

Guideline for CTP insurers: Reasonable and appropriate rehabilitation and treatment

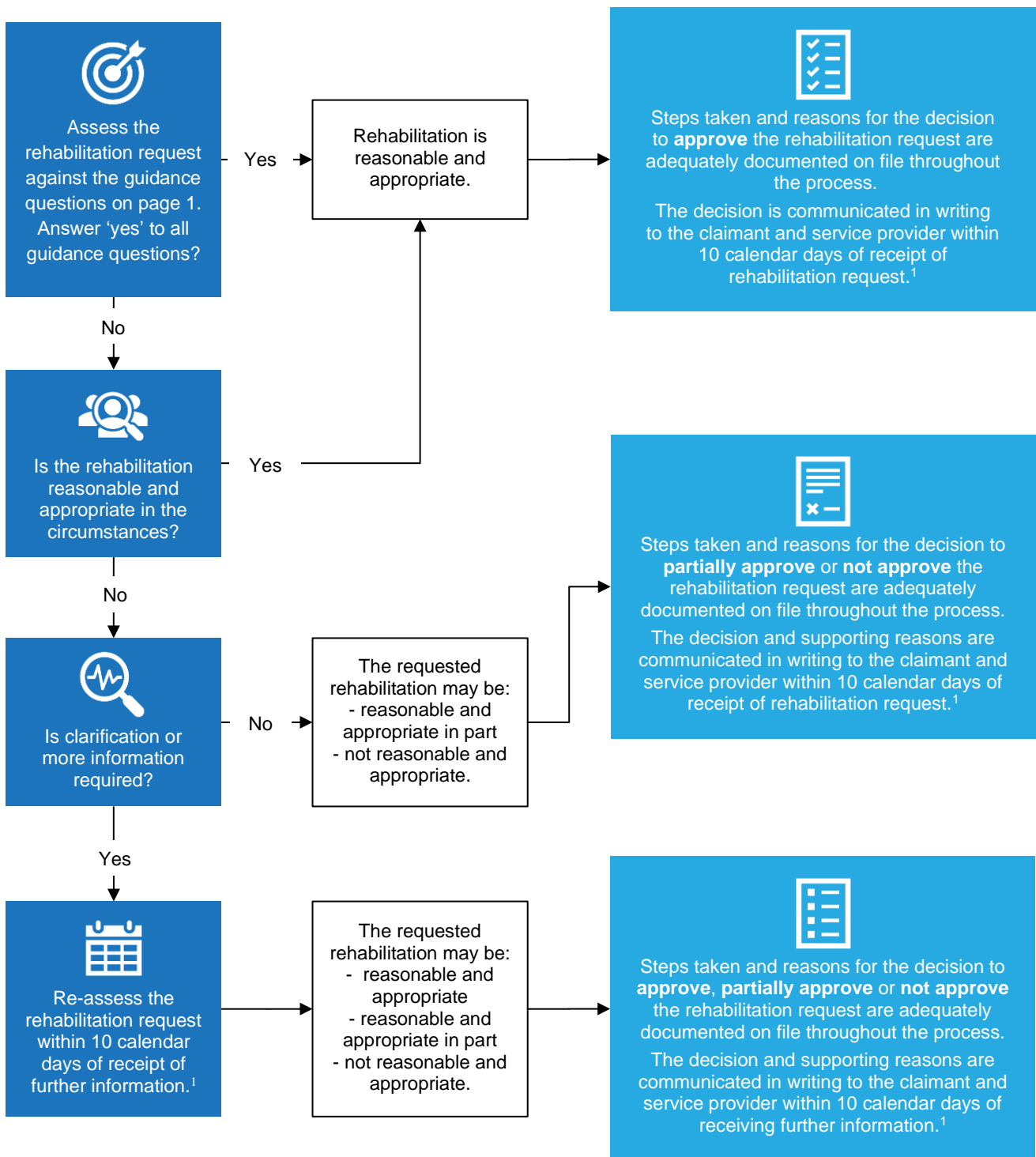
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This guideline has been developed to assist compulsory third party (CTP) insurers to make decisions on funding reasonable and appropriate rehabilitation for people making a claim under Queensland's CTP insurance scheme. It is intended to be read in 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 guideline 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. <i>Clinical Framework for the Delivery of Health Services</i>. • 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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