



Employee Details					
Name	Matthew Spilsbury			Claim No.	G750990C
Address	8 McCullagh Court			Phone	0407 431 191
	Legana TAS 7277		Email	<a href="mailto:matthewspilsbury@outlook.com">matthewspilsbury@outlook.com</a>	
Work Location	Rosebery		Position	Mine Gem Loader Operator	
Pre-injury hours per week	84	Preferred Language	English	Interpreter Required?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Employer Details					
Company	MMG Limited				
Name	Sue Bartlem			Phone	0419 714 217
Position	Senior Co-ordinator - Occupational Health		Email	<a href="mailto:rom_occhealth@mmg.com">rom_occhealth@mmg.com</a> <a href="mailto:sue-ellen.bartlem@mmg.com">sue-ellen.bartlem@mmg.com</a>	
Address	Hospital Road, Rosebery TAS 7470				
Insurer Details					
Insurer	GIO				
Claims Advisor	Daniel Saunders			Phone	(03) 9075 5802
Injury Details					
Nature of Injury	Mechanical - spinal disc protrusion			Date of Injury	8/04/2025
Diagnosis	Right cervical radiculopathy impingement of spinal cord and C7 nerve root; Recovering from spinal surgery - C6/7 arthroplasty and decompression completed on 26/05/2025.				
Primary Treating Medical Practitioner					
Name	Dr Renu Stocks			Phone	(03) 6344 8344
Practice	Norwood Medical Centre		Email	<a href="mailto:info@norwoodmc.com.au">info@norwoodmc.com.au</a>	
Address	212 Penquite Road, Norwood TAS 7250				
Matthew's Medical Certification					
Medical Practitioner	Dr Renu Stocks				
Current diagnosis	As above				
Capacity for work	Has capacity for suitable alternative work	From	15/09/2025	To	21/11/2025
Certified work hours	Start at 12 hours, reduce to 8-10 hours if unable to sustain.				
Certified capacity for activities at work	<p><b>Fit to do desk work, operating mine gem from the surface as tolerated.</b></p> <p><b>Fit to participate in assisting in training process – can demonstrate physical training steps or manoeuvres as tolerated.</b></p> <p><b>Take rest breaks as needed.</b></p> <p><b>Can try underground work as tolerated.</b></p>				
Additional activity outside work - volunteering	Can respond to SES and Fire calls as a driver but no excessive manual lifting (not more than 10kgs) as tolerated.				

Capacity assessment	Can	With modification	Cannot
	<input checked="" type="checkbox"/> Sit	<input checked="" type="checkbox"/> Lift – as tolerated	
	<input checked="" type="checkbox"/> Stand/walk	<input checked="" type="checkbox"/> Drive/operate heavy machinery – as tolerated	
	<input checked="" type="checkbox"/> Bend		
	<input checked="" type="checkbox"/> Squat		
	<input checked="" type="checkbox"/> Kneel		
	<input checked="" type="checkbox"/> Stairs/Climbing		
	<input checked="" type="checkbox"/> Neck movements - as tolerated		
	<input checked="" type="checkbox"/> Reach above shoulders		
	<input checked="" type="checkbox"/> Use affected body part – as tolerated		
	<input checked="" type="checkbox"/> Drive regular vehicle		
<b>Medical request</b>	<b>Driving to be done in the daylight hours</b>		

Matthew's Treatments			
Treatment	Service Provider	Details	Anticipated end date
Medical management	Dr Renu Stocks Norwood Medical Centre 212 Penquite Road, Norwood 7250 (03) 6344 8344 <a href="mailto:info@norwoodmc.com.au">info@norwoodmc.com.au</a>	Consultations on 19/05/2025, 4/06/2025, 25/06/2025, 16/07/2025, 5/08/2025, 1/09/2025 and 15/09/2025. Next medical review 21/11/2025 at 10.10am.	Ongoing
Neurosurgery	A/Prof Nova Thani Centre for Neurosurgery Marian House 49 Augusta Road Lenah Valley 7008 (03) 6228 3777 <a href="mailto:info@cnstas.com.au">info@cnstas.com.au</a>	Initial consultation on 22/05/2025. Surgery on 26/05/2025 = C6/7-disc replacement. Phone consultations on 21/06/2025 and 30/08/2025. Next review and x-ray in May 2026.	TBA
Physiotherapy	George Maguire PhysioTas 44-46 Howick Street Launceston 7250 (03) 6334 0622 <a href="mailto:launceston@physiotas.com.au">launceston@physiotas.com.au</a>	Weekly or as scheduled physiotherapy appointments.	TBA
Hydrotherapy	Launceston Leisure and Aquatics Centre 18A High Street, Launceston TAS 7250	Commenced supervised hydrotherapy from 15/09/2025 and then as scheduled.	TBA
Remedial Massage	Natalie Claudio 195 Invermay Road, Launceston 7250 0490 281 457	Initial appointment 25/09/2025. Follow up reviews as scheduled.	TBA
Exercise Physiologist	Kelsi Jarvis <a href="mailto:kelsi@mobileexercisephysiology.com">kelsi@mobileexercisephysiology.com</a> 0428 950 201	Ergonomic Loader assessment underground	17/10/2025

Matthew's Commitments to Injury Management and Recovery			
Health Goals			
Goal	To make a full functional recovery from spinal surgery by:		
<b>Action</b>	<ul style="list-style-type: none"> <li>attending the follow up reviews with my neurosurgeon as scheduled;</li> <li>maintaining regular contact with my GP for advice and guidance;</li> <li>continue with physiotherapy and completing the recommended daily physical program;</li> </ul>	<b>Timeframe</b>	<b>6 weeks</b>

	<ul style="list-style-type: none"> <li>• Trial the introduction of Hydrotherapy and Remedial Massage Therapy to aid with muscle and movement recovery.</li> </ul>		
<b>Goal</b>	<b>To manage post-operative symptoms (pain, inflammation, muscle weakness &amp; tightness, scarring, pins and needles) by:</b>	<b>Timeframe</b>	<b>Ongoing</b>
	<ul style="list-style-type: none"> <li>• taking the recommended analgesia and anti-inflammatory medication as needed;</li> <li>• trial remedial massage for muscle/fascial tension;</li> <li>• taking rest breaks as needed.</li> </ul>		
<b>Impediments</b>	16 weeks post-surgery; Ongoing neck and upper limb pain; Gradually reacclimatising to work activities; Ongoing muscles tension and fatigue.	<b>Strategies</b>	Neck movements as tolerated; Undertake the recommended physical therapies to regain mobility and strength; Build up to all activities and take rest breaks; Trialling hydrotherapy and remedial massage to aid muscle, mobility, and postural recovery.

### Matthew's Commitments to Return to Work

#### Return to Work Hierarchy

<input checked="" type="checkbox"/> Same organisation – same or modified duties	<input checked="" type="checkbox"/> Pre-injury hours
<input type="checkbox"/> Same organisation – new job	<input type="checkbox"/> Graduated return to pre-injury hours
<input type="checkbox"/> New organisation – similar job	<input type="checkbox"/> Reduced hours relative to injury
<input type="checkbox"/> New organisation – new job	<input type="checkbox"/> Retraining required
<input type="checkbox"/> No capacity for work – recovering from surgery	

#### Recovery and Return to Work Goals

<b>Goal</b>	<b>Undertake a recovery in the workplace</b>		
<b>Action</b>	<ul style="list-style-type: none"> <li>• Continue return-to-work program, <b>working day shifts</b>;</li> <li>• Trial going underground with a supervisor to re-orientate to wearing safety gear (PPE), reacclimatise to UG conditions and travelling in Ute;</li> <li>• Continue with operating Mine gem on surface as tolerated;</li> <li>• Trial Mine gem from UG as tolerated.</li> </ul>	<b>Timeframe</b>	<b>18/09/2025 - 19/11/2025</b>
<b>Recommendation</b>	<b>Although operating a Loader was discussed and approved as tolerated. Prior to a Loader trial, an assessment by the onsite EP, Kelsi Jarvis is required to review the ergonomics – access/egress, head position, seating, arm positions, hand controls, head rotation etc</b>		
<b>Impediments</b>	Continuing to build strength in neck and upper body; Continuing to build physical endurance;  Muscle fatigue of the neck and upper limbs occurring as activity increases.	<b>Strategies</b>	Ergonomic assessment by Onsite EP;  Frequent rest breaks to change position and focus; alternate activities to avoid repetition;  Treating Physiotherapist to assess function and provided advice on any RTW upgrades.

#### Matthew's Return to Work schedule

<b>Employer</b>	MMG Limited		
<b>Location</b>	Rosebery	<b>Commencement Date</b>	18/09/2025
<b>Supervisor</b>	Sue Bartlem	<b>Phone</b>	0427 101 286

### Return to Work Hours

Return to Work Hours							
<b>Week 22</b>	8/09/25	9/09/25	10/09/25	11/09/25	12/09/25	13/09/25	14/09/25
	12	12	shorter day				
<b>Week 23</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
	15/09/25	16/09/25	17/09/25	18/09/25	19/09/25	20/09/25	21/09/25
	Hydro			12	12	12	12
	GP Rv						
<b>Week 24</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
	22/09/25	23/09/25	24/09/25	25/09/25	26/09/25	27/09/25	28/09/25
	12	12	shorter day	Physio RV			
			Remedial Massage				
<b>Week 25</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
	29/09/25	30/09/25	1/10/25	2/10/25	3/10/25	4/10/25	5/10/25
	Hydro	Physio RV			Leave		
			Hydro				
			Remedial Massage				
<b>Week 26</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
	6/10/25	7/10/25	8/10/25	9/10/25	10/10/25	11/10/25	12/10/25
		Leave					
	Physio RV						
	Remedial Massage						
<b>Week 27</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
	13/10/25	14/10/25	15/10/25	16/10/25	17/10/25	18/10/25	19/10/25
				12	12	12	12
	Hydro		Physio RV		EP Ax		
<b>Week 28</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
	20/10/25	21/10/25	22/10/25	23/10/25	24/10/25	25/10/25	26/10/25
	12	12	12				
<b>Week 29</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
	27/10/25	28/10/25	29/10/25	30/10/25	31/10/25	1/11/25	2/11/25
				12	12	12	12
<b>Week 30</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
	3/11/25	4/11/25	5/11/25	6/11/25	7/11/25	8/11/25	9/11/25
	12	12	12				
<b>Week 31</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
	10/11/25	11/11/25	12/11/25	13/11/25	14/11/25	15/11/25	16/11/25
				12	12	12	12
<b>Week 32</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
	17/11/25	18/11/25	19/11/25	20/11/25	21/11/25	22/11/25	23/11/25
	12	12	shorter day				
					GP Rv	Remedial Massage	

<b>Suitable duties identified and available</b>		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Duties</b>	Fit to do desk work; Operate mine gem from the surface as tolerated;		

Fit to participate in assisting in training processes – can demonstrated physical training steps or manoeuvres as tolerated;  
Can try underground work as tolerated, such as operating mine gem.

#### Actions required to achieve Matthew's return to work goal

*Note: The relevant sections of the Workers Rehabilitation and Compensation Act 1988 describing each parties' obligations to participate in the return to work and injury management process have been referenced in brackets.*

#### My Return to Work goal will be achieved by committing to the following actions:

To actively participate in this Return to Work Plan/Injury Management Plan (s143N). To contact my employer and Injury Management Coordinator and/or Workplace Rehabilitation Provider if I have any concerns with this Plan or am unable to complete any of the agreed actions (s143N.3)

To return to my nominated treating doctor for regular reviews of my injury/condition, treatment and to obtain up-to-date workers compensation medical certification. A worker must fully disclose any relevant information to their treating doctor regarding their diagnosis and/or treatment of their workplace injury (s143J).

To undertake treatment as recommended by my nominated treating doctor. Attend any and all treatment appointments outside of working hours (s143N.4). If for any reason this cannot be achieved, please speak to your Claims Officer prior to your appointment for approval.

To adhere to all medical advice and restrictions as part of the injury management and return to work process, including activities conducted outside of employment.

To promptly provide updated Workers Compensation Medical Certificates to my employer.

Advise my employer and Workplace Rehabilitation Provider/Injury Management Coordinator if I am:

- unable to attend work due to sickness or in relation to my injury;
- experiencing any difficulties with my return to work program so that they can be rectified immediately

I will negotiate the need to take any leave during my workers compensation period with my employer (annual, recreational, maternity, parental, compassionate, etc).

To attend and participate in any medical examination by a medical practitioner organised by my Insurer/employer (s90A), and to advise my insuring agent of any issues which may hinder my attendance at such an appointment.

To advise my insurer, as soon as practicable, of any change in personal details, my injury/condition or employment status.

To actively and constructively engage with my Mishap Management rehabilitation consultant, who is assisting me with my recovery and return to work process (s143C; s143E).

To contact my insurer if I wish to change my nominated treating doctor.

If the medical evidence in relation to my injury/condition indicates that it is highly unlikely that I will return to my employment I will work with my treating doctor, Workplace Rehabilitation Provider and insurer to determine my options for retraining or redeployment with another workplace or employer (s143F.2).

#### My Nominated Treating Doctor supports my commitment to Return to Work by completing the following actions:

To review the worker regularly, to monitor the worker's condition and treatment, provide recommendations on and coordinate appropriate medical and/or specialist treatment; maintain a return to work focus, assisting the worker achieve return to work and health goals (s143G.4).

To respond to requests for medical information in a timely manner to ensure consideration for liability and treatment purposes.

To provide a detailed and evidence-based assessment of the worker's work capacity, documented on a Workers Compensation Medical Certificate, to help promote an early, safe and sustainable return to work.

To cooperate with Mishap Management in the return to work and health management process.

#### My Employer/Supervisor agrees to commit to the following to enable me to achieve my Return to Work Goal:

To submit all claim related documents to the insurer in an efficient and timely manner, contacting the insurer if there are any delays.

To regularly communicate with all parties in this Return to Work Plan/Injury Management Plan to ensure an early, safe and sustainable return to work and health.

To liaise with the insurer throughout the lifecycle of the claim, responding to enquiries in a timely manner as required.

To ensure that suitable duties offered are meaningful and in line with the worker's capacity for work as specified on the Workers Compensation Medical Certificate (s143M).

Maintain a position for the injured employee to return to when able (s143L).

#### My Claims Manager agrees to commit to the following actions to enable me to achieve my Return to Work Goal:

To promptly process treatment approval requests and pay medical, treatment and rehabilitation accounts for reasonable services performed or conducted as a result of the workplace injury.

To obtain up-to-date medical and rehabilitation information to assist in the return to work and health management process.

To arrange, when necessary, independent medical examinations to assist in the return to work and health process and provide a copy of any reports to the nominated treating doctor and Injury Management Coordinator/ Workplace Rehabilitation Provider.

To monitor this Return to Work Plan/Injury Management Plan and ensure that all parties are meeting their obligations and are progressing towards the desired goals.

**My Injury Management Coordinator agrees to commit to the following actions to enable me to achieve my Return to Work Goal:**

To oversee the injury management process and facilitate the return to work process (s143C).

Ensure that a return to work/injury management plan is in place according to legislative requirements.

Maintain communication with and facilitate communication between all parties.

Ensure that suitable alternative duties are made available to the injured employee.

Ensure that the injury management process and return to work is timely and that a resolution is reached as soon as practicable.

Ensure that a risk management plan is established prior to closure of the claim.

To make all attempts to resolve a dispute in relation to injury management or this Injury Management/Return to Work Plan, including (if appropriate) the provision of informal mediation (s143P).

To ensure the return to work hierarchy is applied and injury management is implemented in accordance with the Approved Injury Management Program.

**My Rehabilitation Provider agrees to commit to the following actions to enable me to achieve my Return to Work Goal:**

Deliver and monitor an appropriate rehabilitation program ensuring a timely and appropriate return to work.

Obtain employee consent to participate in the return to work process and provide assistance to the employee and employer to identify appropriate duties.

To discuss the return to work hierarchy and goal setting for a gradual return to work plan.

To ensure the Return to Work Plan/Injury Management Plan remains focused through consultation with the treating medical practitioners, relevant health professionals, employee and employer.

Recommend appropriate services where required.

To liaise with all parties in the Return to Work Plan/Injury Management Plan to ensure transparency and collaboration across the return to work and health management process.

Provide written documentation to support the rehabilitation process inclusive of return to work/injury management plans and other documentation to ensure employees understand their legislative entitlements and responsibilities.

Co-ordinate and negotiate return to work/injury management programs to ensure the employee has access to continued meaningful employment.

**Additional information**

A Return to Work Plan/Injury Management Plan is an '*Injury Management Plan*' pursuant to section 143E of the *Workers Rehabilitation and Compensation Act 1988* as per GIO's approved Injury Management Program.

The *Workers Rehabilitation and Compensation Act 1988*, requires the worker and their employer to consent to an injury management plan. Agreement from other key stakeholders, including the Nominated Treating Doctor, is also encouraged.

The preparation of or giving of consent to an injury management plan, or the implementation of such a plan, is not an admission of liability in respect of any claim that may be made by the worker under the *Workers Rehabilitation and Compensation Act 1988*.

If an employee or their employer does not take all reasonable steps to comply with any requirements of the approved injury management plan, the worker or their employer may notify the Tribunal under section 143Q about the matter.

An Injury Management Coordinator (IMC) has been appointed to your claim as per section 143B of the *Workers Rehabilitation and Compensation Act 1988*. The IMC appointed to your claim is Hilary Parkinson.

**Agreement to the Return to Work/Injury Management Plan**

	Name	Phone	Signature	Date
<b>Worker</b>	Matthew Spilsbury	0407 431 191		
<b>Employer Contact</b>	Sue Bartlem	0427 101 286		
<b>Certifying Doctor</b>	Dr Renu Stocks	(03) 6344 8344		
<b>Rehabilitation Provider</b>	Tammy Vermeer	0491 151 667		16/09/2025 and 26/09/2025
<b>Claims Agent</b>	Daniel Saunders	(03) 9075 5802		
<b>IMC</b>	Hilary Parkinson	(03) 9075 5506		

	Employee	Employer	PTMP	Other, state: GIO
<b>Consulted with</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date</b>	15/09/2025	16/09/2025	15/09/2025	15/09/2025
<b>Circulated to</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Date</b>	16/09/2025	16/09/2025	16/09/2025	16/09/2025
<b>Re-circulated</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No GIO and RMT
<b>Date</b>	26/09/2025	26/09/2025	26/09/2025	26/09/2025