By way of background I have been involved in Medicolegal work to a varying extent for many years and currently have retired from surgical practice. I have been an AMS [redacted] and [redacted] an MAA Assessor.

I find the current state of the Compensation system distressing because it seems that workers are considered as income sources rather than patients and practitioners and "insurers" are significantly at fault.

I will list some of the issues –

- Correspondence from Specialists – Many years ago [redacted] negotiated an item for "Examination and Report" significantly above the usual AMA fee. It was to include items such as causation etc as justification. I almost never see a proper report yet the high fee is still charged and the same people will then turn around and charge a file review fee to answer the questions from an insurer which they failed to address and for which they were already paid. The insurers still pay the fees.
- There are some specialist, mainly non-surgical (and physiotherapists) who see workers with extraordinary frequency over a long time for which there is no justification and the insurers simply pay the accounts. I recently reviewed someone who claimed that he had seen a pain specialist monthly for at least a decade. I regularly see people who have been having "physiotherapy" for years, all funded and not reasonably necessary.
- Most injections are now carried out by Radiologists because of Medicare changes and that has gone across to the Compensation system. It is not uncommon for me to see knee injections under CT control!! They can be done under ultrasound but at much less expense!! This is something that a medical student can do in a room without radiology.
- Radiology practices are saving money increasingly by not providing films but a CD or a link to the website. The AOA tried for many years to get them to use a standardised format which was refused. Radiology practises use different programs to try and create a business moat to keep customers(doctors) because it is too much of a nuisance to learn another system. A lot of these do not open on some computers especially Mac and a lot are marked as not suitable for primary diagnostic purposes which means they are useless (low resolution?). When trying to do a

medicolegal assessment it cannot be done properly which means there may need to be unnecessary supplementary reports.

- While on the subject of Radiology the Claims managers need to stop telling people that they do not need to bring Radiology because the reports have been provided – they are not adequate and the standard of reporting is diminishing. There are a number of practitioners not interested in the radiology , just the report. I would indicate that they should not be writing Medicolegal reports.
- There are a number of general surgeons writing reports in areas where they are not expert by reason of training or experience. The are mainly used by plaintiff lawyers getting them to comment on causation, what is reasonably necessary etc which leads to conflict. They should only assess impairment, they are not qualified to do more.
- Claims managers change with extraordinary frequency and I realise this is an industry wide issue. It is a regular complaint from claimants because it causes al sorts of issues and in some cases the new manager decides on some further treatment for which they are totally unqualified.
- Rehabilitation provider numbers have grown over the years. It is now a divine right to have “rehab” no matter how trivial an injury. Despite the claimed statistical benefit the workers still complain that they are useless and I see a regular coterie of people who they have retrained into totally inappropriate jobs which they cannot undertake when finished. There list of management areas has now extended to Exercise Physiology, another divine right for even the most trivial injury.
- There are number of serial billing offenders (the same ones keep turning up) which the Insurers ignore and accept quotes which are extra-ordinary. There are multiple billing practices contrary to the specific Legislated rules which are ignored. Once the quote has been accepted the practitioner cannot be deemed to have committed fraud!! I and some of my colleagues gave up reporting this to SIRA because there seemed to be no interest. (Neurosurgeons regularly use an item for a free fat or dermofascial graft in spinal surgery at significant recompense when that is never done. A piece of local subcutaneous fat from the wound edge is taken and placed in the wound. Takes about a minute to do!!)

- A lot of these problems relate to inadequate training and experience of claims managers and insurance companies who don't have skin in the game, they simply clip the ticket in managing a claim. How does a claims manager know if the quote is reasonable.
- Medicine is supposed to be science based yet there is a regular list of procedures proposed for which there is no scientific support such as the ubiquitous PRP injection beloved of Sports Medicine Physicians. They all bought ultrasound machine, charge for a consultation, the injection under ultrasound and the PRP (or whatever else). Done by a Radiologist, there is no consultation fee!!

  There are regular requests for surgery especially arthroscopy where the literature has shown there is no benefit at least to the patient. They are approved. Most often no other treatment is even suggested, the knee is made worse. Having now had insurance sanctioned unnecessary surgery the total knee replacement has to be covered as well!! All avoidable in a lot of cases.
- There are some Surgeons who have bought there own ultrasound (and other) machines. They self refer or get a tame assistant to do so. Frequently there are serial investigations, they report the test and have a vested interest in the outcome indicating various pathologies and don't provide patients with films. [redacted]

Thank you for your time.