

Claim assessment

General principles

If a person under pensionable age is, as a result of a relevant disease, illness or injury, suffering from a loss of physical or mental faculty which is likely to be permanent then LTIA may be payable.

The policy of the department is that permanent in this context is taken as likely to last for at least the next 3 months. This will in the main be a decision for the medical board doctor based on the facts of the case and the persons assessed loss of faculty.

However for certain medical condition where it could be considered unlikely to be permanent, for example a fracture without complications, evidence in the form of a letter from the claimant's doctor and also any other consultant or specialist treating the person may be required.

The assessment of a claimant's incapacitation for the purposes of LTIA should take into account the period during which the claimant has suffered and may be expected to continue to suffer from the relevant loss of faculty, as compared with a person of the same age and sex whose physical and mental condition is normal.

However if the claimant is or has been in receipt of Short Term Incapacity Allowance (STIA) in respect of the same relevant disease or injury, the period to be taken into account cannot begin earlier than the end of the last period in which they received STIA.

The assessment of LTIA must be made without any reference to the circumstances of the person other than their age, sex and physical and mental condition. The person's inability to follow a particular occupation because of the effects of the relevant loss of faculty must not affect the assessment.

The assessment will not depend solely on the person's condition at the time that the case is under consideration, but should have regard to probable fluctuations in the condition as judged from its nature, the previous history and the customer's account of his or her condition during 'good' and 'bad' periods and how long these periods last. An average assessment should therefore be made to cover whatever period ahead is justifiable on medical grounds, within the limits detailed in Appendices 1 onwards.

Short term fluctuations should be dealt with as above, but when it is possible to identify major changes, either of improvement or deterioration, persisting for substantial portions of the period to be considered, it will be necessary to make separate assessments for these portions.

Examples are a person:

1. who has had a serious injury from which there has been substantial, although incomplete, recovery;
2. whose severe mental illness has entered a prolonged period of remission in response to depot injections or other treatment;
3. with severe osteoarthritis of a joint such as the hip or knee, who has undergone successful arthroplasty; or
4. with ischaemic heart disease, who may have been fairly active (perhaps assessable at 30 per cent) until the occurrence of a myocardial infarction left him with angina on slight effort (perhaps 100 per cent), but may, some months later, have been restored by a 'bypass' operation to a state assessable at a lower figure.