

*[Please replace with your own letterhead]*

Date

Requestor's name

Company

Address

City / Suburb

# Whole person impairment assessment report – Noise Induced Hearing Loss

# Name of injured worker

**Date of birth** day month year

**Claim number** **/**

**Date of injury** **/     /**

Dear (the Requestor),

Thank you for your referral dated xx month xxxx. I examined [worker's name] on xx month xxxx at location for an assessment of permanent impairment and report.

# Assessor Qualifications

* State qualifications

[worker name] attended unaccompanied/with {name of support person} *[please select appropriate].*

*Optional:* An official interpreter, [name and NAATI number], was present and assisted throughout the consultation.

I explained my role as an accredited assessor of whole person impairment, and that my report from this assessment would be sent to ReturnToWorkSA.

The facts and factual assumptions on which the report is based have been set out in the body of this report. My report distinguishes between objectively verifiable facts and matters of opinion that cannot be (or have not been) objectively verified. This report sets out my reasoning leading from the facts and assumptions to my opinion on the questions asked.

# Documentary Materials

*Available medical reports and special investigations e.g., audiograms, imaging studies.*

I confirm I reviewed the following documents provided:

*[each document is to be individually listed with date and author]*

1.
2.
3.

4.

5.

6.

# History

History of Employment and work-related noise exposure:

The history of noisy employment contained in the report request and supporting information was put to the worker.

This history taken during the examination [was / was not] consistent with the history provided in the assessment request *(detail any inconsistency).*

*Please select the relevant option/delete not applicable:*

The worker [retired/ceased employment] on [insert date]and was last exposed to occupational noise considered to be capable of causing hearing loss on [insert date].

The worker is currently employed and continues to be exposed to occupational noise considered to be capable of causing hearing loss.

The worker is currently in employment not considered capable of causing hearing loss. They were last exposed to occupational noise considered capable of causing hearing loss on [insert date].

History of hearing loss development including relevant social and personal impact

Tinnitus history including social and personal impact

*Include details of when tinnitus was first noticed, whether unilateral or bilateral, frequency (i.e. intermittent, constant), impact upon Activities of Daily Living, and other effects upon the worker. Please detail any relevant professional help sought for tinnitus.*

Non-work-related noise exposure

*Comment on source, frequency, and duration, and detail any hearing protection used.*

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Motor racing | [ ]  Water sports | [ ]  Contact sports | [ ]  Plane spotting |
| [ ]  Go-karting | [ ]  Shooting | [ ]  Metal working | [ ]  Train spotting |
| [ ]  Motorcycle riding | [ ]  Motor boating | [ ]  Woodworking | [ ]  Pilot training |
| [ ]  Military service | [ ]  Sky diving | [ ]  Live music/sport events |
| [ ]  Heavy machinery (e.g. farm/earthmoving) | [ ]  Gaming with headphones |
| [ ]  Any other activity that you believe could impact hearing *(please detail below)* |
| [ ]  None of the above |

*Details:*

Medical history

*Include details of any relevant prior and present disabilities/injuries, symptoms, and treatment. Please select the applicable disabilities/injuries and provide a detailed history of the condition and any impact on the assessed hearing loss.*

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Otosclerosis | [ ]  Barotrauma | [ ]  Meniere’s disease | [ ]  Neuroma |
| [ ]  Ear infections | [ ]  Otitis Media | [ ]  Cholesteatoma | [ ]  Acoustic tumour |
| [ ]  Ear surgery | [ ]  Vertigo | [ ]  Perforated eardrum | [ ]  Diabetes |
| [ ]  Hypertension | [ ]  Cancer | [ ]  Shingles | [ ]  High cholesterol |
| [ ]  Neck trauma |  [ ]  Allergic rhinitis | [ ]  Blast trauma | [ ]  Acoustic trauma |
| [ ]  Viral infection (e.g. measles, mumps, etc) | [ ]  Any other balance/dizziness issues |
| [ ]  Any other condition that you believe could impact hearing |
| [ ]  None of the above |

Medication history (*including for co-morbidities*)

*Please specify any ototoxic drug history if relevant*

History of surgical procedures relevant to hearing

Relevant family medical history

Relevant imaging available

*Detail your consideration of any imaging provided in the referral request in connection with the assessment (if relevant, e.g. in the presence of head trauma/acoustic neuroma). Otologic imaging should be via x-ray or InteleViewer. The Assessor should not rely on the radiological report only. NB: Photos of ear canals are not required.*

Audiograms

*Detail all audiogram/s and comment on the consistency between the audiograms and the worker’s history, (other than the audiogram undertaken for the purpose of your assessment).*

# EXAMINATION

(*Include full clinical findings in accordance with Table 9.1 of the Impairment Assessment Guidelines*)

Noise Exposure in 16 hours prior to the hearing impairment assessment

Any respiratory or viral illness at the time of assessment

General physical examination of the ears and findings

*Include findings from:*

* *Examination of external ear and middle ear functions; eustachian tube function; status of hearing by audiometry; status of electrophysiologic tests as applicable.*
* *Pneumonotoscopy, tuning-fork tests, hearing tests, balance function tests and radiographic tests and metabolic evaluation.*
* *Otologic examination on tuning-fork tests; tympanometry; behavioural, audiometry and auditory brain (evoked) response tests;* *electrocochleaography tests; electroystagmography; metabolic and endocrine studies as necessary.*

# Audiometric testing *(attach copies of audiograms to your report)*

The audiometric test of hearing was undertaken in a specifically approved soundproof room, according to the Australian standards by a qualified and experienced Audiologist/Audiometrist, using a [specify device] audiometer, calibrated recently to the ISO Standards.

The audiometric testing was conducted by:

* [Name] [qualification/professional memberships/years’ experience] on [Date]

# Evaluation of hearing impairment

Diagnosis/Diagnoses

*Include detailed rationale (e.g., Conductive Hearing loss, Sensorineural, Mixed, Auditory Neuropathy Spectrum Disorder).*

**Determination that the work injury being assessed has reached maximum medical improvement:** [*with reasons provided for your conclusion]*

# IMPAIRMENT

Impairment assessment for the work injury

*Detail methodology, calculations, and rationale, providing all relevant references to the Impairment Assessment Guidelines which were followed and/or complied with.*

**Relevant extracts of literature referenced in your report in support of your assessment must be provided with your report.**

Audiogram utilised for assessment

*The assessor should include detailed reasoning for the choice of audiogram relied upon in the assessment.*

*Notwithstanding section 22(7)(b) of the Act, which directs that the impairment assessment should be based on the worker’s impairment as at the date of assessment, regard must be had to any audiogram(s) undertaken post-retirement and prior to the assessment in determining any non-work-related component of the worker’s current level of hearing loss.*

*Where there is a worsening in hearing loss between the audiogram closest to the worker’s retirement/cessation of employment and the audiogram undertaken for the purpose of the permanent impairment assessment, please provide your reasoning for choosing the audiogram undertaken for the purpose of the permanent impairment assessment as being representative of the worker’s hearing loss attributable to employment.*

\*Impairment attributed to frequencies outside of 2000-4000Hz

*When including impairment attributable to frequencies outside of 2000-4000Hz, provide your detailed explanation for this with reference to frequency, duration, and source of noise exposure, whether it was constant or intermittent and, if known, decibels, in support of your assessment.*

|  |  |  |
| --- | --- | --- |
| **Frequency (Hz)** | **BHI** | **NIHL** |
| **Left (db)** | **Right (db)** | **%** | **Left (db)** | **Right (db)** | **%** |
| 500\* |  |  |  |  |  |  |
| 1000\* |  |  |  |  |  |  |
| 1500\* |  |  |  |  |  |  |
| 2000 |  |  |  |  |  |  |
| 3000 |  |  |  |  |  |  |
| 4000 |  |  |  |  |  |  |
| TOTAL %  |  |  |  |  |  |  |
| Presbycusis Adjustment  |  |  |  |  |  |  |
| Tinnitus Adjustment |  |  |  |  |  |  |
| Adjusted Total BHI |  |  |  |  |  |  |
| WPI % |  |  |  |  |  |  |

Unrelated impairments

*Your assessment is only to relate to the impairment which is directly attributable to occupational noise exposure. Where an unrelated, pre-existing or subsequent injury or cause contributes to the assessed impairment, the portion of impairment attributable to unrelated or pre-existing or subsequent cause(s) must be disregarded (deducted).*

You have requested that I assess and deduct the following impairments as they are unrelated to the work injury(ies):

*
*

I have also identified other injury(ies) or causes, namely      , that result(s) in the worker suffering an impairment of       which is unrelated the relevant work injury.

I have assessed and deducted the effect of such unrelated injury(ies) for the purpose of this assessment. *(please provide detailed reasoning)*

*If you have not deducted a pre-existing injury or condition identified in the report request, please provide your rationale for this. The information provided in your report should be sufficiently detailed to permit a reviewer to clearly understand how you arrived at your assessment.*

Summary Table

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Body part or system** | **Impairment Assessment Guidelines** | **% WPI** | **Pre-existing % WPI** | **Compensable% WPI** |
| 1. NIHL and tinnitus (if applicable) | Chapter 9, Table 9.2 |       |       |       |

# DECLARATION

I have prepared this report in accordance with the RTWSA *Impairment Assessment Guidelines* (2015) (“Impairment Assessment Guidelines”) and the South Australian Employment Tribunal Rule 66 ‘Content of expert reports’, which came into effect on 3 February 2022 and confirm that its contents are true to the best of my knowledge and belief.

As required by clause 3 of the Impairment Assessor Accreditation Scheme, I am not aware of any conflict of interest affecting my provision of this permanent impairment assessment report.

My assessment of the worker, including the history and examination relevant to Table 9.1 of the Impairment Assessment Guidelines, was commenced at [time] and completed at [time].

Please phone me on: practice number, or email at: practice email address if I may be of further assistance.

Yours sincerely

Title, First name, Surname

Accredited by the SA Minister for Industrial Relations for impairment assessment of [body system/s] for the Return to Work Scheme

**Please Note:**

In addition to the guidelines shown under the heading ‘Impairment assessment for each work injury listed’ you need to be aware that the South Australian Employment Tribunal (SAET) has made rules (South Australian Employment Tribunal Rules 2022) which include a rule regarding the content of reports prepared by experts. These Rules should be taken into consideration in authoring your report as your report may become relevant to an application for a decision to be reviewed by the SAET.

The relevant rule states:

**66. Content of expert reports**

(1) If a party proposes to rely on expert evidence in a proceeding, the party must seek a written report from the expert, which must:

1. set out the expert's qualifications to make the report;
2. set out the facts and factual assumptions on which the report is based;
3. identify any documentary materials on which the report is based;
4. distinguish between objectively verifiable facts and matters of opinion that cannot be (or have not been) objectively verified;
5. set out the reasoning of the expert leading from the facts and assumptions to the expert’s opinion on the questions asked;
6. set out the expert’s opinion on the questions asked;
7. be provided on the understanding and acknowledgement that the expert’s primary duty is to be truthful and accurate to the Tribunal rather than to serve the interests of a party or parties;
8. make reference to this rule; and
9. comply with any requirements imposed by any Practice Direction.