

A healthcare professional in a white lab coat is examining a patient's knee. The professional's hands are resting on the patient's knee, which is bent. The patient is wearing dark shorts and is lying on a light-colored surface. The background is a bright, out-of-focus window.

4 Phases of making a
Workers' Compensation
Claim

Phase Three:

**Benefits and
Services**

Overview



Once a claim has been accepted, a range of benefits and services are provided to **support the injured worker's** recovery and safe return to work. Each claim is assigned a claim number and a claims manager, who is responsible for coordinating claim-related processes and services.

The claim number will remain the same until the claim ends, however, it is common for the assigned **claims manager to change** over the life of the claim.

The **duration of this stage** can vary significantly — from a few days to several years — depending on the nature and severity of the workers' injury or condition.

There are generally **two types of claims**:

- **Medical-only claims:** where the worker requires medical treatment but is able to continue working, possibly with modified or restricted duties.
- **Time-loss claims:** where the injury or illness prevents the worker from performing their job for a period of time. In these cases, compensation may include both medical expenses and a proportion of lost wages.

Important: Each claim is unique.

The benefits, services, and processes that apply may vary depending on your injury or condition, the state or territory you work in, your employer's arrangements, and the insurance company managing your claim.



Benefits and Services

The benefits and services you can get depend on your injury or condition.

They are usually provided if the claims manager decides they are reasonable and necessary.

These may include:

- **Salary support** for time off work due to your injury
- **Medical and treatment costs**, including:
 - Surgery and other medical treatment
 - Mental health treatment (e.g., psychiatrist)
 - Medication
 - Medical equipment
 - Rehabilitation and allied health services (e.g., physiotherapy, occupational therapy, psychology)
- **Reimbursement** of costs you have already paid for treatment.
- **Help at home**, like support for household chores if you are unable to do them yourself.

Claims managers regularly check your progress. They monitor whether you are **recovering** enough to **return to work**, either full-time or with modified duties.

This means that, when it is **safe**, it may be **appropriate** for you to go back to work while still recovering.

Who Determines What Treatment I am Getting?

While the **claims manager** oversees the administrative aspects of the claim, they are **not medically qualified** to determine the appropriateness or necessity of treatment.

Decisions about medical and like services must be informed by a **medical advisor** or **technical specialist** employed or engaged by the **insurer**.

These advisors provide **clinical advice** to ensure that treatment decisions are based on **sound medical judgment** and consistent with the nature of the **compensable injury**.

Where **uncertainty** remains, the insurer may ask your treating doctor for more information or seek an Independent Medical Examination (IME) for an **external opinion**.



What Happens if I Disagree With a Claim Decision?



If you disagree with a decision made by the insurer, you may ask the **insurer to review** the decision, which is called an **internal review**. This is your choice — you **do not** have to request an internal review if you prefer to take other options.



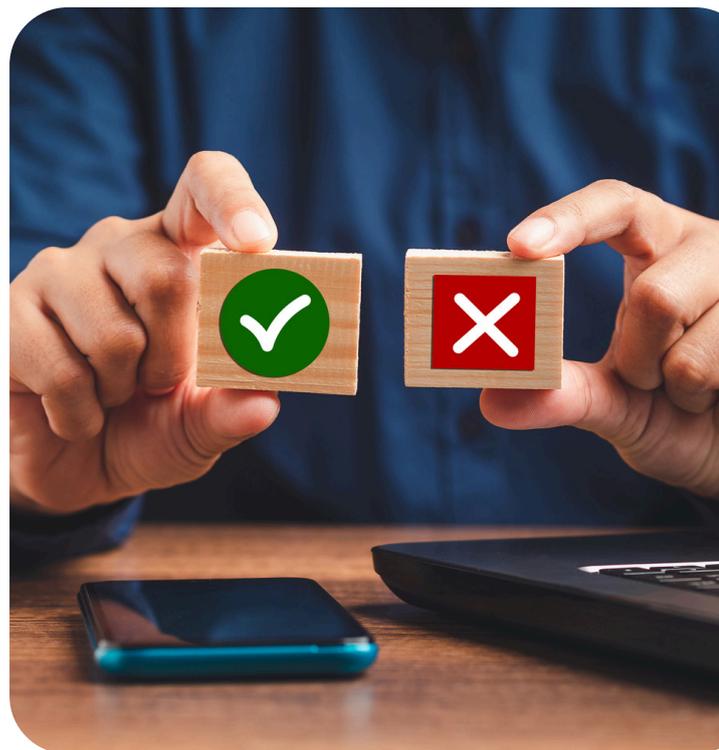
If you choose **not to** go down the internal review path, you may **take your dispute** outside the insurer. For example, in Victoria you can request a formal **appeal** through the Workers' Injury Commission (WIC). In other states there are other relevant tribunals.



If you **disagree** with the outcome of the **internal review**, you also may take your dispute outside the insurer, for example, by requesting a **formal appeal** through WIC or another tribunal.

The tribunal or commission is an independent body that may make the final decision on your claim.

Note: Please check which dispute process applies to you in your state.



Returning to Work After a Workplace Injury



Return to work

You are in control of your return to work — there is **no rush** but, in most cases, returning to work can **help you to recover** from your injury. You should go back when you feel ready and are **medically able**.

Your doctor (GP or specialist) will guide you and decide when you are **fit to return**, either to **full duties** or to **modified duties** that suit your recovery.

A **Certificate of Capacity** from your **doctor** explains what work you can **safely** do and what you should **avoid**.

Your workplace has a responsibility to provide **safe and suitable tasks** that match your medical capacity.

Your **claims manager** can support and coordinate your return to work, but the process is led by you, your workplace and your doctor.

Your **Certificate of Capacity** can be updated whenever your condition changes, so your return is always **safe and gradual**.

Remember: Your recovery comes first. Returning to work can be a gradual, worker-led process with guidance from your doctor and support from your workplace.



What Will My Return to Work Look Like?



Everyone's return is different.

Some people go back to the same role and hours as before their injury. Others return gradually, with modified tasks or reduced hours. Some may need a longer time to recover before returning.

Your return is usually guided by a **Return-to-Work Plan**.

This plan is developed by your **claims manager** with input from you, your treating **doctors**, and your **employer**.

It sets out the **steps to return safely** and clarifies the **responsibilities** of everyone involved.

A Return-to-Work Plan usually includes:

- **Everyone** involved in your return-to-work plan
- **Recommendations** from your doctor based on your health status



What Will My Return to Work Look Like?



Return-to-Work Plan usually includes:

Everyone involved in your return-to-work plan

Recommendations from your doctor based on your health status, including:

- ✓ You (the injured worker)
- ✓ Your employer
- ✓ Your claims manager
- ✓ Your rehabilitation provider or allied health professional (e.g., physiotherapist, psychologist)
- ✓ Your GP or other treating doctor (e.g., surgeon, psychiatrist)
- ✓ Your return-to-work coordinator
- ✓ Your goals and preferences for returning to work

- What tasks you can safely do and for how long ✓
- What tasks you should avoid ✓
- Any changes needed at work to support you ✓
- Who to contact about the plan ✓
- When the plan will be reviewed ✓

You must be provided with a copy of your **Return-to-Work Plan** by the claim manager, so you have it for your own records.

Note: Not every worker will have a formal Return-to-Work Plan, but there should always be a strategy in place to guide your safe return.





Benefits and Services

What Are Step-Downs of Weekly Payments?

Step-downs happen when the weekly payments you receive are **reduced over time**. The exact rules depend on your state or territory.

For example: Some states pay 95% of your usual pre-injury earnings for the first 3 months, then reduce (“step down”) to 80% afterward.

The timing and percentage of **step-downs vary** — common periods are at 13 or 26 weeks from your first day off work.

Always check with your claims manager to know the rules that apply to your claim.



What Happens if I Am on a Claim for a Long Time?

Although it is **not common**, some workers remain on a claim for months or even years.

During this time, a few things may happen:

- You may be referred to workplace/occupational rehabilitation provider who works with you, your doctor, and your employer to plan and support your safe return to work.
- You may undergo independent medical examinations (IMEs) to assess your work capacity.
- Your weekly payments may step down over time (see left).

Note: Wage payments are usually time-limited, but workers with very serious impairments may receive longer-term benefits.



Acknowledgement

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Workers' Voice

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