



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 health professionals in their assessment and completion of medical reports for work injury compensation cases.

A. USE OF GATIOD

Q1. How can the health professional obtain a copy of the Guide to the Assessment of Traumatic Injuries & Occupational Diseases (GATIOD)?

A1: The latest GATIOD (6th edition) which came into effect on 1st August 2022 can be downloaded from the MOM website at:

www.mom.gov.sg/workplace-safety-and-health/work-injury-compensation/resources-and-tools

Q2. When does the health professional use the 6th edition of the GATIOD?

A2: The 6th edition of the GATIOD should be used for the assessment of all work-related injuries and occupational diseases with effect from 1st August 2022. For cases where an objection was raised to an initial assessment that was based on the previous 5th edition (revised), and the matter was referred to the Work Injury Compensation Medical Board, the re-assessment by its appointed specialist panel should continue to be based on the 5th edition (revised) for consistency. The 6th edition may be referred to in such cases where there is insufficient guidance given in the previous edition.

Q3. Can the health professional's assessment differ from that of the GATIOD?

A3: For injuries where assessment guidelines are found in the GATIOD, the health professional should not differ from the GATIOD. In exceptional cases where there is a need to differ; the health professional should explain and provide reasons for deviation to help facilitate the settlement of the claim.

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

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

Q5. When should the health professional use the Combined Values Chart in the GATIOD?

A5: When there are two or more injured parts (e.g. joints, limbs, nerves), each part is assessed separately before using the Combined Values Chart provided in the GATIOD to compute the total permanent incapacity (PI).

Q6: Can the health professional add the 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 PI. Further guidance and examples on the use of the Combined Value Chart can be found under Chapter 2 of the GATIOD.

Q7: Can the health professional make the assessment on the basis of a diagnosis?

A7: Yes. 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 health professional give an assessment for pain?

A9: The severe and persistent pain associated with certain injuries and conditions e.g. 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 health professional give a range for the extent of Permanent Incapacity?

A10: No. The health professional should not indicate a range of, say, 4% to 6% as percentage of PI. A fixed percentage must be given. This is because the injured employee's compensation, subject to the limits stipulated in the law, is determined based on the health professional's assessment using the following formula:

$\%PI = \text{average monthly earnings} \times \text{multiplying factor depending on age}$

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 $5^\circ = 5^\circ$

Award for $0^\circ = 6\%$

Award for $10^\circ = 5\%$

Award by interpolation = 5.5%

Q12: How should the health professional combine the incapacity award for each joint involving fractions using the Combined Values Chart?

A12: The health professional should combine the whole numbers before adding the fractions. An example is given below.

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

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

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

Ring - $3 + 1 + 1 = 5\%$

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

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

Note: Combine the %PI for the individual fingers. Check that the values do not exceed the %PI for amputation of each finger before combining 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: When 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

Medical Assessment on Current Incapacity Work Injury Compensation

The Work Injury Compensation Act (WICA) 2019 was revised to facilitate a more expeditious process by legally authorising the health professionals to provide an assessment on or after the 7th month from the date of accident. This is known as Current Incapacity (CI) assessment.

CI is the residual incapacity which the health professional has assessed to be unlikely to change significantly after the date of assessment. This approach is supported by the Work injury Compensation Medical Board who advised that the extent of incapacity at six months after the accident is a close approximation to the eventual state of PI in most cases.

Q14: Why is there a need for CI assessment?

A14: CI assessment was introduced to allow the health professionals to provide a medical assessment, at the earliest opportunity on or after the 7th month from the date of accident when PI has not been assessed. This will benefit the injured employees who can receive their compensation earlier. For the migrant employees, they can then return to their home country and recuperate with their family members.

Q15: Is CI assessment applicable for all work injury accidents?

A15: Health professionals can do a CI assessment for work injury accidents that occurred from 01 September 2020 onwards, provided under the WICA 2019.

Q16: When should the health professional provide CI assessment?

A16: The health professionals can do a CI assessment on or after the 7th month from the date of accident if the injuries cannot be assessed for PI and there is unlikely to be significant change in the condition.

Q17: Should the health professional give a PI assessment if CI assessment has been given?

A17: If a CI assessment has been given, Work Injury Compensation (WIC) designated insurers or MOM will compute the compensation based on the award given. There is no separate or subsequent assessment required for the same injury to determine the PI.

Q18: What should the health professional do if CI assessment cannot be given?

A18: If the health professional is unable to provide a CI assessment or believe that the extent of the incapacity will change further for more complex injuries, he can inform the WIC designated insurers or MOM via the medical report form/memo with supported reasons and provide an estimated date for PI assessment.

Q19: Who will be requesting CI assessment?

A19: WIC designated insurers or MOM will send requests to the health professional to assess the cases based on CI if PI was not assessed after 6 months from the date of accident. The completed medical report should be returned to the WIC designated insurers or MOM. You may check the “Note” section of the medical report for the requesting party details.

Case illustrations

Example A (Date of accident from 01 September 2020):

A storekeeper slipped and fell while moving a 10kg box. He injured his lumbar spine in a work accident on **20 August 2021**. An MRI was conducted and did not demonstrate any abnormalities. During the assessment after six months, the injured employee continued to complain of persistent back pain. The health professional opined that the incapacity is unlikely to change significantly and the injured employee can be assessed for CI from **21 February 2022** onwards for the back pain if the PI was not assessed.

Example B (Date of accident before 01 September 2020):

A construction worker was climbing an A-frame ladder when he lost balance and fell from the ladder on **01 March 2019**. He injured his right shoulder and right ankle in the work accident. A CI assessment cannot be done as the accident date occurred before 01 September 2020. The health professional should provide PI assessment for his right shoulder and right ankle injuries.

Medical Assessment on Work Injury Compensation

Q20: When should a medical assessment on the extent of PI be made?

A20: 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 health professional considers the residual incapacity to be stable and not likely to progress or improve further.

Q21: What should the health professional do if he receives the medical report for work injury compensation assessment before a medical assessment is due?

A21: The health professional should not complete the medical report if the injured employee is not ready for CI/PI assessment. He can inform the WIC designated insurers or MOM via the memo/letter that the injured employee is not ready for CI/PI assessment and provide an estimated date for medical assessment.

Q22: Should the health professional give an assessment for the aggravation of a pre-existing condition following a subsequent work-related accident?

A22: An award may be given for the aggravation of that condition following a subsequent work-related accident after taking into consideration the extent of the incapacity of the pre-existing condition.

Q23: Why should the health professional indicate the nature, size and location of the injury assessed in the medical report for work injury compensation?

A23: The medical assessment made by the health professional 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 health professional should therefore indicate the exact nature, size and location of the injury in Part II of the medical report.

Q24: What if the injuries do not result in any incapacity?

A24: The health professional should indicate clearly a 0% award under Part IV of the medical report as well as any remarks that he may wish to make on the case.

Q25: How should the health professional endorse the completed medical report form?

A25: The health professional should clearly indicate his name, signature, address of hospital/clinic and the date of assessment under part V of the medical report to authenticate the health professional's identity.

Q26: How should the health professional assess an employee who has sustained injuries to more than one part of his body or system?

A26: Health professionals should indicate in Part II of the medical report that the injured employee has to be assessed by another department. The WIC designated insurers or MOM will send another medical report form to the employer to make payment for the assessment.

C. OTHER RELATED PROCEDURES ON WORK INJURY COMPENSATION CLAIM

Q27: Should the health professional grant medical leave to an injured employee involved in a work injury compensation case who is no longer in employment?

A27: Regardless of whether he is still in employment, an injured 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.

Q28: When should the health professional grant light duties to an injured employee involved in a work injury compensation case?

A28: Under the Work Injury Compensation Act 2019, injured employees who are given light duties will also be compensated. This is to ensure that injured employees on light duties are not worse off than employees on medical leave due to work injuries. Health professionals should consider whether appropriate duties are available at the workplace, and if the injured employee's condition allows him to perform those duties. Health professionals are also reminded not to prescribe light duties if the injured employee's employment was terminated and outpatient medical leave should be prescribed if he has not fully recovered.

Q29: Who should pay for the initial medical assessment or the medical re-assessment by the Work Injury Compensation Medical Board?

A29: Employers are required to pay for the initial medical assessment. For medical re-assessment by the Work Injury Compensation Medical Board, the party (i.e. injured employee, employer or insurer) who raised objection to the initial assessment is required to pay the re-assessment fees and the cost of any tests required by the Medical Board.

Q30: What should the health professional do when the employee was unable to attend or has defaulted on his medical assessment?

A30: The health professional should make an assessment based on injured employee's case notes and other medical records in the absence of the injured employee. If this cannot be done, the health professional should refer the case to the WIC designated insurers or MOM for follow-up.

The FAQs on Medical Assessment for Work Injury Compensation can be found at: <https://www.mom.gov.sg/-/media/mom/documents/safety-health/faq-medical-assessment-for-work-injury-compensation.pdf>

For more information, check out our website at: www.mom.gov.sg/workplace-safety-and-health/work-injury-compensation