



Understanding claim reviews

For ICPMSK providers

 Read time: 3 mins

A claim review can be submitted for the kiritaki when you discover new injuries or information that you think may have an impact on their claim. For the majority of ICPMSK kiritaki, it is expected you and your interdisciplinary team will be able to review and adjust their recovery plans accordingly rather than seeking a claim review. However, in some cases you will need to submit a claim review. This guide provides further information on what happens when you do submit a claim review.

A claim review is ACC's clinical and/or policy response to question(s) put forward from an ICPMSK provider.

When ACC receives a claim review

Our ICP team will consider all the information received with the request. If the team agrees to seek a clinical or technical response they will process that request.

Our ICP Team will then be in contact to advise the next steps. In the meantime, you should continue to provide appropriate support to the kiritaki in the interim.

[Operational Guidelines section 14.12](#)
[Requesting a claim review from ACC provides more details on when a claim review may be required and how to request one](#)



Client Management

Examples of what should happen when you submit a claim review

Example 1 - Leilani

You are working with Leilani and recognise that her ACL rupture in her left knee was identified six months ago on an MRI scan associated with a different ACC claim. This was managed non-surgically, and in your clinical opinion the current situation is likely to be related to the previous injury. Cover was never updated at that time. Leilani only has cover for a sprain on that accident. You want to seek a review of the claims to see if the support can be provided in relation to the previous accident.

You send the following information in an email to our ICP team.

Request – Clinical review of Leilani's current claim as well as claim accident date 30/10/20xx to consider update of diagnosis to ACL rupture based on MRI dated 14/12/20xx.

Rationale – Leilani presented at triage with what appeared to be an acute ACL rupture. In recent in-clinic discussion with his ICP Physiotherapist (clinical notes dated 17/04/20xx attached), she identified symptoms dating back to this accident event, which was believed to have resolved through a non-surgical pathway. The

mechanism of injury is plausible for this diagnosis (she was playing netball) and was identified as an ACL rupture at that time. The specialist on our pathway supports this diagnosis to account for Leilani's current symptoms following the new event. We have obtained the MRI dated 14/12/20xx (attached) and would like you to consider whether diagnosis can be updated on this claim and ICPMSK service transferred. We have also attached an ACC32 to consider this change of diagnosis.

Attached – Lodgement notes 30/10/20xx, MRI 14/12/20XX, lodgement notes 15/03/20xx, clinical notes 17/04/20xx, ACC32

Our ICP team seek internal review by their Clinical and Technical teams.

Following this, our ICP team contact you to confirm they have transferred Leilani's support to be managed in relation to the previous claim. You also note that Leilani was working part-time at the time of the original accident, so may now be eligible for compensation. You support her to request setup of Weekly Compensation via MyACC.

Example 2 - Callum

You are working with Callum, who has a fractured patella, initially lodged as a fall. In discussion, you discover the he intentionally drove his knee into a wall in anger. Being aware that this may fall into the notifiable categories for disentitlement as the injury was self-inflicted (Operational Guidelines 14.16).

You send the following information in an email to our ICP team.

Request – Please can you consider if disentitlement applies to Callum's claim, as per 14.16 in the ICPMSK Operational Guidelines

Reason – Callum initially advised he had fallen and landed hard on his knee, resulting in his patella fracture.

In discussion with his ICP Navigator today, he confessed he had actually driven his knee into a door whilst arguing with a friend during a party at their halls of residence. We have discussed that we will need to advise ACC in case this impacts on his entitlement to support, but are continuing to treat in the meantime pending an outcome.

Attached – Lodgement notes, latest clinical consult record, imaging report

We review internally and determine that due to the Callum's state of mind, and reference to excessive alcohol in his lodgement notes, the injury is not considered wilfully self-inflicted. Our ICP team advise you were correct to raise but can continue treating Callum as normal.



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He Whakaora.
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