

# Allied health recovery request



State Insurance  
Regulatory Authority

For use with NSW CTP personal injury and workers compensation injury claims.

AHRR number

Date of request (DD/MM/YYYY)

24/11/2025

☐ Physiotherapist ☐ Psychologist ☐ Counsellor ☐ Osteopath ☐ Chiropractor

☐ Accredited exercise  
physiologist



Other:

Remedial Massage Therapist

Referred by (where relevant)

Janet Mew (formally Ahrens)

Phone number

(08) 8522 3444

## Section 1: Client details

Client name

Janet Mew (formally Ahrens)

Date of birth (DD/MM/YYYY)

5/10/1963

Phone number

0466 061 008

## Claim information

Insurer

EML - Employers Mutual Limited

Claim number

270 501 016

Date of injury/accident (DD/MM/YYYY)

1/12/2015

## Section 2: Clinical assessment

Diagnosis

Permanent nerve damage and pain caused from work injury - Right bursitis shoulder, medial antebrachial nerve, brachial plexus injury and C5 disc prolapse.  
To assist the client in promoting overall health and well-being while supporting the maintenance of a regular exercise regimen and independence.

Have you liaised with the treating medical practitioner? ☐ Yes ☒ No

Is your diagnosis consistent with the medical practitioner's diagnosis of the compensable injury?

☐ Yes ☒ Unknown ☐ No (if no, please provide details in the last box in section 2)

*Clinical assessment continued over...*

Current signs and symptoms – include reported/observed and relevant objective measures

Cx permanent nerve damage. Client's level and tolerance of pain is very variable more on the high end of pain and has been very much affecting their daily life.  
Shoulder pain is bad, neck pain has somewhat improved due to nerve block - "tones it down", but hypertonicity is still present.  
Headaches - constant.  
Client is currently not getting a full night's rest, waking up in the night with discomfort.  
VAS: 6.5/10  
The Client's body and muscular system responds well to hands on remedial massage and myofascial cupping therapy.  
Client finds great benefit from remedial massage post Rx.

Details of any pre-existing factor(s) directly relevant to the compensable injury

N/A

Details of any other providers treating the client and whether you have liaised with them

GP - Dr Kendra Powell - referral letter from initial consult.  
Psychologist - Anna Marie Da Cruz (have not liaised).  
Pain Management Specialist - Dr Matthew Green (have not liaised).

**Workers compensation:** Do you have a copy of the position description/work duties?

☐

Yes

☒

No

If no, contact the insurer

### Section 3: Capacity

	Pre-injury capacity (describe what the client did before the injury(s) related to this claim)	Capacity at initial assessment or last AHRR (whichever is most recent)	Current capacity (describe what the client can do now)
<b>Work</b> (occupation, tasks, days/ hours worked)	N/A	N/A	Client has no current work capacity.
<b>Home</b> (self care, domestic, caring)			Can't complete all independent tasks without aid.
<b>Community</b> (driving, transport, leisure)			Only goes to gym and food shopping if/when capable.

**Are there any factors that have impacted on progress since treatment commenced or may impact on future recovery? If so, what are your recommendations to address these barriers** (specific management strategies, referral to other services)?

N/A

## Section 4: Recovery plan

Date your services  
first commenced (DD/MM/YYYY)

6/6/2025

Number of sessions provided to date

6

AHRR start date (DD/MM/YYYY)

24/11/2025

AHRR end date (DD/MM/YYYY)

01/10/2026

GOALS: must focus on work or functional outcomes to provide the direction for treatment and recovery and may carry over more than one AHRR. They must also be SMART.

### CLIENT GOAL 1

Remedial massage to assist the client in promoting overall health and well-being.

STEPS: are activities/behaviours the client needs to be able to do to achieve their goal. The steps and actions listed are intended to be achieved in this AHRR period.

Client steps (to achieve in this AHRR period)	Client action plan (self management strategies)	Service provider's action plan
Attend remedial massage appointments.	Continue monitoring and becoming self-aware of pain during tasks and motions to figure out self limits, to push through but not "over do it".  Self-care techniques at home.	Provide remedial massage treatment.  Encourage self-care techniques and education client can complete at home.  Provide a supportive environment for the client.

### CLIENT GOAL 2

Remedial massage to support the client in exercise/gym recovery.

STEPS: are activities/behaviours the client needs to be able to do to achieve their goal. The steps and actions listed are intended to be achieved in this AHRR period.

Client steps (to achieve in this AHRR period)	Client action plan (self management strategies)	Service provider's action plan
Continue exercising and gym routine at The F.A.R.M. Centre every week.  Attend remedial massage appointments for recovery.	Keep maintaining and pushing exercises to progress. Client should feel more confidence and support completing gym routine with remedial massage as it should increase range of motion and reduce post - workout soreness.	Consult with client to identify areas of tension, pain, postural imbalances, stress or skeletal muscular concerns.  Discuss client goals.  Design massage treatment plans.  Deliver remedial massage treatments.  Promote self - care and well-being post-treatment at home.

**CLIENT GOAL 3**

Remedial massage to support the client with promoting and encouraging independence.

STEPS: are activities/behaviours the client needs to be able to do to achieve their goal. The steps and actions listed are intended to be achieved in this AHRR period.

Client steps (to achieve in this AHRR period)	Client action plan (self management strategies)	Service provider's action plan
Continue to live independently. Attend remedial massage appointments.	Keep striving to complete tasks herself, even part of tasks - taking breaks when needed, to the best of her capabilities.	Provide remedial massage for the client.  Help guide the client with knowing limitations to figure out the balance of pain with tasks and motions - knowing that the client has remedial massage treatments booked should support them to encourage movement.

This request was completed in consultation with the client who agreed to the recovery plan:

☒ Yes ☐ No Date (DD/MM/YYYY) **24/11/2025**

**Section 5: Services requested**

Service type (include consultation type and other services – eg aids/equipment)	Number of sessions	Frequency/timeframe (eg 1 x week for six weeks)	Service code (if applicable)	Unit cost/specify	Total
Subsequent 60 Minute Remedial Massage Treatment	8	Every 3-6 weeks	205	\$120	\$960
Treating remedial massage standard report	1	After 7th Rx	RT500	\$80.30	\$80.30
					<b>\$1040.30</b>

Case conferencing only	Number of hours	Frequency/timeframe	Service code (if applicable)	Unit cost/specify	Total
Case conferencing					

**Overall total (total of all cells above)**

**Workers compensation:** Would you like the assistance of an Independent Consultant?

☐ Yes ☒ No

**Rationale for services requested** (include/attach additional information to assist insurer decision making)

Anticipated date of discharge (DD/MM/YYYY)

N/A - Ongoing.

**Section 6: Service provider details**

Service provider name

Kylie Loffler

Practice name

NSR Massage Therapy

Suburb

Gawler

State

SA

Postcode

5118

Phone number

0412 112 052

Fax number

N/A

Email

admin@nsrmassage.com.au

Best time/day to contact

Wednesday - midday.

SIRA (formerly known as WorkCover)

workers compensation approval number (if relevant)

Note: All SIRA approved practitioners must ensure their contact details with SIRA are up to date. Email your current details to [compliance.info@sira.nsw.gov.au](mailto:compliance.info@sira.nsw.gov.au)

Signature



Provider stamp (if available)

**Section 7: Insurer decision**☐

Approved

☐

Declined

☐

Partially approved

**Workers compensation:** An Independent Consultant review to be arranged:☐

Yes

☐

No

If declined or partially approved please provide reasons

Decision maker's name

Phone number

Signature

Date (DD/MM/YYYY)

**CC: treating medical practitioner and other treatment practitioners where involved**Catalogue No. **SIRA08033**

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Website [www.sira.nsw.gov.au](http://www.sira.nsw.gov.au)

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