

High Risk Cases

Identifying high risk cases

Whilst most people deal with their health problem and remain at work or return to work quickly, some don't. The following factors can be associated with increased work disability. If these factors are present it is sensible to be more proactive. Greater levels of support and input from others may be necessary.

<input checked="" type="checkbox"/> The employee:	Notes:
<input type="checkbox"/> 1.is an anxious person, easily distressed	
<input type="checkbox"/> 2.has poor relations with co-workers	
<input type="checkbox"/> 3.the supervisor indicates the worker has a poor performance record	
<input type="checkbox"/> 4.has unstable work history	
<input type="checkbox"/> 5.the employee has recently been terminated, demoted, or passed over for a promotion	
<input type="checkbox"/> 6.attends a doctor a long way from home or the workplace, or a physician known to be problematic in managing work injuries	
<input type="checkbox"/> 7.the employee expects to 'get better' before considering a return to work	
<input type="checkbox"/> 8.the employee is difficult to contact, always "sleeping and can't be disturbed" (especially during work hours)	
<input type="checkbox"/> 9.returned calls to the claimant's residence have strange or unexpected background noises that indicate it may not be a residence	
<input type="checkbox"/> 10. the claimant has several other family members also receiving workers' compensation benefits, or other "social insurance" benefits, such as unemployment.	
The injury:	
<input type="checkbox"/> 1.The injury report is significantly delayed	
<input type="checkbox"/> 2.The first notice of the injury to the employer is via medical certificate	

<input type="checkbox"/> 3. Multiple body parts are claimed for one uncomplicated incident such as lifting	-----
<input type="checkbox"/> 4. The injury is not properly reported by the employee to the employer	-----
<input type="checkbox"/> 5. There are significant differences in the description of the employee's work capacity from different doctors	-----
<input type="checkbox"/> 6. The details of the accident are vague or contradictory	-----
The workplace:	
<input type="checkbox"/> 1. The workplace is losing jobs or relocating the site	-----
<input type="checkbox"/> 2. The workplace has a culture of claims	-----
<input type="checkbox"/> 3. There is negative employee / employer connection	-----
<input type="checkbox"/> 4. There is a focus on statistics such as lost time injuries, at the expense of the well-being of the employee	-----
Medical factors:	
<input type="checkbox"/> 1. The employee frequently changes doctors	-----
<input type="checkbox"/> 2. The employee changes from the company doctor to another practitioner, particularly if the second doctor is not their usual doctor	-----
<input type="checkbox"/> 3. The claimant changes doctors once they have been certified fit for work	-----
<input type="checkbox"/> 4. An assessing doctor notes non physical, or non organic examination findings	-----
<input type="checkbox"/> 5. The employee regularly misses appointments	-----
<input type="checkbox"/> 6. There is ongoing treatment but the employee does not report that it is providing obvious benefit to their condition	-----
<input type="checkbox"/> 7. The treating practitioners seem to be 'protecting' the employee	-----
<input type="checkbox"/> 8. The treating practitioner is not active in supporting return to work	-----
<input type="checkbox"/> 9. The same doctor is handling other problem claims at the workplace	-----