

13 June 2024

[REDACTED]

Kia ora [REDACTED]

Your Official Information Act request, reference: GOV-032591

Thank you for your email of 20 May 2024, to [REDACTED], Recovery Coordinator, asking for the following information:

1. *Under the OIA I hereby request that ACC provide as much information as possible on the software program developed by the AMA on calculating injury compensation payments.*
2. *Details should include how the AMA program works, and what patient data is required to get answers.*
3. *I also need to know what compensation [REDACTED] would have from the use of the AMA formula, together with any other sources of compensation that ACC may use.*

[REDACTED] referred these questions to my team for a response under the Official Information Act 1982 (the Act).

Whole person impairment assessments (questions 1 and 2)

ACC refers the client to an assessor who is trained in looking at impairment caused by injuries. ACC sends the assessor information about the client's injury. The sort of information we provide is set out in our *Impairment Assessment Referral Pack Guidelines*. Please find this attached.

The assessment is completed in person. Impairment assessors then use the American Medical Association's Guides to the Evaluation of Permanent Impairment 4th Edition (AMA4) and the ACC User Handbook for the AMA4 (ACC Handbook) to rate the level of impairment for each of the client's covered injuries. The ACC Handbook can be accessed at the following link: <https://www.acc.co.nz/assets/provider/ama4-handbook-acc716.pdf>

Assessors deduct any impairment that has not resulted from the covered injury and provide ACC with a whole person impairment percentage.

Noting the above, ACC doesn't use or hold information about software relating to the American Medical Association (AMA). We're therefore refusing your request for any information relating to the AMA software. This decision is made under section 18(g) of the Act.

Lump sum payments for permanent injury (question 3)

The lump sum compensation amount payable to a client with a permanent injury can only be established after an impairment assessment has been completed. The specific amounts paid are based on the assessed percentage of whole person impairment and are provided on our website at: www.acc.co.nz/injured/financial-support/financial-support-permanent-injury. This page includes additional information on the process for permanent injury compensation.

Further information about impairment assessments is detailed in the operational guidelines

The guidelines have been published online and can be viewed at the following link:

<https://www.acc.co.nz/assets/provider/impairment-assessment-services-og.pdf>

Section 4 *Approved Service Providers* of the operational guidelines specify the training and qualifications which are required to be able to provide impairment assessments. Section 5.3 *Impairment Assessment Referrals* outlines the supporting client information ACC provides with the referral.

As this information may be of interest to other members of the public

ACC has decided to proactively release a copy of this response on ACC's website. All requester data, including your name and contact details, will be removed prior to release. The released response will be made available www.acc.co.nz/resources/#/category/12.

If you have any questions about this response, please get in touch

You can email me at GovernmentServices@acc.co.nz.

If you are not happy with this response, you can also contact the Ombudsman via info@ombudsman.parliament.nz or by phoning 0800 802 602. Information about how to make a complaint is available at www.ombudsman.parliament.nz.

Ngā mihi



Christopher Johnston
Manager Official Information Act Services
Government Engagement

Impairment Assessment Referral Pack Guidelines

Published 4/07/2022

Best practice guidelines for compiling records for impairment assessment referral.

^ General Guidance

In all circumstance we have the ability to supply less information and advise the assessor we have more if it is required e.g. handwritten ward notes.

With regards to privacy while we still maintain a high level of standards the nature of our role limits our ability to read all information being distributed i.e. we are not required to complete a CIT-level check.

Redactions should be kept to a minimum given that we are supplying this information to our providers. Some emphasis should be placed on eliminating duplicate documents and supplying the correct relevant documents.

Reassessment packs - add previous referral pack at the very bottom and add additional relevant notes from that date onward above it.

^ Order of documentation

1. Eligibility letter
2. ACC54 or AC6300
3. ACC554
4. Previous AMA report/s (if reassessment)
5. Schedule of Injuries
6. Cover Decision Letter(s)
7. Written Guidance on Cover
8. NOTES / Reports (in date order)

^ Documents to include - Sensitive Claims

- Cover decision letter(s)
- Decision Rationale (ACC850 or internal comment)
- Written Guidance / Internal Referral comments
- Supported Assessment
- Wellbeing Plan
- Wellbeing progress
- Early Planning Report
- Mental Health Notes
- Medical assessments (e.g. Psychiatric Medication review, LOPE assessment)

^ Documents to include - Physical Claims

- Cover decision letter(s)
- Written Guidance / Internal Referral comments
- Test results required to assess whole person impairment
- Clinical report (typewritten report from specialists)
- Surgery report / ARTP / Operation notes / surgery decision letters (these also include cover decisions)
- Specialist assessment report e.g. neuropsychology, psychology, psychiatric
- IMA (Initial medical assessment), VIMA (Vocational Independence Medical Assessment)
- MCR (Medical Case Review)
- Imaging reports (x-ray, ultrasound, MRI)
- GP consultation notes *where relevant*

• *If MI covered* – psychiatric notes / assessments, PA comment / written guidance, cover decision letter

• *If TI covered* – ECA (external clinical advice), ACC2152, decision tool, any cover decision letter (decline or approve)

• Review decisions on cover or entitlements if necessary. If there is a difference of opinion on file these can help the assessor understand the position that needs to be applied.

^ Documents to sometimes include

Training for Independence report	include Completion report only, not Plan or Progress reports
Social Rehabilitation Assessment	include most recent report only
Allied treatment notes e.g. nursing, chiropractic, acupuncture	do not include, unless nothing else is available
Physiotherapy including hand therapy	only include most recent round of treatment e.g. post-surgery, unless nothing else is available
Lab test results e.g. microbiology, serology, haematology, endocrine, biochemistry	include only if they relate directly to rating the impairment e.g. urinalysis for kidney injury

^ Documents to not include

Automated cover decision letters that do not state the injury

IOA (Initial Occupational Assessment)

ACC18 medical certificate

IRP (Individual Rehabilitation Plan)

SAW (Stay At Work) Report

Handwritten in-patient notes

Operative records that aren't the operation report e.g. swab count, consent form, heart monitor

Housing Modification report

In-patient monitoring charts

Vehicle Modification report

Serious Injury Individual Support Plan

Family meeting notes

File / case management notes

Single Discipline Assessment (e.g. wheelchair, mattress, bed reports)

Released under the Official Information Act 1982