Injury Management Coordinator interview questions

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What to expect

Interviews for Injury Management Coordinator roles test three things at once: whether you understand the legislative and reporting side of workers' compensation, whether you can run a caseload without things falling through the cracks, and whether you can hold your ground with employers, insurers, and injured workers who don't always agree. Expect a mix of technical, behavioural, and scenario questions rather than a purely conversational chat.

- **Process/technical:** Checks whether you understand how a claim moves from notification to closure and what documentation and reporting obligations apply at each stage.
- **Behavioural:** Past-experience questions probing how you've handled real casework, conflicting stakeholder demands, or a difficult return-to-work negotiation.
- **Scenario/judgement:** Hypothetical situations testing how you'd handle a stalled return-to-work plan, a non-compliant employer, or a worker disputing an assessment.
- **Compliance-focused:** Questions on regulatory awareness, checking familiarity with the relevant workers' compensation scheme and reporting deadlines.
- **Stakeholder/client-facing:** Tests your communication approach with injured workers, treating providers, and insurers who may have different priorities.

Most interviews open with a couple of general questions about your claims or HR background, move into technical and process questions about how you'd run a caseload, then spend the middle section on behavioural and scenario questions drawn from the panel's own case history. They usually close with questions about your familiarity with the relevant state scheme and any systems experience, then leave time for your questions about caseload size and support structure.

1. Walk me through how you'd manage a workers' compensation claim from the point of injury notification to closure.

Why they ask

This checks whether you actually understand the claims lifecycle and where compliance obligations sit within it, rather than just describing generic admin tasks.

How to structure your answer

Answer as a sequential walk-through: notification and initial documentation, medical assessment coordination, suitable duties negotiation, ongoing monitoring and reporting, then closure criteria. Name the checkpoints where compliance reporting is required.

Example answer

“When a claim comes in, I first document the injury notification and open a case file, checking the details against what's required under the relevant workers' compensation legislation. I then contact the treating doctor to get an initial certificate of capacity and arrange any specialist assessments needed. From there I work with the employer to identify suitable duties that match the worker's current capacity, and I set a review date to reassess as capacity changes. Throughout the claim I update the case tracking database and prepare status reports for the insurer and regulator on schedule. The claim closes once the worker has returned to full duties or the file is finalised with the insurer, and I make sure the file documentation is complete before archiving it.”

2. Tell me about a time you had to negotiate suitable duties with an employer who was reluctant to accommodate an injured worker.

Why they ask

Suitable duties negotiation is one of the more difficult parts of the role and employers don't always cooperate, so the panel wants evidence you can manage that relationship without escalating conflict.

How to structure your answer

Use STAR: describe the situation and the employer's specific objection, the task you needed to achieve, the action you took to find common ground, and the result for the worker's return to work.

Example answer

"I had a case where a supervisor was reluctant to accommodate a worker on light duties because he thought it would disrupt his team's roster. I set up a short meeting with him and the injured worker to go through exactly what tasks the worker could do based on the certificate of capacity, and I proposed a specific two-week trial with a review point. I also explained the compliance risk to the business if suitable duties weren't offered. The supervisor agreed to the trial, the worker was back on modified duties within a week, and the arrangement was extended once his capacity improved."

3. A worker disputes the outcome of their medical assessment and refuses to return to the suitable duties offered. How do you handle it?

Why they ask

Tests judgement under pressure when a worker and the process are in direct conflict, and whether you know the right escalation path rather than making it up on the spot.

How to structure your answer

Set out immediate response, then the judgement calls involved: acknowledging the worker's concern, checking the medical evidence, and escalating appropriately without overstepping your authority.

Example answer

"I'd start by listening to the worker's concern properly rather than treating it as non-compliance, because sometimes there's a genuine gap between the assessment and what the worker feels capable of doing. I'd review the certificate of capacity and the suitable duties plan side by side to check they actually match. If there's a genuine discrepancy, I'd arrange a further medical review or an independent assessment through the insurer. If the duties do match the certificate, I'd explain the worker's obligations under the scheme clearly and document the conversation, then involve the insurer or case manager if the dispute continues rather than trying to resolve it unilaterally."

4. How do you keep track of an active caseload and make sure reporting deadlines don't get missed?

Why they ask

This is a core operational demand of the role, and the panel wants to know your system is reliable, not just that you're organised in general terms.

How to structure your answer

Describe your practical system: the tools you use, how you prioritise, and how you catch problems before deadlines are missed.

Example answer

"I run my caseload through the case tracking database with review dates set for each claim based on certificate expiry and reporting deadlines. I check the system daily for anything due in the next week and flag claims that are stalled, like a missing medical report or an employer who hasn't confirmed suitable duties. I also keep a simple priority list for claims approaching a compliance deadline so nothing gets missed if my workload spikes. If I'm going to be away, I hand over a short summary of active claims and upcoming deadlines to whoever is covering."

5. What's your understanding of the reporting obligations under the workers' compensation scheme you'd be working under here?

Why they ask

A direct compliance-knowledge check, since regulatory reporting is a named part of the role and mistakes here have real consequences for the employer.

How to structure your answer

Answer factually: name the relevant regulator and scheme obligations you're aware of, then be honest about any gaps and how you'd close them quickly.

Example answer

“I've worked under [scheme name] previously, where insurers and employers need to report injury notifications within set timeframes and provide regular claim status updates, particularly around return-to-work milestones. I know the reporting requirements can differ between states and industries, so if this role sits under a different scheme I'd want to get across the specific timeframes and forms early, likely through the regulator's guidance material and any internal compliance checklist your team already uses.”

6. How do you handle a situation where an insurer's decision on a claim seems inconsistent with what the injured worker has been told?

Why they ask

Checks stakeholder management skills and whether you can manage the gap between insurer decisions and worker expectations without losing trust on either side.

How to structure your answer

Frame as a scenario response: clarify the facts first, then describe how you'd communicate with each party and resolve the inconsistency.

Example answer

“I'd go back to the insurer first to clarify exactly what was decided and why, since sometimes the worker has been given an incomplete explanation rather than incorrect information. Once I have the accurate picture, I'd speak with the worker directly, explain the decision in plain terms, and outline what options they have if they want to query it. I'd also flag internally if I think the original communication to the worker was unclear, so it doesn't happen again on the next claim.”