

Reasonable and Appropriate Rehabilitation Guidance for CTP Insurers

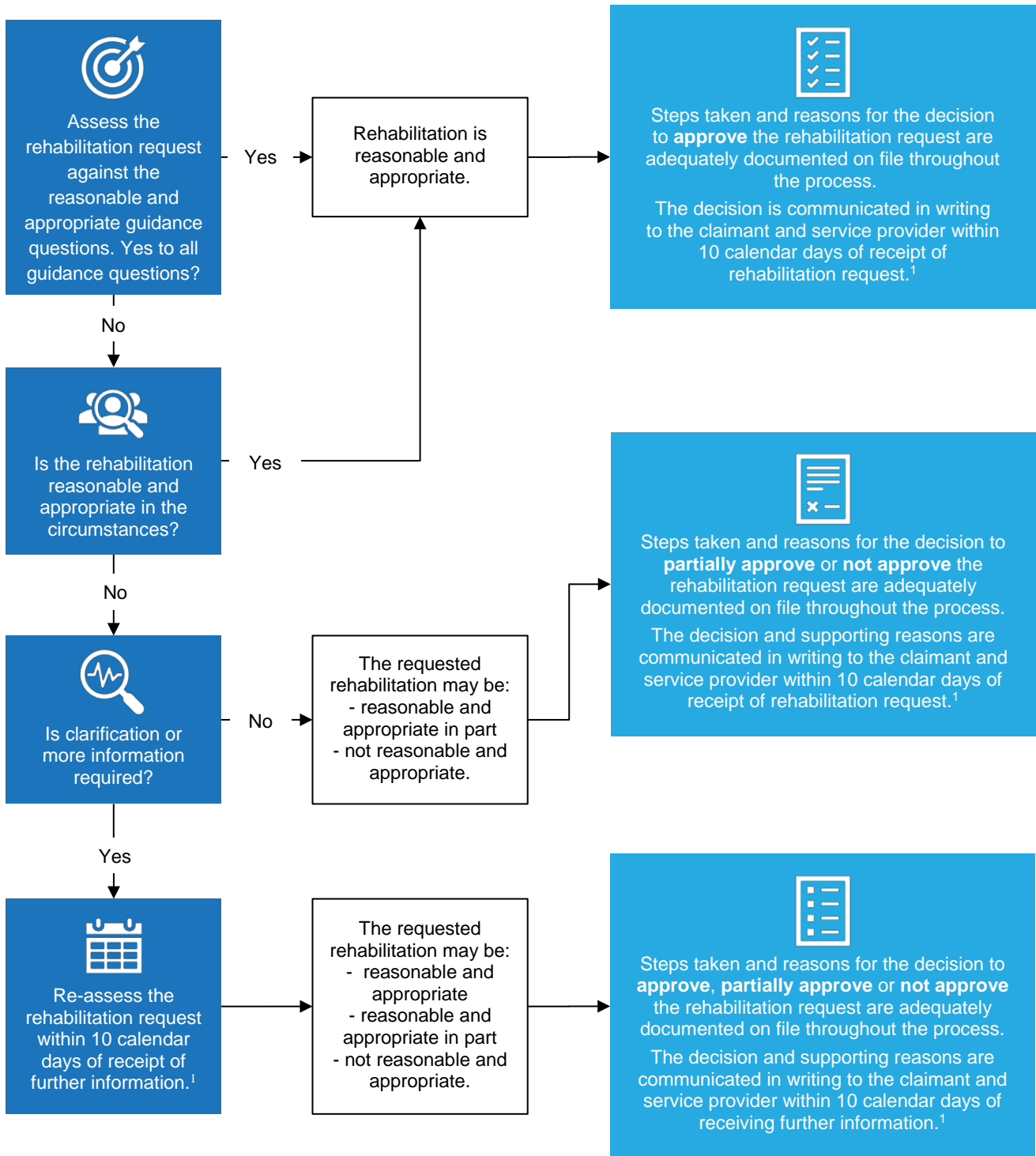
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This guidance tool has been developed to assist Compulsory Third Party (CTP) insurers to make decisions on funding reasonable and appropriate rehabilitation for people making a claim under Queensland's CTP insurance scheme. It is intended to be read in conjunction with the Rehabilitation Standards for CTP Insurers.

The needs of claimants will vary and insurers should consider the circumstances of each individual on a case-by-case basis. The following guidance provides a useful framework for determining whether a rehabilitation request may be considered reasonable and appropriate. It comprises five guidance questions, various factors for consideration and a flow chart to guide practical application.

Guidance questions	Factors for consideration
1. Is there sufficient evidence to support a direct relationship between the injury and accident?	<ul style="list-style-type: none"> • 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 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.
2. Is the proposed service appropriate for the injury?	<ul style="list-style-type: none"> • 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 current clinical guidelines/frameworks, e.g. Clinical Framework for the Delivery of Health Services. • There are no contra-indications to the requested service. • The service including number of treatments will not prolong recovery or cause harm. • There is no similar service being concurrently provided.
3. Will the proposed service benefit the claimant?	<ul style="list-style-type: none"> • The expected outcomes are functional and have tangible benefits to the claimant, e.g. they will facilitate return to work, independence with personal care, or independent self-management of symptoms. • 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 objective outcomes from this service previously.
4. Is the service provider appropriate?	<ul style="list-style-type: none"> • The provider has appropriate registrations, qualifications, and/or experience in the service being provided. • The provider is in reasonable proximity and is easily accessible to the claimant. • There are no conflict of interest issues identified between the insurer and the provider or between the claimant and the provider.
5. Are the proposed costs reasonable?	<ul style="list-style-type: none"> • The cost is in line with what a member of the public without a CTP insurance claim would be charged for the same service. • The fee is in line with normal market rates.

Decision-making flow chart



Note 1: Refer to Rehabilitation Standard E6 for home modification requests.

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