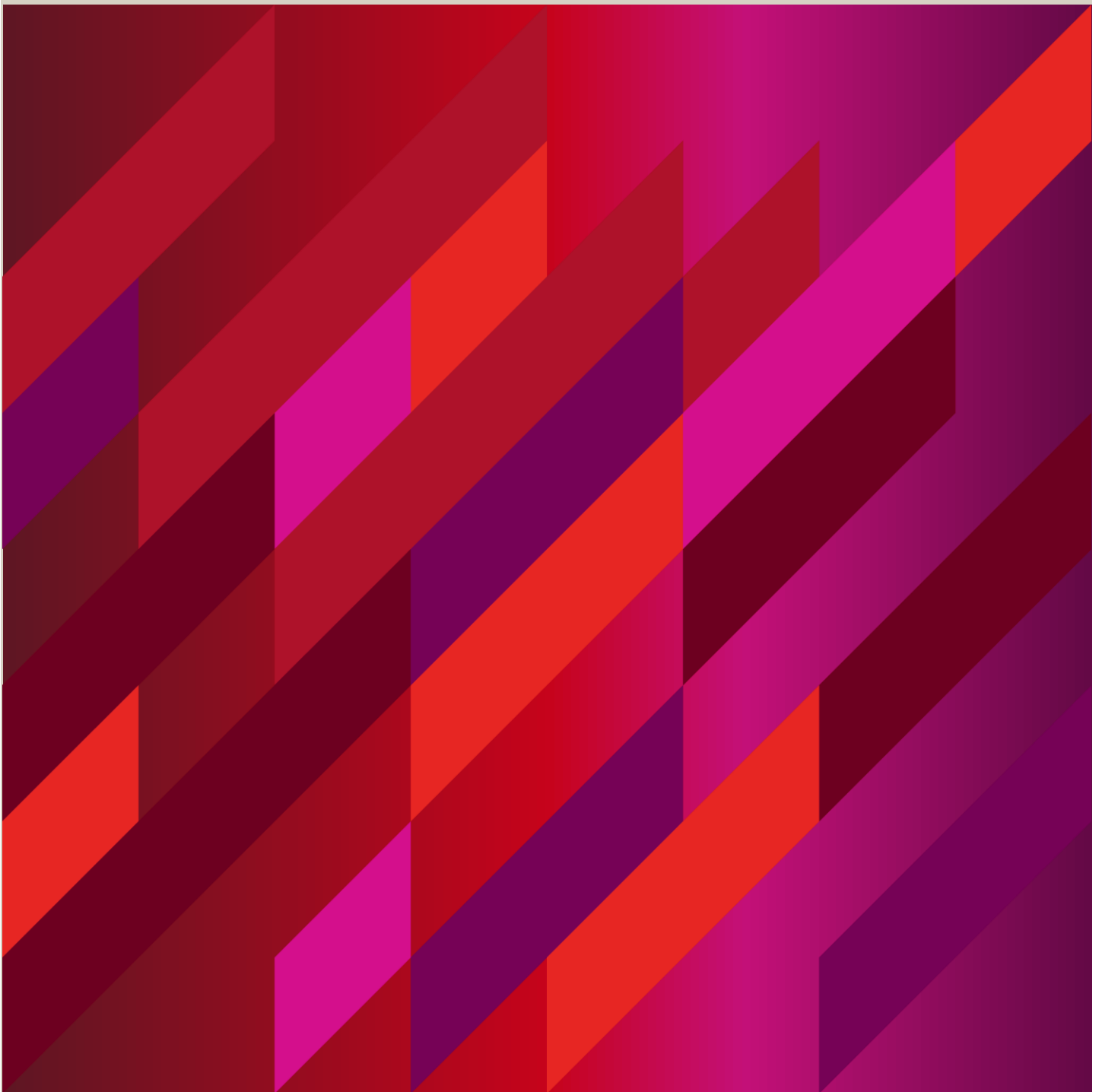




Review of the first 1000 claims in the new 2017 CTP Scheme: Final report

July 2020



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Abbreviations

AIHI	Australian Institute of Health Innovation
CT	Computerised Tomography
CTP	Compulsory Third Party
JWCRR	John Walsh Centre for Rehabilitation Research
MRI	Magnetic Resonance Imaging
NSW	New South Wales
SIRA	State Insurance Regulatory Agency

Executive summary

One of the leading causes of injury-related hospitalisations in New South Wales (NSW) are injuries sustained in motor vehicle incidents. These injuries can lead to poor long-term health outcomes, have long recovery times, and can require substantial time off work. On 1st December 2017, the State Insurance Regulatory Authority (SIRA) launched a new compulsory third party (CTP) hybrid no-fault insurance scheme. The new scheme focuses on early intervention, reducing the length of time to resolve claims, and increasing the proportion of benefits to the most severely injured.

To evaluate the impact of the changes of new CTP scheme on injured people, SIRA initiated a project to review the first 1,000 new CTP claims made from 1st December 2017, investigating: (1) Minor injury determination; (2) Treatment; (3) Return-to-work; (4) Outcomes; and (5) Internal reviews and disputes.

This project reviewed claims at four insurers (i.e. Allianz, IAG, QBE, and Suncorp) at five time points during a 24-month follow-up period by researchers at the Australian Institute of Health Innovation (AIHI), Macquarie University, and the John Walsh Centre for Rehabilitation Research (JWCRR), University of Sydney. Each institution was randomly allocated 500 claims to review. This final report summarises the methods and results from all data collection points conducted by the AIHI.

Of the 500 claims that were allocated to AIHI, 478 were included in this final report. Twelve claims were excluded due to transferring to other insurers, no data system access to claim files, or duplicate claims; and ten claims were excluded because the state where the crash occurred was outside NSW.

At 13 weeks post-claim lodgement, minor injuries and non-minor injuries accounted for 55.4% and 24.5% of claims reviewed, respectively. Minor injury is defined as soft tissue (e.g. muscle, tendon, ligament, fat, fascia, blood vessels, and cartilage) injury or psychological injury not recognised as psychiatric illness. The proportion of claims without a minor injury determination declined during the follow-up period. At 24 months post-crash, minor injuries and non-minor injuries accounted for 59.6% and 33.9% of claims reviewed, respectively.

At 13 weeks post-claim lodgement, treatments paid for or approved by the insurer were identified for 74.9% of claims reviewed. The proportion of claims that had treatments

paid for or approved by the insurer declined during the follow-up period to 55.7% at 26 weeks post-crash, 35.6% at 12 months post-crash, 14.2% at 18 months post-crash, and 12.6% at 24 months post-crash. Treatments paid for or approved by the insurer was far less common for minor injury claims than non-minor injury claims at all data collection time points. The most common types of treatment paid for or approved by the insurer were physiotherapy treatments, general practitioner consultations, and medical specialist consultations.

Of the 297 claimants who were employed prior to being injured, 66.3% reported taking time off work by 13 weeks post-claim lodgement. The proportion of claimants who took time off work declined during the follow-up period to 16.2% at 26 weeks post-crash, 14.5% at 12 months post-crash, 9.1% at 18 months post-crash, and 6.1% at 24 months post-crash. Time off work was less common among claimants with minor injury than among claimants with non-minor injury at all data collection time points.

During the follow-up period, internal review of treatment was identified for 46 (9.6%) claims, dispute regarding minor injury determination was identified for 70 (14.6%) claims, and involvement of Dispute Resolution Services was identified for 49 (10.3%) claims. Of the 70 claims with a dispute regarding minor injury determination at any time point during the follow-up period, 14 (20.0%) had the decision overturned. Of the 49 claims that involved Dispute Resolution Services, 17 (34.7%) had the decision overturned.

The results described in this report suggest that minor injury determination is settled early for the majority of claims. Treatments paid for or approved by the insurer were less common for minor injury claims than non-minor injury claims at all data collection time points, which suggests that the most severely injured received a greater proportion of benefits. Time off work beyond 26 weeks post-crash was infrequent among claimants with minor injury, which suggests that the majority of minor injury claimants experience adequate recovery. About 1 in 7 claims involved a dispute regarding minor injury determination, of which 20% had the decision overturned. This suggests that although the majority of claims are initially assigned an appropriate minor injury determination, the severity of injury may be underestimated for a small proportion of claimants.

1. Introduction

Injuries arising from motor vehicle crashes have been associated with poor long-term health and decreased quality of life [1-6]. Recovery from motor vehicle crash injuries can be slow, with follow-up studies finding a substantial proportion of injuries are not resolved up to six years later [1, 3, 4]. An additional consequence of motor vehicle crash injuries is loss of earnings due to time off work [6, 7].

Compensation processes and schemes have been found to impact upon health outcomes and recovery following an injury sustained in motor vehicle crash [6]. One particular factor in the compensation process which may be associated with improved recovery is early intervention [5]. Given the poor long-term outcomes associated with injuries arising from motor vehicle crashes, compensation schemes need to optimise recovery.

On 1st December 2017, as part of the Motor Injuries Act 2017 (NSW), the State Insurance Regulatory Authority (SIRA) launched a new compulsory third party (CTP) hybrid no-fault insurance scheme. The new scheme was established in response to concerns over long claims processes which often took between three to five years to resolve, and the increasing cost of premiums [8]. The new scheme aims to improve the timeliness of benefits, increase the proportion of benefits for injured people, and improve CTP affordability [9].

To support the new scheme, SIRA developed a project to review CTP claims made under the new scheme from 1st December 2017, to evaluate the impact of the changes on injured people. The objectives of this project are to:

- (1) Establish that insurers are proactively managing claims with a focus on early and appropriate treatment and care to achieve optimum recovery from injuries sustained in motor accidents and maximise their return-to-work or other activities;
- (2) Monitor the soft tissue injury threshold of minor injury;
- (3) Monitor the minor psychological injury threshold of minor injury;
- (4) Provide an evidence base to inform future enhancements for data collection; and

- (5) Provide an independent review of the operation of the new scheme with a focus on the operation of the minor injury threshold to achieve the objectives of the Act.

2. Methods

The first 1,000 sequential claims lodged from 1st December 2017 under the new CTP scheme through four insurers (i.e. Allianz, IAG, QBE, and Suncorp) were reviewed by researchers at the Australian Institute of Health Innovation (AIHI), Macquarie University, and the John Walsh Centre for Rehabilitation Research (JWCRR), University of Sydney. Each institution was randomly allocated 500 claims by SIRA.

To monitor the new CTP scheme, this project involves reviewing the same 500 claims at five time points: at 13 weeks post-claim lodgement, and at 26 weeks, 12 months, 18 months, and 24 months post-crash. Previous progress reports have described the main findings from the first four data collection points [10-12]. This final report summarises the methods and results from all data collection points conducted by the AIHI.

2.1. Sample

Of the 500 CTP claims provided by SIRA to the AIHI, 168 were from IAG (33.6%), 160 were from Suncorp (32.0%), 96 were from Allianz (19.2%), and 76 were from QBE (15.2%). Twenty-two of the allocated claims were excluded from the analysis: four claims had been transferred to another insurer (Allianz: n=1; IAG: n=1; QBE: n=2); two claims were duplicates (Allianz: n=1; Suncorp: n=1); six Suncorp claims were not able to be accessed by AIHI researchers due to security/IT restrictions; and ten claims involved a crash occurring outside of NSW (Suncorp: n=6; QBE: n=3; Allianz: n=1). Hence, a total sample of 478 claims were analysed for this final report.

2.2. Data collection

AIHI researchers reviewed and collected 13 weeks post-claim lodgement and 26 weeks post-crash data from June 2018 to July 2018; 12 months post-crash data from December 2018 to February 2019; 18 month post-crash data from July 2019 to September 2019; and 24 months post-crash data from January 2020 to February 2020. Data were collected using a tool developed in Microsoft ExcelTM 2016, which

was previously tested in a pilot study for this project and found to have good reliability between AIHI and JWCRR data collectors (72.5%) [13]. The data tool consisted of mainly standardised response options, but also included some open-ended questions, which were coded into categories following data collection. After completing the 24 months post-crash data collection, the datasets for each time point were linked by claim number. To monitor the progress of the new CTP scheme, data relating to five areas was collected: (1) Minor injury determination; (2) Treatment; (3) Return-to-work; (4) Outcomes; and (5) Internal reviews and disputes.

3. Results

3.1. Characteristics of the sample

Of the 478 claims reviewed, more than half (54.2%) of claimants were female, and almost 2 in 3 (62.1%) claimants were employed in some capacity (i.e. full-time, part-time, or casual) prior to the claim (Table 3.1). Two in five (41.0%) claimants were aged between 25 to 44 years.

Table 3.1: Characteristics of individuals who lodged a CTP claim from 1st December 2017 (n=478)

	n	%
Sex:		
<i>Female</i>	259	54.2
<i>Male</i>	219	45.8
Age group:		
<i>14 years or less</i>	20	4.2
<i>15-24 years</i>	67	14.0
<i>25-34 years</i>	107	22.4
<i>35-44 years</i>	89	18.6
<i>45-54 years</i>	79	16.5
<i>55-64 years</i>	67	14.0
<i>65 years or older</i>	49	10.3
Employment status prior to injury claim:		
<i>Full-time</i>	218	45.6
<i>Part-time</i>	45	9.4
<i>Casual</i>	34	7.1
<i>Not working</i>	100	20.9
<i>Not recorded</i>	81	17.0
Insurer:		
<i>Allianz</i>	93	19.5
<i>IAG</i>	167	34.9
<i>QBE</i>	71	14.9
<i>Suncorp</i>	147	30.8

3.2. Main findings by data collection time point

Minor injury determination

At 13 weeks post-claim lodgement, minor injuries and non-minor injuries accounted for 265 (55.4%) and 117 (24.5%) of the 478 claims reviewed, respectively. Minor injury determination was not recorded for 86 (18.0%) claims, while 10 (2.1%) were recorded as too early to assess. The frequency and proportion of claims without a minor injury determination declined at subsequent data collection points. At 24 months post-crash, minor injuries and non-minor injuries accounted for 59.6% and 33.9% of claims reviewed, respectively. Of the 285 claims determined to be minor injury at 24 months post-crash, 282 (98.9%) were physical/soft tissue injuries and 3 (1.1%) were psychological injuries.

Table 3.2: Minor injury determination of CTP claims from 1st December 2017 by data collection time point (n=478)

	13 weeks post-claim lodgement		26 weeks post-crash		12 months post-crash		18 months post-crash		24 months post-crash	
	n	%	n	%	n	%	n	%	n	%
Minor injury:	265	55.4	258	54.0	287	60.0	294	61.5	285	59.6
Physical	235	49.2	231	48.3	273	57.1	288	60.3	282	59.0
Psychological	6	1.3	4	0.8	3	0.6	2	0.4	3	0.6
Both physical and psychological	24	5.0	23	4.8	11	2.3	4	0.8	-	-
Non-minor injury	117	24.5	120	25.1	156	32.6	164	34.3	162	33.9
Too early to assess	10	2.1	4	0.4	5	1.1	11	2.3	21	4.4
Not recorded	86	18.0	96	20.1	30	6.3	9	1.9	10	2.1

Treatment

At 13 weeks post-claim lodgement, one or more treatments paid for or approved by the insurer were identified for 358 (74.9%) claims. The number of claims that had one or more treatments paid for or approved by the insurer was reduced to 266 (55.7%) at 26 weeks post-crash, 170 (35.6%) at 12 months post-crash, 68 (14.2%) at 18 months post-crash, and 60 (12.6%) at 24 months post-crash. The most common types of treatment paid for or approved by the insurer were physiotherapy treatments, general practitioner consultations, and medical specialist consultations. Physiotherapy

treatments was paid for or approved by the insurer for 241 (50.4%) claims at 13 weeks post-claim lodgement, 191 (40.0%) claims at 26 weeks post-crash, 123 (25.7%) claims at 12 months post-crash, 40 (8.4%) at 18 months post-crash, and 34 (7.1) at 24 months post-crash. General practitioner consultation was paid for or approved by the insurer for 203 (42.5%) claims at 13 weeks post-claim lodgement, 121 (25.3%) claims at 26 weeks post-crash, 60 (12.6%) claims at 12 months post-crash, 22 (4.6%) at 18 months post-crash, and 36 (7.5) at 24 months post-crash. Medical specialist consultation was paid for or approved by the insurer for 77 (16.1%) claims at 13 weeks post-claim lodgement, 58 (12.1%) claims at 26 weeks post-crash, 46 (9.6%) claims at 12 months post-crash, 39 (8.2%) at 18 months post-crash, and 30 (6.3) at 24 months post-crash. Table 3.1 provides an overview of treatments paid for or approved by the insurer by data collection time point.

Table 3.3: Treatment paid for or approved by insurer of CTP claims from 1st December 2017 by data collection time point (n=478)^{1,2}

	13 weeks post-claim lodgement		26 weeks post-crash		12 months post-crash		18 months post-crash		24 months post-crash	
	n	%	n	%	n	%	n	%	n	%
Treatment paid for or approved by insurer	358	74.9	266	55.7	170	35.6	68	14.2	60	12.6
Type of treatment paid for or approved by insurer ³ :										
<i>Physiotherapist</i>	241	50.4	191	40.0	123	25.7	40	8.4	34	7.1
<i>General practitioner</i>	203	42.5	121	25.3	60	12.6	22	4.6	36	7.5
<i>Medical specialist</i>	77	16.1	58	12.1	46	9.6	39	8.2	30	6.3
<i>Occupational therapist</i>	66	13.8	37	7.7	8	1.7	1	0.2	-	-
<i>Psychologist</i>	25	5.2	42	8.8	36	7.5	22	4.6	17	3.6
<i>Pharmaceuticals</i>	17	16.5	41	8.6	29	6.1	14	2.9	14	2.9
<i>Chiropractor</i>	15	3.1	11	2.3	4	0.8	-	-	1	0.2
<i>Massage therapist</i>	9	1.9	3	0.6	1	0.2	-	-	-	-
<i>Other</i>	8	1.7	9	1.9	4	0.8	3	0.6	1	0.2

¹ Data were collected based on payment invoices saved by insurer records.

² More than one type of treatment could be paid for or approved by insurer by each claimant.

³ Percentages may add up to more than 100.0% because individual claims may have more than one type of treatment paid for or approved by insurer.

Return-to-work

Of the 478 claims reviewed, 297 (62.1%) were from claimants that were employed prior to injury, including 218 (73.4%) full-time workers, 45 (15.2%) part-time workers, and 34 (11.5%) casual workers. Of the 297 claimants who were employed prior to being injured, 197 (66.3%) reported taking time off work at 13 weeks post-claim lodgement, 48 (16.2%) reported taking time off work at 26 weeks post-crash, 43 (14.5%) reported taking time off work at 12 months post-crash, 27 (9.1%) reported taking time off work at 18 months post-crash, and 18 (6.1%) reported taking time off work at 24 months post-crash. Certificate of fitness forms were identified for 81 (30.61%) claims at 13 weeks post-claim lodgement, 55 (18.5%) at 26 weeks post-crash, 32 (10.8%) at 12 months post-crash, 27 (9.1%) at 18 months post-crash, and 21 (7.1%) at 24 months post-crash. Very few claims records reported that claimants were accessing vocational programs to support return-to-work (i.e. n=1 at 13 weeks post-claim lodgement, n=1 at 26 weeks post-crash, n=2 at 12 months post-crash, n=6 at 18 months post-crash, and 3 at 24 months post-crash). Table 3.2 provides an overview of return-to-work status by data collection time point.

Table 3.4: Return-to-work of CTP claims from 1st December 2017 by data collection time point (n=297)¹

	13 weeks post-claim lodgement		26 weeks post-crash		12 months post-crash		18 months post-crash		24 months post-crash	
	n	%	n	%	n	%	n	%	n	%
Claimant took time off work due to injury	197	66.3	48	16.2	43	14.5	27	9.1	18	6.1
Capacity for work:										
<i>Fit for pre-injury work</i>	14	4.7	7	2.4	7	2.4	6	2.0	2	0.7
<i>Capacity for some type of work</i>	46	15.5	28	9.4	12	4.0	9	3.0	7	2.4
<i>No capacity for any work</i>	31	10.4	20	6.7	13	4.4	12	4.0	12	4.0
<i>Not known</i>	206	69.4	242	81.5	265	89.2	270	90.9	276	92.9
Vocational programs used for return-to-work	1	0.3	1	0.3	2	0.7	6	2.0	3	1.0

¹ Only claims where claimants were employed prior to injury are included in table.

Outcomes

Treatment had not ceased for 266 (55.7%) claims at 13 weeks post-claim lodgement, 135 (28.2%) claims at 26 weeks post-crash, 105 (22.0%) claims at 12 months post-crash, 94 (19.7%) claims at 18 months post-crash, and 69 (14.4%) claims at 24 months post-crash. Received benefits had not ceased for 317 (66.3%) claims at 13 weeks post-claim lodgement, 179 (37.5%) claims at 26 weeks post-crash, 118 (24.7%) claims at 12 months post-crash, 104 (21.8%) claims at 18 months post-crash, and 90 (18.8%) claims at 24 months post-crash. Payment of statutory benefits beyond 26 weeks post-crash was accepted for 129 (27.0%) claims at 12 months post-crash, 117 (24.5%) claims at 18 months post-crash, and 110 (23.0%) claims at 24 months post-crash. Table 3.3 provides an overview of outcomes by data collection time point.

Table 3.5: Outcomes of CTP claims from 1st December 2017 by data collection time point (n=478)

	13 weeks post-claim lodgement		26 weeks post-crash		12 months post-crash		18 months post-crash		24 months post-crash	
	n	%	n	%	n	%	n	%	n	%
Ceased treatment:										
<i>No</i>	266	55.7	135	28.2	105	22.0	94	19.7	69	14.4
<i>Yes</i>	37	7.7	133	27.8	319	66.7	379	79.3	408	85.4
<i>Not known</i>	175	36.6	210	43.9	54	11.3	5	1.1	1	0.2
Ceased receiving benefits:										
<i>No</i>	317	66.3	179	37.5	118	24.7	104	21.8	90	18.8
<i>Yes – Liability declined due to insufficient support</i>	22	4.6	31	6.5	8	1.7	7	1.5	22	4.6
<i>Yes – Liability after 26 weeks completed</i>	-	-	-	-	28	5.9	23	4.8	30	6.3
<i>Yes – Liability up to 26 weeks completed</i>	16	3.4	182	38.1	307	64.2	342	71.6	335	70.1
<i>Not known</i>	3	0.6	5	1.1	17	3.6	2	0.4	1	0.2
Payment of statutory benefits approved >26 weeks post-crash:										
<i>Yes - Accepted</i>	-	-	-	-	129	27.0	117	24.5	110	23.0
<i>No - Rejected</i>	-	-	-	-	334	69.9	360	75.3	365	76.4
<i>Outcome not yet determined</i>	-	-	-	-	15	3.2	1	0.2	3	0.6

Internal reviews and disputes

An internal review of treatment was identified for 10 (2.1%) claims at 13 weeks post-claim lodgement, 20 (4.2%) claims at 26 post-crash, 8 (1.7%) claims at 12 months post-crash, 7 (1.5%) claims at 18 months post-crash, and 10 (2.1%) at 24 months post-crash. Internal reviews of treatment at any time point during the follow-up period were identified for a total of 46 (9.6%) claims. Table 3.6 provides an overview of internal reviews and disputes by data collection time point.

Disputes regarding the determination of minor injury were identified for 8 (1.7%) claims at 13 weeks post-claim lodgement, 45 (9.4%) claims at 26 post-crash, 21 (4.4%) claims at 12 months post-crash, 20 (4.2%) claims at 18 months post-crash, and 12 (2.5%) claims at 24 months post-crash. Disputes regarding minor injury determinations at any time during the follow-up period were identified for a total of 70 (14.6%) claims. Of the 70 claims with a dispute regarding minor injury determination during the follow-up period, 14 (20.0%) claims recorded the original decision being overturned. For the 14 claims where the minor injury determination was overturned, the minor injury determination status recorded at 13 weeks post-claim lodgement were: 6 (42.9%) physical injuries only, 3 (21.4%) non-minor injury, 2 (14.3%) both physical and psychological injuries, 1 (7.1%) psychological injury only, 1 (7.1%) too early to assess, and 1 (7.1%) where the type of injury was not recorded.

Dispute Resolution Services were involved for 22 (4.6%) claims at 12 months post-crash, 39 (8.2%) claims at 18 months post-crash, and 31 (6.5%) claims at 24 months post-crash. Involvement of Dispute Resolution Services at any time point during the follow-up period were identified for a total of 49 (10.3%) claims. Of the 49 claims with involvement of Dispute Resolution Services at any time point during the follow-up period, 17 (34.7%) claims recorded the original decision being overturned. For the 17 claims with involvement of Dispute Resolution Services where the minor injury determination was overturned, the minor injury determination status recorded at 13 weeks post-claim lodgement were: 10 (58.8%) physical injuries only, 3 (17.7%) both physical and psychological injuries, 2 (11.8%) non-minor injury, and 2 (11.8%) where the type of injury was not recorded.

Table 3.6: Internal reviews and disputes of CTP claims from 1st December 2017 by data collection time point (n=478)

	13 weeks post-claim lodgement		26 weeks post-crash		12 months post-crash		18 months post-crash		24 months post-crash	
	n	%	n	%	n	%	n	%	n	%
Internal review about treatment	10	2.1	20	4.2	8	1.7	7	1.5	10	2.1
Minor injury determination dispute	8	1.7	45	9.4	21	4.4	20	4.2	12	2.5
Minor injury determination dispute outcome:										
<i>Upheld</i>	4	50.0	31	68.9	18	85.7	17	85.0	12	100.0
<i>Overturned</i>	2	25.0	6	13.3	3	14.3	3	15.0	-	-
<i>Decision pending</i>	2	25.0	8	17.8	-	-	-	-	-	-
Dispute Resolution Services	-	-	-	-	22	4.6	39	8.2	31	6.5
Dispute Resolution Services outcome:										
<i>Upheld</i>	-	-	-	-	13	59.1	21	53.9	15	48.4
<i>Overturned</i>	-	-	-	-	7	31.8	13	33.3	10	32.3
<i>Decision pending</i>	-	-	-	-	1	4.6	4	10.3	6	19.4
<i>No dispute</i>	-	-	-	-	1	4.6	1	2.6	-	-

3.3. Main findings by minor injury determination

Minor injury determination

At 24 months post-crash, minor injuries accounted for 285 (59.6%) of the 478 claims reviewed, while 162 (33.9%) were non-minor injuries. Of the minor injuries, 282 (98.9%) were physical/soft tissue injuries and 3 (0.7%) were psychological injuries.

Treatment

Of the 285 minor injury claims, 67 (23.5%) claimants had one or more treatments paid for or approved by the insurer during the period from 26 weeks post-crash to 12 months post-crash, 7 (2.5%) claimants had one or more had treatments paid for or approved by the insurer during the period from 12 months post-crash to 18 months post-crash, and 4 (1.4%) claimants had one or more had treatments paid for or approved by the insurer during the period from 18 months post-crash to 24 months post-crash.

For minor injury claims, the most common types of treatment paid for or approved by the insurer at 12 months post-crash were physiotherapy treatments (n=52; 18.3%) and general practitioner consultations (n=25; 8.8%). The most common types of treatment paid for or approved by the insurer at 18 months post-crash were general practitioner consultations (n=4; 1.4%), pharmaceuticals (n=4; 1.4%), and medical specialist consultations (n=3; 1.1%). The most common type of treatment paid for or approved by the insurer at 24 months post-crash was general practitioner consultations (n=4; 1.4%).

Of the 162 non-minor injury claims, 102 (63.0%) claimants had one or more had treatments paid for or approved by the insurer during the period from 26 weeks post-crash to 12 months post-crash, 61 (37.7%) claimants had one or more treatments paid for or approved by the insurer during the period from 12 months post-crash to 18 months post-crash, and 56 (34.6%) claimants had one or more had treatments paid for or approved by the insurer during the period from 18 months post-crash to 24 months post-crash.

For non-minor injury claims, the most common types of treatment paid for or approved by the insurer at 12 months post-crash were physiotherapy treatments (n=71; 43.8%), medical specialist consultations (n=38; 23.5%), and general practitioner consultations (n=35; 21.6%). The most common types of treatment paid for or approved by the insurer at 18 months post-crash were physiotherapy treatments (n=40; 24.7%), medical specialist consultations (n=36; 22.2%), and psychology consultations (n=20; 12.4%). The most common types of treatment paid for or approved by the insurer at 24 months post-crash were physiotherapy treatments (n=33; 20.4%), general practitioner consultations (n=32; 19.8%), and medical specialist consultations (n=29; 17.9%). Table 3.7 provides an overview of treatments paid for or approved by the insurer by minor injury determination at 24 months post-crash.

Table 3.7: Treatment paid for or approved by insurer by minor injury determination at 24 months post-crash^{1,2,3}

	Minor injury (n=285)		Non-minor injury (n=162)	
	n	%	n	%
Treatment paid for or approved by insurer:				
<i>At 12 months post-crash</i>	67	23.5	102	63.0
<i>At 18 months post-crash</i>	7	2.5	61	37.7
<i>At 24 months post-crash</i>	4	1.4	56	34.6

¹ Claims without recorded minor injury determination at 24 months post-crash were excluded.

² Data was collected based on payment invoices saved by insurer records.

³ More than one type of treatment could be paid for or approved by insurer by each claimant.

Return-to-work

Of the claimants that were employed prior to the crash and had a minor injury determination recorded at 24 months post-crash, 187 claimants had minor injury and 106 claimants had non-minor injury. Of the 187 claimants with minor injury, 11 (5.9%) took time off work during the period from 26 weeks post-crash to 12 months post-crash, 2 (1.1%) took time off work during the period from 12 months post-crash to 18 months post-crash, and none took time off work during the period from 18 months post-crash to 24 months post-crash. Of the 106 claimants with non-minor injury, 32 (58.5%) took time off work during the period from 26 weeks post-crash to 12 months post-crash, 25 (23.6%) took time off work during the period from 12 months post-crash to 18 months post-crash, and 18 (17.0%) took time off work during the period from 18 months post-crash to 24 months post-crash.

None of the minor injury claim records reported that claimants accessed vocational programs to support return-to-work during the period from 26 weeks post-crash to 24 months post-crash. Of the 106 claimants with non-minor injury, 2 (1.9%) claim records reported the claimant accessed vocational programs to support return-to-work during the period from 26 weeks post-crash to 12 months post-crash, 6 (5.7%) claim records reported the claimant accessed vocational programs to support return-to-work during the period from 12 months post-crash to 18 months post-crash, and 3 (2.8%) claim records reported the claimant accessed vocational programs to support return-to-work during the period from 18 months post-crash to 24 months post-crash.

Outcomes

Of the 285 minor injury claims, treatment had not ceased for 6 (2.1%) claims and payment of statutory benefits beyond 26 weeks post-crash were approved for 3 (1.1%) claims at 24 months post-crash. Of the 3 minor injury claims that were accepted to receive payment of statutory benefits beyond 26 weeks post-crash, the reasons identified in the record were: 1 (33.3%) because treatment will improve the recovery of the injured person, and for 2 (66.6%) claimants the reason was not identified. Of the 162 non-minor injury claims, treatment had not ceased for 63 (38.9%) claims and payment of statutory benefits beyond 26 weeks post-crash were approved for 107 (66.0%) claims at 24 months post-crash. For all non-minor injury claims that were accepted to receive payment of statutory benefits beyond 26 weeks post-crash, the reason identified was because they were non-minor injuries. It is important to note that in general there is no entitlement for treatment beyond 26 weeks post-crash for claimants that are deemed at-fault in the crash. Table 3.8 provides an overview of outcomes at 12, 18, and 24 months post-crash by minor injury determination at 24 months post-crash.

Table 3.8: Outcomes at 12, 18, and 24 months post-crash by minor injury determination at 24 months post-crash¹

	Minor injury (n=285)		Non-minor injury (n=162)	
	n	%	n	%
Not ceased treatment:				
<i>At 12 months post-crash</i>	22	7.2	79	48.8
<i>At 18 months post-crash</i>	20	7.0	73	45.1
<i>At 24 months post-crash</i>	6	2.1	63	38.9
Not ceased receiving benefits:				
<i>At 12 months post-crash</i>	17	6.0	98	60.5
<i>At 18 months post-crash</i>	17	6.0	85	52.5
<i>At 24 months post-crash</i>	7	2.5	83	51.2
Payment of statutory benefits approved >26 weeks post-crash:				
<i>At 12 months post-crash</i>	15	5.3	114	70.4
<i>At 18 months post-crash</i>	8	2.8	108	66.7
<i>At 24 months post-crash</i>	3	1.1	107	66.0

¹ Claims without recorded minor injury determination at 24 months post-crash were excluded.

Internal reviews and disputes

Table 3.9 provides an overview of internal reviews and disputes by minor injury determination. Of the 285 minor injury claims, internal reviews of treatment were identified for 21 (7.4%) claims during the period from 12 months post-crash to 24 months post-crash. Dispute about minor injury determination was identified for 42 (14.7%) claims, of which the minor injury determination was overturned for 5 (11.9%) claims. Dispute Resolution Services were involved for 32 (11.2%) claims, of which the decision was overturned for 5 (15.6%) claims. Of the 162 non-minor injury claims, internal review for treatment was identified for 25 (15.4%) claims during the period from 12 months post-crash to 24 months post-crash. Dispute regarding minor injury determination was identified for 25 (16.1%) claims, of which the minor injury determination was overturned for 9 (34.6%) claims. Dispute Resolution Services were involved in 17 (10.5%) claims, of which the decision was overturned for 12 (70.6%) claims.

Table 3.9: Internal reviews and disputes during the period from 12 months post-crash to 24 months post-crash by minor injury determination¹

	Minor injury (n=285)		Non-minor injury (n=162)	
	n	%	n	%
Internal review about treatment	21	7.4	25	15.4
Minor injury determination dispute	42	14.7	26	16.1
Minor injury determination dispute outcome:				
<i>Overtuned</i>	5	11.9	9	34.6
Dispute Resolution Services	32	11.2	17	10.5
Dispute Resolution Services outcome:				
<i>Overtuned</i>	5	15.6	12	70.6

¹ Claims without recorded minor injury determination at 24 months post-crash were excluded.

3.4. Minor injury, treatment, and return-to-work

Minor injury claims that require treatment beyond 26 weeks post-crash

At 12 months post-crash, there were 70 minor injury claims that had treatments paid for or approved by the insurer beyond 26 weeks post-crash. Of the 70 claims, 64 (91.4%) were for physical injuries, 1 (1.4%) was for psychological injury, and 5 (7.1%)

were for both physical and psychological injuries. The most common types of treatment were physiotherapy services (n=53; 75.7%) and general practitioner consultations (n=29; 41.4%). In regard to the treatments continuing beyond 26 weeks post-crash, 15 (21.4%) claims were because there was a delay in approval for treatment and care expenses by the insurer, 6 (8.6%) claims were because treatment would improve return to work and/or usual activities, and 4 (5.7%) claims were because treatment would improve recovery.

At 18 months post-crash, there were 3 minor injury claims that had treatments paid for or approved by the insurer beyond 12 months post-crash. All 3 (100.0%) claims were for physical injuries. The treatments approved or paid for by the insurer were general practitioner consultations (n=3; 100.0%), medical specialist consultations (n=2; 66.7%), psychologist services (n=2; 66.7%), and physiotherapy treatments (n=1; 33.3%).

At 24 months post-crash, there were 4 minor injury claims that had treatments paid for or approved by the insurer beyond 18 months post-crash. All 4 (100.0%) claims were for physical injuries. The treatments approved or paid for by the insurer were general practitioner consultations (n=4; 100.0%), medical specialist consultations (n=1; 25.0%), physiotherapy treatments (n=1; 25.0%), and pharmaceuticals (n=1; 25.0%).

Table 3.10 provides an overview of the characteristics of minor injury claims that had treatments paid for approved by the insurer beyond 26 weeks post-crash, beyond 12 months post-crash, and beyond 18 months post-crash.

Table 3.10: Characteristics of minor injury claims that had treatments paid for or approved by the insurer beyond 26 weeks post-crash (n=70), beyond 12 months post-crash (n=3), and beyond 18 months post-crash (n=4)

	Beyond 26 weeks post-crash (n=70)		Beyond 12 months post-crash (n=3)		Beyond 18 months post-crash (n=4)	
	n	%	n	%	n	%
Claimant characteristics						
Sex:						
<i>Female</i>	46	65.7	1	33.3	2	50.0
<i>Male</i>	24	34.3	2	66.7	2	50.0
Age group:						
<i>14 years or younger</i>	2	2.9	-	-	-	-
<i>15–24 years</i>	4	5.7	-	-	1	25.0
<i>25–34 years</i>	19	27.1	-	-	-	-
<i>35–44 years</i>	12	17.1	1	33.3	1	25.0
<i>45–54 years</i>	17	24.3	1	33.3	2	50.0
<i>55–64 years</i>	11	15.7	-	-	-	-
<i>65 years or older</i>	5	7.1	1	33.3	-	-
Employment status prior to injury claim:						
<i>Full-time</i>	32	45.7	1	33.3	3	75.0
<i>Part-time</i>	10	14.3	-	-	-	-
<i>Casual</i>	5	7.1	-	-	-	-
<i>Not working</i>	15	21.4	1	33.3	1	25.0
<i>Not recorded</i>	8	11.4	1	33.3	-	-
Minor injury						
Minor injury type:						
<i>Physical</i>	64	91.4	3	100.0	4	100.0
<i>Psychological</i>	1	1.4	-	-	-	-
<i>Both physical and psychological</i>	5	7.1	-	-	-	-
Treatment						
Treatments paid for or approved by insurer ¹ :						
<i>Physiotherapist</i>	53	75.7	1	33.3	1	25.0
<i>General practitioner</i>	29	41.4	3	100.0	4	100.0
<i>Pharmaceuticals</i>	6	8.6	-	-	1	25.0
<i>Medical specialist</i>	6	8.6	2	66.7	1	25.0
<i>Occupational therapist</i>	1	1.4	-	-	-	-
<i>Psychologist</i>	8	11.4	2	66.7	-	-
<i>Chiropractor</i>	3	4.3	-	-	-	-
<i>Other</i>	1	1.4	-	-	-	-
Purpose of treatment:						
<i>Treatment not approved beyond 26 weeks</i>	36	51.4	2	66.7	2	50.0
<i>Insurer delayed approval for treatment and care expenses</i>	15	21.4	-	-	1	25.0
<i>Treatment will improve return to work and/or usual activities</i>	6	8.6	-	-	-	-
<i>Treatment will improve recovery</i>	4	5.7	-	-	-	-
<i>Not minor injury</i>	2	2.9	1	33.3	-	-
<i>Not recorded</i>	7	10.0	-	-	1	25.0

¹ Percentages may add up to more than 100.0% because individual claims may have more than one type of treatment paid for or approved by insurer.

Medical imaging use beyond 26 weeks post-crash

Of the 478 claims reviewed, 23 (4.8%) claims were identified to have had medical imaging paid for by the insurer during the period from 26 weeks post-crash to 18 months post-crash. Of the 23 claims, 12 (52.2%) were for magnetic resonance imaging (MRI), 6 (26.1%) were for X-rays, and 5 (21.7%) were for computerised tomography (CT) scans. Of the 23 claims, 11 (47.8%) were for investigative purposes, 8 (34.8%) were to direct treatment, 2 (8.7%) were to assist diagnosis, and 2 (8.7%) were for unspecified reasons. Of the 23 claims that had medical imaging paid for by the insurer during the period 26 weeks post-crash to 18 months post-crash, 21 (91.3%) were requested by medical specialists and 2 (8.7%) were requested by general practitioners. Table 3.11 provides an overview of medical imaging use by minor injury determination.

Table 3.11: Medical imaging paid for by the insurer during the period from 26 weeks post-crash to 18 months post-crash by minor injury determination¹

	Minor injury (n=285)		Non-minor injury (n=162)	
	n	%	n	%
Had any imaging:				
Yes	4	0.7	19	11.7
No	281	99.3	143	88.3
Type of imaging:				
Magnetic Resonance Imaging (MRI)	2	50.0	10	52.6
X-ray	-	-	6	31.6
Computerised Tomography (CT)	2	50.0	3	15.8
Purpose of imaging:				
Investigative	-	-	11	57.9
Direct treatment	2	50.0	6	31.6
Assist diagnosis	-	-	2	10.5
Other	2	50.0	-	-
Imaging requested by:				
Medical specialist	4	100.0	17	89.5
General practitioner	-	-	2	10.5

¹ Claims without recorded minor injury determination at 24 months post-crash were excluded.

Claimants with no capacity for work

Of the 296 claimants that were employed prior to injury, a certificate of fitness was located on the claim record for 54 (18.2%) claims at 26 weeks post-crash, 32 (10.8%)

claims at 12 months post-crash, 27 (9.1%) claims at 18 months post-crash, and 21 (7.1%) claim at 24 months post-crash.

Of the 54 claims that had a certificate of fitness on the claim record at 26 weeks post-crash, 7 (13.0%) were fit for pre-injury work, 27 (50.0%) had capacity for some type of work, and 20 (37.0%) had no capacity for work. Claimants across the three groups of work fitness status at 26 weeks post-crash did not differ significantly by sex ($\chi^2=0.79$, $df=2$, $p=0.737$), age group ($\chi^2=7.47$, $df=10$, $p=0.757$), or insurer ($\chi^2=9.73$, $df=6$, $p=0.110$).

Of the 32 claims that had a certificate of fitness on the claim record at 12 months post-crash, 7 (21.9%) were fit for pre-injury work, 12 (37.5%) had capacity for some type of work, and 13 (40.6%) had no capacity for work. Claimants across the three groups of work fitness status at 12 months post-crash did not differ significantly by sex ($\chi^2=0.30$, $df=2$, $p=0.896$), age group ($\chi^2=9.22$, $df=12$, $p=0.803$), or insurer ($\chi^2=5.18$, $df=6$, $p=0.580$).

Of the 27 claims that had a certificate of fitness on the claim record at 18 months post-crash, 6 (22.2%) were fit for pre-injury work, 9 (33.3%) had capacity for some type of work, and 12 (44.4%) had no capacity for work. Claimants across the three groups of work fitness status at 18 months post-crash did not differ significantly by sex ($\chi^2=0.88$, $df=2$, $p=0.867$), age group ($\chi^2=8.77$, $df=10$, $p=0.521$), or insurer ($\chi^2=1.33$, $df=6$, $p=0.977$).

Of the 21 claims that had a certificate of fitness on the claim record at 24 months post-crash, 2 (9.5%) were fit for pre-injury work, 7 (33.3%) had capacity for some type of work, and 12 (57.1%) had no capacity for work. Claimants across the three groups of work fitness status at 24 months post-crash did not differ significantly by sex ($\chi^2=0.93$, $df=2$, $p=1.000$), age group ($\chi^2=9.68$, $df=10$, $p=0.605$), or insurer ($\chi^2=5.44$, $df=6$, $p=0.7619$).

4. Discussion and conclusion

This report presents the findings from claim record reviews conducted at five time points during a 24-month follow-up period of CTP claims filed under the new CTP hybrid no-fault insurance scheme. The new scheme focuses on early intervention, reducing the length of time to resolve claims, and increasing the proportion of benefits to the most severely injured. The findings of this report provide insight into the impact of the new CTP scheme.

The proportion of claims without a minor injury determination declined during over the follow-up period. At 13 weeks post-claim lodgement, 55.4% of claims reviewed were determined to be minor injuries and 24.5% were non-minor injuries, while at 24 months post-crash, 59.6% of claims reviewed were determined to be minor injuries and 33.9% were non-minor injuries.

The proportion of claims that had treatments paid for or approved by the insurer declined during the follow-up period. Treatments paid for or approved by the insurer were less common for minor injury claims than non-minor injury claims at all data collection time points. The most common types of treatment paid for or approved by the insurer were physiotherapy treatments, general practitioner consultations, and medical specialist consultations.

The proportion of claimants who took time off work declined during the follow-up period, from 66.3% at 13 weeks post-claim lodgement to 14.5% at 12 months post-crash to 6.1% at 24 months post-crash. Time off work was less common among claimants with minor injury than among claimants with non-minor injury at all data collection time points.

During the follow-up period, internal reviews of treatment were identified for 9.6% of claims reviewed. Dispute regarding minor injury determination was identified for 14.6% of claims reviewed, of which 20.0% had the decision overturned. Involvement of Dispute Resolution Services were identified for 10.3% of claims reviewed, of which 34.7% had the decision overturned.

The results described in this report suggest that minor injury determination is settled early for the majority of claims. Treatments paid for or approved by the insurer was less common for minor injury claims than non-minor injury claims at all data

collection time points, which suggests that the most severely injured received a greater proportion of benefits. Time off work beyond 26 weeks post-crash was infrequent among claimants with minor injury, which suggests that the majority these claimants experience adequate recovery. About 1 in 7 claims involved a dispute regarding minor injury determination, of which 20% had the decision overturned. This suggests that although the majority of claims are initially assigned an appropriate minor injury determination, the severity of injury may be underestimated for a small proportion of the claimants.

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