

# Factors to consider when making decisions on **reasonable** & **appropriate** rehabilitation.



MOTOR ACCIDENT INSURANCE COMMISSION

This tool has been developed as a guide to assist insurers in making decisions on funding for reasonable & appropriate rehabilitation. The needs of every person can be quite different and the insurer needs to look at each case individually when applying this tool to CTP insurance claims.

## **Q.** IS THERE SUFFICIENT EVIDENCE TO SUPPORT A DIRECT RELATIONSHIP BETWEEN THE INJURY AND THE ACCIDENT? Consider:

- There is medical evidence to support a causal link between the injury being treated (including aggravation or exacerbation of any pre-existing condition) and the accident.
- The treatment is only for injuries or conditions related to the accident.
- The duration of time, first onset of symptoms and first medical consultation are consistent with the accident.
- The severity of injury is consistent with the mechanism of the accident.

## **Q.** IS THE PROPOSED SERVICE APPROPRIATE FOR THE INJURIES? Consider:

- The service has been recommended by the treating medical practitioner.
- The service is consistent with the claimant's current medical and rehabilitation management.
- The service is consistent with evidence based best practice and any clinical guidelines/frameworks.
- There are no contra-indications to the requested service.
- There is no similar service being concurrently provided.

## **Q.** WILL THE PROPOSED SERVICE BENEFIT THE CLAIMANT? Consider:

- The expected outcomes are functional and have tangible benefits to the claimant e.g. facilitate return to work or facilitate independence with personal care.
- The expected goals and timeframes are reasonable.
- The proposed service will facilitate a return to pre-injury condition or maximise function.
- There have been positive outcomes from the provision of this service previously.

## **Q.** IS THE SERVICE PROVIDER APPROPRIATE? Consider:

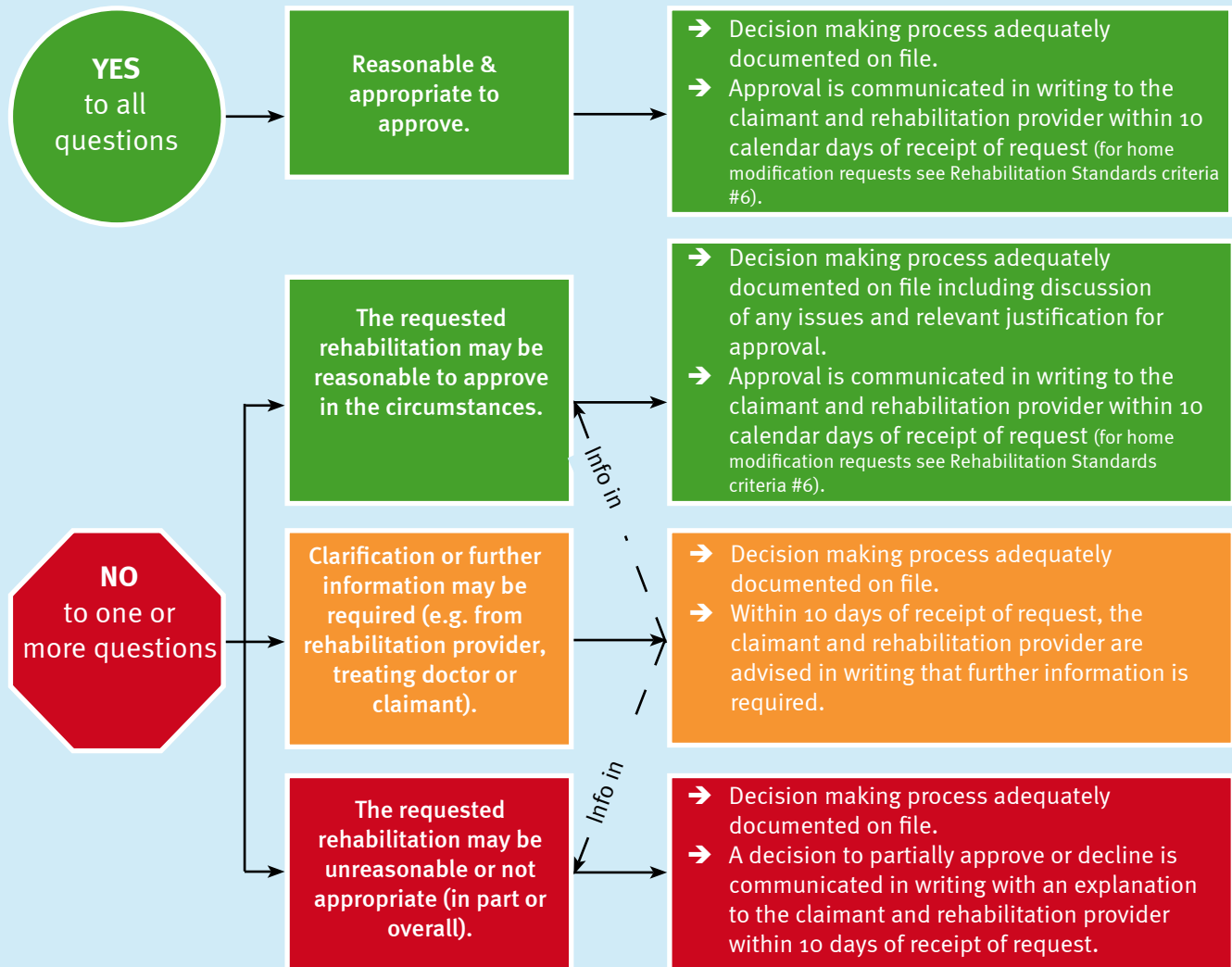
- The provider has appropriate registrations / qualifications / experience in the service being provided.
- The provider is easily accessible to the claimant.
- The provider is recommended by the treating doctor.
- There are no conflict-of-interest issues identified between the insurer and the provider or between the claimant and the provider.
- The fee requested is reasonable compared with similar services.

See over the page for reasonable & appropriate flow chart.



## Is the request **reasonable & appropriate?**

## Key next steps



See the Rehabilitation Standards for CTP Insurers for further detail on the management process surrounding rehabilitation requests. Ensure any claims issues have been considered prior to using this tool.

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