

5 May 2015

ACClaim Otago  
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Dear ACCclaim Otago

### Official Information Act Request

Thank you for your email of 13 April 2015 asking a number of questions under the Official Information Act 1982.

Your questions are answered in the order that they were asked:

1. *How many work-related gradual process claims does ACC receive per year?*
2. *How many work-related gradual process claims does ACC accept per year?*
3. *How many work-related gradual process claims does ACC decline per year?*

These questions are answered in the table below. When reading this table please note the following:

- Gradual process claims are defined by section 30 of the Accident Compensation Act 2001. The Act does not specify particular diseases or causes but states that gradual process is a personal injury caused by work-related gradual process, disease or infection. Each claim is considered on its merits, having regard to the particular facts of the case, and the legislation that applies at the time that the claim for cover is lodged.
- Decisions on whether a claim is accepted or declined can and do change over time, for example if more information is received about the claim. The table was run on 21 April 2015, the results may change if the table is re-run at a later date.
- The vast majority of gradual process claims are for musculoskeletal and hearing loss conditions. The hearing loss regulations changed from 1 Jan 2011 which reduced the number of hearing loss claims lodged.
- The table does not include Accredited Employer claims.

Financial year	Number of claims lodged	Current decision of accept	Current decision of decline
2010	23,833	14,844	8,989
2011	17,653	8,509	9,144
2012	16,065	7,638	8,427
2013	15,071	7,058	8,013
2014	15,497	8,329	7,168

4. *What did ACC News (1996) Issue 16 say about occupational overuse syndrome (OOS) conditions? What were the specific diagnoses from three classification groups that medical practitioners were advised to provide?*

A copy of this article is attached as Appendix 1.

5. *When did ACC replace the term Occupational Overuse Syndrome (OOS) with Regional Pain Syndrome?*

There has been no such replacement. ACC's August 1997 publication "Occupational Overuse Syndrome. Treatment and rehabilitation - A Practitioners Guide" classified occupational overuse syndrome into three categories:

- Localised inflammations (trigger finger, tenosynovitis, epicondylitis, rotator cuff syndrome, bursitis, cervicothoracic dysfunction, muscle strain & postural syndrome)
- Compression syndromes (carpal tunnel syndrome, thoracic outlet syndrome, ulnar nerve compression, radial nerve compression)
- Pain syndromes (chronic pain syndrome, myofascial syndrome, fibromyalgia, regional pain syndrome, & complex regional pain syndrome a.k.a. regional sympathetic dystrophy)

6. *What advice did ACC receive about replacing the term Occupational Overuse Syndrome with Regional Pain Syndrome?*

Please see the answer to question five.

7. *Did the change referred to in 5 and 6 above occur following the ACC Consensus meeting on fibromyalgia and other chronic pain syndromes of February 1998 that was chaired by Professor Des Gorman and referred to in the article by Dr DB Rankin that was published in the New Zealand Medical Journal in 1999?*

Please see the answer to question five.

8. *What ACC processes were instituted with regard to work-related gradual process claims by work-related gradual process \computer keyboard and mouse users following the ACC Consensus meeting of February 1998?"*

There were no new processes instituted, however the meeting recommended that all claims for pain syndromes should be subject to the four-part test already in place.

If you have any questions or concerns about the information provided, ACC will be happy to work with you to resolve these. Please address any concerns by emailing [GovernmentServices@acc.co.nz](mailto:GovernmentServices@acc.co.nz) or in writing to *Government Services, PO Box 242, Wellington 6140.*

If you're unhappy with ACC's response, you may make a complaint to the Office of the Ombudsman. You can call them on 0800 802 602 between 9am and 5pm on weekdays, or write to *The Office of the Ombudsman, PO Box 10152, Wellington 6143.*

Yours sincerely

## **Government Services**

**Encl:** Extract from ACC News (1996) Issue 16

# Occupational Overuse Syndrome defined

A Taskforce for Treatment Providers has agreed on and recommended a definition of Occupational Overuse Syndrome (OOS).

The recommended definition was agreed in April after the Taskforce, established as part of the ACC's OOS Prevention Programme, reviewed invited submissions. The Occupational Safety and Health (OSH) Service of the Department of Labour agrees with the recommended definition and ACC will be using it in resource materials developed as part of the OOS Prevention Programme.

The Taskforce, which began work on the definition in October last year, consisted of representatives from the New Zealand General Practitioners' Association, the Royal New Zealand College of General Practitioners, the New Zealand Society of Physiotherapists, the New Zealand Association of Occupational Therapists, the OSH Service and ACC.

ACC strongly agrees with the Taskforce's position that occupational overuse syndrome is an umbrella term which, on its own, is not an adequate diagnosis. A specific diagnosis is a vital prerequisite for making cover decisions, and for ensuring effective treatment and rehabilitation. This means general practitioners must provide a specific diagnosis for OOS conditions on the M46 form. Cover cannot be determined unless this information is provided.

The following examples show how a diagnosis can be communicated:

A specific diagnosis: OOS - Lateral epicondylitis

A provisional diagnosis: OOS - ? Lateral epicondylitis or Lateral epicondylitis (provisional)

Multiple conditions: OOS - Lateral epicondylitis & Cervicothoracic Dysfunction

An individual's cover for any of the OOS conditions identified in the recommended definition is determined by provisions in the Accident Rehabilitation and Compensation Insurance Act (ARCI) 1992. OOS conditions are generally regarded as personal injury caused by gradual process, and the work relatedness test in section 7 of the ARCI Act applies. However, section 7 only provides cover for gradual process injuries arising in and out of the course of paid work. People whose OOS conditions result from unpaid occupations (for example, university study) will not therefore have cover under the ARCI Act.

The Taskforce's definition will be incorporated into a revised edition of the OSH publication *Occupational Overuse Syndrome - Treatment and Rehabilitation: A Practitioner's Guide*, initially published in 1992.

## Occupational Overuse Syndrome Recommended Definition

- Occupational Overuse Syndrome (OOS) is an umbrella term covering a range of disorders characterised by pain and/or other sensations in muscles, tendons, nerves, soft tissues and joints with evidence of clinical signs. Symptoms such as pain, discomfort and muscle weakness may continue even after initial clinical signs have diminished.
- The disorders are caused, or significantly contributed to, by occupational factors, including prolonged muscle tension, repetitive actions, forceful movements and sustained or constrained postures, which exceed the usual ability of the body to rapidly recover.
- Other medical conditions causing the same or similar symptoms have been excluded (eg, some rheumatological conditions, prolonged inactivity, or disuse of muscles).

## Classification of Occupational Overuse Syndrome

Current knowledge suggests that OOS can be classified into three groups: localised inflammations; compression syndromes; and pain syndromes.

	Localised inflammations	Compression syndromes	Pain syndromes
Subtypes	trigger finger M65.3 de Quervain's tenosynovitis M65.4 tenosynovitis M65.8 epicondylitis M77.0, M77.1 rotator cuff syndrome M75.1 bursitis M70.1-M70.5 cervicothoracic dysfunction M54.6 postural syndromes M62.6 muscle strain M62.6	carpal tunnel syndrome G56.0 thoracic outlet syndrome G54.0 ulnar nerve compression G56.2 radial nerve compression G56.3	chronic pain syndrome myofascial syndromes M79.0 fibromyalgia M79.0 regional pain syndrome complex regional pain syndrome (reflex sympathetic dystrophy) M89.0

Numbers are ICD-10 codes  
These lists may not be exhaustive

## Explanatory notes

- Occupational Overuse Syndrome is a complex problem that invariably has many causes. The number of possible causes is large, with much potential for interaction. Organisational factors (such as excessive workload), psychosocial factors (both in and outside of work) and individual characteristics are known to increase the risk of developing OOS. These all have to be taken into account when managing OOS.
- Occupational Overuse Syndrome should not be confused with the aches and pains that are a common part of life.
- The disorders included in the subtypes of Occupational Overuse Syndrome can also exist alone without overuse or occupation being the cause. These disorders would then not be classified under the umbrella term OOS.
- OOS is not a clinical entity; it is an umbrella term. For this reason, OOS on its own is not an adequate diagnosis. All classifications of OOS should therefore be accompanied by a subtype, provisionally based if necessary. For example, OOS - Carpal Tunnel Syndrome (provisional), or OOS - Epicondylitis. Multiple subtypes can also be indicated, such as OOS - Epicondylitis & Cervicothoracic Dysfunction.
- There is no distinction between paid and unpaid occupations for the purposes of the definition of Occupational Overuse Syndrome, and management will be similar. However, cover under the Accident Rehabilitation and Compensation Insurance Act 1992 will depend, among other things, on whether the occupation in which the condition arose was paid or unpaid.

August 1996

The information contained in this publication is issued as a guide only. ACC has made every effort to ensure that it is accurate at the date of printing. However, in the event of any dispute, the Accident Rehabilitation and Compensation Insurance Act 1992 and any subsequent regulations will take precedence over the content of this publication. Published by Accident Rehabilitation and Compensation Insurance Corporation, Wellington.

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