Cameron Hall
COMPENSATION LAWYERS

Comcare lump sum payments: what injured workers need to know

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Because most other schemes don't require a separate form, injured workers on those schemes are usually made aware of their lump sum entitlements as part of their accepted claim. Under Comcare, that's not guaranteed - which means some injured workers don't realise they may be entitled to significant additional compensation in the form of two lump sum payments.

How permanent impairment is assessed for a Comcare lump sum

There's no time limit on applying for these lump sums, but you won't be entitled to a payment until your injury (or injuries) is considered permanent - meaning it isn't likely to improve with further treatment. A doctor, usually your treating GP or specialist, determines this by completing Part B of the application form, although Comcare or your self-insurer can also arrange an independent medical examination.

What happens after you submit your Comcare lump sum application?

Comcare or the self-insurer will consider the application form as submitted by the injured worker. Whilst a medical doctor will make an assessment of the degree of permanent impairment as at date the doctor completes their part of the form, the claims officer/handler at Comcare/self-insurer will then consider for themselves whether they consider the assessment is a proper one. Curiously, a claims officer, with no medical training and/or qualifications, is able to review the assessment of degree of permanent impairment and make their own (usually in an attempt to keep the degree of permanent impairment before 10% whole-person-impairment). Why would they try to do that you might well ask?

The answer is that no amount of lump sum benefit is liable to be paid by Comcare/self-insurer if the degree of permanent

impairment is ‘less than 10%’.

As one might well imagine, a significant number of decisions made by claims officers at Comcare/self-insurers, even when presented by an assessment at or more than 10% made by the injured worker’s treatment doctor, will involve a different assessment (by the claims officer) which has the degree of impairment at below 10%.

What can I do if the decision of Comcare/self-insurer is that the degree of permanent impairment is less than 10%?

You seek a ‘reconsideration’ of that decision. You will usually have 30 days in which to do that, so ensure you make the request in time.

Sometimes Comcare or a self-insurer will provide the injured worker with a ‘procedural fairness’ type letter , to note that it is their intention to assess permanent impairment at below 10% and to invite the worker to provide further medical evidence (or other evidence) to address the matters noted in this letter. But this is a step that they are legally obliged to take; that is, they can simply issue the decision letter to confirm the assessed impairment is below the 10% threshold.

If possible, some form of documented assessment by an appropriately qualified medical specialist who is able to conduct assessments under the Comcare Guidelines ‘ will be quite useful to support any request for reconsideration. If you think you can get that from your treating specialist, but that the doctor has said he or she can’t get it to you within the 30 days provided (to submit the request for reconsideration), then Comcare or self-insurer will usually agree to an extension of time in which to obtain the report/letter from the specialist but you should ask for any extension in this regard, before the 30 days expire.

What if they just make the same decision on reconsideration?

Unfortunately, this is the likely result of your request for reconsideration. That is the simple reality of the Comcare system (where the same entity reviews their own decisions). Indeed, believe it or not, but sometimes (it’s not a common occurrence but it can happen) that the reconsideration officer will in fact reduce the degree of permanent impairment from that originally determined. Also, Comcare can at any time perform what are called reassessments on their ‘own motion’ and issue a different decision about the degree of permanent impairment (either higher or lower than the first assessment, but as you might well imagine, these ‘own motion’ reassessments are usually lower than the first one.

If you are not happy with a decision of a Comcare/self-insurer regarding permanent impairment (and the associated two lump sums, if any is offered) then you should seek some advice from a lawyer experienced in Comcare claims.

Get advice from our Comcare lawyers in Queensland and the NT

Comcare lump sum decisions aren't always right the first time, and reconsideration requests aren't always straightforward. Our Comcare lawyers have significant experience helping injured workers across Queensland and the Northern Territory challenge low impairment assessments and secure the compensation they're entitled to. Learn more about our Comcare services or get in touch for advice.

This article is of a general nature and should not be relied upon as legal advice. If you require further information, advice or assistance for your specific circumstances, please contact us.