

Injury/Illness and Return to Work/Function

APPENDIX 2

Workplace Safety and Insurance
Board (WSIB)



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ABOUT THE WSIB

The WSIB Vision

The elimination of all workplace injuries and illnesses

The Workplace Safety and Insurance Board (WSIB) oversees Ontario's system of workplace health and safety and monitors the quality of health care. The WSIB's purpose is:

- To promote health and safety in work places and to prevent and reduce the occurrence of workplace injuries and occupational diseases.
- To facilitate the return to work and recovery of workers who sustain personal injury arising out of and in the course of employment or who suffer from an occupational disease.
- To facilitate the re-entry into the labour market of workers and spouses of deceased workers.
- To provide compensation and other benefits to workers and to the survivors of deceased workers.

Who is covered?

Most workplaces in Ontario are covered. If your patient has a work-related injury or disease he or she is most likely eligible for income replacement and other benefits. As a treating physician you will play a significant and very important role in the

return to work process of your patient. This appendix will assist you in fulfilling your duties when the injury or disease of your patient is work-related.

WSIB History

The Worker's Compensation Board (WCB) was founded in 1914.

Highlights of the 1914 *Workmen's Compensation Act*:

1. No Fault System
2. Administered by an agency set up by the government, the Workmen's Compensation Board
3. Benefits
 - Paid as long as disability lasts
 - Tied to a worker's pre-injury income
4. Funding
 - Financed exclusively by employers
 - Collective liability
5. Removal of Litigation Rights

The original *Workmen's Compensation Act* was one of the models for compensation systems throughout North America. The original *Act* was amended over the years but the five principles remained the same.

In 1998, a new *Act* took effect. The new *Act* expanded the old WCB's mandate to include prevention and return to work and changed its name to the Workplace Safety and Insurance Board.

WSIB Today

In November 1997, the WSIB organized its operations into 17 industry sectors and 13 small business areas to better serve the workers and employers of Ontario. Employers are categorized as either Schedule 1 or Schedule 2.

The majority of the employers are Schedule 1 employers. They are required to pay annual premiums, which form the WSIB Insurance Fund. Schedule 2 employers are liable for paying the benefit costs of any worker who suffers an occupational injury or disease.

Employers in this category include municipal, provincial and federal governments, railways, airlines and telephone companies.

The WSIB is one of the largest disability insurers in North America. In 1998, the WSIB allowed 264,000 claims and paid \$2.3 billion in benefits to injured workers in Ontario. The WSIB is entirely funded by employer premiums and receives no funding from the Ontario provincial government.

LEGISLATED ROLES AND RESPONSIBILITIES



Employer and worker (the workplace parties) shall co-operate and work together to achieve the worker's early and safe return to suitable and available employment.

Section 179.(4)

"No action or other proceeding may be commenced against a health care practitioner, hospital or health facility for providing information under section 37 (or 47) unless he or she or it acts maliciously."

Workplace Safety and Insurance Act, 1997

Employer and worker

The employer shall report the injury/illness to the WSIB within three days of learning about it if the injury/illness causes the worker to

- Get health care treatment
- Lose time from regular work
- Earn less than regular pay, or
- Require modified work at full wages for more than seven calendar days

The employer shall

- Ensure emergency and medical treatment is received
- Pay wages for the day of injury
- Arrange early and safe return to work
- Investigate and remedy hazards to prevent further injuries

The worker shall claim benefits and sign the release of functional abilities information.

WSIB staff

- Receive and review the accident information
- Ensure that all relevant and required information is available to adjudicate the claim
- Tell workplace parties about their rights and obligations
- Monitor the progress on return

to work to ensure obligation to re-employment is fulfilled

- If difficulties or disputes arise in return to work and return to function, the WSIB shall attempt to resolve through mediation

Physician

Your role as the physician treating an injured/ill worker is discussed in the main Injury/Illness and Return to Work/Function guide (The Physician's Role, page 8). As the physician who has examined, and/or treated the injured/ill worker, you are required under Section 37 (1) of The Act (Reference 1) to "promptly" (i.e., within 48 hours) disclose any health-related information the WSIB may require. Much of the information the WSIB requires to make a decision on whether your patient's injury or illness is work-related is provided through the completion of forms and reports. The forms you will be using are:

- Form 8 – Physician's First Report
- Form 26 – Physician's Progress Report

The other form that you may be asked to complete is:

- Form 2647A – Functional Abilities Form for Timely Return to Work

WSIB Forms Physicians
use most

Physician's First Report - Form 8

This initial medical report is crucial to the patient and the WSIB. The WSIB decision-makers rely heavily on external treating physicians to diagnose and describe the injury/illness, propose treatment plans, provide a prognosis and identify temporary or permanent precautions.

All sections must be answered in as much detail as possible. Do not leave any section of the form blank. This report can be mailed or faxed and the instruction is on the top of the

Form 8. Physicians are urged to send medical reports to the WSIB within 2 working days following the medical assessment on which the report is based. If all the billing information is complete you will be paid a fee of \$23.01. The Fee Code is M640. In most cases, physicians who are registered with the WSIB and hospitals have a supply of Form 8s in their offices and emergency rooms.

Physician's First Report - Form 8



Workplace Safety & Insurance Board
200 Front Street West
Toronto ON M5V 3J1
Commission de la sécurité professionnelle et de l'assurance
contre les accidents du travail
200, rue Front Ouest
Toronto ON M5V 3J1

FAX:
(416) 344-4684
1-888-313-7373

Health Professional's First Report (Form 8)

To avoid delays, please complete in full using black ink.

Claim Number (if known)

Patient Information

Last Name		First Name		Initials	Social Insurance No.		
Address				City		Date of Birth dd mmm yyyy	
Province	Postal Code		Telephone No. ()		Sex <input type="checkbox"/> M <input type="checkbox"/> F		

Employer Information

Employer Name							
Address				City		Province	Postal Code
Telephone No. ()		FAX No. ()		Date of Accident dd mmm yyyy			

1	Date of Your First Treatment dd mmm yyyy	Date dd mmm yyyy	
2	Who rendered first treatment?		Date dd mmm yyyy
3	Patient's history of injury/disease		
4	Prior history of similar medical condition		
5	Symptoms and specify physical findings		
6	Diagnosis		
7	Will the worker be absent from work because of the workplace injury/disease on the day after it occurred? <input type="checkbox"/> yes <input type="checkbox"/> no		
8	Investigations ordered/Results		
9	Describe current or proposed treatment/program including physiotherapy/chiropractic/medications, etc.		
10	Referral to specialist: Name of specialist(s) (please print)		Referral to a community clinic? <input type="checkbox"/> yes <input type="checkbox"/> no Date(s) of Appointment
11	Complete recovery expected? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, approximate time?		
12	List any medical restrictions that should be observed when the patient returns to work activities now.		
13	Are there medical restrictions which prevent this patient from operating a motor vehicle? <input type="checkbox"/> yes <input type="checkbox"/> no		14 Can the patient use public transport? <input type="checkbox"/> yes <input type="checkbox"/> no
Health No.		Version Code	Physician's Name (please print)
WSIB Provider Billing No.		Address City/Town	
Your Own Invoice No.	Service Date dd mmm yyyy	Fee Code M 6 4 0	Province Postal Code Area Code Telephone No. ()
Physician's Signature			Date

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(Français au verso)

Physician's Progress Report - Form 26

Treating physicians are required to provide on-going, up to date medical information to the WSIB by completing and forwarding a Form 26 promptly. This report is generated and sent by the claims adjudicator approximately every three to four weeks. Your patient brings this form to you for completion. The forms are pre-printed with the name of your patient and with the claim number, which is an 8-digit number with suffix. The form must not be photocopied and/or altered for future use.

If all the billing information is complete you will be paid a fee of \$23.01. The fee code is M643.

A progress report may also be submitted on your own letterhead at any time when you become aware of new or significant clinical information relevant to the work-related injury or disease. If this progress report contains new, relevant clinical information, you will be reimbursed. A payment label, self-adhesive, should be affixed to the bottom right hand corner of the first page of your report. If all the billing information is complete you will be paid a fee of \$23.01. The fee code is the same, M643.

Physician's Progress Report - Form 26



200 Front Street West
Toronto ON
M5V 3J1

Physician's Progress Report Form 26

Section 37 of the Workplace Safety and Insurance Act authorizes you to release this information to the WSIB. Please respond to all questions in black ink or type and return the original to the WSIB.

Patient's name _____ Claim No. _____

Date of examination on which report is based _____ When will patient be seen again? _____

1. Current symptoms and physical findings _____

2. Diagnosis _____

3. Investigations ordered/results since last report _____

4. Describe current or proposed treatment program including physiotherapy/chiropractic/medications, etc. _____

5. Referral to specialist: Name of specialist(s) (please print) _____ Date(s) of appointment _____
 Referral to a community clinic yes no

6. Referral to a regional evaluation centre for a multi-disciplinary assessment? no yes if yes, date of appointment _____

7. Any significant factors delaying recovery? no yes if yes, please describe _____

8. Improvement expected? no yes if yes, please describe and give approximate date _____

9. Complete recovery expected? no yes if yes, approximate date _____

10. List any medical restrictions that should be observed should the patient return to work activities now _____

11. If you anticipate permanent restrictions, specify: _____

12. Are there medical restrictions which prevent the patient from operating a motor vehicle? <input type="checkbox"/> yes <input type="checkbox"/> no		Health No.		Version Code	
13. Can the patient use public transport? <input type="checkbox"/> yes <input type="checkbox"/> no		WSIB Provider Billing No.			
Physician's name (please print)		Signature			
Address		Telephone		Your own invoice No.	
		Date		Service date d d m m y y	
				Fee code M 6 4 3	

Functional Abilities Form for Timely Return to Work - 2647A

The WSIB requires employers and workers to cooperate in return to work efforts. The Functional Abilities Form for Timely Return to Work assists workers and employers in identifying suitable and available work that is consistent with the worker's functional abilities or limitations. The FA Form does not request medical or diagnostic information. As part of the application for benefits your patient provided consent to the treating health professional to release functional abilities information to his or her employer. The worker may either sign a copy of the Employer's Report of Injury/Disease, Form 7, or the Workers' Report of Injury/Disease, Form 6 or the Worker's Claim/Consent Form, Form 1492C.

The *Act* requires that physicians complete Form 2647A when requested to do so

by the employer or worker (Reference 1; Section 37(3)). Health Professionals cannot initiate the completion of this form. Health professionals are not expected to do a complete and thorough Functional Abilities Evaluation.

Physicians who provide a legible and complete form will receive a fee of \$40.00 from the WSIB. The fee code is M901. (Effective October 1, 1999) The WSIB will reimburse you for any number of forms required to achieve an early and safe return to work.

Some employers have developed their own forms. The WSIB will not pay for the employer-generated form. Payments must be obtained from the patient or, whenever possible, from the employer who requested its completion.

Functional Abilities Form for Timely Return to Work - 2647A



WSIB Workplace Safety & Insurance Board
200 Front Street West
Toronto ON M5V 3J1

CSPAAI Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail
200, rue Front Ouest
Toronto ON M5V 3J1

Functional Abilities Form for Timely Return to Work

The following information should be completed by the employer or the injured worker. Please read the information on the reverse.

Health No.		Claim No.		<input type="checkbox"/> Initial form <input type="checkbox"/> Follow-up form	
Date of Accident day month year		Employer Telephone No. Area Code Telephone		Worker's Last Name First Name	
Full Address (No., Street, Apt.)					
Employer's Name				City/Town Province	
Full Address (No., Street, Apt.)					
City/Town		Province		Postal Code	
Postal Code				Area Code Telephone No.	
Social Insurance No.				Date of Birth day month year	

Accident information (This information should be completed by the employer or the injured worker.)

Type of Job at Time of Injury (Where available, attach description of job activities)	Area of Injury
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The following information should be completed by the Health Professional:

1 Date of examination on which the report is based	Area of Injury	
2 Rehabilitation/Treatment Required? <input type="checkbox"/> yes <input type="checkbox"/> no	Is the worker capable of returning to work immediately without restrictions? <input type="checkbox"/> yes <input type="checkbox"/> no	
Please complete where capabilities are known or limitations recommended. Note: 'as tolerated' implies that restrictions are recommended but must be quantified in the workplace.		
Capabilities		
Walking: short distance only <input type="checkbox"/> ; as tolerated <input type="checkbox"/> ; other (eg. uneven ground) <input type="checkbox"/>		
Standing: less than 15 min <input type="checkbox"/> ; less than 30 min <input type="checkbox"/> ; as tolerated <input type="checkbox"/> ; other <input type="checkbox"/>		
Sitting: less than 30 min <input type="checkbox"/> ; less than 1 hour <input type="checkbox"/> ; as tolerated <input type="checkbox"/> ; other <input type="checkbox"/>		
Lifting floor to waist: less than 10 Kg. <input type="checkbox"/> ; less than 25 Kg. <input type="checkbox"/> ; as tolerated <input type="checkbox"/> ; other <input type="checkbox"/>		
Lifting waist to shoulder: less than 10 Kg. <input type="checkbox"/> ; less than 25 Kg. <input type="checkbox"/> ; as tolerated <input type="checkbox"/> ; other <input type="checkbox"/>		
Stair climbing: none <input type="checkbox"/> ; 2-3 steps only <input type="checkbox"/> ; short flight <input type="checkbox"/> ; own pace <input type="checkbox"/> ; as tolerated <input type="checkbox"/>		
Ladder climbing: none <input type="checkbox"/> ; 2-3 steps only <input type="checkbox"/> ; 4-6 steps only <input type="checkbox"/> ; own pace <input type="checkbox"/> ; as tolerated <input type="checkbox"/>		
3 Limited ability to use hand to: hold objects <input type="checkbox"/> ; grip <input type="checkbox"/> ; type <input type="checkbox"/> ; write <input type="checkbox"/>	General Comments/Specific Limitations	
Limitations		
<input type="checkbox"/> Bending or twisting of		<input type="checkbox"/> Repetitive movement of
<input type="checkbox"/> Chemical exposure to		<input type="checkbox"/> Environmental exposure to
<input type="checkbox"/> Operating motorized equipment		<input type="checkbox"/> Restrictions related to medications: (specify)
<input type="checkbox"/> Above-shoulder activity		<input type="checkbox"/> Below-shoulder activity
Exposure to vibration: high frequency <input type="checkbox"/> ; low frequency <input type="checkbox"/>		
Limit physical exertion to: mild <input type="checkbox"/> ; moderate <input type="checkbox"/> ; as tolerated <input type="checkbox"/>		
4 Recommendation for Work Hours		5 Complete Recovery Expected?
<input type="checkbox"/> Full-time hours <input type="checkbox"/> Modified hours <input type="checkbox"/> Graduated hours		<input type="checkbox"/> no <input type="checkbox"/> yes
Estimated Duration of Limitations		
Health Professional's Name (Please print)		
Health Profession		
Date of Next Appointment for Review of Capabilities		
Full Address		
City/Town		
Province		
Postal Code		
Date	Area Code Telephone	
Signature		
WSIB Agency Billing No.	Your own invoice No.	
Service date	Fee code	
d d m m y y	9 0 1	

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White - WSIB Canary - Employer Pink - Worker Goldenrod - Health Professional

Physician's Drug Utilization report

A Drug Utilization Report is requested by the WSIB when information about a worker's medication is required (dose, strength, and duration). The physician should provide the medical information in narrative form with a completed payment label affixed to the bottom right-hand corner of the first page of the report.

You will be paid a fee of \$23.01. The Fee Code is M658. If the information requested is more complex concerning medical indications of the Drug(s) and therapeutic benefit, the report is considered complex and the fee higher; \$54.79. The Fee Code is M758.

Physician Registration for a WSIB Billing Number and Fee Payment

Physicians are paid by the WSIB for completing the above forms. You must register with the WSIB and have a WSIB billing number in order to receive payment. See page 2-16.

Your billing number will ensure that you receive payments every two weeks by check or direct deposit in conjunction with a Remittance Statement. The Remittance Statement itemizes all accounts that have been received by the WSIB. A direct deposit payment can be placed in your account at the financial institution of your choice.

What about reports requested by Employers. Am I reimbursed for completion of those reports?

The WSIB does not pay physicians for completing any employer-specific forms.

" There are instances where employers ask that workers injured in the workplace get their physicians to complete employer-specific forms related to early return to work or modified return to work. Completion of such forms (and any related assessment and/or tests) is an uninsured service and should be charged to the patient or, where possible, the employer. These forms are not to be confused with the corresponding WSIB forms which command a fee payable by the WSIB." (Reference 2)

Conversely, there is no legal obligation to release any information if the person has not submitted a claim to the WSIB.

What about billing injured workers?

The Workplace Safety and Insurance Act, 1997, Section 33 (5) prohibits health professionals from billing injured workers for the completion of WSIB forms.

What if the patient asks me not to report to the WSIB?

The following quote is also from the OMA's Physician's Guide to Third-Party and Other Uninsured Services, page 16.

"There are also occasions where patients ask physicians not to report work-related injuries to the WSIB but to bill to OHIP instead. Physicians are reminded that billing WSIB-covered medical services to OHIP is fraudulent and results in significant cost shifting to the OHIP fee-for-service pool. On the other hand, reporting an injury to the WSIB against the patient's desire could be construed as an act of professional misconduct by breaching the confidentiality provision of the *Medicine Act*.

It is recommended that physicians bill patients for the cost of the medical services in instances where they insist the injury not be reported to the WSIB. Moreover, for instances where patients insist that the WSIB not be notified, it is recommended that physicians ask that patients sign a form acknowledging that they release the physician of any future liability for future health complications related to the particular injury".

References:

1. *Workplace Safety and Insurance Act, 1997*
2. *Physicians' Guide to Third-Party and Other Uninsured Services; OMA; November 1997; page 16.*



To discuss a case with the claims adjudicator, nurse case manager or one of our physicians, here is what you need to know

(See pages 2-19 and 2-20 for the appropriate telephone number or numbers. The telephone inquiry clerk will direct your call.)

- If your patient has a WSIB claim number (8-digit number with a suffix), his or her entitlement to benefits is decided by a claims adjudicator (not a clinician). The WSIB has exclusive responsibility under *The Workplace Safety and Insurance Act* to adjudicate the claim and decide issues based on the preponderance of evidence, including information supplied by physicians.
- Claims adjudicators work in teams with nurse case managers and other staff. Teams specialize in different industry sectors or small business areas. There are 150 such teams. Each team also has a medical consultant (a WSIB physician) who is available to provide a medical opinion and who can review your patient's case at your request. As of February 2000, 50 physicians are providing medical advice.
- As of February 2000, 260 nurses have been recruited as nurse case managers. Your patient may have a nurse case manager assigned to his or her case, but not all injured/ill workers do. The nurse case manager's role is to support the provision of quality health care at the right time and to assist and support the injured/ill worker in attaining the maximum function possible.



Questions?
Call our new
Access Line for
Health Professionals
1-800-569-7919
or
(416) 344-4526

For more information

- Visit the WSIB Web Site:
<http://www.wsib.on.ca>
- Contact the Communications Division at: (416) 344-4200 or toll free: 1 800-387-5540 ext. 4200 or E-mail: wsibcomm@wsib.on.ca
- See the WSIB offices page, Appendix 2-19. The telephone inquiry clerk will direct your call.
- In addition, the Ontario Medical Review sometimes runs articles on the WSIB prepared by the OMA/WSIB Problem Solving Committee.

To get a WSIB billing number

- You must register with the WSIB Provider Registration Section
200 Front Street West
Toronto, ON M5V 3J1
(416) 344-2935/
2936/2937
Toll Free 1-800-387-0750
Fax: (416) 344-2955

To order supplies such as

- Forms
 - Account cards
 - Payment labels
- Contact the Provider Registration Section at the numbers above.

To make an enquiry regarding a previously submitted account

- Use the Accounts Enquiry form which is a three-part form (0178C). See next page.

For questions regarding the processing of your accounts and/or remittance statement contact:

Health Care Account Processing
200 Front Street West
Toronto, ON M5V 3J1
(416) 344-1019
Toll free: 1-888-313-7373
Fax: (416) 344-4684

All claim related mail - including forms is to be sent to:

Workplace Safety and Insurance Board
200 Front Street West
Toronto, ON M5V 3J1.

To discuss a case with the Medical Director of Clinical Services or one of the five Associate Medical Directors, you may call directly. See the Clinical Services Contact List on page 2-20.

Accounts Enquiry 0178C



WSIB Workplace Safety & Insurance Board CSPAAT Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail		Health Care Benefits Branch <i>Direction des prestations de soins de santé</i>	Accounts Enquiry/Demande de renseignements Return parts 1 and 2 to WSIB/ Retournez les parties 1 et 2 à la CSPAAT		Claim No./ Dossier n°	
Patient's Surname/ Nom de famille du patient		Given Name(s)/ Prénom		SIN/N° d'assurance sociale	Accident Date/ Date de l'accident	
Patient's Full Address/ Adresse du patient					Nature of injury/ Nature de la lésion	
Employer's Name & Address/ Nom et adresse de l'employeur						
Acct. Ref. No./ N° de réf. du compte	Date of Service/ Date du service	Details of Service/ Service rendu	Desc. Code Billed/ Code desc. facturé	Amt. Billed/ Montant facturé	Amt. Allowed/ Montant autorisé	Agy. Reg't. No./ N° d'enregistrement de l'établissement
Agency's Name & Full Mailing Address/ Nom et adresse postale de l'établissement			Nature of Service Nature du service			
<input type="checkbox"/>			Reason For Follow-up/ Raison du rappel			
			<input type="checkbox"/> Account filed payment not received/ Paiement du compte non reçu	<input type="checkbox"/> Balance still owing/ Solde dû	\$	
<input type="checkbox"/> Other (specify)/ Autre (précisez)			Prepared by/ Préparé par			
			Area Code/ Indicateur régional	Date		
0178C (01/98)			Agency Telephone No./ N° de téléphone		<input type="text"/>	

In reply to your inquiry/ En réponse à votre demande de renseignements:

- Payment appears on our Remittance Statement dated: -
Le paiement figure sur notre déclaration de remise en date du :
- Account has been processed and will be included on a future Remittance Statement.
Nous avons traité le compte et le paiement sera inclus sur une déclaration de remise ultérieure.
- Patient has no entitlement under this claim for cost of these services.
Le patient n'a droit à aucun paiement des services fournis dans le présent cas.
- We are unable to pay account. Claim has not yet been adjudicated.
Nous ne pouvons payer le compte puisque la demande de prestations n'a pas encore été traitée.
- We are unable to pay account. No record of claim under this name for this date of accident.
Nous ne pouvons payer le compte puisqu'aucune demande de prestations n'a été soumise à ce nom pour cette date d'accident.
- We are unable to pay account. Patient has not elected to claim for this accident under the Workplace Safety and Insurance Act.
Nous ne pouvons payer le compte puisque le patient a décidé de ne pas réclamer des prestations en vertu de la Loi sur la sécurité professionnelle et l'assurance contre les accidents du travail.
- We are unable to pay account. Claim denied; entitlement not established under the terms of the Workplace Safety and Insurance Act.
Nous ne pouvons payer le compte puisque la demande de prestations été rejetée. Le droit à des prestations n'a pas été établi aux termes de la Loi sur la sécurité professionnelle et l'assurance contre les accidents du travail.
-

Health Care Benefits Rep. Préposé aux soins de santé	Date	Telephone no. N° de téléphone
<input type="text"/>	<input type="text"/>	<input type="text"/>



Workplace Safety and Insurance Board Offices

Inquiries can be made between the hours of 8:30 a.m. and 4:30 p.m., Monday to Friday.

Head Office
Simcoe Place
200 Front Street West
Toronto ON M5V 3J1

Telephone device for the deaf (TTY)
1-800-387-0050

Internet
e-mail address:
wsibcomm@wsib.on.ca
Web site address:
wsib.on.ca

Centralized location for all claims mail
Send ALL claim-related mail to:
Workplace Safety and Insurance Board
200 Front Street West
Toronto ON M5V 3J1
or Fax:
1-888-313-7373 toll free
(416) 344-4684



<i>Location</i>	<i>Call</i>
Guelph	(519) 826-4650 1-888-259-4228
Hamilton	(905) 523-1800 1-800-263-8488
Kingston.....	(613) 544-9682 1-800-267-9461
Kitchener	(519) 576-4130 1-800-265-2570
London.....	(519) 663-2331 1-800-265-4752
North Bay	(705) 472-5200 1-800-461-9521
Ottawa	(613) 237-8840 1-800-267-9601
Sault Ste. Marie.....	(705) 942-3002 1-800-461-6005
St. Catharines.....	(905) 687-8622 1-800-263-2484
Sudbury	(705) 675-9301 1-800-461-3350
Thunder Bay	(807) 343-1710 1-800-465-3934
Timmins.....	(705) 267-6427 1-800-461-9856
Toronto	(416) 344-1004 1-800-387-0080 (Ontario only)
Windsor	(519) 966-0660 1-800-265-7380
Canada wide	1-800-387-5540

Other Employer Services

Prevention Services (416) 344-1016
1-800-663-6639

Clinical Services Contact List:

Dr. Catherine Painvin Medical Director	(416) 344-2992 or 1-800-387-0750 <i>Fax:</i> (416) 344-5678 <i>E-mail:</i> catherine_painvin@wsib.on.ca
Dr. Dan Kanalec Associate Medical Director, Toronto	(416) 344-2132 or 1-800-387-0750 <i>Fax:</i> (416) 344- 5678 <i>E-mail:</i> dan_kanalec@wsib.on.ca
Dr. Jude Coutinho Associate Medical Director, Toronto	(416) 344-3164 or 1-800-387-0750 <i>Fax:</i> (416) 344-5678 <i>E-mail:</i> jude_coutinho@wsib.on.ca
Dr. John Dudley Associate Medical Director, Toronto	(416) 344-2998 or 1-800-387-0750 <i>Fax:</i> (416) 344-5678 <i>E-mail:</i> john_dudley@wsib.on.ca
Dr. Brian Kelly Associate Medical Director Team North (Kingston, North Bay, Ottawa, Sudbury, Thunder Bay, Timmins, Sault Ste. Marie)	(613) 239 3427 or 1-800-267-9601 <i>Fax:</i> (613) 239-3321 <i>E-mail:</i> brian_kelly@wsib.on.ca
Dr. Bob Heckadon, Associate Medical Director Team South (Guelph, Hamilton, Kitchener, London, St. Catharines, Windsor)	(519) 972-4154 or 1-800-265-7380 <i>Fax:</i> (519) 972-4181 <i>E-mail:</i> robert_heckadon@wsib.on.ca
Dr. Michel Schofield Physician Coordinator Specialty Clinics	(416) 344-3001 or 1-800-387-0750 <i>Fax:</i> (416) 344-5678 <i>E-mail:</i> michel_schofield@wsib.on.ca



WSIB

ACRONYMS & DEFINITIONS

ESRTW

Early and Safe Return to Work

FA Form

Functional Abilities Form for Timely Return to Work 2647A.

FAE

Functional Ability Evaluation

FEL benefits

Future Economic Loss benefits are paid when a worker is unable to return to pre-injury employment because of a work-related injury and is not working but cooperates in a medical rehabilitation program, early and safe return to work program or a labour market re-entry assessment or plan

Impairment

means a physical or functional abnormality or loss (including disfigurement) which results from an injury and any psychological damage arising from the abnormality or loss (*Section 2 (1) of the WSIB Act*)

LOE benefit

Loss of Earnings benefits are paid when a worker has a loss of earnings as a result of a work-related injury. LOE is 85% of the pre-injury take-home earnings

LMR

Labour Market Re-entry. (Section 42 (1) of the WSIB Act). The Board shall provide a worker with a labour market re-entry assessment if any of the following circumstances exist:

1. If it is unlikely that the worker will be re-employed by his or her employer because of the nature of the injury.
2. If the worker's employer has been unable to arrange work for the worker that is consistent with the worker's functional abilities and that restores the worker's pre-injury earnings.
3. If the worker's employer is not co-operating in the early and safe return to work of the worker.

NEL benefit

Non-Economic Loss benefits are paid when a worker has a permanent impairment due to a work-related injury or illness. It is determined when the worker reaches maximum medical recovery (MMR).

MMR

Maximum Medical Recovery is reached when the medical condition has reached the point where no further significant recovery or improvement can be expected

NCM

Nurse Case Manager

PI

Permanent Impairment - means impairment that continues to exist after the worker reaches maximum medical recovery. If a worker suffers a permanent impairment as a result of the injury, the Board shall determine the degree of his or her permanent impairment expressed as a percentage of total permanent impairment (*Section 47 (1) of the WSIB Act*)

RTW

Return to Work

WCB

Workers' Compensation Board (former name for the WSIB)

WSIB

Workplace Safety and Insurance Board (WSIB)



What do we know about work-related injury/illness in Ontario in 1998?

How many Occupational Fatalities claims were allowed by the WSIB in 1998?

246 patients died:

- 88 (36%) patients had an accident at work and died either the same day or at a later date due to a traumatic injury
- 91 (37%) patients had an Occupational Disease and died
- 67 (27%) were patients receiving 100% permanent disability pension

How many accidents were registered in one year as of March 31 (1997-1998)?

340,000 accidents, almost 1000 per day:

- 46,000 (16%) accidents occurred in Small Businesses (Employers with less than 20 employees)
- 294,000 (86%) accidents occurred in Large Businesses

How many accidents registered were allowed claims in a year as of March 31 (1997-1998)?

264,000 allowed claims, 725 per day:

- 97,000 (37%) as Lost-Time claims
- 167,000 (63%) as No Lost-Time claims

Out of the 97,000 Lost-Time claims allowed in a year as of March 31 (1997-1998) how many were for injuries and how many for diseases?

- 91,500 (94%) sprains, strains, fractures
- 5,500 (6%) diseases

Out of the 97,000 Lost-Time claims allowed in a year as of March 31 (1997-1998) how many injuries were for the Back (including neck)? How many were for the Upper extremities (arms and hands)? How many were for the Lower extremities (legs and feet)?

- 29,000 (30%) were injuries of the Back (including neck)

- 24,000 (24%) were injuries of the Upper extremities (arms and hands)
- 18,000 (18%) were injuries of the Lower extremities (legs and feet)

What is the average duration of short-term disability benefits?

- 55.7 calendar days.

How many firms in Ontario are registered with the WSIB?

- 195,000 (67%) of the 290,000 firms in Ontario are registered

How many registered firms are small businesses?

- 80% of the registered firms have fewer than 20 employees.
- 64% of the registered firms have fewer than 5 employees

Employer Premiums

Employers paid \$1.7 billion to the WSIB in 1998.

- An employer's premium cost varies depending on the rate group their business falls under. A rate group with higher injury frequency has higher premiums than one with lower frequency.
- There are 213 rate groups.
- For 2000, the average premium rate is \$2.29 per \$100 insurable earnings.
- The average premium has dropped 5.4 % since 1999 and 24 % since 1996.
- The premium can be as high as \$18.61 per \$100 of payroll in construction for structural steel and demolition.
- The premium can be as low as \$0.21 per \$100 of payroll for legal and financial services.

What are the costs for benefits?

- \$ 2.2 billion were paid in benefits
- 90.4% were paid by Schedule 1 employers
- \$ 1.3 billion (58%) for Long-term disability:
 - \$ 641 million (49%) for Worker pensions
 - \$ 270 million (21%) for Supplements
 - \$ 309 million (23%) for Future economic loss
 - \$ 88 million (7%) for Non-economic loss
- \$ 243 million (11%) for Labour Market Re-entry:
 - \$ 198 million for Income support
 - \$ 45 million for External providers
- \$ 282 million (12%) for Short-term disability
- \$ 230 million (10%) for Health Care:
 - \$ 210 million for Health care
 - \$ 20 million for Medical Reports
- \$ 194 million (9%) for Survivor Benefits.

Reference:

Statistical Supplement to the Annual Report, Workplace Safety and Insurance Board, 1998.

Average cost of a lost time claim is \$11,000.

CASE STUDY

Roofer - Ronald Merrick



PART ONE - THE CASE *

Mr. Ronald Merrick is a right-handed 40-year-old married father of two high-school aged children. He works as a roofer/yardman for Kumar Roofing in Etobicoke.

He has previously enjoyed good health, although he is a heavy smoker. Prior to his injury, he worked 6 to 7 days per week with some time taken off in the winter. He would receive unemployment insurance during that period. He had no prior work place injuries and his foreman describes him as a hard worker.

On the day of his accident, Mr. Merrick fell off a 12-foot scaffold. Earlier that morning, he had complained to his foreman that he did not think that the scaffolding was well constructed. He was told that the building project was falling behind schedule and that no further changes could be made.

Mr. Merrick noted severe low back and left shoulder pain after his fall. A co-worker drove him to the local Emergency Room and x-rays taken there were negative.

Mr. Merrick came to you the next day and you referred him for physiotherapy and prescribed non-steroid anti-inflammatory agents and Tylenol #3. He attempted to return to work with his employer when his physiotherapy was completed, but only was able to last an hour and had to stop because of increasing pain in his back and shoulder.

He comes to you for re-assessment. He tells you that his company is sympathetic, but they tell him that they have no work to accommodate his injury. He has a grade 8 education and his only work experience is in the construction industry. His wife tells you that he has been cranky, frustrated and depressed. He has been given a home program of stretching and exercises by his physiotherapist. Mr. Merrick tells you that he is at a loss to know what to do.

* This case study is fictional. It was created to illustrate the management of a work-related injury.

Physical examination

Physical examination reveals a slow-moving, 40-year-old, male with nicotine stains on his fingers. He is about 25 lb. overweight. Examination of the left shoulder shows that movements are limited by pain. Forward flexion is to 110 degrees, abduction is to 80 degrees, external rotation is to 20 degrees and internal rotation is to L3. His strength is poor in the left upper extremity. Neurological examination of the upper extremities shows no sensory or reflex abnormalities. Palpation of the back reveals diffuse tenderness over the lower spinous processes and paralumbar musculature. Range of motion is decreased overall and flexion of the lumbosacral spine produces more pain than extension. Lateral flexion is performed well, but is painful in the low back. Straight leg raise sign is negative. Neurological examination of the lower extremities shows no motor, sensory or reflex abnormalities.

Questions to consider

1. Is this a work-related injury? Should you file a Form 8, Physician's First Report of Injury, to the Workplace Safety and Insurance Board (WSIB)? Must you complete the Functional Abilities form?
2. What are the impacts of a work related injury?
 - For the worker
 - For the workplace
 - For society
3. What are the rights and responsibilities of the employer, worker and the Workplace Safety and Insurance Board?
4. What is your role as treating physician?
5. What is the role of other health care professionals?
6. What is the natural history of soft tissue injuries such as low back pain?
7. What could have been done to prevent this accident?
8. What agencies are involved in injury and disease prevention in the workplace?

You have now seen Mr. Merrick twice and filed a Form 8 for the initial visit and a Form 26 for the subsequent visit. You will also have completed a Functional Abilities Form for Timely Return to Work, at the request of your patient, to return to his employer, Kumar Roofing. The employer may have included a job description of Mr. Merrick's original job and details of other job possibilities that he could participate in on a transitional basis.

You are contacted by Sarah Layton, a nurse case manager at the WSIB. Sarah is contacting you to discuss your patient's progress and clarify medical precautions. Sarah is attempting to negotiate a return to work and wants to be certain the jobs being offered by Kumar Roofing are suitable to Mr. Merrick's functional abilities. If necessary, Sarah will send an ergonomist to the work site to assist in ensuring Mr. Merrick is performing duties within his medical precautions.

Questions to consider

9. How do you go about determining work readiness?
10. What factors need to be considered?
11. Ms. Layton asked you to provide some medical restrictions or precautions for Mr. Merrick when he returns to work. What do you tell her?
12. Are there any additional restrictions that should be considered in Mr. Merrick's case?

See Part Two – Discussion Notes pages 2-26– 2-28 for potential answers to the questions above.

PART TWO - DISCUSSION NOTES

1. Is this a work-related injury? Should you file a Form 8, Physician's First Report of Injury, to the Workplace Safety and Insurance Board (WSIB)? Must you complete the Functional Abilities form?

- Clearly this accident happened at work. You have already filed a Form 8 and the WSIB has been in touch with you for information. The Functional Abilities form is to be completed for the employer to assist your patient return to work.

2. What are the impacts of work related injuries?

For **the worker**. On an average day in Ontario:

- 1 fatality every working day
- 3 amputations
- 54 permanent impairments
- 500 lost time injuries and 1,200 no lost time injuries

For **the workplace**. The costs are:

- 6.5 million days lost annually
- \$2.47 billion in direct costs annually - health care, loss of earnings, etc.
- \$10 billion in indirect costs annually - productivity, managing lost time claims

For **society**:

- impact on personal lives, pain and suffering
- disruption of families and friends lives
- impact on other social agencies

3. What are the rights and responsibilities of the employer, worker and the WSIB?

The **workplace parties** include the worker and the employer:

- the employer shall report the injury within 3 days of learning about it
- the worker shall claim benefits and sign the release of functional abilities
- the employer shall ensure emergency and medical treatment
- the employer shall pay wages for day of injury
- the employer shall arrange early and safe return to work
- the employer shall investigate and remedy hazards to prevent further injuries

WSIB staff:

- receive and review the accident information
- ensure that all relevant and required information is available to adjudicate claim
- tell workplace parties about their rights and obligations
- monitor the progress on return to work to ensure obligation to re-employ is fulfilled
- if difficulties or disputes arise in return to work/function, the WSIB shall attempt to resolve through mediation

4. What is the role of the treating physician?

- Prevention: review of the workplace exposures and occupational risk factors as part of a routine history taking
- Assessment and diagnosis: What is the diagnosis for Mr. Merrick?
- Treatment: following an evidence-based approach
 - use of available guidelines
 - ask about OTC drugs or complementary care
- Develop a Return to Work/Function Plan, including referrals, discussion with patient (include time frames)
- Report to the WSIB

5. What is the role of other health care professionals?

- Chiropractors can be primary health care professionals.
- Other treating health care professionals include physiotherapists, registered massage therapists, occupational therapists, speech pathologists, psychologists, dentists, etc., depending on the injuries/illness.

6. What is the natural history of a soft tissue injury such as low back pain?

- Most resolve within a few weeks, "usual healing times" for various types of soft tissue injuries.
- Consider use of guidelines to determine "red flags".

7. What could have been done to prevent this accident?

- Scaffolding may have been unsafe.
- Worker/patient could have exercised the right to refuse unsafe working conditions under the *Occupational Health and Safety Act, 1990*.

8. What agencies are involved in injury and disease prevention in the workplace?

- WSIB and its partners, the Health and Safety Associations (in the case of Mr. Merrick, the Construction Safety Association of Ontario) and the Ministry of Labour are all involved in accident prevention.

9. How do you go about determining work readiness?

- Return to work is a co-operative effort with research showing that the physician's care and the worker-employer relationship are key determinants in the outcome. Strategies concerning occupational rehabilitation should begin with patient's first visit following a work-related injury/illness.
- Document extent of impairment and its impact on activities of daily living and work activities. Can these activities be performed safely and without further aggravation of the condition?
- The OMA and CMA position is that it is not the treating physician's responsibility to determine patient's status regarding disability (justification to be off work) as the physician is not usually aware of all jobs available in the workplace.
- Job suitability is decided by the WSIB claims adjudicator, in consultation with the clinical staff and ergonomist, if necessary.

10. What factors need to be considered?

Which of these factors do you think may be involved in Mr. Merrick's case? Are there any other factors that may be involved here?

- Many factors affect the impact of an injury/illness and the timely return to work. Individual factors include residual impairment and patient's perception of illness and previous report of injury.
- Workplace factors include job security, job satisfaction, job demands, degree of work control, physical characteristics of job tasks, work environment.
- Access/barriers to services such as benefits for coverage of treatment/rehabilitation services from workers' compensation boards or other insurance carriers.
- Societal factors such as labour market and economic forces.

11. Ms. Layton asked you to provide some medical restrictions or precautions for Mr. Merrick when he returns to work. What do you tell her?

- With these injuries, activities that may pose problems include repetitive/resistive shoulder movements, above shoulder activity, heavy lifting, repetitive trunk movements, and prolonged sitting/standing/walking.

12. Are there any additional restrictions that should be considered in Mr. Merrick's case? Does it seem likely that Mr. Merrick will safely be able to return to work in either of these positions (roofer/helper or yardman) with Kumar Roofing at this point?

Consider recommending a transitional work program to ease back into the workforce on a gradual or part-time basis and discuss the duration of these restrictions. If ongoing health care is required, for example

physiotherapy treatment, work with the WSIB nurse case manager and WSIB physician to help your patient get access to this care.

- If Mr. Merrick's impairment persists and becomes permanent there may be a WSIB Non-Economic Loss (NEL) award.
- WSIB-sponsored labour Market Re-entry Plan, if necessary. This becomes an option only if suitable work is not available with Kumar Roofing.

WSIB

Workplace Safety &
Insurance Board

ONTARIO

CSPAAT

Commission de la sécurité
professionnelle et de l'assurance
contre les accidents du travail