

20 June 2025

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Dear Mr Mickels

Your Ref	:	CJM:JW:237038
Employee	:	Kate PATERSON
Date of Birth	:	5 September 1973
Employer	:	WA Department of Education
Date of Injury	:	December 2021
Date of Consultation	:	16 June 2025

Thank you for referring Ms Kate Paterson, a 51-year-old, left-hand dominant education assistant employed by the Department of Education on a full-time basis at Leaning Tree Steiner School for the past 12 years. Ms Paterson attended in the company of her husband for an independent medical consultation with myself on 16 June 2025.

Reports and Documents Reviewed

1. Referral request, dated 3 June 2025
2. Signed Consent for Independent Medical Examination, dated 16 June 2025
3. Geraldton Hospital Discharge Summary dated 7 December 2021
4. Geraldton Hospital Discharge Summary dated 8 December 2021
5. Geraldton Hospital Discharge Summary dated 23 December 2021
6. Sir Charles Gairdner Hospital Discharge Summary dated 31 December 2021
7. Geraldton Hospital Discharge Summary dated 21 March 2022
8. Report of Dr Took dated 27 May 2022
9. Report of Dr Panegyres dated 28 May 2022
10. Employer Statement of Leaning Tree Steiner School Incorporated dated 1 June 2022
11. Report of Dr Borchers dated 7 June 2022
12. TAL Claim Form completed by Mrs Paterson dated 7 June 2022
13. Geraldton Hospital Discharge Summary dated 12 June 2022
14. Geraldton Hospital Discharge Summary dated 16 June 2022
15. Geraldton Hospital Emergency Medicine Summary dated 2 July 2022
16. Sir Charles Gairdner Hospital Discharge Summary dated 3 July 2022

17. MRI Brain Report dated 11 July 2022
18. Letter from Dr Borchers to Dr Panegyres dated 12 July 2022
19. Report of Dr Borchers dated 14 July 2022
20. Report of Dr Panegyres dated 14 July 2022
21. Report of Dr Parsons dated 4 October 2022
22. Geraldton Hospital Emergency Consultation Notes dated 6 October 2022
23. Report of Dr Borchers dated 12 October 2022
24. Letter from Dr Panegyres to Dr Borchers dated 20 December 2022
25. Report of Prof Blakey dated 29 December 2022
26. Geraldton Hospital Discharge Summary dated 6 March 2023
27. Mental Health Care Plan of Mrs Paterson dated 9 March 2023
28. Report of Professor Panegyres dated 8 April 2023
29. Report of Professor Borchers dated 15 April 2023
30. Letter from TAL dated 5 May 2023
31. Letter from TAL dated 29 June 2023
32. Geraldton Hospital Discharge Summary dated 28 August 2023
33. Report of Dr Borchers dated 25 September 2023
34. Geraldton Hospital Emergency Discharge Summary dated 19 October 2023
35. Letter from Dr Borchers to Mr Munro dated 1 February 2024
36. Medication Summary for Mrs Paterson dated 28 February 2024
37. Geraldton Neurological Assessment Clinic Report dated 13 March 2024
38. Report of Dr Rodrigues dated 25 March 2024
39. Revised and marked up letter of Dr Rodrigues dated 25 March 2024
40. Report of Dr Borchers dated 15 April 2024
41. Permanent Incapacity Medical Certificate of Dr Borchers dated 14 May 2024
42. Mental Disabilities Questionnaire of Mrs Paterson dated 1 June 2025
43. Physical Disabilities Questionnaire of Mrs Paterson dated 1 June 2025
44. Education Training and Experience Questionnaire of Mrs Paterson unsigned

Declaration

I certify that I have read the Expert Witness Code of Conduct, contained in the Federal Court Rules. I agree to be bound by the above Code of Conduct. The following report has been prepared in accordance with that Code.

I also certify that I have successfully completed training in the evaluation of permanent impairment with respect to the WorkCover Guides which incorporate the American Medical Association Guides.

History

Ms Paterson reports the development of a number of symptoms, following a Pfizer COVID vaccination. She reports having initially undergone an initial Pfizer COVID vaccination in 2021, without any side effects.

She reports, approximately two weeks later, of undergoing a second Pfizer COVID vaccination. The following day, she reports the development of tremors throughout her body and symptoms inclusive of a heavy surge and a tendency for her knees to collapse. She reports experiencing electric sparks in her knees.

Ms Paterson reports contacting Health Direct and being advised to attend the hospital. She reports attendance at Geraldton Hospital and undergoing a variety of investigations and being diagnosed with pericarditis with an effusion.

She reports commencement of colchicine and paracetamol and subsequently discharged home after a period of two days. Ms Paterson advises of remaining off work and denies a return to work since this time.

Ms Paterson reports persistence of a variety of symptoms inclusive of impaired short-term memory, slurred speech, poor tongue control, pins and needles throughout and shaking of her limbs. She reports a return to Geraldton Regional Hospital on 23 December 2021 and subsequently flown to Perth. There, she reports being admitted to Sir Charles Gardner Hospital for a period of one week and being unable to recall the nature and extent of findings or treatments. She denies any alteration of her symptoms and subsequently returning home before and again returning to Geraldton Regional Hospital on 21 March 2022 with the persistence of symptoms of fatigue, chest pains, impaired memory, slurred speech and a tremor. She reports being subsequently discharged that day and referred to Professor Peter Panegyres (Neurologist) for further assessment.

Ms Paterson reports undergoing assessment by Professor Peter Panegyres (Neurologist) on 28 May 2022 and diagnosed with a functional neurological disorder. She reports follow up attendance with Professor Panegyres on 14 July 2022, reporting a deterioration of her symptoms. She reports an increase of her prescribed escitalopram. She reports a persistence of her symptoms without alteration.

Ms Paterson reports subsequently undergoing assessment by Dr Julian Rodrigues (Neurologist) on 25 March 2024. She reports being diagnosed with a functional neurological disorder. She denies any further medical or allied health management being implemented or recommended. Ms Paterson reports continuing to remain off work. She denies any other milestones.

Progress to Date

Ms Paterson denies any improvement in the nature and extent of her symptoms or functional capabilities, subsequent to the onset of her symptoms in December 2021. This is despite compliance with all recommended medical and allied health management and the passage of time.

Current Symptoms

Ms Paterson reports a persistence of waves or surging of pains throughout her body, a heavy and uncomfortable feeling and a tendency to collapse. She reports symptoms ranging between 6/10 in severity to a maximum of 10/10 in severity, most frequently approximately 7/10 in severity. Ms Paterson reports a tendency to collapse approximately twice per week with an increased frequency during the summer months.

Ms Paterson also reports feeling pins and needles on a constant basis through her left and right hands and clumsiness of her hands and feet. She reports a tendency to trip and fall. Ms Paterson also reports a feeling of being confused and forgetful with short-term memory impairment.

Ms Paterson reports a deterioration of her symptoms with any physical exertion, psychological stress or exposure to heat. She reports a relative easing of symptoms with the avoidance of these circumstances and with rest. She denies any other particular aggravating or relieving features.

Current Treatments

Ms Paterson reports continuing tramadol 200mg slow release each day and 100mg on an as required basis, approximately each two weeks. She denies any other current medications, treatments, nor the use of aids or appliances.

Current Activities

Ms Paterson denies a return to any form of gainful employment, subsequent to the onset of her symptoms in December 2021. She reports utilising her available time undertaking limited activities of daily living, with assistance from her husband associated with cooking, cleaning and laundry tasks. She reports being limited to shopping, with the avoidance of negotiating heavy weights. She reports being capable of personal grooming and hygiene, with a reduction of fine manual dexterous pursuits associated with her symptoms. She reports having attempted limited amounts of travel, socialising, walking and yoga. Ms Paterson denies any other current or previous social, sporting, leisure, or recreational pursuits.

Past Medical History

Ms Paterson reports a history of fibromyalgia for the past 20 years with widespread dull aches throughout her body. She reports symptoms ranging between 1/10 in severity to a maximum of 10/10 in severity and currently ranging between 4/10 in severity to a maximum of 7/10 in severity. She reports episodic deterioration of her symptoms approximately each two weeks, managed with the use of tramadol. Otherwise, Ms Paterson denies any other previous or intercurrent medical illnesses, injuries, operations, or hospitalisations. She denies use of any other regular or irregular medications and reports no known allergies.

Social and Occupational History

Ms Paterson reports maintaining employment as an education assistant with Leaning Tree Steiner School on a full-time basis for the past 12 years, until her reported onset of symptoms in December 2021. She denies a return to any form of gainful employment since this time. Previously, Ms Paterson reports maintaining employment as a short order cook at a cafe and as a sorter in a talc mine. Ms Paterson reports a Certificate 3 as an education assistant.

Ms Paterson advises of residing with her husband and their two children. Ms Paterson reports undertaking limited activities of daily living, inclusive of cooking, cleaning, and laundry. Ms Paterson is a non-smoker and reports consumption of a glass of wine each night.

Examination

Examination findings at the consultation of 16 June 2025 revealed a forthright and reliable historian, in no distress. Ms Paterson was noted to move relatively freely and fluidly with no obvious deformity or gait disturbance. Ms Paterson was noted to stand 152cm tall and weigh 63kg. Pulse was measured 87 and regular. Blood pressure 100/80. A left hand tremor was noted to be present, throughout the consultation.

Examination of the cervical, thoracic, and lumbosacral spine revealed a pain free restriction of all movements approximately 75% of normal excursion. Romberg test was positive. There was evidence of truncal ataxia. Ms Paterson was noted to squat to one-third of normal excursion, with further squatting being restricted by a perception of weakness and impaired balance. A tremor in the legs was observed whilst supine. Straight leg raise was measured 30° bilaterally. Neurological assessment of the lower limbs was normal. All reflexes were present and normal in the legs. Slump test was negative, bilaterally.

Examination of the upper limbs revealed a persistent tremor through the left hand and wrist and clawing of the hand. Impaired functioning of the left hand and a reduction of manual dexterity was demonstrated. Impaired power grip on qualitative assessment of the left hand was demonstrated. Paraesthesia throughout the entire left arm in a glove and stocking distribution was noted. Impaired coordination of the left upper limb was demonstrated as compared to the right (unaffected) side. Otherwise, no further formal neurological assessment was undertaken at the consultation of 16 June 2025.

A Montreal cognitive assessment (MoCA) was undertaken on 16 June 2025, with Ms Paterson scoring 14/30 being a significantly abnormal result.

Investigations

- MRI brain performed on 11 July 2022, was reported as:

“Opinion:

Focal altered signal intensity in the left centrum semiovale.

*Imaging characteristics are indeterminate.
Follow up MRI suggested in 3 to 6 months.”*

- EEG performed on 13 July 2022, was reported as:

“Conclusions:

- 1. A technically difficult EEG.*
- 2. No diagnostic abnormality.*
- 3. No epileptiform activity.”*

Assessment

In my opinion, Ms Paterson presents with a reported sequelae of a Pfizer COVID vaccination in December 2021, with the subsequent development of an acute pericarditis and then functional neurological disorder. This is noted on a background of a longstanding history of fibromyalgia. She presents with persistence of symptoms of her functional neurological disorder without any reported improvement from symptomatic and functional perspectives. Ms Paterson presents with a persistence of abnormal findings on formal examination, consistent with a persistent functional neurological disorder and with significant impairment of her overall functioning.

Questions

With regards to the questions that you raised in your request of 3 June 2025:

- 1. The date of your examination*

Ms Paterson attended in the company of her husband for a medical consultation with myself on 16 June 2025.

- 2. The history you obtained from Mrs Paterson.*

The history provided by Ms Paterson at the consultation of 16 June 2025, has been documented above.

- 3. The extent to which Mrs Paterson’s symptoms and disabilities fall within your area of expertise.*

In my opinion, the extent of Ms Paterson’s symptoms and disabilities may be assessed in terms of her capacity for work as an education assistant. The inherent requirements of an education assistant have been formally assessed by myself in their entirety. This includes, but not is limited to,

1. Formal assessment of a job description and job task analysis of an education assistant.
2. In vivo assessment of the inherent requirements of an education assistant.

3. Formal assessment of Ms Paterson at the consultation of 16 June 2025 and comparison against the inherent requirements of this role.

4. *Mrs Paterson's current complaints in relation to her symptoms and disabilities.*

The nature and extent of Ms Paterson's current complaints and symptoms and disabilities, has been documented above.

5. *Your opinion as to diagnosis and whether this is consistent with her complaints.*

In my opinion, Ms Paterson presents with a reported sequelae of a Pfizer COVID vaccination in December 2021, with the subsequent development of an acute pericarditis and then functional neurological disorder. This is noted on a background of a longstanding history of fibromyalgia. She presents with persistence of symptoms of her functional neurological disorder without any reported improvement from symptomatic and functional perspectives. Ms Paterson presents with a persistence of abnormal findings on formal examination, consistent with a persistent functional neurological disorder and with significant impairment of her overall functioning.

In my opinion, the findings on formal assessment at the consultation of 16 June 2025 are consistent with a functional neurological disorder. There is no evidence of any inconsistency identified on formal assessment at the consultation of 16 June 2025.

6. *What treatment has she received to date and what is the significance or relevance of the treatment.*

The nature and extent of treatments undertaken to date, has been documented above. Despite Ms Paterson remaining compliant with her recommended treatments, she reports continuing to remain symptomatic.

7. *What medications have been prescribed and what is the significance of these medications.*

Ms Paterson reports continuing tramadol 200mg slow release each morning and 100mg on an as required basis each two weeks or so. Otherwise, she denies any other current medications.

8. *Your opinion as to prognosis.*

In my opinion, the prognosis in this case is poor with achieving any further improvement from the symptomatic and functional perspectives. Ms Paterson presents now 3.5 years following the onset of her symptoms without any material improvement from the symptomatic and functional perspectives. There is no prospect in the short or medium term of a recovery of symptoms, restoration of functioning, and return to her activities of daily living or occupational pursuits.

In my opinion, there is no evidence Ms Paterson represents any increased risk of recurrence or deterioration of her symptoms in the long term. Rather, her most likely long-term outcome is for a perpetuation of her current level of symptoms and dysfunction.

9. *Your opinion as to any future treatment, if any, you consider reasonable and necessary.*

In my opinion, the mainstay of treatment for Ms Paterson's diagnosed functional neurological disorder includes physical therapy, occupational therapy and psychological therapy. There is no indication for any form of medications or other treatments.

10. *Your opinion as to the purpose of any further treatment you consider she requires and particularise whether any (if at all) is intended to facilitate Mrs Paterson's re-entry into the workforce in any business, profession or occupation for which she is reasonably suited by education, training or experience.*

In my opinion, the purpose of the further recommended treatments is to facilitate management of Ms Paterson's symptoms of her functional neurological disorder and facilitate an improvement from the symptomatic and functional perspectives.

11. *Your opinion as to the likelihood that Mrs Paterson will obtain a successful response to any further treatment you have recommended considering her responses to treatment to date.*

In my opinion, it is not possible to predict Ms Paterson's likelihood of obtaining a successful response to further treatment recommendations. Given her absence of any improvement from the symptomatic and functional perspectives to date, she is unlikely to achieve any substantial improvement from the symptomatic and functional perspectives and to materially alter her assessed capacity for work.

12. *Whether you consider Mrs Paterson's condition to have stabilised. Please provide detailed reasoning for your opinion.*

In my opinion, Ms Paterson's condition has stabilised. She presents now 3.5 years following the onset of her symptoms without any material improvement from the symptomatic and functional perspectives. There is no evidence that suggests Ms Paterson is likely to enjoy a beneficial response with any further medical or allied health management. With this, she is likely to remain symptomatic on an ongoing basis, through to and beyond an arbitrary retirement age of 70 years.

13. *Your opinion as to Mrs Paterson's current capacity to return to any work that which is suited to her by her education, training or experience:*
- a. *Without any treatment additional to that she is already receiving.*
 - b. *Without a successful response to any additional treatment, you have recommended and*
 - c. *With a successful response to any additional treatment, you have recommended.*

In my opinion, Ms Paterson is unfit on an ongoing and permanent basis for return to any form of gainful employment by way of education, training or experience. She reports her employment being that of an education assistant and previously as a short order cook. She presents with ongoing symptoms and dysfunction that precludes a return to either occupational pursuit, even on a part-time or restricted basis. Notwithstanding the physical limitations of Ms Paterson as identified at the consultation 16 June 2025, she also presents with significant impairment of cognitive functioning as demonstrated on the Montreal Objective Cognitive Assessment (MoCA). The findings are incompatible with a return to the duties of an education assistant, even on a part-time or physically restricted basis.

14. *Whether, in your opinion, there is any real chance of Mrs Paterson returning to work on a permanent and consistent basis, in any occupation for which she is reasonably suited by education, training and/or experience, over the next 13 years (to age 65) without suffering flareups or aggravations which may take her out of work for considerable periods of time?*

In my opinion, there is no evidence Ms Paterson has a capacity for any form of gainful employment at present or in the foreseeable period. She presents with significant physical restrictions and impaired cognitive functioning that is incompatible with a return to the duties of an education assistant or a short order cook, or any other form of gainful employment. This remains applicable on an ongoing basis through to and beyond an arbitrary retirement age of 65 years.

I trust this information has been of assistance. Should you require further information then please do not hesitate to contact me.

Yours sincerely



DR JOEL SILBERT
MBBS (WA), Grad Dip OHS, FAFOEM, CIME
CONSULTANT OCCUPATIONAL PHYSICIAN



The above analysis is based upon the available information at this time, including the history given by the examinee, the medical records and tests provided, the result of pain status inventories, and the physical findings. It is assumed that the information provided to me is correct. If more information becomes available at a later date, an additional report may be requested.

Such information may or may not change the opinions rendered in this evaluation. Comments on the appropriateness of care are professional opinions based upon the specifics of the case and should not be generalised, or necessarily be considered supportive or critical of, the involved providers or disciplines.

Any medical recommendations offered are provided as guidance and not as medical orders. The opinions expressed do not constitute a recommendation that specific claims or administrative action be made or enforced.

JS:QS