



# Support Package for Physicians & Nurse Practitioners Treating Injured Workers



## **Please note**

This manual contains information from various sources. Some documents have been used for a long time and their source is unknown.

We wish to give proper credit to those who created these valuable tools. If you can identify the source of any of these documents, please email [Health Care Services](#). We will make every effort to update the source notations.

## Preface

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The Saskatchewan Workers' Compensation Board (WCB) recognizes the important role physicians and nurse practitioners play in diagnosing, treating, encouraging and helping injured workers to safe and timely recovery and return to work.

This support package has been prepared to assist practicing physicians and nurse practitioners to manage a worker's recovery and return to work following an injury or illness related to their occupation.

The [Canadian Medical Association \(CMA\)](#) recognizes the importance of a patient returning to all possible functional activities relevant to his or her life as soon as possible after an injury or illness:

*“Prolonged absence from one’s normal roles, including absence from the workplace, is detrimental to a person’s mental, physical and social well-being. The treating physician should therefore encourage a patient’s return to function and work as soon as possible after an illness or injury, provided that a return to work does not endanger the patient, his or her co-workers or society. A safe and timely return to work benefits the patient/employee and his or her family by enhancing recovery and reducing disability. A safe and timely return to work by the employee also preserves a skilled and stable workforce for employers and society as well as disability plans.”*

Returning an injured worker to work requires open and continuing communication by all partners — the care providers, the worker, the employer and the WCB — and awareness of the role each plays. This document outlines how the WCB can assist physicians and nurse practitioners in this process.

It is a resource for medical students, residents in postgraduate programs, nurse practitioner students, nurse practitioners and physicians in practice, covering some of the specific questions they frequently encounter in working with injured workers.

## Updates log

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**September 2007**

**October 2010**

**January 2018**

## Synopsis

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The following is a summary of the information contained in this document designed to help physicians manage the care and return to work of injured workers:

1. Post a sign in your reception area asking patients who have been injured on the job to identify themselves to your office staff.
2. Make a diagnosis and establish a treatment plan. Where appropriate, explain the benefits of the [functional rehabilitation model](#) and early return to work.
3. Give the worker a prognosis for recovery and expected time before the worker can return to full work.
4. Where appropriate, begin the return-to-work process during the first visit(s) by listing [restrictions](#) the worker may have because of the injury. Advise the worker to give the list to the employer.
5. Make and maintain detailed notes on the worker's condition.
6. Report the injury to the WCB promptly using [WCB reporting forms](#) as required.
7. Evaluate the [risks](#) to co-workers and the public if the worker returns to work with restrictions or side effects of medication that may impair judgement or performance.
8. Encourage a positive attitude to return to work and recovery.
9. Monitor the worker's progress and any [risk factors](#) for chronic disability.
10. Ask the WCB to [expedite appointments](#) for advanced diagnostic tests, assessments and treatment based on your professional judgment.
11. Continue to monitor the worker's progress and return to work on a regular basis as the condition warrants.

## Terms and abbreviations

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CMA	Canadian Medical Association
Disability	Disability arises out of the interaction between impairment and external requirements such as the capacity to meet personal, social or occupational demands, or statutory or regulatory requirements.
GRTW	Gradual return to work — see transitional return to work
Impairment	Derangement of body part or system with function limitation. (It represents any anatomic, physiologic or psychological abnormality or loss.) It is not the inability to do a specific task — see also disability.
PFI	Permanent functional impairment. Where there is a permanent impairment, a PFI rating is done to determine a cash award.
TRTW	Transitional return to work – sometimes referred to as gradual return to work or modified duties.
WCB	Saskatchewan Workers' Compensation Board

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## About workers' compensation

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[The Saskatchewan Workers' Compensation Act, 2013, \(the Act\)](#) provides no-fault coverage for Saskatchewan workers in case of workplace injury. The WCB uses premiums it collects from employers to provide health care and benefits to injured workers and promote safety and injury prevention in Saskatchewan workplaces. Workers do not pay for the benefits and protection they receive under the Act.

Physicians are required to report all work injuries to the WCB. A work injury is one that:

- Occurs at work, on company property or on company business;
- Requires medical attention;
- May or may not need time away from work.

The WCB uses established WCB policy, the physician's report and reports from the employer and the worker to adjudicate the worker's claim. Thorough and complete information helps claims entitlement specialists to make accurate decisions.

If an injured worker disagrees with a WCB decision on a claim, they can ask to have that decision reviewed. Medical information is a vital part of many appeals. For more information on the review and appeal process, see [Appendix 2](#).

## Cost of medical care for injured workers

The WCB pays all medical care costs for injured workers because they are exempt from the Canada Health Act and are not covered by Saskatchewan Health. The service fees paid to physicians by the WCB are negotiated with the [Saskatchewan Medical Association \(SMA\)](#). The WCB's mission is, in part, to "provide the right service, at the right time, and be cost-effective in our processes." To accomplish this, the WCB must ensure that injured workers receive prompt, continuing, effective health care so they can return to work as soon as it is medically safe.

## Benefits for injured workers

In addition to medical costs, the WCB may also compensate injured workers for:

- Wages lost due to their injuries;
- Medical supplies;
- Cost of travel to health care appointments in excess of usual employment travel costs; and
- Additional support may be available if the worker is permanently impaired.

For more information on WCB benefits, see [Appendix 1](#) or visit the [benefits section in the worker's area](#) of our website.

## The WCB's health care program

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### Integrated model of recovery and RTW

WCB has adopted an [integrated partnership model](#) where workers, employers, health care providers, union representatives and the WCB employ strategies that:

- Ensure adequate and timely medical care;
- Support the timely recovery of injured workers;
- Integrate return-to-work programs in the workplace with appropriate and timely health care and claims management processes;
- Hold all partners accountable in their roles of returning injured workers to safe and sustained employment; and
- Encourage active treatment at the primary level, with timely access to secondary and tertiary services where required.

### The WCB's philosophy of care

The WCB supports the functional rehabilitation model, which uses the restoration of function as a very important measure of treatment success. There is significant evidence-based literature to support this model.

The model encourages care providers and injured workers to recognize that successful long-term recovery is associated with return to function, even in the presence of increasing symptoms where there are no objective signs of harm.

The symptomatic model of care is discouraged because it uses passive care to ease symptoms. Studies show this type of care may contribute to the development of chronic disability.

### WCB services to physicians

The WCB provides the following support to physicians treating injured workers, upon request:

- Arranging expedited services such as specialist consultations in some specialties, MRIs, CT scans or other diagnostics; and expedited day surgeries;

- Arranging advanced assessment and treatment; and
- When the physician indicates that the worker has restrictions, the WCB will help the employer to arrange appropriate accommodations, if requested.

## Levels of care

The WCB's functional rehabilitation model allows for assessment and treatment to be delivered at three levels — primary, secondary and tertiary, differentiated by complexity, scope and resources.

### Primary assessment and treatment

Following an injury, care is generally provided by one or more primary care providers. Approximately 90 per cent of workplace injuries are resolved at the primary level.

### Secondary treatment

Secondary treatment programs are designed for injured workers who:

- Have not made a timely recovery; but
- Can be expected to return to the duties they performed at the time of their injury without permanent disability.

Treatment is provided by a multidisciplinary team of health care professionals.

### Tertiary treatment

Tertiary treatment programs are designed for workers who may require a wider range of bio-mechanical treatment, conditioning, education, return-to-work planning and monitoring, plus management of psycho-social and pain management issues.

Treatment is provided by a multidisciplinary team of health care professionals experienced in the management of injuries that may have permanent sequelae and/or significant associated psychosocial and pain management issues.

## The Physician's Role

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In addition to the normal assessment and treatment physicians provide to their patients, the treatment plan for an injured worker must include a return-to-work component. The extra responsibility this places on physicians is balanced by the assistance available from the WCB and employer.

The physician has a responsibility to maintain communication with the worker and the WCB about the extent of the worker's injury and the expected recovery timeline. The physician also has a responsibility to provide to the WCB and to the employer (via the worker) information about any restrictions the worker may have because of the injury and to update any restrictions as the worker's condition progresses.

In almost all circumstances, restrictions should be provided unless the worker is hospitalized or housebound. The list of restrictions allows the employer to identify if appropriate work is available for the worker while they are recovering. The onus is on the employer to match work to the restrictions the physician has outlined.

For more information, see the College of Physicians and Surgeons of Saskatchewan policy: [\*Role of the Physicians in Certifying Illness and/or Assessing Capacity for Work\*](#) as amended from time to time.

Recovery can best be achieved by active treatment at the primary level integrated with return to work as soon as appropriate and timely access to secondary and tertiary services, where required.

### Assessment and diagnosis

It is important to identify injured workers at the initial visit. Post a sign in the waiting room asking injured workers to identify themselves.

Carefully document the worker's condition at the first visit and throughout recovery and fill out all WCB report forms completely. This information is valuable to the WCB, other health care professionals and to the worker. Prompt reporting allows timely WCB decisions and prompt payment of benefits.

Extra care is needed at the initial visit(s) to ensure that the injured worker has an accurate perception of the prognosis for recovery. An imagined catastrophic prognosis can become a self-fulfilling prophecy.

## Explain the benefits of functional rehabilitation and early return to work

During an injured worker's initial visit(s), the physician can forestall many worries the worker has about their condition by:

- Stressing the importance of being as active as possible within any restrictions the worker may have; and
- Reassuring the worker that discomfort from recommended activity is a normal part of the recovery process.

## Evaluate any risks involved in return to work

In most cases, return to accommodated work has a positive impact on the worker's recovery. However, sometimes a worker's injury or illness or the effects of medication prescribed for the injury or illness may impair their judgement and balance and pose a safety risk to the worker or others. Physicians should consider such impairment when giving restrictions. The CMA holds that:

“If the patient's medical condition and the nature of the work performed are likely to endanger the safety of others significantly, the physician must put the public interest before that of the patient/employee.”

For example, physicians have a legal duty to report to SGI a patient who cannot safely drive a vehicle.

## Communicate restrictions

In addition to the normal information about the recommended course of treatment and the expected recovery time, physicians need to advise injured workers about their restrictions/capabilities. With few exceptions, if a worker is not in hospital or housebound, they could return to work if their restrictions can be accommodated. Rather than authorizing absence from work, the physicians should provide the injured worker with a list of restrictions resulting from the injury to be shared with the employer.

Once the worker shares the list of restrictions with them, the employer can determine, in consultation with the worker and union (if any), if the worker's duties can be modified or other accommodations can be made to allow return to work. If the employer cannot accommodate the worker's restrictions, then absence from work may be required even though any return to the workplace has been shown to have positive effects on recovery.

Physicians should always assume that employers can and will accommodate, even if workers think otherwise.

The advantage of this approach for both the worker and employer is that it encourages both to keep the dialogue open regarding accommodation. Continuing communication between the worker and employer is a vital part of successful recovery and return to work.

For more information, see the College of Physicians and Surgeons of Saskatchewan policy: [\*Role of the Physicians in Certifying Illness and/or Assessing Capacity for Work\*](#) as amended from time to time.

## **Prepare a list of work restrictions**

If the worker's employer has a return-to-work program in place, the worker may bring a copy of a return-to-work form to be filled out. If the worker does not provide a form, the physician should list any restrictions the worker has on a prescription slip. Give the list to the worker with instructions that it be given to the employer.

The list of restrictions should be based, as much as possible, on objective findings. The list should include:

- The period for which accommodated duties will be required; and
- When possible, specify the worker's range of activity. If unsure of the range, the physician should prohibit the questionable activity and refer the injured worker to a physical therapist for functional testing.

At each visit, this list of restrictions should be reviewed, and, as the worker's condition changes, updates forwarded to the employer via the worker.

## **Report to the WCB**

Every work injury that needs medical attention must be reported to the WCB. See [Appendix 4](#) for WCB reporting forms.

To simplify the reporting process, physicians may attach a copy of their clinic notes to the WCB report form, provided the notes:

- Include all of the information requested on the form; and
- Are limited to the work injury only.



It is especially helpful if the notes are typewritten.

Physicians can also submit their reports electronically using the WCB's online business service. Physicians with a WCB billing number can apply for a secure WCB Online Account by clicking on Secure Login on the top right-hand corner of the home page at [www.wcbsask.com](http://www.wcbsask.com) and following the instructions.

WCB reports and phone inquiries are billable items for WCB claims and should be dealt with in a timely manner. Prompt response ensures that benefit payments are not delayed, and treatment plans can be implemented as soon as possible. Delays increase costs to employers.

## **Request advanced assessment & treatment if needed**

Physicians should advise the WCB and/or treatment team of:

- Health-related issues;
- The worker's progress;
- The direction health and disability management is taking; and
- Any interventions required regarding non-health related issues.

## **Expedited appointments**

When the physician determines specialist and diagnostic services are required, the WCB can assist. Where a waiting list exists for a service required by a worker, the WCB can help arrange an expedited service in many cases (i.e., MRI, CT scan or other diagnostic; day surgery; and some types of specialist appointments).

Requests for expedited services can be made either on a report form or by contacting [WCB Health Care Services](#) directly. WCB staff will forward requisitions for referral letters to be completed. An early response is required.

## **Referrals**

The WCB respects the knowledge and diagnostic acumen of family physicians and does not require a specialist referral to arrange MRIs, CT scans and other diagnostic tests.

## Special requests

Requests for unusual devices, treatment or diagnostic tests by any physician may require discussion with a WCB Medical Officer.

## Secondary and tertiary assessment and treatment

If the injured worker's recovery does not proceed as expected, the physician should contact the WCB to arrange for a multidisciplinary assessment (see Section 6).

## Monitor RTW

As the worker's condition improves, the physician should:

- Revise the worker's restrictions and convey this information to the employer via the worker and to the WCB in progress reports;
- Reassure the injured worker that some increase in discomfort is normal and expected during return to work (unless there are symptoms to suggest danger or signs to suggest injury progression);
- Discuss modifications to the return-to-work plan with other involved health care professionals; and
- Make modifications to return-to-work plans, but do not stop return to work unless continuing presents a clear danger to the injured worker. A rest from return to work rarely leads to improvement except immediately after acute injuries.

## Advanced assessment and treatment

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Only 10 per cent of workplace injuries require advanced assessment and treatment. When an injured worker's recovery does not proceed as expected, the WCB can support the primary health care professional by arranging for diagnostics, specialist appointment and referrals to advanced treatment.

The physician or WCB may ask for assessment team review where:

- The worker is not working and has no confirmed RTW date; and
- The expected recovery date has been exceeded; or
- Significant risk factors for chronic disability have been identified (see [Appendix 5](#));
- The worker continues in employment but has not returned to full duties and/or full hours of work after the work injury; or
- An active treatment plan is not in place.

The WCB has established the following administration guidelines to help identify injured workers in need of advanced assessment and treatment. The WCB may automatically refer the injured worker for assessment when these timeframes have been exceeded and the worker has not returned to work.

Type of Injury	Referral to Assessment
Soft Tissue Injury (STI)	7 weeks
Non-STI – Neck and Spine (fractures/surgeries)	12 weeks
Non-STI – Upper Extremity (includes non-arthroscopic surgery)	12 weeks
Non-STI – Others (includes all non-arthroscopic surgery)	12 weeks
All arthroscopic surgeries	6 weeks
Lower extremity (fractures/surgeries)	16 weeks
All other complex/multiple fractures	16 weeks
Amputation (lower or complex)	26 weeks
Spinal fusion	26 weeks
Psychological	4 weeks

More information on the WCB's [Disability Duration Guidelines](#) is available on our website.

## Multidisciplinary assessment

The assessment team will confirm diagnoses and make recommendations appropriate to the worker's condition such as:

- Further primary treatment or secondary or tertiary care;
- Specialist and diagnostics services to occur consecutive or concurrent to other treatment;
- Timeline for return-to-work planning, which may include an immediate return to work; and
- An indication of whether the worker has pathology to preclude their return to the job held at the time of the injury.

## Assessment teams

Teams are composed of multidisciplinary health care professionals at both secondary and tertiary levels.

The WCB selects the appropriate assessment team based on the length of time the worker has been away from regular job duties and/or the presence of psychosocial and pain management issues.

Specialists may be added to the assessment teams at the discretion of the WCB, if there are issues involved that are beyond the scope of practice of the team physicians. Mental health assessments are also arranged by the WCB, where appropriate.

## Assessment reports

The assessment team and the WCB will advise the worker that all reports will be sent to the physician, and that the worker should arrange an appointment with the physician to discuss the assessment team's report and any recommended changes to treatment and/or return to work.

The assessment team will forward reports to both the physician and the WCB:

- A summary report within one week of the assessment; and
- A comprehensive report within two weeks of the assessment.

If the worker has not contacted the physician in the days immediately following the assessment, the physician should contact the worker.

## Arranging advanced treatment

If the physician agrees to a recommendation for secondary or tertiary treatment, the physician may:

- Make a direct referral to a WCB approved clinic; or
- Contact the WCB to make a referral or appointment on their behalf. If the WCB notifies the physician of an available appointment, it is important that the physician respond promptly to reserve the appointment.

The physician should encourage the worker to consider advanced treatment as “like work” and that their full effort, promptness and attendance are expected.

When a referral is made to a treatment centre, the centre will contact the worker to:

- Arrange for intake within one week of referral date; and
- Advise the worker of the daily time commitment they will need to make. Most secondary programs involve three to five hours of treatment per day while tertiary programs require four to six hours. (Where the work site can be used to make functional progressions, less treatment centre time may be indicated.)

Once the worker is in treatment, secondary and tertiary treatment centres will:

- Deliver the treatment recommended by the assessment team;
- Provide reports to the physician regarding progress including functional gains;
- Establish a return to work plan;
- Advise the physician of the details of the plan; and
- Monitor return to work, working closely with the worker, employer, WCB and physician.

Successful outcomes are achieved where the physician supports the functional rehabilitation approach, even in the presence of subjective complaints. Physicians are encouraged to contact and work collaboratively with the treatment teams where the worker raises concerns about their symptoms and/or treatment.

If a worker is receiving care at a secondary or tertiary level and requests information from their file that might be injurious to them, the treatment centre will supply the information only to the physician not directly to the worker.

## More on return to work

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Total disability is rare. Most injured workers will benefit from transitional return to work (see below) while they recover because it helps maintain their self-esteem and connection with the workplace. Being at work can help alleviate concerns about job security and allows continuing contributions to workplace benefit and pension plans.

The development of a return-to-work plan should begin with the injured worker's first visit, if appropriate. When a physician sees an injured worker for the first time concerning a longstanding condition, the physician should obtain and consult medical records on prior care before offering advice on a return-to-work plan.

## Employers have a duty to accommodate

Saskatchewan Human Rights legislation requires all employers to accommodate injured workers to allow them to return to work as soon as medically safe. However, in the absence of a collective agreement, Saskatchewan Labour Standards only protects a worker's employment for 26 weeks of absence due to work injury.

The list of restrictions the physician supplies is crucial to the employer's ability to accommodate their injured workers as soon as possible.

## Return-to-work process

Return to work should be incorporated into the treatment plan as soon as possible. Early return to work helps maintain the link to the workplace and often serves as a therapeutic component.

A **return-to-work program** is the documented, planned process for managing work absences due to injury/illness related disabilities. It can include modified jobs, tasks, equipment, hours of work, and work schedule based on medical restrictions and work requirements. The program is designed to assist the employee's rehabilitation.

A **Transitional Return-to-Work Plan (TRTW)** includes any combination of a gradual increase in hours of work and/or work activities designed to return the disabled worker to the job they had at the time of their injury. Where appropriate, TRTW is followed by full return to the job the worker held at the time of the injury.

A **maintenance return-to-work plan** includes any combination of hours of work and/or work activities designed to maintain the function of a disabled worker awaiting treatment and/or surgery.

Company physicians and occupational nurses can help develop and monitor all types of return-to-work programs.

## **Return to work with permanent impairment**

Full return-to-work planning will normally involve the employer, injured worker, and a union representative, if requested by the worker. If possible, the physician should define any ongoing work restrictions.

Where necessary, an occupational therapist or physical therapist can assist in determining functional ability and in establishing and monitoring a RTW plan, progressing up to and including permanent return-to-accommodated work. Vocational assistance may be available for injured workers who cannot return to their previous jobs. The goal is to return the injured worker to their previous earning capacity.

The WCB is not responsible for finding jobs for workers with permanent restrictions resulting from work injuries, but may help with job searches, resumes, and training.

## **Preventive job change**

Regardless of the risk of re-injury, the WCB responsibilities end when the worker has recovered from the work injury sufficiently to return to the job they had before their injury. Preventative job change is beyond the mandate of the WCB.

## Factors affecting RTW/function

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There are many factors that may affect the worker's return to work/function. Some factors may be related to the nature of the injury, others are not. For a worker whose disability is not explained by the nature of the injury, an extended recovery time may be the first sign of chronic disability.

Timely health care, return to work and vocational services are vital to the prevention of chronic disability. The first few months are critical. The risk of an injured worker becoming chronically disabled increases rapidly with time, unrelated to the nature of the injury.

The WCB treatment programs are available for injured workers at increased risk of prolonged recovery or chronic disability. The following may help physicians identify those workers who may need these services.

## Symptoms of increased risk of chronic disability

The injured worker may:

- Exhibit diminished or no interest in actively participating in their recovery;
- Have a negative attitude about returning to work;
- Be convinced that they are disabled and that they are entitled to financial benefits, whether they are receiving them or not; and/or
- Have complaints that cannot be verified, and that are out of proportion to the nature or severity of the injury.

Experienced health care professionals will often have intuitive concerns about their patients. These "gut" feelings should not be ignored even in the absence of other risk factors. These concerns should be reported to the WCB as early as possible so arrangement for advanced assessment and treatment can be made.

For more information on the risk factors for chronic disability, see [Appendix 5](#).

See [Advanced assessment and treatment](#) for information on the services available for workers at increased risk.

## Employment and personal factors

For a list of positive and negative employment and personal factors that may affect an injured workers return to work, see [Appendix 6](#).



## Permanent Functional Impairment (PFI)

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When an injured worker has reached maximum medical improvement (MMI) and a part of their body still does not function as it did before the injury, they may be entitled to a PFI award.

A PFI award is a monetary payment based on a percentage of whole person impairment. The dollar amount of that award is a percentage of a current maximum amount established under *The Workers' Compensation Act, 2013, (the Act)*.

The rating is done by WCB medical professionals based on the current edition of the *AMA Guides to the Evaluation of Permanent Impairment*. This rating is a percentage determined by review of the file, including all medical records and examination findings provided by the injured worker's community-based care providers.

This is an impairment rating rather than a disability rating:

- A medical impairment is a deviation from normal in a body part or system and its functioning.
- Disability arises out of the interaction between impairment and external requirements, such as the capacity to meet personal, social or occupational demands, or statutory or regulatory requirements.

A PFI payment does not affect any wage-loss, or vocational benefits the worker may receive.

### Independence allowance

The WCB may also provide an allowance to help qualified impaired workers live independently. This allowance may cover expenses such as lawn mowing, snow shoveling and transportation.

## Workers with injury-related disability

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Permanent impairments can lead to disabilities that have serious implications for injured and their families. To minimize the effects of these disabilities, the physician should encourage injured workers to:

- Accept accommodated employment with the employer, as established and monitored by the treatment team; or
- Cooperate with WCB vocational services in cases where the employer cannot accommodate.

## Conclusion

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In addition to the enormous economic and social impact, work-related illness/injury can devastate individuals, their families, and their workplace. To be an effective health advocate for the injured worker, and to lessen the burden of work injuries to society, the treating physician will need to address many modifiable factors to assist in an early and safe return to work/function.

Integrating return to work with clinical care is of primary importance in returning injured workers to work/function and overall well-being.

## Appendices

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[Appendix 1: Compensation benefits for injured workers](#)

[Appendix 2: Appealing a WCB decision](#)

[Appendix 3: Integrated partnership model](#)

[Appendix 4: Physician Initial and Progress Report forms](#)

[Appendix 5: Risk factors for chronic disability](#)

[Appendix 6: Positive and negative factors for RTW/function](#)

[Appendix 7: Resources and references](#)

[Appendix 8: WCB contact information](#)

## Appendix 1

# Compensation benefits for injured workers

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When the WCB accepts a worker's injury claim, that worker may be entitled to a variety of benefits as set out in WCB legislation and policy. These benefits may include:

### **Wage loss**

Workers, who are injured at work, and off work beyond the day they were injured, may be entitled to receive wage-loss benefits equal to 90 per cent of their probable take-home pay. Benefit payments begin on the day of first wage loss after the date of injury, with the initial payment made in 14 days or less, if possible.

### **Permanent impairment**

If a work injury results in a permanent impairment such as the loss of a limb, the worker may receive a lump sum payment. This payment is in addition to wage-loss compensation, if applicable, or in some cases, even if there was no wage-loss. The lump sum is dependent on the percentage of impairment. If a work injury results in a severe functional impairment, the WCB may also provide an annual independence allowance to assist in maintaining an independent lifestyle.

### **Long-term benefits**

Wage-loss benefits may continue for as long as the worker experiences total or partial loss of earning capacity due to the injury. Benefits usually end at age 65. To protect wage-loss benefits from the effects of inflation, they are reviewed annually based on changes in the Consumer Price Index.

### **Death benefits**

In cases where a worker dies on the job, the WCB makes an immediate lump sum burial payment, and may pay the cost of transportation of the deceased to the usual place of residence in Canada. In addition, the WCB pays compensation benefits to the surviving spouse and any dependent children.

## **Benefits to surviving spouse**

A dependent spouse receives monthly benefits equal to 90 per cent of the deceased worker's probable net earnings. These benefits are payable for five years, or until the youngest child reaches age 16, regardless of other earnings. If there is a dependent child in full-time attendance at a secondary or post-secondary educational institution, benefit payments continue until that child is 18.

## **Benefits for dependent children**

At age 18, each dependent child who is in full-time attendance at a secondary or post-secondary school will be eligible to receive a monthly allowance plus an amount equal to the cost of tuition, books and other required educational fees.

The WCB will pay a dependent child's educational fees, plus allowance and other expenses as specified above, for a maximum of three years between the ages of 18 and 25. Compensation to survivors may be extended beyond the above time period, depending on individual circumstances.

## **Relocation**

WCB benefits, medical treatment and rehabilitation may be affected if the worker relocates. View the [Voluntary Relocation Outside Canada Fact Sheet](#).

## Appendix 2

### Appealing a WCB decision

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Both workers and employers can ask for a review or appeal of any WCB decision.

#### Worker appeals

If an injured worker disagrees with a WCB decision on a claim, they can:

- Ask the WCB staff member who made the decision to review their file. Many disputes can be resolved at this point.
- Contact the WCB's [Fair Practices Office](#), who will review the file and may make recommendations.
- Contact Saskatchewan Labour's Office of the Workers' Advocate for assistance.

The WCB also provides an [appeal](#) process for workers. There are three levels of appeal that must be accessed consecutively:

- **Appeal department review**

The worker can ask that the Appeals Department review their claim file. The Appeals Department should provide a decision within 30 days. The WCB Operations Division must follow the instructions outlined in the appeal decision.

Appeals officers will review the claim file and gather any additional information they feel is necessary to come to a fair and reasonable resolution.

- **Board member review**

If the worker disagrees with the decision of the Appeals Officer, they may request a further review by the WCB board members, giving reasons for the review and documentation to support the request. In most cases, this is the final level of appeal.

- **Medical Review Panel**

When all preceding avenues of appeal have been exhausted, the worker may request, in writing, a review by a Medical Review Panel when a bona fide medical question affecting the decision can be shown to exist. The Medical Review Panel would examine the worker or, in the case of a deceased worker, examine the medical information relating to the deceased worker.

A bona fide medical question exists when a physician or chiropractor disagrees with a medical position taken by the WCB. This results in two conflicting medical positions.

A Medical Review Panel consists of a Chair selected by the WCB in consultation with the Saskatchewan Medical Association, and two physician specialists or a physician specialist and chiropractor of the worker's choice. The decision of the Medical Review Panel is final and binding on all parties.

To initiate a Medical Review Panel, the worker's primary physician or a chiropractor must sign an enabling certificate outlining the medical position of the WCB in dispute, and setting out the reasons why the WCB decision is medically incorrect. Enabling certificates are available from the WCB's Health Care Services or Board Services departments.

According to WCB policy 9.8(11), Medical Review Panels (POL 18/2010), the "WCB will not be bound by opinions or recommendations made in the certificate of decision that are outside the scope of the legislated issues or the disputed medical question."

## Employer appeals

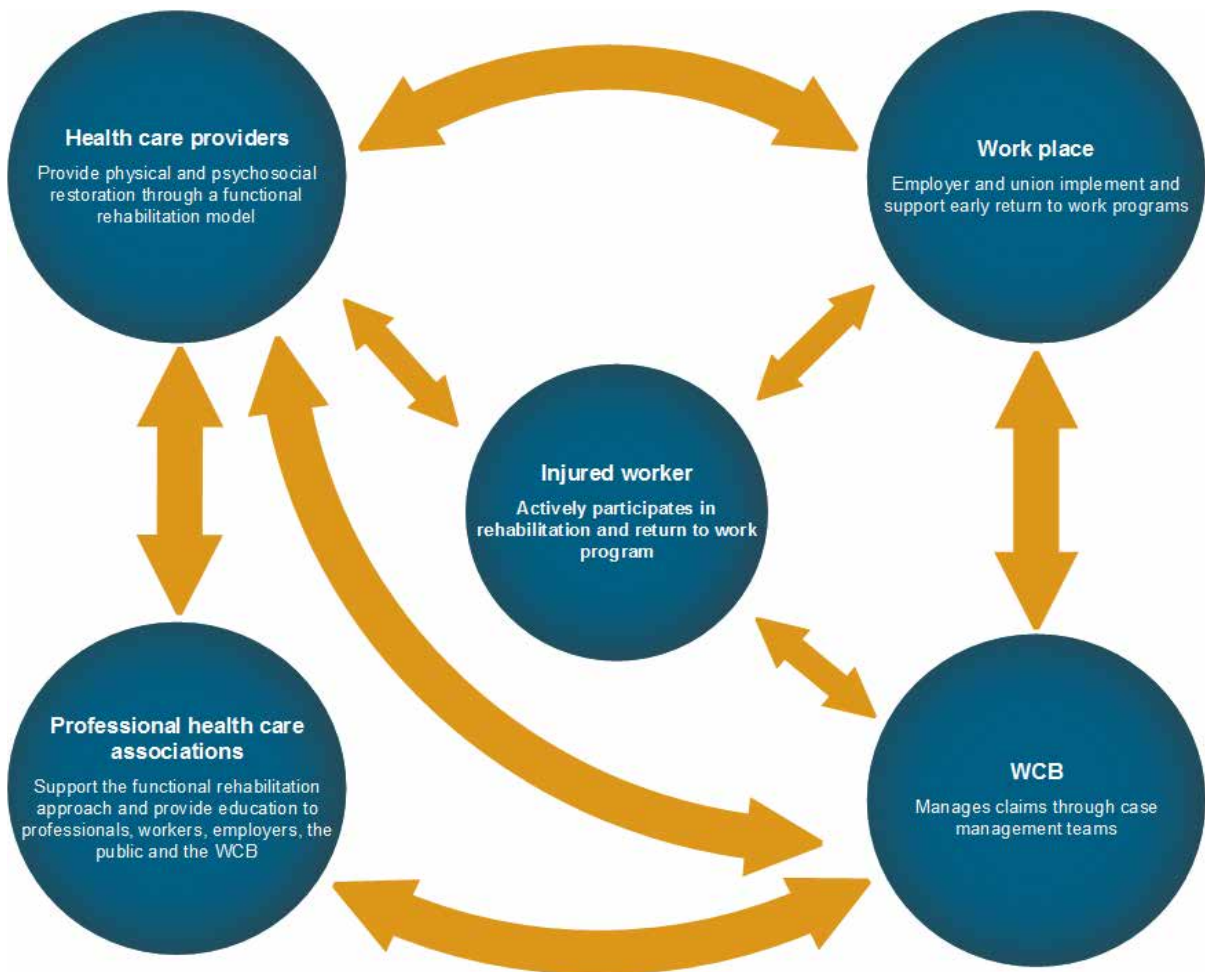
Employers who disagree with a WCB decision on a worker's injury claim can:

- Ask the WCB staff member who made the decision to review the file. Many disputes can be resolved at this point.
- Contact the WCB's Fair Practices Officer, who will review the file and may make recommendations.
- Follow an [appeal](#) process for employers, which is similar to the process described for workers above. There are two levels of appeal that must be accessed consecutively: [Appeal Department Review](#) and [Board Members Review](#).



## Appendix 3 Integrated partnership model

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## Appendix 4

### Physician's Initial & Progress Report forms

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Visit the [WCB website](#) to get the most up-to-date version of the [Physician's Initial Report \(PPI\)](#) and the [Physician's Progress Report \(PPP\)](#). Please ensure that you are using the correct forms.

Full link: <http://www.wcbsask.com/care-providers/care-provider-resources/>

## Appendix 5

### Risk factors for chronic disability

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#### Injured worker

- Age – older workers may have difficulty finding jobs because of their age.
- Place of residence – rural workers may have more difficulty finding other employment if they are unable to return to the job they held at the time of the injury.
- Education – jobs with fewer educational requirements usually involve more physical activity.
- Opinion as to the degree of disability is out of proportion to the nature of the injury.
- History of drug or alcohol abuse.
- Financial problems reduce the ability to focus on returning to work as a priority.
- Family problems such as separation, divorce, serious illness or death.
- Language – English as their second language may limit their ability to find work.
- Lack of mobility – if their spouse has a job in the community, or if they have lived there a long time, they may not want to move and this will limit their ability to find work.
- Injured worker cannot be reached when Case Manager calls or tries to meet with him/her.
- Injured worker relies on a third party (spouse or parent) to communicate with the WCB.
- Injured worker has a significant number of prior claims with the WCB.

## Employment

- Employment history – length of employment with employer of record, seasonal work, issued a layoff, uncertainly about having a job to return to.
- Nature of employment – no light duties available, employer small in size.
- History of poor performance on the job – employer doesn't want worker to return to work.
- Excuses for not returning to work – no transportation, unreasonable demand for light duties.
- Little or no contact with employer after injury.
- Rate of compensation provides a sense of security, especially if income from the job the worker held at the time of the injury income was uncertain, sporadic or seasonal.
- Dissatisfaction with the job.
- Lack of job opportunities because of economic conditions within usual field of employment.

## Medical

- Period of disability exceeds expected recovery time for the injury.
- Worker has other medical problems at the same time as the injury.
- Lack of physical findings on medical reports to support a delay in returning to work.
- Injured worker frequently changes care providers.
- Past related problems in same body area of the injury.
- Expansion or change in location of symptoms from those of the original injury.
- Injured worker does not participate in treatment, misses appointments, makes excuses for nonattendance, and has only vague recollection of care provider's advice.

## Appendix 6

### Positive and negative factors for RTW/function

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#### Positive factors for return to work/function

##### Positive employment situation

A person's likelihood for successful return to work/ function is better when:

- The worker has a good relationship with the employer;
- The employer is willing to accommodate the injured worker;
- The worker has good support in the workplace;
- The worker is satisfied with the job;
- The worker has control over the job; and
- Has social support (family, friends, etc.).

##### Positive medical care situations

A person's likelihood for successful return to work/ function is better when the physician:

- Actively manages the case;
- Utilizes current best practices;
- Works cooperatively with the employer, WCB and other health care professionals;
- Provides complete and specific details of the worker's abilities and restrictions; and
- Updates the employer and the WCB regularly as the worker's condition changes.

## **Negative factors affecting return to work/function**

When the injured worker's employment or personal situation is less positive, the likelihood to a return to work can be seriously impaired.

### **Negative employment situations**

A person's likelihood for successful return to work/ function is worse when:

- An adversarial relationship exists between the worker and employer;
- There is real or perceived harassment and stress;
- There is little workplace support;
- No accommodation program is in place;
- The physical environment and ergonomic conditions need improvement;
- The job is subjectively monotonous;
- The physical or mental job demands are not fulfilling
- The worker is not happy at his/her job;
- The worker has little control on the job;
- The worker is labeled;
- There have been other lengthy absences in the past;
- The worker attributes the cause of the illness/injury to the workplace; and
- The injury occurs during the boom periods of the business cycle.

### **Negative personal or emotional situations**

A person's likelihood for successful return to work/ function is worse when:

- The worker has emotional distress;
- The self-rated symptoms are severe;
- The personal dynamics of the home foster the invalid or victim role;
- There are adverse social circumstances outside work (e.g., financial difficulty); and
- The worker has problems with alcohol and drug abuse.

This appendix is based on information contained in Injury/Illness and Return to Work/Function, A Practical guide for Physicians, page 14 & 15, used with permission of the Workplace Safety and Insurance Board of Ontario.

## Appendix 7

### Resources and references

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#### Resources

*Injury/Illness and Return to Work/Function, A Practical guide for Physicians.* Prepared by *The Physician Education Project in Workplace Health (PEPWH)* under a grant from the former Workplace Health & Safety Agency to McMaster University, June 2002.

Additional references available on request to Health Care Services.

#### References

1. Black, C, Cheung, L, Cooper, J, Curson-Prue, S, Doupe, L, Guirguis, S, Haines, T, Hawkins, L, Helmka, S, Holness, L, Levitsky, M, Liss, G, Malcolm, B, Painvin, C, Wills, M. "Injury/Illness and Return to Work/Function: A Practical Guide for Physicians." June 2000, p. 1. Workplace Safety and Insurance Board (WSIB). *The Physician Education Project in Workplace Health (PEPWH)*. [www.wsib.on.ca/cs/groups/public/documents/staticfile/c2li/mdex/~edisp/wsib011279.pdf](http://www.wsib.on.ca/cs/groups/public/documents/staticfile/c2li/mdex/~edisp/wsib011279.pdf)
2. Ibid., p. 4.

## Appendix 8

### WCB contact information

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**Website:** [www.wcbsask.com](http://www.wcbsask.com)

#### **All Phone Inquiries**

306.787.4370

Toll-free phone: 1.800.667.7590

#### **Fax and Email Inquiries**

##### **Health Care Provider Inquiries**

For information on treatment centres, treatment approach, appointments or to contact a WCB Medical Consultant.

Fax: 306.787.2428

Toll-free fax: 1.866.331.3036

Email: [internet\\_healthcare@wcbsask.com](mailto:internet_healthcare@wcbsask.com)

##### **Medical Accounts Inquiries**

For information on caregiver payments.

Fax: 306.787.4234

Email: [askwcb@wcbsask.com](mailto:askwcb@wcbsask.com)

##### **Claims Inquiries**

For information on claims status, claims decisions, benefits, earnings, replacement payments, or to contact a case manager.

Fax: 306.787.7582

Toll-free fax: 1.888.844.7773

Email: [askwcb@wcbsask.com](mailto:askwcb@wcbsask.com)

##### **Return to Work Inquiries**

For information about return to work programs.

Fax: 306.787.4205

Toll-free fax: 1.888.844.7773

Email: [askwcb@wcbsask.com](mailto:askwcb@wcbsask.com)



**Fair Practices Office Inquiries and Information**

This office investigates complaints to ensure fairness in WCB practices, procedures and processes.

Direct Line: 306.787.8651

Toll-free direct line: 1.800.667.7590 ext. 8651

Fax: 306.787.6751

Toll-free fax: 1.866.787.6751

Email: [fairpracticeoffice@wcbask.com](mailto:fairpracticeoffice@wcbask.com)

**Office of the Workers' Advocate Inquiries**

Information for workers regarding assistance with decision on their claims, free of charge.

300-1870 Albert Street

Regina SK S4P 4W1

Phone: 306.787.2456

Fax: 306.787.0249

Email: [workersadvocate@gov.sk.ca](mailto:workersadvocate@gov.sk.ca)

Website: [www.saskatchewan.ca/work](http://www.saskatchewan.ca/work)

**Appeal Inquiries**

For information on appeals or clarification of appeal decisions.

Fax: 306.787.1116

Toll-free fax: 1.888.844.7773

Email: [appeals@wcbask.com](mailto:appeals@wcbask.com)

## Saskatchewan Workers' Compensation Board

### Head Office

200 - 1881 Scarth Street  
Regina SK S4P 4L1

### Saskatoon Office

115 24th Street East  
Saskatoon SK S7K 1L5

**Phone** 306.787.4370

**Toll free** 1.800.667.7590

**Fax** 306.787.4311

**Toll-free fax** 1.888.844.7773

**Email** [askwcb@wcbask.com](mailto:askwcb@wcbask.com)

**Online** [www.wcbask.com](http://www.wcbask.com)

