p35 Table 6.2,	Ch 11 p260 Table 11-6,	5%	0%	5%
4.Scarring	7/05/2016	Ch 14, p73-76. Para14.1 -14.11	Ch 8, p178 Table 8-2, para 8.1-8.3	20%	0%	20%
Total % WPI (the Combined Table values of all sub-totals)					**49%**	

Carolyn Rimmer
Arbitrator

Dr Paul Curtin
Approved Medical Specialist

Dr Michael McGlynn

Approved Medical Specialist

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.*