



## Frequently Asked Questions on Medical Assessment for Work Injury Compensation

*The set of FAQs on Medical Assessment for Work Injury Compensation, published by the Work Injury Compensation Medical Board, aims to guide the doctors in their assessment of and the completion of medical reports for work injury compensation cases. It can be found on the MOM website at URL:*

<http://www.mom.gov.sg/Documents/safety-health/FAQ-Medical-Assessment-for-Work-Injury-Compensation.pdf>

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### **A. USE OF GATIOD**

**Q1: How can the doctor obtain a copy of the Guide to the Assessment of Traumatic Injuries & Occupational Diseases (GATIOD)?**

A1: The latest version of the GATIOD can be downloaded from the MOM website at:  
<http://www.mom.gov.sg/Documents/safety-health/GATIOD-Fifth-Edition.pdf>

**Q2. When does the doctor use the 5<sup>th</sup> Edition (Revised) of the GATIOD?**

A2: The 5<sup>th</sup> Edition (Revised) of the GATIOD should be used for the assessment of all work-related injuries and occupational diseases with effect from 1 Jan 2007. For cases where an objection is raised to an initial assessment that was based on the previous 4<sup>th</sup> edition, and the matter is referred to the Work Injury Compensation Medical Board, the reassessment by its appointed specialist panel should continue to be based on the 4<sup>th</sup> edition for consistency.

**Q3. Can the doctor's assessment differ from that of the GATIOD?**

A3: For injuries where assessment guidelines are found in the GATIOD, the doctor should not differ from the GATIOD. In exceptional cases where there is a need to differ, the doctor should explain and provide his reasons for doing so as this would help facilitate the settlement of the claim.

**Q4. What assessment guidelines should the doctor refer to when the injuries are not found in the GATIOD?**

A4: The doctor should refer to the latest edition of the American Medical Association's Guides to the Evaluation of Permanent Impairment.

**Q5. When should the doctor use the Combined Values Chart in the GATIOD?**

A5: Where there are two or more injured parts (eg joints, limbs, nerves), each part is assessed separately and then combined using the Combined Values Chart provided in the GATIOD to give the total permanent incapacity.

**Q6: Can the doctor add the permanent incapacity award for each joint or part instead of using the Combined Values Chart?**

A6: No. The Combined Values Chart is used for combining impairments involving different parts and organ systems. It should not be used for combining impairments for the limitation of movements of the same joint which should be added to give the total permanent incapacity. Further guidance and examples on the use of the Combined Value Chart can be found under Chapter 2 of the GATIOD.

**Q7: Can the doctor make the assessment on the basis of a diagnosis?**

A7: Some impairments are more appropriately assessed on the basis of a diagnosis such as intra-articular fractures, fractures with complications, osteo-arthritis, etc. Further guidance on Diagnosis Based Estimates can be found under Chapter 2 of the GATIOD.

**Q8: Can the impairments based on limitation of movement be combined with that of diagnosis-based impairment?**

A8: No. The impairments should not be combined as this would result in the duplication of award. Instead, the greater impairment estimate should be used. Further guidance on Diagnosis Based Estimates can be found under Chapter 2 of the GATIOD.

**Q9: Should the doctor give an assessment for pain?**

A9: The severe and persistent pain associated with certain injuries and conditions eg nerve injuries, osteo-arthritis and spinal injuries that can result in permanent loss of function and restriction of daily activities or job functions are already provided in the impairment percentages for these specific disorders. Further guidance on compensation for pain can be found under Chapter 1 of the GATIOD.

**Q10: Can the doctor give a range as percentage of impairment for the extent of permanent incapacity?**

A10: No. The doctor should not indicate a range of say 4 to 6% as percentage of impairment. Instead, he should give one fixed percentage, say 5%. This is because injured employee's compensation, subject to the limits spelt out in the law, is determined based on the doctor's assessment using the following formula:

% loss of earning capacity X monthly earnings X multiplying factor depending on age

**Q11: When should the principle of interpolation be used?**

A11: The principle of interpolation should be used when the measured range of motion falls between the given ranges in the guide. The measured range of motion should be rounded to the nearest five degrees.

**E.g. Restriction of motion for Thumb interphalangeal joint:**

**Measured range of motion = 4°**

**Rounded off to the nearest 5° = 5°**

**Award for 0° = 6%**

**Award for 10° = 5%**

**Award by interpolation = 5.5%**

**Q12: How should the doctor combine the permanent incapacity award for each joint involving fractions using the Combined Values Chart?**

A12: The doctor should combine the whole numbers and then add back the fractions for awards involving fractions.

**E.g: Combine the whole numbers and then add back the fractions**

Fingers	Range of active flexion ( ° )			% PI		
	MCPJ	PIPJ	DIPJ			
<b>Index</b>	0 - 55	20 - 90	0 - 45	3.5	3	2.5
<b>Middle</b>	0 - 75	10 - 90	0 - 60	1.5	2	1
<b>Ring</b>	0 - 50	0 - 90	0 - 50	3	1	1
<b>Little</b>	0 - 55	0 - 90	0 - 45	2.5	1	1.5

Index - 3 + 3 + 2 = 8; 8 + 0.5 + 0.5 = 9%

Middle - 1 + 2 + 1 = 4; 4 + 0.5 = 4.5%

Ring - 3 + 1 + 1 = 5%

Little - 2 + 1 + 1 = 4; 4 + 0.5 + 0.5 = 5%

CV for 9, 4.5, 5, 5 = 21 + 0.5 = 21.5%

Note: Combine the PI for the individual fingers; check that the values do not exceed the PI for amputation of each finger; then combine the total PI for all the fingers (as shown in the example above) instead of combining all the individual joints in the sequence from highest to lowest.

**Q13: What is the maximum award for injuries sustained to the Distal Interphalangeal Joint, Proximal Interphalangeal Joint and Metacarpophalangeal Joint for the thumb and fingers?**

A13: While considering awards for Distal Interphalangeal Joint, Proximal Interphalangeal Joint and Metacarpophalangeal Joint for the thumb and fingers, the following principles should be adopted:

- Distal Interphalangeal Joint - maximum award cannot exceed loss of 2 phalanges
- Proximal Interphalangeal Joint - maximum award cannot exceed loss of 3 phalanges
- Metacarpophalangeal Joint - maximum award cannot exceed loss of 3 phalanges & metacarpal

## **B. ASSESSMENT OF INJURY**

**Q14: When should a medical assessment on the extent of the permanent incapacity be made?**

A14: As far as practicable, the assessment should be made after maximal, surgical or other forms of treatment have been applied and nothing further can be done to improve the impairment and the doctor considers the residual incapacity to be stable and not likely to progress or improve further.

**Q15: What should the doctor do if he receives the medical report for work injury compensation before a medical assessment is due?**

A15: The doctor should indicate the medical assessment date under Part III of the medical report and return it to MOM. When the medical assessment date falls due, a fresh set of medical report form will be sent to the doctor for his completion and return. If payment for the assessment has already been made in the first instance, no further payment should be imposed.

**Q16: Should the doctor give an assessment for the aggravation of a pre-existing condition following a work-related accident?**

A16: An award may be given for the aggravation of that condition following a work-related accident after taking into consideration the extent of the incapacity of the preexisting condition.

**Q17: Why should the doctor indicate the nature, size and location of the injury assessed in the medical report for work injury compensation?**

A17: The medical assessment made by the doctor should be confined to the injuries sustained in the particular accident for which the employer is liable for payment of compensation. In order to negate any confusion if the employee is involved in more than one accident or to rule out any inherent or existing medical condition, the doctor should therefore indicate the exact nature, size and location of the injury in Part II of the medical report.

**Q18: What if the injuries do not result in any permanent incapacity?**

A18: The doctor should clearly indicate a 0% award under Part V of the medical report besides any other remark that he may wish to make on the case.

**Q19: How should the doctor assess an employee who has sustained injuries to more than one part of his body or system?**

A19: After the doctor has made his assessment, he should also indicate in Part III of the medical report that the employee has to be assessed by another department. MOM would then follow up and send another medical report form to the department concerned and the employer would be required to make payment for the assessment.

## **C. OTHER RELATED PROCEDURES ON WORK INJURY COMPENSATION CLAIM**

**Q20: How can the doctor obtain a copy of the medical report for work injury compensation form if the original one has been misplaced?**

A20: The form can be downloaded from MOM website at:

<http://www.mom.gov.sg/workplace-safety-health/work-injury-compensation/resources-and-tools/Pages/resources.aspx>

**Q21: How can an employee claim for work injury compensation if he is injured in a work-related accident?**

A21: The employee should inform his employer of the accident and apply to claim work injury compensation with the MOM. If the employer fails to make a report of the accident, the employee can complete and return the Notice of Accident by Injured Employee/Dependant form to initiate the claims proceedings.

The form can be downloaded from the MOM website at:

<http://www.mom.gov.sg/workplace-safety-health/work-injury-compensation/resources-and-tools/Pages/resources.aspx>

**Q22: Should the doctor grant medical leave to an employee involved in a work injury compensation case who is no longer in employment?**

A22: Notwithstanding whether he is still in employment, an employee who is found to be unfit for work should be given medical leave so that he can be compensated with medical leave wages during the period of his temporary incapacity.

**Q23: Who should pay for the initial medical assessment or the medical reassessment by the Work Injury Compensation Medical Board?**

A23: The employer should pay for the initial medical assessment. In the case of a medical re-assessment by the Work Injury Compensation Medical Board, the party (be he the injured employee, employer or insurer) who has raised objection to the initial assessment, is required to pay the re-assessment fees, including all medical tests deemed necessary for the re-assessment.

**Q24: What should the doctor do if he learns that the employee is unable to attend or has defaulted on his medical assessment?**

A24: The doctor should make an assessment based on the case notes and other medical records on the employee. If this cannot be done, the doctor should refer the case to MOM for follow-up.

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