WORKERS COMPENSATION COMMISSION

STATEMENT OF REASONS FOR DECISION OF THE APPEAL PANEL IN RELATION TO A MEDICAL DISPUTE

Matter Number:	**M1-4544/20**
Appellant:	**Katica Ivanovic**
Respondent:	**State of New South Wales (South Western Local Health District)**
Date of Decision:	**25 February 2021**
Citation No:	**[2021] NSWWCCMA 42**

Appeal Panel:	
Arbitrator:	**Marshal Douglas**
Approved Medical Specialist:	**Dr Drew Dixon**
Approved Medical Specialist:	**Dr John Ashwell**

BACKGROUND TO THE APPLICATION TO APPEAL

1. On 23 November 2020, Katica Ivanovic (the appellant) lodged an Application to Appeal Against the Decision of Approved Medical Specialist. The medical dispute was assessed by Approved Medical Specialist Dr Greggory Burrow, (the AMS), who issued a Medical Assessment Certificate (MAC) on 6 November 2020.

2. The appellant relies on the following grounds of appeal under s 327(3) of the *Workplace Injury Management and Workers Compensation Act 1998* (1998 Act):

   - the assessment was made on the basis of incorrect criteria,
   - the MAC contains a demonstrable error.

3. The Registrar is satisfied that, on the face of the application, at least one ground of appeal has been made out. The Appeal Panel has conducted a review of the original medical assessment but limited to the ground(s) of appeal on which the appeal is made.

4. The WorkCover Medical Assessment Guidelines set out the practice and procedure in relation to the medical appeal process under s 328 of *Workplace Injury Management and Workers Compensation Act 1998* (1998 Act). An Appeal Panel determines its own procedures in accordance with the WorkCover Medical Assessment Guidelines.

5. The assessment of permanent impairment is conducted in accordance with the *NSW Workers Compensation Guidelines for the Evaluation of Permanent Impairment, 4th* ed 1 April 2016 (the Guidelines) and the *American Medical Association Guides to the Evaluation of Permanent Impairment,* 5th ed (AMA 5).

RELEVANT FACTUAL BACKGROUND

6. The appellant was born on 28 November 1949. She commenced employment with the State of New South Wales (the respondent) in 1990 working as a wards person in Bankstown Hospital. On 7 July 2017, she used a wheelchair to move an overweight patient weighing 125 kilograms from one part of the hospital to another. In the course of doing so, she negotiated a ramp and, in doing that, she suffered an injury to her lower back and left shoulder.

7. Prior to the appellant suffering that injury, she was involved in a motor vehicle accident on 11 May 2017 that was unrelated to her employment, in which she suffered multiple injuries including an injury to her lower back. The injury she suffered to her lower back on that occasion ultimately led to her having surgery on 27 February 2013 in the form of L3/5 lumbar decompression and rhizolysis. That was done by neurosurgeon Dr Simon McKechnie at the Bankstown Lidcombe Hospital.

8. On 8 March 2018, which of course was after the workplace injury the appellant suffered on 17 July 2017, Dr McKechnie performed a right L3/4 revision partial laminectomy, microdiscectomy and rhizolysis at Sydney South West Private Hospital.

9. On 3 March 2020, the appellant’s solicitor wrote to the respondent’s insurer advising it that the appellant was making a claim against it for compensation under s 66 of the *Workers Compensation Act 1987* (the 1987 Act) for 26% whole person impairment (WPI) that the appellant said had resulted from her injury on 7 July 2017. The appellant relied on a report that general, vascular and trauma surgeon Dr W G D Patrick had prepared on 12 February 2020. Dr Patrick advised in that report that he had assessed the appellant to have 26% WPI resulting from her injury, comprising 5% WPI related to her cervical spine, 13% WPI related to her lumbar spine and 10% WPI related to her left upper extremity (shoulder).

10. On 17 June 2020, the respondent’s insurer wrote to the appellant, care of her solicitor, to notify her, in accordance with s 78 of the Act, that it disputed she was entitled to lump sum compensation for her injury on 7 July 2017. It attached to its letter a copy of a report that orthopaedic surgeon Dr James Powell had prepared on 31 May 2020. Dr Powell had examined the appellant on 20 April 2020 and reported to the insurer that he had assessed the appellant’s degree of permanent impairment from her injury was 9% WPI, which did not exceed the statutory threshold stipulated under s 66 for the appellant to be entitled to compensation for permanent impairment from her injury.

11. On 14 August 2020, the appellant’s solicitor registered with the Commission an Application to Resolve a Dispute (ARD), seeking determination by the Commission of the appellant’s disputed claim for compensation for permanent impairment resulting from her injury. The matter was referred to arbitrator Ms Josephine Bamber who on 21 September 2020 issued a certificate recording determinations that she had made with the consent of the parties. One determination was to amend the ARD so as to delete from the appellant’s claim any claim for compensation for permanent impairment relating to her cervical spine. Senior Arbitrator Bamber directed that the appellant’s claim for lump sum compensation be remitted to the Registrar for referral to an AMS to assess the appellant’s permanent impairment relating to her lumbar spine and left upper extremity (shoulder) that had resulted from the injury the appellant suffered on 7 July 2017.

12. On 28 September 2020, the Commission issued an “amended referral” to the AMS to assess the following medical dispute:

> “ the degree of permanent impairment of the worker as a result of an injury (s319(c)) whether any proportion of permanent impairment is due to any previous injury or pre-existing condition or abnormality, and the extent of that proportion (s319(d))
> whether impairment is permanent (s319(f))
> whether the degree of permanent impairment of the injured worker is fully ascertainable (s319(g))
>
> Date of Injury: 7 July 2017
> Body part/s referred: Lumbar spine, Left Upper Extremity (shoulder)
> Method of assessment: Whole Person Impairment.”

13. As already mentioned, the AMS issued a MAC in response to that referral on 6 November 2020.

MEDICAL ASSESSMENT CERTIFICATE

14. The AMS examined the appellant on 14 October 2020 and recorded in part 5 of the MAC the following findings from his examination:

> "Mrs Ivanovic stands 157cm tall, weighs 63kg, sat comfortably, rose easily and dressed and undressed easily. While undressing, active forward elevation of the left shoulder was observed to be 160° of flexion.
>
> Examination of the upper and lower extremities showed no evidence of CRPS.
>
> Examination of her gait showed no limp. She did not use a brace or orthosis.
>
> Examination of the left shoulder showed no gross wasting nor deformity. The AC joint was nontender.
>
> She had pain with the impingement manoeuvre, but also the reverse impingement manoeuvre.
>
> Left shoulder range of motion was markedly reduced and included:
> Flexion 90°
> Extension 10°
> Abduction 80°
> Adduction 10°
> External rotation in abduction 20°
> Internal rotation in abduction 20°
>
> Repeat testing did not improve movement, even after showing Mrs Ivanovic, she was able to lift her arm to 160° while dressing and undressing. In fact, passive range of motion examination to assess for capsulitis/arthritis or dislocation showed significant voluntary restriction.
>
> Elbow and distal neurovascular examinations were normal.
>
> Lumbar spine examination showed a 9cm, discoloured, pale scar with some puckering but no cross hatching, consistent with the known surgeries.
>
> The lumbar spine showed preserved coronal and sagittal alignment, movements were remarkably reduced by approximately half with complaints of end range pain without evidence of paraspinal guarding or spasm today.
>
> Straight leg raise bilaterally was 90°.
>
> Quad and calf circumferences were equal.
>
> The knee and ankle jerks were symmetrical and present.
>
> There was no dermatomal sensation loss."

15. The AMS provided the following summary at part 7 of the MAC:

> • summary of injuries and diagnoses:
> Ms Ivanovic developed acute recurrence of lumbar back pain with referred pain into the right lower extremity after a work injury when pushing a rather heavy patient in a wheelchair on 07/07/2017.

She had a past history of lumbar spine disease requiring decompression surgery by Dr McKechnie at L3-L5 and made a good recovery from that with no ongoing, significant symptoms or disability apparently until her work injury of 07/07/2017.

After that work injury, she had recurrent back and leg pain, MR scan confirmed recurrent disc protrusion and she underwent revision single level decompression and discectomy surgery with rhizolysis with Dr McKechnie and has seen considerable improvement in back pain and leg pain, although still has some symptoms and disability with regards to ADLs.

She has not returned to work.

In the same work incident, she injured her left upper extremity. Initially, Dr McKechnie thought it was pain related to previous cervical spine disease, but MR scan subsequently reported 'mild supraspinatus tendinosis' with AC joint changes and she has persisting pain.

Examination today shows gross loss of range of motion including flexion to 90°: When dressing and undressing left shoulder flexion was seen to be 160°.

I note that in Dr Powell's report of 31/05/2020, he confirmed left shoulder examination showed generous active movement including flexion to 180° and was equal to the contralateral side. In contrast, Dr Patrick in his report of February 2020, found gross loss of active range of motion of the left shoulder despite there being no diagnosis of significant arthritis, fracture-dislocation or capsulitis with only 100° of flexion and 90° of abduction.

There is a degree of discrepancy.

• consistency of presentation
Noting above, not only was there internal discrepancies in the movement of the left shoulder, observed active movement compared to the formal examination, there was on examination of passive ROM voluntary resistance of movement, I note significant discrepancies between examined range of motion found by Dr Powell, as compared to Dr Patrick's and my exams."

16. The AMS assessed the appellant's total WPI relating to her lumbar spine to be 14% and relating to her left upper extremity to be 2%, providing these reasons for his assessment within part 10 of the MAC:

"Lumbar Spine: AMA-5: Table 15-3: DRE Lumbar Category III: 10% whole person impairment, as there has been spinal decompression surgery, revision single level decompression and discectomy.

Impact of ADL: SIRA paragraphs 4.33, 4.34 & 4.35: Ms Ivanovic has difficulties with yard, garden, sport, recreation and home care: 2% whole person impairment. She is independent of self-care.
Total lumbar impairment: 12% WPI.

SIRA paragraph 4.37: Effects of Surgery: Table 4.2 Modifiers for DRE Categories Following Surgery: There is no evidence of residual radiculopathy (SIRA para 4.27): 0% whole person impairment.

Second and further levels: 0% whole person impairment.

Second operation: 2% whole person impairment.

Total lumbar impairment: 14% whole person impairment.

Left upper extremity (shoulder): Shoulder impairment would normally assist with respect to active motion impairment of the joint, but there are significant inconsistencies with Ms Ivanovic's presentation today, internally when she was dressing and undressing and during the formal examination, and also between examinations of Dr Patrick, Dr Powell and myself.

AMA-5 page 19 and SIRA paragraph 1.36 instruct 'The Assessor must use their entire range of clinical skill and judgment when assessing whether or not the measurement or test results are plausible and consistent with the impairment being evaluated. If, in spite of an observational test result, the medical evidence appears insufficient to verify that an impairment of a certain magnitude exists, the Assessor may modify the impairment rating accordingly and then describe and explain the reason for the modification in writing.

The left shoulder diagnosis is impingement secondary to known cuff tendinosis without significant cuff tear or glenohumeral arthritis. The observed range of motion found at examination today is inconsistent with this diagnosis.

Further, there were inconsistencies during my examination when Mrs Ivanovic was undressing and performing active range of motion of the shoulder as well as voluntary, active resistance to passive examination.

It is my opinion then that using range of motion as a tool to assess impairment is not appropriate. The background diagnosis of impingement as per SIRA paragraph 2.16 impairment related to impingement is 2% whole person impairment. I acknowledge however, the Guides instruct this should be used when there is no loss of range of motion.

My opinion this is the most appropriate method to assess impairment of the left upper extremity, with respect to the examination inconsistencies and the known diagnosis."

17. The AMS considered that a proportion of the appellant's WPI relating to her lumbar spine was due to the appellant's past history of lumbar spine disease which had required multi-level decompression surgery. When assessing the degree of the appellant's permanent impairment resulting from her injury the AMS made a deduction under s 323(1) of the order of 10/14 on account of that past history, such that he assessed the appellant to have 4%WPI relating to her lumbar spine from her injury. After the AMS had added the WPI he had assessed for appellant's left upper extremity, that meant the AMS assessed the appellant's overall permanent impairment resulting from her injury to be 6%WPI. He certified accordingly.

PRELIMINARY REVIEW

18. The Appeal Panel conducted a preliminary review of the original medical assessment in the absence of the parties and in accordance with the WorkCover Medical Assessment Guidelines.

19. As a result of that preliminary review, the Appeal Panel determined that it was not necessary for the appellant to undergo a further medical examination. This because the material before the Appeal Panel, including the AMS's findings from his examination of the appellant, is sufficient for the Appeal Panel to determine the appeal.

EVIDENCE

20. The Appeal Panel has before it all the documents that were sent to the AMS for the original medical assessment and has taken them into account in making this determination.

SUBMISSIONS

21. Both parties made written submissions. They are not repeated in full, but have been considered by the Appeal Panel.

22. In summary, the appellant submits that the deduction the AMS made under s 323(1) of the 1998 Act was not done in accordance with the requirements of the legislation or in accordance with authority. The appellant submits that there was uncontested evidence that she had "a full and complete recovery to her lumbar spine" and that she was "working full time in a heavy physical occupation with no ongoing complaints". In that circumstance, according to the appellant, the deduction the AMS made was "flawed at law".

23. The appellant also submits that the method by which the AMS addressed the inconsistency he found during his examination of her left shoulder "was inappropriate". The appellant submits that [2.16] of the Guidelines was only to be used where there is "no loss of range of motion". The appellant submits that "further efforts to conduct an examination of the range of motion should have been made".

24. In reply, the respondent submits that the effects of the appellant's previous injury to her lumbar spine were evident in an MRI conducted on 17 July 2017. The respondent submits that the AMS made a finding that the appellant had not made a full recovery from her prior injury. The respondent submits that the appellant's "pre-existing disc injury accorded with a WPI in the DRE3 Category". The respondent submits that the AMS was able accurately to assess the extent of the appellant's impairment due to the pre-existing injury and opined that the previous impairment is causative of the majority of her WPI. The respondent submits that the AMS "correctly applied the pre-existing known impairment to any current WPI based on the pathology, history, report of symptoms and examination".

25. With respect to the assessment of the left upper extremity, the respondent submits that the AMS noted that the appellant's presentation was inconsistent during formal examination. The respondent submits that the AMS found that the appellant's range of motion was consistent with a diagnosis of impingement secondary to known cuff tendinosis and the AMS used his clinical judgment and opined that range of motion was not an appropriate method by which to assess the appellant's impairment. The respondent highlights that in that circumstance the AMS then assessed the appellant's impairment based upon a diagnosis of impingement. The respondent says that the appellant's complaint about the manner in which the AMS assessed her impairment is unfounded and merely seeks to cavil with the findings of the AMS.

FINDINGS AND REASONS

26. The procedures on appeal are contained in s 328 of the 1998 Act. The appeal is to be by way of review of the original medical assessment but the review is limited to the grounds of appeal on which the appeal is made.

27. In *Campbelltown City Council v Vegan* [2006] NSWCA 284 the Court of Appeal held that the Appeal Panel is obliged to give reasons.

28. The authorities are consistent and clear regarding how s 323(1) is to be applied by an AMS. Firstly, the level of a worker's post-injury impairment, as at the time of assessment, must be determined. Secondly, a worker's prior injury or pre-existing condition or abnormality must be identified by reference to the available evidence. Thirdly, it must be determined, based on the available evidence, whether a proportion of a worker's post-injury impairment is due to that prior injury or pre-existing condition. Lastly, the extent to which a worker's post-injury impairment is due to the prior injury or pre-existing condition or abnormality must be determined.[1]

29. The Court of Appeal held in *Ryder* that the pre-existing condition that a worker has or the prior injury the worker has suffered must make a difference to the outcome in order that a worker's impairment can be found to be due to it.[2] To the extent to which it does make a difference, there must be a deduction.

30. All stages of this process must be based on evidence, and not assumption or hypothesis. With respect to the fourth stage that means that the evidence must be able to demonstrate that a proportion of a worker's impairment is due to the pre-existing condition or previous injury, in the sense that it has made a difference to the worker's overall impairment. To the extent it has, there is a deduction for it in the assessment of the worker's impairment from the worker's injury. Subject, to s 323(2), it is an error for an AMS to assign an arbitrary figure for the extent to which a pre-existing condition or previous injury contributes to the worker's permanent impairment.[3] In accordance with s 323(2) of the 1987 Act, if the extent to which a deduction is to be made under s 323(1) would be too difficult or costly to determine because of the absence of medical evidence or some other reason, the deduction must be assumed to be 10% so long as that assumption is not at odds with the evidence.

31. In the Appeal Panel's view the AMS has made an error with respect to the fourth stage of the process in that he has just assumed that the WPI the appellant would have been assessed to have had with respect to her lumbar spine due to her existing lumbar degeneration immediately before the time she suffered her work place injury represented the proportion of her overall impairment that was due to that pre-existing degeneration. The AMS has not indicated by reference to the available evidence how that pre-existing degeneration has contributed to the appellant's post injury impairment, in the sense of how it has made a difference to her present degree of permanent impairment. By just deducting a figure for the impairment that she would have been assessed to have had with respect to her lumbar spine immediately before her injury is to assume, and consequently arbitrarily assign that figure as being the extent to which her pre-existing lumbar degeneration contributes to her present impairment.

32. Contrary to what the respondent submitted, the AMS did not opine that the appellant's existing degeneration in her lumbar spine was causative of the majority of her permanent impairment. He just assumed that the rating she would have received immediately preceding her injury with respect to the impairment of her lumbar spine, had it been assessed, represented the contribution of her lumbar degeneration to her present impairment.

33. Consequently, the Appeal Panel finds that the AMS has based his assessment on incorrect criteria, in that he did not apply the requirements of s 323 correctly, and also as a consequence of that, the MAC contains a demonstrable error.

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[1] See *Cole v Wenaline Pty Ltd* [2010] NSWSC78; *Vitaz v Westform (NSW) Pty Ltd* [2011] NSWCA 254; *Ryder v Sundance Bakehouse* [2015] NSWSC526 (*Ryder*) and *Drosd v Workers Compensation Nominal Insurer* [2016] NSWSC 1053 (*Drosd*).
[2] Ibid.
[3] See *Drosd* at [86]; and *Fire & Rescue NSW v Clinen* [2013] NSWSC 629.

34. That being the case the Appeal Panel must revoke the MAC and replace it with a fresh MAC[4] that requires the Appeal Panel to determine anew the matters originally referred to the AMS for assessment, which enquiry can extend beyond the particular error or errors the parties identified in a MAC.[5] Simply put, the Appeal Panel must undertake its own assessment of the matters that had been referred to the AMS for assessment.

35. With respect to the assessment of the appellant's permanent impairment due to the injury to her lumbar spine, the Appeal Panel is able to use the findings of the AMS from his examination of the appellant. This is because it is apparent to the Appeal Panel from the findings the AMS recorded in the MAC with respect to his examination of the appellant that he conducted a thorough examination of the appellant relating to her lumbar spine. The Appeal Panel is satisfied that in that circumstance the AMS's findings from his examination of the appellant with respect to her lumbar spine are sound and reliable.

36. The Appeal Panel notes that, and as has been set out above, the appellant had decompression surgery to L3/5 of her lumbar spine on 27 February 2013.[6] The AMS did not find that the appellant had any radiculopathy at the time of examination. Accordingly, in accordance with [4.37] of the Guidelines the appellant must be assessed in accordance with DRE Category 3, which attracts a rating of 10% WPI. In accordance with Table 4.2, because that surgery the appellant had on 27 February 2013 was at two levels, she attracts a combined rating of 1% bringing her WPI to 11%.

37. The appellant had further surgery in the form of an L3/4 revision partial laminectomy, microdiscectomy and rhizolysis on 8 March 2018, following her injury on 17 July 2017, for which she is allowed a further combined 2%WPI in accordance with table 4.2, bringing her WPI to 13%.

38. The Appeal Panel notes that the appellant has difficulty performing heavy or repetitive home chores including vacuuming, sweeping, hanging clothes and doing heavy shopping and relies upon her cousin to assist her. Given this impairment in managing her household tasks, in accordance with [4.35] of the Guidelines a further 2% WPI should be added, meaning that the appellant has a total of 15% WPI relating to her lumbar spine.

39. As the evidence reveals, as at the time of the injury the appellant had extensive lumbar degeneration in her spine and indeed, had surgery in the form of an L3/5 decompression to treat that prior to her injury. In other words, as at the date of injury the appellant had an extensively degenerated lumbar spine. However, notwithstanding that, the appellant had done well after her initial surgery in 2013 such that she was able to return to her work as a ward attendant and indeed felt confident enough to manage with mobilisation in a wheelchair of a heavy patient. In the Appeal Panel's view the incident on 7 July 2017 resulted in the L3/4 large right posterior paracentral disc extrusion compressing the descending right L4 root that was revealed in the MRI done on 30 September 2017. That is consistent with the finding of her treating neurosurgeon Dr McKechnie, as reported by him in his letters to the appellant's GP on 4 September 2017 and 20 May 2019. In other words, the incident on 7 July 2017 resulted in a new lesion in the appellant's lumbar spine that disabled her and required further surgery as treatment.

40. The Appeal Panel is satisfied by the evidence that the existing and extensive degeneration in the appellant's lumbar spine materially contributes to her present impairment of her lumbar spine, but in the Appeal Panel's view her present impairment relating to her lumbar spine is largely due to the lesion and consequent surgery that occurred as a result of the incident on 17 July 2017. The Appeal Panel considers however that, having regard to what the evidence reveals relating to the extent of the degeneration in the appellant's lumbar spine at the time

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[4] See Versace v Australia Best Tyres & Auto Pty Ltd [2016] NSWSC 1540; and Drosd.
[5] See Drosd at [59] – [61] and Roads & Maritime Services v Rodger Wilson [2016] NSWSC 1499 at [26].
[6] Page 1061 of the Appeal Panel's brief (being page 952 of the respondent's reply)

of injury that a deduction of 1/10 only would be at odds with that evidence. In other words, it is the Appeal Panel's view that the contribution the extensive pre-existing degeneration in her lumbar spine makes to her present impairment is in excess of 1/10. Accordingly, the Appeal Panel cannot assume, in accordance with s323(2) of the 1998 Act, that the contribution is 1/10.

41. Given the extensive degeneration the appellant had in her lumbar spine preceding her injury presently contributes in a material way to her current permanent impairment relating to her lumbar spine, but also bearing in mind that in the Appeal Panel's view the greater part of her present impairment is due to the incident on 17 July 2017 and the lesion that was precipitated in that incident and consequent surgery, the Appeal Panel considers that the proportion of the appellant's permanent impairment with respect to her lumbar spine that is due to her pre-existing degeneration is 1/5.

42. With respect to the appellant's left upper extremity, namely the injury to her left shoulder, the Appeal Panel has regard to the findings that the AMS made from his examination of the appellant. That is to say there was no wasting or deformity of the appellant's left shoulder. The AC joint was non-tender. The appellant exhibited pain with impingement manoeuvre and also with reverse impingement manoeuvre. The AMS found that the appellant exhibited remarkable restricted range of movement in all planes of movement relating to her left shoulder during formal examination, but that was inconsistent with what he had observed the appellant to achieve while dressing and undressing. The AMS found that the appellant showed significantly voluntarily restricted range of movement.

43. The AMS carried out repeated testing during his examination of the appellant's movement of her shoulder, but that did not improve her movement.

44. The Appeal Panel also notes that the findings of the AMS with respect to the appellant's range of movement of her left shoulder differed from what Dr Powell had found from his examination of the appellant in May 2020, which was full movement.

45. As mentioned, the Appeal Panel determined that it did not need to re-examine the appellant in order to assess the degree of her permanent impairment relating to her left shoulder. The Appeal Panel considers that there would be no point achieved in that given the inconsistency that the appellant exhibited in her presentation during examination by the AMS. The appellant submitted that she should be reassessed "to address the alleged inconsistency", but made that submission did detail how the AMS's examination of her was inappropriate. The AMS noted that the diagnosis to be made with respect to the appellant's left shoulder was impingement secondary to known cuff tendinosis without significant cuff tear or glenohumeral arthritis. The Appeal Panel considers that in those circumstances using the AMS's findings with respect to the appellant's range of motion of her left shoulder is an inappropriate method to assess her impairment relating to her left shoulder. Given that and noting that the diagnosis with respect to the appellant's left shoulder includes impingement, the Guidelines at [2.16] provide another method by which to assess the appellant's permanent impairment relating to her left shoulder, which is 2% WPI. The Appeal Panel assesses the appellant's permanent impairment relating to her left shoulder accordingly as 2% WPI.

46. Consequently, the Appeal Panel assesses the appellant's permanent impairment resulting from her injury on 7 July 2017 to be 14% WPI.

47. For these reasons, the Appeal Panel has determined that the MAC issued on 6 November 2020 should be revoked, and a new MAC should be issued. The new certificate is attached to this statement of reasons.

I CERTIFY THAT THIS IS A TRUE AND ACCURATE RECORD OF THE REASONS FOR DECISION OF THE APPEAL PANEL CONSTITUTED PURSUANT TO SECTION 328 OF THE *WORKPLACE INJURY MANAGEMENT AND WORKERS COMPENSATION ACT* 1998.

A MacLeod

Ann MacLeod
Dispute Services Officer
As delegate of the Registrar

WORKERS COMPENSATION COMMISSION

APPEAL PANEL
MEDICAL ASSESSMENT CERTIFICATE

Injuries received after 1 January 2002

Matter Number: **4544/20**
Applicant: **Katica Ivanovic**
Respondent: **State of New South Wales (South Western Local Health District**

This Certificate is issued pursuant to s 328(5) of the *Workplace Injury Management and Workers Compensation Act 1998*.

The Appeal Panel revokes the Medical Assessment Certificate of Dr Greggory Burrow and issues this new Medical Assessment Certificate as to the matters set out in the Table below:

Table - Whole Person Impairment (WPI)

Body Part or system	**Date of Injury**	**Chapter, page and paragraph number in WorkCover Guides**	**Chapter, page, paragraph, figure and table numbers in AMA5 Guides**	**% WPI**	**Proportion of permanent impairment due to pre-existing injury, abnormality or condition**	**Sub-total/s % WPI (after any deductions in column 6)**
1. Lumbar spine	7/7/17	Para 4.33-.35 & 4.27 Table 4.2	Ch 15,Table 15-3	15%	1/5	12
2. Left upper extremity (shoulder)	7/7/17	Chapter 1, para 1.36 Chapter 2, para 2.16	p19, Chapter 16, figure 16–40, 43, 46	2%	-	2
Total % WPI (the Combined Table values of all sub-totals)					**14%**	

Marshal Douglas
Arbitrator

Dr Drew Dixon
Approved Medical Specialist

Dr John Ashwell
Approved Medical Specialist

25 February 2021

I CERTIFY THAT THIS IS A TRUE AND ACCURATE RECORD OF THE MEDICAL ASSESSMENT CERTIFICATE OF THE APPEAL PANEL CONSTITUTED PURSUANT TO SECTION 328 OF THE *WORKPLACE INJURY MANAGEMENT AND WORKERS COMPENSATION ACT* 1998

A MacLeod

Ann MacLeod
Dispute Services Officer
As delegate of the Registrar