Workers Compensation and Injury Management Act 2023

dust disease medical panel determination

## Purpose of determination

|  |
| --- |
| Compensation for dust disease & common law: |[ ]
| Assessment of WPI for common law only: |[ ]

## Panel members

|  |  |
| --- | --- |
| Chairperson: |   |
| Member: |   |
| Member: |   |

## Worker

|  |  |
| --- | --- |
| Name: |   |
| Address: |   |
| Date of birth: |   |
| Phone number: |   |
| Email address: |   |

## Employer

|  |  |
| --- | --- |
| Name: |   |
| Address: |   |
| ABN: |   |
| Contact person: |   |
| Phone number: |   |
| Email address: |   |

## Claim *(if applicable)*

|  |  |
| --- | --- |
| Insurer: |   |
| Insurer claim number: |   |
| Date claim made: |   |

## Determination of questions

|  |
| --- |
| Diagnosis Is or was the worker suffering from pneumoconiosis or silicosis, mesothelioma, lung cancer or diffuse pleural fibrosis? [ ]  Yes [ ]  NoIf yes, specify which disease(s). Provide reasons: |
|   |

|  |
| --- |
| Incapacity for workIs or was the worker incapacitated for work as a result of the injury by dust disease and, if so, what is or was the extent of the worker’s incapacity for work? [ ]  Yes [ ]  No [ ]  N/AIf yes, specify whether total [ ]  or partial [ ]  incapacity for work. Provide reasons:  |
|   |

*N/A applies if the DDMP was constituted to only determine the questions referred to in section 426(3) of the Act (common law purposes only).*

Permanent whole of person impairment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| What is assessed to be the degree of permanent whole of person impairment resulting from the injury by dust disease?

|  |  |
| --- | --- |
| The degree of permanent whole of person impairment is: |  % |

|  |  |
| --- | --- |
| Signed: |   |

Signed by Chairperson DDMP

|  |  |
| --- | --- |
| Date of determination: |   |

 |

## Examination/ assessment

|  |  |
| --- | --- |
| Date: |   |
| Location: |   |
| Reports and documents provided:(List of documents and information provided) |
|   |
| Narrative history(As provided by the worker on history of injury, occupational history and exposure, past medical history, smoking history) |
|   |
| Physical examination:(State whether worker submitted for physical examination by panel or was examined/ assessed in absentia) |
|   |
| Diagnostic studies/ scans: |
|   |
| Diagnosis and impairments: |
|   |
| Other conditions contributing to worker’s incapacity, impairment or death (if any): |
|   |
| The material findings on diagnosis and incapacity for work are: |
|   |

**Assessment of the worker’s permanent whole of person impairment**

**Functional impairment**

Lung function test:

|  |  |
| --- | --- |
| **Lung function test dated (reference values in AMA Guides 5th ed)**:  |  |
| FEV1:  |   |  % predicted normal | [ ]  |
| FVC:  |   |  % predicted normal | [ ]  |
| DLCO uncorrected:  |   |  % predicted normal | [ ]  |
| VO2max:  |   |  % predicted normal | [ ]  |

Note: DLCO = lung diffusion (CO) = transfer factor; DLCO/VA = KCO (VA= effective alveolar volume)

Select which parameter used for calculation of impairment - tick (X)

|  |
| --- |
| **Additional lung function values dated**:  |
| Total lung capacity (TLC):  |   |  % predicted normal |
| DLCO/VA:  |   |  % predicted normal |

## Impairment rating and rationaleThe American Medical Association Guides to the Evaluation of Permanent Impairment 5th Edition (AMA 5th ed) apply to the assessment of permanent impairment of the respiratory system, subject to the modifications set out by the WorkCover WA Guidelines for the Evaluation of Permanent Impairment.

The relevant references used in assessing the worker’s percentage of permanent whole of person impairment resulting from the injury by dust disease are:

|  |  |  |
| --- | --- | --- |
| **Disease** | **AMA 5thed & WorkCover WA Permanent Impairment Guidelines Source***Specify Chapter#/Table#/Figure #* | **Assessed degree of WPI (%)** |
| Pneumoconiosis or silicosis: |   |   |
| Mesothelioma: |   |   |
| Lung cancer: |  |  |
| Diffuse pleural fibrosis: |  |  |

Show how the degree of permanent whole of person impairment was calculated, detail if any combination of disease:

|  |
| --- |
|   |

Proportion of permanent impairment due to any previous disease that was not asymptomatic:

|  |  |
| --- | --- |
| **Disease** | **% of permanent impairment** |
| Disease:  |  %  |

Statement as to the reasons for arriving at the calculation of the worker’s degree of permanent whole of person impairment:

|  |
| --- |
|   |