

11 August 2016

Lee M

Email: fyi-request-4229-4ab200e9@requests.fyi.org.nz

Dear Lee M

Official Information Act Request

Thank you for your request of 6 July 2016 asking for information under the Official Information Act 1982 (the OIA). Your request was initially made to the Office of the Minister for ACC and was formally transferred to ACC on 14 July 2016.

You asked for the following information under the OIA:

- 1. A copy of all policies, procedures, guidelines, rules and any other similar documents related to "medical case review" requests by the ACC.*
- 2. A copy of the standard letter template routinely used by the ACC when writing a "medical case review" request to a doctor or specialist.*

Please find this information enclosed. The template used to request a medical case review is ACC7395.

You also requested comment on the following two matters:

- 3. Can you also please advise me whether or nit it would be normal operating procedure for an ACC appointed (external) Solicitor to write a "medical case review" referral letter to a specialist, and to do so on a non-ACC letterhead using his own format? And if so, can you please explain under what circumstances might this happen?*

External lawyers instructed by ACC often obtain medical evidence that is relevant for the case they are dealing with, and would normally provide an instructing letter using their own letterhead.

- 4. In addition, can you please describe the circumstances when it might be considered necessary or appropriate to include voluminous "background" information when the ACC's standard template abovementioned does not allow for this [...]*

The relevant background information provided for a medical case review is considered on an individual basis and case owners (Case Managers) determine from the client's claim file(s) what information is considered relevant for the Assessor to consider. It is dependent on the circumstances of the claim.

ACC is happy to answer your questions

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 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

Medical Case Review and Medical Single Discipline Assessment

Contact Fairul Ghan

Last review 01 Aug 2016

Next review 01 Aug 2017

Introduction

Medical Case Reviews (MCRs) and Medical Single Discipline Assessments (Medical SDA) are used to obtain an opinion from a non-treating practitioner when we're unable to get this from a treating practitioner.

For process details see Arranging an additional medical assessment referral.

When to use

Consider referring for MCR when you need to clarify diagnosis(es) and/or the cause of a client's injury or current condition and get recommendations for further investigations, treatment or rehabilitation.

Consider referring for Medical SDA when you need to get recommendations for the best onward treatment or rehabilitation specific to an injury covered by ACC.

See [Medical assessments quick reference guide](#).

Eligibility

Medical Case Review

The client must have an accepted claim for cover or have been referred by ACC for an assessment to help determine cover.

Medical SDA

The client must have an accepted claim for cover.

Key features

- Only ACC can refer for MCR and Medical SDA
- An MCR can be used to help determine cover and ongoing entitlements, a Medical SDA cannot
- The provider must be a **non-treating practitioner** who is a **medical specialist**
- The provider may order tests or investigations if necessary for them to be able to provide to an opinion. They can also make recommendations for tests or investigations
- MCRs and Medical SDAs are both purchased under the Clinical Services contract.

Non-contracted providers

- In rare cases, eg if a medical specialist opinion is needed and there is no suitable specialist available under the Clinical Services contract, you can use a non-contracted medical specialist to provide the service and use the Clinical Services purchase order codes to pay the non-contracted provider
- You must send the relevant signed letter of agreement and receive it back **before** making the purchase order.

For full process details see [Arranging an additional medical assessment referral](#).

Standard or complex assessments

- You can purchase a standard or complex MCR or Medical SDA. In rare cases you may use an 'exceptional code' in MFP, ie the 'Complex' code plus an hourly rate payable under the Clinical Services Contract (all codes are in MFP)
- 'Complex' means either:
 - the client's injury is of unusual complexity or there are co-morbidities that appear to be affecting the client's recovery from injury
 - the review or assessment will be undertaken in two parts while results of investigations are obtained.

Timeframes

- A supplier who has agreed to provide either an MCR or Medical SDA must perform a clinical examination within **eight business days** of receiving a referral, unless otherwise agreed by ACC
- The provider must provide a copy of the report to the case owner within **eight business days** from the date of the clinical examination.

The following table shows the expected assessment durations.

Review or assessment	Expected timeframe
Standard MCR	up to 3.5 hours
Complex MCR	more than 3.5 hours and less than 7.5 hours
Exceptional MCR	more than 7.5 hours
Standard Medical SDA	up to 2.5 hours
Complex Medical SDA	more than 2.5 hours and less than 4.5 hours
Exceptional	more than 4.5 hours

Summary of referral process

- Decide if MCR or Medical SDA is required
- Ensure current medical notes are on file
- If needed, get expert advice from a BMA to confirm referral is appropriate (always needed for MCR)
- Find a suitable Clinical Services contracted provider in InFact and determine availability. If no suitable provider, consider contracting a specialist using the relevant non-contracted agreement letter
- Discuss referral and choice of provider with the client and give them the relevant information sheet
- Notify treating practitioner and GP of referral
- Create purchase order (PO) and send relevant PO form to supplier and provider with relevant documents
- Notify client using relevant letter.

For full process details see Arranging an additional medical assessment referral.

Notes

- If referring for MCR, you must involve a branch medical advisor (BMA) to help you develop appropriate questions for the specialist and advise on the best speciality to use, eg when a situation may be better managed by one medical professional group than another. BMA advice is optional for Medical SDA referral
- Use the ACC7395 referral form (not a letter) to make the referral. The same form is used for either MCR or Medical SDA referral so make sure you indicate the relevant type of assessment at the top of the form
- Download an excel spreadsheet from InFact to see full information of potentially available specialists
- If you're paying for disbursements, use the relevant non-contracted codes
- If a provider is unable to meet the eight day timeframe to see a client, you can negotiate a timeframe which is acceptable to both parties
- If you wish to use exceptional codes, you must request approval from the Elective Service category manager via email. Include a brief reason why you need to use the exceptional code
- If you frequently need to use the same non-contracted specialist, ie using the letter of agreement (LOA), encourage them to apply for the Clinical Services contract or become a 'Named Provider' on an existing Clinical Services contract. Contact the supplier manager or Elective Services category manager if you need more information about this.

Purchase order codes for contracted services

If you're purchasing MCR or Medical SDA under the Clinical Services contract, use one of the following PO codes when completing the referral form.

Type of referral	PO code	Notes
Medical Case Review (Standard)	CSM1	
Medical Case Review (Complex)	CSM2	
Medical Case Review (Exceptional)	CSM3	
Medical Single Discipline Assessment (Standard)	CSA1	

Type of referral	PO code	Notes
Medical Single Discipline Assessment (Complex)	CSA2	
Medical Single Discipline Assessment (Exceptional)	CSA3	
Medical Case Review – non-attendance fee	CSN1	Payable when a client fails to attend a scheduled MCR appointment (within two working days' prior notification)
Un-booked appointment time	CSU	Payable only when a supplier has travelled to an area outside of their usual service area at the request of ACC and there is unfilled appointment time within a block booking (maximum of four hours per day)

Purchase order codes for non-contracted services

If you have a signed letter of agreement (LOA), use one of the following Clinical Services PO codes when completing the referral form.

Type of referral	PO code	Notes
Medical Case Review (Standard) LOA	MCR11	
Medical Case Review (Complex) LOA	MCR12	
Medical Case Review (Exceptional) LOA	MCR13	Hourly rate requiring approval by the Elective Services category manager
Medical Single Discipline Assessment (Standard) LOA	MSDA1	
Medical Single Discipline Assessment (Complex) LOA	MSDA2	
Medical Single Discipline Assessment (Exceptional) LOA	MSDA3	Hourly rate requiring approval by the Elective Services category manager
Medical Case Review Disbursements LOA	MCRD	Disbursements, eg travel or accommodation, incurred at cost
Medical Case Review – non-attendance fee	MCRDNA	Payable only where the client does not attend the appointment

Purchase codes for travel, accommodation and clinic rooms

If you need to purchase travel, accommodation or clinic rooms for MCRs or Medical SDAs done outside of the region in which the specialist provider resides, you may use the following non-contracted travel, accommodation and clinic codes as there are no provisions in the Clinical Services contract for these expenses.

Item Code	Item Description	Amount
ACCOM1	Accommodation for Medical Assessor providing MCRs or Medical SDAs	Paid at cost
TRAVA1	Air Travel for Medical Assessor providing MCRs or Medical SDAs	Paid at cost
TRAVD1	Travel distance	Distance travelled

Item Code	Item Description	Amount
TRAVR1	Hire of Rooms for Consultation or Assessment	Paid at cost
TRAVT3	Travel time	Agreed hourly rate

Relevant FLIS

The following table shows the FLIS used when making referrals. For release and usage details, see Medical assessments FLIS WAS/IS list (July 2016).

Code	Description	Sent to...
ACC7395	Referral for medical single discipline assessment or medical review	Vendor
SMR12	Medical case review appointment	Client
SMRIS02	Medical case reviews information sheet	Client
SMR11	Medical single discipline assessment appointment	Client
SMRIS05	Medical single discipline assessment information sheet	Client
SMR13	Independent medical review advice	Treating practitioner
SMR14	Medical SDA non-contracted agreement - Letter of agreement (LOA) with a supplier who is not contracted under the Clinical Services contract to do Medical SDA	Vendor
SMR15	Medical Case Review non-contracted agreement - Letter of agreement (LOA) with a supplier who is not contracted under the Clinical Services contract to do MCR	Vendor

Summary of reporting process

- If the report is not back within eight days of the appointment, follow up with the provider
- Review the report for quality and if needed, discuss with a BMA or the provider
- Provide copy of report to client, treating practitioner (and GP if not treating)
- Confirm next steps with BMA and other advisors
- Discuss report and next steps with client (face-to-face if possible).

For full process details see Arranging an additional medical assessment referral.

Relevant FLIS

The following table shows the FLIS used after receiving an assessment report. For release and usage details, see Medical assessments FLIS WAS/IS list (July 2016).

Code	Description	Sent to...
ACC7397	Medical case review report checklist	Case owner
CLI10	Cover letter - assessment report for your info - client	Client

Alternative options

Before considering either MCR or Medical SDA, try to get the advice you need from the treating practitioner. Use the relevant code to pay for these services, eg:

- for additional assessments and reports, use the Cost of Treatment Regulations (CoTR) or medical notes code in MFP
- if they're a specialist, use the Clinical Services contract codes for reassessment.

If you're looking for a second opinion, consider asking a general practitioner with post graduate qualifications or special interests to provide a second opinion assessment under another relevant contract. For example, under the Vocational Medical Services contract you can ask an Occupational Physician or suitably qualified general practitioner who holds that contract for a Section 103 or 105 assessment and report.

A doctor can also refer to another doctor for advice using the Clinical Services contract for a standard or complex second opinion assessment.

Arranging an additional medical assessment referral

If you need additional medical information to resolve a case management cover or entitlement decision, or you have a medical question relating to clinical management or rehabilitation, you may need to refer a client for a Medical Case Review (MCR) or Medical Single Discipline Assessment (Medical SDA).

Use this process to ensure you request the appropriate assessment and get advice from a branch medical advisor (BMA) when needed. BMA input is needed before making a referral for MCR and, if requested, at the decision stage, but optional for Medical SDA referrals. Once you have the assessor's report, you may need to seek further advice to make a decision before you discuss the outcome with the client at a face-to-face meeting.

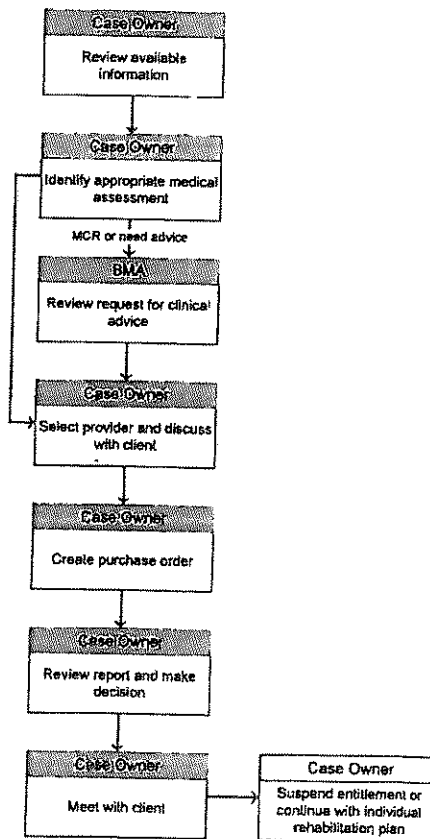
For Initial Medical Assessment (IMA) or Vocational Independence Medical Assessment (VIMA), use *Assessing client's vocational rehabilitation need and Deciding whether VI assessment is needed*.

Contact Cheryl Gall

Last review 27 Jun 2016

Next review 27 Jun 2017

Click on a shaded box for instruction details



Show all instructions

Review available information

Responsibility

Case owner

When to use

Use this instruction to consider the available information and whether it answers your question(s).

Before you begin

The preferred course of action is to resolve any issues or questions by discussing with the treating practitioner rather than referring for a Medical case review (MCR) or Medical single discipline assessment (Medical SDA).

Instruction

Step 1

Think about the specific question(s) you're trying to answer.

Step 2

Review the client's medical notes, current treating practitioner's report and all other medical information on file to see if the answers are there.

Step 3

If...	then...
the information on file answers your question(s)	this process ends
you still need further information or advice	go to step 4

Step 4

Consider whether the existing treating practitioner can help.

What happens next

If...	then...
the existing treating practitioner may be able to answer your question(s)	<ul style="list-style-type: none"> • either refer back to the treating practitioner or send them an ACC189 Treating practitioner report to complete • this process ends
you need an independent medical opinion	go to Identify appropriate medical assessment

Back to process map 1

Identify appropriate medical assessment

Responsibility

Case owner

When to use

Use this instruction after you've reviewed the information on file to decide which type of medical assessment is appropriate and, if needed, request advice from a branch medical advisor (BMA).

Before you begin

See the Medical case reviews and Medical single discipline assessments overview and the Medical assessments quick reference guide.

Before making a referral for an MCR you must consult with a branch medical advisor (BMA). BMA input is optional for Medical SDA referrals. See also Requests for advice from branch medical advisors (BMAs).

Instruction

Step 1

Use the following table to determine which type of medical assessment is needed.

If...	then...
you're not sure whether the client is able to do their pre-injury role	<ul style="list-style-type: none"> • consider a Section 103 assessment under the Vocational Medical Services contract • this process ends
the client is a potential earner and you're not sure whether they may be able to do a suitable role identified in their Initial Occupational Assessment (IOA) and there is a recent Initial Medical Assessment (IMA) on file	<ul style="list-style-type: none"> • consider a Section 105 assessment under the Vocational Medical Services contract • this process ends

If...	then...
the GP certifying the client for incapacity is unwilling or unable to consider if the client may have capacity to work	<ul style="list-style-type: none"> • go to Vocational Rehabilitation Review referrals • this process ends
cover is not in question and you need advice on the most appropriate treatment or medical management	<ul style="list-style-type: none"> • you may need a Medical SDA • go to step 2
the client's symptoms may no longer be injury related, ie Section 117 applies	<ul style="list-style-type: none"> • you may need a Medical Case Review (MCR) • go to step 2
diagnosis or the cause of the ongoing incapacity is unclear (including gradual process claims)	<ul style="list-style-type: none"> • go to step 2
you need a full clinical history to determine cover	

Step 2

If you may need...	then...
a Medical SDA	if you: <ul style="list-style-type: none"> • don't need BMA advice, go to Select provider and discuss with client • need BMA advice, eg to confirm the type of assessment and/or provider or to help formulate appropriate questions/issues, go to step 3
an MCR	<ul style="list-style-type: none"> • you must get BMA advice before making the referral • go to step 3

Step 3

Send a request for clinical advice to the BMA. Include:

- the type of assessment required, ie MCR or Medical SDA
- suggested specific questions for the assessor (optional)
- the documents you propose to send to the provider. You can use the MCR referral documents preparation checklist to help you prepare these.

What happens next

The BMA will review the request for clinical advice and:

- confirm the type of assessment is appropriate
- provide medically appropriate questions
- recommend an appropriate provider speciality
- confirm whether the attached documents would be appropriate for the assessment.

Go to Review request for clinical advice.

Back to process map ↑

Review request for clinical advice

Responsibility

Branch medical advisor (BMA)

When to use

Use this instruction when you receive a task requesting clinical advice in relation to a Medical Case Review (MCR) or Medical Single Discipline Assessment (Medical SDA) referral.

Instruction

Step 1

Check the request and other information provided.

If...	then...
you don't agree an MCR or Medical SDA is needed	<ul style="list-style-type: none"> • contact the case owner to let them know • explain why you don't think either is appropriate, eg the answer to their question is on file, other options are more suitable • if needed, recommend a more appropriate option • this process ends
you agree an MCR or Medical SDA is needed	go to step 2
there isn't enough information with the request	<ul style="list-style-type: none"> • let the case owner know • when you have enough information, repeat this step

Step 2

If needed, eg if the case looks complex, discuss the request with the case owner and let them know whether you need to be involved at the decision making stage.

Step 3

Update the task to confirm the assessment is appropriate. Include:

- medically appropriate questions
- a suggested provider speciality and/or sub-speciality
- additional documents to send to the provider, if needed
- any other comments or recommendations for the case owner.

Step 5

Return the task and form to the case owner.

What happens next

Go to Select provider and discuss with client.

Back to process map 1

Select provider and discuss with client

Responsibility

Case owner

When to use

Use this instruction when you're ready to make the referral. If it's a referral for Medical Case Review (MCR), make sure the branch medical advisor (BMA) has confirmed the referral is appropriate.

Before you begin

See Client choice of provider and Guidelines for initial medical case review discussion with client.

Instruction

Step 1

If...	then...
you're referring for a Medical Single Discipline Assessment (Medical SDA) without BMA input	go to step 2
a BMA has confirmed an MCR or Medical SDA is appropriate	
a BMA has advised an MCR or Medical SDA is not appropriate	if needed, discuss with your team manager (TM) <ul style="list-style-type: none"> • if your TM agrees with the BMA, this process ends • if your TM doesn't agree, discuss with the BMA then repeat this step

Step 2

Search the relevant InFact 'Named Provider' dashboard for an appropriate provider contracted under the Clinical Services contract who:

- matches the speciality requirements recommended by the BMA
- is located closest to the client.

If you find...	then...
a suitable contracted provider	go to step 3
no suitable contracted provider	<ul style="list-style-type: none"> • check the non-contracted provider list • add a note in the 'Contacts' tab explaining why you're recommending a non-contracted provider rather than a contracted provider • go to step 3

Step 3

If you...	then...
have already met with the client and you need to discuss the alternative provider with them	go to step 6
haven't met with the client yet	go to step 4

Step 4

Contact the client and set up a suitable time to discuss the assessment, preferably at a face-to-face meeting. If you're unable to meet with them face-to face:

- let them know you'll send them an information sheet and set up a suitable time to discuss the assessment over the phone
- send the client the relevant information sheet:
 - SMRIS02 Medical Case Reviews
 - SMRIS05 Medical Single Discipline Assessment.

Step 5

When you meet with the client, give them the relevant information sheet if needed, then talk to them about:

- why the medical assessment is needed and how it works
- the possible outcomes, privacy and the importance of keeping treating practitioners informed.

Step 6

Then discuss the recommended provider with the client. Make sure you:

- talk about why you've chosen the type of assessor and speciality
- ask the client if they're happy with the recommended provider.

If the client...	then...
has no objection to the recommended provider	<ul style="list-style-type: none"> • let them know you'll confirm the provider's availability and then get in touch with them to confirm the appointment details • end the meeting • add a 'Contact' in Eos and record your discussion • go to step 7
isn't happy with the recommended provider	<p>discuss the options and/or other possible providers with them</p> <ul style="list-style-type: none"> • if they still want a different provider and they know who they want: <ul style="list-style-type: none"> • let them know you'll confirm the provider's availability and then get in touch with them to confirm the appointment details • end the meeting • add a 'Contact' in Eos and record your discussion • go to step 7 • if they still want a different provider but don't suggest a particular provider, repeat steps 2 and 3

If the client... then...

Step 7

Contact the preferred provider to determine if they're available to see the client within an acceptable timeframe, eg eight working days.

If the preferred provider is...	and they're...	then...
unavailable	n/a	repeat from step 2
available	contracted	<ul style="list-style-type: none"> • add a 'Contact' in Eos • go to step 8
	not contracted	<ul style="list-style-type: none"> • generate the relevant letter of agreement at Claim level and send it to the selected provider: <ul style="list-style-type: none"> • SMR14 Medical SDA non-contracted agreement - vendor • SMR15 Medical Case Review non-contracted agreement - vendor • add a 'Contact' in Eos • when you receive the signed letter of agreement back from the non-contracted provider, upload or log it in Eos • go to step 8

Step 8

Use the following table to send the appropriate appointment letter and information sheet to the client.

If it's...	then send the following documents to the client...
an MCR referral	<ul style="list-style-type: none"> • SMR12 Medical case review appointment - client letter • SMRIS02 Medical Case Reviews information sheet • ACC6246 Relevant documents list
a Medical SDA referral	<ul style="list-style-type: none"> • SMR11 Medical single discipline assessment appointment - client letter • SMRIS05 Medical Single Discipline Assessment information sheet • ACC6246 Relevant documents list

Step 9

Send an SMR13 Independent medical review advice - treating practitioner letter to the client's treating practitioner and/or specialist to let them know of their patient's appointment.

What happens next

Go to Create purchase order.

Back to process map ↑

Create purchase order

Responsibility

Case owner

When to use

Use this instruction to purchase the services of the confirmed provider and send the correct documentation to them.

Before you begin

If the provider is a non-contracted provider, make sure the letter of agreement has been signed and returned before you complete the purchase order.

If accommodation, clinic room hire or travel is required, either arrange this directly with the provider or bill the provider using the appropriate MFP travel code, ie non-contracted travel code or code approved by your branch manager. See MCR and Medical SDA assessments.

Instruction

Step 1

Generate an ACC7395 Referral for medical single discipline assessment or medical review - PO - vendor form.

Step 2

Indicate the relevant referral, ie Medical Case Review (MCR) or Medical Single Discipline Assessment (Medical SDA) at the top of the form, then complete the rest of the details.

If you're referring for... then...

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> an MCR a Medical SDA with BMA input a Medical SDA with no BMA input | <ul style="list-style-type: none"> • copy the request details from the clinical advice task and/or form into section 6 of the referral form • go to step 2 go to step 2 |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Step 3

Save the ACC7395 form as 'Complete'.

Step 4

Generate an ACC6246 Relevant documents list, prepare the documents listed in the following table and list them on the ACC6246.

If the provider is ... then prepare the following documents...

- | | |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> contracted non-contracted | <ul style="list-style-type: none"> • copies of relevant medical reports • a completed ACC189 Treating practitioner report • copies of relevant medical reports • a completed ACC189 Treating practitioner report • a copy of the signed letter of agreement |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Step 5

Send the ACC7395 referral form to the selected provider with copies of:

- the ACC6246 Relevant documents list
- all relevant documents prepared in step 4.

Step 6

Create a follow-up task in Eos to remind you to check the report comes back from the provider.

What happens next

The assessor will complete the assessment and send you an assessment report. When you receive the report, go to Review report and make decision.

Back to process map ↑

Review report and make decision

Responsibility

Case owner

When to use

Use this instruction to check the assessment report, get the client's comments and make a decision.

Before you begin

See Guidelines for discussion when sending an MCR or Medical SDA report to client.

You may need to consult with the branch medical advisor (BMA) if they've asked to be involved at the decision-making stage.

Instruction

Step 1

Check the assessment report and make sure:

- there are no significant errors, eg incorrect client name or date of birth
- it addresses all the matters recorded in section 6 of the referral form.

If it's an MCR report, use the following table to decide whether you need to complete the ACC7397 Medical case review report checklist.

If...	then complete the checklist to help you...
you have any concerns about the report	determine whether you need more information from the medical assessor or advice from a BMA
you're a newly employed case owner	build familiarity with the requirements of MCR assessment reports

Step 2

If...	then...
all matters have been addressed and there are no significant errors	go to step 3
either: <ul style="list-style-type: none"> • there are significant errors • not all matters have been addressed 	<ul style="list-style-type: none"> • send the report back to the provider requesting the missing information and/or ask for errors to be corrected • create a follow-up task in Eos to remind you to check the report comes back from the provider • when you receive a response, return to step 1

Step 3

Use the following table to decide if you need BMA advice on the content or quality of the report.

If...	then...
you need clarification about anything in the report	<ul style="list-style-type: none"> • send the report with a task to the BMA • ask them to review the report and provide advice • go to step 4
it's an MCR report and the report doesn't pass the quality check	<ul style="list-style-type: none"> • send the report in a task to the BMA with the completed ACC7397 Medical case review report checklist • ask them to review the report and provide advice on quality • if the BMA agrees, consider whether you need to escalate provider performance issues • go to step 4
there are no errors, omissions or questions about the content or quality	go to step 4

Step 4

Send a copy of the assessor's report to the:

- client and their treating practitioner using the CL110 Cover letter – assessment report for your info – client letter
- BMA, if they were involved at the referral stage and you haven't sent them a copy yet.

Step 5

Contact the client to ensure they've received the report and get their comments.

Record the discussion and the client's comments in a 'Contact' in Eos

Step 6

Make a decision about the client's next steps based on the report and any other relevant information. If needed, complete a file review as well.

Step 7

If...	then...
the BMA has asked to be involved at the decision making stage, you have further clinical questions or you need further BMA advice	<ul style="list-style-type: none"> • send a task to the BMA and follow up with a discussion if needed • go to step 8
you need other advice to help you make a decision	<ul style="list-style-type: none"> • consult with the branch panel, where used, or technical claims manager (TCM) (team manager if no TCM) • go to step 8

Step 8

If the report, relevant information and advice indicates the injury is...	then...
no longer the cause of the incapacity	go to step 9
still causing incapacity and the client requires more rehabilitation	<ul style="list-style-type: none"> • update the client's Individual rehabilitation plan (IRP) • go to step 9

Step 9

- Add a 'Contact' in Eos and record:
- the rationale for your decision
 - any relevant comments or advice received.

What happens next

Go to Meet with client.
Back to process map 1

Meet with client

Responsibility

Case owner

When to use

Use this instruction to explain the decision to the client.

Before you begin

See Guidelines for post-MCR meeting with client.

Instruction

Step 1

- Discuss the decision with the client, preferably at a face-to-face meeting. Make sure you:
- discuss the content of the report
 - explain who was part of the decision
 - explain what will happen next, any entitlements that may be affected and the various options available.

Step 2

Add a 'Contact' in Eos and record the discussion with the client.

What happens next

If the injury is no longer the cause of the incapacity, go to Suspending entitlement.
This process ends.
Back to process map 1

Guidelines for the initial medical case review discussion with client

When a client is referred for a medical case review (MCR), you should have a discussion with them to explain the purpose and the process of the assessment. Clients often don't understand the need for a MCR. Covering all the aspects of the assessment process during the initial discussion will help them to understand the purpose, prepare for the assessment and be aware of possible outcomes and their role and responsibility in the process.

Contact Cheryl Galt

Last review 18 Aug 2015

Next review 17 Aug 2016

When to use

These guidelines will help you shape your initial MCR discussion with your client.

What to consider

Where possible, it's important to have a face to face discussion with the client. You need to take into account the nature of the client's injury when deciding the best way to communicate with them.

Starting the conversation

Start off by:

- summarising the history of the claim and referring to all other relevant claims, including sensitive claims
- explaining the purpose of the assessment and the process to be followed, ie who will arrange the appointment, how long this will take
- explaining the possible outcome of the assessment
- discussing what type of assessor is required and why
- explaining our provider choice policy and agreeing on a suitable provider
- explaining that an interpreter can be arranged if English is their second language.

About the assessment

Tell the client more about the appointment and:

- check that they're available and able to attend the appointment
- emphasise that the assessment involves a discussion and a physical examination that will be relevant to the physical injury being assessed
- encourage them to ask the doctor if they don't understand any of the questions or reasons for the type of examination
- tell them that they can take support people to the assessment if they want to
- offer to provide a copy of the referral letter and document list and explain that this can be added to, prior to the appointment, as long as it doesn't unreasonably delay the scheduling of appointments
- give the client the SMRIS02 Medical case review information sheet.

Remind the client to:

- wear comfortable clothes for the physical examination
- take any previous medical records or reports such as x-rays and MRI scans, along to the assessment
- let us know if they have transport or other needs.

Please note:

Use this as a guide for completing your comments in Eos after the discussion to ensure that all parts of the discussion are recorded.

Summarise

It's important to summarise and reinforce the:

- possible outcomes and alternate support available
- importance of privacy, eg when contacting treating practitioners for medical notes, give the client the INPIS01 Collection and disclosure of information sheet
- importance of keeping treating practitioner(s) informed about the medical assessment including outcomes.

Guidelines for discussion when sending medical case review report to client

You need to have a follow up discussion after the MCR report has been sent to the client. If clients understand the MCR report, know who to contact if they have any questions and know their options, it will be beneficial for everyone involved.

Contact Chris Gall

Last review 18 Aug 2015

Next review 17 Aug 2016

When to use

Use these guidelines to shape the conversation you have with your client after the MCR report has been sent to them.

What to consider

This discussion can be completed over the telephone, if appropriate. Remember, the client may disagree with the report and have many questions.

Confirmation

When speaking to the client, check whether they:

- received a copy of the report
- read the report and if they need anything clarified
- require time to discuss the report with their treating practitioner or someone else, eg advocate, support person, surgeon
- have any comments on the report and how a statement of correction will be managed, if appropriate
- want to make an appointment to discuss the report further.

What's next?

Once you're satisfied that the client has received the report, understands the content and is aware of their options, explain the next step in the process, ie referral for an internal clinical/technician opinion.

Please note:

Use this as a guide for completing your comments in Eos after the discussion to ensure that all parts of the discussion are recorded.

Guidelines for post-medical case review meeting with client

After a medical case review (MCR) it's important to recap why the assessment was needed and what the report says.

Contact Cheryl Gall

Last review 20 Aug 2015

Next review 20 Aug 2016

When to use

Use these guidelines to shape your discussion with a client after a medical case review.

Discuss the assessment and report

Where possible this discussion should be face to face.

Take the time to remind the client why the MCR was necessary. Explain:

- why they had an MCR
- why we chose the specialist
- what we asked the specialist to cover in the referral.

Discuss the:

- content of the specialist's report
- client's initial comments on the report, including how a statement of correction was handled, if required
- action taken once we've received the report, eg reviewed by panel, who was on the panel
- next steps.

If issuing a decision

Explain the decision and its impact by:

- offering to provide a copy of our ACC850 Decision rationale template
- providing the decision letter and explain the client's review rights
- ensuring the client understands timeframes
- explaining what entitlements will be affected now and in the future
- explaining what happens if the client experiences further problems
- advising that a copy of this decision will be sent to the client's treating practitioner(s) and confirming the treating practitioner(s) details
- offering to assist with a handover to another appropriate organisation, eg Work and Income NZ/Disability Support Link (DSL)/District Health Board.

Rehabilitation/treatment options

If the MCR provided rehabilitation/treatment options, explain these by:

- offering a copy of panel comments
- discussing rehabilitation/treatment options in terms of what is required, who can provide these and the timeframes
- agreeing and updating the individual rehabilitation plan (IRP) with the client
- explaining the next steps to achieving a return to work/return to independence.

If the client agrees to the IRP at this meeting, check that they're happy for you to send a copy to their treating practitioner(s) and/or employer(s).

Related content

ACC850 Decision rationale

Please note:

Use this as a guide for completing your comments in Eos after the discussion to ensure that all parts of the discussion are recorded.

Please complete this form to record your findings of the client's medical case review. Once completed, return to the ACC Client Service staff member below within 10 days. Emailed forms will be considered as signed. You may use your own system template but ACC requires all the listed questions below to be addressed.

1. ACC DETAILS

ACC Client Service staff member:	ACC Office:
----------------------------------	-------------

2. PROVIDER DETAILS

General Practitioner name:	ACC Provider number:
Provider address:	
Phone number:	Date of report:

3. PATIENT DETAILS

Patient's name:	
Date of birth:	ACC45 number:
Address:	Phone:
Occupation:	Employer:

4. CASE HISTORY

Please give brief details of how the injury occurred.

Please provide the initial and current diagnoses (if there has been a change in diagnosis). List all that apply.

Initial diagnosis:	Current diagnosis:
--------------------	--------------------

Please give brief details of the pathology:

Please describe what injury-related condition(s) and ongoing effects, if any, your patient has and how the injury causes them.

Condition	Effects	How the covered injury causes this

Please describe any non-injury-related conditions that may be impacting your patient's recovery.

Condition	Effects	How this is impacting recovery

5. TREATMENT PLAN

Regarding your patient's injury-related condition(s), what is your treatment plan and its expected outcomes?

Condition	Treatment plan	Expected outcomes

6. SUPPORTING INFORMATION

Please provide a summary of any relevant medical specialist or health care provider reports. Alternatively, you can attach a copy of the report(s).

--

7. WORK CAPACITY

Please refer to your patient's work type detail sheet and describe what work tasks they can safely do (with or without modifications).

Work task	Capacity to safely do this task:	If 'No' what modifications could be made to allow the client to safely do this task, eg supportive equipment
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please describe any barriers that may affect the patient's return to work and how they can be overcome or addressed.

Barrier	Solution

Does your patient remain incapacitated for work due to the effects of the injury?

No Yes

If they remain incapacitated for work, are they:

Fully unfit Fit for select work tasks

8. TREATING PRACTITIONER DECLARATION

I have personally examined the patient and to the best of my knowledge the information given is true and correct.

<p>Signed: _____ Date: _____</p>

The information collected on this form will only be used to fulfil the requirements of the Accident Compensation Act 2001. In the collection, use and storage of information, ACC will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994.

ACC7395



Referral for medical single discipline assessment or medical review

We're referring a client to you for a medical review or assessment. Please refer to the information on this form when you do the assessment.

This referral is for a: Medical Case Review Medical Single Discipline Assessment.

Please quote purchase order number [PO number auto] when invoicing ACC for this service.

1. Client details

Client name: [Client full name auto] ACC claim number: [Claim number auto]
Date of birth: [Client DOB auto] NHI number: [NHI number auto]
Email address: [Client email auto] Ethnicity: [Ethnicity auto]
Phone number: [Client home phone auto] Mobile phone: [Client Mobile Phone Auto]
Postal address: [Additional Recipient Reference Auto]

[Client Address Line 1 Auto], [Client Address Line 2 Auto], [Suburb Auto], [Town Or City Auto], [Post Code Auto]

Residential address (if different from above):

2. Provider details

Provider name: [Vendor name auto] Speciality: [Enter appropriate speciality or sub-speciality]
Phone number: [Vendor phone number auto] Email address: [Vendor email auto]
Date of referral: [Referral to assessor date auto]

3. ACC details

ACC contact person: [Case owner name auto] ACC branch: [ACC office auto]
Contact phone number: [Case owner phone auto] Email address: [Case owner email auto]

4. Injury details

Injury description: [Covered injury description and side auto] Date of injury: [DOI auto]

Additional injury details (if needed):

How this injury happened (mechanism of injury): [insert method of injury (MOI)]

Read code	Description	Side and site
[Read code auto]	[Description auto]	[Insert injury side and site(s)]
[Read code auto]	[Description auto]	[Insert injury side and site(s)]

ACC7395 Referral for medical single discipline assessment or medical review

5. Service approved					
Service code	Service description	Qty.	Unit of measure	Unit price, excl. GST	Unit price, incl. GST
[service code auto]	[service description auto]	[QTY auto]	[unit auto]	[\$8888.88 auto]	[\$8888.88 auto]

6. Matters to be addressed

Please address the following matter(s) in your assessment report.

- 1.
- 2.
- 3.
- 4.
- 5.

7. Relevant documents

When completing the assessment, please refer to the documents included with the referral. These are listed on the attached *ACC6246 Relevant documents list*.

8. Additional comments

Other relevant advice and notes about this client's case.

When we collect, use and store information, we comply with the Privacy Act 1993 and the Health Information Privacy Code 1994. For further details see ACC's privacy policy, available at www.acc.co.nz. We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.

ACC7397

Medical case review report checklist



Complete this form to check whether the components of a Medical Case Review (MCR) assessment report meet quality requirements.

1. Client details

Client name: [Client full name auto]

Claim number: [Claim number auto]

Injury description or diagnosis: [Injury description or diagnosis auto]

Date of injury: [DOI auto]

2. Checklist

Check the MCR assessment report includes:

- correct client correct details (name, claim number, date of injury, appointment and report dates)
- named provider's qualifications and designation
- statement of impartiality as a non-treating practitioner
- list of any facts and assumptions on which the opinions and recommendations are based
- statement that the client has consented to the review (in line with Medical Council of NZ statement)
- list of documents provided by ACC and reviewed by the assessor
- summary of the clinical history
- description of the examination and any tests or other investigations relied upon to support opinions and recommendations

If the purpose of the MCR is to clarify the diagnosis, check the report includes:

- clear diagnosis(es)
- rationale for the diagnosis(es)

If the purpose of the MCR is to clarify the medical causation, check the report includes a:

- statement of the mechanism of injury used to assess medical causation
- statement on general medical causation with rationale, ie whether the event could have caused the injury
- statement confirming whether or not the client and/or specific circumstances of this case would represent an exception to the general scientific understanding
- statement on specific medical causation, ie whether the event caused the injury in this specific case and why
- statement on why an accident-related cause is more probable than any other cause of the condition

If the purpose of the MCR is to clarify gradual process injury, check the report adequately covers:

- whether or not the personal circumstances of the client's employment led to exposure that caused the injury

ACC7397 Medical case review report checklist

- the circumstances of the property or characteristic(s) of employment or non-employment activities that caused or contributed to the injury
- the risk of anyone suffering the injury while performing the same employment tasks or working in the same type of environment as the client, compared to the risk of suffering the injury if performing different work tasks or working in a different type of environment

3. Case owner next steps

- Refer back to the assessor and request additional information if reporting components are incomplete
- Refer to your branch medical advisor (BMA) if you're concerned about the content or need help to interpret the report
- The report meets the quality requirements

Your name:

Your signature:

Date: [dd/mm/yyyy]

When we collect, use and store information, we comply with the Privacy Act 1993 and the Health Information Privacy Code 1994. For further details see ACC's privacy policy, available at www.acc.co.nz. We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.

Your claim number is **[Claim number auto]**

[Date auto]

[Client Title Auto] [Client First Name Auto] [Client
Last Name Auto]
[Additional Recipient Reference Auto]
[Address Line 1 Auto]
[Address Line 2 Auto]
[Suburb Auto]
[Town Or City Auto] [Post Code Auto]
[Country Auto]

CLI 10

Dear [Client Title Auto] [Client Surname Auto]

Your assessment report

Thank you for going to the assessment we arranged for you on [insert assessment date]. The assessment helped to [insert purpose of assessment]

We've received your assessor's report and I've enclosed a copy for you. I've also sent a copy to [treating practitioner name] to keep them up to date with your progress.

What happens next

Please read the report and note down any questions or comments you have. I'll be in touch with you soon to make sure you received the report and to get your comments.

Once I have your comments, I'll review the report again and work out what your next steps should be. Then I'll arrange to meet with you so we can talk about your options.

I'm happy to answer your questions

If you have any questions in the meantime, please just get in touch with me. My contact details are below.

Yours sincerely

[Staff_Name auto]

[Job Title auto]

Telephone: [Telephone auto]

Encl. *Copy of assessor's report*

Your claim number is [Claim number auto]

Date auto

SMR 11

Client Title Auto Client_First_Name auto
Client_Last_Name auto
Additional Recipient Reference Auto
Address Line 1 Auto
Address Line 2 Auto
Suburb Auto
Town Or City Auto Post Code Auto

Dear Client Title Auto Client Surname Auto

We're arranging for you to have an independent medical assessment

Thank you for taking the time to talk to me on [insert date] about [DELETE ONE]your injury and how it's affecting youthe treatment and rehabilitation you've been receiving for your covered injury and the assessment we're arranging for you.

As we discussed, we're arranging for you to be assessed by a doctor who specialises in [insert speciality] to help us work out the most appropriate treatment and rehabilitation options for you.

About the appointment

Doctor's name	[Vendor first name auto] [Vendor last name auto]
Phone number	[Vendor phone number auto]
Where	[Facility name and address auto]
When	Your doctor will let you know when [OR insert date and time of appointment]

You don't need to worry about paying for this appointment as we'll pay the doctor the full cost.

The doctor may need to physically examine you.

You're welcome to bring a support person with you to the appointment. If you'd like to do this, please let me know as soon as possible so I can let the doctor know in advance.

If you'd rather see a different doctor we may be able to help. Please contact me within five working days if you'd like to discuss this.

I've enclosed an information sheet that explains more about the assessment.

Talk to us if you're unable to get to the appointment

While we're providing you with support, it's your responsibility to go to any appointments that we've arranged for you. If you're unable to get to the appointment for any reason, please let me know at least two days before the date so we can talk about it and arrange another time.

If you think you might have difficulty getting to the appointment because of your injury, we may be able to help. Just get in touch with me if you need to.

What happens next

After the appointment the doctor will send us a report. I'll send a copy to you and your treating practitioner and get in touch with you to talk about the recommendations and what happens next.

We're happy to answer your questions

If you have any questions I'd be happy to help, please just get in touch with me. You'll find my contact details below.

Yours sincerely

[Staff_Name auto]

[Job Title auto]

Telephone: [Telephone auto]

Encl. *SMRIS05 Medical single discipline assessment, ACC6246 Relevant documents list*

SMR 11

Your claim number is [Claim number auto]

Date auto

SMR 12

Client Title Auto Client_First_Name auto
Client_Last_Name auto
Additional Recipient Reference Auto
Address Line 1 Auto
Address Line 2 Auto
Suburb Auto
Town Or City Auto Post Code Auto

Dear Client Title Auto Client Surname Auto

We're arranging for you to have an independent medical assessment

Thank you for taking the time to talk to me on [insert date] about your injury and the assessment we're arranging for you.

As we discussed, we've arranged for you be assessed to help us [CHOOSE ONE]confirm the cause of your current condition.identify your medical condition.confirm whether your current condition is a result of your covered injury.

This assessment may affect your cover and entitlements.

About the appointment

Doctor's name	[Vendor first name auto] [Vendor last name auto]
Phone number	[Vendor phone number auto]
Where	[Facility name and address auto]
When	Your doctor will let you know when [OR insert date and time of appointment]

You don't need to worry about paying for this appointment as we'll pay the doctor the full cost.

The doctor may need to physically examine you.

You're welcome to bring a support person with you to the appointment. If you'd like to do this, please let me know as soon as possible so I can let the doctor know in advance.

If you'd rather see a different doctor we may be able to help. Please contact me within five working days if you'd like to discuss this.

I've enclosed an information sheet that explains more about the assessment.

Talk to us if you're unable to get to the appointment

While we're providing you with support, it's your responsibility to go to any appointments that we've arranged for you. If you're unable to get to the appointment for any reason, please let me know at least two days before the date so we can talk about it and arrange another time.

If you think you might have difficulty getting to the appointment because of your injury, we may be able to help. Just get in touch with me if you need to.

What happens next

After the appointment the doctor will send us a report. I'll send a copy to you and your treating practitioner and get in touch with you to talk about the recommendations and what happens next.

We're happy to answer your questions

If you have any questions I'd be happy to help, please just get in touch with me. You'll find my contact details below.

Yours sincerely

[Staff_Name auto]

[Job Title auto]

Telephone: [Telephone auto]

Encl. *SMRIS02 Medical case review, ACC6246 Relevant documents list*

SMR 12

Client's claim number: [Claim number auto]

Date auto

SMR 13

[Vendor name auto]
[Vendor_Address_Line1 Auto]
[Vendor_Address_Line2 Auto]
[Vendor_Address_Line3 Auto]
[Vendor_Address_Line4 Auto] [Post Code Auto]

Dear [Party first name auto] [Party last name auto]

We're arranging an independent medical review for your patient

Client details

Client name:	[Client full name auto]	NHI number:	[NHI no. auto]
Date of birth:	[Date of birth auto]	Date of injury:	[Date of injury auto]

We appreciate that as [Client first name auto]'s treating doctor, you've played a significant role in [her / his auto] rehabilitation, so I wanted to let you know that we've arranged for [Client first name auto] to have an independent medical assessment.

About the assessment

[Client first name auto] will be assessed so we can [INSERT APPROPRIATE OPTION]

[OPTION 1 - MCR - CHOOSE ONE]confirm the cause of their current condition.identify their medical condition.confirm whether their current condition is a result of their covered injury. This assessment may affect [her / his auto] cover and entitlements [OPTION 1 END]

[OPTION 2 - Medical SDA]work out the most appropriate treatment and rehabilitation options for [her / him auto].[OPTION 2 END]

What happens next

[Insert assessor name] will review [Client first name auto]'s case and may need to physically examine [her / him auto]. [Insert assessor name] will then send us a report with their recommendations. I'll send a copy to you and [Client first name auto] and get in touch with [Client first name auto] to talk about the recommendations.

We're happy to answer your questions

I've enclosed an information sheet that explains more about the assessment. If you have any other questions I'd be happy to help, please just get in touch with me. You'll find my contact details below.

Yours sincerely

[Staff_Name auto]

[Job Title auto]

Telephone: [Telephone auto]

Encl. [CHOOSE ONE] *SMRIS02 Medical case reviews* *SMRIS05 Medical single discipline assessment*

SMR 13

Client's claim number: [Claim number auto]

SMR14

[Date auto]

[Recipient name auto]
[Recipient_Address_Line1 Auto]
[Recipient_Address_Line2 Auto]
[Recipient_Address_Line3 Auto]
[Recipient_Address_Line4 Auto] [Post Code Auto]

Dear [ATTENTION TO auto]

Letter of agreement for expert assessment services

Medical Single Discipline Assessment

This letter is to confirm your agreement to provide a medical single discipline assessment for the ACC client below.

Client details

Client name:	[Client full name auto]	Date of injury:	[Date of injury auto]
ACC45 number:	[ACC45 number auto]		
Injury(s):	[injuries auto]		

This agreement is effective from the date it has been signed until the date the Services have been completed for the above client.

Services

Services required under this agreement are described in Appendix A.

Invoicing

You may invoice ACC for the Services as set out below.

Service code	Service description	Price, incl. GST (set fee)
[insert code]	Medical Single Discipline Assessment	[\$[insert price]
[insert code]	Disbursements	At cost

Conditions of payment are set out in Appendix B.

Standards

You will:

- hold a current practising certificate and be vocationally registered with the Medical Council of New Zealand in a vocational area relevant to this referral
- provide Services in a competent and professional manner
- keep information provided or received under this Agreement confidential.

Requirements

You will:

- agree in writing any changes to the Services or this Agreement
- advise ACC immediately if you become aware of any issue in relation to the Services and/or the operation of this Agreement which has, or may have, media or public interest
- comply with all law including, without limitation, the Privacy Act 1993, Health Information Privacy Code 1994, Health and Safety in Employment Act 1992, Health and Safety at Work Act 2015 and any subsequent amendments
- not transfer, subcontract or otherwise dispose of any rights, benefits, obligations or liabilities under this Agreement without the prior written agreement of ACC.

Rights

Either party may for any reason terminate the term of this Agreement by giving two weeks' written notice to the other party, without being liable to the other party for any damages or compensation. Termination is without prejudice to the rights of either party that may have arisen prior to the date of termination.

ACC has the right to undertake audits (in accordance with an evaluation and audit protocol agreed by ACC and professional bodies) at ACC's expense of the Services and compliance with this Agreement. You will allow ACC access to your records and premises necessary for the purposes of any audit.

Confirmation

If you agree with the contents of this Agreement, please sign below in the space provided and return a duplicate to the following address, or to the email address below: [Enter your ACC office address].

I confirm that this letter correctly sets out the agreement between the parties.	
Signature:	Date:

If you have any queries regarding this Agreement please email [Case owner email auto].

Yours sincerely

[Staff_Name auto]
[Job Title auto]
Telephone: [Telephone auto]

SMR 14

Appendix A – Description of Services – Medical Single Discipline Assessment

Requirements for a Medical Single Discipline Assessment

- 1) A Medical Single Discipline Assessment must include:
 - a) a review of clinical information, including any relevant client notes provided with the referral
 - b) a clinical history and examination of the client. This must include a specific discussion with the client about the client's rehabilitation progress to date, with mention of any specific rehabilitation undertaken to date
 - c) diagnosis(es) including any differentials
 - d) a discussion with the client on treatment and/or rehabilitation options and impacts appropriate for the diagnosis(es)
- 2) Where further investigations may be required in order to determine the most appropriate treatment and/or rehabilitation options for a client, you may refer directly for these and receive the results prior to the completion of the Medical Single Discipline Assessment report. This may or may not necessitate a second consultation with the client. Where investigations and/or a second consultation are required, you will notify the case owner accordingly
- 3) Appropriate clinical record documentation, including a Medical Single Discipline Assessment report, which is provided to ACC
- 4) The Medical Single Discipline Assessment report will include:
 - a) the client's correct details, claim number and dates (date of injury, appointment and report)
 - b) your name, role, health qualifications and designation
 - c) a statement of impartiality as a non-treating practitioner
 - d) any facts and assumptions on which the opinions and recommendations made are based, including a list of documents provided by ACC
 - e) reasons for the opinions and recommendations for onward treatment and/or rehabilitation made by yourself
 - f) references to any literature or other material used or relied on in support of the opinions and recommendations expressed
 - g) a description of any examinations, tests or other investigations that have been relied on in support of the opinions and recommendations expressed
 - h) specific recommendations for any further investigations, treatment and/or rehabilitation with explanatory rationale
- 5) The Medical Single Discipline Assessment report will be provided to the case owner within eight business days of completion of the Medical Single Discipline Assessment.

Appendix B – Conditions of payment

You will:

- agree any disbursements prior to invoicing. Disbursements can, where applicable, include clinic room hire, air fares and taxi fares paid at cost
- attach a copy of the original invoice as paid by you for any disbursements claimed
- be registered with ACC to provide services
- invoice ACC including the claim number, purchase order number and service code shown in this Agreement.

When invoicing for Services delivered under this Agreement you shall not:

- claim any other payment for Services under ACC regulations or any other contract with ACC
- charge the client a co-payment in addition to the amount payable by ACC for Services.

Client's claim number: [Claim number auto]

[Date auto]

SMR15.

[Recipient name auto]
[Recipient_Address_Line1 Auto]
[Recipient_Address_Line2 Auto]
[Recipient_Address_Line3 Auto]
[Recipient_Address_Line4 Auto] [Post Code Auto]

Dear [ATTENTION TO auto]

Letter of agreement for expert assessment services

Medical Case Review

This letter is to confirm your agreement to provide a medical case review for the ACC client below.

Client details

Client name:	[Client full name auto]	Date of injury:	[Date of injury auto]
ACC45 number:	[ACC45 number auto]		
Injury(s):	[injuries auto]		

This agreement is effective from the date it has been signed until the date the Services have been completed for the above client.

Services

Services required under this agreement are described in Appendix A.

Invoicing

You may invoice ACC for the Services as set out below.

Service code	Service description	Price, incl. GST (set fee)
[insert code]	Medical Case Review	[\$[insert price]
[insert code]	Disbursements	At cost

Conditions of payment are set out in Appendix B.

Standards

You will:

- hold a current practising certificate and be vocationally registered with the Medical Council of New Zealand in a vocational area relevant to this referral
- provide Services in a competent and professional manner
- keep information provided or received under this Agreement confidential.

Appendix A – Description of Services – Medical Case Review

Requirements for a Medical Case Review

- 1) A Medical Case Review must include:
 - a) a review of clinical information, including any contemporaneous notes related to the client and provided with the referral
 - b) a clinical history and examination of the client
 - c) diagnosis(es) including any differentials
- 2) Further investigations may be required to reach a diagnosis. You may refer directly for these and receive the results prior to the completion of the Medical Case Review report. This may or may not necessitate a second consultation with the client. Where investigations and/or a second consultation are required, you will notify the case owner accordingly
- 3) A Medical Case Review for the purposes of obtaining clarity about a diagnosis(es) must include an explanatory rationale for the diagnosis(es) reached. This is particularly important if the opinion on diagnosis(es) differs from that of another treatment provider involved in the case
- 4) A Medical Case Review for the purposes of obtaining clarity about causation, which must include:
 - a) a statement on the mechanism of injury used to assess causation in the specific case. If this differs from that obtained by ACC (as expressed in the referral document) an explanation of the difference must be provided
 - b) a statement on general causation with explanatory rationale. General causation requires a recognition by the scientific community that the mechanism of injury could cause the diagnosis(es) (this might be with reference to the peer-reviewed literature and/or a statement on biomechanical plausibility)
 - c) a statement confirming whether or not the specific client and/or specific circumstances of this case would confer an exception to the general scientific understanding. If this is an exception, an explanatory rationale must be provided
 - d) a statement on specific causation with explanatory rationale. Specific causation requires an assessment as to whether the specified mechanism of injury caused the diagnosis(es) in this particular case
 - e) if there is evidence for general and specific causation, a statement as to why this explanation is considered more likely than alternative possible causes of the same condition, including it being idiopathic
- 5) A Medical Case Review may include a discussion with the client concerning medical fitness for work, including:
 - a) any restrictions, limitations and/or accommodation that may assist with enhancing medical fitness for work
 - b) recommendations for further investigations, treatment and/or rehabilitation
 - c) specific questions deemed relevant to the case by ACC
- 6) Appropriate clinical record documentation, including a Medical Case Review report, which is provided to ACC
- 7) Where clarity about causation specific to a work-related gradual process, disease or infection is requested, statements as to the circumstances which caused the injury need to include:
 - a) whether or not the personal circumstances of the client in relation to their employment led to exposure that caused the injury
 - b) circumstances of the property or characteristic of employment or non-employment activities caused by or contributed to the injury

- c) the risk of the client suffering this injury compared to others in the workplace undertaking and not undertaking the same employment tasks and to others who are employed in that type of environment
- 8) The Medical Case Review report will include:
- a) the client's correct details, claim number and dates (date of injury, appointment and report)
 - b) your name, role, health qualifications and designation
 - c) a statement of impartiality as a non-treating practitioner
 - d) any facts and assumptions on which the opinions and recommendations made are based, including a list of documents provided by ACC
 - e) reasons for the opinions and recommendations for onward treatment and/or rehabilitation made by yourself
 - f) references to any literature or other material used or relied on in support of the opinions and recommendations expressed
 - g) a description of any examinations, tests or other investigations that have been relied on in support of the opinions and recommendations expressed
 - h) specific recommendations for any further investigations, treatment and/or rehabilitation with explanatory rationale
- 9) The Medical Case Review report will be provided to the case owner within eight business days of completion of the Medical Case Review.

Appendix B – Conditions of payment

You will:

- agree any disbursements prior to invoicing. Disbursements can, where applicable, include clinic room hire, air fares and taxi fares paid at cost
- attach a copy of the original invoice as paid by you for any disbursements claimed
- be registered with ACC to provide services
- invoice ACC including the claim number, purchase order number and service code shown in this Agreement.

When invoicing for Services delivered under this Agreement you shall not:

- claim any other payment for Services under ACC regulations or any other contract with ACC
- charge the client a co-payment in addition to the amount payable by ACC for Services.

Medical Assessments Quick Reference Guide



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Medical Case Review (MCR)

Purchase Code: **CSM1 = Standard** or **CSM2 = Complex**

Referral Document Code: **ACC2395 and SMR32 (advice to treating doctor) and SMR34 (if non contract letters of agreement)**

Client Letter Code

The need: **SMR32 (appointment letter) and SMR1502 (information sheet)**
 Under/after/through diagnosis and/or injury cause of current condition (including gradual process) from a non-treating medical practitioner

Get advice before referral from: **Branch Medical Advisor (BMA)**

Purchased under: **Clinical Services Contract (or Letter of Agreement)**

Assessment expectations: **Clarity about diagnosis, injury cause, recommendations for onward management**

Case Owner then... **Makes a decision based on sections 26 and 17 (cover and entitlement)**

Medical Single Discipline Assessment (SDA)

Purchase Code: **CSA1 = Standard** or **CSA2 = Complex**

Referral Document Code: **ACC2395 and SMR33 (advice to treating doctor) and SMR34 (if non contract letters of agreement)**

Client Letter Code: **SMR33 (appointment letter) and SMR1505 (information sheet)**

The need: **A medical question related to treatment and/or rehabilitation that requires a specialist opinion from a non-treating medical practitioner**

Get advice before referral from: **As needed: Branch Medical Advisor (BMA) Branch Advisory Psychologist (BAP) Technical Claims Manager (TCM) Rehab Advisor**

Purchased under: **Clinical Services Contract (or Letter of Agreement)**

Assessment expectations: **Clarity and recommendations for onward clinical management**

Case Owner then... **Makes a decision about treatment or rehabilitation services**

S103 and S105 Assessment and Report

Purchase Code: **VMS02 = S103** or **VMS03 = S105**

Referral Document Code: **ACC2401 = S103** or **ACC2402 = S105**

Client Letter Code: **SMR03**

The need: **If the client has the capacity to work**

Get advice before referral from: **As needed: Branch Medical Advisor (BMA) Branch Advisory Psychologist (BAP) Technical Claims Manager (TCM) Rehab Advisor**

Purchased under: **Vocational Medical Services Contract**

Assessment expectations: **Clarity on whether client has capacity (S103) to return to their pres injury role, or (S105) to work after loss of potential earning capacity**

Case Owner then... **Makes a decision about capacity to work**

Medical Assessments continued...

Initial Medical Assessment (IMA)

Purchase Code: VM101 = Standard or VM102 = Complex

Referral Document Code: VR10 ACCG99 Pack VR04

Client Letter Code: VR04

The need:

Determine a client's vocational rehabilitation needs.

As needed:
 Branch Medical Advisor (BMA)
 Branch Advisory Psychologist (BAP)
 Technical Claims Manager (TCM)
 Rehab Advisor

Purchased under: Vocational Medical Services Contract

Assessment expectations: Clarity about what jobs are or will be medically sustainable and the client's needs for vocational rehabilitation.

Case Owner then... Makes a decision based on returning to pre-injury job and/or rehabilitation required.

Vocational Rehabilitation Review (VRR)

VMR01 = Standard or VMR05 = Complex

ACCG98
 VMR02 (employer notification)
 VMR03 (GP notification)

VMR01
 VMR101 (fact sheet)

A vocational rehabilitation question where the advice needs to be communicated to the GP/specialist/AFS supplier and/or the employer by the medical assessor

As needed:
 Branch Medical Advisor (BMA)
 Branch Advisory Psychologist (BAP)
 Rehab Advisor

Vocational Medical Services Contract

Vocational rehabilitation advice and recommendations.

Makes a decision about vocational rehabilitation / a vocational rehabilitation plan that others are following.

Vocational Independence Medical Assessment (VIMA)

VMV01 = Standard or VMV02 = Complex

ACCG192
 V104

V102
 FSV101 (VI information sheet)

Determine if the client has completed their rehabilitation and is now vocationally independent.

As needed:
 Branch Medical Advisor (BMA)
 Branch Advisory Psychologist (BAP)
 Rehab Advisor

Vocational Medical Services Contract

Clarity around if rehab has been completed and the client is medically able to sustain work or if further rehabilitation is required.

Makes a decision as to whether the client is vocationally independent.



Medical case reviews

This information sheet explains how a medical case review helps us answer important questions about the link between your covered injury and your current condition.

Sometimes we need to understand the difference between your injury and any other conditions you might have. This is because we can only pay for treatment and other support if your condition is caused by your injury.

A medical case review (MCR) is an assessment that helps us to identify your medical condition and understand:

- whether your current condition is or may still be a result of your injury
- how your injury affects you at the moment
- whether your injury is improving or likely to improve.

How we decide if an assessment is needed

If we think you may need an assessment, we'll talk with you first about how you're recovering from your injury and look at the information we hold about it. If we still need more information to help answer our questions, we'll arrange an assessment for you.

If an assessment is needed

Before the appointment, we'll talk to you about which doctor we think is most suitable to do the assessment. If you're not comfortable with our choice, you'll be able to discuss your preferences with us. Wherever possible, we'll look at alternative options for you.

If you're getting treatment, weekly compensation or any other support from us, it's your responsibility to go to the appointment that's arranged for you. Once your appointment is confirmed, please:

- make sure the time, date and place suit you
- let your ACC contact know immediately if you're unable or need help to attend.

Preparing for the appointment

The appointment involves a discussion and may include a physical examination. Please make sure you:

- wear comfortable clothes
- arrange to take a family or whānau support person with you if you want to
- arrange transport well ahead to get to the assessment on time
- take any previous X-rays or MRI reports along with you to the appointment.

During the appointment

The doctor will talk with you about your general health and your injury. If they need to physically examine you, the type of examination will depend on the type of condition you're having assessed. They'll need to do a thorough examination to understand your condition.

If you don't understand any of the questions they ask you, or the reasons for the type of examination, let the doctor know your concerns and ask them to help you understand.

What happens after the assessment?

The doctor will write a report answering our questions and send it to us, then your ACC contact will send a copy to you and your treating doctor. We'll use this report, along with your previous medical records, to review your current condition. If the report has new information about your injury we'll meet with you and discuss how any decisions we've made may affect you.

All about Medical case reviews continued

There are several possible outcomes for you after looking at the report. If:

- you're still unable to work because of your covered injury, we'll work with you to update your Individual Rehabilitation Plan and rehabilitation options
- you're capable of working but the effects of your injury make you unable to do the job you had before your injury, we'll support you to find another type of work
- it's clear that you've recovered from your injury, we'll review any ongoing ACC support, including weekly compensation
- you're unable to work because of an illness or another reason unrelated to your injury, we'll be unable to provide further support but we may help you to apply for other assistance.

The outcome of the assessment may affect your cover and entitlements.

We welcome your feedback and comments

If you want to provide further comments on the report, we'll be happy to send these to the doctor to consider. If you don't agree with the opinion provided in the report or past reports, we're unable to change these. However, you can provide additional information or a statement of correction about any points that you disagree with and we'll attach this to the report.

If you're unhappy with any of our decisions, you have the right to ask for a review within three months of the decision being made.

We're here to help

For help with our services, language or cultural support you can call the person who has been helping you at ACC, phone 0800 101 996 or visit www.acc.co.nz.

All about



Medical single discipline assessment

This information sheet explains how a medical single discipline assessment helps us answer important questions about the next steps in your recovery.

Sometimes we need independent specialist advice to help us clarify:

- whether your current treatment or rehabilitation programme is still suitable for you
- what changes are needed to your current treatment or rehabilitation programme
- whether we could provide any other support to help you with your injury.

We call this a medical single discipline assessment (Medical SDA).

How we decide if an assessment is needed

If we think you may need an assessment, we'll talk with you first about how you're recovering from your injury and look at the information we hold about it. If we still need more information to help us make the right decisions, we'll arrange an assessment for you.

If an assessment is needed

Before the appointment, we'll talk to you about which doctor we think is most suitable to do the assessment. If you're not comfortable with our choice, you'll be able to discuss your preferences with us. Wherever possible, we'll look at alternative options for you.

If you're getting treatment, weekly compensation or any other support from us, it's your responsibility to go to the appointment that's arranged for you. Once your appointment is confirmed, please:

- make sure the time, date and place suit you
- let your ACC contact know immediately if you're unable or need help to attend.

Preparing for the appointment

The appointment involves a discussion and may include a physical examination. Please make sure you:

- wear comfortable clothes
- arrange to take a family or whānau support person with you if you want to
- arrange your transport well ahead to get to the assessment on time
- take any previous X-rays or MRI reports along with you to the appointment.

During the appointment

The doctor will talk with you about your general health and your injury. If they need to physically examine you, the type of examination will depend on the type of condition you're having assessed. They'll need to do a thorough examination to understand your condition.

If you don't understand any of the questions they ask you, or the reasons for the type of examination, let the doctor know your concerns and ask them to help you understand.

What happens after the assessment?

The doctor will write a report answering our questions and send it to us, then your ACC contact will send a copy to you and your treating doctor. We'll use this report to help clarify whether your current treatment or rehabilitation programme needs to change. We'll meet with you and discuss how any decisions we've made may affect you.

All about Medical single discipline assessment continued

If after looking at the report you're still unable to work because of your covered injury, we'll work with you to update your Individual Rehabilitation Plan so you can continue to work towards returning to work or independence.

We welcome your feedback and comments

If you want to provide further comments on the report, we'll be happy to send these to the doctor to consider. If you don't agree with the opinion provided in the report or past reports, we're unable to change these. However, you can provide additional information or a statement of correction about any points that you disagree with and we'll attach this to the report.

If you're unhappy with any of our decisions, you have the right to ask for a review within three months of the decision being made.

We're here to help

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MCR - Referral document preparation checklist

Name of Client:

ACC Number:

	Document Preparation	Date completed
1.	Check if there are other related claims related to this injury so this information can be added to the information provided with the MCR referral	
2.	Seek early records that may not be on the file that are relevant to this injury , e.g. hospital, ambulance and Police records from the time of the accident and current medications which could be requested from the GP at this time.	
3.	Go through the file documents and select all clinical documents. Do not select social, vocational or rehabilitation details unless they are clinically focused. The completed document of a series of recorded rehabilitation visits can be added if they have clinical relevance. Note that sometimes even a first home help assessment will be pertinent if it shows how incapacitated a client is at a particular stage.	
4.	Add personal communications from the client which are clinically relevant. (e.g. description of on-going symptoms; inability to complete a rehabilitation programme due to incapacity)	
5.	Highlight the date on each document. Write the date on the front page if it's not already there.	
6.	Put all of the documents in strict chronological order with the earliest documents at the <u>top</u> and the most current information at the <u>back</u> . Include all claims together if there is more than one printed out. If there is a very old claim with documents well before the index injury this should have a header sheet describing the injury and the dates. The main purpose of this compilation is to provide the medical specialist with all possible relevant information and in the order they can find any documents quickly. The earliest documents are the most critical and the current documents are also important to indicate the client's current status. All other documents tell the story that joins the information. Some GP and hospital clinical records are difficult/impossible to put into strict order. These can be	

	<p>put together in an approximate correct time frame within the main bundle with a coloured page at the beginning and end to denote their presence; or they can be appended in a group at the back of the file.</p> <p>DO NOT include any in-house information such as BMA comments or memos from staff as the MCR is an independent third party assessment.</p> <p>DO NOT complete a schedule of the documents. It will take too much time and will be of little value.</p>	
7.	Print out the schedule of claims from the reporting portal on the Sauce.	
8.	<p>Provide this information with the referral to the BMA</p> <p>This information will be used by the BMA to help develop relevant questions for the MCR; and will then also be sent with the referral to the medical practitioner completing the MCR.</p>	

This is a 'living document' and will be frequently added to. Your comments and further ideas will be appreciated. If you have any queries or concerns contact the facilitator at your earliest opportunity.