

ILARS POLICY – Funding of applications by injured workers to pursue claims for compensation

Introduction

This WIRO Policy sets out the circumstances in which the Independent Legal Assistance and Review Service (ILARS) will pay for an injured worker's legal and associated costs of making a claim for compensation. ILARS provides injured workers with funding for them to have their potential claim finally resolved. This includes paying for legal costs, medical reports and reasonably necessary incidental expenses.

The purpose of ILARS funding is to ensure that:

- Injured workers¹ have every opportunity to have their claim resolved as soon as possible and if the matter cannot be resolved;
- Legal assistance is available to the worker to obtain benefits to which they are entitled.

There are five main categories of matters where injured workers may seek assistance:²

1. Weekly payments;
2. Medical treatment expenses;
3. Claims for lump sum payments for permanent impairment;
4. Return to work issues; and
5. Appeals from decisions of the Workers Compensation Commission.

This Policy applies to all applications for grants or extensions of grants from 1 June 2015. Any grants or extensions made by ILARS prior to that date will continue to be administered by WIRO as if this Policy had not been implemented.

1. Investigation of Potential Claims

ILARS will fund an injured worker to enable his or her lawyer to gather information about the circumstances of the injury and whether the worker may be entitled to receive compensation.

In order for ILARS to consider approving funding a brief statement from the worker outlining the basis for a potential claim is essential.

¹ WIRO does not fund claims by police officers, coal miners, firefighters or paramedics or where the disease is a dust disease. These workers are exempt from the 2012 amendments to the Workers Compensation Acts and can recover their legal costs at the Commission.

² There may be exceptions not covered in this policy.

Once funding is granted to investigate a potential claim the Lawyer should:

- Take a more detailed statement of evidence from the injured worker;
- Obtain any necessary medical notes; and
- Obtain relevant information from the insurer.

WIRO does not have authority to make a grant of assistance for work performed before the date of an ILARS application. Therefore it is advisable for Lawyers to submit an application for ILARS Grant form immediately following receipt of instructions.

Funding is not presently separately available for completing the form. The details on the form are information the Lawyer ought reasonably to obtain from the worker upon taking initial instructions and giving initial advice about the worker's claim.

As long as the matter appears to have some prospects of success funding will ordinarily be granted to conduct preliminary enquiries.

1.1 Weekly Payments

Once the first payment of a weekly benefit has been made by the Insurer (even under provisional liability) there must have been a work capacity decision which is not subject to the jurisdiction of the Commission.³ If the reasons given by the insurer for refusing to continue making weekly payments are on the basis of current work capacity of the injured worker then it may not be appropriate for that decision to be considered by the Workers Compensation Commission.

It is important for Lawyers to determine at an early stage whether a Work Capacity Decision has been made in respect of the injured worker as funding may not be available if this is the case.

1.2 Medical Treatment Requests

When an injured worker seeks assistance from a Lawyer because the insurer has declined payment for medical treatment WIRO/ ILARS requires the following information:

- A statement by the worker detailing the circumstances of the injury and particulars of any previous claims; and
- A recommendation from the Lawyer that a particular medical report is required from a properly qualified medical specialist.

WIRO will generally provide funding to obtain the report.

If the report supports the provision of the medical treatment sought the Lawyer should provide a copy of that report to the Insurer and seek approval for the treatment prior to commencing any proceedings.

³ Section 43 of the 1987 Act

1.3 Permanent Impairment – Lump Sum

Where a worker has suffered a permanent impairment from a workplace injury and seeks payment of compensation by way of a lump sum for that impairment then WIRO will provide a grant for a Lawyer to obtain necessary medical reports.

Lawyers would be prudent to advise the worker that there is only one assessment of permanent impairment available and only one opportunity to seek payment of a lump sum⁴. The worker should also be advised that future claims for deterioration may not be made.

2. When a claim is denied or disputed

When a Lawyer makes a claim on behalf of an injured worker and that claim is denied or disputed, funding will be available to attempt to resolve the matter with the insurer or commence proceedings in the Workers Compensation Commission.

Funding may be granted or extended to do the following when a claim has been denied or disputed:

- a. Negotiate with the insurer direct, including seeking a review of the claim on behalf of the worker under section 287A of the *Workplace Injury Management and Workers Compensation Act 1998* and/or;
- b. Lodge an application for expedited assessment at the Commission (see below) or;
- c. Lodge an application to resolve a dispute at the Commission (see below).

In the spirit of resolving matters quickly and inexpensively, and securing workers their entitlements sooner, WIRO encourages Lawyers to negotiate with the insurer and participate in dispute resolution prior to lodging an application with the Commission. WIRO will allow a reasonable amount of time for the insurer to respond in the course of negotiations before approving an extension of funding to lodge an application with the Commission.

The following information will assist WIRO to provide a worker with a grant of funding for legal assistance.

- A brief description of the work that will be undertaken with the grant of funding; and
- Relevant and specific correspondence from the insurer and any recent medical reports that relate to the injury. If the matter relates to disputed liability a copy of the section 74 notice should be provided.

Where the worker wishes to lodge an application to resolve a dispute for a matter that appears arguable before the Commission and no attempts to resolve the dispute with the insurer have been made, WIRO may refer a pre-litigation inquiry back to the insurer. This inquiry will:

- Provide reasons why WIRO considers that the matter will succeed;

⁴ This is unless the worker may be entitled to a further claim for compensation for permanent impairment to which the *Workers Compensation Amendment (Lump Sum Compensation Claims) Regulation 2015* applies.

- Request that the insurer reconsider the matter; and
- Request a response within 7 days to WIRO.

WIRO will not fund a Lawyer to appear before the Commission where Counsel is briefed and the Lawyer is not present at the hearing to instruct. In these circumstances WIRO will fund the solicitor's professional fees only up until the tele-conference. WIRO may require Lawyers to certify that an instructing Lawyer was present at the hearing and that Counsel was properly instructed in these circumstances before payment is made.

2.1 Weekly Payments

Where an insurer has declined liability to make weekly payments to the injured worker and there have been no weekly payments made funding is available to assist the worker obtain a solution either by negotiation or in the Commission where negotiation fails.

However if the insurer ceases making weekly payments after denying liability for making those payments then it is WIRO's view that the original work capacity decision (which will have been on the basis of a lack of current work capacity) remains valid until a further work capacity decision is made. In these circumstances WIRO will refer the case to the insurer for further review.

2.2 Medical Treatment Expenses

If an insurer declines approval for payment for medical treatment for an injured worker then funding is available to obtain a medical report relating to whether the treatment is reasonably necessary. Lawyers should note that generally injured workers (other than seriously injured workers) cannot claim medical treatment expenses if it has been longer than 12 months since the worker was last in receipt of weekly payments.

If it appears arguable that the worker requires the medical treatment a grant of funding will be made to resolve the matter and/ or make an application to the Workers Compensation Commission⁵.

Where it appears arguable that the worker requires medical treatment on an urgent basis WIRO will intervene to resolve the dispute with the insurer and/ or ensure that the matter is expedited before the Commission.

⁵ For treatment expenses under \$7,500, as indexed in accordance with s79 of the 1987 Act, an application for Expedited Assessment should be lodged. For expenses exceeding this amount an Application to Resolve a Dispute should be made.

2.3 Permanent Impairment Lump Sum Compensation

2.3.1 Denial of liability

Where an insurer denies liability for compensation for permanent impairment suffered by the worker funding will be available if it appears arguable that her or she is permanently impaired due to a workplace injury and the degree of impairment will exceed the threshold of 11% for physical impairment and 15% for psychological impairment.

2.3.2 Dispute as to degree of impairment

An insurer may agree that an injured worker has a permanent impairment, but disagree about the degree of impairment such that the injured worker will be offered a smaller amount of compensation.

Where the amount in dispute is small and the costs to the Scheme of pursuing the matter in the Commission would be disproportionately large, a grant of funding may be made to attempt to resolve the matter without recourse to the Commission.

Where the difference in the amount of benefit the worker would receive is large and the worker has an arguable case to succeed at the Commission a grant of funding to lodge an Application to Resolve a Dispute may be made.

Medical reports that support the injured worker being impaired to a higher degree than the insurer accepts and an indication of the percentage difference between the insurer and the worker will assist WIRO making a decision about the appropriate type of funding.

3. Appeals from Arbitrator Decisions or Medical Assessment Certificates

Where a worker is unsuccessful before the Commission or receives a Medical Assessment Certificate that he or she wishes to dispute, funding for legal assistance to appeal these decisions may be available. The Lawyer should provide a copy of the decision that the worker wishes to dispute and reasons why the Lawyer believes that an appeal would be arguable.

If the matter appears to be arguable funding will be available for an appeal.

4. Funding Amounts

Funding is available, broadly in accordance with Schedule 6 of the Workers Compensation Regulation 2010. Funding types and amounts not covered in the Schedule appear in the ILARS Grant Amount Guide, below. The WIRO will generally not depart from the funding

amounts stipulated in Schedule 6 or the Guide but is not bound by either and reserves the right to set its own reasonable funding amounts if this is warranted in the circumstances.

5. Matters where ILARS will not make a grant of funding

ILARS grants of funding will generally not be made where any or all of the following are factors:

- There is a current or likely claim of another type⁶ in relation to the injury –WIRO will not generally fund matters where the injured worker is entitled to other compensation in respect of the same injury in a jurisdiction where the worker can recover his or her legal costs;⁷
- The matter is a death claim with more than one claimant and the Lawyer seeks to represent more than one claimant⁸;
- WIRO has adopted a particular policy on the interpretation of the law pending amendments to this policy;
- The amount in dispute is less than \$3,000⁹; and/ or
- The matter is a hearing loss matter where the deemed date of injury is prior to 1 January 2002 and no proof of employment has been provided to support the application.

However in exceptional cases involving hardship or an important question of law WIRO will consider applications for these matters where in the particular circumstances as a matter of fairness funding is appropriate.

6. Matters where ILARS will make a grant of funding

Factors that weigh in favour of a claim being arguable before the Commission

For all matters

- Factual and medical evidence is available, has been obtained, and is credible; and
- There is an apparent error or flaw in the approach taken by the insurer to the claim that the insurer has failed or declined to address or rectify; and
- The claim is of a type that routinely succeeds before the WCC on a set of substantially similar facts and without any clear points of distinction.

For lump sum compensation

- Maximum medical improvement has been reached¹⁰, the worker's condition is well stabilised and does not appear likely to change in the next 12 months, with or without medical treatment; and

⁶ These may include but are not limited to compulsory third party, occupier's liability or personal injury claims.

⁷ WIRO may fund claims for weekly payments and/or medical expenses in circumstances when the worker is impecunious and awaiting the outcome of a separate claim.

⁸ WIRO expects claimants to be separately represented to avoid conflicts of duty. WIRO may decline to make a grant of funding where WIRO considers there is a conflict or other ethical issue.

⁹ WIRO will make an exception to the \$3000.00 threshold for further claims to which the *Workers Compensation Amendment (Lump Sum Compensation Claims) Regulation 2015* applies.

- No previous claims have been made, or, if previous claims have been made there is no legal barrier to making a claim.

For Denial of Liability

- There is credible evidence available that there is an injury; and
- There is credible evidence available that the injury took place at work; and
- The ILARS Lawyer reasonably believes that liability ought to have been accepted.

For weekly payments

- There is information that suggests the worker has an entitlement to weekly payments and a work capacity decision has not been made, or if a work capacity decision has been made it is consistent with the claim for weekly payments for the period claimed.
- An injured worker has received an invitation to attend an independent medical assessment with a view to weekly payments ceasing after 260 weeks and seeks initial advice.
- An injured worker has received notice of cessation of weekly payments at the conclusion of 260 weeks of weekly payments and wishes to challenge the independent medical examiner's assessment of the degree of permanent impairment.

For medical treatment

- Medical treatment claimed appears to be reasonably necessary in connection with the workplace injury, where the insurer disagrees and section 59A of the *Workers Compensation Act 1987* does not apply.

To proceed to the Commission for any matter

- All relevant evidence and medical information to demonstrate that the case is arguable must have been obtained; and
- Reasonable steps must have been taken to resolve the matter with the insurer, especially if the claim is likely to result in a small payment of benefit to the worker.

Factors that weigh against an application being arguable before the Commission

For all matters

- Factual and medical evidence is not available, credible or reliable including circumstances where the injured worker's version of events is not corroborated and is directly contradicted by other witnesses or evidence such that the worker's version of events is not likely to be accepted by the Commission; and
- The claim is of a type that routinely fails before the Commission on a set of substantially similar facts and without any clear points of distinction.

Considerations that are not to be taken into account

When making a grant of ILARS funding only relevant considerations about whether the grant should be made should be taken into account. The following will not be taken into account:

¹⁰ To obtain a grant of funding the worker must have reached maximum medical improvement as required by clause 1.15 of the [NSW Workers Compensation Guidelines for the Evaluation of Permanent Impairment](#).

- Previous interactions, whether positive or negative, between WIRO and the injured worker, medical practitioner(s), Lawyer(s) or insurer(s) involved in the claim; and/or
- Previous decisions of the ILARS Principal Lawyer, whether favourable or unfavourable for the Lawyer, Worker or Insurer.

Work undertaken in advance of grant application

Where a Lawyer undertakes work on behalf of an injured worker prior to making an application for a grant of funding from WIRO funding will be granted from the date of the application if the application meets the tests set out in this policy. Funding will not cover work done prior to the date of application. Funding will not be provided if the application is not approved.

Work undertaken beyond the scope of grant approval

Work should not be undertaken beyond the scope of an ILARS grant that has not been approved. For example if approval is given to make preliminary inquiries this grant does not extend to lodging an application to resolve a dispute at the Commission and approval for an extension of funding should be sought.

Cumulative nature of funding

In accordance with Schedule 6, funding is granted to a particular resolution point in the claims, dispute resolution or litigation process. Where funding is granted to make a claim and then extended to undertake dispute resolution, for example the amount to undertake dispute resolution is inclusive of the initial grant of funding to make the claim. The amounts are not aggregated.

Conditional Funding

A Lawyer may make an application for conditional funding in circumstances where an ILARS application has been declined and the Lawyer still believes the client has an arguable case before the Commission.

Conditional Funding applications may not be approved for declined ILARS applications where insufficient information has been provided in the initial application.

No conditional funding will be available where the worker has a claim under the Motor Accidents Compensation Act or has some other common law claim or would not have received funding under any other WIRO Policy.

Payment will be made in accordance with Schedule 6 and the ILARS Grant Amounts Guide upon finalisation of the matter for work done after the date conditional funding is approved.

For claims for weekly benefits and/or medical expenses conditional funding will only be paid if the worker receives a payment of compensation of a combined total of more than \$3000 net of Health Insurance Commission and Centrelink payback.

To obtain conditional funding for lump sum permanent impairment claims the assessment of the Medical Appeals Panel must result in an increase of compensation for the injured worker of at least \$3000.00.

If a grant of conditional funding is made and the worker is successful the Lawyer should advise WIRO of this outcome and provide an invoice as normal in accordance with WIRO's Tax Invoice Guidelines.

Funding for Supreme Court and Court of Appeal Matters

WIRO will fund legal assistance for workers named as respondents in Supreme Court and Court of Appeal matters. However WIRO will not provide an indemnity if the worker is unsuccessful and has a costs order made against him or her. If the worker is or becomes entitled to recover legal costs from the Insurer/Appellant WIRO will expect reimbursement of any costs paid in respect of defending the appeal.

Disbursements

Once a grant or extension of funding has been approved, the Lawyer may incur disbursements in accordance with this policy, Schedule 6 and the ILARS grant amounts guide as necessary. Caution should be exercised where a disbursement is unregulated (see section below), costly or may not be necessary to pursue the matter on behalf of the injured worker. ILARS is not permitted to pay disbursements that have not been appropriately incurred.

A disbursement is appropriately incurred if it is reasonably necessary to progress the matter.

If at any point a Lawyer is in doubt about whether a disbursement will be paid by ILARS prior approval can be sought to incur the disbursement.

Interpreters

Interpreters' fees are reasonably necessary when the worker's command of English prevents proper instructions being obtained or advice being given. If the Lawyer speaks the same language as the worker and can understand and be understood by the worker the Lawyer may wish to communicate with the worker direct. Interpreters should be accredited by the National Authority for the Accreditation of Translators and Interpreters to the Professional level if possible. If no Professional level interpreter is available a Paraprofessional interpreter should be used if possible. Interpreters that are not accredited should only be used where no accredited interpreters are available.

Medical Evidence

Once a grant of funding has been made, the following types of medical evidence may be obtained at any stage of a workers compensation dispute without prior approval from WIRO:

- Clinical notes from the worker's nominated treating doctor; and/or

- The nominated treating doctor's file review and report (code WIG006); and/ or
- Report of independent medical examination – Standard report; and/or

Caution should be exercised incurring the following medical expenses and if in doubt, advice should be sought from WIRO:

- Medico legal reports other than standard reports;
- Reports that investigate the causative link between the workplace and the injury and/or disease unless it is a standard report;
- Moderately complex reports;
- More than two standard reports in respect of the same injury or disease.

Approval should be sought from WIRO before incurring the following types of medical information and report as a disbursement¹¹:

- Complex medical reports;
- Clinical notes from providers other than the injured worker's current nominated treating doctor;
- Reports that investigate the causative link between the workplace and the injury and/or disease unless it is a standard report;
- More than two moderately complex reports in respect of the same injury or disease;
- Reports in circumstances where maximum medical improvement has not been reached;
- A treating specialists report;
- A report from an independent medical examination that involves travel expenses when an appropriate independent medical examiner is available locally.

Whether a report is Standard, Moderately Complex or Complex is governed by the *Workplace Injury Management and Workers Compensation (Medical Examinations and Reports Fees) Order 2016*. The amount payable for reports is set out in In accordance with that order. Medical reports on the routine management of the worker's injury should not be incurred as disbursements. This includes services or reports provided by Approved Workplace Rehabilitation Providers. Care should be taken to avoid potential conflict when incurring disbursements in respect of independent medical examinations where the medical practitioner may also be a rehabilitation provider. As a general rule the independent medical examiner should not also be the rehabilitation provider for the injured worker.

Grants of funding do not extend to services performed by Rehabilitation Services Providers who ordinarily should not provide medical reports.

In determining whether an incurred disbursement is an appropriate amount, ILARS will apply the Fees Orders issued by WorkCover as in place from time to time. If there is no Fees Order for the disbursement ILARS will have regard to other reputable published information that relates to reasonable fees charged by the health profession in NSW such as the *Australian Psychological Society Schedule of recommended fees and item numbers for psychological services*. Care should be taken when incurring disbursements interstate that the amounts incurred do not exceed what would be incurred in NSW.

¹¹ Lawyers may wish to seek approval for particular disbursements when making the initial application for a grant of funding.

Counsel's fees¹²

Retaining counsel for conciliation and arbitration before the Commission will generally be reasonably necessary when:

- The issues in dispute are complex and/or;
- The matter involves poorly understood, poorly articulated, novel and/or significant area of the law and/or;
- Counsel is local to the venue for the hearing and it is reasonable to attend in place of an instructing solicitor; **and**
- The matter is set down for a hearing before the Workers Compensation Commission.

Depending on the particular facts of the case, WIRO may grant funding for counsel's fees where:

- It would be beneficial to obtain early advice from Counsel; and/or
- It would be beneficial for the conduct of the claim for Counsel to be briefed to participate in the tele-conference at the Commission.

Funding for early advice and appearance at tele-conference will not be available for every matter and requests for funding should be supported with reasons why Counsel is required.

Counsel's fees will generally not be available for preparing submissions.

The same barrister should not be briefed with more than two matters per day – one morning and one afternoon. Counsel retained must be an Approved Legal Services Provider. If a conciliation or arbitration goes for longer than one day an extension of funding for a refresher fee for subsequent day(s) should be sought.

Travel expenses

Travel expenses for attendance at Conciliations and Arbitrations before the Commission and attendance at medical examinations will be reasonably necessary where:

- A worker needs to travel to a medical appointment or the Commission and cannot meet their own travel expenses; and/or
- A Lawyer needs to travel to a Commission hearing and is the advocate for the injured worker; and/or
- The injured worker needs a support person to travel with them, particularly if the claim relates to a psychological injury.

Where counsel is briefed regional and interstate loading will be available for counsel and the instructing solicitor.¹³

When organising travel and accommodation best fare of the day should be used and accommodation expenses should be reasonable. WIRO uses an amount of \$185 as reasonable¹⁴. Approval should be sought for accommodation expenses in excess of this.

¹² For amounts please refer to the ILARS Grant Amount Guide at the end of this Policy.

¹³ This applies to hearings on or after 1 September 2015.

If travel for the injured worker involves four (4) hours or more, an allowance of up to \$50 will be provided. This sum will be increased to \$100 (Including the first \$50) if overnight accommodation is required¹⁵. Receipts for the expenses incurred should be provided to WIRO.

Unregulated Disbursements

If a Lawyer is in any doubt about whether a disbursement that is unregulated by Schedule 6 of the *Workers Compensation Regulation 2010* will be approved by WIRO he or she should contact WIRO for an opinion about whether it is reasonably necessary to incur the disbursement and/ or prior approval to incur the disbursement.

Agent fees for obtaining documents held by the Workers Compensation Commission that were produced under a Direction for Production will be approved on a fair and reasonable basis.

Uplifts

WIRO will consider a request for an uplift in exceptional circumstances where a matter has involved significant additional work for complex matters and/ or where there are multiple respondents. The Lawyer should provide a submission in support of an uplift at the conclusion of the matter and prior to issuing an invoice to WIRO. The submission should set out the additional work undertaken and make reference to the issues leading to the complexity of the matter. WIRO may also take into account the quality of the legal work undertaken on the matter by the Lawyer.

As a general rule uplifts will not be paid on Counsel's fees or on top of initial funding if Counsel has been briefed and appeared.

Transferred Matters

ILARS is only permitted to pay invoices that do not exceed the amount of a grant. Where a matter is transferred from one Lawyer to another before the matter is resolved the amount of any existing grant will be apportioned between the Lawyers according to the amount of work done by each Lawyer. The Lawyers should attempt to negotiate between themselves as to how the grant should be apportioned and render invoices accordingly that do not exceed the amount of the grant. If the Lawyers are unable to reach agreement on the amounts payable, WIRO will make a determination about the apportionment of the grant. A Lawyer who takes carriage of an existing matter is entitled only to a proportion of fees from the existing grant, and only to subsequent extensions of grants of funding. A Lawyer who takes carriage of an existing matter is not entitled to funding agreed or determined as payable to the Lawyer with initial carriage of the matter.

¹⁴ The Australian Taxation Office's determination for 2015 in respect of reasonable travel allowance expense, *Table 1: Employee's annual salary - \$115,450 and below*.

Disclaimer

From time to time WIRO may become aware of a claim that has potential to clarify a point of law or that it is in the public interest for it to be pursued at the Commission. In these or other exceptional circumstances WIRO may exercise discretion to grant funding even if the case does not appear to have prospects of success or be arguable.

Conclusion

If you have any queries about this Policy or the ILARS grant application process please contact WIRO at 13 9476 or email [ILARS Team](#). Feedback on this policy is always welcome. This policy will be reviewed at regular intervals.

WIRO reserves the right to amend or update this policy at any time. Updated versions will be distributed to all approved Lawyers and posted on the WIRO website.

ILARS Grant Amount Guide

Application of Guide

Grants are made at the discretion of the WIRO. Nothing in this Guide, the *Workers Compensation Act 1987*, *Workplace Injury Management and Workers Compensation Act 1998*, *Workers Compensation Regulation 2010* or the *Workplace Injury Management and Workers Compensation (Medical Examinations and Reports Fees) Order 2015* precludes the WIRO from exercising its discretion to approve or decline an application for an ILARS grant of funding.

When deciding whether a grant should be made and in what amount, WIRO will be guided by Schedule 6, but is not bound by it.

If:

- A matter resolves and/or results in a determination whereby the worker receives a nil amount of compensation then only Column 1 costs will be paid.
- A matter resolves whereby the worker receives a nil amount of compensation and the Approved Lawyer has not disclosed all relevant information to WIRO costs and disbursements will not be paid¹⁶.

A grant of ILARS funding is up to the maximum amount specified in this Guide or the Schedule and covers all work even where there is more than one resolution type and/or more than one claim or dispute is finalised. Where there are multiple resolutions and/or

¹⁶ An example of this would be where a worker has made previous claims for lump sum compensation for permanent impairment which would disentitle the worker to further compensation and about which the Approved Lawyer is aware.

claims and the amount of legal work done exceeds the terms of the Grant approval may be sought for an uplift.

WIRO reserves the right to amend and update this Guide on reasonable grounds.

Description of Item not covered in Schedule 6	Amount
Preliminary Investigation of a prospective claim (including obtaining an Independent Medical Examination Report)	\$1500.00 (+GST)
Preliminary investigation of a prospective claim where an Independent Medical Examination Report is not obtained (including challenges to section 39 cessations).	\$750.00 (+GST)
Further investigation of and challenges to assessments of permanent impairment for the purpose of section 39.	Up to \$1500.00 (+GST) inclusive of the initial \$750.00 (+GST) above.
Counsel's fees for appearing at the Workers Compensation Commission	<ul style="list-style-type: none"> • Up to \$500.00 for appearance at teleconference (excl GST) • Up to \$1400.00 for the first day (excl GST) • Up to \$800.00 (excl GST) per day for each subsequent day
Early advice from Counsel	Up to \$500.00 (excl GST)
Claims for hearing aids that resolve before an ARD to the Commission	\$700.00 (+GST)
Funding to represent worker in negotiations with insurer facilitated by WIRO	\$500.00 (+GST)
Making a claim on behalf of an injured worker – only in circumstances where a claim has not already been made	\$400.00 (+GST)
Funding to represent worker at WCC in respect of a section 67 claim only where a section 66 claim has been determined in prior proceedings.	1300.00 (+GST)
Claims for Section 66 and or 67 compensation where a report supporting the claim has already been obtained	\$948.75 (+GST)
Professional fees where a matter resolves because of intervention by WIRO prior to any ILARS approval.	\$750.00 (+GST)