

POLICY NUMBER: POL-60

Chapter:
CLAIMS

Subject:
RECURRENCE

Effective Date:
June 21, 2001

Last Updated On:
July 25, 2018

PURPOSE STATEMENT:

The purpose of this policy is to explain how the Workers Compensation Board determines whether a worker is experiencing a recurrence of a work-related injury and if so, the benefits to which the worker is entitled.

REFERENCE:

Workers Compensation Act R.S.P.E.I.1988, Cap. W-7.1, Section 6, 32, 40, 41
Workers Compensation Board Policy, POL-68, Weighing of Evidence
Workers Compensation Board Policy, POL-71, Arising Out Of and In the Course of Employment
Workers Compensation Board Policy, POL-86, Wage Loss Benefits
Workers Compensation Board Policy, POL-92, Medical Aid

DEFINITION:

In this policy:

“Average earnings” means the daily, weekly, monthly, or regular remuneration the worker was receiving at the time of the accident or any consecutive twelve month period during the two years preceding the date of accident, whichever, in the opinion of the Workers Compensation Board best represents the worker’s loss of earning capacity. This includes any remuneration the worker received as a result of the employment and Employment Insurance.

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“Loss of earning capacity” means the difference between the worker’s net average earnings before the accident, and the net average amount the Workers Compensation Board determines the worker is capable of earning after the accident.

“Maximum annual earnings” means a maximum annual earnings amount set by the Workers Compensation Board on the first day of January, 1996 and adjusted each year by the percentage increase in the Consumer Price Index for Charlottetown and Summerside for all items for the twelve-month period ending on the June 30 previous as determined by the Workers Compensation Board in August of each year on the basis of monthly reports published in that respect by Statistics Canada for that period.

“Medical information” means information provided by a health care provider that is related to the medical condition and treatment of a worker.

“Objective medical information” means information or evidence that can be quantified or measured and is usually presented through documentation, including but not limited to clinical notes, physical examination, functional assessment, psychological assessment, consultations, hospital records, admission and discharge summaries, notes on operations, pathologies and lab test reports, and reports on special tests and diagnostic procedures.

“Rate group of the employer” means the established industry group to which an employer is assigned by the Workers Compensation Board.

“Recurrence” means a return of a work injury that is reasonably related to a previous work-related accident and from which the worker has previously recovered or plateaued. Recurrence of the injury must be medically compatible with the previous injury and may include additional loss of earnings, as supported by objective medical information.

“Subjective medical information” means opinions that are not based on information that can be quantified or measured. These opinions are based on intuitions or impressions of a health care provider(s) and are usually presented through symptoms described by the worker that are not supported by objective medical information.

POLICY

1. Recurrence of a work injury must be medically compatible with the previous work injury accepted by the Workers Compensation Board. Decisions to accept recurrences rely on objective medical information supporting the relationship between the current
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condition and the previous work injury.

2. A recurrence differs from a re-opening, in that a re-opening is considered to be a continuation of the original claim and is not subject to the criteria for entitlement outlined in this policy.

A claim may be considered as a re-opening, and be eligible for medical aid and temporary wage loss, if applicable, if:

- a known or planned medical intervention (e.g., surgery, injections, trial of new treatment) related to the original work injury is required; or
- it has been less than one month since the worker has been in receipt of temporary wage loss benefits and objective medical information supports a change in the work injury resulting in a need for further medical intervention and loss of earnings; or
- objective medical information supports a change in the compensable condition of a worker with an impairment.

For all other circumstances where a current condition may be related to a previous work injury from which the worker had previously recovered or plateaued, the claim will be adjudicated to determine if it is a recurrence.

Criteria for Entitlement of a Claim for Recurrence

3. Recurrence claims are acceptable when:
 - the current condition is medically compatible with the original work injury; and
 - no other variables have intervened as a significant cause of the current condition.

A recurrence claim will be accepted when the condition occurs as a reasonable medical consequence of the original injury on the balance of probabilities, as set out in Workers Compensation Board policy, POL-68, Weighing of Evidence.

Medical Compatibility

4. To assess medical compatibility, objective medical information is reviewed to determine whether the current condition is reasonably related to the diagnosis accepted under the original claim.

The Workers Compensation Board may rely upon the worker's medical history, medical research and medical opinions to determine the probability of medical compatibility.

5. Where there is conflicting medical information regarding medical compatibility, the information will be assessed using the criteria set out in Workers Compensation Board policy, POL-68, Weighing of Evidence.
6. Subjective medical information, such as reports of pain symptoms, will be considered when assessing medical compatibility, however, greater weight will be given to objective medical information in the decision-making process, as described in Workers Compensation Board policy, POL-68, Weighing of Evidence.

Continuity of Symptoms

7. Continuity of symptoms following the recovery or plateau from the original injury, as supported by objective medical information, is a reliable indicator of a direct relationship between the current condition and the original injury.
8. Specific indicators that may support a continuity of symptoms include:
 - objective medical information of a continued need for medical care since the original injury; or
 - ongoing work restrictions or job modifications following the original injury;

Where there is no evidence of the specific indicators above, the lack of evidence will be considered as a factor in determining whether there is a continuity of symptoms.

Intervening Variables

9. When assessing whether the current condition can be reasonably related to the original work injury, evidence of any intervening variables that may be the cause of the current condition will be considered.

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10. Intervening variables may include, but are not limited to:
- new or pre-existing health conditions;
 - the passage of time;
 - the effects of natural physical deterioration processes (e.g., aging, degeneration);
 - aggravating lifestyle factors, or
 - an incident, event, activity or exposure which, by itself, may have caused a new injury.
11. If, on the balance of probabilities, the intervening variable(s) is considered to be a significant cause of the current condition, the recurrence will not be accepted.
12. A new work-related incident, event, activity or exposure will be considered as a new and separate claim and will be adjudicated under the provisions of Worker Compensation Board policy, POL-71, Arising Out of and In the Course of Employment.

Medical Aid

13. When a recurrence of a previous injury is accepted, the Workers Compensation Board will provide medical aid for that injury, as set out in Workers Compensation Board policy, POL-92, Medical Aid.

Wage Loss Benefits

14. Where a worker has a recurrence of an injury that causes a loss of earning capacity, wage loss benefits for the recurrence will be payable in an amount equal to 85% of the worker's net loss of earning capacity up to the maximum annual earnings limit, as per Workers Compensation Board policy, POL-86, Wage Loss Benefits.
- Where a worker has a recurrence of an injury that causes a loss of earning capacity, up to twelve months after the initial loss of earning capacity has ended, wage loss benefits will be based on the worker's net average earnings and maximum annual earnings on the date of the original accident.
 - Where a worker has a recurrence of an injury that causes a loss of earning capacity more than twelve months after the initial loss of earning capacity has ended, wage loss benefits will be based on the worker's net average earnings and the maximum annual earnings on the date of the recurrence or the date of

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the original accident, whichever the Workers Compensation Board determines best represents the worker's loss of earning capacity.

15. If a worker, while working for another employer, suffers a loss of earning capacity related to the original work-related accident, the costs related to that accident may be charged to the rate group of the employer at the time of the original accident.

HISTORY:

July 25, 2018 – Amended to differentiate between a re-opening and a recurrence, to clarify how medical compatibility is established, and to clarify how intervening variables are considered when determining if a claim is a recurrence.

January 1, 2014 - Amended to reflect the revisions made to the *Workers Compensation Act* that became effective January 1, 2014.

September 27, 2007 - The policy was updated as a result of the 60 month policy review process.

March 28, 2002 - Policy revised to incorporate changes required as a result of Workers Compensation Act amendments (Bill 15) to be proclaimed April 1, 2002.

Board of Directors Approval Date: June 21, 2001
