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Shoulder Surgery and ACC

There is a big difference between “cover” for an injury and “entitlement” to surgical treatment under ACC. If you have a personal injury caused by an accident that injury will almost always be initially covered by ACC. This allows you to have subsidized physiotherapy treatment, imaging and other investigations performed, and even see a specialist with no additional cost to yourself.

However if your injury subsequently requires surgical treatment, an application for this has to be sent to ACC. This is done by us. Your application will be assessed by ACC, and they will determine whether ACC will fund your surgery. This decision has nothing to do with the fact that your injury was initially ‘covered’ by ACC, nor is it influenced by any ACC Levy payments that you may have paid in the past. Additionally your ‘Case Manager’ is not involved in this decision making process.

ACC have a separate Elective Surgical Services Unit where nearly every surgical application is reviewed. Funding decisions are based primarily on clinical assessment of your case, and as such ACC have a group of “Clinical Advisors” who are often involved in applications for shoulder surgery. Although primarily based on clinical decisions, there is very clear legislation that ACC uses to assist in this clinical decision making process.

The primary requirement for an application for surgery to be approved by ACC is that there is clear cut “pathology” (damage) in the shoulder that has been directly “caused” by your injury. This in general means that there has to be some obvious structural pathology on your imaging studies. What is clear from the

legislation is that the injury must be of sufficient force and severity to potentially cause structural 'damage' to the shoulder. Moreover, there must be an immediate onset of symptoms (pain and functional disability) of sufficient degree to suggest that something significant has happened in the shoulder as a result of the injury.

ACC also place a lot of emphasis on your radiology reports, and whether there is clear cut structural pathology (damage) in your shoulder that could have been directly caused by your injury. There are certain findings on the imaging studies that are accepted as more likely to represent an acute injury, and other findings that are generally accepted to represent general wear and tear and degeneration.

If there is no obvious structural pathology on your imaging, even if you may have had absolutely no problem or symptoms from your shoulder before your injury, then it is likely that ACC will decline the application for surgery. A purely temporal relationship (onset of symptoms at the time of an injury) is not sufficient evidence for ACC to approve a request for surgery – there has to be objective evidence (usually in the form of imaging) that some structural damage has occurred in your shoulder.

In addition, if ACC determine that the pathology (damage) in your shoulder "may" have been present before your injury (wear and tear and/or age-related degeneration) and was simply 'rendered symptomatic' by the injury, then the application for surgery will also be declined. Unfortunately it is possible to have damage in your shoulder and have no problem with it until an injury occurs, and ACC knows this all too well.

As a surgeon my priority is to treat you and your shoulder problem. Unfortunately what I say does not always have an influence on the ACC decision making process. In general I will let you know if I think there is a good chance that your application for surgery will be declined. However, even if I think that your application should be approved this does not necessarily mean that it will be – sometimes we just have to wait and see. And if it is declined then you always have the right to ask for a review of the decision.

As you can see applications to ACC are not always a straight-forward process!