

## Submission of Trevor Crawford

[REDACTED]

Postal Delivery Officer - Mooroolbark Delivery centre

I believe my experience indicates some of the inappropriate medical assessments and rehabilitation programs used by Australia Post and Comcare detrimentally affecting some of their injured workers. I believe I was returned to work too early delaying my recovery, and felt pressure to attend facility nominated doctors and follow their inappropriate assessments overriding my GP and specialist neurosurgeon.

### 7<sup>th</sup> June 2007

I was involved in a work accident – knocked off postie bike at a round about. I landed head first on the car windscreen and breaking the car windscreen. I was taken by ambulance to Maroondah Hospital and admitted as in patient for 36 hours.

Injuries – Sub arachnoid haemorrhage  
Broken 7<sup>th</sup> anterior rib  
Dizziness

Given a certificate for one month.

### 8<sup>th</sup> June 07

Discharged from Maroondah hospital 4.30pm.

Referral to Neurosurgeon, [REDACTED] at St. Vincents Hospital for 26/6/07

Received a letter from Rehabilitation delegate [REDACTED] including A Notice of Effect of Non Compliance explaining possible consequences should you fail to comply and this letter was attached on all subsequent mail from Australia Post-Comcare regarding my claim.

### 13<sup>th</sup> June 07

Attended an appointment with my G.P Dr [REDACTED] for check up.

### 21<sup>st</sup> June 07

Returned to my GP [REDACTED] for medical certificate/certificate of incapacity to last till 20/7/07.

Dizziness still severe – prescribed Stemetil.

### 26<sup>th</sup> June 07

Attended appointment with neurosurgeon [REDACTED] as a public patient at St Vincent's Hospital out patient clinic. [REDACTED] thought the dizziness was due to middle ear damage from the work accident.

Not to return to work before next assessment on 24/7/07.

### 13<sup>th</sup> July 07

Discussion starts with 'Co-Work' regarding my return to work and they suggested I should be able to try 4 hours a day. I thought 4 hours was too much .

### 16<sup>th</sup> July 07

Directed by [REDACTED] rehab delegate to attend appointment with FND doctor - [REDACTED] to whom I described how dizzy I still was. [REDACTED] rang my neurosurgeon [REDACTED] in my presence after I naively giving him my permission. It appeared that [REDACTED] did not recall treating me until prompted with lots of information by [REDACTED] I had been assessed by [REDACTED] as a public patient on 26/6/07 on a once only basis and had not been assessed since. I was not given the opportunity to speak to [REDACTED] during this phone call. [REDACTED] asked [REDACTED] if I could return to work and [REDACTED] apparently agreed to 2 hours a day. This was done without any recent assessment of my medical condition or access to my medical records. And in these circumstances I cannot even be sure [REDACTED] really remembered who I was.

My wife and I protested to [REDACTED] that this was inappropriate and not ethical but his tone and manner became intimidating.

I feel [REDACTED] and myself were both manipulated by [REDACTED] who then wrote out a return to work program for 2 hours a day and told me I was not to drive any vehicle for 3 months dating from the time of the accident. I gave a letter of dissatisfaction regarding the inappropriateness of this so called medical assessment to [REDACTED] rehab delegate, [REDACTED] Facility Manager Mooroolbark, [REDACTED] Claims Manager and the Occupational Therapist but received no response. In his written report, [REDACTED] writes that he examined my chest and did a cursory neurological examination but my wife and I dispute this as he did not carry out any examination that involved actual hands on and any examination was only visual across to where we sat.

### 17<sup>th</sup> July 07

Attended meeting with Co Work reps defining what work I could do during 2 hours at work.

### 18<sup>th</sup> July 07

First day of Return to Work despite having 2 current incapacity for work certificates from my doctors giving sick leave up to 20<sup>th</sup> and 26<sup>th</sup> of July. (These being over ridden by the FND, [REDACTED] Fitness for Duty Assessment)

Driven to work by my work manager. Started work 6am. breaking down the mail. By 6.20 a.m. I started to feel very nauseated and dizzy and overcome with tiredness. I took several breaks from work but the symptoms just got worse and

by 7.30 am I could not continue. I was driven home by my manager at 8am. I remained quite unwell and made an appointment to attend my GP.

#### July 19th 07

Unable to attend work. Unwell - very tired , dizzy, vomiting. Sleeping a lot. No energy. Unable to do anything but rest.

Attended my GP [REDACTED] and received another certificate of incapacity up to 8<sup>th</sup> August.

#### July 24<sup>th</sup>

Received another appointment with [REDACTED] for later that day.

[REDACTED] recommended I return to work for 45 minutes per day, desk duties only must not stand up, must have 15 minutes break after each 15 minutes worked, only fit to work Monday/Wednesday/Friday.

My wife and I commented to [REDACTED] that some one who can only work for half an hour 3 times a week is actually an admittance of his incapacity to work at all. [REDACTED] response was that if I was unwilling to try for 30 minutes I was not serious about my rehabilitation.

#### July 25<sup>th</sup>

Received letter from Claims Manager suspending my compensation due to conflicting evidence between [REDACTED] F.N.D and my own GP [REDACTED] as to whether I was fit for work or not. [REDACTED] recommendations were taken over my own GP.

#### July 27<sup>th</sup>, Aug 6<sup>th</sup> 07

Worked 45 minutes. Driven to work by Facility Manager, [REDACTED] Spoke to [REDACTED] rehab delegate about letters of suspension of compensation. I didn't understand the technical terms he spoke of.

#### July 30<sup>th</sup> 07

Dizziness now mostly in the morning and at night or when I overdo anything. Still very tired and feeling exhausted, falling asleep for 2 hours in the afternoon. Unable to read – not able to concentrate.

#### August 1st 07

Worked 45 minutes

#### August 4<sup>th</sup> 07

Still dizzy but easing off and beginning to feel a bit better. Not fully recovered.

#### August 6<sup>th</sup> 07

Worked 45 minutes

#### August 7<sup>th</sup> 07

Directed to attend F.N.D neurosurgeon [REDACTED] I have enclosed his medical report.

### **Increased Hours- Graduated return to work**

Returned to work attempting to perform unfamiliar duties on computer and because I am still unwell this is even more stressful and humiliating because I am struggling and making mistakes causing more work to co workers. Very distressed and unhappy. Still not allowed to drive until September.

### **October22 to 15/11/09**

Trial period of normal duties.

### **Resumed full time work 15<sup>th</sup> November 07**

It's taken 5 months to get back to full time work indicating how unwell I had been and I believe how inappropriate such an early return to work program was. I found it stressful and believe I would have recovered at a faster rate and with less stress if I had been allowed to use the convalescent time my own doctors had prescribed and which I knew I needed.

### **Comment**

I believe my decision to return to work each time under [REDACTED] recommendations was under duress, as with each letter from Comcare there is a warning that not to comply has the threat of stopping compensation .My decision to return to work was not on whether I felt well enough or not but to minimize the stress of protracted disputes over compensation. I wanted to minimize dealing with compensation staff because it is stressful to be dealing with paid representatives of Australia Post. By definition they cannot be impartial and my experience as detailed above shows that they manipulate the Comcare system in their favor and make biased decisions with total disregard for the injured worker. I believe early return of injured workers is promoted so that actual lost time through injury is reduced enabling some managerial staff to receive a bonus. No bonus should be based on the return to work of injured workers. It is immoral.

I would have thought best practice was to have a system where doctors representing both sides liase and try to reach some mutual compromise for the benefit of the injured patient. Currently it appears the FND can blatantly over rule both common sense and the opinion of the injured worker's family doctor. I think the patients own doctor's recommendations should carry the most influence as their aim is your well being and they received no extra monies other than normal consultation fees.

Once you return to full duties on their recommendation, there is no follow up by Australia Post – compensation representatives and perhaps there needs to be by an independent medical practitioner. Once your case is closed and you are not receiving any compensation it doesn't necessarily follow that there are no ongoing issues from the injuries sustained.

15/11/09